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Anorexia Nervosa  
A Phenomenological Exploration of Family Life

A Dissertation Presented to the Graduate School of the  
University of Ottawa

by  
Charles Emmrys

In partial fulfillment of the requirements for the degree of  
Doctor of Philosophy

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Dedication

To Julian Walker

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## Abstract

The current study consists of a phenomenological exploration of the family life of an adolescent diagnosed as suffering from anorexia nervosa. A review of the literature addressing the anorectic's family life revealed that the various theoretical formulations offered were not well validated by experiential data collected from those living in the family. The theoretical orientations of the various authors also appeared to prestructure the accounts. Questions were thus raised regarding the inherent validity of these formulations which lead to more general questions concerning the epistemological and philosophical grounding on which a study of family life should be based.

In a second section, the issue of the most appropriate philosophical grounding for a study of family life was addressed. Of the epistemological philosophical positions reviewed, the one which revealed itself to present the most primary and irrefutable grounding for a pursuit of psychological research in general and family research in particular was the existential phenomenological ontological approach. A methodology consistent with the Duquesne School's approach to psychological research was adapted for the study.

The results of the study revealed that family life prior to the onset of anorectic symptoms was well structured in terms of division of authority and responsibilities. The approach to family living, however was very much centered in the home with the most important relationships in each member's life being usually contained within the family. Particularly important were the cross-generational relationships which, for the children, were important forums for addressing developmental and autonomy issues. The anorectic was the child most involved in these relationships. The onset of symptoms coincided with a crisis of authenticity experienced by the anorectic which led to an attempt at self-isolation and reduced investment in the family. The anorectic dieting behavior was described as being part of a project of self-definition and renewal. The impact of the withdrawal on the family was to transform it into a conflicted environment which corresponded to many of the descriptions provided by previous authors. The hospitalization helped defuse the intrafamilial conflict but failed to address the core issue of the anorectic's quest for authenticity.

Note: In recognition of the fact that 90% of anorectics are female, the general gender for the text shall be feminine.

## Introduction

Anorexia nervosa is an increasingly frequent and potentially deadly disorder that has been the focus of intense and careful investigations on the part of researchers and clinicians for over a century. Of prime concern to investigators has been the search for an etiological formulation which would find broad acceptance in the research community, a goal that has yet to be achieved. Most sources agree, however, that the family life of the anorectic plays a crucial role in precipitating the disorder's onset and determining its progression and outcome.

In recent times, some investigators (Bruch, 1983; Masterson, 1981; Palazzoli, 1978; Minuchin, Rosman, & Baker 1978; Vandereycken, Kog, & Vanderlinden, 1989) have attempted to shed light on the nature and structure of the anorectic's family life. These efforts have given rise to a host of theoretical and etiological formulations which have adhered to two broad epistemological approaches, namely the positivist-determinist perspective and the systemic perspective. For investigators working within a positivist orientation, the theorizing has focused on the personality characteristics of the various family members (the traditional individualistic approach). For systems-oriented researchers, the focus has been on describing the formal patterns of interactions and communication played out between family members. After

reviewing this literature, it became quickly evident that the etiological descriptions developed thus far were shaped more by the tenets, key concepts, and abstractions of the author's own theoretical orientation than by the phenomenon of family life as lived by its members.

It is perhaps not surprising, however, that investigators have had to rely heavily on pre-established theoretical formulations to give structure to their observations. The family, though omnipresent in most people's lives, has been extremely difficult for investigators to access given that it does not lend itself to being studied through the use of psychology's traditional tools of investigation. For positivists, the family presents an especially difficult problem since it is essentially an interactive phenomenon which ceases to exist when its constituents (family members) are considered individually. Since the methodology of positivist science demands that a phenomenon must be divided into its basic constituent parts if it is to be studied scientifically, the task of studying the family in its complexity and integrity presents a seemingly insoluble problem.

Systemic theorists have based their own study on the systemic epistemology of pattern and have formulated descriptions which focus on the interactive unity of the family. Systemic investigators, however, are plagued with two considerable problems of their own. The first is that they

have yet to develop a method of investigation which respects their own epistemological orientation. As a result, their findings are based largely on carefully articulated, impressionistic accounts of clinical interview data viewed from their a priori theoretical perspective. The second shortcoming of the systemic orientation is its difficulty with taking into account the subjective experiences of individual family members. Though singularly sensitive to the patterns of interactions which emerge in family life, little consideration is given to the individually articulated meanings and intentions which lie at the root of these interactional patterns. The assumption by systemically oriented researchers is that the system molds the individual. As such, systems theorists have little concern for correcting their blindness towards the individual's experience. Yet, even systemic theorists will not deny that without thinking and feeling members a system cannot exist.

Clearly our understanding of the anorectic's family life will remain speculative until such time as we are able to accurately describe the family from the perspective of the members themselves. It is they, after all, with their emotional investments and personal commitments that give the family its structure and unity. The current study addresses directly the central question of how family members within the symptomatic anorectic's family perceive, understand, and give meaning to their subjective and intersubjective experiences of

family life prior to and in the course of the anorectic's illness. Our study also addresses the equally central question of which approach to psychological research and which methodology is most appropriate to investigating the lives of family members.

In pursuing this second question, we were quickly confronted with the need to return to basic epistemological questions which lie at the heart of the pursuit of psychology as a science since the obstacles to achieving such a description lie not only at the level of methodology but at the level of one's basic approach to the study of human phenomena. To clarify the issue further, it became necessary to return to the foundational debates initiated between Wundt and Dilthey wherein the merits of a positivist empiricist science based on the pursuit of prediction were compared to the value of a descriptive empirical science based on the pursuit for understanding. Our exploration of this issue brought us to the conclusion that the study of human phenomena should be based on an epistemological foundation which allowed us to respect the inherent unity of conscious human experience. The positivist approach to psychology revealed itself to be inherently inappropriate for such a pursuit since it implied discarding from consideration the most fundamental features of human existence, namely the subjectively lived world of intentions, meanings and freedom. On the other hand, Dilthey's approach to psychology, and its subsequent

articulation through the development of a phenomenological existential approach to psychology and psychological research, offered a rigorous and systematic approach to understanding human phenomena. The strength of the approach lies in its respect for the integrity of the subjective and intersubjective experience constitutive of human existence.

In the current study, therefore, we have adopted a phenomenological existential approach and have sought to select a methodology which respects the epistemological and philosophical foundations on which this approach is based. The approach chosen was inspired by the methods developed at the Duquesne school, and are based primarily on the contributions by Giorgi (1985a). Given that the study is exploratory in nature and sought to achieve findings with both breadth and depth, we opted for limiting the investigation to a single family. The study is therefore idiographic and is intended to provide results against which various theoretical articulations can be compared. The results are not intended to be generalizable, though they may be useful in structuring future multi-subject studies intended to provide findings which are more nomothetic.

The current work consists of five chapters. In the first chapter, a working definition of anorexia nervosa will be presented after which the major theoretical contributions in the field will be briefly presented and critiqued. The criticisms will focus primarily on the degree to which these

formulations are representative of the lives of family members as they seek to perceive, understand, and give meaning to their subjective and intersubjective experience. In the second chapter, we will address the issue of the appropriate approach to be adopted for pursuing our project. After reviewing the foundational debates which took place at psychology's inception, we will argue that the positivist approach which currently dominates the field of psychological research is inappropriate for the study of human phenomena. Afterwards, we will explore the alternative approach offered by existential phenomenology. We will argue that it offers an epistemological foundation for the pursuit of psychology which is primary, necessary, and irrefutable. To pursue the articulation of our approach we will review some central concepts in the field of (existential) phenomenology, as articulated by a number of its most prominent thinkers. Particular attention will be given to those contributions especially pertinent to our investigation, namely those addressing the issue of language and intersubjectivity.

In our third chapter, we will address the question of our choice of methods. Care will be given to demonstrating that the method chosen conforms to the approach to psychological research adopted in this study. This chapter will be followed with the presentation of the descriptive results of our empirical investigation.

Finally, a dialogue with the previously presented theoretical contributions in the field will be undertaken in the light of our findings. We will subsequently seek to further our understanding of the descriptive results arrived at by relying on the important contributions on intersubjectivity offered by (existential) phenomenologists such as Husserl, Merleau-Ponty and Schutz. In doing so, we will demonstrate that the basic experiential conceptualizations of the world of intersubjectivity as described by the above mentioned authors provide a means of describing family life in a way which respects the subject in her individuality as well as in her imbeddedness in the fabric of familial relations.

## REVIEW OF THE LITERATURE

Despite being a relatively rare disorder, anorexia nervosa has attracted considerable attention from almost every theoretical approach to psychopathology, each of which has contributed a formulation of the disorder's etiology based on its theoretical positions. Almost all have included discussions on the nature of family life and the familial experience of its key members. Though it is impossible for us to be exhaustive in our review of these contributions, we will look at and briefly discuss the various theoretical approaches most widely referred to in the literature, namely the psychoanalytic and object relations approaches, the behaviorist and behavioral cognitive approaches, the systemic approaches, and finally the existential phenomenological approach. Following a brief presentation of their respective articulations on the nature of the disease, we will present a critique of each major approach with the specific aim of exploring the extent to which their articulations illuminate the lived subjective and intersubjective world of the anorectic and her family.

We will begin this chapter with a brief working definition of anorexia nervosa. Thereafter we will present each of the theoretical positions discussed above, starting with the psychoanalytic and object relations contributions of authors such as Brown, Masterson, and Bruch. This will be

followed by the radical behavioral and cognitive behavioral positions of Kalucy and Garner, after which the systemic formulations of Minuchin and Palazzoli will be presented. Finally the existential phenomenological description of anorexia nervosa articulated by Binswanger will be discussed.

#### A Working Definition of Anorexia Nervosa

The Diagnostic And Statistical Manual of Mental Disorders (D.S.M. III-R, 1987) defines anorexia nervosa in the following terms:

- A. Refusal to maintain body weight over a minimal normal weight for age and height, e.g., weight loss leading to maintenance of body weight 15% below that expected or failure to make expected weight gain during a period of growth, leading to body weight 15% below that expected.
- B. Intense fear of gaining weight or becoming fat even though underweight.
- C. Disturbance in the way in which one's body weight, size, or shape is experienced, e.g., the person claims to "feel fat" even when emaciated, and believes that one area of the body is "too fat" even when obviously underweight.
- D. In females, absence of at least three consecutive menstrual cycles when otherwise expected to occur. (p.67)

These four symptoms are intended to serve as standard criteria for the reliable diagnosis of anorexia nervosa. They make up but a small portion however of the total number of symptoms described in the literature. Garfinkel & Garner (1982) have provided a more comprehensive listing which they

have divided into primary symptoms (those considered to be fundamental or intrinsic to the disorder) and secondary symptoms (those that develop primarily due to the effects of starvation, specific dietary deficiencies, and/or stress).

The primary symptoms identified by Garfinkel include:

- a) An overall sense of ineffectiveness.
- b) Feeling of helplessness and dependence with a marked deficiency in one's sense of autonomy.
- c) Dichotomous thinking (all is black or white, good or bad) reminiscent of pre-operational thinking in Piaget's stage theory.
- d) Severe anhedonia accompanied by a severe mistrust of and a need to "control" the body.
- e) Denial of sensations of hunger, thirst, pain, and fatigue as well as an ability to exercise excessively despite advanced level of emaciation.
- f) Distortions in body perception to the point of being delusional. These distortions rarely extend to other areas of perception.
- g) Socially isolated and withdrawn, with surviving friendships being usually utilitarian or competitive.
- h) Indifference to sexual activity.<sup>1</sup>

---

<sup>1</sup> There is some controversy as to whether this symptom is "secondary" to starvation or is rooted in a more pervasive or primary pattern of interpersonal dysfunction.

Those symptoms that Garfinkel and Garner consider to be secondary and primarily due to the effects of starvation and stress are:

- a) An overpowering preoccupation with food and its preparation, fantasies about food, obsessional behavior at meal time, and stealing of food (starvation related).
- b) A general lowering of ego strength which manifests in mood swings, paranoia, and rigid adherence to routines (starvation and stress related).
- c) Hormonal imbalances which induce amenorrhea, hypotension, bradycardia, lanugo, and hypothermia (starvation and stress related).

A final feature present in about half of anorexia nervosa sufferers is bulimia which is the compulsive use of self-induced vomiting, and the abuse of laxatives, and/or diuretics to control body weight. Patients displaying bulimia have been the focus of considerable attention in the last 15 years after it was noted that they differed markedly from nonbulimic anorectics in regards to family history, premorbid symptomatology, and the presence of major thought and bipolar affective disorders in the family (Garner, Garfinkel, & O'Shaughnessy, 1983; Strober, 1983). As a group the bulimics tend to have conflict-ridden family relations, seem to display more suicidal behavior, are more frequently diagnosed as having a

borderline personality disorder, and engage in more sexual behaviors. There is also substantial evidence which indicates that bulimic anorectics respond to pharmacotherapy, a finding which has not been repeated with nonbulimic anorectics, also known as restrictor anorectics (Swift, Andrews & Barklage, 1986). For these reasons, Pyron (1985), Strober (1983), and Garner et al. (1983) believe that anorectics with bulimia may represent a distinctive subgroup whose etiology may be different to that of purely restrictor anorectics.

#### Psychoanalytic and Object Relations Views of Anorexia Nervosa

By the early forties, when Simmonds disease (a degenerative illness affecting the anterior pituitary) was discarded as the sole cause of anorexia nervosa, the search for a more psychological explanation for the disorder was initiated. Psychoanalytically oriented psychotherapists were quick to take the lead in this enterprise.

One of the first contributions by a psychoanalyst was made by Brown (1964) who suggested that the ingestion of food was, for the anorectic, a process of oral impregnation. Pregnancy represented "being like mother", a state that was unbearable to a child ridden by guilt over unresolved conflicts of separation and autonomy. Food therefore became the enemy, and fat the sign that the battle was being lost. The theory of oral impregnation also implied that the patient

had become fixated at the oral stage of development, such that the mode of expression for sexual and aggressive drives was via oral activity (Thoma, 1967; Szyrynski, 1973). Self-control for these individuals was therefore synonymous with controlling buccal behavior.

Szyrynski (1973) described the families of anorectics as follows: ".domestic life is dominated by the mother, with a rather passive father in the background" (p.496). This brief and succinct description was consistent with the one proposed by Brown (1964), who further characterized the mothers of anorectics as oppressive and castrating. He claimed that these mothers dominate the home to such an extent that the family is defined, to all intents and purposes, by their contribution to it. The patient is simply the designated victim of the mother's anxiety over issues of sexual expression and autonomy, issues she herself has not resolved. The evolution of the disorder is therefore a result of the push-pull struggle between a woman who refuses to acknowledge her own womanhood, and a daughter who cannot discover her own sense of it. Other family members gravitate around the two like satellites, present but impotent. The struggle, however, is not an overt one but staged at the level of the unconscious, with the major struggles being waged in early childhood. By the time the various symptoms begin to appear, the battles have been decided and the patterns set.

Such classical psychoanalytic thinking had an important impact on the psychiatric community's way of viewing this disorder for most of the forties and fifties. By the sixties, however, these formulations were being questioned. Bruch (1966, 1973), was one of the first psychoanalysts to put into question the adequacy of the theory of oral impregnation. The explanation, she argued, did not describe the core features of the disorder. For her these key characteristics were: (1) relentless and irrational pursuit of thinness; (2) deficit in body sensations such as those of fatigue and hunger; and (3) a pervasive sense of personal ineffectiveness. Of these, the most crucial for Bruch was the sense of personal ineffectiveness that, she claimed, arose from the overcontrolling and overprotective attitudes of the sufferer's parents. The patient responds to this parental intrusiveness, according to Bruch, by exerting a rigid and coercive control over her body in an attempt to establish a "domain of selfhood" that is not a challenge to the familial consensus (Bruch, 1983, p.453-454). Focusing on the body also allows the anorectic to avoid dealing with the developmental tasks for which she is unprepared, such as exploring the world of sexuality or separation from the familial culture. For Bruch, therefore, the disorder was less due to conflicting drives than to developmental deficit secondary to pathogenic family interactions.

Masterson (1978, 1977) elaborated on Bruch's contribution to the study of anorexia nervosa by incorporating the object relations notion of developmental arrest. The precise stage of the arrest, according to him, is at the level of separation-individuation and is occasioned by the mother's need for complete control over her child. Autonomous actions by the daughter are seen as particularly threatening to the mother, who responds to them by withdrawing her libidinal energies. This potent form of reprimand initiated early on in the child's life, is usually enough to discourage any future significant moves towards self-assertion, and to arrest the development towards autonomy and self-sufficiency usually seen in early adolescence.

Mara Selvini Palazzoli's (1978) first works in the area, produced from a psychoanalytic approach, also postulated that the anorectic was the victim of a struggle for autonomy made hopeless by the intransigent opposition of the parents, particularly the mother. In her view, however, the child's response was to orally incorporate the bad maternal part-object which became, over time, synonymous with her own body. Starvation was a means of halting the feminization of the body in an attempt to subdue the maternal negative part-object. Palazzoli's early view represented a unique attempt to blend both the more classic theory of oral impregnation and the object relations theory of negative part-objects. It is to her

credit that she succeeded in doing so without falling prey to serious criticisms from either side.

Despite the shift in emphasis, object relations theorists are consistent with classic psychoanalytic theorists in viewing the family milieu of anorectics as environments wherein the intrapsychic dramas of parent and child are played out unconsciously. Within this drama, the real aggressor is always the parent, and almost always the mother (Masterson, 1981). She is the one who, in her attempt to mold her daughter into her own image, inflicts the mortal wound early on in childhood. From then on the child's fate is in large part determined, the wound lying dormant until the crisis of adolescence brings it to the surface. Other family members play a very secondary role in the process. Much like in the drive model formulations, siblings and the less involved parent are seen as rather impotent spectators.

#### Critique of the Psychoanalytic and Object Relations Views

Goodsit (1985) has criticized the drive theories, particularly the more traditional analytic approaches, for their failure to account for a significant number of the disorder's symptoms. She describes how, for example, they fail to account for the persistent distortions in body perception, the valuing of thinness for its own sake, and the deadening of inner feelings. Garfinkel and Garner (1982), though thankful to many prominent analytic thinkers for their

detailed descriptions, are nevertheless critical of their claims to having uncovered "the" etiological process. Instead they qualify their theories as misleading generalizations applicable only in select cases.

Psychoanalysts and object relation theorists have responded to their critics with detailed case histories which show clearly, they claim, the dynamic symbolic interplay between ego and id, or maternal and self part-objects (Masterson, 1981; Johnson 1991). In the course of such etiological formulations, authors often refer to the specific theoretical principles which guide their work and make their conclusions intelligible. These formulations seem to be derived more from the specific theoretical orientation of the writer than from the nature of the phenomena being investigated. Furthermore, there seems to be no clear means of evaluating the inherent validity of such formulations beyond evaluating the theoretical consistency of the author's pronouncements or the clarity and eloquence of his presentation.

A further weakness rests with how psychodynamic and object relations theorists, through their emphasis on unconscious or early childhood experiences, tend to overlook the nature and quality of conscious, lived and articulated experiences within the family in the here and now. Little is said, for example, about just how mothers and daughters consciously perceive and interpret each others' actions, or how

they communicate their fears, needs, and aggressions within the family milieu. Psychoanalysts and object relations theorists also fail to clarify how the unique complexes generated by past mother-daughter conflicts mold the anorectic's experiences of adolescence.

Psychodynamic and object relations theorists also fail to describe systematically how others in the family perceive, are affected by, and respond to these complexes when they finally express themselves symptomatically. Presumably, they have taken part in these processes or at least been witness to them. Yet few contributions explore this aspect of the anorectic's lived reality.

The central difficulty with psychoanalytic and object relations formulations to which the above criticisms all relate is their theoretically obtuse and often ethereal conceptualizations of the unconscious. In his phenomenological critique of psychoanalysis, Masek (1984) concludes that the unconscious must be essentially redefined if it is to be rescued and made a useful term in psychology. From his perspective, the unconscious can best be understood as an unarticulated and unintegrated system of intentions, projects, and meanings (Merleau-Ponty, 1963; Masek, 1984), a dynamic insentience that is nevertheless implied and obviated in every individual's interactions with others. This personal and interpersonal phenomenon is always co-present to conscious experience at the level of unarticulated and

unexpressed intentions and potentials. These can reveal themselves, in Masek's view, within an empirical phenomenological investigation where the exploration focuses on the world of intentions and lived meanings.

Masek cautions that the access to the world of dynamic insentience he envisages is not achieved through the introspection or retrospection often pursued in psychoanalysis. Rather it is reached through the illumination of the horizons of each person's perceived lived world and through a systematic exploration of the fulfilled and unfulfilled intentions and projects which shape their experience in the world. Phenomenological psychological research methodologists refer to this need to illuminate the horizons of a subject's experience when they note the importance of making the poorly articulated implicit meanings more explicit. Mook (1989) proposes that in psychotherapy, this undertaking becomes a hermeneutic enterprise wherein the therapist and the client engage in a joint exploration of the client's existence in order to reconcile and integrate the various discordant dimensions made evident in the exploration process, thus opening the way for a new self narrative to emerge. For both phenomenological researchers and hermeneutically inspired therapists, the unconscious is an integral and accessible dimension of human experience, one that can be illuminated and described.

In conclusion, the inherent limitations to the contribution made by the psychodynamic theories on the question of how families understand and give meaning to the occurrence of anorexia nervosa, can be summarized in the following terms. Firstly, though psychodynamic and object relations theorists have provided thorough and revealing descriptions of pertinent phenomena over the years, their interpretations have been restructured through their strict adherence to a priori psychoanalytic postulates and especially to a rigid and mystifying theory of the unconscious. Secondly, these theorists and clinicians have virtually defined the disorder in terms of the mother-daughter relationship, without including in their consideration the contributions of all other family members. Finally, through their singular preoccupation with symptoms directly encompassable and explainable by their view of the disorder, they have left unaddressed many prominent features of the anorectics' life which the anorectics themselves define as central to their experience. Though compelling in their eloquence, such theories fail to provide us with an understanding which can be sustained through empirical and experiential evidence.

Radical Behaviorist and Cognitive Behavioral Views of  
Anorexia Nervosa

Radical Behaviorism's View of Anorexia Nervosa

As we have already noted, the most salient characteristic of patients suffering from anorexia nervosa is their intense fear of becoming obese. For behaviorists such as Brady and Rieger (1972) this one symptom essentially defines the disorder. Anorexia nervosa, in other words, is simply an eating phobia that, like other phobias can be effectively corrected through the appropriate use of the right positive and negative reinforcers or through a well planned systematic desensitization exercise. In refusing to account for the complex symptom structure evident in anorexia nervosa and centering instead on the one key behavior that threatens survival, behaviorists were nevertheless able to develop simple and effective approaches to the treatment of this syndrome.

Surprisingly few studies have applied what is otherwise the technique of choice for phobias, namely, systematic desensitization. In the recent literature, all studies except one used systematic desensitization in conjunction with other approaches (Eckert 1983). In the study where the single form of therapy was systematic desensitization, the authors reported positive results but freely admitted that additional treatment programs were probably needed in the majority of cases (Schnurer & Rubin, 1973).

Most behavioral clinical studies have resorted to the more powerful operant conditioning strategies for treating anorexia nervosa. Their programs frequently consist of

restricting the patient to her bed and making all social or physical activity contingent on weight gain. Though the treatment is admittedly harsh to the point of often being perceived as draconian, it consistently leads to a rapid and consistent weight gain which is reliably maintained for as long as the program is in force (Halimi, Powers, & Cunningham, 1983; Kellerman, 1977; Pertschuk, Edwards, & Pomerleau, 1978).

Radical behaviorists treating anorexia nervosa have paid little attention to the dynamics within the families of their clients. Many have postulated that the reinforcement contingencies responsible for symptoms are primarily active within the family milieu but few attempts have been made to articulate the specifics of how this takes place in the everyday life of the family. This is surprising since behavioral theory itself would suggest that these rewards would have to be frequent and powerful to sustain such a strong and resistant behavior. There have been only a few attempts to explore this aspect of anorexia nervosa. One such attempt was made by Crisp (1977) who proposed that the parents of anorectics were actively encouraging their children to strive for thinness because they themselves placed an exaggerated value on body shape. In support of this position, Kalucy, Crisp and Harding (1977) reported that a significant percentage of their clients' families were themselves dieters, that is, a third of the total sample. Yet this evidence is only suggestive of the existence of a rewarding process, not

illustrative of it. A more comprehensive exposition of the etiological factors of anorexia nervosa related to family life has yet to be presented by behaviorists.

#### Critique of the Radical Behaviorist's Position

Authors such as Bruch (1974, 1976) and Cohler (1977) have consistently and vigorously claimed that the behaviorist approach is a dangerous one because it recreates in the clinical setting the coercive and intrusive environmental characteristic of the patient's own family. The client's struggle for autonomy, which Bruch claims is at the root of the pathology, is thus further impeded by the very people that should be fostering it. This concern is validated, she claims, by the fact that problematic behaviors not directly associated with weight maintenance, such as disturbances in body image, disordered eating habits, and faulty social skills persist in patients considered by behaviorists to have been "successfully" treated, facts which have been observed by other researchers (Schwartz & Thompson, 1981). This has led some behaviorists to weaken their anti-intrapsychic stance and to admit to the need for a more comprehensive form of treatment that would include therapies other than the traditional behaviorist approach (Eckert, 1983; Halmi, 1985).

Behaviorists have also been unclear on just how the phobia, which they claim to be at the root of the disorder, originates. Some authors have proposed that the phobia is

acquired directly via socially mediated rewards and punishments (Brady & Rieger, 1972). However, empirical evidence in support of this view is very weak. Typically, these families have not been found to be overtly involved in promoting anorectic-type behavior among their members. In the defence of behaviorism, Halmi (1985) admits to the possibility that premorbid maladjustments related to maturation, autonomy, and sexual expression (the intrapsychic explanation) may have contributed to the onset of the condition, but considers these factors to be of secondary importance. What is crucial, he argues, is the identification of the contingencies actively reinforcing the symptoms. However, it is precisely the nature of these contingencies which have eluded behaviorist researchers.

Behaviorists have resolutely resisted giving up their phobia theory of anorexia nervosa primarily because the explanation is consistent with their strong a priori commitment to a strict positivism which excludes from the realm of acceptable evidence all phenomena that are not objectively measurable. Since most of the evidence presented by behaviorism's detractors refer to phenomena behaviorists consider non-measurable (such as intention, emotion, desire, and ambition), there is little need, in their view, to take these objections into account.

Clearly, so much has been excluded from consideration by behaviorists that it remains difficult, as Bruch (1976) points

out, to reconcile the experiential reality of living with anorexia with the explanations provided by the members of this school.

Phenomenologists such as Kruger (1979), Giorgi (1975), and Merleau-Ponty (1963), have argued that the behaviorists achieve their methodological and epistemological purity by fractionating the phenomena of human experience to the point where the meaningful unity of the experience for the subject is lost. In other words, behaviorists make psychology a "pure science" by deleting from consideration those dimensions that make experience understandable and meaningful as a human lived event. This is even more true if one attempts to explore the role of the family in the lives of anorectics, a reality experienced not through rewards and punishments but through meaningful encounters and confrontations, each of which communicates a world of lived intentions and purposes.

#### Cognitive Behaviorism's View of Anorexia Nervosa

Cognitive behaviorism is a variant of behavior therapy pioneered by two former psychoanalysts, Beck (1967) and Ellis (1973). It is an attempt to apply the scientific rigor of behaviorism to the world of thoughts, ideas, and emotions. Cognitivists postulate the existence of cognitive structures which underlie and control conscious activity. These structures are composed of "should" and "have to" self-statements as well as self-judgmental beliefs which are not

explicitly present to consciousness but which nevertheless affect the way we interpret our world. Maladaptive behaviors are the result of errors in thinking, inappropriate "should" and "have to's" or erroneous self-evaluations. These errors are usually learned vicariously in the social milieu, and if consistently reinforced, may form cognitive sets. The latter will, given sufficient reinforcement by the environment, become self-sustaining and habitual thought patterns which will not only govern behavior, but also affect the way the outside world is interpreted. If these sets are pathogenic, then the individual's interpretation of outside stimuli can be quite inappropriate. Cognitive therapists therefore are concerned with how cognitive sets are reinforced and eventually mediate the individuals' interpretation of their environment.

In his exploration of the cognitive distortions evident in anorexia nervosa patients, Garner (1986) claims to have identified a pathogenic cognitive set idiosyncratic to the disorder, which consists of the following beliefs:

- 1) Your worth as a person is a function of your body shape.
- 2) Self-denial is synonymous with virtue.
- 3) Self-control is vital at all times.
- 4) Inner feelings such as hunger, fatigue, and sex are unacceptable signs of weakness.

Garner and Bemis (1985) and others were able to develop descriptions of the internal cognitive structures characteristic of anorexia nervosa by studying and qualitatively analyzing in an almost Piagetian way the self-descriptive comments of anorectics (particularly with regard to how they interpreted their environment), and/or by analyzing the descriptions that master therapists such as Bruch provided in their work.<sup>2</sup> Knowledge of these cognitive structures, they claimed, allowed one to begin to see the world the way anorectics see it.

Cognitive therapists, like behaviorists, have studied anorexia nervosa without giving family life much attention. This is in part attributable to the fact that the approach is oriented to individual therapy, and therefore concentrates on identifying existing thought disorders regardless of their origins. The development of errors in thought is seen as multidetermined, arising both from intrapersonal and interpersonal factors (Garner, 1985). However, cognitive behaviorists will not dispute the fact that the process of building pathogenic cognitive sets would occur mainly in the family environment. Once in place, however, the life of these sets is perceived as quite independent of familial factors.

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<sup>2</sup> Beck (1967, 1976), one of the fathers of cognitive therapy, drew his most important ideas from a thematic study of self-statements made by individuals suffering from depression. Beck, trained in the psychoanalytic tradition, had no qualms about using qualitative approaches to research at that time. His colleagues in the movement however have tended to limit themselves to the natural science model of research.

Critique of the Cognitive Behavioral Position

Cognitive behavior therapists have provided credible descriptions of many crucial facets of the anorectic's conscious internal world. Their results are certainly more impressive than those produced by the behaviorist school, if one values comprehensiveness. Cognitive psychology, however, purports to be not only a descriptive enterprise but an explanatory science based on the notion of cognitive sets. These sets are perceived by cognitivists as almost autonomous facticities within consciousness, the development and activity of which is predominantly determined by overlearning as well as by the mechanistic operant processes of reward and punishment described by Skinner. Focusing on these cognitive sets, cognitive behaviorists lose sight of the intrinsic unity of the subject's experience and the cohesion of goals and intentions which govern their lives. Surprisingly, they also seem to subscribe to a concept of unconscious realities (cognitive sets that are rarely easily accessible to consciousness) which suffers from the same shortcomings as the psychodynamic conceptualization of the unconscious, namely, that they constitute a parallel and mysterious second world. The relationship this parallel world has to the world of conscious experiences and lived intentions is poorly articulated.

Cognitive behaviorism's commitment to a behaviorist view of the individual is in some ways surprising, given the importance these researchers attach to subjective descriptions of thoughts. Yet, in our view, the drift towards some form of positivist reductionism would seem inevitable in view of the explicit goal voiced by cognitivists to move beyond description towards explanation. When researchers shift from description to theories of explanation, they inevitably distance themselves from the phenomena as it manifests itself in order to move towards formal abstract schemes they hope will be generalizable. In the process, they are compelled to give key elements of the description an object-like status, and bring into play a host of theoretical assumptions that almost always fractionates and distorts the unity of the phenomenon which is so clearly evident in good descriptions, as many phenomenologists have observed (Giorgi 1982; Polkinghorne, 1983).

The value of the cognitivist contribution to the study of anorexia nervosa is important inasmuch as it provides a series of rich descriptions regarding the way anorectics interpret their worlds. The themes identified by cognitivists (such as Garner) could doubtless emerge as important aspects of the subject's experience in a phenomenological investigation such as the one we propose. What the cognitive behavioral approach fails to provide, however, is a contextualized view of the phenomena as lived, which takes into account the important

network of social encounters and relationships through which cognitive sets emerge as part of a unity of meaning. In our view and in the view of most phenomenologists, cognitive therapists, like the behaviorists and psychodynamically-oriented theoreticians, are bound by theoretical and epistemological assumptions that have essentially limited their openness to the intrinsic integrity and richness of lived phenomena. As such, their ability to illuminate such phenomena is seriously compromised.

#### A Systems Theory View of Anorexia Nervosa

##### Structural Family Theory and Therapy

Structural family theory and therapy is a distinctive clinical approach developed in the late sixties by Salvador Minuchin (1974), a psychiatrist known for his work with the families of psychosomatic children and lower income urban families. Minuchin was influenced initially by Levi-Strauss (1963). Minuchin also sought to incorporate ideas from general systems theory<sup>3</sup>, as well as from organizational and social role theory. By developing his own integration of these ideas and by extending and applying them, Minuchin developed a theory that was both simple and powerful in its ability to account for a wide variety of phenomena.

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<sup>3</sup> Von Bertalanffy (1967, 1952) defined open systems as ones that were able to respond to changing environmental conditions. Open systems included all individual living organisms or groups of organisms.

The fundamental presupposition underlying structural family therapy is that humans have an innate structuring principle which is operational within organized social groups. The most consequential of these groups is the family, for it is here that an individual's sense of selfhood and community is developed and solidified prior to assuming various roles within society and culture (Minuchin, 1974; Minuchin et al., 1978). Distortions in an individual's sense of self are seen by Minuchin as primarily a consequence of pathogenic processes at the family level.

An individual's activity in a social group like the family, says Minuchin, is determined by the ongoing system of interactions that characterize the group. Individual motives, aspirations, and needs, in other words, are determined more by the complex web of social rules and obligations that binds us to the people with whom we live, than by intrapsychic forces or reward contingencies. Firm in this belief, Minuchin, like most other family therapists, adopted a systemic approach to explain the forces which shape human social experience.

One of the most important aspects of family life for Minuchin was the familial structure. The term "structure" (Minuchin, 1974) was defined as a complex set of rules and codes that govern the way individuals within a family interact with each other. The most important structural dimensions of the family are boundaries, alignments, and power.

Boundaries were defined as those codes and rules that determine who will participate in what activity, group, or function and what kind of participation will be permitted (Minuchin, 1974). Such rules will define, for example, who can assume the role of arbiter in disputes, or who is allowed to negotiate with outside agencies (such as schools) on behalf of the family. Generally, families are organized into fairly distinct subsystems, such as the spousal subsystem or the sibling subsystem. These subgroups of the family are arenas wherein individuals work through issues of belongingness, autonomy, and power. Exposure to and participation in the various subsystems brings about a process of differentiation that eventually leads to a sense of autonomy equated with adulthood.

The second and third dimensions of family structures are alignment and power. Alignment refers to the joining in friendship or conflict of one family member with another for the purpose of carrying out an operation or addressing individual or group needs (Aponte & Van Deusen, 1981, p.313). Power within the family is defined as "the relative influence of each family member on the outcome of an activity" (Aponte, 1976, p.434). How families deal with issues of alignment and power is crucial not only to the family's functioning but also to its ability to successfully socialize its members.

Among dysfunctional families, Minuchin (1974) observed that two types of systemic structures tend to recur over and

over again. The first was termed enmeshment, and refers to families that are "too close". In these homes, boundaries between subsystems are often vague and ill-defined. Children and adults therefore frequently interfere with or participate inappropriately in each others affairs, and assume roles that are not properly theirs. Children in these families are predisposed to experiencing difficulties in defining their own personalities and differentiating themselves from their parents or siblings. One form of enmeshment that is particularly detrimental occurs when a child in the family is included in the spousal subsystem. This pathogenic triangle may be used by the parents to delay or intensify marital conflict. The result of such a process is to place an enormous amount of stress on the involved sibling and to effectively block the family in its development.

The second type of family is called disengaged, and refers to families that are "too distant". These families are ones whose subsystem boundaries are overly rigid. In other words, interactions in these families are always difficult, and the nurturing and protective functions important for individual development are poorly carried out. Children in these families are also compromised in terms of social and interpersonal development.

The theory of structural family therapy has had an enormous influence in the discipline of family therapy. The theory has been particularly successful in providing a

succinct picture of what constitutes health in the family (Nichols, 1984) as well as a clear model of family dysfunction. It has also allowed clinicians interested in specific pathologies to shed new light on the possible familial etiological factors affecting their clients.

#### Minuchin's Structural View of Anorexia Nervosa

In the late sixties and early seventies, Minuchin and other structural family therapists began studying and working with the families of psychosomatically ill children. Basing his conclusions on voluminous clinical data and comparative analyses with normal families, Minuchin et al. (1978) concluded that three conditions were necessary before a psychosomatic disorder such as anorexia nervosa could develop. First, the child had to be physiologically predisposed to the disorder. Secondly, the family had to exhibit specific organizational and interactional patterns. Finally, the affected child had to be involved inappropriately in parental conflicts (Kog et al., 1987).

The specific organizational and interactional patterns Minuchin identified in psychosomatic families were enmeshment, overprotectiveness, rigidity, and lack of conflict resolution. Enmeshment, as we saw, is a dysfunctional family style characterized by an intense proximity between members. In such families, closeness is valued above everything else, such that the integrity of the various subsystems and the ability

of individual members to assume clearly defined roles within these subsystems is compromised. Particularly affected are those children moving into adolescence since they suffer most from an undifferentiated sense of self. The onset of anorectic symptoms (restricting type) does in fact usually correspond with the beginning of an adolescent crisis.

Overprotectiveness in psychosomatic families refers to the excessive expression of an intrusive and controlling type of concern among family members. Because of the strong binding effects of such behaviors, it is often displayed when the family's cohesion is threatened. For example, in a home milieu, all members of a psychosomatic family under stress seem to both solicit and provide more protective behaviors than do members of "normal" families. Because of its overly controlling quality, this form of concern does not foster autonomy. For the recipient of this concern, the experience is more one of intrusion than of nurturance.

The third characteristic noted by Minuchin, rigidity, is defined as a strong commitment to the preservation of the family's current mode of functioning. In psychosomatic families, what has to be preserved is the enmeshed and intrusive style of interacting that both stifles and protects its members. However, the consequence of this commitment to the status quo is to plunge the family into a crisis as the demands of adolescence make themselves felt more and more.

The last of these four characteristics is poor conflict resolution. Many psychosomatic families, when first seen, describe themselves as having essentially no real problems save their child's illness. Others openly acknowledge problems but are unable to confront each other successfully about them because, as Minuchin et al. stated, "constant interruptions and subject changes obfuscate any issue before it can be brought to salience" (1978, p.32). Problem solving tasks are further compromised by the family's injunction against self-acknowledgement. Problems, for example, are never attributed to any one person in particular. Instead, they are credited to fate, chance, or the work of external forces.

Though the emergence of a psychosomatic disorder in a given child only occurs when a family possesses all or most of the above-mentioned characteristics, one other condition must also be present before the symptoms manifest themselves, that is, the child must have a privileged involvement in the parental subsystem. This privileged involvement usually centers on an ongoing, covert conflict between the two adults and can take three distinct forms: triangulation (where the child's alliance shifts from one parent to the other); detouring (avoiding conflict by providing false nurturance to the child); and child coalition (frank alliance with one parent against the other). The child therefore is seen by Minuchin

as trapped in a relationship she is powerless to control (Minuchin et al., 1978).<sup>4</sup>

These patterns are all to some extent mutually reinforcing and, according to Minuchin et al. (1978) maintain themselves via circular homeostatic (self-maintaining) processes that involve every member of the family. For a therapist to challenge these destructive processes, the whole family has to be confronted, lest individual members be led to sabotage the therapist's efforts for the sake of preserving the family's status quo.

#### Palazzoli's Systemic View of Anorexia Nervosa

Mara Selvini Palazzoli (1978) was the first systemically-oriented family therapist to explore the intrafamilial dynamics of anorexia nervosa. Coming from a psychoanalytic background where, as we have seen, her contributions had been important, she opted for a new orientation when she could no longer accept the poor outcome and slow recovery rates following the use of traditional methods.

Palazzoli, Boscolo, Cecchin and Prata (1978) initially adopted the strategic approach which had been developed by the Palo Alto group in the late fifties and early sixties (Bateson, Jackson, Haley, & Weakland, 1956). Working from the

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<sup>4</sup> Though Minuchin gives a specific definition to the term triangulation, other authors use it to refer to all instances when a third member of the family becomes involved in an ongoing conflict between spouses.

foundational concepts of systems theory which later inspired Minuchin, this group focused their attention on communication, viewing it as the most telling indicator of the family system's health. Important to the strategic school was the degree to which communication in the family was corroborative and confirming for others in the family.

From the strategic perspective, the principal and most often noted characteristic of pathogenic families was that overt communications transmitted by the various individuals in the family were often discordant with or disconfirmed by the nonverbal (covert) communications given by these same individuals (Watzlawick, Beavir, & Jackson, 1967). This phenomenon, referred to by Bateson as the double bind, had the effect of rendering recipients of such communication confused, anxious, and mystified, thus compromising their ability to pursue their development in the family and in society.

Although Palazzoli and her co-workers departed from the strategic model, they soon developed their own systemic model (known as the Milan Group). This model was an original contribution to the development of systemic concepts and interventions in family therapy.

Palazzoli (1978) and her team began their first study of the families of anorectics by identifying the specific areas of communication that seemed most critical. Departing from the strategic model, Palazzoli's group interested themselves in the level of coherence in familial communication, but

sought as well to explore how such communications were perceived and interpreted by others. They studied further the various ways leadership in the family was assumed; how coalitions were entered into; how acceptance, rejection, and blame were dealt with when things went wrong; and how the parents interacted as a couple. Data on all of these areas were collected from ongoing therapeutic interviews conducted by the author and/or her colleagues. No specific methodology for analyzing the data was presented, nor did the researchers demonstrate how their findings were validated other than through clinical observations and assessments.

Palazzoli reported that members of anorectic families generally seemed to qualify their own communication quite effectively, showing coherence between both overt report level information and covert command level information. The only exceptions were those clients who exhibited severe antisocial or bulimic behavior. However, the family members were less competent when it came to acknowledging communications from other family members. Their tendency was to systematically reject communications from others, particularly if the message was intended to affirm oneself, or to comment on some problems in the family. This prohibition against self-affirmation inevitably led to problems in the development of autonomy, especially during adolescence.

Leadership issues in these families were also poorly dealt with. Palazzoli, like Minuchin et al. (1978), found

that both parents avoided assuming an authoritative position for fear of compromising their privileged alliances with one or more of their children. If forced to make decisions, the parents would always claim to be doing the will of others, not their own. In this way they were always above reproach and beyond blame.

Another area of investigation concerned coalitions, and it was here, Palazzoli felt, that the heart of the problem laid. Whereas in normal families, overt coalitions serve as a means of experiencing closeness, discovering individual worth vis-à-vis others, and developing a sense of self-identity, overt coalitions in anorectic families were seen as threatening to the position of others. Family pressures therefore often forced the premature dissolution of such alliances, leaving the participants with a sense of having been betrayed. However, covert or non-acknowledged coalitions were not only present in these families, but seemed to be among the more prevalent features of the system. Typically, the most powerful covert coalition involved the anorectic and one of her parents in league against the other parent.

The attribution of blame and the ability of various family members to acknowledge responsibility for events in the home was also problematic in this population. The pattern observed by Palazzoli was for blame to be attributed to neutral or outside forces. This strategy avoided the need for conflict, but also ensured that problems would never be

resolved. The area of investigation concerned the interactions within the parental subsystem. This relationship was characterized by unresolved conflicts expressed indirectly in a semi-covert struggle wherein the goal for both parents was to show themselves to be the most self-sacrificing, or the most self-denying. Locked into this symmetrical race for moral superiority, both were eventually driven to seek out a covert ally in the struggle. That ally was inevitably the future anorectic.

Palazzoli's systemic description of anorectic families resembles closely those presented by Minuchin et al. (1978). Both, for example, made similar observations concerning the triangulation process, the family's spirit of self-sacrifice, and the restrictions of opportunities for developing personal autonomy. Palazzoli's (1978) unique contribution, however, lay in her rich description of the systemic processes made evident in the way these families communicated. Palazzoli also provided important accounts of the impact various goal-driven strategies adopted by family members can have on the family system.

Later, in 1979, Palazzoli underwent yet another shift in her theoretical perspective. Not satisfied with what now appeared to her to be the rather restricted perspective of a purely systemic approach, she sought to develop a more comprehensive description of the anorectic's family life by attending more closely to the way in which the familial

structures, rules, and traditions were influenced and transformed by the pressure of family members seeking to pursue specific goals. Though still intent on providing a truly systemic perspective on the phenomenon, she now sought to show how the individual family members' competence in pursuing their respective needs and ambitions could shape the family system and help it change as the individuals in the family change.

Palazzoli summarized her new view on the etiology of anorexia nervosa by stating: "The onset of the disorder is linked to a specific evolution of relationships....to which the patient both reacts and actively contributes" (Palazzoli & Viaro, 1988, p. 130). The results of her clinical inquiry involving 142 families of anorectics revealed that anorexia nervosa is the end result of a six stage process in the "family game". These stages are:

- a. The parent game, wherein unresolved issues from the family of origin contaminate the couple's relationship.
- b. The child becomes involved in the parental conflict by allying herself to one of the parents.
- c. A shift in the parental alliances in the family causes the intensification of old relationships or the creation of new ones, obliging the future anorectic to alter her own alliances.

- d. The child becomes symptomatic in an attempt to distinguish herself from her mother and to spite her.
- e. Parents abandon their alliances with the daughter which leads to an exacerbation of symptoms.
- f. The family moves to a "symptoms based strategy" where the family covertly supports the symptomatology.

From this new perspective, Palazzoli (1988) proceeded to provide a detailed view of the etiological factors active in anorectic families. She maintains the concept of a triangulation process rooted in a longstanding marital conflict. Inevitably, the anorectic becomes a central element in her parent's attempts to exact retribution from each other, and finds herself so compromised that she becomes symptomatic.

#### Critique of the Systemic Position

Some research studies presented not long after the first publications by Minuchin and Palazzoli seemed to support several of the findings of both these researchers. Crisp, Harding and McGuinness (1974) found that anxiety in both parents of anorectics increased as their child improved, giving support to the notion that the affected child mediated the spousal conflict. Kalucy et al. (1977) found that anorectic families were more resistant to outside influences,

and reacted poorly to external demands for change. Humphrey (1983) confirmed that these families were particularly inept at dealing with issues of autonomy. Finally, Goldstein (1981) noted in his small sample that there was significantly more inappropriate cross-generational interaction, increased dependency-eliciting behavior, and poor self-affirmation in these families than in other families.

Other studies were more critical of the formulations presented by Minuchin and Palazzoli. Much of the research addressing the validity of these formulations was focused on the work of Minuchin. Researchers who attempted to replicate Minuchin's work encountered a number of serious problems, the most important of which was the difficulty in operationally defining the concepts of enmeshment, rigidity, overprotectiveness, and conflict resolution. Wood & Moshe (1983), for example, observed that the concept of enmeshment had to be broken down into two distinct dimensions, namely proximity, and hierarchical organization. Kog et al. (1987) found themselves in the position of having to redefine all four of Minuchin's characteristics of anorectic families, that is, enmeshment, rigidity, poor conflict resolution, and overprotectiveness, before proceeding with their own research.

Other studies such as the one by Yager (1982) challenged the theory more directly. He noted that the terms used to describe anorectic families were essentially the same as the ones used to describe families with an autistic child. The

implication was that the family pattern observed by Minuchin could perhaps have been secondary to the disorder, and not antecedent to it. In his own study, he noted considerable heterogeneity in family patterns within anorectic households, and observed that many families did not fit the mold suggested by Minuchin. Garfinkel & Garner (1982) were also critical of both Minuchin's and Palazzoli's conclusions. Of particular concern was that their theories were derived essentially from clinical impressions. In addition, they also questioned the originality of Palazzoli's contribution, quoting both Crisp (1967) and Bruch (1973) as having made similar observations about the families of anorectics.

Significantly, none of the above-mentioned studies sought to address the more fundamental theoretical and epistemological concepts of systems theory itself, choosing instead to stay at the level of exploring symptomatic behaviors and operationally defining key systemic concepts such as enmeshment. Yet the significance of Minuchin's as well as Palazzoli's theories was to present a new way of looking at the family, and a new way of conceptualizing pathology. It is this new way of looking at the family which calls out to be examined critically.

In her phenomenologically based critique of systems theory and family therapy, Mook (1985, 1987) sought to address this issue by pointing out that in attending exclusively to interactional processes, the systemic approaches have been

successful in helping therapists move away from the decontextualized individual articulations characteristic of psychodynamic, behaviorist and cognitivist approaches and have helped to bring into focus the extrinsic relatedness of the phenomena of family life. However, this single-minded focus on the study of various patterns of interaction, has led many systems thinkers to propose that an individual family member's actions are wholly determined by these same systemic processes. Forgetting that many of the conceptualizations of family therapy are metaphoric and descriptive of a way or style of sharing living space, as Kaye (1985) also reminds us, many systemic authors have referred to concepts like enmeshment and triangulation as quasi-facticities having the reality status of a causative agent. This misplaced concreteness often gives systemic elaborations a false and artificial logic. Statements which refer to anorexia nervosa as being "caused" by or a result of familial enmeshment in reality only begs the question, that is, what kind of intersubjective experience leads to enmeshment, and what is enmeshment in terms of the lived significance and meaning for the family, or how do people participate in an enmeshed family. The problem of misplaced concreteness is even more obvious when researchers try to measure concepts like enmeshment without taking into account the family member's experience.

Mook (1985) claims that it is in failing to recognize the agency of the family member that the systemic viewpoint in family therapy commits a fundamental error. Family members as a group are, after all, the creators of the family. Their participation in the family is not determined by some suprapersonal process which guides their acts. Rather, their style of being together is created by the network of experienced meanings each person develops by living with other family members. In this sense, enmeshment is not so much a lived reality as a construct articulated by an observer to communicate a pattern which in itself does not reveal the rich tapestry of intentions and aspirations which help create it. To study interactional processes in isolation is to fractionate reality and to lose sight of the fact that individuals are conscious, intentional, meaning-giving and self-reflecting beings capable of transcending their present circumstances.

Merleau-Ponty (1963) addressed this issue in his discussion on the nature of the "human order", which he described as qualitatively different and irreducible to the systemic processes of the "vital order" of the animal world where the environment and the interactive sequences are indeed powerful molders of behavior. Humans, Merleau-Ponty argued, through their power of reflection and transcendence, are always seeing beyond the confines of their imbeddedness in social situation and are therefore never a complete prisoner of it. Systems based family therapy, we would argue, simply

disregards many fundamental aspects of human nature in an attempt to define human experience in terms compatible with their pre-established epistemological position. In this regard, they join most other approaches reviewed thus far.

The appropriate goal of family research from a phenomenological point of view, according to Mook (1989), is to explicate the subjective and intersubjective lived meaning structures of pertinent phenomena developed by family members amongst themselves. These meaning structures would reflect not only the actual circumstances of family life but also the virtual, or the possible, as seen by the participating individuals. A phenomenologically inspired methodology would, in Mook's view, be the most appropriate means of achieving these results. Mook (1985), Kruger (1979), and Curry (1967) quickly note, however, that phenomenologists have been slow to pick up the challenge of family research. Except for notable exceptions such as Laing and Esterson (1964) and Esterson (1970), phenomenologists have continued to focus on studies of individual existence.

## Existential Phenomenological View of Anorexia Nervosa

### Binswanger's View of Anorexia Nervosa

A number of existentialist psychologists and psychiatrists have contributed significantly to the understanding of anorexia nervosa (Binswanger, 1958a; Kuhn, 1953; Main, 1985). Probably the most influential of these

however has been Ludwig Binswanger (1958a). His report on the pathogenesis of a chronic anorectic to whom he gave the name Ellen West is one of the most widely cited studies of its kind in the literature, having influenced such writers as Bruch (1973) and Palazzoli (1978)<sup>5</sup>.

Binswanger first published this case study in 1944, some 30 years after the patient's death by suicide. Though Binswanger had only known Ellen for two weeks, he was able to weave together her life by reading and studying her personal journal and correspondence. To supplement this rich source of information, Binswanger also conducted interviews with members of Ellen's family, reviewed the clinical notes describing her psychoanalytic treatment by two psychiatrists, and consulted reports prepared by the asylum where Ellen was a patient during the last months of her life. The analysis produced by Binswanger focused primarily on two basic categories of lived experience: the experience of lived space and lived time. The author believed these two categories to be the most revealing of Ellen's existential reality. Binswanger's approach to lived time and space was based on the philosophical foundations of Being and Time by Martin Heidegger (1962). His analysis, however, was immensely aided by the intelligence, self-

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<sup>5</sup> Binswanger himself diagnosed Ellen as suffering from schizophrenia. However, subsequent authors such as Bruch (1973) have described Ellen as having a symptomatology which would be diagnosed today as anorexia nervosa.

perception, and literary eloquence of the client herself. As Binswanger freely admits, Ellen herself was the real genius behind his investigation.

#### Ellen's Lived Space (Welt)

Binswanger's analysis consists primarily of an exploration of how Ellen perceived and inhabited her lived world. Following Heidegger, Binswanger differentiated three modes of being-in-the-world: the "Eigenwelt" (lived world of personal and inner space), the "Mitwelt" (lived world of social and/or familial space), and the "Umwelt" (lived world of impersonal space, instincts, and corporality). For most functional human beings, the first years of life are ones of immersion into the Mitwelt and Umwelt, new worlds from which one's ways of being and sharing with others is formed and enlivened. The individual's struggle is to continually create and recreate the Eigenwelt by incorporating larger and larger portions of the Mitwelt and Umwelt in such a way as to affirm the past, situate the present, and claim the future.

Binswanger noted that in Ellen's case there was evidence that even in early childhood a disturbance in this process of opening oneself to the world took place. For example, her early refusal of the milk offered to her by her mother, and her refusal to acknowledge in later childhood her father's authority indicated to Binswanger that Ellen

was unable to accept her most primary Mitwelt, and then later her Umwelt. The reasons or causes for Ellen's rejection of these worlds was not made clear by the author, but the consequences of it were well described. Being unable to draw on the nourishment of the Mitwelt and Umwelt, Ellen began to sense, even at a young age, a pervasive feeling of emptiness. The latter became a precursor to the even more destructive feeling destined to invade Ellen's life, namely dread.

Ellen's withdrawal from the lived world was so radical, claims Binswanger, that in her later childhood, even the Eigenwelt was assailed and repudiated. This was made evident by Ellen's dissatisfaction over being born a woman, and her ardent wish to someday be a boy. This wish revealed not only a rejection of her sex, but of her fate, her "thrownness in the world" (1958, p.271). All that was left therefore was for her to retreat into a world of fantasy, a world safe from the intrusions of the outside world, but also barren of the passions and affections that only came from one's involvement with people and things. This fantasy or ethereal world, as Binswanger called it, was characterized by asceticism, aggression, and a will to dominate. Captivated by this ethereal world, this precocious young girl adopted for herself the unusual motto of "aut Caesar aut nihil" (Caesar or nothing) (1958 p.272).

Adolescence for Ellen, as for others, brought an almost irresistible need to intensify her involvement with the Mitwelt and to define herself vis-à-vis the Umwelt. Normally, adolescence offers the opportunity for young people to immerse themselves as never before in the world of friends and close ones and to discover the power of love and commitment. For Ellen, closed off as she was to this form of experiencing, the need to be gregarious was channeled instead towards ambition, or the tendency to dominate and lead.

This avoidance of love was costly to Ellen, as it must be for all who cannot attain it. For whereas the experience of love validates (through the eyes of others) and gives a "home" to the Eigenwelt or world of self, ambition isolates and renders the self nomadic by making relationships with others utilitarian and opportunistic. Ellen's moods, however, revealed the untenability of her existential position. They were reported to be unstable and ranged from despair to elation. The despair emerged whenever she became aware of the pervasive emptiness of her life. Her elation was usually associated with her ethereal world wherein Ellen's quest for purity and power could be realized, albeit momentarily.

What began to coalesce in Ellen's life therefore were three distinct worlds, namely the ethereal world of fantasy, the real world of ambition where Mitwelt and Umwelt were

trivialized, and the "tomb world" of despair that emerged whenever she became aware of her internal emptiness . As Ellen's pathology progressed, the ethereal world set a standard against which both other worlds were compared and eventually rejected. Ambition soon lost its appeal for Ellen as the real world became increasingly petty, corrupt, weak, and intolerable. The tomb world, however, was not so easily avoided, for it drew its sustenance from the same emptiness that was the precondition for the ethereal world's existence. Increasingly therefore, Ellen's life became a bipolar existence which shifted from ethereal elation to despair.

Ellen's focus on her body, noted Binswanger was due to the fact that it, more than any other part of her existence, resisted her attempts to merge with the ethereal world. Firstly fat, and then food itself became associated with the weakness and corruption that for her permeated the Mitwelt and Umwelt.

#### Ellen's Lived Time

Ellen's struggle, claimed Binswanger, was not only against her fate or the unacceptable Mitwelt and Umwelt that surrounded her, but also against time itself. Human beings, he explained, are always present to their past, their future, and their present. Of these, the future is the most telling of how one has grounded his or her existence in

reality, since to be able to affirm a future means also to affirm the continuation of a self, a self that draws its authenticity from a past rich in commitment. The ethereal world however has no room for either past or future. Its temporal mode is of an eternal present with endless but empty possibilities, and countless unfulfillable promises.

Ellen committed herself to this atemporal world, but its integrity was ever threatened by the facticity of her physical existence, a facticity that constantly communicated a concrete historicity. The further into her world of fantasy Ellen went, the more powerfully the challenge of her own facticity was felt. Eventually therefore, she was engulfed by it. But this return to the real was not a return to normalcy, for the real had now become alien to Ellen, and so this invasion of reality was perceived as an invasion of corruption and of all that was menial and small. This was the tomb world where time was experienced as advancing decay. Here as well, the future was absent, for the past on which it had to be based had become formless and meaningless. Ellen was thus increasingly filled with dread, a dread that was born from the irremediable conflict between the mutually reinforcing worlds of the ethereal and the tomb. Eventually, the only escape open to her was suicide, a solution to which she devoted herself entirely.

### The Family

Binswanger, in his analysis, was engrossed by Ellen's subjective existential life, and did not specifically seek to address the issues related to her family of origin. From the history however, there are indications that Ellen's family life was quite problematic. The fact that she rejected milk from her mother as an infant, and that she proved to be insufferably headstrong and violent as a child showed that her relationship with her parents was not what it should have been. Perhaps more revealing, however, was the fact that her parents felt free to intervene on a number of occasions to end Ellen's romantic relationships. This was admittedly a more common practice than today but its effects on Ellen were considerable.

Perhaps the most important observation made by Binswanger that relates to the family was that changes in Ellen's Umwelt were invariably preceded by changes in her Mitwelt. In other words, shifts in Ellen's personality (retreat to the world of fantasy, disintegration of the meaningfulness of lived events, etc.) were first evident at home and were only later manifested in the outside world. Here as elsewhere, Binswanger did not seek to establish a causative relationship by implying that familial factors were at the root of the disorder, but was content to make the observation and left it unexplained.

Critique of Binswanger's View of Anorexia Nervosa

Binswanger's work is admittedly one of the most captivating descriptions of an anorectic's life to be found anywhere. But though it is frequently referred to, it has given rise to remarkably little follow-up research. Authors who quote this work usually choose those sections that validate or illustrate their own theories. They have given little attention to Binswanger's discussion on the degeneration of the Mitwelt or of the power of the ethereal world in these patients. The reason for this seems to be three-fold. Firstly, Binswanger uses many Heideggerian notions and concepts such as Mitwelt and Umwelt which can only be adequately understood if the reader has at least a general knowledge of existential phenomenology. This mainly European school of thought, however, is poorly understood by most clinical researchers studying anorexia nervosa. Secondly, Binswanger's method, which is phenomenological, is concerned with description and uncovering the essential structures of the client's existence and not with causative relationships. Most readers fail to grasp this point and criticize Binswanger precisely for being unclear on the issue of causation. Binswanger left himself open to such criticisms by not systematically elaborating on the distinctions between the descriptive methodology he used and the more prevalent traditional research approach based on natural science methods. Lastly, the themes that Binswanger pursued in his inquiry, such as the emergence of dread, or

the existential experience of time, were dimensions of experience, not variant measurable factors. As a result, experimental or quasi-experimental design-oriented researchers were not motivated to take up the questions Binswanger left unanswered. As a result many interesting lines of inquiry were not pursued.

Binswanger's work serves to make us aware of how powerful a phenomenological existential investigation can be in helping to reveal the essential structures of an individual's lived experience. The picture he paints of Ellen is one rich in content and context. What needs further development and explication is Binswanger's methodology. In his review of phenomenological existential psychology, Binswanger (1958b) highlighted the importance of using the essential structures of existence identified by Heidegger as a focus for the analysis, and the use of Husserl's method of imaginative variation as a means of making evident the essential structures of the phenomena being investigated. Unfortunately, Binswanger offered few additional insights on the specifics of his phenomenological existential analysis. Giorgi (1982) argues strongly that in phenomenological research, a primary goal is to achieve results that are verifiable. Binswanger's less systematic methods have made his work difficult if not impossible to replicate.

Finally, we are also left with a very poor understanding of how the principal figures in Ellen's Mitwelt participated in fostering or challenging her retreat into her constricted world. Despite the fact that Binswanger did not set out to address this issue, we are nevertheless left with the question of the significance of the family in Ellen's life. Addressing this question would seem necessary in any further phenomenological description of the experience of anorectics.

#### Summary

In our review of the literature, we have attempted to discern how effectively the contributions from various leading authors in the field have illuminated our understanding of the experience of family life in families where a child member suffers from anorexia nervosa. As noted earlier, our evaluation of these contributions has been guided by the notion that the validity of a given articulation is a function of the degree to which the articulation is faithful to and clarifies the inherent structure of the experience as lived by those (the anorectic and the members of her family) who are involved in it.

What we have determined is that in almost all cases, the formulations arrived at were molded and prestructured by the a priori theoretical orientation of the author. This theoretical orientation clearly acted as a filter for these

investigators, leading them to attend to those aspects of behavior and/or experience which their theories addressed or focused on. Other features or dimensions of the experience incompatible with the theoretical outlook were simply not taken into account. The most dramatic example of this theory-induced selectivity is evidenced in our discussion on the contribution made by behaviorists.

This "reduced" view of the phenomenon led, in most cases, to conceptualizations which failed to reflect the intrinsic unity of human experience or obviate the uniquely human power of reflection and the ability to transcend the immediate by envisaging alternative futures. Instead, subjects were described as respondents to environmental or intrapsychic forces, or were defined as elements of a suprahuman behavior-shaping system. It is not surprising, therefore, that the integrity and richness of human family experiences is not communicated in such formulations.

Finally, this theory-induced selectivity was observed to predispose investigators to decontextualizing and objectifying certain aspects of human experience. For example, for cognitive behaviorists, belief systems referred to as cognitive sets are described as quasi-autonomous mental facticities which "cause" behavioral changes in the subjects. Systemic theorists for their part, attribute to the family interactive system an ontological status superior to that of the individual. Consequently, they are

insensitive to the fact that individuals create the system and act within it as full, intentional and relatively free agents.

The core of these criticisms, cursory as they may be, was not aimed at the adequacy or logical integrity of the individual theories themselves. These theories are almost all characterized by a high level of internal coherence and consistency. The core of the criticisms raised thus far is aimed, rather, at the basic epistemological premises on which the theories are based, namely positivism, and the systemic epistemology of circular causality. What we have implied is that they provide an inadequate epistemological foundation for the study of family life, and indeed for the study of human experience itself.

Of the approaches looked at thus far, the phenomenological existential investigation of Ellen West comes the closest to providing us with a contextualized view of an anorectic's lived world. This was achieved despite the fact that the study essentially focused on the life-world of a single individual and that it was carried out in less than ideal circumstances. The approach to psychological research used by Binswanger is noteworthy for being able to communicate results which illuminate the more essential structures of human experience in its unity and complexity.

However, we need not endorse this orientation to psychological research simply because it is the one left after a quick process of elimination. Mook (1985, 1987), for example, argues strongly that a phenomenological methodology is indeed possible and desirable in family research given that its avowed goal is to: "...understand and explicate the nature of human structures embedded in the phenomenal world of lived experience." (1987, p.4). Laing and Esterson (1964), Esterson (1970), and Brennan (1971) have also illustrated the power of a phenomenological approach in their investigations of schizophrenic and normal families. These studies indicate strongly that a phenomenological exploration of family life is both feasible and preferable in terms of being able to generate a description which is both intrinsically valid and powerfully revealing of the subjective and intersubjective dimensions of living in a family. As promising as an existential phenomenological approach would seem, however, it is nevertheless incumbent on us to address more comprehensively the question of the appropriate epistemological foundation on which the study of human experience in general, and family experience in particular, should be based. This we shall undertake in our next chapter.

## THEORETICAL RATIONALE FOR A PHENOMENOLOGICAL APPROACH

In this chapter we propose to discuss the methodological and epistemological considerations that have led us to adopt an existential phenomenological approach for our study rather than the more traditional quantitative approach prevalent in psychology today. We will contextualize our discussion by reviewing the historical debate on the question of research methodologies that preoccupied psychology at the time of its inception. We will then argue that the traditional natural science approach has not served psychology well in its quest to gain clear and representative knowledge of the human condition. We will credit this failure to the inappropriateness of its epistemological and ontological assumptions which, though applicable to the study of inert and biological matter, is too narrow a perspective to do justice to the fundamental dimensions of human existence. In a second section, we will look at how existential phenomenological philosophy has attempted to provide the human sciences with a conceptual foundation of knowledge and being that respects the incontestably primary realities of human-embodied experience. We will propose that such an approach and the method that was developed from it are the most appropriate for the study of human group experiences within the family.

## Historical Debate

From its very beginnings in the late nineteenth century psychology has struggled with the question of defining a methodology that would be appropriate for its realm of study. Polkinghorne (1983) frames the central question of the debate in the following terms: "Should the human sciences emulate the methods of the natural sciences, or should they develop their own methods?" (p.15). As in all debates, the historical context inevitably plays a large part in determining which option receives most support. Psychology's emergence as a distinct discipline took place during a particularly significant epoch (the 1870's, 80's, and 90's) when positivism, empiricism and the experimental method appeared to hold the promise of leading mankind to sure knowledge in every arena of human inquiry. But this was also a period when positivism's hard materialism was being challenged by an increasingly influential group of thinkers that included Brentano, Dilthey, and Husserl, to name but three.

The work of contemporary psychology's widely recognized founder, Wilhelm Wundt, reflects to some extent the dynamics and dilemmas of that period. Wundt, a physiologist by training, sought to give psychology a unifying base that would ensure its status as a credible scientific enterprise, one that was distinct from both physiology and philosophy. Since Wundt saw psychology as belonging to the family of

natural sciences, he argued for the use of laboratory-based experimental methodologies that respected the well-known rules of natural science research. His primary data were definable units of immediate sensory experience. The goal of his laboratory-based investigations was to discover those psychic laws that governed the behaviors of these units of perception. His study of immediate sense experience was therefore an exercise in elementizing conscious experience in order to make psychic life amenable to experimental manipulation.

As much as Wundt championed scientific psychology, he was sensitive to the criticisms levelled at him by contemporaries such as Brentano and Dilthey and acknowledged that his studies of the elements of sensations could never explain the more complex psychological realities characteristic of social life (Misiak & Sexton, 1966). He therefore proposed the creation of a second branch of psychological investigation, his "Völkerpsychologie", the purpose of which was to undertake a psycho-sociological study of the inherent laws of human behaviors evident in history, culture, language, and myths. Wundt's concept of "Völkerpsychologie" was that it be a truly scientific enterprise, but in this instance, his definition of "science" seemed less restricted to the purely experimental approach. This did not mean, however, that he condoned a descriptive psychology, for as Klein (1970) notes, he

believed that an empirical descriptive psychology would develop into "a fallacious faculty psychology" (p.824). Wundt clearly sought to develop an explanatory psychology. He did not envisage, as others would, that the scientific study of cultural productions through history could only be undertaken if the epistemological parameters of traditional scientific inquiry were dramatically redefined. Wundt's interest in Völkerpsychologie was nevertheless an indication of his growing awareness that an uncompromising positivist position was not always appropriate for psychology. In fact, Klein (1970) argues that for most of his career, Wundt sought to walk the thin line between the more radical positivism of Comte and his concept of "social physics" (Howard, 1982, p.12) that left no room for the willing subject, and a subjectivist idealist position that would put in question the usefulness of the experimental method for psychological inquiry. He was clearly a firm positivist, but one who, in his way, sought to bend the method to suit the phenomena. The tensions and unresolved issues inherent in his own position reflected, to a large extent, the tensions within psychology as a whole.

One of Wundtian psychology's most important critics was Wilhelm Dilthey, the acknowledged father of philosophical hermeneutics whose work exerted an important influence on the subsequent development of phenomenology. Dilthey's principal goal was the elaboration of a critique of

historical reason, a project intended as a response to Kant's idealist discourse on pure reason. Kant's philosophical proposals sought to establish how reliable scientific knowledge occurred. What motivated Dilthey was the question of how reliable knowledge about human existence and experience occurred (Howard, 1982). Dilthey quickly realized that the categories Kant had identified as being foundational to the natural sciences were not at all foundational for a science dedicated to the study of human phenomena. He noted that the kind of knowledge the study of human experience would seek to yield was qualitatively different from the atomistic and mechanistic knowledge generated by the natural sciences. Furthermore, the study of conscious beings gave rise to a set of epistemological issues and concerns quite different from those of the natural sciences (Makkreel, 1977). He concluded that the students of human experience would need to develop their own approach to scientific inquiry.

Dilthey arrived at this conclusion through his training in history and the humanities, which had sensitized him to the fundamental unity of human experience. For Dilthey, intrapsychic life and the cultural objects that make up the individual's world form an indissociable continuum. An individual's activity is always contextualized by a rich tapestry of past experiences, cultural beliefs, and commitments to others, that forms the matrix of that

person's lived world and colors all of his interactions (Polkinghorne, 1983). This world is not an atomistic construct of mental elements as J. S. Mill (Klein, 1970) would propose, but is already organized, meaningful, and intelligible at the moment of perception. Dilthey insisted that to be true to human experience, this already structured and meaningful mosaic had to be studied in its unity lest the meaning, that could only be grasped from the whole, disappear from view. Dilthey coined the term "Erlebnis" or "lived experience" to express how human acts or events fit immediately into an already structured pattern of meanings, purposes, and intentions.

Given that the fundamental categories of human existence were self-evidently different from those of the natural sciences, it followed that the approach and methods of the natural sciences would be inappropriate for exploring human experience. Dilthey therefore proposed the creation of a new scientific enterprise, the "human sciences" within which psychology would have a prominent place. Like Wundt, Dilthey was committed to making the human sciences in general and psychology in particular a rigorous scientific enterprise. But unlike Wundt, Dilthey sought to mould the approach and methods of the human sciences to their object so that they could gain access to and make intelligible the intrinsic categories, features, and dimensions of human experience. What he proposed was a descriptive science with

the goal of understanding as opposed to explanation. Dilthey was inspired by Jasper's concept of understanding explicated as an intuitive knowledge of how humans relate to their world (Weiner, 1973; Howard, 1981). A psychology of understanding would be a psychology based on data consisting of contextualized expressions of lived meanings expressed in verbal productions, art, or cultural productions. Its results would consist of clarifying insights into the structure of human experience in the world.

Dilthey considered the human sciences to be privileged over the natural sciences because the object of study, human experience in its complexity and unity, was directly given and available to the researcher. As such, it was possible for the researcher to describe the phenomena of human experiences in a fashion that made explicit the meaning structures and basic categories of human existence. Through disciplined description, the intrinsic unity of lived experience would be further defined and clarified by showing the way various aspects of experience contributed to the whole.

Although Dilthey championed the use of description, he came to believe that all descriptions were to some extent interpretations since many aspects or dimensions of human experience implicitly present in a text were frequently not explicitly expressed (Makkreel, 1977). This was particularly true for verbal and textual data where the

intentions and purposes of the author could be left unarticulated, though clearly assumed. For this reason, Dilthey proposed adding disciplined interpretation to description as a means of generating more complete understandings of the structures of human experience. The discipline of philosophical hermeneutics was developed from Dilthey's attempt to establish a rigorous approach to interpretation. Husserl would later credit Dilthey with having formulated a definitive critique of natural scientific psychology, and with having put forward powerful arguments in favor of a descriptive psychology. Husserl did not, however, follow Dilthey in his move toward hermeneutics.

Dilthey's response to Wundtian psychology was uncompromisingly negative. The atomization of individual experience and the claim that these "elements" of consciousness were the true data on which a psychology should be based was, for Dilthey, tantamount to doing violence to the fundamental unity, character, and texture of human lived reality. Proponents of the natural science approach, he noted, defined their objects of inquiry as non-selves, dehumanized, and objectified. The inherent paradox in trying to apply such an approach to the study of human experience was self-evident. Such a psychology, he noted, would never do justice to the more complex mental events so characteristic of human experience. Nor would it produce

findings with the predictive certainty expected of phenomena governed by natural law since the elements of human behavior could never be clearly determined (Misiak & Sexton, 1966).

Another prominent critic of Wundtian psychology was Franz Brentano, an Aristotelian philosopher in the Catholic Thomistic tradition. According to Kantor (1969), Brentano's goal was to bring new life to Aristotelian thought by laying the foundations for a psychology that was centered on the "actions of the soul as it adjusts itself to the actual physical world" (p. 343). The term soul was defined by Brentano as the acts of consciousness. In other words, the soul was its acts (Peters 1962). Brentano saw that the most important feature of the soul or the acts of consciousness was intentionality, by which he meant that consciousness is always oriented towards an object other than itself. The principal task for psychology was, according to Brentano, to study the acts of consciousness in order to discover the various different modes of human intending.

As Polkinghorne (1983) points out, Brentano also recognized that psychology had to include within its realm of inquiry not only the study of intentional acts of consciousness, but also the study of the nervous system and the causal factors that govern its activity. He gave the name of genetic psychology to that branch of the field that sought to address problems of physiological causation. For it he prescribed a natural scientific approach as the

preferred vehicle of discovery. Descriptive psychology was that branch involved with the study of human intentional acts. Its task would be to carefully describe and analyze experience in order to map out its essential categories and structures. Brentano's concept of two psychologies paralleled Dilthey's notion of the two sciences and reflected similar concerns regarding the uncritical use of natural science methods to study human conscious phenomena. The proposal to delineate two separate psychologies was to be taken up later by Fernberger and Messer among others (Giorgi, 1970).

Brentano published his first and most important work in psychology in 1874, the same year Wundt published his first handbook in psychology. Both sought to give a clear exposition of how they thought psychology should proceed. But where Wundt focused on the contents of consciousness, Brentano focused on its acts. Where Wundt championed (with reservations) the natural science method of experimentation, Brentano argued for a broader but no less rigorous empiricism based on the study of experience and guided by firm logic. Wundt sought to atomize consciousness in order to understand it whereas Brentano proposed to allow conscious experience to reveal its own structure during the process of descriptive exploration. From the Wundtian approach to psychology evolved the tradition of scientific experimental psychology. From Dilthey, Brentano and their

followers evolved the approach referred to as human science psychology.

Owing to the fact that the impact of Dilthey's writings on psychology occurred only gradually, Brentano's psychology stood as the first strong alternative to Wundtian psychology during this fertile period of intellectual exploration. Brentano himself was a charismatic figure who influenced a number of important subsequent contributors such as Carl Stumpf, Sigmund Freud, the originators of the Gestalt school, and of course, Edmund Husserl, the recognized founder of phenomenology. The ascendancy, however, belonged to the proponents of positivism. Psychology rapidly adopted the trappings of an experimental science, particularly after the center of psychological thinking shifted from Europe to the United States in the early twentieth century. With the exception of a few prominent thinkers such as William James, positivism went practically unchallenged in America. Yet, as Giorgi (1970) points out, the proponents of psychology as a human science such as Spranger, Stern, Allport and Rollo May continued in the tradition initiated by Dilthey, Brentano, and Husserl. Positivism's definitive triumph in psychology was never quite complete.

#### The Unresolved Question

In the conclusion to their overview of the history of psychology, Misiak & Sexton (1966) note that the development

of psychology as a discipline is different from most other sciences in that the same fundamental problems tend to resurface continuously in novel or more complex forms as generation after generation of scholars fail to resolve them. Old schools disappear from view only to reappear some time later with renewed credibility. Basic issues such as the mind-body problem or the definition of mind, consciousness, or even awareness, seem to defy resolution. The very goal of psychology still eludes a consensus. With this continuing conceptual confusion, Wundt's goal of a unified science seems to slip further and further from sight as the number of theories and schools multiply in a seeming attempt to fill the void.

If Misiak & Sexton's observations are accurate, then Giorgi (1965, 1970), Kruger (1979), Colaizzi (1978), Romanyshyn (1978), Croteau (1981) and others may be justified in claiming that the foundational crisis in psychology continues to this day. Giorgi, like Croteau (1981) and Romanyshyn (1971), credits the ongoing failure to define the fundamental guiding concepts of psychology to an uncritical and premature adoption of the methodology of the natural sciences of chemistry and physics. This method, they claim, has been allowed to define psychology and its legitimate objects of investigation. Even the practitioners of the natural sciences recognize the need to be critical of their methodology and would object strongly to the

uncritical incorporation of research methodological strategies in their own disciplines.

In an attempt to shed more light on this question, let us now look more carefully at the contemporary arguments surrounding the issues of defining psychology's core concepts and determining the methodology most appropriate for the study of psychological phenomena. After making the principal tenants of positivism more explicit, we will first critically examine the conceptual foundations of scientific psychology and assess how these concepts have been applied to the study of determined (more biological or automatic) life events as well as to the exploration of more complex psychological phenomena. We shall then look at those schools of psychology that have allied descriptive methods for generating findings while still attempting to remain within the mainstream of scientific psychology. Afterwards, we shall look at the impact the proponents of systems theory have had as a result of their attempt to reorient psychology towards an approach based on an epistemology of pattern. This will open the way for an exploration of a human science approach to psychology.

#### Natural Scientific Psychology

Matheson, Bruce and Beauchamp (1978), like most contemporary psychologists, refer to the scientific approach in psychology as inclusive of a broad range of methods that

covers a spectrum from naturalistic observations to controlled experimental procedures. This seeming movement towards epistemological flexibility is, however, deceiving since Matheson et al. categorically reaffirms the Wundtian goal of an explanatory and predictive psychology, the primary method of which is classic experimentation. Experimental evidence is still seen as the ultimate revealer of reality. McGuigan (1983) is even more categorical when he claims that all true sciences use the scientific method, which he clearly defines as experimental. The understanding that all science is experimental science is indeed so widely accepted among psychologists that it is hard to find a contemporary methodologist in psychology that even bothers to debate the issue in any depth. Psychologists seem ready to build their science around a method instead of building method around the phenomena to be studied as Giorgi (1965, 1970) has observed. A rather clear example of this stance is found in McBurney (1983), who when faced with discussing one of the more compelling of human characteristics, free will, said: "The problem of free will is a thorny one that we can leave to the philosophers....Scientists use causality as a working hypothesis". (p.13) We can agree with McBurney that the concept of free will is incompatible with the experimental assumption of determinism and object constancy. What McBurney clearly proposes, however, is a truncated psychology that narrowly defines its possible

contributions to the project of understanding the human mind.

How can we define clearly what is meant by the natural scientific method? McBurney (1983) begins with a list of the fundamental assumptions characteristic of all natural sciences in which he includes psychology. These are:

a. Realism:

The world has an existence independent of the observer. It is also assumed that the senses will reveal the objects of observation in the same way for all individuals with a "normal" perceptual system.

b. Rationality:

All natural events are lawful and explainable within the rules of logic.

c. Regularity:

The laws of nature are stable over time.

d. Causality:

All natural occurrences can be explained as being a result of a series of causal events, forces, or processes acting on the object of study. If repeated, the same chain of events will always produce the same result. Therefore, each event, be it psychological or in the world of objects, is determined by the events that precede it.

e. Object permanence:

The elements of a phenomena are immutable and cannot change themselves independently of external forces

f. Discoverability:

Each step in the causal chain can eventually be traced.

The preceding assumptions show clearly that the scientific method as applied to psychology is built on a rather traditional foundation of positivist and materialist assumptions. Basing themselves on these positivist assumptions, experimentalists over the last century have developed a practice of science that incorporates the following characteristics:

a. Reductionism:

A phenomenon is equated to the operational definition of its mutually observable and measurable aspect. This reduction theoretically allows for the recreation of the experiment for confirmation by other researchers.

b. Quantification:

This allows for precise experimental and/or statistical measurement of the redundancies that prove or disprove the existence of laws, and to allow for repetition of the experiment for confirmation.

c. Atomism:

A phenomenon must be broken down into its immutable elements.

d. Explanation:

The goal of the exercise of science is to uncover the system of causal laws that govern behaviors. This proceeds via the process of hypothesis creation, hypothesis testing, and a combination of proven hypothesis into explanatory systems.

e. Assumed independence of the observer:

Results are not directly influenced by the researcher's presence.

The faithful adherence to the scientism described above implies some limitations in psychology's field of exploration as the example drawn from McBurney concerning free will makes clear. What must be asked however is: How compromising are these limitations for psychology's quest to gain certain knowledge about human acts? In exploring this question, Giorgi (1970) points out that scientism is an approach that binds psychology to a philosophical position, a method, and a content. As a philosophy it is clearly positivist in that it defines the position of the subject as determined and knowable only by the researcher from objectivistic observation. Scientism is also, of course, a method with assumptions and practices that find their most coherent expression in the controlled experiment. But

scientism is also content because only those phenomena amenable to quantification can be submitted to experimentation. The extent to which this is true can be seen by comparing the psychological research literature on what is measurable to the literature on what is not. The research findings on phenomena such as memory, reaction time, perceptual accuracy, subliminals, conditioned learning, and peer ratings dwarf the research reports on themes such as creativity, love, will, ambition, consciousness, and desire. As Giorgi (1970) notes: "The measurement perspective has become the giant filter through which all phenomena must pass..."

The argument in defence of pursuing scientism despite these limitations is still essentially the same as it was in Wundt's time, namely, that to proceed otherwise would risk having psychology lose its standing as a natural science equal to physics and chemistry. As Polkinghorne (1983) points out, the issue of scientific standing is a key funding criteria, particularly in the U.S. where careers are built or seriously compromised by grant decisions. For these and other reasons, psychology's uncritical adherence to the natural sciences' definition of method continues, but not without criticism from a growing number of thinkers who are taking up yet again the foundational debates initiated by Dilthey, Brentano, and Husserl.

Problems in Academic or Research Psychology Related to the  
Study of Determined Life Events.

Dilthey had predicted that an experimental psychology might succeed in explaining the more automatic or determined physiological dimensions of human behaviors, but that it would show itself inadequate to the task of providing causal explanations for more complex personal, interpersonal, and cultural human experiences. A critical review of the psychological research literature tends to confirm Dilthey's prediction.

By and large, psychology has affirmed itself quite convincingly as a legitimate explanative and predictive natural science in domains such as neuropsychology, studies of perception, studies of intelligence, and in other domains where the individual's power of self-governance seem limited. To the extent that the perspective on the studied phenomenon remains mechanistic and atomistic, no troublesome definitional issues arise that could call into question the fundamental assumptions on which traditional science is based. Through the careful exclusion of references to the individual's subjective experience, the hypothetico-deductive process is kept "clean" (from a natural science point of view) of subjective biases and unmeasurable internal processes.

Merleau-Ponty (1962), however, challenges the adequacy of the results generated by such mechanistic perspectives.

In his study of a patient (Mr. Schneider) suffering from neurological damage affecting vision and motor functions, he showed how the patient's behaviors could not be completely defined in terms of the characteristic set of symptoms and abnormal perceptual functions expected of such injuries. Rather, the patient presented also a particular manner of relating to his perceptually distorted environment which revealed his active attempt to make it intelligible for himself, that is, to turn his perceptions into a coherent world. His way of being-in-the-world did reflect his handicaps but it could not be reduced to the latter. Rather, Schneider sought, as all others do, to make his world meaningful. This was achieved by him to the extent his body would allow. To quote Merleau-Ponty (1962), "What it is in us which refuses mutilation and dismemberment is an "I" committed to a certain physical and inter-human world, who continues to tend towards this world despite handicaps..." (p. 81). Merleau-Ponty's work shows how "clean" studies can often hide from view the most revealing and humanly significant aspects of such pathologies. Clean experimental studies, in other words, do not exhaust the phenomena, even in the area of neuropathology.

One cannot deny, however, that the natural science methods have been applied successfully in the previously mentioned specific domains of psychology, and that the goals of prediction and explanation were reached. The question

that Merleau-Ponty's study raises, however, is one of the pertinence of such explanations to furthering our understanding of the full experience of such phenomena.

Problems in Academic or Research Psychology Related to the Study of Complex Life Events.

It is when complex life events are studied, however, that the crisis of mainstream psychology becomes most evident. Though there are a number of points that could be developed, we will focus on four related themes that show the scope of the crisis. These are (1) the tension between the characteristics of psychology's object of study and the method used to study it, (2) the lack of unity in the field, (3) the failure of psychology to clarify the ontological questions pertaining to its domain, and (4) the division between psychological research and psychological clinical practice.

The very first of these problems is what Giorgi (1970) refers to as the continuous "tension" between the nature of the object being studied, namely the dynamic active and interactive human being, and the scientific method that seeks to operationally define the important characteristics of the subject and his world (p. 55). As we have seen, the natural science approach must presume that the object of study, the human being, will be essentially passive and reactive. As well, dependent variables, independent

variables, fixed variables, and contextual variables must be operationally defined so as to have objectively interpretable values and estimable effect sizes for the subject. The researcher is responsible for determining these operational definitions.

Some methodologists such as Young (1971), however, clearly acknowledge that these assumptions are not only incredibly naive, but clearly and self-evidently wrong where human subjects are involved. He argues that common sense shows how human subjects are not by nature simply passive and reactive. Some participants in experiments will seek to act in more socially desirable ways while others want to show creative behaviors and still others will act in a defiant manner. The nature and value of an introduced variable may be perceived by the subject in a manner that is unrelated to how the researcher believes the variable will be perceived.

However, the fact that the subjects enter the laboratory with a personalized way of approaching their environment, a ready-made worldview, and self-defined attitudes (which may or may not be receptive and reactive) continues to surprise researchers to this day. For example, Reiss (1981) found his initial family interaction research to be uninterpretable after he realized that families adjusted their behaviors more according to what they perceived the researcher's intentions to be than to the

stimuli being presented. The author found it necessary to begin seeing the laboratory from the subject's perspective, a move that eventually enabled him to develop findings that opened the door to a deeper understanding of family interactions.

Both Young and Reiss as well as others (Ryder, 1988; Wynne, 1988a) acknowledge that self-generated meaning influences the behaviors of their subjects. This implies that for these researchers, not knowing what the dependent or independent variables mean for the subject makes the entire experiment uninterpretable and essentially invalid. The applicability of an "objective" experimental methodology in psychology thus becomes questionable.

The problems inherent in implementing experimental research designs to study human complex life events has led researchers to adopt various quasi-scientific or modified methodologies, most of which are based on factor analytic and correlational statistics. What this kind of research produces is what Polkinghorne (1983) refers to as an "empirical generalization" (p.99), that is, statements about the nature of the relationship between a limited number of factors occurring reliably in given situations.

Empirical generalizations do not allow the researcher to establish necessary causal relationships among factors. But proponents of correlational studies argue that such generalizations can stand as autonomous facts which can in

turn, given appropriate sample sizes and valid measures, guide theoretical work and eventually lead to evermore inclusive generalizations. Correlational studies also seem to sidestep some of the core ontological issues by limiting its range of inquiry to specific, well-defined situations. However, it remains a variant of the natural scientific approach that is still based on a mechanistic and deterministic view of humanity. As such, it fails to resolve the core problem of the operational definition's experiential validity for the subject.

The conclusions that emerge from our discussion of the first identified problem issue are that the experimental method or its variants retain their effectiveness in domains that can be successfully defined in deterministic and mechanistic terms. As researchers seek to operationally define and measure more complex human life events, the inherent validity of the definitions and measurements becomes increasingly suspect. Denying the subject's human characteristics creates a persistent tension between the method and actual lived experience that no sample size can overcome. Interpretability and pertinence of the results thus become questionable.

The second symptom of the crisis to be addressed follows from the first, namely the lack of unity within the field. Wundt had opted for the experimental scientific method as a means of giving unity and direction to

psychology. Paradoxically, the method has generated a field fractionated into hundreds of mini-disciplines, each with its distinct history, agenda of problems, and long-term goals which are pursued independently of other groups. Converts of one mini-discipline may well pursue an entire career without ever knowing about or considering the work of others active in a separate area. As Giorgi (1970) observes, instead of gaining unity and depth, psychology has simply fragmented and proliferated.

How then has the method produced this multiplicity of separate and nonintersecting mini-disciplines? To address this question, the example of cognitive psychology may be revealing. Within this area, both Piagetian and information processing theorists purport to have human cognition as their main object of research. However, as Thomas (1979) clearly illustrates, both proceed by defining cognition in fundamentally divergent ways. Each identifies different factors as being central, each posits different a priori assumptions about the nature of reasoning, and each therefore develops a distinct definition of the phenomena that, in the end, fails to illuminate, contribute to, or correct the work of the other. Faced with this problem, novice students will often ask their professor to declare which of the two is "right". An honest response to this question would have to be that either one can be right if you accept their definitions of what cognition is, of what

the appropriate means of measuring cognitive activity are, and of which factors define the domain.

What is implicit in this response is that in the hundred years since its inception, psychology has failed to put forth a lucid definition of its domain that could serve as a unifying vision of itself. By committing itself to a method instead of to a clear understanding of its object, psychology deprived itself of a way of saying clearly what is and is not psychological.

This brings us to the third symptom of psychology's ongoing crisis, namely its failure to clarify for itself the ontological questions of its domain. In the absence of such a generally accepted and philosophically well-grounded definition of its object, each theory or approach is obliged to fill the void by generating for itself its own mini-domain of study. Researchers in family therapy, for example, feel quite at ease in affirming that the domain of "their" psychology is systems-analysis of group interaction. Their ontological position, that the family is a system and its members are defined not by their individuality but by their interactions, is adopted uncritically by most researchers in that particular field. Personality theorists work on a wholly different definition of humans, one that attributes to individuals core internal contents and processes that guide personal and interpersonal activity. The fractionation thus continues.

The ontological crisis in psychology can be directly attributed to the discipline's ongoing commitment to positivism's limited and fundamentally flawed image of humans as passive receptive mechanisms whose actions are determined by external forces. The experimental method continues to demand this definition, whereas everyday lived experience demands its rejection. Yet researchers and practitioners seem content to live with the contradiction and disregard the serious problems which result. Until such time as psychology is able to develop a more critical approach to defining its object, the crisis seems destined to continue.

The final symptom of the crisis to be discussed here is the difficulty research psychology has in assuming its role of guiding the theory and practice of psychological intervention. In the natural sciences such as physics or chemistry, theorizing and experimentation reveal natural laws which can in turn be used to humanity's benefit by engineers in industry. Psychology is noteworthy for the fact that research is by and large divorced from clinical practice and contributes little to it.

In all fairness, it would be unjust to blame clinicians for this state of affairs since they are by and large eager for any information that might help them touch their clients' lives in a meaningful way. The source of the problem lies rather in the type of results positivist

research generates. For example, researchers tend to study specific factor constellations or defined and situation-specific dimensions of behavior. All key definitions and results are presented from the researcher's perspective as a neutral observer, and are expressed in quantitative terms. Therapists, on the other hand, work within person-to-person clinical relationships that by definition involve both individuals as whole persons. A fractionated view of human behavior is problematic since the fabric of the client's life has no meaning in the clinical context unless it is seen in its entirety. Furthermore, problems and issues in therapy are not defined from the perspective of a neutral observer but in terms of the clients' lived realities which are expressed in qualitative terms as opposed to quantitative terms. Within such a context, statistical results have little bearing since the client is always, in some ways, an exception. Even behavior therapy is often based on a therapist-client contract that creates a relational context within which actions are meaningful for both client and therapist.

The chasm between clinical and experimental psychology therefore has little to do with how one group relates to the other. Rather, the separation is the result of how each group perceives the person, and how each chooses to interact with her within their respective situations. The clinician is challenged to relate to a whole and unique individual

while the researcher is obliged to objectify his subject and translate his experience into quantitative terms. Between the two perspectives there is so little common ground that psychological researchers have rarely been able to provide powerful tools for individual and social healing. These tools have by and large been developed through the creative efforts of the clinicians themselves.

#### Descriptive Approaches in Traditional Psychology

Not all of psychology has limited itself strictly to the natural science perspective, and nowhere is this more evident than in those branches of psychology that explore human dimensions such as personality development, self-actualization, some areas of cognition, group dynamics, and creativity. For researchers in these domains, the experimental approaches are far less important for theory development. Rather, the approaches most often used are what Dilthey and Brentano identified as descriptive methods for developing knowledge. Major theoreticians in the fields mentioned above, such as Freud, Piaget, Rogers, Perls, Kohlberg, Beck and others have almost without exception developed their basic insights after periods of observation and description that did not include experimentation. Beck, for example, developed the core concepts of cognitive behavioral therapy by undertaking a thematic study of ideations expressed by his depressed patients (Dobson &

Block, 1988). Freud's case studies of neurosis and Piaget's systematic observation of his own children are other well-known examples of how descriptive methods led to the theoretical exploration of the basic structures of behavior. Experimental procedures were eventually adopted, however, in order to provide a form of validation for these theoretical articulations which would be acceptable to the community of scholars in the discipline.

Given the fact that these theorists did not use the hypothetico-deductive method to generate their ideas, none of their theories are, in the strict sense, explanatory. None succeed in establishing a system of necessary laws governing observable phenomena that could allow for prediction of behaviors in controlled settings. The concepts and descriptions presented by these authors do succeed, however, in revealing the dynamic unity and complexity of human experience and in providing important insights and understanding into the human condition.

Many of the psychologists just mentioned, however, were also quite committed to the deterministic and mechanistic model of humanity and aspired to predictive explanations rather than to description and understanding. Freud, for example, though dedicated to the study of the meaning of human experience and committed to a descriptive approach to clinical research, nevertheless aspired to making psychoanalysis a natural science, postulating that all the

psychic processes he had described would eventually be discovered to have physiological correlates as their base (Thomas, 1979). Beck's theory of cognition was also intended to fit a deterministic mold.

Resorting to description, therefore, did not prevent psychologists from uncritically accepting the same fundamental positivist presuppositions that so weakened, limited, and fractionated psychology in the first place. The source of this failing can be traced, once again, to psychology's failure to clarify the nature of its object and to critically evaluate the suitability of the epistemological and methodological standards it sets for determining the validity of research findings. It is clearly not enough, therefore, to simply adopt a descriptive methodology for the purpose of theory development. If the epistemological and methodological foundations of psychology are not also critically challenged, the pressure for providing scientifically appropriate validation for one's descriptive findings will quickly shape those findings into a positivist view of human phenomena which will become less and less representative of human lived experience.

From the preceding, it is clear that adopting a positivist approach has not allowed psychology to consolidate itself as a coherent and unified science. Despite the fact that the positivist approach has succeeded in engendering a predictive science in those fields of

psychology concerned with autonomous biological functions, it has not succeeded in doing so when engaged in the study of more complex life events. In their attempt to make humans fit the natural sciences' mold of what an object of research should be, that is passive and reactive, they have had to redefine human existence to such an extent that it no longer corresponds to the lived reality in which we all participate. As a result, the understanding that researchers in psychology have of their subjects' world is dramatically discordant with what their subjects actually experience. The proliferation of schools within psychology and the continuing problems with integrating psychological research with clinical practice are but symptoms of a basic failure to clarify the ontological nature of psychology's object.

As we explored the development of psychology as a science, we were brought to conclude, like Giorgi (1965), Croteau (1981), and Romanyshyn (1971), that in the last century psychology has indeed failed to arrive at an unambiguous and generally accepted definition of its object and has consequently been unable to articulate a methodology that is fully appropriate to that object. The epistemological and ontological confusion and plurality which characterize psychology are evidence that the epistemological grounding for psychology that Wundt sought

to establish has failed to achieve its most important purpose.

### The Systems Alternative in Psychology

Since the early fifties, two groups within psychology have begun seriously questioning the long-held epistemological assumptions that underlie mainstream psychology and its commitment to the natural sciences. The first group consisted of existential and phenomenological psychologists whose contributions will be discussed in a later section. The second group consisted of the researchers and clinicians that initiated systemic family psychology and therapy. Writers such as Bateson et al. (1956), Palazzoli et al. (1978), and Auerswald (1968) echoed Dilthey and Brentano's arguments that the epistemology of the natural sciences was inadequate to the task of making complex family life events intelligible. They proposed instead that the more appropriate foundation for a psychology of the family and indeed of the individual was systems theory with its principles of holism, equifinality, and circular causality. The foundational concepts for this approach were first introduced by the Viennese cellular biologist von Bertalanffy (1972).

Systems theory was greeted with great enthusiasm and energy by a number of gifted researchers clinicians who were struggling with the problem of how to conceptualize familial

interactions. Within ten years of its first appearance, systemic approaches had gained a wide constituency within psychology and were having a major impact on the field of clinical psychology. However, the energetic commitment to systems concepts was made almost as uncritically by family researchers and therapists as was the adoption of Newtonian/Cartesian linear causality by the community of scientific psychologists in the late 1800s. This happened despite a clear warning by von Bertalanffy himself (1968, 1972) that applying his theory to human systems would be difficult. He specifically warned against the tendency inherited from traditional psychology to disregard basic human features in order to make the phenomenon fit the theory. Von Bertalanffy realized that the unique characteristics possessed by humans, namely the abilities to speak, to reflect, to remember, and to live in a world of symbols, propelled them into an order of being that was qualitatively different from the world of lower plant and animal systems on which his initial work was based. He pointed out that human behavioral and thought systems were so symbolically defined that it would oblige systems theorists to come up with new expanded definitions for the core concepts of holism, circular causality, and autopoiesis if they were ever to make valid statements about human realities.

Important authors such as Bateson (1956), Palazzoli, Boscolo, Cecchin, & Prata (1973), and Minuchin (1974) helped to spell out more clearly the conceptual foundations of systemic family theory and therapy, but they did so without much consideration for von Bertalanffy's concerns. Minuchin emphasized the structural features of relationships, whereas Bateson and Palazzoli emphasized cybernetic communication processes. Caught in these perspectives, the human as a sentient and meaning-giving individual was lost (Mook, 1985; Nichols, 1987). Humans were perceived as depersonalized cogs in a self-structuring suprahuman process. The systemic perspective, therefore, revealed itself to be as truncated and limiting as the mechanistic view molded by the natural science approach. As in the case of mainstream psychology, the failure to rigorously address basic ontological and philosophical questions in systems theory generated internal tensions that brought about disunity, fractionation, lack of depth, and a lack of direction. Barely 35 years into its development, systems psychology shows most of the symptoms of mainstream psychology's crisis.

Family therapy researchers had the task of validating systemic concepts for both psychology and the scientific community as a whole. These researchers however were faced with a rather difficult dilemma. Systems theorists had built their approach in response to what they saw as grave weaknesses in the natural science view of humanity.

Bateson's (1972, 1979) criticism of traditional science was thorough and uncompromising. Yet the larger research community, still dominated by traditional concepts of science, was insisting that experimental or quasi-experimental methods be used in the validation of systemic concepts. Despite some vigorous objections by authors such as Auerswald (1988), most systemic researchers agreed and pursued their research by using the well-established strategies worked out by their positivist colleagues (Jacobson, 1988; Epstein, 1988). This was perhaps not surprising given the fact that the articulators of the systemic approach in psychology had failed to provide a research methodology which was truly systemic. In the absence of such a methodology, the traditional natural science methods presented themselves as the only credible alternatives.

However, researchers found it almost impossible to develop valid and reliable operational definitions for concepts derived from a nonpositivist epistemology. Translating systemic notions into positivist concepts necessitated redefining these notions to such an extent that it became questionable if the one was truly equivalent to the other. Research results generated from such attempts have been less than impressive (Reiss, 1981; Kog et al., 1987).

However, the retreat to natural scientific concepts has not been unanimous. Auerswald (1987, 1968), Golann (1987), and Pinsof (1988) all voice concerns regarding the naïve use of traditional scientific methods, arguing that fundamental systems dimensions of human interaction such as circular causality and equifinality are incompatible with and inaccessible to traditional research strategies. They argue instead for alternative approaches such as descriptive methods that can respect more fully the dynamic unity in human interaction. This view admittedly remains a minority opinion and a definitive articulation of an alternative research strategy for systems researchers has yet to emerge.

#### Human Science Psychology

In the previous discussion, we presented the argument that the traditional positivist scientific approach to psychological research reveals itself to be inappropriate for exploring the subjective and intersubjective experience of family life. The questionable validity of its methods and the debatable value and pertinence of the findings they generate compels us to seek out other more appropriate alternatives. To some extent, we can be guided by our review, which has consistently pointed towards one fundamental problem with the traditional approach first championed by Wundt, namely that the positivist ontological and epistemological position prescribed for psychology has

forced practitioners into a narrow and distorting view of their object and their practice. What has ensued has indeed been a continuing crisis, which is by and large a crisis of psychology's inability to generate relevant and useful knowledge about everyday subjectively lived reality.

Our goal is nevertheless to undertake a scientific study, but here we must follow Dilthey, Brentano, Giorgi, Kuhn, and others in saying that although all experimentation is scientific, not all science is experimental. The term science can have a broader and more inclusive definition, and in psychology's case, such an expanded definition seems necessary.

In discussing this issue, Giorgi (1970) developed a broad conception of science as a practice in which investigators take a critical attitude towards their object of study, and proceed in a systematic, methodical and verifiable manner when carrying out their investigations. Having identified these general characteristics of science, he then proposes that the practice of science be centered on a critically derived "approach" rather than on an immediate preoccupation with methods and contents. Giorgi defines approach as the fundamental viewpoint, assumptions, and worldview the researcher brings to the research situation as a scientist and as a person. The substance of one's approach can be as much the result of very personal experiences as it can be the outcome of a diligent study of

ontological and epistemological issues. However it is arrived at, what is needed is for scientists to become aware of and critically evaluate their own approach and to make that critique a public part of the scientific enterprise. With the role of the researcher's approach properly put to the fore, the actual practice of science can be undertaken as a dynamic exercise wherein (1) approach, (2) method, and (3) the nature of the object of inquiry, determine the form the research will take. According to Giorgi, these three dimensions of research are dialectically co-constitutive and take form as the researcher works towards knowledge of his object.

Giorgi's argument emphasizes the role of philosophical inquiry as the most important source of clarification and inspiration for psychologists intent on developing a truly critical "approach" to guide their practice. To suggest, however, that philosophy has a potentially central place in psychology is still seen as heretical by many psychologists who hold that philosophy is essentially speculative and as such incompatible with the pursuit of sure knowledge. Yet our discussion of scientific psychology highlights how philosophical positions are inevitably assumed by psychologists, albeit implicitly, and how this philosophical position impacts dramatically on the whole of the scientific enterprise. Giorgi's proposal to critically develop and explicate the philosophical, methodological, and ontological

dimensions of one's approach can be seen as a significant step in making the scientific enterprise in psychology more open to critical examination than it has been to date. Croteau (1987) concurs with Giorgi and argues strongly for philosophy's role as the discipline capable of establishing the ontological and epistemological ground for a truly human yet scientific psychology. All scientific activities, he claims, are "rooted in the pre-scientific ontological pre-understanding of their object" (p.7) Philosophy can clarify and shed light on this original experience.

The argument that philosophy's contribution to science is foundational does not imply, however, that psychology must be redefined as a secondary discipline in which every category is articulated through philosophical inquiry. In his discussion with Salzi, Merleau-Ponty states that "...it is certain that by asserting that there is philosophy we thereby take something away from the scientist: we take away his monopoly on truth. But this is the only way in which I would limit the role of science" (1964, p.35). What is proposed, therefore, is that both science and philosophy be practiced jointly and dialectically, such that the findings of one frame the explorations of the other (Mohanty, 1987).

In consideration of the need to properly ground our scientific endeavour, we will proceed by outlining the principal feature of the approach that guides our work,

namely existential phenomenological philosophy and its application to psychology. We will argue that existential phenomenological philosophy, with its almost continuous dialogue with the human sciences, and especially with psychology, has evolved fundamental concepts and categories of human experience that are primary, central, and incontestable. We will argue, as Croteau (1981) does, that these philosophical foundations open the door to re-addressing and possibly solving many of the crucial problems that have persistentlv plagued psychology's attempts to define itself as a science.

To present our position, we will begin with a brief sketch of the historical beginnings of phenomenology and existential phenomenology, presenting some key notions from the works of Husserl, Heidegger, Merleau-Ponty, and Croteau. After this, we will describe the characteristics, categories, and foundational notions of this philosophical position which will guide our approach.

#### The Originators of (Existential) Phenomenology

As Lauer (1964) points out, one of the perennial focal questions of philosophy has always been the relationship between the inquiring mind and its object. The question is foundational to all scientific endeavors since it concerns the conditions by which the most basic of scientific

activities, the articulation of true verifiable knowledge, is possible.

The two broad currents of thought on the issue have traditionally been idealism and materialism. Idealism holds that perceived objects, the world that contains them, and all other forms of possible thought are productions of an essentially nonsubstantive and transcendental mind which Descartes referred to as "res cogitans". Though the world exists as a reflected presence, all its intelligibility is that which the mind conveys to it. In other words, the world (the transcendent existence and/or meaning and intelligibility of which is only speculative), is what the mind creates. Materialism, on the other hand, affirms the existence of the world as an independent material reality governed by the laws of causality which determine all possible transformations. Within the universe of transcendental objects, a human being is but another thing determined by the forces that surround it. Thought is but a byproduct of the activity of a biochemically driven organ, the brain. Whereas in idealism reality is contingent, in materialism, the mind is predetermined.

This cursory definition of both positions does not, of course, take into account the numerous positions that fall between these two extremes. Kant's idealism, for example, admits to the existence of a transcendent world but affirms that its intelligibility is conferred by the mind. He

differs, therefore, from the more absolute ontological idealism of Hegel where the world and individual minds are but modalities of an absolute mind. However, the two basic stances of idealism and materialism have been generally articulated as mutually exclusive extremes, each claiming to be completely coherent within itself and denying the possibility of the other.

#### Husserl: The Father of Phenomenology

Husserl's development of phenomenology arose as an attempt to overcome the deeply entrenched and polarized positions of those that focused on the mind and those that gave priority to the transcendence of the object. He affirmed that if we are to know anything, we must know it from our own consciousness of it, from the phenomenal realm or the realm of that which is given or shines forth to consciousness. For Husserl, therefore, the existence of a real world outside of consciousness, though not denied a priori, is considered of little import to the discussion about sure knowledge of objects and about the mind to which they are presented. Husserl therefore brackets or puts aside such considerations. For Husserl, being is being known, and phenomenology, as a philosophical movement, is dedicated to an exploration of the nature of consciousness both in its acts and in its objects (Natanson, 1973). In taking this position, Husserl sought to avoid lapsing into a

Kantian idealism, for he refused to posit (as Kant had) a series of primary organizing categories of mind which would allow the cogito to create the world according to its own template. Instead, he proposed to study consciousness as it constitutes itself through its relationship to its object. Consciousness is not an absolute constitutor of the world, but is co-constituted with its objects through its acts, such that consciousness and object become manifest in one movement. Husserl contended that with his phenomenology, he was able to move away from both idealism and materialism.

For Husserl, the world, as it presents itself, is pregnant with knowledge that is sure and timeless (Lauer, 1964). Two plus two, for example, gives four in a regular and invariant manner regardless of who thinks it. Those who have experienced and are familiar with chairs will be able to identify other chairs regardless of how many legs they have, or what color they may be. The objects that are present to the mind, whether imagined or factual, conceptual or concrete, are nevertheless consistently discernable, and though each presentation of the object may vary, the object still keeps its "identity" for consciousness. This "identity", this invariant core, is given to consciousness directly or intuitively according to Husserl, and thus the task of defining the "what" of an object lies in describing the invariant core of its presentation. The term he used to refer to this core of intelligibility was "essence" or

"eidos", that is, those structural features that were "essential" to its being known to consciousness as itself (Farber, 1966).

The intuitive grasp of the "eidos" was for Husserl primary; pre-reflectively given and the foundation of all subsequent thought. As such, the task for the phenomenologists lay in reaching back to this primary experience in order to describe its givenness and its structure. The task was not to explain the cause or dissect such experiences since to do so was to impose on the phenomena a series of linear causal assumptions based ultimately on an a priori realist epistemological position. Only in description could one bear witness to the essential structures of an experience without imposing secondary structures on it.

In clarifying his concept of eidos or essence, Husserl stressed that the validity of its description does not rely on how close to the factual it is, nor does it rest on one's singular subjective experience of it. Essence is not strictly representational of a sensory experience. Rather, essence is for Husserl a pure intelligibility independent of contingent qualities, the truth of which stands alone, and the validity of which is reflected in the phenomenal world. For example, the essence of a chair is ever reflected in each example despite the multiplicity of possible forms a chair can assume. Access to this pure intelligibility is

achieved by returning to the thing in itself, to the primary pre-reflected experience of the object in its immediate givenness, where its essence is most clearly given to intuition. This return to primary experience is an exercise in putting aside or bracketing the beliefs, prejudices, assumptions and explanations received from science or from previous experiences. This practice, known as epoché or phenomenological reduction, became the core of the philosophical method which Husserl developed throughout his career (Husserl, 1966a).

Husserl's most important use of his method of reduction came in his phenomenological description of consciousness itself. The term he uses to describe the essence of consciousness is intentionality, a concept borrowed from his former teacher Brentano. Brentano had used the term to indicate the relationship the mind had to its object. Husserl expanded this definition to bring forth the essential and indissociable unity between mental acts, and the objects of those acts. Consciousness, he noted, is invariantly oriented towards an object other than itself, such that consciousness is always consciousness of something. There is no consciousness without its object, and there is no object without consciousness. Both appear at once. With this strengthened concept of intentionality, Husserl claimed to have succeeded in overcoming the mind

matter and even mind-being dualism that had dominated Western thought since Descartes.

In the latter part of his career, Husserl sought to develop further his concept of intentionality in order to account for historicity and the effects of experience on consciousness' relation to its object. In keeping with his position that subject and objects were constituted concomitantly, he proposed that since one's experience of the world developed to become more and more articulate, the consciousness for whom the world "was" also changed and developed. Lauer (1964) refers to Husserl's concept of the evolving subject when he says: "Thus every act of consciousness passes, but it leaves behind the ego which performed the act, and which by virtue of that act is rendered capable of subsequent acts of which it was not really capable before" (p. 46). Husserl did not seek to convey that the historical ego was a thing among things, nor did he wish to recreate the Cartesian ego. Rather, he sought to define this historical ego as a constant source of a changing objectivity, as a fact behind the fact, or the discernable "I" that persists. Husserl named this developing presence the transcendental ego.

For many leading phenomenologists, this shift in Husserl's thought represented an unnecessary and unacceptable turn towards a new more subtle idealism. Croteau (1981) proposes that an examination of the

transcendental ego reveals it to be a modified *res cogitans*, or thinker behind the thinker. According to him, the concept paves the way for a new dualism that is hardly better than the older form. Yet others such as Mohanty (1987), argue for the necessity of Husserl's turn towards the transcendental ego as a logical continuation of phenomenological thought. Within philosophy and phenomenological psychology, the issue continues to be debated. Husserl's enduring contributions, however, have been numerous. Amongst the most important are his formulation of intentionality and his development of the phenomenological reduction, notably in terms of bracketing from the start preconceptions of the world derived from theoretical and explanatory knowledge developed by traditional science.

#### Heidegger and Existential Phenomenology

The concept of intentionality developed by Husserl focused mainly around the problem of how consciousness intends its object. Some of Husserl's most important students such as Heidegger and Merleau-Ponty sought to push the analysis one step further by proposing that the subject's intending of its object is rooted in a more fundamental and primary intentionality, which is the subject's orientation towards and openness to the world of being. This more primary form of intentionality that

Heidegger (1962) referred to as "being-in-the-world", is called existence. Heidegger's project, as expressed in Being and Time (1962), was ontological, that is, an attempt to describe the conditions of being human and the "way of being of things" (Kruger 1979, p.26). In pursuing this goal, Heidegger chose as his starting point the phenomenological and hermeneutic analysis of the beingness of humans, the entities for whom being is a question and for whom being is revealed. Heidegger's analysis led him to affirm the fundamental unity between the subject and her world. For Heidegger, humans are in the world as entities whose essence it is to illuminate being and for whom being shows itself or allows itself to be captured. In other words, the essence of humanness is "existence", the moving out into the world of being to allow the world to show itself in its multiplicity of meanings. Heidegger used the term Dasein to designate this fundamental essence of human beingness and defined the world as the primary and always given substructure of Dasein.

Though Heidegger applied the phenomenological method as an essential part of his investigation, he never lapsed into a bracketing of existence itself (as Husserl did), but rather affirmed Dasein as the unbracketable starting point which presents itself as a philosophical, essential a priori (Kockelmans, 1965). For Heidegger, the world is already there for the subject as the space in which his intentional

acts fulfill themselves in their objects. The affirmation of Dasein is therefore an incarnating of the ego into the situatedness of the world of lived things.

### Merleau-Ponty's Existential Phenomenology

Almost without exception, phenomenologists have either noted or acknowledged the unique position of psychology as being that science for which the conscious, thinking, acting human being is the object. Husserl, Sartre, and Heidegger were all concerned with providing psychology with the proper philosophical foundations for pursuing its goals. Merleau-Ponty not only recognized psychology's importance, but chose it as the principal discipline with which to dialogue, and the principal field within which to pursue many of his phenomenological explorations.

Like Heidegger, Merleau-Ponty critiqued the concept of a transcendental phenomenology, and sought to shift the emphasis of phenomenology from the search for essences to the exploration of existence. After having innovatively applied the phenomenological method to the task of criticizing and correcting the natural science approach to psychology, he set out to clarify the phenomenon of perception, which was central not only to his own philosophy, but to Husserl's as well.

Merleau-Ponty's phenomenological analysis revealed for the first time the pivotal role of the body as the center

from which the world unfolds and the medium through which intentional acts operate. The body is more than a vehicle for consciousness. It is a body-subject, a form through which form is derived, the presence whose lived essence is to reach out from itself towards the outside. All objects, noted Merleau-Ponty, derive their form from the body inasmuch as their forms are defined by their actual or potential touch, sight or smell for the body. The body therefore is a project which is always, via its potential actions, constantly reinventing the world (Rabil, 1967). As Bannan (1967) points out, the body not only allows us to engage the world but also permits us to define and dominate that engagement. The very world of the individual unfolds as the body gains the ability to experience the world. It is the stabilizing structure of personal experience.

Whereas Heidegger had redefined the Husserlian transcendental ego as a consciousness in the world, Merleau-Ponty transformed the ego from "being-in-the-world" to "being-incarnated as a body-subject-in-the-world". By taking this step, he fundamentally defined the concept of intentionality as corporal, and the concept of world into a world for the body. The implications inherent in the concept of body-subject are profound for questions such as the nature of freedom and the possibility of intersubjectivity. Merleau-Ponty's contributions were not solely theoretical but methodological as well. In the

Phenomenology of perception, for example, Merleau-Ponty (1962) demonstrated the application of the phenomenological method in his powerful descriptions of pre-reflective perceptual experiences of everyday life such as observing the movement of a ball in flight. His reinterpretation of Goldstein's clinical data on head-injury patients is another strong example of Merleau-Ponty's masterful application of phenomenology to lived reality. His applications of the phenomenological method have served as a blueprint for the development of a phenomenological method appropriate for psychology.

By situating consciousness in the world of the lived body-subject, Merleau-Ponty seemed to move towards a definitive solution to the problematic dualism of Descartes from which both idealism and realism took root. Bannan (1967) notes that for Merleau-Ponty, the object presents itself to consciousness as an in-itself or as a thing. Though the object is always inexhaustible and more than the body can perceive, it is nevertheless affirmed as a "being-in-general". Croteau (1981), however, draws attention to Merleau-Ponty's ambiguous stance regarding the transcendent ontological status of reality, quoting him as saying "When I say that things are transcendent, this means that I do not possess them, that I do not circumambulate them; they are transcendent to the extent that I am ignorant of what they are and blindly assert their bare existence" (1962, p.369).

Croteau's Critique of Merleau-Ponty

For Croteau (1981), Merleau-Ponty's effort still falls short of achieving a true reconciliation between realism and idealism. In his view, a crucial point that Merleau-Ponty fails to clarify in his work is the ontological status of the objects of consciousness. Croteau notes, for example, that in the Phenomenology of perception, Merleau-Ponty states quite clearly that though things are "things-in-themselves" in a general way, all we know of the particularities and characteristics of their being are their appearance to us, an appearance that may or may not correspond to a true autonomous reality. As a result, what Merleau-Ponty allows for ontologically is a bare facticity, "une existence nue" which, upon reflection, fails to impart a full ontological status to the object in its givenness. In other words, consciousness is incarnated as a body-subject in the world, but the world is ever a world in general.

Croteau therefore concludes that a residual subjectivism which surfaces in Merleau-Ponty's work carries with it an implicit idealist as well as a realist conception of consciousness as sensitive to the "reflections" or "appearances" of objects in the world. As a consequence of his position, a measure of ambiguity permeates Merleau-Ponty's thought, an ambiguity that he never truly clarified in his early works and only begins to address in his later

writings. This leads Croteau to believe that had Merleau-Ponty not suffered an untimely death at the mid-point in his career, he would have fully addressed the ontological question.

To overcome the persistent current of idealism that surfaces in the work of Husserl and to a lesser extent in Merleau-Ponty's writings, Croteau proposes an ontological experiential approach based on the pre-reflective givenness of things as autonomous facticities present in the web of meanings within which consciousness appears. Croteau therefore poses simultaneously the existence of an intending consciousness and the world as a transcendent reality. Regarding being, Croteau states that "It is not mind's product, still less the product of a transcendental ego. It is neither pure essence, nor a bundle of floating meanings shining forth to consciousness.... Being is that which is IZZING here and now..." (1987, p.3). In other words, being posits itself, not only in its generality, but in its specificity, "all the while remaining the correlate of the intentional human subject" (1987, p.3).

Croteau notes that the first evidence for the "being" of the objects of consciousness is contained in the first and naive conscious experience of things, where the in-itself is most strongly posed. However, a more critical evidence is present in the fact that though one can imagine the possibility of the thing as non-being, one cannot live

this antithesis. Validation, Croteau reminds the reader, lies in the possibility of living a truth, not only thinking one. In furthering Croteau's argument, Roy (1988) points out that for an intentional act to bear meaning, both subjective and objective poles of the relational matrix must be something, i.e., have some kind of ontological status. Otherwise, one implies that man is the generator of all meaning.

For Croteau, therefore, a phenomenology that seeks to completely overcome the Cartesian dualism must be an ontological existential phenomenology, one that embodies a fundamental, primary and all-inclusive datum. This existential, or most primary of givens in ontological existential phenomenology is that there is being as well as consciousness, and this consciousness is intentional and incarnated in a body that is the center of and the illuminator of the world. The conscious, intentional body-subject's most primary intentional act is the understanding of being.

#### Summary

The development of existential phenomenological thought was in large part fed by the crucial concerns we have identified as being so central to psychology, namely questioning the appropriateness of positivist realist approaches for conceptualizing human experience. Its

development has centered on the life of consciousness as given, and culminated in positing the concept of human existence as the central, primary, and most irrefutable human category. As we have seen, the evolution of this concept of existence was determined by a series of important contributions. The foundational work of Husserl sought to clarify notions of intentionality and phenomenal essences, which led Heidegger to reach back towards a more primary level of intentionality, namely existence or being-in-the-world. This was followed by Merleau-Ponty's exploration of the body as subject, which in turn led to Croteau's clarification of the ontological status of the objects of consciousness.

Though the phenomenological movement has clearly been a philosophical one, many of the primary authors in the field were intensely interested in articulating concepts and ideas that would be significant for psychology as well as for all human sciences. Despite the brevity of our discussion of the historical beginnings of (existential) phenomenological philosophy, we can already see clearly how their contributions were able to clarify and illuminate issues which were seemingly unaddressable from a positivist perspective. The relationship between observer and object, for example, is worked through to its most fundamental level to reveal the centrality of intentionality as the moment which brings both the object and consciousness of the object

into being. Heidegger's articulations on being-in-the-world and Merleau-Ponty's notion of the body-subject push the concepts of environment and corporeality towards their most foundational and human form. Under the weight of these considerations, the positivist notions of the objective world and the transcendent object reveal themselves to be secondary and incomplete abstractions derived from a more primary level of experience and understanding which existential phenomenological philosophy explicates. The above would suggest that existential phenomenological philosophy does provide an ontological view of psychology's object (the human subject) which is more primary and irrefutable than that provided by a positivist approach. However, before fully committing ourselves to an approach grounded in existential phenomenological philosophy, let us first explore more carefully its basic categories and concepts as articulated by its principal authors.

#### Basic Categories of an Existential Phenomenological Approach

As Kockelmans (1965) notes, every person has a preliminary understanding of her own being. Heidegger (1962) in fact defines humans as those beings for whom their own being is an issue. As we have seen, existential phenomenology builds on its basic understanding of being in positing "existence" as its most primary human category.

The structure of human existence was defined by Croteau (1981) as conscious, intentional, and incarnated subjectivity, free in a world with others, whose intentional gaze reveals the being and meaning of the world. To adopt an existential phenomenological approach, it is necessary to remain centered on this understanding of existence. Croteau's description of human existence is valuable in pointing us immediately towards a series of key categories that can clarify and in turn be clarified by the study of psychological phenomena. In this section, we will present and briefly address four important categories of existence derived primarily from the works of Husserl, Heidegger, Merleau-Ponty, and Croteau. These are (1) Dasein as being-in-the-world, (2) the world of Dasein (3) the lived-body as subject, and (4) intentionality, meaning and freedom. We will then look more specifically at two subject areas of particular importance to our current study. These are the (existential) phenomenological conceptualizations of language, and intersubjectivity.

#### Dasein as being-in-the-world

The most central concept of existence is that we exist as beings in the world. The Heideggerian term "Dasein", which literally means "being there" or living outside of oneself and finding oneself in and through the world, is used to designate this way of being of humans. Dasein in

other words refers to humans as fully incarnated intentionalities whose very essence is to illuminate the world by living in it, by bringing it forth, and by affirming its being. Within the acts of being of Dasein, both idealism and realism are subsumed since the subject and object become but co-constituted poles of a single event, a single moment. As Vale and King (1978) note, the world and the subject, from the point of view of lived experience, have no existence apart from each other. All subjects must have a world, and a world cannot be "present" without the subject.

However, to posit the intentional character of Dasein is not to suggest that its openness to the world is unlimited and absolute in the mode of some "nonsubstantive" or transcendental ego. To propose as much is to slip into a more subtle form of idealism and to deprive Dasein of its true relation to the existing world. Rather, Dasein not only reveals the world but is situated in the world with all its specificity and historicity. Dasein's situatedness in time, space and culture is responsible for molding its intentional character and contextualizing its projects. On the other hand, as revealer of being and meaning, Dasein is never completely overcome by its concrete situatedness such that it is totally defined and determined by it. To characterize Dasein in this way would move us towards the opposite extreme of realism. The bipolar structure of

Dasein implies that both subject and object are present simultaneously in the act of consciousness, so that both subject and object share a certain (but not absolute) transcendence. As such, Dasein, via the acts of reflection and abstraction, gains a flexible hold on the world, one that allows it to move beyond the present towards the possible.

The concept of being-in-the-world is more than a tenuous compromise between materialist realism and idealism. Rather, it represents an overcoming of what reveals itself as having been two partial and unnecessarily dissociated visions of being. Being-in-the-world as Dasein therefore represents the most fundamental structure of being for humans, and the obvious, inevitable, and necessary starting point of all intelligibility. As Kockelmans (1965) noted, Dasein imposes itself on us as the first and most primary datum. All science, all art, all thought is derived from this pre-scientific level of being in which the intending subject manifests itself in and through its lived world. To illustrate the primacy of Dasein, Linschoten (1979) and Romanyshyn (1978) described how even the most empirical of scientists must refer ultimately to the realm that Dasein reveals, if Dasein is to be understood. One can, for example, make empirically objective allusions to anger by describing it as those instances when metabolic rates increase, when muscles receive more blood, and when violent

acts become more frequent. But if the person has not experienced anger within the context of a lived event, the concept has no referent, even for the scientist. No amount of objective detail can compensate for the lack of such existential referents.

The concept of Dasein as being-in-the-world is thus presented as the most primary structure of human existence. In stating as much, we are proposing as well that it fulfills what Croteau (1981) referred to as the three criteria or conditions for primacy, namely: that it is impossible not to presuppose it: that it is not founded on any anterior truth: that it is the foundation of all intelligibility. As such, it presents us with not only a viable but also a necessary starting point from which to build a philosophical framework for the practice of psychology.

#### The World of Dasein

Given the undissociable relationship between Dasein and its world, the world for Dasein is always already there, always present as the context from which objects of consciousness emerge (Kruger, 1979). The world presents itself as a pre-given reality in which we happen to be, or, as Heidegger (1962) termed it, into which we are thrown. Though we illuminate the world in a human way and may even transform it, we are not its author.

Giorgi (1970) identified three main characteristics that permeate the lived world of Dasein. These are its facticity, its significance, and its direction. As we saw, its facticity as both being-in-general and as being-in-particular poses itself within the intentional relationship, and is reaffirmed, according to Croteau (1981, 1987), via both experiential and logical evidence. The lived world is also a world of significance inasmuch as it is a world for me, a world into which Dasein is invested and from which the meaning structures of experience emerge. Finally, the world for Dasein is a world with direction or, as Kruger (1979) terms it, a space wherein possibilities unfold.

This final characteristic brings to the fore one of Dasein's most important qualities to which we alluded earlier, namely that though it is ever in the world, Dasein is not dominated by it. Merleau-Ponty (1963) addressed this fundamental characteristic in his discussion of the "human order", wherein he stressed that humans are constantly superceding or moving beyond the lived milieu, only to recreate it in new and novel forms. Heidegger (1962) showed how, through work, humans transform and humanize the world into a place of tools and symbols. These tools and symbols populate a "made" environment that speaks to humans of the creative intentions of those others that helped build them. The human world is thus a world of meaning and of expression as well as of facticities, a world that is constantly

influenced by each act of the intending subject. Kruger (1979) also pursued this theme in his discussion of time when he observed that Dasein lives as much in the world of future possibilities as in the specificity of the present. The human world therefore is not a prison with no windows. Rather, it is a space wherein past and present situations as well as future possibilities meet.

Dasein's relationship to the world is not fixed and simple but multidimensional and complex. In attempting to shed more light on the modalities in which the world presents itself to Dasein, Heidegger (1962) noted three basic intentional structures of the world, structures later elaborated on by Binswanger (1963) and referred to as "Mitwelt", "Umwelt", and "Eigenwelt"<sup>6</sup>. These terms represent simultaneously-experienced dimensions of the lived world, aspects that, although always present together, possess distinct characteristics.

The Umwelt designates the world about us, a world of objects, places, and circumstances that make up our lived environment. It is the world in which the laws of nature operate and in which we must adjust and make our way. It is also the world of instincts and physical appetites to which we are subjected as corporeal beings. This mode of the

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<sup>6</sup> In Being and time, Heidegger uses the terms "umwelt", "mitwelt", and "eigen" to refer to the three aspects of the lived world's triadic structure. Binswanger later uses "eigenwelt" instead of the term "eigen".

world corresponds most closely to what Heidegger would refer to as the world into which we are thrown, and is the mode wherein the facticity of the world makes itself most felt.

The Mitwelt refers to the world of interrelationships with other human beings. It is the rich world of potentially meaningful encounters with other meaning-giving and meaning-sharing Daseins. Though we will say more on the Mitwelt later, it is important to note that this world does not appear only when the visible other is present. The Mitwelt is always with us as a facet of our existence. Our world, in other words, is one in which the presence of the other is always implied, and wherein the other is always being addressed, be it directly or indirectly.

Eigenwelt is the "world for me", the personal world within which our subjectivity is elaborated. It is the living out of our innate potentiality for self-awareness, and self-relatedness via our emotions, ambitions, and desires. As May (1958) pointed out, the Eigenwelt is born from our ability for reflective thought, the characteristic that most distinguishes humans from the animal realm. As such, it is the realm that most affirms the presence of the subject.

The world of Dasein stands in stark contrast to the world as seen through the eyes of the physicist and chemist. This world of the natural sciences distinguishes itself by being a universe of pure facticity. As such, it reveals

itself as an abstraction of the lived world that, though derived initially from the world as prescientifically lived, fails to remain adequately representative of it. Once posited, this world of things is presented by the natural sciences as primary and constitutive of all other realities. Scientists then proceed to build their knowledge by restricting themselves to this single dimension of reality. The consequence for a psychology based on a natural scientific model, as we have seen, is that it is reduced to defining its practice more by what it excludes than by what it includes. It must present its objects only after a redefining process that robs them of their human content or properties. By returning to the world as lived, the way is prepared for a psychology with a much broader scope as well as for reintroducing the subject as a fundamental dimension of our perception of reality.

#### The Lived-Body as Subject

Though the question of the mind's relationship to the body has permeated Western thought for centuries, it was Descartes' positing of a definitive split between the two that ignited a philosophical debate which lasts to this day. Descartes' concept of the "Cogito" or mind is of a non-material intellect whose relationship to the physical body is unidirectional. The body's role is to provide, via the senses, information about the world, the intelligibility of

which is read into it in the light of the cogito's innate ideas. But if the body is servant of the mind, the mind is not servant to the body. Instead the body is conceived as a "physical machine" or a "thing among things". In retrospect, this step seemed necessary to allow the natural sciences to move away from the magical ideas that permeated its practices. For the human sciences however, the concept of a dissociated mind hovering above a body machine presented a paralyzing paradox, one that has contributed directly to psychology's ongoing crisis.

Husserl's development of the concept of intentionality provided the opportunity for seeing the body in a completely different way. As Merleau-Ponty (1962, 1963) was able to show, Husserl's ideas reframed the context within which perception itself had to be viewed and analyzed. The body could no longer be seen as the machine juxtaposed by the mind, a prosthesis of the mind. Rather, it had to be seen as a dimension of the intentional act itself, as a facet of the very structure of existence. Merleau-Ponty was responsible for revealing the centrality of the body in Dasein's way of being-in-the-world by showing how it is not only object but also subject; a body-subject that gives form to the world through its expressed and potential acts.

Merleau-Ponty (1962) gave one of many illustrations of the body's role as subject in his reinterpretation of the results of Stratton's inverse vision experiment. In his

analysis, Merleau-Ponty shows how the act of correcting perception carries with it the implication that such corrections center on a phenomenal reference point:

We need an absolute within the sphere of the relative, a space that does not skate over appearances, which indeed takes root in them and is dependent on them, yet which is not given along with them in a realist way (p. 248) . . . . What counts for the orientation of the spectacle is not my body as it in fact is, as a thing in objective space, but as a system of possible actions, a virtual body with its phenomenal "place" defined by its task and situation. My body is wherever there is something to be done. (p. 249-250)

Merleau-Ponty's analysis of the body-subject reveals intentionality to be a corporeal intentionality which is centered and perspectival. As the center of intentional existence, the body is the point from which the world is deployed such that it defines its proximity and its horizons. If a chair is present for me now, it means that it is there in spatial relation to my body. If the world has form, it is because the virtual body, via its performed or potential acts of touching and seeing, gives it form. Dasein can be said, therefore, to be committed to the body perspective such that the world becomes the world for the body-subject. As Merleau-Ponty (1962) shows in his study of the brain-injured patients, the deployment of the world is less a function of sensory experiences than a reflection of the body's power to act. When the body loses its power to act in the world, its horizons are forever altered, and the world as lived changes.

The explicitation of the body's place as the center of the world's deployment for Dasein, allows existential phenomenology to transcend the division between mind and body introduced by Descartes and embedded within the positivist conceptions of consciousness, and to supercede the materialization and objectification of the mind. The idea of the body machine so prevalent in physiological and neurological psychology is undercut by this new appreciation of the body as subject, source of not only sensations but meanings. Kruger (1979) highlights this fact by observing that one is never anywhere but in one's virtual body, be it in dreams, in fantasy, or in the waking world. The world calls to the body as the source of its form, and affirms its intending presence at every turn.

#### Intentionality

Husserl's phenomenological explicitation of the essence of consciousness in terms of intentionality has been central to the development of the notions of Dasein and the body-subject. Though existential phenomenology has subsequently focused on Dasein's situatedness in the world, and its embeddedness in the body, it has never ceased to vigorously espouse that consciousness always reveals and illuminates objects other than itself. Consciousness is always consciousness of something.

For Husserl, the intentional act holds the identity of an object through the multiplicity of its various presentations. It is therefore an active process wherein an object is constituted for the subject in its essence and detail. In using the example of one's perception of a die, Husserl notes:

Now the same die can be intended in highly diverse modes of consciousness - simultaneously or else successively in separated modes of consciousness - for example: in separate perceptions, recollections, expectations, valuations and so forth. Again it is a synthesis that, as a unitary consciousness embracing these separated processes, gives rise to consciousness of identity and thereby makes any knowing of identity possible. (1960, p.42)

For another example closer to psychology, a child's perception of its mother is multifaceted and constantly evolving as each experience brings forth new aspects and new possibilities of relating in terms of physical care, emotional bonding, or even interpersonal rivalry. Yet, though the phenomenon of "mother" never shows the same face twice, as it were, the pure identity of mother is preserved nevertheless.

Husserl addressed the issue of how objects are constituted for consciousness in terms of a dynamic process wherein the intending acts of perception modify and complete the evolving presence brought about by the acts. The terms used to identify the poles of this process are "noesis", which indicates the intending act that brings forth the object, and "noema", which indicates that presence brought

forth by the multiplicity of noetic acts. If noesis is ever changing, and the source of elaboration as various facets of the object present themselves, the noemata of consciousness is the source of identity and sameness. This sameness, Edie (1987) points out, is for Husserl the evidence that we as humans are capable of eidetic intuition, or intuition of essences that emerge from the invariant noematic structures given in noetic acts.

Noesis and noema are thus presented as correlates of a single conscious event which for the most part escapes our attention. The power of reflection, however, allows the individual to reach back to these constituting moments in order to bring them forth for consideration as objects. Such reflections allow one to make explicit the subject's intuitive grasp of those essential structures that are at the core of given noemata. The phenomenological method of "epoché" is the systematized approach to revealing these primary constitutive moments.

Husserl eventually moved towards a more idealist stance by bracketing, via the phenomenological epoché, the being quality of the thing perceived, and by defining essences purely in terms of eidos. Croteau, however, as we have seen, redefined the notions of noesis and noema in terms of the encounter between two ontological realities, the intending subject and the being of the object. Though the way of being of the subject and the object are dramatically

different, their respective ontological status is nevertheless affirmed through the encounter. Croteau's vision of an existential phenomenological ontology presents the human subject as a true subjectivity, one whose relationship to the world as a world of being and meaning is dynamic and evolving, yet whose presence in the world reveals not only the flux of presentations but also the stability of the invariant structures of perception. As such, he avoids Husserl's renewed idealism and grounds experience more completely in a real world.

#### Meaning

Existential phenomenological psychology purports to be a discipline dedicated to the study of the lived world as revealed through human meanings (Giorgi 1970; Vale & King, 1978; Kruger, 1979). However, the phenomenologist's use of the term "meaning" must be clearly distinguished from more traditional usages in mainstream psychology. Giorgi (1970) notes that in traditional psychology, meanings are seen as autonomous realities or as mental objects present within consciousness. "They are not viewed as constituted within the dialogue between the lived body and the world. Again it is a matter of being satisfied with the results of a process and ignoring the process itself..." (p. 160)

Within the context of phenomenology, meaning, according to Giorgi (1970) can be defined as the constellation of

intentional acts and relations that maps out the path of the individual's encounter with her world. They are "the traces of intentionality" (p.160). As such, each meaning is a complex structure that posits the intending subject as revealer of the object of perception in her world as lived.

According to Husserl, access to this world of meaning is afforded via the power of reflection where, as we saw, our intentional acts are present as phenomena for consciousness. Since the acts that give rise to meaning are directly accessible to consciousness as phenomena, their inherent structure is also directly accessible via the noetic-noematic process (eidetic process) that gives rise to the intuitive grasp of a phenomenon's essence. Husserl's phenomenological epoché is essentially a means of creating the best possible conditions for allowing the structure of the phenomenon as lived to emerge. Communicating the intrinsic intelligibility of meanings therefore becomes a process of describing the intuitively derived meaning-structures as they reveal themselves through the eidetic process.

The phenomenological descriptive approach contrasts sharply with the traditional inferential methods used in psychology. As Romanyshyn (1978) notes, the inferential methods (such as statistical explorations and experimentation) were developed by the natural sciences for the study of inanimate objects which, by definition, could

not be interrogated directly. By accepting the subject as an intentional meaning-giving existence, the practice of inferring reveals itself as an act wherein one subjectivity unilaterally imposes her own structures and meanings to define the acts of another subjectivity. Such a practice is clearly not scientific in the true sense of the term. To remain faithful to the experience of the subject, we are thus obliged to describe as faithfully as possible the subject's experiences as she herself presents them, withholding our own beliefs and assumptions in the process.

Adopting a phenomenological descriptive methodology does bring with it a host of issues, not the least of which is the question of access. Accessing one's own experience via a practice of epoché is a theme that preoccupied Husserl throughout his entire career and, though not straightforward, is well explicated. Our access to the experience of others presents a more formidable task since this access will always be indirect, and emerges as a result of a dialogue, in which the other is encountered. Added consideration will be given to these issues in our methodology section.

Acknowledging the intentional existence of the subject also has important implications for how we define the notion of behavior. As we have seen, the concept of behavior was given pre-eminence in psychology because it presented researchers with the observable and measurable phenomena it

needed to apply the natural scientific methods to its domain. The study of behavior quickly became the central focus of most psychological research endeavors for this reason. What was implied in this approach, however, was that behavior was somehow "caused" by other measurable factors which, if isolated, could be shown to explain behavioral manifestations.

The positing of Dasein brings about the need to redefine behavior from being an end result of a causal chain of external events, to the visible manifestation of intentional acts, an expression that is in itself meaningful as well as meaning-giving. Giorçi described this shift in meaning in the following terms:

If behavior partakes of intentional relations, and if the route to understanding intentionality comes through the phenomenon of meaning, then it is clear that the relevant question for understanding behavior is to inquire about its meaning, not its measurement. (1970, p.161)

In phenomenological terms, behavior can be defined as a visible expression of the relationship between an individual and her lived world. As such, the specific meanings that permeate a behavior as it is lived are directly accessible only to the subject. The problem of how the researcher can gain indirect access to these behaviorally expressed meanings is therefore essentially a dialogical problem, as is the exploration of any lived meaning. Even for the most detached observer, the physical expression of human behaviors betray the intentional character of the

consciousness that is its source, and reaffirms for the observer that she is not the only center of meaning in the world.

### Transcendence and Freedom

Our discussion on the themes of intentionality and meaning have allowed us to appreciate the centrality of the phenomenon of reflection, a term used here to refer to the human ability to transcend the immediate present in order to retrieve, explore, and understand the past, present, or future experiences. Reflection, however, as seen through the eyes of the natural sciences presents an interesting paradox. On the one hand, the practice of reflection is central to its research endeavors since the researcher's first task is to generate a hypothetical statement based on her reflections on past, present, or future events. Yet the phenomena of reflection is in itself inaccessible to the natural sciences as a research object. Its very presence in human activity not only affirms the intentional and meaning-giving dimensions of existence which the natural sciences cannot measure or evaluate, but it also, by its very nature, shatters the unidirectional temporal sequence essential to a positivist research approach based on linear causality. Though reflection is essential to the natural science researcher's practice in psychology, the activity itself remains curiously out of reach.

The existential phenomenological analysis of reflection reveals its essence to be a dual transcendence. On the one hand, reflection is a transcendence of the immediate contents of perception inasmuch as to cast one's intentional gaze on an object other than the ones given by the senses is to affirm that Dasein, though always in the world, is not dominated by one given presentation of it. The second transcendence intrinsic to reflection is the transcendence of time. Through reflection, the present ceases to be a continuous succession of moments. Instead, by bringing forth the actual or possible events into consciousness, the present plays host to the past and the future, making it a flexible and expandable domain. The overall result of this double transcendence is to open the door to a range of possible ways of being-in-the-world.

Perhaps the first and most obvious result of reflection is to give consciousness the possibility for a more flexible hold on its object via the process of objectification. Objectification is the standing back from an object and the positing of its existence as a thing in itself. The capacity to do this is the first and necessary step towards the development of symbolic systems such as language. In fact, the very presence of symbols like words are the visible expressions of our being able to consciously move from the immediate experience of a thing to a reference of it as object and then back to the thing as a lived given.

As a precursor to symbolic systems, objectification also provides the basis for categorical and abstract thought which, as Giorgi (1970) notes, provides for a more powerful means of making the world a world for me. However, symbolic and abstracting processes contribute as well to distancing us from our original constitutive contact with the world in that, at least in adulthood, we tend to live more in our symbols and in our abstractions than in the world as immediately given. Powerful categories like 'this is how it is', or 'they are this kind of people' are so pervasive that they tend to hide from view the experiences that are responsible for sustaining them. Giorgi describes this process by saying that "we are too much absorbed by our mundane pursuits, both practical and theoretical; we are too much absorbed by our goals, purposes, and designs, to pay attention to the way the world presents itself to us" (1970, p.148). In its attempt to improve its understanding of the human mode of existence, phenomenology continues to have as its goal the return to the constitutive primary contact with the world which it attempts to achieve by means of the epoché.

Secondly, reflection reveals itself as not only a transcendence of our centeredness in the present as time, but also of our centeredness in the present as content. In other words, the real as it is given to us in perception can, via our symbolic ability, be thematized, abstracted,

categorized, and finally transformed into a new possible presentation to be actualized, perhaps, in a projected future. In other words, in each act where something other than what is given is created, humans display their centeredness in a present that is permeated by a future full of realizable possibilities. The structure of Dasein therefore, as we noted earlier, is being-in-the-world yet not being dominated by it.

There is a third consequence to Dasein's transcendent quality which in some ways supersedes all the rest in its implications for the understanding of human existence. We refer here to the fact that humans are in the world as free creative agents, or as centers of indeterminacy that resist causal forces. To explore the characteristics and dimensions of this creative freedom, we will follow Merleau-Ponty (1963) as he compares this mode of existence, which he refers to as the human order, to two other discernable orders that he identifies as the physical and the vital orders.

The first order he identified was the order of physics, which refers to the world of non-living objects or things. In this realm, changes in the state of a given object are the result of identifiable, measurable forces in the environment acting on the object. This implies that the exact characteristics of the antecedent events determine completely any transformation that takes place. Here

freedom has no foothold and consciousness no place. Within this realm of determinacy, the natural sciences molded their methods and displayed their greatest effectiveness in producing knowledge.

The second order is the vital order or the domain of non-human living things (plants and animals). Merleau-Ponty described this order as a domain where biological organisms seek to establish an equilibrium between themselves and their environment, an equilibrium defined by a pre-established ideal or desired state that is usually species-specific and described in terms of instincts. To create this ideal state, the organism is an active agent, selectively producing behaviors aimed at stimuli that are 'significant' as a means of achieving a desired end. The changed environment in turn becomes the condition for the organism's next valuation and action. The environment therefore is no longer the determining agent for change, but is rather the context within which the change agent operates. What evolves in the vital order is a dialectic wherein transformations in one present the conditions for the changes in the other. In this way, the laws of linear causality are superseded and replaced by bi-directional laws of vital significance.

Within this vital order, a degree of freedom can be shown to exist by the fact that the specific acts an animal will initiate are never predetermined by external forces.

Rather, the environment's effect will vary in accordance with the relative vital importance it has for the organism at a given time. For example, food will prompt a response only if the animal is hungry. The satiated animal, on the contrary, will not be dominated by the stimuli since its value has changed vis-à-vis the overall balance. Merleau-Ponty described this order in the following terms:

...with respect to the organism they [the stimuli] play the role of occasion rather than cause; the reaction depends on their vital significance rather than on the material properties of the stimuli. Hence between the variables upon which conduct actually depends and this conduct itself, there appears a relation of meaning, an intrinsic relation. (1963, p.161)

In transcending the fixity of the environment through the valuation of its aspects and properties, a kind of intentionality becomes evident in animal behavior. However, this intentionality is quite different from human intentionality in that it expresses itself within the confines of a non-transcendable objective or ideal state given by the organism's instincts. As such, the organism's freedom is always framed by the determinacy of the sought after vital balance. In other words, this intentionality is a consciousness of something other than itself where the "other" has a fixed value and presents itself to consciousness in a singular way, as means to a given end. In referring to this dynamic fixity of the vital order, Uexkull noted how "Every organism is a melody that sings itself" (Merleau-Ponty 1963, p.159).

Interestingly, psychologists that have partially or totally moved away from a purely natural science approach, such as those whose approach is defined as psychodynamic, or systemic, have often used concepts related to the vital order to describe human behavior and human experience. Freud, for example, while not proposing that behavior was predictable in particular instances, affirmed that the desired balance or ultimate goal of life is pre-established by certain instincts that are impossible to transcend. In family therapy theory, systemic concepts such as equifinality are also based on a vitalist vision of human behavior.

Merleau-Ponty himself acknowledged the strength of the argument for defining human experience in vitalistic terms. The perceived intricacy and complexity which seems to distinguish human values could, he proposed, be a result of the unique characteristics of the artificially fashioned human environment. What is evidenced, in other words, could be the same basic processes alive in a different context. However, Merleau-Ponty then argued that a careful exploration of the way of being of humans in their experience of the world reveals important qualitative differences. This prompted him to posit a human order that, though inclusive of the vital order, is irreducible to it.

The human order is one in which the vitalist dialectic carried out within the fixity of instinct-determined goals

is transcended in favor of a new dialectic dominated by the concept of work.<sup>7</sup> The concept of work is seen by Merleau-Ponty to highlight the specific nature of our relationship with the environment as one mediated by the tools, symbols and cultural objects that transform the environment into a humanized world. Within this world, the symbols, cultural objects and established practices that populate it are perceived not for their value as a means to an end, but as physiognomies, as objects that reveal the intentions of their author. In the same way that the human face is less a configuration of features than a medium of expression, tools, clothing, monuments, and religious practices are also mediums through which the intentions of others are revealed. The act of satisfying sexual urges, for example, is saturated with powerful human meanings and intentions such as love, affiliation, abuse, or manipulation, which extend far beyond the simple satiation of carnal needs but speak of Dasein's situatedness in the world. Though instincts are present in the human order, they are but a constituent of a far larger phenomenon.

The human order therefore reflects a shift from an instinctive goal-focused view of the world where results are the only true object, to a new dialectic where intentions and meanings permeate the environment, changes its value,

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<sup>7</sup>Merleau-Ponty uses the word "work" in the Hegelian sense to refer to activities by which humans transform nature.

and become intrinsic to the object as perceived. The intentions implicit in the reaching of the goal, therefore, become as much an object for consciousness as the goal itself. This appreciation of not only the possible, but of the intentional act that reaches out to the possible allows humans to envision other forms of reaching out, and to consequently envision other possible results. In this way, humans are oriented to a world of possibilities that ever transcend the present, one that by its very structure is always open to new forms of involvement and thus always indeterminate.

Freedom therefore reveals itself to be a primary and unavoidable dimension of human existence. It is not some finite quality or attribute that we acquire after a specific developmental sequence, nor is it some virtue that could eventually slip away from us. Rather it is a condition to which we are born and in which we must live. Even logic and rationality fail to determine the range of our possible acts. Sartre's famous dictum that humans are those condemned to choose, reflects this reality. But whereas Sartre (1956) carried the concept of freedom to the extreme by accepting almost no limits to its expression, Merleau-Ponty argued for a situated freedom, one that emerges not from an abstract "for itself" (*pour soi*), but rather one that arises through our contact with the world. Merleau-Ponty affirmed, in other words, that we cannot choose to not

be in a world, be it invented or real. Nor can we avoid the fact that the body is an integral dimension of our perception and our subjectivity. We are indeed free, but this freedom is in the world, for it is here that this freedom expresses its power to transcend, to transform and to create.

### Language

Perhaps the most pervasive form of human expression is language. Humans live in language, using it as a means of expressing almost every aspect of their experience. Existential phenomenologists have given the question of language considerable attention but we will confine our discussion to the contributions on the subject by Merleau-Ponty.

Merleau-Ponty's (1962) initial analysis of language, explicated in the Phenomenology of perception, sought to challenge the positivist view of language which proposed that linguistic production was essentially an exercise in semantics. He began by exploring the meaning-giving power of the body's gestural expressions, seeing in these acts the foundation for all forms of direct meaningful communication. His analysis showed that for the onlooker, recognizing a facial expression of anger, for example, does not involve "interpreting" the cumulative significance of individual facial characteristics such as raised eyebrows and clenched

teeth. Rather, the onlooker witnesses anger within a unified constellation of facial movements through which the single meaning of the expression emerges. As the meaning surfaces, the face, as a physical amalgam of individual features, gives way to the experience of face-as-anger. The perceived body, in other words, ceases to be an object and becomes instead an embodied meaning.

Words, Merleau-Ponty contends, are essentially a refined extension of the expressive body and have a two-fold nature. On the one hand words are finite social artifacts developed within a given cultural tradition. As artifacts, they are the embodiment of evolving significations; symbols that not only represent facticities, but essentially lose themselves in those facticities, such that the words become the things signified. The word "rose", for example, propels us to the flower so completely, claims Merleau-Ponty, that the letters and sounds that form the word sink into the background of the experience. On the other hand, words, as artifacts, are not true vehicles for creative expression since their specificity defines them too completely. What allows words to become vehicles of expression is their second nature as possible gestures within a universe of language, or as open signifiers that, like the physical body, are always in the process of defining the world as well as being defined by it. In the affectionate expression "you are like a rose to me", the term rose transcends its

nature as simple signifier to become a linguistic gesture that, like an expressive face, structures the experience while simultaneously losing itself in it. In Merleau-Ponty's terms, "The process of expression...brings the meaning into existence as a thing at the very heart of the text, it brings it to life in an organism of words" (1962, p.182). Meaning therefore "swallows up the sign" (1962, p.183) and fills the experience, leaving no room for words as facticities or artifacts.

Defining speech as the embodiment of thought or as the gesture through which thought is engendered, allowed Merleau-Ponty to criticize the dualist notion that thought is somehow preformed prior to its translation into language. Thought, he proposed, is brought into existence or accomplished through the process of linguistic expression.

A thought limited to existing for itself, independent of the constraints of speech and communication, would no sooner appear than it would sink into unconsciousness, which means that it would not exist, even for itself. (1962, p. 177)

In stressing the necessary relationship between thought and language, Merleau-Ponty did not seek to advance the structuralist notion that the formal characteristics of a given language determine fully what can be said. As Polkinghorne (1988) noted, Merleau-Ponty posited that inspiration does exist prior to expression. However, this inspiration fails to achieve full presence for consciousness unless it is completed through linguistic expression.

Prelinguistic meanings, for Merleau-Ponty, make themselves known as an uneasiness, or as disturbances in the world of already expressed linguistic meanings. They are only vague intentions that are felt more than perceived and that call out for expression. Their coming into language, claimed Merleau-Ponty, is a dialectical process between the pre-expressed meaning and the acquired body of language.

By moving away from semantics and shifting the focus towards an appreciation of the versatility and openness of language, Merleau-Ponty prepared the way for a different kind of linguistic analysis, one centered on meaning as an emerging structure which manifests itself in the text through our direct encounter with it. It is a flexible medium which acquires the power of meaningful gestures through its relationship with the body-subject. As such, language becomes an integral dimension of being-in-the-world. The interrogator of a text, for Merleau-Ponty, is a full living subjectivity that can be said to have succeeded in reaching the text's meaning to the extent that this meaning is recreated in her as a whole experience.

In addition to redefining the ontological and phenomenological existential nature of words, Merleau-Ponty's analysis of language also seeks to establish a philosophical foundation for intersubjectivity by affirming the innate ability of humans to gain true access to the meaning of others through their linguistic expressions.

Just as the speaker discovers the full presence of a meaning through expressing it, the listener can also be witness to the emergence of that same meaning to the extent that she also lives in the words through which the meaning is given. The process of exploring the meaningful linguistic world of another, therefore, was seen by Merleau-Ponty as an occasion wherein the listener's linguistic and physical body acts as a unified intending subject. It is because of the ability of intending subjects to live in the other's spoken word that the listener can, at least potentially, move towards a direct intuition of the linguistically expressed meaning. The linguistic world is therefore a shared world, one where the meaningfulness of an expression is always available to the listener, who, through language, can experience the expressed meanings as lived and bodily felt realities. In Merleau-Ponty's words, "(language) takes us beyond the words to the author's very thoughts, so that we imagine we are engaged with him in a wordless meeting of minds" (1973b, p.10).

Merleau-Ponty's conceptualization of language as communicable expression moves beyond the positivist view of language as semantics in order to situate language as an act whose very structure reflects the fundamental categories of human embodied existence. As such, it presents an understanding of language which is compatible with and reflective of the approach we have chosen.

Accepting such a conceptualization of language implies that understanding the lived world of the subject is only possible when her verbal expression reaches the level of a true and full gesture. As such, every constriction on the subject's flexible use of language (epitomized by the true/false questionnaire or structured interview often used in psychological research) reduces the investigator's ability to reach the subject's world of meanings and intentions. Furthermore, this understanding of language implies that the expression of the other conveys not only semantic meaning but communicates also the very structure of the experience being referred to. As such, the investigator's ability to enter a state of receptivity which is not contaminated with a priori theoretical constructs or expectations becomes vital to the practice of psychological research.

### Intersubjectivity

Intersubjectivity, like the problems of reflection, subjectivity, and freedom, is one of those omnipresent categorical aspects of the lived world that traditional science seems unable to grapple with. Husserl took up the problem of the other in the Cartesian Meditations (1960), a work written relatively late in his career. As we have seen, Husserl posited that all existence (including the self, the world, and the others) appears to consciousness by

way of specific constituting intentional acts. For him, therefore, the problem of intersubjectivity consisted of describing how a true and autonomous other can be constituted for consciousness and be made a part of the individual's personal world as an alter ego to the self. In other words, Husserl was concerned with how the other is constituted as a dimension of a greater self (made up of the sum of all constituted experiences that create the individual's life), which he referred to as the monad.<sup>5</sup>

Early in his analysis, Husserl made clear that our understanding of the other is intimately linked to the experiencing of our own body as both object in the world, and as subject, or opening onto the world. The body, he noted, is the only physicality to which we are always immediately present and whose internal dimensions are available to us. As such it is a central and omnipresent feature of our lived experience.

The body of the other, Husserl observed, first appears to us as an object that emerges, like all objects, against the background of the constituted world that is our monad. But this body's similarity to our own body and the

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<sup>5</sup>. Husserl uses this Leibnizian term to signify the constituted domain of the transcendental ego, i.e., the self contained sphere of lived being that includes the objects of one's personal experience, the world as given, others, the self, and the possible experiences aspirations and dreams that flow from ones world as constituted. As such, it constitutes an essential aspect of the idealism that characterizes the later part of his career.

recognizable intent of its actions allows us to quickly grasp it as not only an object, but as another example of our own physicality. We see within it the analogue of our own conscious existence as intentional and active presences in the world. Though we are never direct witnesses to this other consciousness, it nevertheless exists for us as a consciousness that we could experience were we in the other's place. The consciousness of the other is thus co-present to her body, existing as an inner horizon or as an implied dimension of its being. Husserl referred to such unseen aspects of a phenomenon as apperceptions. But whereas the apperceived aspect of an object (i.e. all the surfaces that are not immediately visible but only co-present in the experience of it) can be revealed by changing one's vantage point, the consciousness of the other is unattainable and must therefore remain implicit to the physical presence.

The apperception of the other is also remarkable in that its content refers not only to itself, but also to the world that the other in turn perceives and projects herself into. In other words, what is contained in the apperception of the other is not only the ego of the other but also the world that she constitutes. This world of the other is again given by analogy as a horizon of the other's being or as a co-presence. Given that the world onto which the other gazes is also the one which the self experiences, the

other's world is, therefore, to some extent transposed onto the world of the self, such that the self's world is no longer a personal domain but one that is shared.

The self, therefore, is witness to a world that is no longer purely personal but one where the intending, perceiving presence of the other is always implied. The self's perceptual and intentional acts are thus carried out in relationship with the actual or potential presence of another whose perspectives and intentions will always be apperceived as different. Where both the self and the other act towards a common object, their actions become so intertwined and interrelated that the agency of those acts belongs more to the community than to an individual in particular. Husserl noted that within such experiences of communality, the deep similarity between both the self and the other results not only in a sense of shared world and shared action, but in a "transposition" of both entities, a deep coupling wherein the characteristics of the one are often appropriated by the other. Throughout life, Husserl claimed, there are frequent transpositions of the self and others such that in most cases, the majority of characteristics that make up the individual's identity are not gained through experience but acquired by appropriation. This process of appropriation is the vehicle through which the propagation of various traditions, be they cultural, political, or familial, is accomplished.

Husserl therefore described our experience of intersubjectivity in terms of an analogical act based on the familiarity we sense when in the presence of others like ourselves. The other's conscious intentional nature, though never directly perceived, is nevertheless apperceived and incorporated into our experience in such a way as to profoundly affect the way we understand the world. It should be remembered however, that for Husserl, the entire intersubjective experience is "constituted", and thus exists within the monadic sphere of the greater self, which includes both the self and the other. Husserl's theory, therefore, presented the other as a monad within a monad, a constituent dimension of the greater self that by its very presence gives the self its identity and transforms the uniperspectival monadic world into a world-for-us.

Schutz (1967), a sociologist and former student of Husserl's, pursued the theme of intersubjectivity by making the structure of the person-to-person encounter the primary focus of his study. In his analysis, he made the distinction between those intimate contacts where others are seen as true subjects, which he terms "We-relationships", and the more formalized exchanges carried out with contemporaries or associates, which he refers to as They-relationships.

In We-relationships where the subject is observing another person she wishes to understand or in whose life she

wishes to participate, the actions and gestures of this other are seen as the surface manifestations of an inner consciousness that, though exerting a powerful presence, remains at the level of a Husserlian apperception which is impossible to define beyond the general. However, on the occasion where the self and the other become engaged in a true face-to-face encounter where the intent of each is to communicate and be meaningfully understood by the other, an interpersonal space is opened within which it becomes possible for each to gain a true understanding of the other as an active, conscious, intending being. It is this second level of intersubjective experiencing, Schutz claimed, which is the foundation for all forms of social relationships.

What characterizes this powerful form of We-relationship is that the expressed intentions of one become the cause of responding or subject matter for the other. In other words, it is the other that provides the thematic context against which the self's expression takes place and within which the expression gains meaning. What is achieved through this sharing of meanings and fusion of intentions, claimed Schutz, is the creation of a shared perspective on a common world wherein both streams of consciousness are synchronized and both subjectivities come to exist side by side in a same "durré". The understanding that is gained, therefore, is of the other as a true subject capable of joining in opening up a new vistas on the world. This

provides the opportunity for experiencing and acquiring truly novel forms of meaning that can color future experiences and affect future actions.

From within this common space, the traits and characteristics that are used to define the self and the other as distinct entities within the social matrix become obstacles to a true encounter and fade as the relationship is entered into. The self and the other are experienced not as distinct personalities but as pure subjectivities. From within a face-to-face We-relationship, the self's immersion into the synchronized flow of consciousness generated by the exchange does not even allow for the distancing act of reflection. Reflecting on the interaction or defining and objectifying the other by attributing traits and characteristics to her can only be achieved by temporarily withdrawing from the We-relationship.

The possibility of achieving authentic face-to-face We-relationships is pre-given according to Schutz. In his words, "The basic We-relationship is already given to me by the mere fact that I am born into the world of directly experienced social reality. From this basic relationship is derived the original validity of all my direct experiences of particular fellow men..." (Schutz, 1967, p.165). Merleau-Ponty later explicated the details of the genetic development of this pre-given social reality in his own contributions to the field of intersubjectivity.

Needless to say, the experiencing of a pure face-to-face We-relationship that is completely untainted by reflection and objectification of the other is hardly possible. This intersubjective state represents rather one extreme of a continuum whose other pole is the experience of the other as a pure facticity, typicality, or stereotype, a form of encounter Schutz referred to as the They-relationship.

In the They-relationship the other is seen as a characterological type instead of as an intending subject open to change. As such, the other's behaviors are deemed to be determined and predictable. The type and scope of the interactions possible within a They-relationship is, therefore, quite limited inasmuch as the interactive opportunity that the other offers is defined by the norms and expectations society provides for such encounters. The fundamental characteristic of They-relationships, therefore, is one of interpersonal closure and mutual objectification. The more defined, typified, and characterized the other presents himself to be, the less possible it is to engage in a true face-to-face We-relationship that is mutual and transforming.

Overall, Schutz's project was to further articulate the Husserlian concepts of the world as a world-for-us by providing a detailed analysis of the encounter between persons. The results of this analysis gave rise to the

concept of the We-relationship that, to some extent, moves beyond and transcends the monadic intersubjectivity of Husserl. Instead of postulating the constitution of a monad within a monad, Schutz presented this encounter as a true meeting of two intentional subjects capable of being fully present to each other through a direct and dynamic sharing of selves.

Merleau-Ponty, like Schutz, approached the question of intersubjectivity by analyzing the structure of the person-to-person encounter. However, unlike Schutz, Merleau-Ponty sought to ground his analysis firmly within the existential framework of being-in-the-world. In Merleau-Ponty's words, "there is no inner man, man is in the world, and only in the world does he know himself" (1962, p.xi). The problem of the other thus becomes one of understanding the pregiven presence of the other in the world towards which the subject is continuously turned. Merleau-Ponty proceeded by first analyzing the way in which the other is given during the first years of life. He then sought to explicate more completely the intersubjective dimensions of both the body and language.

Merleau-Ponty (1964) began his analysis with an exploration of the infant's experience of the other during the first six months of life. In this period, he noted, the child lives in a primordial state of fusion with the world wherein distinctions between the self and the other are not

drawn, and where the child's sense of identity is of an undifferentiated group life or a "vie à plusieurs" (1964, p.119).

The first significant move away from this state of fusion comes after six months of age when the child's exposure to images of herself in the mirror or in pictures allows the child to appreciate how the self is seen from the outside. This event, according to Merleau-Ponty, is of great significance for it is at this time that the child sees a distinct physical presence as being specifically "inhabited" by a subject.<sup>9</sup> Yet this mirrored self image is, for the child, not an image of a personal self but an image of oneself that is other, a me that is not completely me. The self's image thus becomes the first example of a true outside other.

From this period to the age of three, the child lives in what Merleau-Ponty described as the syncretic stage. During this time, the child is irresistibly drawn towards the expressiveness of the other's body. Because the child's interpersonal boundaries and sense of self are still poorly developed, she becomes intensely immersed in the expression of the other, living through them and experiencing them as if they were her own. The self of the child is thus

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<sup>9</sup> This process of constituting the self as a physical presence impregnated with the qualities of a subject is one aspect of the overall process of differentiation described by Wallon as a cross cultural developmental phenomena.

displaced or propelled towards the expressive field of the other.

Only after having gained greater mastery over her environment and her own body does the child move on to form interpersonal boundaries that allow for the positing of a self that is relatively separate and able to resist the allure of the other's expressive field. This does not mean however that the syncretic perspective on the world disappears completely. Rather, this more primitive level of existence coexists with subsequent developmental acquisitions and is re-awakened in each face-to-face encounter. Merleau-Ponty noted as well that the transformation from fusion to syncretism to autonomy is not the result of a cognitive or intellectual exercise of deduction. It represents rather a qualitative transformation of the very nature of the lived world.

Later in his career, Merleau-Ponty (1973b) placed more and more importance on understanding the syncretism within adult interpersonal encounters. The adult's syncretic experience, he noted, though rooted in prelinguistic experience, is qualitatively different from that found in the preverbal child. Whereas the child's mode of being with the other is to lose herself in the other's expressiveness, the adult's experience is the uncovering of a synchrony in and with the other's bodily and verbal acts of expressions. These perceived acts of the other become extensions of the

self's way of acting towards the world, another attitude towards the world that somehow becomes one's own. This other, as an other, becomes a co-presence in a world that is shared.

This experience of the co-presence of the other which arises from the other's action in the world engenders a "community of being" (1973, p.140) within which the other is dynamically present. With speech however, the intersubjective experience is prolonged, intensified, and transformed so that this "community of being" becomes a "community of doing", a community of shared action that breaks the lingering silence or isolation from the other that the preverbal encounter never completely overcomes. Speech allows the self and the other to grasp and be taken by the other's expressed meaning. This is possible because both self and other inhere, or share in a primordial relationship with speech which is, as we have seen, an extension of the body's expressive potential.

The contributions by Schutz and Merleau-Ponty to the phenomenology of intersubjectivity were clearly inspired by the works of Husserl. Husserl's contribution, however, was very much touched by his new turn towards idealism which was made evident through his articulation of monadic concept. As Carr (1986) observed, Husserl failed in the end to establish the grounds for a true acknowledgement of the other as a full noncontingent subjectivity. Schutz and

Merleau-Ponty, for their part, moved beyond the position of their predecessor by explicating more completely the structure of the phenomenon of intersubjectivity as lived.

Yet the differences between the contributions of Schutz and Merleau-Ponty were substantial. Whereas Schutz preoccupied himself with describing the range of possible encounters individuals could experience, Merleau-Ponty attended more specifically to the level of encounter Schutz would have termed face-to-face, revealing not only its nature, but its genesis in development. Where Schutz described encounters more in terms of the sharing of a "durré", Merleau-Ponty was able to bring the description to the level of one's insertion in the world. However, both contributions, though different in many respects, were also remarkably complementary, with Schutz providing the breadth that was lacking in Merleau-Ponty's description of the social world, and Merleau-Ponty providing an in-depth description of the more intimate forms of encounter by articulating each development since birth and the role played by the body-subject as well as by language.

As we prepare to undertake the task of exploring the world of intersubjectivity in the context of our study of the family of anorectics, we are faced with the need for a conceptual base which is both consistent with the existential phenomenological approach we have chosen and which is able to provide us with the terms we will need to

bring forth more clearly the inherent structure of family life. The contributions from both Schutz and Merleau-Ponty, when taken together, provide such a conceptual base which is remarkable for its breadth and depth. Adopting it will allow us to proceed with our inquiry of family life with a clear sense of the more fundamental dimensions of the phenomenon to be explored. However, in incorporating this view of the shared world we do not intend to use it as yet another filter through which the phenomenon of family life will be viewed. Rather, we will allow the subject descriptions generated in the study to illuminate, as well as be illuminated by, these concepts through a rigorous application of the phenomenological method of inquiry.

#### Conclusion

The previous discussion was undertaken with an eye to addressing our need to define our approach to psychological research. The question became particularly central to our project when our review of the literature indicated that previously adopted positivist and systemic approaches seemed deficient in terms of doing justice to the existential characteristics evident in human lived experience. We have argued that this failure has led mainstream psychology to a partial, deficient, and in many ways misleading image of the phenomena of human existence. Our comparative description of central concepts of existential phenomenological

ontological thought indicated clearly that this philosophical tradition transcends both positivist and systemic orientations in terms of reaching towards an explication of human existence and reality which is primary and which respects the most essential aspects of human experience.

We arrived at this position by first basing ourselves on the contributions of Husserl, who was responsible for both revealing how the most primary level of awareness was the intentional relation between subject and object, and for recognizing the intuitive capturing of a phenomenon's essential structure to be the foundation on which all intelligibility rests. Having done so, however, we did not follow Husserl in his adoption of a renewed idealism, seeing this as a step which would introduce a more subtle isolation of the subject from his world. In viewing existence as the most basic level of pre-reflective being, we were able to follow Heidegger and Merleau-Ponty in expanding our understanding of the dimensions of existence through the concept of Dasein. As such, we were able to ascertain one's unavoidable situatedness in a world of meaningful objects, and one's embodiment in a body-subject. We were also able to explore the human ability to transcend the present, and the implications of the situated freedom to which humans are heir. However, we also saw the possible inherent weakness in existential phenomenological thought as articulated by

Merleau-Ponty, wherein the acknowledgement of a world in its specificity as well as its generality was not affirmed. To avoid an even more subtle form of idealism, which would again weaken the most primary structure of existence referred to as being-in-the-world, we moved towards the ontological position presented by Croteau. We were brought to this last refinement in existential phenomenological thought in recognition that a philosophical grounding for psychology must satisfy not only the demands of logic and coherence but must also correspond to the lived. As Croteau (1981) pointed out, it is possible to postulate and imagine a world in which the world of objects is only given in its generality, but it is impossible to live this reality. What presents itself to consciousness is the world in its generality and specificity. Finally, we looked at the contributions made by existential phenomenologists in the areas of language and intersubjectivity as a further preparation for the discussion related to our choice of methodology.

Having adopted an existential phenomenological ontological approach to psychology we are now in a position to describe more fully the subject of psychological inquiry, namely human existence. The definition of human existence is that of a conscious, intentional, and incarnated subjectivity, free in a world with others, whose intentional gaze reveals the being and meaning of the world. Respecting

this definition implies that human lived reality is one which is corporeal and situated in the world, but which is also touched by the power of transcendence and the opening towards a situated freedom. The world, in turn, presents itself as a horizon of possibilities in which meanings can emerge and futures can be anticipated. The subject of psychological inquiry is therefore a situated but free and meaning-giving presence in the world, whose hold on the world is flexible and changeable.

Accepting this vision of human existence implies also that the goals to which psychology can dedicate itself have to be reconsidered. Whereas the ultimate objective of scientific psychology is arriving at a predictive science, the recognition of Dasein as a free and meaning-giving presence in the world obliges us to move towards the project Dilthey had earlier proposed, namely seeking an understanding of the various conditions of human existence and of the structure of various possible forms of immersion in the world. Let us now proceed in our presentation by outlining the research methodology to be used to address our phenomenological exploration of the anorectic's family life.

## METHOD

Thus far in our discussion, we have argued for a psychology that builds on existential-phenomenological concepts which define human existence as intentional, meaning-giving, embodied, and free. What remains to be articulated is how this orientation impacts on the methods and practice of psychological research.

In this chapter, we will look at the more general implications attendant to adopting an existential-phenomenological approach to psychological research in terms of the conception a researcher has of his object, the kinds of questions that become pertinent, and the kinds of understandings such research seeks to explicate. We will then review the various research options open to the phenomenological psychologist studying family life and will address specific methodological issues related to the current study. This will include discussion on how to define the research situation, how to generate the type of data that is required, and how phenomenological description, reduction, and imaginative variation enter into the process of data analysis. Finally we will look at how questions of traditional interest to psychology such as reliability, validity, and generalizability are addressed within a phenomenological psychological research orientation.

Defining the Object, Question and Results of  
Phenomenological Research

The scientific study of humans and human activity has, as we have seen, always presented natural science psychologists with the problem of defining precisely what their object of study should be. On the one hand, the human body presents the scientific observer with a visible, measurable, and verifiable spectacle of actions and responses that can easily be submitted to the rigors of scientific quantification. On the other hand, it is difficult for these same researchers not to recognize that a human is also a conscious, thinking and emoting being whose personal mental life, though inaccessible to direct observation, is nevertheless central to his or her sense of existence.

From an existential-phenomenological perspective, the problems and paradoxes associated with natural science research in psychology are born of the false premises inherent in the positivist approach. These problems are transcended when one acknowledges Husserl's fundamental and necessary conclusion that what is knowable of any object is what is actively constituted for consciousness. In other words, consciousness is not isolated from the world of "real" things nor is it passively dominated by it. Consciousness is intentional and thus always dynamically oriented towards the objects and the world that offer

themselves to consciousness' intuitive grasp. For Husserl, as we have seen, the object and the consciousness that grasps it are like two aspects of a same moment. Consciousness cannot exist without its object and its world just as the object and the world cease to exist in the absence of the consciousness that apprehends them. What is knowable is the phenomenal presence of the world of objects to consciousness. For the phenomenologist, the true object of research is therefore the conscious, intentional event that brings the essence and specificity of the phenomena to meaningful awareness (Giorgi, 1975).

The phenomenal world as lived is the necessary point of departure and constant source of reference for all phenomenological research be it in the realms of philosophy, sociology or psychology. The phenomenological philosopher's traditional preoccupation has been, as we have seen, to explore the universal categories and dimensions of consciousness itself. Existentialists have been especially attentive to describing the essence of our being-in-the-world. For phenomenological psychologists, the goal is to explore the specific expressions of human existence, the various situated human modes of being-in-the-world. The realm of the phenomenological psychological researcher is the realm of meaningful relations between subject and world, that network of intentions, emotions, goals and aspirations that define each lived presence, each event of conscious

life. As such, psychological phenomena are always personal and must be revealed by the one living the experience if the true significance and meaning is to be grasped and understood. It could be said therefore that philosophy aims at revealing the universal features of existence whereas psychology addresses the particular expressions of existence and their general characteristics. Just as the universal guides us in our exploration of the particular, the particular, in turn, is called upon to illuminate our understanding of the universal.

In light of the above, how then do we reframe psychology's research question? Traditional natural science research structures its method in order to answer the question "why does an observable event happen when it does and the way it does". The answer provided is expected to reveal the linear causal chain of events that explains the occurrence of a particular phenomenon at a particular time. Implicit in the question itself is the mechanistic assumption that events are determined, or that given the same initial conditions a given effector will reliably produce the same result. In experimental psychology, this approach is basically followed and epitomized in neuro-psychological research and in behaviorism's S-R research with animals.

From an existential-phenomenological perspective, the very nature of human consciousness makes the question "why"

not only unanswerable, but inherently inappropriate. As we have seen, one of the most fundamental characteristics of human consciousness is its transcendence of objective linear time and space. The power of reflection, objectification and symbolization transforms the individual's world of objects into a world of physiognomies wherein what is given is not the object in its physical dimensions but the object in its meaningful relationships to the body, the self, and others. Furthermore, these physiognomies are not static but change and evolve with each encounter just as the self does. Linear time, as a succession of moments, is also transcended through the reflective act, allowing the present to become a nexus point where past and future meet and transform each other. With the human transcendence of objects as a fixed reality and the dissolution of linear time, the prerequisites needed to establish linear causality are no longer present. From a phenomenological perspective, linear causality is unacceptable in view of the human being's situated freedom and his attribution of meaning to his experiences and his world.

What needs to be asked, therefore, when exploring the world of human experience is not the question of cause but the question of meaning and how meaningful events are constituted and lived by the subject. As we have seen, meaning can be defined as a constellation of intentional acts and relations that trace the individual's experiences

in the world (Giorgi, 1970). Phenomenologists have shown that lived meanings form thematic unities which express themselves in language, art, etc. Meaning emerges as a result of one's immersion in the world, but the complexities and inherent structure, distinctness, and unity of a lived phenomenon's meaning can be difficult to discern. For example, an individual's love for a spouse is an experience with complex structures and themes that are very difficult to explicate despite the fact that it is intensely experienced and instantly recognised by those involved. For the psychologist inspired by existential phenomenology, the question to be asked of this phenomenon is not why it came about but how it is experienced, constituted, and lived by the subject, and what is the essential structure which gives the phenomenon its identity and unity.

The results of a phenomenological research enterprise are therefore quite different from what a natural scientific research project produces. Whereas the latter attempts to give an explanation for a phenomenon's occurrence based on laws of causality that are universal, the former attempts to provide a descriptive understanding of the experience and a sense of the whole that integrates both the explicit and implicit dimensions of the phenomenon as experienced by the subject. The overall goal of the exercise is to provide the reader with a description that moves beyond what is immediately evident to the naive observer to explicate the

more implicit and less easily defined dimensions of the phenomenon so as to gain a clearer view of the phenomenon's nature, complexity, and essential structure.

Before moving on to discuss the specifics of the various methods used to generate phenomenological descriptions of psychological events, it is first necessary to define more clearly what is intended by the terms description, meaning, and structure.

#### Phenomenological Description

From a philosophical point of view, phenomenological description can be defined as a description that accurately communicates to others the nature of a phenomenon as given through the intuitions that constitute it for consciousness (Mohanty, 1987). In other words, a phenomenological description is a statement that is based wholly and solely on the intuitive evidence given through the noetic-noematic acts that define the phenomenon's unity and distinctness for consciousness. It does not include the frequently held personal preconceptions and speculations about a phenomenon that would weaken the purity of the link between intuitive evidence and the account of that intuition.

As Mohanty (1987) makes clear, not everyone is ready to acknowledge that a phenomenological description as described above is possible to achieve. According to Mohanty, one of the most frequently made objections to the practice is based

on the fact that descriptions are by nature linguistic creations and hence subject to the demands and limitations of the describer's linguistic tradition. A second argument is that the pervasive effect of the socio-historical perspective of the describer inevitably biases and distorts any description he or she could articulate. Since our analysis proceeds on the assumption that a phenomenological description is not only possible but necessary for the development of a clear understanding of a phenomenon, each of these objections must be briefly addressed.

The language argument states simply that the need to adhere to the rules and traditions of a language in which many implicit presuppositions and cultural assumptions are imbedded makes impossible a pure contact with the prelinguistic world of intuitions and essences (Barthes, 1986; Mink, 1987). All that is possible is a "translation" which is molded as much by the linguistic traditions and semantic structures of the language being used as by the prelinguistic meaning-seeking expression. At the extreme, linguistic determinists would propose that a language speaks itself (Barthes, 1986).

Mohanty (1987) challenges this view by noting that its premise lies in the assumption that language is a domain distinct from the realm of prelinguistic meanings and that the relationship between the two can only be indirect. This assumption, though pervasive, is by no means necessary or

irrefutable, notes Mohanty. Merleau-Ponty (1973a), as we saw, also challenges this assumption when he describes language as an extension of the body's expressive potential. Though he acknowledges that words are potent cultural artifacts and that language is bound by structures, their incorporation in the act of speech, he claims, transforms them into a flexible medium that is shaped by the meaning calling out to be expressed, much like the body is transformed by the awakening of an expression. It is this very quality of speech as expression that affirms the dual nature of language as both artifact and expressive medium. Concurring with Mohanty and Merleau-Ponty, Giorgi (1986) adds that science itself would be impracticable were it not for language's power to refer to and bring forth the nonlinguistic. In summary, the argument for linguistic determinism is built on an assumption that reveals itself to be tenuous and open to challenge. Careful reflection reveals that the act of speech is not a distinct domain divorced from the world of intuitive experience, but an extension of intentional consciousness, a dimension of the noetic-noematic process that participates in the constitution of the world as lived. Though words are indeed artifacts, it is their transformation into sources of expression through speech that opens up the possibility of expressing the prelinguistic.

The second argument against philosophical phenomenological description is based on the notion that all experiences are historically and socially contextualized. Proponents of this argument claim that researchers are prisoners of their own historical and social situatedness, and the descriptions they give derive their essential intelligibility from the researchers' own personal, socio-historical horizons of implicit and explicit lived meanings. The argument, therefore, rests on the assumption that one cannot move out of one's socio-historical context, which is another way of saying that the phenomenological "epoché" or reduction is an unattainable goal.

Mohanty's (1987) response to this position is to affirm that the researcher's power of reflection, which includes the ability to move beyond the immediate and to distance oneself from the experience of the phenomenon, can and does open the way for a "purified" perspective (p.60), one that can transcend personal historicity per se. If one's historical context can be reflected upon, which phenomenologists would claim is a possible achievement, then it can also be analyzed and transcended or bracketed. To argue the opposite is essentially to deny or downplay the fundamental power of reflection to lay bare the structure of a given experience and to articulate other possible forms of the experience. If one acknowledges the multidimensional nature of reflection described previously, then one must be

brought to the conclusion that the disciplined use of radical reflection as articulated and demonstrated by Husserl is not only practicable but a powerful means of exploring the world of human experience.

To some extent, the entire corpus of existential phenomenological philosophy's discoveries attests to the possibility and effectiveness of the phenomenological "epoché" to bring forth new understandings and argues against socio-historical determinism. But phenomenologists will acknowledge that a perfect reduction is an impossible goal to achieve. To some extent, the forms and ideas drawn from one's culture and one's past will inevitably seep into the description. This, however, does not imply that these forms or ideas will necessarily disqualify the description nor does it detract from the power of the approach to reveal the structure and essence of conscious experience. The fact that such influences can be detected speaks for our ability to transcend them.

It should be noted at this point that phenomenological description conceived as a disciplined and radical use of reflection only pertains to the researcher's own understanding of her experience or of the experience of others. Polkinghorne (1988) underlines that fact when he notes that the researcher's analysis of another subject's naive description is, in the final account, an analysis of the researcher's understanding of the subject's description.

This means that the phenomenological researcher must rely explicitly on the power of language and other forms of expression to pursue the exploration of a subject's lived meaning. This, in turn, implies that ideally, the power of expression and language must itself be explored in a foundational way such that the researcher's understanding of the nature of language and expression can be incorporated in the overall research approach, as pointed out by Merleau-Ponty and many other phenomenologists.

### Meaning

The second term to be more clearly defined is "meaning", which we have previously referred to as the constellation of intentional acts that emerge from, and trace the course of the relation between subject and world. As we have said, the dimensions of this relationship are never simple and unidirectional but are highly complex and include the subject's reference to the phenomenon, the self, previously articulated meanings and values, the context or world horizon, and the past as well as the future. Giorgi (1983) uses the term "categorical object" to refer to the fact that an object or phenomenon as given is never reducible to a bare facticity present to the senses but always includes a complex of internal and external referents. The goal and challenge of a phenomenological description is to explicate the meaning complex in such a

way as to reveal its wholeness, unity, and structure to the reader.

In addressing the question of how to describe lived meanings, Giorgi (1983) refers back to the Husserlian analysis that identifies three types of intentional meaning acts, namely the signitive, the intuitive, and the fulfilled. The signitive act consists of an "empty intention", an intention for which fulfillment is sought. An intuitive act refers to the constitution of a phenomenon for consciousness that is not yet related to a signitive act. A fulfilled act refers to the event where an intuitive act fulfills a signitive act. Giorgi uses the example of looking for one's glasses to illustrate the three types of acts. The signitive act, the search for one's glasses, is fulfilled when the intuitive act of recognizing an object as being one that meets the criteria of those items called "glasses" leads to the fulfillment of realizing that they are one's own glasses and not a pair belonging to someone else.

In the exploration of lived psychological meanings, the acts around which the meaning structures coalesce are the signitive acts, those acts that incorporate the dynamic tension between the world and the subject's ongoing involvement with that world. As Giorgi (1983, 1987) notes, even fulfilled acts carry with them the traces of their signitive acts in that the signitive acts are implicit in

the very structure of the fulfilled acts that follow them. For the phenomenological psychologist, therefore, a phenomenological description of meaning must capture and reveal the signitive act since it is this act that constitutes the nexus point from which the meaning is deployed for consciousness.

### Structure

The meanings that emerge from the subject's signitive intentions are never static but are constantly evolving in terms of themselves and their relationship to other meanings. The world of meanings is complex and consists of multiple levels. Some meanings are intensely associated with one another and participate in the constitution of larger meanings or systems of meanings. The term "structure" is used to refer to these meaning complexes which in themselves form distinguishable unities. One's love for a parent or a spouse would be one example of a powerful, pervasive and distinguishable meaning complex. In seeking to remain close to the world as lived, phenomenological descriptions seek not only to explicate specific individual meanings, but also to describe the meaning structures that often characterize the subject's experience of a phenomenon. To use Giorgi's example of the lost glasses, the glasses in question could well be a gift of considerable significance for the subject and it could

well be this significance that shapes the signitive act more than the need to use them for reading a text. Yet the practical usefulness is also a meaningful dimension of the phenomenon as lived by the subject and participates to some extent in the overall meaning structure of the event. A phenomenological description must endeavour to articulate the relationship each of these meanings has for the subject and to show how each contributes to the phenomenon's identity and unity.

#### Phenomenologically Based Family Research

From the previous discussion, it is clear that adopting a phenomenological research approach necessitates a comprehensive reformulation of the definition of psychology's object, the questions that should guide its research, and the aims or results expected from such research. It follows therefore that this approach to psychology should generate its own research methodologies. Within the last twenty years, a number of significant contributions have been made in this area (e.g. Giorgi, 1971, 1975a, 1985; Svensson, 1983; Polkinghorne, 1983; von Eckartsburg, 1986; Aanstoos, 1987) and a growing body of research attests to the effectiveness of these methods. However, most research has centered on investigations using individuals as subjects and little has been done in the area of family research. As a first step in defining our own

approach to the current study, we look at some of the investigators that have taken on the challenges of doing phenomenologically based family research.

It is perhaps not surprising that phenomenologically based psychological research methods developed thus far have focused on exploring the lived world of individual subjects. After all, there are a host of intimate and personally lived non-quantifiable phenomena that call out to be explored phenomenologically. Yet the intersubjective world has not escaped notice by phenomenological researchers, and there have been a small number of phenomenological or phenomenologically inspired studies of family life. Laing and Esterson (1964) Esterson (1970) and Brennan (1971) have illustrated the power of phenomenological approaches in their investigations of schizophrenic and normal families. Mook (1985, 1987) used a phenomenological research method to describe and analyze family interviews by master therapists in order to illuminate the phenomenon of scapegoating, and to describe the familial structures that sustain a specific presenting problem. Other authors such as Kruger (1988) Curry (1967) and Moss (1984) stressed the importance of phenomenological approaches to the study of family life as part of the overall contribution phenomenology can make in psychology. Kruger went so far as to state that "Should phenomenology fail to expand its paradigm in such a way as these phenomena (familial and interpersonal experiences) may

be accommodated therein, it may represent a formidable limitation on its future growth" (p.224).

According to Curry (1967) a phenomenological investigation of family life can be undertaken using any one of three possible methodological approaches initially described by Ellenberger (1958). These are the categorical method, the genetic structural method, and the descriptive method. Though all three approaches are descriptive and structural and therefore closely interrelated, each can be differentiated according to the role the researcher plays, the type of material used in the research process, and the way in which existential categories are allowed to emerge in the analysis of the material.

The categorical method is best illustrated in Binswanger's (1958b) study of Ellen West. As we saw, it consists of carrying out a thorough exploration of the way an individual experiences a given phenomenon in terms of underlying existential categories identified by Heidegger and other phenomenological existential thinkers (i.e., time, space, intentionality, causality, freedom), making these categories thematic in their description of lived events. Materials from a variety of sources such as anecdotal reports from friends, journal entries, and even art work produced by the subject can be incorporated in such studies and used to illustrate how the world is constituted for that subject. It differs from other approaches that give primacy

to the subject's own description and structuration of the phenomena as transmitted in written protocols or verbal responses to questions. The categorical approach has been used primarily in the study of individual experiences, though it could, in principle, be adapted to the investigation of family life.

The power and incisiveness of Binswanger's work speaks for itself. His pioneering work was the first to utilize Heidegger's important insights into the nature of Dasein's experience and apply them to the understanding of specific clinical entities. By making existential categories described by Heidegger thematic in his investigation, he was able to reach a depth of understanding that allowed those universal existentials implicit or poorly articulated in the subject's experience to become explicit in a new and powerful way. However, many of Binswanger's descriptions were couched in abstract terms and phrases that were less effective in explicating the complex network of everyday lived meanings as experienced and expressed by the subject in the immediacy of his or her immersion in the social world. Furthermore, though the power of his narration is impressive, he does not articulate his methodology sufficiently to show how future researchers could ensure that they not lose sight of the more mundane but extraordinarily intricate lived meanings of daily life as

they fashion the sophisticated abstract articulations characteristic of the categorical research approach.

The genetic structural method seeks to identify the common themes and communally held myths that provide the keys to making the subject's behaviors intelligible. The most important contributions in this area were made by Laing and Esterson (1964) and Esterson (1970), whose work with schizophrenics' families stands as one of the most important phenomenological studies of family life yet produced. Their method, described as socio-phenomenological and dialectical, consists of having the interviewer alternately become immersed in the family interaction in order to gain a sense of the interperceptions, interexperiences and interbehaviors lived by the subjects, after which she extricates herself from the matrix of familial interaction to reflect on its praxis and process and to develop an initial understanding of the distinctions and the unifying features that define the family for each member. In each cycle, a greater understanding of the intelligibility of the family's behavior is gained. This process of immersion and reflection is undertaken with each individual, each possible dyad, and each possible triad, as well as with the family as a whole. Eventually, the schizophrenic family's world is revealed, and the behaviors of each family member towards the schizophrenic member and vice versa, become intelligible. In this approach, therefore, the emphasis is on having the

researcher use her own experiences of being part of the family as the principal source of understanding. Careful reflection on those experiences and a critical self-examination are the means by which the insights that clarify the ongoing process inherent in the encounter with the family are achieved.

One of the outstanding features of this genetic structural method is that it provides a rich variety of opportunities for all family members to articulate and discuss their experiences. The fact that each interview brings together different combinations of participants (various family dyads, triads, as well as the family as a whole) helps ensure that an individual's contribution will not be overshadowed by the influence of other particular family members, and helps as well to bring to light more clearly the quality of various dyadic or triadic interperceptions, interexperiences and interbehaviors within the family. The shortcoming lies in the fact that so much data is produced that it becomes difficult for the researcher to provide a detailed and systematized analysis of all the data solicited. Esterson (1970), for example, refers to a study of a single family that required 39 distinct interviews, an exercise that would probably have produced three to five thousand pages of unanalyzed transcript. In Laing and Esterson's (1964) famous study of 10 families, the average number of interviews for each

family was 26. Faced with this mountain of data, the researcher using this approach must, according to Laing and Esterson, rely on his sense of the interview and his response to the interpersonal contexts to help him retrieve the key moments that guide his analysis and his future interactions. The researcher also relies on the ongoing dialectic between his evolving understanding and that of the subjects to ensure that the final analysis is correct and representative of the pre-research experience and not an artifact of his own participation. How the researcher can guard against having this intensive involvement influence the subject's own perceptions is not made clear. Another limitation of this approach is that the dialogical-dialectic process from which the results emerge cannot be evaluated or corrected by anyone but the persons that participated in the long interview process, since so many of the cues which give primacy to certain pieces of information over others are derived from the contact itself and not from the data as presented. As such, it is impossible for the scientific community to evaluate through a systematic review of the data the accuracy with which the results represent the phenomena as lived.

The final method, recommended by Curry, is referred to as descriptive, an approach best exemplified by the work of the Duquesne school (van Kaam, 1959; Giorgi, 1985a, 1975, 1970; Fisher, 1974). The method involves collecting naive

descriptions produced by individuals who have experienced a given phenomenon, and submitting the transcripts or protocols of these descriptions to a reflective analysis that seeks to allow the essential meaning-structure of the experience to emerge. This is achieved by a systematic step-wise process that seeks to allow the investigator to uncover the implicit and explicit meanings present in the text, and to describe the constellation or structure of meanings that gives the phenomenon its unity and identity.

In her study of a family with a depressed child, Mook (1987) illustrated the application of a modified version of the method proposed by Giorgi (1985a). Using audio-video interview transcripts of a master therapist as her data, she first made a detailed description of the interview, taking into account both verbal and non-verbal forms of communication. Following this, she described the personal, relational and structural constituents of the interview as a means of arriving at a description of the situated familial structure that sustains the dysfunctional behavior of the identified patient. This emphasis on familial meaning-structures distinguishes Mook's approach from the one developed by Laing and Esterson.

The descriptive approach, particularly the one developed by the Duquesne school, is probably the best described and most thoroughly articulated of the three approaches discussed here. Its emphasis on remaining close

to the original description, its systematic step-wise analysis and the emphasis on preserving the situational context of each meaningful segment of the interview helps ensure that the results reflect the inherent structure of the phenomenon investigated. The approach is also noteworthy for being the one that most rigorously adheres to the phenomenological methods of Husserl and Merleau-Ponty.

The approach does have some limitations however. Firstly, because all the data collected is submitted to an intensive process of analysis, certain restrictions impose themselves as to how much data can realistically be included in a given study. This places the onus on the researcher to ensure as much as possible that the data collected be of good quality and representative of multiple dimensions of the phenomenon to be studied.

Secondly, because the analysis is completely based on the verbal or written data produced by the subject, there is a danger that the description may stay at the level of surface structures and not do justice to the deeper categorical structures of the subject's experience which were so central to Binswanger's investigations. Proponents of the psychodynamic approach might argue that this reliance on the "conscious experience" of the subject means that the vast world of the "unconscious" remains out of reach. To some extent, these observations do point towards real limitations which have yet to be overcome by the proponents

of the Duquesne method. Though the analysis does attempt to move from the explicit to the implicit, the methodology does not allow for an exploration of the unexpressed. The work of Masek (1984) and Mook (1989), however, starts to address these important questions by proposing the integration of hermeneutic concepts in phenomenological research. The challenge for future methodologists will be to give to hermeneutic explorations the rigour, clarity, and verifiability that is the strength of the current phenomenological method.

In this study, we have opted for the use of an adaptation of the descriptive approach as articulated by Giorgi (1975, 1985a) which integrates the modifications for family research developed by Mook (1985, 1987) and incorporates as well some aspects and modifications of the multiple interview technique used by Laing and Esterson (1964). This choice is made in keeping with the fact that the study is exploratory, and that the descriptive approach seems to allow the researcher to be most open to various forms of meanings as lived. It also respects the subject's own structuration of the phenomena. Furthermore, of the three approaches, the Duquesne approach is also the one that offers the most systematic and hence verifiable process for analyzing the data. Though the categorical method will not be used as such for data analysis, various existential categories will be highlighted if and when they appear as

part of the subject's expression of how the phenomenon is lived. Otherwise, references to these categories will be kept to the discussion of results.

### Methodology Used in the Present Study

#### Subject selection

Van Kaam (1959) recommended that two criteria be used to select subjects for psychological phenomenological research. These are (1) that the subject have experienced the phenomena under investigation, and (2) that the subject be capable of articulating his experience verbally to the researcher in written or oral form. Regarding the first criteria, we opted for selecting subjects that were in the process of living the experience of having a symptomatic anorectic in the family to help ensure that the lived aspects of the phenomena came through clearly in the data. To address the second criteria, the sample was limited to a family where the symptomatic member was old enough to give an articulate description of her experience.

The current study explored the perceptions and lived experiences of the family members of a single family in which one adolescent member had been recently diagnosed as suffering from anorexia nervosa restricting type (no bulimic symptomatology) by a qualified psychiatrist using the D.S.M.III criteria. For a family to be selected, the affected child had to be involved or in the process of

becoming involved in an active medical treatment program for her anorexia. She also had to live at home, and have at least one other sibling. The family of the sufferer had to be intact with both parents sharing the same living accommodations. The subjects also had to agree to complete the research-related interviews before receiving any form of psychotherapy save behavior therapy, dietary interventions and/or hospitalization. Because the disorder is life threatening, and because many cases are deemed to need immediate hospital treatment to halt the progress of starvation, it was considered unethical to ask the families to forgo all forms of treatment until the research procedures had been carried out.

Before beginning the investigation, the anorectic subject was given the Eating Disorder Inventory (Garner & Olmsted, 1983) and the Diagnostic Survey For Eating Disorders (Johnson, 1985) in order to provide validating evidence for the psychiatric diagnosis. These questionnaires were administered by a member of the medical staff.

#### The Research Situation

In a psychological phenomenological research project, the subjects (in our case the family members) are veritable co-researchers, being both the source of the research data (subjects' conscious experience), and its first articulators

(subjects' description of the conscious experience). Therefore, unlike the natural scientific approach where the researcher is responsible for operationally defining for the subjects the phenomena under investigation, the subjects in a phenomenological study must be left free to develop their own descriptions of the phenomena by referring to their own lived experiences of it. What is sought is the meaning and the functional significance the phenomenon has in terms of the subject's relationship with her world (Giorgi, 1971). The researcher's responsibility is to provide a research environment that allows the subject to get in touch with that level of meaning and to express it freely. For Mook (1983) and Halling and Leifer (1991), the most potent context for eliciting this kind of data is an open-ended research interview format which incorporated a dialogical approach. Our own pilot studies have validated these observations. In the current study, family and individual interviews were chosen as the principle sources of our data.

In the course of conducting a phenomenological research interview based on a dialogical approach, the interviewer has the dual task of guiding the subject towards expressing the appropriate kind of data, and controlling her own involvement so as not to be the inadvertent source of the data. In terms of the first task, Kvale (1983) identified a number of performance criteria the interviewer should help the subject attain. The most important of these are:

- a. The subject should be helped to focus on the life-world, i.e., on actual lived experiences where conscious intentionality is first deployed, and less on the ideas or personal theorizings which develop with the passage of time and repeated reflections on the event. The latter often obscures the structure of the original experience as lived and often integrates information collected from a variety of sources and experiences unrelated to the actual experiencing of the phenomenon under investigation.
- b. The researcher should guide the subject in providing a verbal account or a written protocol that is theme-oriented (self's relationship to the phenomenon) and not self-oriented.
- c. The researcher should encourage elaborations on the research question that could help clarify more obscure aspects of the subject's experience of the phenomenon.

The interviewer's awareness over her own contribution to the interview is just as important as her ability to guide the subject. In a phenomenological interview, this disciplined awareness is based on the adoption of a phenomenologically reduced attitude. There are two reductions the researcher must seek to accomplish. The first reduction involves moving away from concerns which Giorgi (1983) refers to as the "reality status of the

experience" or the preoccupation with whether what is being said has some form of objective truthfulness from an outsider's perspective. This reduction is entered into in order to attend fully to the unfolding and structuring of the phenomenon as it presents itself to the subject, not the observer. The researcher must therefore temporarily disregard or "bracket" any concerns for how accurate the subject's description is as compared to descriptions from other observers. The second reduction involves having the researcher bracket any theoretical beliefs or hypotheses concerning the phenomenon. The researcher's task is to remain fully open to the subject's description of the phenomenon, particularly in the course of the interview when the researcher's influence is potentially the most disruptive. Clearly, a perfect reduction is a goal rather than a requirement. A disciplined phenomenological attitude is nevertheless the professional skill a researcher must bring to this investigative effort.

From within the phenomenologically reduced attitude, the researcher conducting a research interview can then seek to establish a face-to-face encounter with each speaker, endeavoring to capture and let herself be captured by what Merleau-Ponty (1973a) and Schutz (1967) recognised as the alluring power of the subject's verbally and bodily expressed meaning, in order to not only share with the subject the experience of the meaning's unfolding into

language, but to seek as well to help the subject make the account more explicit through the use of clarifying questions. A reduced attitude is not, therefore, synonymous with a participant-observer approach. It is rather one that opens up the possibility for a full participation by the researcher in a disciplined form of dialogue. As Schutz (1967) noted, in a true face-to-face encounter, each participant must be fully present as an intentional open subject, such that the expressed intentions of one become the motivation of responding of the other. Within this particular encounter, the researcher endeavors to live the role of the enquirer actively seeking to discover and further articulate the experiences that make up the subject's family life. As such, the researcher allows the subjects to see themselves within the encounter as sources of disclosure and clarification. This active, open and disciplined engagement with family members differs markedly from the "neutral observer" stance most often used in mainstream psychology, a perspective where the allure of the subject's expressed meaning is resisted so that behaviors can be objectified, studied, and classified.

#### Initial Contact

In the current study, the diagnosing psychiatrist provided the first research contact. After consulting with the principal researcher to ensure that the family fit the

criteria, the psychiatrist briefly introduced the research project to the family. It was explained to the family that their participation, though invited, was completely voluntary and did not have any bearing on future therapeutic work to be offered by his clinical service. The interested family was then contacted by the researcher and invited to participate in an information meeting. During that meeting, the research project was explained in detail, and the specific requirements for participation by each of the family members were specified. Provisions for confidentiality and for voluntary withdrawal at any time were also pointed out. After the presentation, each member of the family was invited to sign a consent form (see Appendix A) which had been read and verbally explained to them in detail.

#### Data Collection

The data collection phase consisted of three steps, namely (1) the soliciting of written protocols in response to the research question, (2) a family interview to discuss the same research questions with all family members present, and (3) individual interviews with family members wherein each viewed an audio-video recording of the family interview and was given the opportunity to comment on, clarify, or challenge any of the verbal or nonverbal contributions made therein. In this way, all members had three opportunities

in three differing research contexts to articulate their responses to the research question.

The first phase of the data collection consisted of having each family member write a description in response to the following questions:

1. What are the most important changes that have taken place in your family's life since you/your daughter/your sister/your brother developed this serious problem? Describe these events as concretely and in as much detail as possible.
2. Describe how living with a person with such a serious problem has affected the way family members relate to each other. Provide concrete examples.

The aim of question 1 was to invite the subjects to talk about their view of the changes that had affected the family as a whole. The aim of question 2 was to solicit descriptions of shifts in specific relationships between family members. For both questions, the subjects were encouraged to describe specific events in the family's life that illustrated the changes referred to. Allowing the subjects to choose for themselves the relevant experiences that define family life in the context of the research question, instead of having the researcher define them for the family, is in keeping with the phenomenological imperative to stay within the life-world of the subject (Giorgi, 1975). The subjects were asked to focus on changes in the family and in relationships to give the researcher a dynamic and temporal view of the family members' perceptions of the phenomenon investigated.

The subjects were asked to respond to the research questions at home. At the initial interview when the project was explained, each family member was provided with copies of the questions, writing material and a large envelope in which the responses could be sealed once they had been completed. It was expected that the task would enable family members to become sensitized to their thoughts and feelings concerning the phenomenon under study, allowing them to be better prepared for the subsequent steps in the research project. Subjects were asked not to consult with each other when answering the questions and were told not to share the content of their descriptions with other family members. This measure was intended to help prevent the possibility of family members influencing the responses of others before the family interview. It must be noted, however, that the subjects were fully aware that these same questions would be discussed at length with other family members, a fact which may well have led to some members being circumspect in their responses at this level. This must be seen as one of the limitations of the design used.

The second phase of the data collection process consisted of a family interview in which each individual member was asked to share his or her perceptions of how the family as a whole had changed subsequent to the onset of anorectic symptoms, and how they thought the relationships they maintained with other family members had been affected.

The family interview format (as compared to having only individual interviews) was deemed desirable for a number of reasons. Firstly, the family interview allowed the researcher the opportunity to witness first hand the inter-perceptions, interactions and interexperiences that constituted the matrix of family life. Though the environment was far from familiar and perhaps somewhat intimidating (given the presence of the cameras etc.), it nevertheless allowed each of the participants the opportunity to respond to comments made by others and to corroborate or challenge those comments if they wished. In other words, the interview not only gave a picture of how convergent or divergent the views held by various family members were, but also helped uncover how others responded to these views once they were expressed. Secondly, the family interview gave the interviewer the opportunity to witness the type and quality of verbal and nonverbal exchanges that made explicit the interpersonal relationships between members. Expressions such as hand-holding, physical proximity, or even expressions of defiance, sorrow, or anger could be observed and taken into account in the process of analyzing the data. Finally, the format also permitted the researcher to quickly verify important pieces of information by asking others in the family to corroborate or challenge the subject's account.

Within the family interview, family members were asked to describe the nature and quality of each dyadic relationship within the family. This was intended to help highlight relationships that would otherwise be lost in a more general discussion on family relations.

The order of questioning was preset during the initial interview to follow the sequence of Father, Mother, oldest child, and youngest child. This predetermination of the speaking order based on age and sex has been shown in family therapy to avoid the stigmatizing effect of giving a special place to the symptomatic family member. Though each member of the family took his or her turn to describe his or her experience to the group, other participants were free to interrupt or respond at any time to what was being said of them or of others. Subjects were allowed to refer to their questionnaire responses but were not explicitly asked to do so. Audiotaped and videotaped recordings of the interview were made to allow for verbal and nonverbal transcription.

Throughout the interview, the interviewer sought to stay within a phenomenologically reduced attitude as described before. The only structuring interventions the interviewer employed were those intended to help the family stay within the broad context of the research question. The overall style of questioning was therefore open-ended. Circular questioning techniques were also used to allow each

person to comment on and to qualify statements made by other family members.

The third and final stage of the data collection procedure, the individual interviews, took place within one week of the family interview. Prior to the individual interviews, the researcher developed a series of questions based on an initial viewing of the family interview videotape. The questions were intended to help clarify various perceptions and positions taken by family members during that interview and to allow the subject to comment on what the researcher believed were important statements. For his questions, the interviewer chose those segments where clarification of intentions and meanings was called for. Attention was also given to ensure that questions pertaining to each of the family members were included. The interviewer also included questions that invited the subjects to clarify further the nature of their relationship with each other family member. The timing of each question was cued to specific parts of the family interview tape so that the taped segment just viewed addressed the subject matter on which the question was based. The subject was also invited to provide his or her own comments or clarifications on the content of the interview whenever he or she chose to do so. The interviews began with the researcher giving the following instructions to the subject:

We will now view the tape we made of the family interview we had earlier. I have some questions

prepared that I will ask while we see the tape. I will just stop the machine at certain times and ask a question about what we have just seen so that I can better understand what you meant or felt at that time. I would like you to stop the tape as well if you have something you would like to say about what we are viewing on the tape. Feel free to stop the tape at any time. I encourage you to do this. It will help me to understand how you see things.

Using the family interview videotape as the subject matter for the individual interview was intended to help the subject stay close to the dialogue of the family. By discussing various episodes in the tape, it was hoped that ambiguously expressed ideas or experiences could be clarified, that opinions unexpressed during the family interview because of the presence of others could finally be shared, and that reactions to certain comments not voiced for lack of opportunity to speak could be heard. By inviting the subject to stop the tape at any time, he or she was free to add further comments on any part of the tape. The style and approach used in the questioning was the same used in the family interview, that is, based on a face-to-face encounter as described earlier. The interviews were audiotaped.

### Analysis

The procedure used to analyze the protocols given by our subjects during the data gathering exercises of this study consisted of the following steps:

1. Transcription of the data,
2. Careful reading of the material,
3. Division of the data into concise meaning units,
4. First level description of the meaning unit in a manner that reflects as completely as possible the subject's intention,
5. Second level description of the meaning units which articulates the subject's contribution to understanding the research question in psychological language with the emphasis on the phenomenon being investigated,
6. Articulation of the situated structures of family life as experienced by each family member,
7. articulation of the situated general structure of family life as reflected in all contributions.

#### Step One

The first step consisted of having the interview data transcribed verbatim in its entirety. In the case of the family interview, the verbatim transcript included a description of noticeable and unambiguous nonverbal behaviors manifested by or directed at the speaker. In the case of individual interviews, the transcripts contained all verbal utterances and any noticeable nonverbal behaviors such as long pauses, tears, crying, or hesitations. All transcripts were verified by a second source (a professional

stenographer trained in audio transcriptions) to correct any errors made during transcription.

### Step Two

The second step consisted of a careful reading of each transcript in its entirety with the goal of gaining a sense of the whole description as well as a sense of the subject's mode of expression. The goal was to allow the researcher to grasp an initial understanding of the text as a whole, so that the subject's intentions could become more present and compelling. This reading was of fundamental importance since it prepared the researcher for moving beyond the words themselves to the subject's explicit and implicit meanings. During each subsequent phase, the researcher returned to this awareness of the whole to keep present the context within which individual statements by the subject were given.

### Step Three

Step three consisted of dividing each of the individual protocols into segments of expression. These segments, which Giorgi (1975, 1985a) refers to as meaning units were identified by shifts in meaning or changes in intention or perspective. They were spontaneously perceived discriminations demarcated in the text after a careful reading of each of the interviews. Some units were later

subdivided or combined with others during subsequent steps when a more careful study made the need for such corrections necessary.

This procedure of subdividing a text into meaning units is a characteristic of most qualitative research methods studying verbal data and is basically a means of making the systematic analysis of a larger text manageable (Svensson 1983). It is important, however, to not lose sight of the intrinsic unity of the text as a whole. For this reason, these units are always seen as constituents of the description, their meaning being derived from their relationship to the text as a whole.

#### Step Four

In step four, the researcher gave the first psychological description of the meaning units from all the interview transcripts and protocols. This description attempted to stay as close as possible to the subject's lived intentions and to reflect their situatedness within the subject's life context but to phrase these intentions and this situatedness in the language of the researcher's discipline (psychology) and approach (existential phenomenology). The use of overly specialized terms was avoided since these terms often carry with them implicit interpretations that could contribute to weakening the quality of the link between the subject's description and

that of the researcher's. Polkinghorne (1988) refers to the use of common sense language when stressing the need to avoid specialized jargon.

This initial research description sought as well to move beyond surface meanings obviated in the subject's naive contribution, in order to make explicit the more implicit dimensions of the intentions and meanings expressed. In much the same way a cube cannot be understood without appreciating the co-presence of the sides of the cube that are not immediately visible, a psychological experience cannot be understood without appreciating the co-present dimensions of the experiences that, though unexpressed, constitute a vital and often defining constituent of the overall experience described by the subject. The challenge faced by the researcher is to make these implicit dimensions explicit in a manner that is credible and valid. In phenomenology, this opening towards the implicit is achieved through careful reflection from within a phenomenological attitude, and through the process called imaginative variation.

Reflection from within a phenomenological reduction, as we have seen earlier, is a disciplined reflection that involves bracketing one's own theoretical and personal preconceptions in order to open one's intuitive presence to the essential structures of the experience as given. It is

an attitude that is part of almost every phase of phenomenological psychological research.

Phenomenological imaginative variation is an exercise or "mental experiment" (Polkinghorne, 1988) in which the researcher explores the limits of a unit's meaning by exploring all its possible significations until such time as its essential or necessary meaning emerges for the researcher. This exploration is essentially a dialectical process wherein each imaginable meaning related to themes, motives, or context is presented as a hypothetical explication for the actual unit as naively expressed within the ensemble of the description. These possibilities are then reflected upon and either discounted completely, discounted partially, or validated as a necessary dimension of the unit's meaning. Through this ongoing dialectic between the possible and the given, those meanings that are essential and define the unit in its unity and relatedness to the rest of the description emerge.

In phenomenological psychological research where descriptions focus on the specificity of the subject's lived experience, the practice of imaginative variation must eventually center on the pivotal aspect of the lived meaning structures, namely the signitive act. As we have seen, the signitive act is that personal unfulfilled conscious intention of the subject that creates the dynamic tension between subject and world which gives form to experience and

meaning. It is this signitive aspect, therefore, that both defines a meaning unit and gives it relevance for both the subject and the researcher. As Merleau-Ponty (1973b) shows in his discussion of our perception of the other, it is this tension between subject and world captured in a gesture or phrase that has the power to seize the observer or listener and to bring her into the relationship the author has with her world. Within the dialectic of the imaginative variation exercise, the researcher must, therefore, move beyond the perception of the meaning unit as a segment of an anonymous text. Instead, the various possibilities developed in the imaginative exercise must be presented against the researcher's own experience of the signitive dimension of the subject's verbal or physical gesture. As the dialectic unfolds, the researcher's understanding of the signitive core of the meaning grows and becomes a more powerful focal point for the meaning structure as a whole. A meaning unit can be said to have been well described when this unfolding understanding is achieved and communicated.

#### Step Five

The fifth step consisted of making a second level description of the meaning units from all the interview and protocol data. This level of description focused on each unit's relevance to the research question. As in the previous step, careful reflection from within a

phenomenologically reduced attitude and the systematic use of imaginative variation were used to articulate in the researcher's language the essential meanings communicated by the subject. In this process, meaning units were frequently combined into larger units when it was clear that they participated in the development of a single theme.

In protocols of considerable length, as was the case in this study, more than one level of phenomenological description is often used to ensure a step-wise progression towards the final description of the situated structure. To ensure that the researcher stays close to the intentions and content of the subject's description, Giorgi (1985a) as well as Polkinghorne (1988) recommend that the researcher regularly move forward and backward through the meaning unit description levels to ensure that the meanings expressed in the second level psychological description are as faithful to the subject's naive description as the first level psychological description. In other words, the researcher must make a point of always returning to the original subject-generated data during each phase of the descriptive process in order to protect the data from his own influence.

### Step Six

In step six, the meaning unit descriptions of step five which pertain to the comments of each subject were assembled from across all three data collection exercises and brought together in order to articulate, in a single coherent description, each family member's experience of living in a family where one member suffered from anorexia nervosa. This description corresponded to what Giorgi (1985a) refers to as the situated structure, which is idiographic but which aims at pointing towards a more general structure.

This step was carried out in five phases. The first phase consisted of integrating the second level descriptions of the written protocols from each family member into a single description or situated structure. In the second phase, the contributions made by each family member during the family interview were similarly integrated into a first level situated structure. During this phase, attention was given to respecting the dialogical context in which comments were made by preserving the previous and subsequent comments by other family members and by carefully reviewing the videotape during the analysis process.

In the third phase, the second level descriptions derived from the individual interview data and the family interview situated structure were integrated into a coherent situated structure. Because the individual interviews consisted of semi-structured discussions addressing the

content of the family interview, a separate situated structure for the individual interview data would have been misleading and possibly confusing since the content of the family interview was a pre-given in the individual interview discussion.

In the fourth phase, both situated structures from each family member (the one derived from the written protocols and the one derived from the individual and family interview data) were integrated in a single situated structure which attempted to communicate the situated richness of the data and its inherent meaning structures.

In the last phase, each individual situated structure was further reflected upon and condensed with the intention of moving towards a more structural and psychologically oriented description in view of the phenomenon investigated.

#### Step Seven

These descriptions of each family member's situated structure, though valuable in their own right, were also viewed as a means of reaching a more general description of the phenomena valid across individuals. In step seven, the situated structures from all subjects were compared and reflected upon in order to articulate a situated common structure of the phenomenon of family living for the family as a whole that brought forth the quality and variety of shared and individually held meanings about the family.

During this phase, particular attention was paid to the nonverbal interactions noted during the family interview which depicted the quality of the bonds and intersubjective relationships between various family members. This higher level situated common structure, though based on the views of multiple subjects, remained idiographic to the family being studied and the uniqueness of the situation they were living.

#### Reliability, Validity, and Generalizability

For natural science psychologists preoccupied with objective realities perceived from a positivist perspective, the question of reliability and validity relates directly to the tools and procedures used in the measurement of observable behavior. Validity refers to the extent to which an instrument measures the objective reality it purports to measure while reliability refers to the consistency of that relationship. Both are highly specific correctives which seek to ensure rigor in the research enterprise. Phenomenological psychology, inasmuch as it seeks a full place among the sciences, is dedicated to being systematic, rigorous, critical and methodical. Validity and reliability are therefore important issues for phenomenological psychologists just as they are for natural science psychologists. Clearly however, the considerable philosophical and epistemological differences separating

both approaches prevents phenomenological psychologists from simply adopting uncritically the natural science definitions for these terms. At issue, therefore, is how the terms can be redefined such that they become pertinent and applicable to the phenomenological psychological research endeavor. In addressing this issue, Giorgi (1987) brings the discussion back to the more general concept underlying the notions of validity and reliability, namely the scientific imperative of articulating defensible knowledge by supporting it with proper and compelling evidence. When brought to this level, the terms become immediately relevant to a discipline that seeks to explore the domain of lived presences with rigor and precision.

Let us now elaborate on how the goal of providing defensible knowledge has been undertaken by addressing reliability and validity issues related to the choice of subjects, the structuring of the research setting and transcription methods, and the practice of the researcher.

As van Kaam (1959) noted, the first validity concerns the researcher must address are those of the relationship between the data as first articulated by the subject and the phenomenon under consideration. In other words, the researcher must ensure that the subject is describing the phenomenon the researcher thinks he is describing. For Wertz (1985) these concerns can be reduced to three key questions: (1) Can the subject identify the phenomenon

being investigated and does she perceive it as a distinct, lived, meaningful event? (2) Has the subject experienced the phenomenon and is that memory accessible? (3) Has the subject described his experience of the phenomenon in an accurate and faithful manner?

In terms of the first point, the research question presented to the subjects was formulated such that the definition of the phenomenon under consideration was included. Family life was described as the nature of the relationships each member had with other members, and the period following the onset of anorectic symptoms was defined as the period under investigation. The interview format further allowed the researcher to clarify any aspects of the research question not adequately understood by the subject.

To ensure that the subjects chosen were intimately familiar with the phenomenon under consideration from the perspective of lived experience, we undertook to choose individuals that were actually living the event in the present. The criteria for inclusion in the study, therefore, included a definitive diagnosis on the part of a registered psychiatrist familiar with the disorder, which could be validated through a structured interview instrument and a self-report standardized test. We also endeavored to choose subjects that had not undergone psychotherapy which could have provided them with a clinical frame of reference

with which to give ready-made interpretations of their experiences.

In terms of the last question, attention was given to ensuring that all subjects were well informed and prepared for participating in the research project. The three distinct data-gathering exercises gave each subject multiple opportunities to express his or her views and perceptions and to correct or amplify comments made earlier.

We have noted the reasons for providing each subject with a variety of interview opportunities for articulating his or her description of the phenomena as he or she lived it. As we have also mentioned, attention was given to help ensure that the interviewer not be the inadvertent source of the data during the interview process. The adoption of a disciplined and phenomenologically reduced attitude during the open-ended interview was a means of achieving this. Together, these measures helped ensure that the data-gathering exercise produced data that was representative of the experience of the subject, hence valid.

As noted earlier, however, there are certain limitations which are difficult to avoid when conducting family-based research. The chief of these is the fact that subjects can be induced to edit their contribution to avoid possible repercussions for comments other family members may find unacceptable. Though the current study sought to address this problem with private individual interviews

after the family interview, this measure must be seen as a partial solution to the problem.

Measures also had to be taken to ensure proper transcription of the data since ultimately, the data would have to take written form. For this reason, the family interview was videotaped so that the content and tone of each subject's contribution could be captured and transcribed. Individual interviews were audiotaped but not videotaped to prevent having the camera equipment intimidate the subject. The transcriptions made from these tapes (both video and audio) were all verified for accuracy by an independent reviewer.

As articulator of the final results, it falls upon the researcher to ensure that the reported findings reflect the weight of available evidence. For the phenomenological psychologist attuned to presences above facts, it is intuitive evidence which constitutes the primary source of legitimate proof. To the extent that a phenomenological description expresses the intuitive presence and essence of a phenomenon as experienced, it can be said to be valid.

To arrive at this intuitive evidence, the researcher working from subject-generated, naive descriptions must rely on those research attitudes and skills characteristic of the phenomenological approach, namely the phenomenological reduction and imaginative variation. The reduction is perhaps most closely related to the concept of reliability

inasmuch as it allows other researchers using the same approach to move towards a similar understanding of the phenomena (Giorgi, 1987). To the extent that personal beliefs and theorizings can be put aside or bracketed and a naive experience of the phenomenon created, the inherent structure of the experience of the phenomenon will emerge and can be described in a similar way across investigators.

Imaginative variation within a phenomenologically reduced attitude relates more closely to the concept of validity in that through imaginative variation, the researcher can clearly identify the essential features of the phenomena. However, this practice not only allows the researcher to determine that she is studying the phenomena she intended to study, but it contributes as well to the greater development of an in-depth understanding of the essential features of the phenomena's definition. To the extent that both existent and imagined possible alternatives are explored, imaginative variation is an even more stringent and rigorous test of validity than empirical statistic manipulation which is limited to existent possibilities. Even an imagined, credible alternative definition is sufficient to necessitate a correction (Giorgi, 1987).

Despite the fact that the measures described above fulfill the criteria of rigor, it could be argued that they are too dependant on the individual skills of the

researcher. To some extent, this critique is justified inasmuch as the measures cannot be applied in a detached and uninvolved manner, nor can they be mathematized and carried out by computer. It is in part for this reason that the subject-derived phenomenological research data and the transformations that the data undergoes at the hands of the investigator are made public. In this way, the researcher can invite other interested researchers to review his work and to critique, reject, or add to the conclusions arrived at. In this way, the ultimate judges of the validity of the work are the community of scholars that participate in it.

#### The question of generalizability

In the current study, we have explored the experience of family living of four family members living with an anorectic or having anorexia nervosa. Since each individual was part of the same family, the results arrived at reflected the particular common history of this one group and could therefore be said to be idiographic to the extent that they reflect a specific and localized social environment. However, the fact that four distinct perspectives of the phenomenon were investigated gives the result of this study a relevance that surpasses that of a situated structure derived from a single subject. If all families with a member suffering from anorexia are highly similar, subsequent studies will reveal similar situated common structures to the one arrived at here. If these

families are highly dissimilar, then the current results will provide a valuable point of comparison from which to highlight these differences and to identify whatever common features these families may have.

## RESEARCH RESULTS

Two consenting families meeting the inclusion criteria were identified during the data gathering period. The identified patients from both families had been hospitalized because of their dangerously low body weight. Treatment by the hospital team had been limited, in both cases, to refeeding and to the use of behavioral contingencies to control the more dangerous behaviors associated with the disorder. None had received any formal family therapy before or during the hospitalization. After being briefed on the purpose of the research study and the rights of withdrawal described in the consent form, interview periods were scheduled. Both families participated in every phase of the data gathering exercise, such that a complete set of data was generated for both subject families. After participating in the data-gathering phase, the subject families were offered family therapy by the attending psychiatrist and received extended follow-up contacts by the clinical team (from 12 to 30 months) after their formal discharge from therapy. The final selection of the subject family to be used in the study was based on practical considerations arising from the research method. The excluded family spoke a highly colloquial French used only within a rather small and highly localized population in eastern Canada. The investigator was well acquainted with

this linguistic tradition and was able to follow the family well, but problems were anticipated in terms of producing a description which would be verifiable by researchers less familiar with this rather peculiar use of the French language. The included family's first language was English. Though some family members experienced a measure of difficulty with self-expression, all were able to make themselves understood.

#### The Anorectic Member and her Family

The family member diagnosed as suffering from anorexia nervosa, to whom we gave the name Susan Smith, was a 14-year-old girl from a rural community in the maritime provinces of Canada. Susan's father, whom we named Daryl, was a blue collar worker employed in road construction while Susan's mother, whom we named Maria, was a full-time homemaker. The only other child in the family, whom we named Bert, was a 16-year-old boy who was still in school and living at home. According to Susan's mother, her pregnancy and delivery with Susan was normal in every respect, and her development in the first 12 years of life was normal and uneventful. Susan's intense preoccupation with her body weight began approximately 12 months prior to the research interviews. At that time, Susan seemed simply interested in improving her health, a preoccupation understood by her parents as related to her avid interest in

scholastic sports and her eagerness to improve her athletic abilities. When her dieting gradually led to a loss of over 10% of her body weight and the cessation of her menses, the situation was brought to the attention of the family physician, who attempted to address the problem by directing Susan to eat and by advising both parents on the management of their child's eating.

A clear diagnosis of anorexia was only given by a licensed pediatric psychiatrist some seven months after the sensation of her menses. Hospitalization followed very shortly because of the advanced state of emaciation suffered by the client (weight loss having reached 30% of her original weight, which had been in the normal range prior to the onset of symptoms). According to the psychiatrist, all criteria of the D.S.M.-III-R were met. The diagnosis was corroborated in the D.S.E.D.<sup>10</sup> questionnaire for eating disorders. Prominent in the responses were references to distortions in body perception, the loss of menses for over 9 months, and an exaggerated fear of gaining weight. Susan also indicated that she limited her weight-controlling strategies to food-restricting practices and excessive exercising. Hospital staff confirmed that Susan's behaviors

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<sup>10</sup> The D.S.E.D. is a structured interview instrument designed to systematically explore all pertinent diagnostic features which would confirm or disconfirm a diagnosis of bulimia or anorexia nervosa. The instrument is also useful in differentiating between anorexia nervosa with bulimic features and anorexia nervosa restricting type.

conformed to a diagnosis of anorexia nervosa restricting type. Susan's responses to the E.D.I.<sup>11</sup> were also indicative of a diagnosis of anorexia nervosa without bulimia.

The D.S.M.-III-R (1987) notes that first degree biological relatives are more likely to suffer from affective disorders. In Susan's case, her mother, Maria, had been diagnosed as suffering from a depressive disorder which required psychiatric intervention. Maria also had suffered from agoraphobia, a condition for which she was hospitalized. Susan also noted the presence of eating disorders amongst her relatives. For example, her cousin had been hospitalized for anorexia nervosa in the recent past.

Susan was unable to identify any significant precipitating event beyond the illness of two relatives with whom she had not been particularly close. Her parents were also unable to identify any stressor which coincided with the onset of symptoms.

According to Maria, Susan was quite dysfunctional in almost every sphere of life during the period immediately prior to her hospitalization, with the exception of her academic work which actually improved. At the time of the research interview process, Susan had gained some weight and

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<sup>11</sup> The E.D.I. is a self report questionnaire standardized on a college aged population. Susan's scores, therefore, are only suggestive of a disorder.

felt quite capable of following discussions during the research exercise.

#### The Data-Gathering Phase

As noted earlier, all family members were able to complete every part of the data-gathering exercise. Of the four subjects, only Susan's brother Bert showed some difficulty in articulating his views. In his case, the use of open-ended questions had to be supplemented with more structured questions. The interviews all took place in the hospital milieu, save for Bert's individual interview, which took place in his home at his request.

During the individual interviews, a number of questions were prepared based on the investigator's initial review of the family interview. All four members were asked the questions at the same point in the family interview tape to ensure that the viewing context for each question was the same for all.

#### Presentation of the Data

The following is the text of the situated general structure of the family as developed in the seventh step of our phenomenological analysis. The four situated structures reflecting the experience of the phenomenon from the

perspective of each of our four subjects, as derived through the sixth step of our analysis, is presented in Appendix B.

A presentation of all the transcripts and their detailed analyses was not possible for reasons of space. To illustrate the analysis, however, we have included the transcript of the mother's written protocol as well as the first phases of the analysis (step four through to step six) in Appendix C.

For the sake of brevity, family members will be identified by their first initials:

S.....Susan.....(daughter)

B.....Bert.....(son)

M.....Maria.....(mother)

D.....Daryl.....(father)

#### General Situated Structure of Family Life

From the written and transcribed protocols contributed by the members of our subject family, it was possible to identify four distinct periods or phases through which the family progressed in its attempts to deal with the occurrence of anorexia nervosa and its sequela. Each of these periods was characterized by important shifts in the structure and quality of family life. These shifts had a significant impact on the assumption of roles and responsibilities within the family, intrafamilial dyadic and triadic relationships, and the perception of the family

milieu as a shared intersubjective domain. The first of these periods was the presymptomatic phase which refers to the time prior to the onset of symptoms. This period was one in which the ideals of family life as conceived by both parents were lived and shared by all family members, making it a time of strong family unity and harmony. This period was also one of change and some tension for the family as both children began exploring their adolescent status. Seen in retrospect, it served as a reference point for most family members, one against which subsequent transformations in the family were compared. The second was the crisis of identity phase in which the symptomatic adolescent suffered a private but consuming discontent with the whole of her life, a discontent which she attempted to conceal from other family members but which eventually touched every aspect of her activity. This phase marked the appearance of the first anorectic-like behaviors and the beginning of S's attempts to create interpersonal distance between herself and other family members. The symptomatic phase constituted the third period and referred to a time when the family struggled in their attempt to cope with the onset of frank anorectic symptoms while the sufferer still lived at home. This period was one of considerable familial instability and interpersonal suffering. The final period identified was the hospitalization phase, when S was definitively diagnosed by medical professionals as suffering from anorexia nervosa,

and when responsibility for dealing with the symptomatology was fully assumed by the medical community. This period was one in which much of the confusion experienced by family members regarding S's behaviors was lifted and when family members attempted to reinvigorate those familial relationships which had made the presymptomatic family a more fulfilling and enriching environment.

#### The Presymptomatic Phase

All four members of our subject family described their lives during the presymptomatic period as being very much centered on the family, which was perceived as a privileged and preferred intersubjective domain within which one could articulate and share one's experiences. Cross-generational relationships were particularly important and valued by both children and adults; they were eagerly cultivated and had become central to the very essence of family life. The pursuit of ever increasing levels of closeness within these cross-generational relationships was of particular importance to both parents who saw in them the fulfillment of the family's unity and its significance for its members. In affirming the family's unity, all assumed that everyone in the family shared a strong and earnest commitment to sustaining the family domain by giving priority to familial activities and encounters above those which would take place outside the family. Though all family members affirmed the

ideal of creating close and meaningful relationships, M was perhaps the most consistent in dedicating herself to fostering such relationships with every family members without exception.

The familial social context was thus perceived as a particularly receptive interpersonal space within which parents and children could explore and live out ways of being they would not otherwise risk in the extrafamilial social domain. For both parents, for example, the family was the place where the multiple facets of their personhood (leader, parent, friend, victim, etc.) could be fully lived out, recognised, and appreciated by others. This quality of the family environment was particularly important for D and B who, because of their shyness, had found self-expression outside the family very difficult throughout most of their lives. For both children, the family was also the milieu in which their adolescent quest to be recognised by adults as equals was pursued by seeking such recognition within the context of their parental relationships. The extrafamilial world, though seen as vital and attractive, was not seen as the domain which would provide such recognition. The family's identity and significance, therefore, was rooted in the compelling and consuming network of intimate relationships which made the family the center of each family member's "mitwelt".

For D and M, this home-centered lifestyle embodied the most important values, mores and traditions of their community. Their success in engendering a family culture wherein the primary relationships in each family member's life were contained within the family was a source of pride and a visible symbol for the community of their competence as parents. The antithesis to this lifestyle, (e.g., adolescent disinvestment from the family and parental indifference towards their children) was perceived by both parents to be the precursor to adolescent rebelliousness, antisocial behavior, and delinquency. This constellation of features was recognised by both parents and their community as being the prototypical result of parental inadequacy and familial dysfunction. That S and B were able to move into adolescence without "rebellious" the way some other teenagers in the community had, was a confirmation for both parents that their continuing intense involvement in the lives of their children had been successful.

In addition to fostering strong family relationships, both parents also recognised the importance of respecting the community traditions and expectations regarding authority within the home, and the division of familial roles and responsibilities between parents, i.e., father as dominant and stoic authority figure and mother as the primary childcare-giver and source of emotional support or confidant for the family. Both parents not only recognised,

accepted, and lived by these role distinctions, but actively sought to support each other in carrying them out. This authority and responsibility structure did not include the children who were seen rather as the recipients of parental concern and the beneficiaries of parental efforts to promote a congenial and well organized family environment. Both children accurately recognized and respected these role distinctions, particularly during times of crisis or conflict when leadership and responsibility in the family became prominent issues.

In the presymptomatic family, therefore, two important and fundamental structural dimensions of family life emerged. The first was the centrality of a family-centered existence and the importance of nurturing closeness among family members regardless of generational considerations. Here, the shared belief was that one's closest interpersonal relationships should be contained within the family, and that the family's unity and the health of its members hinged on such relationships. The second was that the family was governed by a clear authority hierarchy which was parent-dominated and generationally defined. In our subject family's world, these fundamental structural dimensions were co-present, but were also recognised to be inherently antithetical. To develop a truly close cross-generational relationship, as M clearly described, the traditional authority-determined parent-child roles had to be

transcended so that an egalitarian "best friend" relational ground for encountering the other could emerge. One's true closeness to another was in part a function of the extent to which this status as an authority figure in the family could be surmounted. However, the various generationally defined roles played by each parent were equally fundamental to maintaining the family's integrity. Our subject family was able to function within this inherent contradiction in the family's social fabric by creating circumscribed dyadic "special relationships" which were, to some extent, distinct from the rest of the familial world. It was within these separate and temporally delimited mini-domains that intersubjective closeness was most intensely experienced. M, for example, had a special relationship with each of the other family members, none of which impinged on her role as mother. D also sought to develop such special relationships to enrich his family life. For both children these special relationships became the primary forums in which adolescent maturational issues were dealt with.

With S entering adolescence, the degree of involvement in extrafamilial activities S would be allowed to have, and the extent to which she would be permitted more adult-like privileges became pertinent issues. Though B had fully entered adolescence at this time, the issues affecting S were influencing his life as well. This presented the family with a number of challenges and opportunities both in

terms of maintaining the family's parent-centered authority structure and sustaining the family-centered lifestyle so valued by all family members. Cross-generational relationships were also considerably affected inasmuch as the opening up and broadening of the lived world of both adolescents meant that a host of new opportunities for sharing were emerging, placing new pressures on their relationships with their parents and with themselves. The family was engaged in addressing these issues just prior to the onset of symptoms.

#### Patterns of Intersubjectivity

Within the family during the presymptomatic period, the identity or basic characteristics belonging to each family member were rather clearly defined and similarly perceived by other family members. Particularly striking were the considerable similarities perceived to exist between both males in the family and both females, (e.g., father and son seen as shy but capable of acting with authority, M and S seen as outgoing and nurturing). Such core features of each person's identity were frequently referred to throughout the interview process.

The quality of specific relationships within the family were often perceived differently however. Relational objectives or goals were often not clearly communicated or accurately understood by others, such that the other would

find it very difficult to respond to the true needs of his fellow family member. Expectations regarding the future towards which a given relationship was expected to progress were frequently dissimilar for both participants in the relationship. The investigator's use of circular questioning to confront family members with apparent contradictions rarely resulted in changes or corrections in these seemingly entrenched perceptions and expectations around which their family life revolved. Particularly resistant to change were the expectations each family member had of how and to what extent others would share in their own development as a person and as a member of the family.

The dominant relational structure described during the presymptomatic period was, as we have seen, the dyadic structure which afforded each the opportunity for the closest intersubjective relationships<sup>12</sup>. Triadic relational structures were not noted as prominent by family members during this period.

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<sup>12</sup>The individual interviews conducted with our subjects focussed considerably on dyadic relationships. This raises the possibility that the centrality of this relational mode which emerged through our data might be an artifact of the interview format. However, a careful review of the data provided by our subjects showed clearly that the dyadic relationships in the family had always been important and were preferentially encouraged and nurtured. Descriptions by our subjects of the family in general, its traditions, and its future also gave prominence to dyadic relationships as being the dominant intersubjective structure for the family.

The mutual D - M dyadic relationship.

During the presymptomatic period, both parents were described by themselves and their children as effective collaborators who were able to complement each other in the task of carrying out their respective parental role-defined duties and responsibilities. D was described as a quiet and socially withdrawn father figure who, despite his shyness, was the recognised authority in the family. M, for her part, was responsible for most of the domestic and child-care duties and was perceived to be an important source of emotional support for those in distress. M was also recognised as the main intermediary between the family and the outside world.

The way each parent perceived the spousal relationship, however, was markedly dissimilar. For M, the relationship was perceived as the essential forum in which her development as a woman, a spouse, and lover could be pursued. Her intersubjective bond with D was described as an evolving one, one which promised a continued opening towards new levels of intimacy and self-discovery, a point made with the succinct comment "I not only love him, I am in love with him". For D, however, this relationship was essentially non-evolving, i.e., one whose essence was embodied by its atemporality, its permanence, and its resistance to change. For D, therefore, his spousal relationship was a foundation which grounded his family

experience but was not, for him, a forum for personal growth or transformation.

Despite this asymmetry in their relationship, both professed that on a day-to-day basis, their needs were being met and that their relationship was strong and resilient to the stresses and strains of everyday family life. Each perceived the other as always available to provide emotional support in times of crisis, or to contribute to the effort of nurturing the family and its members through carrying out their respective family roles. This perception of the integrity of the spousal couple was one S and B validated in their descriptions.

The mutual M - B dyadic relationship.

B perceived his relationship with M to be the intersubjective domain within which his progress towards gaining a more equal status vis-à-vis other adults was most clearly affirmed and acknowledged. Reaching towards this acknowledgement from his parents was perceived by B as the single most important objective in his family life. M was able to recognize his growing maturity by allowing him to enact (during D's occasional absences) a male-supportive role in the family. If difficulties arose during these occasions, she would rely on B to provide her with the emotional support she needed.

B's view that he should seek such recognition within rather than outside the family was valued and encouraged by M who saw it as a validation of the family-centered lifestyle she herself promoted strongly. For M, B's preference for staying at home was also a particularly strong confirmation of her and her husband's success in fostering pro-social values with their son.

The mutual D - B dyadic relationship.

The father-son relationship revealed itself to be a highly complex one marked by conflicting assumptions on both D and B's parts regarding the purpose and goals which animated the relationship. For B, developing a close egalitarian and reciprocal relationship with D was seen as an important but unrealized step in his personal quest to be recognised as a fellow adult within the family and to share in the more mature intimacy this status would bring. However, B was frustrated in his attempt to pursue this objective because of what he perceived as D's emotional unavailability towards him. D, on the other hand, perceived B's move towards adulthood as one which should have been pursued by developing greater personal autonomy through reducing his dependence on his parents and becoming less focused on his family. D saw his responsibility to be the fostering of autonomy through the sharing of adult skills

and the nurturing of personal competence and independence. In doing so, D was affirming that for young men of B's age, a non-family-centered lifestyle was needed to promote independence, making B an exception to the imperative for leading a family-centered lifestyle. B, however, continued to see his development as centered within the family and longed for the development of a relationship between him and his father which resembled the one that existed between him and his mother.

In articulating the grounding of his relationship with his son, D described how as an adolescent he, like B, was very shy and unable to assert his presence in or outside his family. By observing B move towards adulthood, he described reliving many of the hurts and disappointments that marked his own adolescent life. On that basis, D claimed a privileged understanding of his son's inner world, an understanding he assumed was the grounding of a reciprocated closeness that did not need to be outwardly articulated through verbal exchanges. For B, however, D's silence towards him was perceived as a sign of disinterest and proof of his own failure to increase his father's involvement in his life.

#### The mutual M - S dyadic relationship.

Prior to the development of her symptoms, M and S shared what all family members perceived as an extremely

close relationship. S acknowledged and appreciated M's role as a fair and effective parental figure, while M recognised and valued S's achievements at school as well as in her various sporting activities. In their mutual encounters with each other, however, they were successful in creating a more egalitarian and intimate level of sharing which both described as being like "best friends". This was their "special relationship", one in which M could pursue the deeper intimacy she believed was the basis of family life and one in which S found the opportunity to explore within the protective confines of the family the world of adult feminine experiences related to heterosexuality and feminine social and domestic roles. In describing the intensity of this relationship, S noted how for her, M was her best friend, one whose companionship she preferred, even over that of her peers.

The mutual D - S dyadic relationship.

During the presymptomatic period, D shared what was generally perceived to be a close relationship with S. Whereas D's relationship with B had been focused on promoting competence and independence and had been oriented towards a diminishing involvement between the two, his relationship with S had centered on fostering intersubjective openness and on pursuing new opportunities for increasing their mutual involvement in each others'

lives. In seeking to develop this relationship, D was following a precedent set by M who had fostered her own "special relationship" with S. D was envisaging a shared future with S in which each could participate in the other's development and discovery of the world. Of all D's familial relationships, this one was the most open to new forms of self-expression and to a shared and evolving future. It was a type of relationship B himself had sought and failed to foster between him and his father. B attributed his sister's success to her superior social and communication skills.

For her part, S described her relationship with D as healthy and rich with play and ritualized expressions of affection. However, in her view the relationship did not transcend the generationally defined child-parent structure. D remained for S the family's ultimate and unchallengeable authority, one who could and did actively set limits regarding, for example, her exploration of extrafamilial heterosexual relationships (which D perceived to be inappropriate and dangerous). Even her special relationship with M was entered into specifically during D's absence from the home. Though she valued her relationship with her father, S did not seek to move beyond the generationally defined boundary she had already transcended with her mother.

The mutual S - B dyadic relationship.

As in the D - B dyadic relationship, the presymptomatic relationship between S and B revealed itself to be a complex one marked by inconsistencies in the way each participant in the relationship perceived his or her way of being with the other. The parents, on the one hand, perceived both siblings to be enjoying a close and mutually enriching relationship with each other. D in particular described both his children as immersed in a complementary coalition of mutual support with S compensating for B's shyness and B acting as S's protector, a relationship he acknowledged was not unlike his own spousal relationship with M. S confirmed D's perception and claimed to have a true "special relationship" with her brother, describing herself as the only person with whom B could overcome his shyness and openly share the important events of his life. B also acted, S claimed, by helpfully intervening in important life-decisions affecting her extrafamilial social activities. According to S, B revealed that his greatest fulfillment as a person took place within their relationship, which made it more central for him than his parental relationships.

When listening to his sister's perceptions, B for the most part rejected their validity, claiming that the privileged and complementary relationship described by S as central to his life simply did not exist. According to B,

the relationship he had with his sister was mostly competitive and conflictual with both vying aggressively for position, attention, and recognition within the family. S, in B's view, had not only sought to secure a more adult-like status vis-à-vis her parents but had succeeded far better, to the point of displacing him from the status he had succeeded in securing.

Despite these differences, however, both anticipated moving towards a closer mutual relationship and a better understanding of each other. Both S and B also perceived their respective lives to be family-centered and saw their individual development towards adulthood as being pursued within the boundaries of their familial relationships.

#### The Crisis of Identity Phase

According to S, the true onset of her disorder coincided with a growing dissatisfaction on her part with the whole of her life which now appeared to her to be completely inauthentic, the result of a naive and childish need to fulfill the expectations, hopes, and aspirations of others. The satisfaction and interest she had previously shown towards the various projects that had animated her life soon dissipated and the projects themselves began to appear hollow and meaningless. With this growing and unsettling awareness came, for the first time, a yearning to claim true ownership over her life and to direct her

energies towards defining and manifesting a new sense of self, one which was autonomous, non-consensual, and self-governed.

The project of developing this new identity implied, for S, withdrawing from those familial and community involvements which were integral to her "old" consensual lifestyle, and creating for herself a personal and private domain under her control, an isolative psychological space within which this new autonomous self could be manifested through the pursuit of her own projects. Integral to her pursuit of creating a new self was the shaping of her diet, a first step towards achieving a healthier, self-defined body. S became increasingly self-absorbed in this self-defined body project, limiting her social family involvement to those events in the family which impacted directly on her new project or to the carrying out of previously assumed responsibilities. All other pursuits seemed empty and part of the unauthentic existence she was now trying to surpass. Increasingly, her new world became a very personal and isolative one. However, S's sense of the family as a privileged psychological space was not lost. S pursued her project by staying within the protective confines of the family domain, sensing that within the family she would not be subjected to challenges she might not be able to resist. S did not communicate the dissatisfaction she experienced

towards her old life to her parents since she considered it to be her own personal project.

For her parents, on the other hand, the perceived sudden and unexplained withdrawal of S's investment in family life came as a painful and confusing event. S, after all, had been a central figure for them both in family life, a child that epitomized their success as parents and a person around whom much of their own future investments in the family seemed to revolve. Her withdrawal challenged the most fundamental assumptions underlying their perceptions of family life, prompting both parents to bring into question for the first time their understandings of what their family should be and to reexamine their own roles as parents and confidants to their children.

The initial parental attempts at challenging what they perceived were S's dysfunctional eating and exercise behaviors resulted in outcomes that surprised all concerned. For M and D, S's stubborn refusal to comply presented them with a completely new behavior, one they felt ill-equipped to respond to. For S, this assault on her project was perceived as an attempt to force her back into an inauthentic lifestyle, a step she did not anticipate and could not accept from her parents.

Despite considerable efforts M and D were unable to work through the implications of S's acts. Her continued stubborn resistance to their parental authority soon led to

what both parents saw as a deterioration in their parental authority structure. Leadership and the division of responsibilities within the couple became confused as each sought to lead the other towards dissimilar and seemingly non-definitive resolutions to S's problem. As S's need became more and more apparent, both parents turned their attention increasingly towards her, but their continuing confusion and dissimilar perspectives led to spousal arguments which found no resolution and which further compromised their ability for joint action.

As S's oppositional behavior intensified, both parents were confronted with the possibility that what now appeared to be a rebellion on S's part was in fact a result or consequence of their own failure as parents. However, this idea seemed so completely incongruous with their conception of who S was as a person and as a family member that both D and M started to entertain another possibility, namely that S was not willfully rebelling but was in fact "sick" or afflicted by a disease process over which she had little control. D in particular felt that her rejection of the interpersonal closeness in the family he prized so much couldn't possibly be the authentic expression of a true intention but had to be a symptom of a disease process. For both, however, neither hypothesis could be definitively validated or rejected, thus preventing them from arriving at an understanding that would clarify their own level of

involvement in bringing on such behaviors and the subsequent course of action to be followed. The search for understanding, therefore, was actively pursued by both parents as a means of not only resolving their conflict with S but of validating or transforming their view of themselves as parents and of their family as a viable and successful social entity. Their failure to reach such an understanding became the source of their most gnawing frustration. In this period, S did not anticipate the protracted conflict which was about to invade the family, nor was she aware of the internal strife experienced within the parental couple. For his part, B was quite unaware of the deep changes affecting the three other family members.

#### The Symptomatic Phase

The symptomatic phase saw the entrenchment of the conflict between S, who steadfastly defended the pursuit of her project, and her parents, who, though still unable to ascertain the reason for the change in her behavior, increasingly perceived S's actions to be self-injurious, antisocial and disruptive to the whole family. The strong egalitarian dyadic relationships with her children which M had identified as the true basis of her past effectiveness as a parent seemed no longer potent in bringing about the kind of compliance from S both parents identified as essential for ensuring her physical health and for a

positive social and familial adjustment. As the conflict continued to deepen, both parents were able to overcome, to some extent, the confusion that had infected the parental couple. Despite the fact that both were still deeply embroiled in constant conflicts, the need for concerted action on M's part was acknowledged and supported by both familial adults.

Parental decision-making and the exercise of parental authority had always been conceived by both parents to be a joint enterprise. The shift to a more authoritative stance implied the adoption of a triadic relational mode, one which joined both parents in a coalition aimed at bringing about compliant behavior on S's part. This triadic relational structure adopted during the symptomatic period differed markedly from the dyadic structures dominant in the presymptomatic phase. The dyadic mode described earlier was one based on reciprocal communication oriented towards increasing interpersonal closeness and creating a true intersubjective domain based on a broadening and mutual investment of self. Temporally, the dyadic relationship, as described in the previous phase, was perceived in terms of an ongoing and expanding movement towards some form of shared future. The triadic relational mode was one described as dedicated to the achievement of specific behavioral goals. Within the triadic interpersonal domain, the field of meaningful interactions was much narrower,

being limited to those acts related to the reaching of the identified goal. Based primarily on the exercise of authority, triadic communication was essentially unidirectional, command-oriented, generationally defined, and problem-focused instead of person- and relationship-focused. Temporally, therefore, triadic relationships were intended to be time-limited and self-effacing. Ultimately, according to both parents, the triadic relational system which joined them in resistance to S's behaviors would be self-terminating and would make way for the creation of a family relational milieu similar to the presymptomatic milieu described in the previous section.

Faith by both parents in the viability and usefulness of the newly initiated, authority-driven triadic relational process was based on two fundamental and related assumptions. The first was that they as parents had sufficient influence in the lives of their children to be effective change agents. The second assumption was that the new triadic relational process, though conflicted, unpleasant, and disruptive, would be a temporary phenomenon in the lives of family members. The deeper and more enduring dyadic relational structure would reemerge as the dominant structure once the conflict around which the triadic process was centered resolved itself. In the minds of both parents, the fundamental commitment on the part of family members to sustaining the family's unity continued to

be strong despite the conflicts. D was the most avid articulator and defender of the imminent reemergence of the presymptomatic relational mode. He repeatedly affirmed, for example, that what S did in the context of responding to the conflict was unrelated to the true nature of her family commitment, which remained solid and unquestionable.

As the triadic relational mode became dominant, interactions between all three participants became increasingly centered on the problem behaviors most energetically contested, that is, those related to diet and body weight. These issues took up a larger and larger space in S's and her parents' lived world, such that over time, each member became increasingly sensitive to the shifts and changes in the others' problem-focused behavior. For example, each small shift or change in S's weight or dietary habit led to animated speculation and excessively strong feelings on the part of all three members of the triad. This tri-party intersubjective domain became so consuming for M, D, and S that intrafamilial or extrafamilial relationships, pursuits, or practices unrelated to the conflict received hardly any attention and generated little participation.

For her part, S responded to the joint resistance offered by both parents by redoubling her efforts and pursuing her project with increased resoluteness. The molding of her body through the control of her diet and

exercising had become the primary focus of her life and the very definition of her project. Actions by family members aimed at detracting her from this pursuit were interpreted by S as attacks on the very essence of who she was becoming, and its perpetrators were perceived as malevolent presences in her life intent on the demise of her new-found freedom. For example, referring to her mother's opposition, S noted that "she was like a devil to me". Immersed in the triadic interaction process, S perceived herself as its victim, not its articulator. As such, S did not envision the pursuit of the process resulting in the modification of her familial domain, but in the destruction of her autonomy and independence.

For S, therefore, the struggle was a very personal struggle, one which put in question her whole future as a person. However, S possessed a certain confidence in her ability to counter the aggression she perceived was aimed against her. Each success in defying her parent's will seemed to confirm that she had developed a new level of personal effectiveness which defined her as a different presence in the family, one self-possessed and non-subservient to parental or familial pressures. Emboldened by these successes, S even sought to expand her domain of authority by occasionally seeking M out both to challenge her and impose her will on M's affairs. However, this boldness was not extended to her interactions with D, the

parent she perceived as fully implicated in resisting her project, but one towards whom she had always felt quite powerless.

Throughout the triad-centered conflicts, B was displaced from the mainstream of family life by virtue of his not having a recognised role to play in bringing about S's rehabilitation. Despite occasional attempts to involve himself in the struggle to get S to eat, he never gained admittance into the triadic domain that so consumed the three other family members. B therefore gravitated on the periphery of family interactions, having lost his integral place in the fabric of the family's relational world. During this period, B watched with some envy the intense interpersonal exchanges taking place between S and her parents. In his eyes, S had succeeded in not only monopolizing her parents' attention, but was engaged in a seemingly successful struggle to affirm herself as a co-adult in the family to an extent B himself had never been able to achieve. For B, the measure of parental attention being directed towards S was the evidence of her success.

S did not venture to pursue her project outside the confines of the family relational milieu. In the school or in the greater community, S made every attempt to avoid being challenged over her diet and exercise-related behaviors. Despite S's circumspection, the school authorities and members of the greater community eventually

became aware of the struggles being waged within the family. According to M, the awareness of S's deteriorating condition gave rise to increasingly persistent expressions of concern from community members, expressions which conveyed an implicit and at times explicit criticism of her maternal commitment and her parental abilities. Since M was the main intermediary between the family and the community, she was very sensitive to these communications but she resisted allowing outside interveners even limited involvement in the struggle with S, qualifying their impact as essentially disruptive.

In time, however, M did resort to accessing help from outside the family in the person of the family physician. This professional had on a previous occasion been instrumental in helping M overcome her own psychological illness. M's unilateral and persistent endorsement of her doctor's authority in dealing with S's condition was actively resisted by D who, distrusting local medical advice, argued for a more vigorous pursuit of their own parental initiatives. However, looking back on her own failures to counter or even understand S's difficulties, M overruled D (and thus disregarded the familial authority structure), being convinced that the parental dyad did not possess the knowledge or resources to successfully challenge S's behaviors. The family physician's participation in decision-making concerning S's care fundamentally altered

the nature of the triadic conflict in which both parents had been embroiled. Due to the physician's explicit instructions to M to be the main intervener in S's life, M now became more forceful and directive in the pursuit of those plans. D's leadership role in the family (concerning this issue) was therefore supplanted. He responded by opposing but not blocking M's plans and directives, going so far as to give a begrudging support to her interventions in spite of his opposition. On her part, M turned increasingly to the medical community for help and advice concerning her progress.

Regardless of the difference of opinion within the parental couple, the physician's involvement did provide both D and M with a powerful metaphor and a number of key phrases for conceptualizing the nature of S's problems and for validating their use of an authoritative approach within the triadic relational domain. According to the physician, S could be seen as "ill" and in need of a firm helping hand. Restrictive practices were viewed, therefore, as being "for her own good" while disruptive and oppositional behaviors were defined as "symptoms". The illness metaphor also strengthened the idea of S's problem behavior as transitory and dissociated from the "real S" who would "come back" and find fulfillment in the familial relational domain. A return to the pre-illness state was conceptualized as "getting better".

During the initial part of the symptomatic phase both parents found it difficult to assert their authority in the face of S's determined resistance. Though the need for some form of authoritative action was recognised, their continuing common lack of sure understanding often led to self-doubt which in turn led to M's occasional withdrawal from the conflict. The illness metaphor, though clearly articulated, was still not firmly integrated into their view of the problem. S's oppositional behaviors also conformed to a second well articulated belief, that of the delinquent reacting to a dysfunctional family and conflictual relationships with her parents. As a result, both parents often resisted being overly authoritative for fear of compromising further their dyadic relationship with S and thus exacerbating her behaviors. M found it particularly difficult to stay within the newly formed triadic relational mode. On occasion, she would begin to view S as if her behaviors were not aberrations to be corrected but signifiers of a fundamental and permanent change in her personhood and her relationship to others. On such occasions she would see herself in the context of her actions and feel herself to be cruel and ineffective, while S's behaviors seemed like legitimate responses to an intolerable parental infringement in her life. However, M would regain her effectiveness, she claimed, by narrowing her view and focussing again on those specific behaviors

being contested, thus re-immersing herself in the triadic process, and reaffirming in the process her belief that S's behavior could really be interpreted as an ill person's cry for help.

In the latter part of the symptomatic period, S's actions became distinctly more excessive and self-injurious. As the need to intervene made itself felt with increasing urgency, M found it less difficult to intervene aggressively in S's life. By this time, the illness metaphor was strongly integrated into the parental perception of S's problem, and was being validated increasingly as the medical community prepared itself for becoming more intensely involved. Though M at times still found herself losing the focus of her intervention in the heat of their confrontations, these instances became less and less frequent.

This phase coincided with an important shift in S's experience as well. Whereas she had felt herself to be in absolute control of her project during the early symptomatic period, S now found herself losing control and doing things she did not intend to do. Some of her behaviors took on a compulsive quality such that they seemed motivated by someone other than herself. Referring to this phase, S characterized her behaviors as depersonalized "happenings". Eventually, S began questioning the legitimacy and authenticity of her own rebellion and sensing a desire to

withdraw her project. However, she was also sliding into the grip of a self-governed process, which now appeared to her to be an "illness" over which her own will and intentions held little sway. Overtly, therefore, her resistance seemed to intensify whereas her true resolve had begun to weaken.

#### Patterns of Intersubjectivity

##### The mutual D - M dyadic relationship.

Though joined in a triadic relational bond aimed at achieving S's compliance around food issues, the interparent consensus which had shaped the parental couple's ability to share and coordinate their family responsibilities was seriously compromised. The chief obstacle to a functional reconciliation was their inability to achieve the level of understanding of S's condition that would clarify their roles in promoting S's recovery. M's empowerment by the family physician as the ultimate authority in this matter effectively supplanted D's authority thus making a reconsolidation of their parental "entente" that much more difficult. However, both parents maintained that their relationship, like all others in the family, was founded on a continuing and shared commitment to the family and to each other. Their mutual involvement was essentially sound,

therefore, and would not suffer permanently from the temporary disruption brought about by S's condition. M even saw potential benefits being derived from the experience, while D continued to describe his relationship with M as solid and unchanging.

The mutual M - S dyadic relationship.

The symptomatic phase was one characterized by conflict and opposing views, but the most intense and intractable confrontations took place between S and M. On the one hand, M desperately sought to assert her parental authority in the relationship, feeling the pressure from within and outside the family to bring S into compliance with her expectations. For S, however, M's exercise of authority represented a dramatic departure from the egalitarian relational style which had been dominant prior to the onset of symptoms. Determined to safeguard her independence and autonomy, S's resistance to M's authority was energetic and unceasing. Centered first on the food issue, S's conflict with M soon contaminated almost all aspects of their relationship. At every turn, S asserted her right as a "true" adolescent to determine her own life and future independently of the constraints of M's directives. Though M argued at first that the struggle with S was limited to the fight over food, questioning by the interviewer brought M to affirm that the arguments had indeed become pervasive and reflected an

important shift in their overall relationship. Though M acknowledged that this shift had taken place, she could not bring herself to accept that the change was permanent. In the face of her doubt, she continued to maintain the illness hypothesis.

Even during this period, however, both S and M occasionally found time to put aside their rivalry and isolate themselves in order to immerse themselves in the "special relationship" both valued so greatly. During these times, their reciprocal "best friend" status was resurrected, allowing for an honest exchange and sincere expressions of sadness and frustration to be shared in the spirit of mutual understanding. For S, these times were an oasis of peace from the incessant struggle over her project. For M, these times reinforced her belief that the old S was still there waiting to reemerge once the problem issues were dealt with.

The mutual D - S dyadic relationship.

In S's eyes, D had continued to be a potent parental figure, one who had effectively resisted past attempts on her part to pursue a more autonomous lifestyle outside the family. D was also seen as full partner in the joint parental attempt to get her to eat, an alliance which saw M as the active intervener and D as M's source of support. S therefore sought to avoid compromising contacts with D,

sensing that he would be able to intervene in her project in a way she would be unable to resist. For his part, D was fully implicated in the parental effort to achieve S's rehabilitation but had no intentions of moving beyond that role in order to intervene forcefully in his daughter's life. On the one hand, he had been instructed by the family physician to take such a non-active role. On the other hand, D sensed that the relational basis that would have allowed him to be effective in S's life had disappeared because of her withdrawal from their relationship.

B's perception and experience.

B's near exclusion from the matrix of family relationships during the symptomatic period led to a painful attenuation of the most important relationship in his life at the time, namely his relationship with M. The lessening of his contacts with M seemed to B the result of a deliberate attempt on S's part to monopolize her parent's attention in her bid to assert herself in the family. There seemed no means, however, for him to reverse the process or regain his lost position in the family. Though quite aware of B's plight, M felt quite powerless to change the situation, feeling herself intractably committed to the triadic relational process which consumed her energies and attention.

### The Hospitalization Period

S's hospitalization marked the beginning of the medical community's attempt at a decisive intervention in the symptomatic lifestyle which had developed around S's anorexia. This form of medical involvement was not foreign to the family. In the recent past, M had been hospitalized and successfully treated for an acute episode of agoraphobia. At that time, the family had been introduced to the concept that some forms of abnormal behavior were correctable "illnesses", a concept which had been strongly validated by successful treatment. With S's hospitalization and the issuing of a definitive diagnosis of anorexia nervosa, the illness metaphor seemed decisively confirmed. This confirmation allowed M and D to finally reject the competing and equally well developed hypothesis that S's rebellious behavior was the aftermath of the family's dysfunction and a result of their own failings as parents. Having clarified the significance of S's behavior, M and D's sense of "not understanding" dissipated, leaving both with a deep sense of relief and release.

For the first time since the onset of S's oppositional behaviors the family members found themselves no longer involved as the primary interveners in S's treatment. Relieved of the need to continuously confront S over her eating and exercising, M and D were able to let go of the triadic problem-centered mode of parenting which had

dominated their symptomatic family life. Both were now freed to begin the process of rejuvenating their respective dyadic relationships and to begin attending to those many aspects of family life which had been neglected. It also marked the dissipation of the ongoing conflict between D and M. With the illness hypothesis confirmed and the conflict over S's care resolved, the couple could resume their presymptomatic marital relationship and reconfirm each other's roles in the family.

S also experienced a dramatic change in her outlook in terms of the significance of her behaviors. Having been extricated from the cycle of compulsive and self-destructive behaviors in the home, S described herself as having also accepted the illness hypothesis. She now viewed her "rebellion" as symptomatic, and therefore not an authentic and personal expression of an intentional movement towards self-definition and autonomy. Her hospitalization was seen as an intervention that would allow her to regain an increasing amount of control over her life by countering the now self-perpetuating anorectic behaviors which made her at times more a spectator to her actions than its agent. Freed from the burden of her symptoms, S also sought to re-immense herself into the relational matrix of family life as a full and eagerly welcomed participant, seeing this re-immersion as a confirmation of her recuperation.

Despite this considerable clearing of the air around the issue of S's problem, both parents continued to await further clarification of the significance of S's illness for the family and for them as parents. Both D and M expressed a willingness to accept any responsibility the health professionals might attribute to them and saw their eventual reinvolvement in S's care as being guided by these same professionals.

#### Patterns of Intersubjectivity

S's hospitalization brought about considerable relief within the marital couple as the confusion and indecision concerning S's care seemed finally to have been resolved. With the relief of this intramarital tension, both spouses readopted their respective views of each other. For his part, D once again saw his relationship with M as a an unchanging feature of his family life, a relationship which, through its predictability, gave his family life constancy and stability. By definition, it was unchanging, and therefore timeless. For her part, M once more saw her relationship with D as a dynamic one open to new futures and new levels of intimacy. D's "opening up" to S and to herself was for M a sign of D's potential for positive change.

For both M and S, the alleviation of S's symptoms promised a renewal of the intimate "special relationship" both described as central to their life together.

S's removal from the home and her hospitalization, though understood to be necessary and beneficial, was an event difficult for D to accept. S, after all, had been the family member with whom he had most sought to invest himself, seeing in this relationship the opportunity for the unfolding of new and exciting possibilities for closeness and expression. Her departure from the home, therefore, made the family milieu seem empty for D. However, S's seemingly renewed interest in the family after her admission to the hospital led D to write a series of highly personal and self-revealing letters to S, letters S received and acknowledged positively. This "opening up" on father's part to expressing his personal feelings was unusual for him. In the past, D had avoided such expressions, believing that it was "unmanly" to do so. As this became known to M and B, they also acknowledged the event as indicating that D had undergone a fundamental change, one that both believed would allow D to become more expressive with them as well.

D anticipated that these letters and the intimate encounters that followed would form the basis of a true "special relationship" modeled after the one enjoyed by M and S. S acknowledged and welcomed this shift but underlined the fact that she hoped this new relationship

marked the end of D's role as the absolute authority in her life and of his concern with limiting her autonomy.

B was the only family member to continue to reject the illness hypothesis even after S's hospitalization. From his perspective, the lives of both parents were still centered almost exclusively on S, an observation confirmed by S herself. As such, B continued to perceive S as successful in monopolizing parental attention and reaping the benefits of affirming herself as a co-adult in the family. For B, these changes in S (including her rebellious behavior) were permanent alterations in her way of being, alterations which were synonymous with personal development, not illness. In making these observations, B anticipated that he would be able to achieve this adult-like status in the family by finding a more egalitarian relationship with his father, his hope renewed by S's recent success.

## DISCUSSION AND REFLECTIONS

The preceding phenomenological analysis of an anorectic's family life world has provided us with a description of the individual family members' perceptions of the structural changes and relational transformations experienced by the family from the presymptomatic period through to the period when medical professionals assumed responsibility for the care of the anorectic member. Throughout the analysis, we were able to discern four distinct phases in this transformation, each of which could be understood in terms of subjectively and intersubjectively experienced shifts in intentions, perceptions, and lived meanings.

The reported results, being derived from the contributions of a single family, are not intended to be nomothetical, as we have already noted. We leave it to future multi-family phenomenological studies to confirm or correct these findings and to explore the extent to which results can be generalizable for this population. These results are presented as an idiographic phenomenological description of an anorectic's family life which, by being faithful to the lived experience of its members, can provide a unique kind of datum against which various theories can be compared and evaluated in terms of their accuracy and relevance. In other words, we seek to ascertain if those

theories which purport to apply to all anorectics and their families actually are pertinent to our one case example. Let us proceed, therefore, to dialogue with the main theoretical articulations on anorexia nervosa discussed in our review of the literature. This will be followed by reflections on the intersubjective world of our subject family which will be cast in the light of the contributions made by Husserl, Schutz, and Merleau-Ponty.

#### Dialogue with the Radical Behavioral and Cognitive Behavioral Views of Anorexia Nervosa

Perhaps the least well supported postulations concerning the presymptomatic anorectic's living environment were the ones advanced by the behaviorist school and, to some extent by the cognitivists. These investigators proposed that the extreme dietary behaviors evident in anorexia nervosa developed as a result of powerful overt or covert reward contingencies for thinness. In our data, there was no evidence from the anorectic family member herself or from other family members to suggest that the affected child received any form of externally derived reward for her behaviors, either from the family or from the school and community environments. Her parents described themselves as quite indifferent with regards to body shape, noting that such concerns were not part of their cultural preoccupations. In fact, the only significant dimensions

(in terms of behavioral psychological processes) of the home environment described by its members were the powerful disincentives and punishers put in place to discourage all forms of anorectic behaviors. There was also no evidence of a traumatic event in the subject's life which could have induced a phobic process related to body size.

For the anorectic, her project was clearly described as a personal initiative motivated by a deep need to create an authentic sense of self. Her anorectic behaviors were referred to not as responses to incentives or social pressures, but as meaningful statements affirming the authenticity of her world and celebrating her discovery of a new realm of significance in her life. For one to speak of rewards in the context of our findings, one would have to refer to the pleasure of fulfilling self-originated intentions, terms not found in the behaviorist lexicon of psychological terms.

At the level of the lived experience of our subject family, therefore, the explanatory paradigm of behavioral psychology has little inherent validity. Our data suggests that the fractionation of the presymptomatic environment into reward and punishment elements completely fails to clarify the phenomena. Rather it obfuscates its inherent unity and meaningfulness within the context of the lives of those involved.

In their attempt to move beyond radical behaviorists, cognitive behaviorists such as Garner (1986) had identified four cognitive sets associated with anorexia nervosa, i.e., your worth as a person is a function of your body shape, self-denial is synonymous with virtue, self-control is vital at all times, and inner feelings such as hunger, fatigue, and sex are unacceptable signs of weakness.

There was no evidence based on our results that these four sets were being systematically reinforced or valued within the family. Though the anorectic subject did describe herself as a perfectionist, no other family member expressed any pride in the fact, nor were they demanding of this perfectionism. The validity of other belief structures associated with the anorectic cognitive sets were not specifically explored in the course of our interviews, and did not emerge through our data.

#### Dialogue with the Psychodynamic and Object Relations Views

A theme which a number of investigators from the psychoanalytic and object relations schools have identified as central to the development of the disorder is the purported failure of the anorectic to become an autonomous person. Masterson (1977) refers to this issue as a developmental arrest at the level of the separation individuation phase. Psychoanalysts such as Szyrnski (1973) speak of a failure of the adolescent to break away

from a domineering and castrating mother. Bruch (1973) addresses this theme by describing the family's, and particularly the mother's autonomy-stifling overprotectiveness as the key factor preventing self-individuation. For Bruch, this specific shortcoming in the anorectic's life is perhaps the most determining in terms of the disorder.

To some extent, our findings could be interpreted as confirming these theoretical claims. The mother in our subject family could appear to have been actively discouraging her daughter's moves towards autonomy inasmuch as she held strongly to the idea of keeping her life family-centered. M was also the main intervener in the family in matters of child-care, making her a powerful presence in the lives of both her children. That she was also the more verbal of the two parents made her a potent articulator of the family's rules and obligations. On the part of the anorectic herself, her involvement in her mother's life could be seen as uncharacteristically intense. Within the North American context, it would seem unusual, for example, for an adolescent to prize the company of her mother above that of her friends. One could easily assume that such overinvolvement was the result of a set of powerful, conscious or unconscious incentives on the part of the mother. S's description of her rebellion would seem to confirm even more the existence of a domineering and

controlling mother figure in that she spoke of not leading her own life but of leading one which conformed to her mother's aspirations.

Yet, upon careful reflection, the notion of the dominant mother and non-individuated daughter as articulated by previous theorists reveals itself in comparison to our findings to be a misleading oversimplification of a highly complex mother-daughter relationship. It would be erroneous to state, for example, that the anorexia nervosa sufferer in our study had completely failed to develop any sense of autonomy prior to the development of her symptoms. Rather, our subject described herself prior to the onset of symptoms as an active and creative participant within the relational domain of her family. One of the most important expressions of this creativity was the special egalitarian, best-friend relationship she was able to develop with her mother. In this relationship, the constraints associated with the traditional parent-child relational structure were transcended, such that the daughter was free to become an initiating, potent, and equal partner in the interaction. The daughter was able to not only share in her mother's experiences but was also able to pursue her own development as a woman in terms of defining sex roles and exploring feminine social values. To the extent that autonomy is defined as the ability to be self-governing within the context of one's social relations, our anorectic subject had

clearly advanced her status towards an autonomous presence in the family.

From the perspective of the other members of the family, this relationship was an envied fulfillment of a family-centered maturational process which reflected the highest form of family involvement, i.e., becoming a co-adult within the family. B in particular envied his sister's success and set himself towards the goal of securing for himself such a friendship with his parents.

This first movement towards autonomy which found its fulfillment in the transformation of our subject's maternal relationship became clearly problematic later in her development. However, the internal shift which made her old way of being no longer acceptable did not simply involve her becoming aware of or responding to a sense of being oppressed or hindered by her mother. Rather, it involved a radical reappraisal of her entire life in terms of its significance for her, and in terms of the extent to which the events of her life and the projects she herself eagerly pursued were expressions of her own intentions as opposed to those of others. In other words, this shift involved not so much issues of autonomy as issues of authenticity. What was being challenged was not so much the control others had over her life, but the extent to which she opted to conform to external expectations rather than to her own.

For the anorectic in our study, rejecting her past and embarking on her self-initiated project was not, therefore, simply a response to a long-tolerated maternal oppression. Rather, it represented a positive and creative step towards redefining the terms of her involvement in the world. Taking control over her body was described as a step towards the creation of an unfettered and radically authentic future that was centered in a life-world populated with the artifacts of her own intentions and meanings. That she was able to envisage and take that step was a new affirmation of her autonomy, one now grounded in a more radical individualism.

In clarifying the nature of the relationship between the mother and the affected daughter in our subject family, we have been able to show that the crisis which invaded the relationship did not situate itself at the level of an oppressor-oppressed dynamic. Nor did it result from a simple unfulfilled quest for autonomy on the part of the involved adolescent. Rather, the problem was rooted in the daughter's reappraisal and eventual rejection of and estrangement from her own past approach to life. Far from being bereft of any capacity for autonomous action, our subject showed a considerable initiative in addressing, in her own way, the crisis which had afflicted her life. Only after the conflict over eating had begun, did the issue of autonomy become prominent in our anorectic subject's

discourse. At this time she was not bemoaning the lack of autonomy but was embarked on an adamant defence of it.

A related aspect of the whole concept of a developmental arrest at the level of self-individuation is the notion that it is based on the anorectic's mother's own lack of self-differentiation. In the view of authors such as Masterson (1978) and Szyrnski (1973), this deficit leads the mother to perceive all expressions of autonomy within the family as inherently threatening. According to Masterson, the mother is able to effectively discourage such expression by making her investment in the lives of her children contingent on them remaining in a dependent position. What is also suggested is that these disincentives are unconsciously motivated and communicated inconspicuously or indirectly.

Our data does suggest that the mother in our subject family strongly endorsed the notion of a family-centered lifestyle. However, this view was rooted not in some deep and unvoiced fear of losing control over the life of her child, but rather in a clearly articulated conceptualization of the family, its internal culture, and its role in the lives of its members. For the mother, this approach to family living was perceived as not only appropriate for meeting her own needs, but as essential to meeting the social and personal needs of all family members. For the mother of our subject family, therefore, centering one's

life in the family is primarily a socially and personally fulfilling approach to living in the world, an approach embraced to some extent by all other members of the family.

From within the family milieu, our subject mother did not reveal any intentions to make her involvement in her daughter's life contingent on the daughter assuming a dependent relational posture. Rather, she deliberately sought to foster a relationship with both of her children that was adult-like, egalitarian, and non-authoritative.

Our results and the above considerations allow us to shed a clearer light on Bruch's (1966, 1973) central notion of the body as a "safe domain of selfhood". This theme figured prominently in our data. Bruch perceived the body project to be the least offensive means by which the anorectic could pursue her autonomy without transgressing the family's rules and beliefs. However, our own subject referred to her attempt to control her body as a first and preferred creative step, a self-defined project which would form the core of a new self and a new lived world completely distinct from the now discredited and estranged world of the past. Unfortunately the current study cannot rely on previous empirical phenomenological research to help clarify the significance of the body in the lives of normal adolescents as they begin to redefine their world, nor did our study focus on this particular phenomenon in the life of the anorectic in our study. Our results would suggest,

however, that such a study is necessary and would seem promising both in terms of understanding the anorectic's lived experience of her body, and the significance of the body for unaffected adolescents.

#### Dialogue with the Systemic Theory view of Anorexia Nervosa

Minuchin et al. (1978), as we have seen, proposed that the families of anorectics possess a number of important distinguishing features. Amongst the key features noted were that these families are typically enmeshed, and that the affected family member is almost always inappropriately triangulated into a problematic parental subsystem. Minuchin also noted that such families are rigid, overprotective, and ineffective at problem solving. Palazzoli's (1978) systemic study of her own patient families confirmed many of Minuchin's findings. She noted, for example that the families of anorectics are poorly organized in terms of family leadership and are inept at resolving issues of blame. Both these characteristics were seen as typical of enmeshed families. Palazzoli also noted the triangulation process observed by Minuchin.

Both authors perceived these features to be dimensions of a dynamic familial system which is self-perpetuating. The system itself, therefore, is the object of their interest. Little attention is paid to the significant lived world of individual family members since the familial system

is understood to be the principal determining force in their lives. Devoid of a subjective grounding, concepts such as triangulation and boundary diffusion take on a facticity of their own in systemic articulations. The lived world from which these patterns emerge, therefore, remains unexplored. Yet one can hardly use such terms as triangulation without sensing the extent to which they point towards a world of subjective and intersubjective meanings and significance. In the next pages we shall look at these reported features of anorexia nervosa in the light of our findings to reveal them from the perspective of those from whose lives the "system" emerged and took shape.

#### Enmeshment

The term enmeshment is used to denote a family environment in which the rules and traditions which define the family's hierarchy of authority are poorly specified and loosely adhered to. In such families, according to Minuchin (1974), generational distinctions are diffuse and parents become intrusively overinvolved in the lives of their children. Such families value closeness to such an extent that parents avoid assuming an authoritative stance for fear of compromising their relationships with other family members. The children are also jeopardized in that the lack of clear boundaries in the family prevents their development towards differentiation and autonomy.

Our own findings revealed that, contrary to what Minuchin would have predicted, a clear and generally accepted authority structure and a well-articulated distribution of familial responsibilities did exist in our subject family prior to the onset of symptoms. The father was clearly the dominant authority in the home, while mother held the traditional responsibilities of looking after domestic issues, and providing for her children's daily needs. Both parents were not only aware of their respective responsibilities, but viewed them as integral to their way of being with the family. Furthermore, this internal family structure was described by all as quite effective in resolving family problems up to and until the onset of symptoms. However, the family in our study did place a high degree of value on familial interpersonal closeness. Both parents stated clearly that their concept of family life and the basis of the family's unity was rooted in the idea of strong and close intersubjective familial relationships between parents and children. Yet this pursuit of closeness was integrated into the family lifestyle in a way which did not compromise the carrying out of parental responsibilities or the exercise of parental authority. Through the development of "special relationships" epitomized in the one created by mother and daughter, such close relations could be pursued in a relatively private and temporally defined sub-domain within the family. If one were to use systemic

terms one would have to acknowledge that the boundary of the mother-daughter subsystem was well developed indeed and did not show the symptoms of diffusion characteristic of enmeshed families.

The familial cross-generational relationships were intimate and potent but were not perceived as oppressive or stifling of the participant's pursuit of her maturational goals. In fact, we found that developmental concerns were actively addressed and worked through in these relationships. The brother in our subject family, for example, sought to intensify his relationship with his father with the clear goal of addressing issues related to his movement towards adulthood. The pre-anorectic daughter valued her special relationship with her mother specifically because it afforded her the opportunity to explore the world of feminine maturity. It was within these relational domains, therefore, that more mature intersubjective encounters were attempted. In the mother's case, both adolescents appreciated her willingness to share her friendship with them by adopting a more egalitarian stance, and did not consider that she had abnegated or shied away from her maternal responsibilities in doing so. The son of the family was even critical of his father for being less disposed than his mother to pursuing these dyadic egalitarian relationships.

What was striking, however, was the extent to which this initiation into more mature forms of relating and behaving occurred almost exclusively within the family. From the perspective of both children, maturational objectives were defined in terms of transforming their respective relationships with their parents from child-parent to adult-adult types of interactions. For both parents, the expansion of their children's world and their psychological as well as physical development presented them with the challenge and opportunity of adapting and directing their respective cross-generational relationships towards a future of expanded and ever closer interactions within the family. Only in the case of the father son relationship, was there a clear view on the father's part of an evolving maturational process leading to a moving away from the family. However, this was not true of the son's relationship with his father. Significantly, the son's perception of the future of his relational world was far more family-based.

The lived worlds for our subjects, therefore, were very much familial. The significance of one's presence in the world and one's success in the world was intimately related to the development of one's presence in the family, such that the pursuit of life and the creation of one's future was confined to the familial domain. Here, our findings join those of systemic researchers and those of

psychoanalysts who have all observed and commented on the family-centered existences of both their anorectic patients and their families.

Not surprisingly, therefore, when the daughter in our subject family sought to redefine herself outside the family, she was obliged to not only move away from the family but from the whole of her previous lived world. Her previous existence had been so fully integrated with that of the family that the family had become the primary medium through which all of her experiences drew their meaning and significance. Distancing herself from the familial domain left the daughter with the project of having to essentially recreate a whole new world, a project she began by addressing her body.

It should be noted that both Minuchin and Palazzoli derived their findings from clinical interviews with conflicted families in which the patient was acutely affected by the disorder. If we look at the transformation our subject family experienced as a result of the onset of the daughter's anorexia nervosa, we find a picture more compatible to that presented by these two authors. During the symptomatic period, for example, the parental authority structure did indeed deteriorate, and the division of responsibilities did become confused as both parents struggled to understand the nature of their daughter's disorder. Problem-solving thus become difficult. Though

the parental couple did attempt to adopt an authoritative stance during conflicts, their own hesitancy born from their confusion often made their attempts half-hearted and self-defeating.

For Minuchin, Palazzoli, and others, this troubled state was assumed to have been longstanding and characteristic of the family's premorbid way of dealing with difficult situations. The potential for living out these patterns of role confusion and poor conflict resolution, Palazzoli (1978) suggested, would have been inherited by both parents from their families of origin, and once enacted, would have become self-perpetuating.

In the case of our subject family, however, the transformation in the family's way of living was described as quite unprecedented and precipitated by a crisis of meaning over how to interpret these new events affecting their family. This crisis arose from the fact that the daughter was not only engaged in behaviors which were clearly unacceptable to the family, but that she was also, for the first time, actively withdrawing her commitment to pursuing her family-centered lifestyle, thus putting in question the family's unity. The previously adequate family-based parental sanctions against misbehaviors now proved ineffective and even dangerous since the recalcitrant family member seemed quite ready to challenge her parents'

right to intervene, and to even leave the field of interaction altogether if the conflict was pursued.

Both parents in our subject family were aware of the possibility that such behaviors were similar to the teenage rebelliousness associated with poor parent-child relationships. However, both parents were equally aware of the fact that dramatic alterations in behaviors could be brought on by temporary mental disorders. Interpreting the daughter's behaviors as purely rebellious implied that addressing the problem necessitated repairing those damaged interpersonal relationships which would have been at the root of the misbehavior. Accepting the illness hypothesis implied that one would be assertive and very problem-focused in one's interactions in order to help the daughter overcome her temporary difficulty. Despite the fact that their whole experience with their daughter seemed to suggest that she was suffering from an "illness", the rebellion hypothesis continued to exist as a possibility in the minds of our parent subjects.

The effects of living the dilemma were well described by the mother in our family when she referred to her self-defeating attempts to impose her will on her daughter. Moving at first with the conviction that she had the credibility and the justification for exerting her authority with her daughter, she often retreated when her daughter communicated clearly that her actions were in fact putting

their entire relationship in question. Soon she would again engage her daughter, pushed by the need for action, only to retreat again. From a systemic perspective, this process would have been identified as a self-perpetuating cyclical pattern of interaction which fulfilled an important function in the family system. What systems theorists overlook is the intractable dilemma lived at the level of meaning which, for our subject mother, rested at the core of the cyclical process. In our subject family, this cycle of confrontation-withdrawal ceased only when a strong confirmation of the illness hypothesis clarified the meaning of the anorectic daughter's oppositional behaviors and justified a more assertive stance on the part of the mother, supported by helping professionals.

What our results show, therefore, is that the concept of enmeshment, as articulated by Minuchin, is inaccurate in describing the presymptomatic state of our subject family. Subsystem boundaries were in fact well developed and functional, as was the family's internal authority structure. Where our findings joined both the systemic and nonsystemic theorists was in underlining the extent to which the unfolding of the lives of these family members was centered in the family, exemplified in the presence of exceptionally potent dyadic relationships. Minuchin's and Palazzoli's formulations are more applicable in describing the family during the symptomatic period. However, these

formulations are still lacking in that they fail to reveal the deep crisis at the level of meaning which arose following the daughter's movement away from the family.

### Triangulation

The second important feature of anorectic family life identified by Minuchin and Palazzoli is the presence of a triangulation process involving the affected child in a long-standing covert parental conflict. According to both authors, this process develops gradually prior to the symptomatic period and is important in maintaining a balance in the familial system by preventing the conflict between parents from becoming overt. From a systemic perspective, the conditions for a triangulation process would appear to be present in our data. For example, despite clear comments by both parents that their relationship was strong and functional, it was also clearly asymmetrical inasmuch as the mother's willingness to invest in making her spousal relationship continue to "open up" and evolve was not reciprocated by the father. It was also clear that the father seemed more oriented towards investing in his relationship with his daughter than with either his wife or his son. One could infer that the triangulation process had been present for some time in this family.

However, this would indeed be an inference, and does not reflect the perceptions of the members of our subject

family. According to them, the primary relational context within which their various close relationships were pursued was through dyadic special relationships as we saw earlier. The anorectic daughter, for example, described her relationships with each parent as being quite distinct and different. Each relationship had its own history and was molded by its own set of issues. The daughter had no awareness of any deep and smoldering parental conflict, viewing the spousal couple as close and unified in their actions.

With the onset of symptoms a truly intense triadic process developed which did involve the affected adolescent and both parents. This triadic process was born from the acute need for a coordinated parental response in the face of a serious and incomprehensible problem, namely their daughter's refusal to eat or to be part of the family. During this time, each parent sought to gain control over the family's rehabilitation effort. The father became increasingly involved in child-care issues and promoted his views vigorously while the mother became far less considerate of father's authority and frequently overruled him on matters related to their daughter's care in an attempt to achieve positive results. During the symptomatic period, therefore, the spousal relationship became problem-focused and conflicted in a way it had not been before the onset of symptoms. However, the difficulties in the

parental couple were recognised by both our subject parents as associated with their daughter's disorder. Both believed, therefore, that their daughter's recuperation would relieve their conflict.

As the problem with their daughter intensified, the world of both parents became almost completely centered on the behaviors of their daughter. They eventually developed a hypersensitivity to the slightest alterations in their daughter's condition and became quite overprotective as they attempted to gain some control over her life. Here again, however, these parental characteristics were not mentioned as being prominent in the presymptomatic period and were not perceived as being permanent.

The triadic process which emerged from the descriptions of our subjects is far different, therefore, from the triadic relational process described by both Minuchin and Palazzoli. Whereas their description portrayed the process as a slowly evolving distortion in the relational world of the family born from an intractable conflict between both parents and their daughter, the triadic process which our family experienced was described as a problem-focused, precipitous, and situation-specific phenomenon. It was also perceived as transitory, being replaced in time by the presymptomatic family lifestyle dominated by strong dyadic relationships.

Communication Problems

In addition to confirming many of Minuchin's observations, as we have seen, Palazzoli (1978) paid particular attention to the quality of the communication within the family. To recapitulate, she noted that in anorectic families, individuals often do not acknowledge communication from others, particularly if these are problem-related or if they communicate a self-statement. She also noted that people in the family are usually reluctant to attribute blame in the family, often preferring to ascribe blame to an extrafamilial source or to fate instead.

These findings were corroborated to some extent by our study. During the family interview, the parents of our subject family often did fail to respond to or acknowledge comments by other family members when these contradicted their view of the family milieu. The father, for example, rejected his son's affirmation that he had been unable to participate in the family coalition to aid his sister and that he had been an isolate in the family since the onset of his sister's symptoms. In another instance, the mother continued to stress that her daughter's disruptive behaviors were not a reflection of any real desire to move away from the family even after the daughter had explicitly described her conscious and willful intention to distance herself from her previous family life.

Palazzoli views dysfunctional communication patterns in the families of anorectics as important etiological factors. Yet their significance in terms of reflecting the lived structure of familial relationships was not explored beyond asserting that they are part of a dynamic centered in a conflict between both parents. The question which introduces itself, therefore, is to what extent do these communication dysfunctions arise from a way of seeing and understanding the presence of other family members in the lived world of the family. Neither Palazzoli nor Minuchin address this question.

#### Binswanger's Description of Anorexia Nervosa

In Binswanger's description of Ellen West, the subject was described as one who throughout her life had been unwilling to participate in the world of others (the Mitwelt), and who had been unaccepting of her lived environment, including her own biological facticity (Umwelt and Eigenwelt). She had instead moved towards an ethereal world, a world of fantasy wherein her aggression and her will to dominate could be lived out in imagination. However, the necessities of daily life pulled her continuously towards the real world. Though unavoidable, this real world nevertheless revealed itself increasingly as empty and trivial.

Binswanger's existential phenomenological observations regarding Ellen West seem strikingly pertinent to our understanding of the lived experience of our anorectic subject. The daughter of our subject family explicitly noted, for example, that she had retreated into her own private domain after experiencing the whole of her lived world as unauthentic and not her own. Like Ellen West, she sought to create a personal world in which she could apply stringent standards and seek perfection in her projects. This she pursued, even at the expense of her own health. The experience of lived time was significantly altered for both subjects in that both their pasts faded into irrelevance under the scrutiny of their conscious evaluation, and their future remained ill-defined save in the context of their private world. Both, therefore, were caught in an ever-narrowing present which was nourished less and less by an active involvement in the world and by the sharing of relationships. Unlike Ellen West, however, our subject (whose drift towards pathology was relatively recent) did not immerse herself so completely in her private world as to become dissociated from her Mitwelt and her Umwelt. Nevertheless, the structures of their experiences were strikingly similar.

In his case study, Binswanger, as we saw, did not set out to describe the familial context in which Ellen's growing rejection of her Mitwelt and Umwelt occurred. Yet,

as we noted earlier, the question almost imposes itself as one studies the account given by the author. Here, our data is relevant in that the *Eigenwelt* and *Mitwelt* of other family members did emerge to some extent through our analysis.

### Reflections on the Intersubjective World of our Subject Family

The term *Mitwelt* is used by Binswanger to refer to the world of others as experienced and shaped by the self. As such, it refers to what each family member brings to the family and how they proceed to live with their fellow family members. To help define and understand the *Mitwelt* from an existential phenomenological perspective, we must rely, as Binswanger did, on an exploration of lived time, a category which was omnipresent in his data as it was in ours. As well, to address the intersubjective lives of our subjects, we must look at the question of the form and quality of the encounters between members of the family. Responding to the theme of intersubjectivity, we must rely on the foundational conceptualizations of Husserl (1960), Schutz (1967) and Merleau-Ponty (1964, 1973b). Of particular importance are Schutz's concepts of the *We-They* relationship and interpersonal objectifications as well as the related levels of syncretic experiences described by Merleau-Ponty (1964).

Also pertinent is Husserl's concept of shared involvement in the world.

If we address our data from an intersubjective perspective illuminated by the above contributions, we encounter the fact that each person within the family is quite clearly defined in the eyes of other family members. The son, for example, is the shy one who is "just like dad", whereas mother and daughter are more gregarious and socially involved, and so forth. From Schutz's perspective, such characterizations constitute objectifications of the other which stand as obstacles to a true face-to-face encounter. Such objectifications, as we have seen, have to be transcended if an authentic We-relationship is to evolve. It is through transcending such objectifications and entering into face-to-face encounters that a relationship is opened up and transformed. Merleau-Ponty viewed face-to-face encounters as opportunities for living those syncretic experiences that add richness to each participant's life and promote the evolution of the relationship. The familial structures as lived, therefore, are molded by the quality of the encounters between members. This brings us to the following important question: How has the quality of various familial relationships structured the intersubjective world of our subject family?

In beginning to address this question let us look at the parental dyad in our subject family. Almost

predictably, the parental dyad showed itself to be a highly objectified relational domain sedimented by the various roles, responsibilities, and characteristics which belonged to each of the parents. This parental objectification was highly important to all family members (as it is for the cohesion of all families) in that it contributed significantly to the definition and meaning of the family, providing it with a nexus of permanence and predictability around which an allegiance and a sense of continuity could be built. Perhaps the most important constituent characteristic in this constellation of objectifications was, as we have seen, the belief that parents were not only oriented towards guiding their children, but that they sought to befriend them and develop close relationships with them.

Creating an authentic We-encounter within the parental dyad presented a significant challenge in this family, therefore, since it implied moving out of the numerous specified roles each had in relation to the other and to the children. From our subject mother's perspective, however, We-encounters were not only possible but desired. Referring to this potential, she employed the telling phrase "I not only love him, I am in love with him", implying that she not only sought to respond to his presence and intentions, but that she sought what Merleau-Ponty (1964) would refer to as a syncretic level of sharing with him, that is, living

through his intentions and being immersed in his world. For mother, her relationship with her husband also had real temporal breadth in that it implied a dynamic common past which was giving way towards the possibility of an evolving and dynamic future. For D, however, the world of his spousal relationship was dominated by his wife's role as an unchanging and much needed source of support and stability in his life. This relationship, though central and important, was non-evolving and temporally defined not by a significant past or possible future but by a permanent present. The intersubjective relational structure within the spousal domain, therefore, revealed itself to be asymmetrical and not favoring the kind of relational encounter which would have a transforming effect on the couple and on the family. In her description of her current relationship with her husband, the mother confirmed the asymmetry by noting her frustration with her husband's chronic difficulty in "opening up" and sharing himself with her<sup>13</sup>.

The father's relationship with his son was similarly compromised by a strong but quite different form of objectification. Here, the objectification was

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<sup>13</sup> According to Schutz (1967) relationships are always relative in that a pure We-relationship untainted by any objectification is as impossible as is a purely objectified relationship. That rich interactions did not occur frequently within the spousal domain is also not implied since rich interactions can take place without them having the transformative power of a We-encounter.

predominantly past-centered and arose from the perceived similarities between his son's difficulties in the world and his own problems during adolescence. In the eyes of the father, his son became "just like me", a recreation of the past where life possibilities seemed known and predictable. What we find, therefore, is a kind of Husserlian appropriation phenomenon. However, whereas Husserl (1960) saw this as intrinsic to the closeness which evolves by sharing an ongoing project, in our case, the project (father's adolescence) was in the past. This appropriation, therefore, was not a true opening towards the other which results from a sharing of intention within the context of a perceived common future. Rather, it took the form of an imposition on the father's part wherein he sought to define his son's life based on a past that did not belong to the son. Here again, therefore, the father's Mitwelt was dominated by a perception of facticity which prevented an authentic We-relational mode from developing. The fact that both the mother and the anorectic daughter shared this perception speaks to the strength of this attribution. The only one in the family to reject this imposition was the son himself. Referring to his relationship with his father, he decried the lack of openness in his father but awaited the opportunity for a true encounter with him, one in which he could be seen as "who I am".

The son's other familial relationships were also affected by strong objectifications. His mother, for example, perceived her son as a person able to adopt a dependable father-role during her husband's absence. In acknowledging and participating in this belief, the son was in fact solidifying his own objectification, and narrowing the field of possible futures for himself within the family. Despite this, both the son and the mother claimed they had developed an openness to each other which allowed the relationship some flexibility. The son confirmed this limited openness when he described his mother as the one who saw him, to some extent, for what he was. The daughter in the family also objectified her brother in terms of being "like dad".

Where the Mitwelt of both parents converged most clearly was in their readiness towards intense, open and non-determined encounters with their daughter. For the mother, this was already a lived reality integrated in the rhythm of her and her daughter's lives via their "special relationship". For the father, the relationship, though close, was still in the process of moving towards the realization of an authentic We-relationship. That such a relationship had yet to mature was evidenced by the daughter herself who noted that she still could not transcend her image of her father as an authority figure. Both parents, however, sought and, in mother's case, experienced the kind

of intense self-transforming syncretic experience that would allow for a true sharing of selves within the context of a common future.

In father's case, the lived future seemed almost singularly centered on the relational domain he hoped to share with his daughter. The centrality of this relational domain for father was evidenced during the daughter's hospitalization wherein it was father who found it most difficult to endure his daughter's absence from the home. To compensate for the sense of emptiness he felt as a result of her absence, father wrote a series of highly personal letters. For the daughter of our subject family, therefore, the intersubjective structure of the family as lived placed her clearly at the nexus of family life.

Significantly, we do not find either parent transposing their own characteristics onto their daughter or transposing the daughter's characteristics onto themselves. Nor is the daughter's presence in the family objectified in terms other than her presymptomatic gregariousness and zest for life. Rather, the daughter was perceived as a family member whose future was open and full of new possibilities. What we do find, however, is that the daughter herself enacted a form of appropriation of her mother's characteristics which, in the presymptomatic period, seemed to conform to what Husserl referred to as born from pursuing common projects within a shared world. This was perhaps most evident in the

intensity with which she befriended her mother, sharing her activities, friends, and interests. Such an appropriation was also suggested by the daughter's account of her relationship with her brother, which she described as characterized by her acting towards him in much the same way her mother acted towards her husband (e.g., being a support and speaking for him but still seeking him out for his inner strength).

The intersubjective relational structure which emerged through our exploration of the Mitwelt of the members of our subject family in the presymptomatic period was a compelling one. On the one hand, the family claimed to be dedicated to promoting We-relationships for everyone. However, the only relationships through which the family's most powerful members achieved this level of relating was through their relationship with their daughter. Other relationships, though functional, in most respects, failed to a greater or lesser extent in transcending the objectification which posed an obstacle to such encounters. Significantly, none of the individuals in the family suggested that such We-relationships could be pursued outside the family. Though the interview format focused on the family almost exclusively, none of the family members mentioned a non-family friend that was playing a significant or central part in their lives. Instead, a clear distinction was made between family members and non-family members which gave all

non-family members an ubiquitous facticity, that of being "other".

With the onset of symptoms, the key participant in the fabric of the family's intersubjective world, namely the daughter, withdrew her participation from the network of family relations. Unwilling to believe that their privileged relationships with their daughter would truly end, both parents held to the hope that the relationship was simply suspended, interrupted by the impact of a disastrous but temporary disease process. For the daughter, however, the withdrawal was a true retreat away from what she perceived to be an unauthentic existence permeated mostly with relationships in which the intentions of others dominated her world so completely that her own intentional presence did not emerge.

The transformations in the familial relationships which followed were characterized by a shift which saw both parents beginning to respond to their daughter as "the sick child", as an almost pure facticity. The consolidation of the triadic relational process was in fact dependent on ensuring that the daughter remain a facticity, that is, one who was in difficulty and needing help. With the involvement of the medical community, this essential facticity of the daughter became incontestable.

Once she embarked on her project, the world of her family no longer presented opportunities for a true

reciprocal face-to-face encounter (with the exception of the more egalitarian encounters with mother during their special times). Both parents were increasingly defined in terms of their actions towards her project. In the daughter's perspective, her parents had become "other". Her responses towards them, therefore, were equally directive and intransigent. However, her own increasing loss of control<sup>14</sup> over her own behaviors made the argument for her parent's belief in the illness hypothesis increasingly irrefutable, thus reducing her project gradually to the status of symptom.

With the daughter's hospitalization, and the intervention on the part of the hospital staff, we found the daughter entertaining the possibility of reclaiming her position in the nexus of family life as both parents prepared to attempt to recreate their Mitwelt of the presymptomatic period. For the young anorectic, however, the dilemma seemed to persist inasmuch as she gave voice to the value of her anorectic project as well as to her reintegration in the family. As the allure of reentering family life became stronger, however, the daughter dissociated herself from her project to some extent,

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<sup>14</sup> The daughter's loss of control over her behaviors which was evidenced by the increasingly compulsive nature of her behaviors is consistent with one who is suffering the effects of starvation.

referring to it as a "happening" instead of a willful intentional act she had initiated.

The preceding reflective analysis allows us to see more clearly the structure of the familial intersubjective world within which our anorectic subject's self-isolating project took shape. The family revealed itself as an interpersonal domain within which the stated goal of achieving closeness between members was frequently proclaimed but rarely achieved. Though family members were able to live together comfortably, the numerous crystallized objectifications which defined the others in the family were often not transcended in the course of their encounters, thus making it difficult for these relationships to evolve. This objectification took various forms in the family, some of which seemed to be variants of the appropriation process described by Husserl (1960).

The anorectic daughter in our subject family was the one individual in the family with whom both parents felt they could immerse themselves in a true We-relationship. As such, she occupied a very central position in the Mitwelt of both her parents. From this position, the daughter in our family first immersed herself in this shared world with an intensity that was clearly unusual, even taking on maternal characteristics. By her own accounts, this familial world was not perceived as oppressive though it must have been demanding in terms of being present to others.

The onset of adolescence provided a turning for her understanding of her familial world and her role in it. Though the process through which the daughter progressed towards eventually seeing her world as unauthentic was not specifically explored in the current study, the impact of the daughter's withdrawal on the family was clearly revealed. For both parents the crisis led them to objectify the disorder which afflicted their daughter, in turn leading them to create a problem-focused triangulation process which monopolized parental energies towards correcting the problem.

The impact of the hospitalization also becomes clearer in the light of our results in that it reinforced and made almost irrefutable the objectification of the subject. However, this objectification was peculiarly dissociated from the personhood of the anorectic inasmuch as the true daughter was perceived as still present and ready to reemerge once the pathology was removed. For the anorectic daughter, transcending her objectification in order to resume her familial relationships meant having to dissociate herself from her project.

#### Relevance To Clinical Practice

Given its idiographic nature, the current study was not intended to establish the grounds for developing a comprehensive clinical approach to individual or family

psychotherapy with anorexia nervosa. This work must be left to future phenomenological studies involving numerous families of anorectics. What can be offered, however, are brief and general observations regarding implications our data may have for therapists addressing the needs of this particular family. Such observations may be generalizable if future research confirms that the meaning structures described in our study correspond to the lived reality of other families with anorectic children.

Let us proceed, therefore, by defining the general approaches and goals which the data suggests should be pursued in psychotherapy with the subject family and its members. In doing so, we will give particular attention to assessing the justification for involving the family unit in therapy, to determining if the emphasis given by family therapists to altering triadic processes in anorectic families is justifiable in this case, and to determining which dimension of the family reality as lived calls out most clearly for change. Finally, we will look briefly at the life world of the anorectic herself and highlight some features which prevented her from living a more integrated life.

The first and perhaps most central question of clinical significance is whether this study gives support to the argument made by Minuchin (1978), Palazzoli (1978), Sargent (1988) and Vandereycken (1989) for involving the family in

therapy. Our results give a strong and unequivocal confirmation of the potential impact of such an approach. The family was clearly shown, in our study, to be the single most important and determining forum of social involvement in the lives of all of our subjects. The relationships, projects, and activities undertaken in the family were acknowledged by all as having priority over extrafamilial social and relational investments. Therefore, any intervention which meaningfully impacts on the family will necessarily have an important effect on the lives of all its members. Furthermore, both parents and children indicated clearly that one of their primary concerns was the negative impact the illness had had on their family life. With the exception of seeking to assure the physical survival of the affected subject, the most important motivator for therapy was identified as the belief that therapy would help their troubled family life and give it new relevance and meaning.

Having ascertained the potential value of a family approach, the question is what conceptualisation of the family will provide the most effective basis from which to pursue psychotherapy with the family. The structural-systemic model, which gives priority to the therapist's "third person" view of the family structure and bases all interventions on this outside perspective, was shown in our study to be too simplistic and at times misleading because

of its deliberate exclusion of individual motives, intentions and meanings. Other models (e.g., cognitive, behavioral, systemic, and psychoanalytic) were also found to be deficient in terms of being able to reflect the intricacies and complexities of this family's domestic life. The results of our study would suggest that it would be more appropriate and accurate to conceptualise the family as an "intersubjective community" (Mook 1989) within which meaningful and meaning-creating relationships are initiated and nurtured and where life-fulfilling intentions are pursued. Instead of conceptualising the family as a suprahuman structure which determines the individual's behaviour, it should more rightly be seen as a forum that is co-constituted and reflective of the intentions and projects of each of its members. Interventions with the family, therefore, would necessarily have to take place not only at the level of structure, function and communication, but also at the level of individual meanings, intentions and projects.

If we are to accept this revised conceptualisation of the family, the ultimate goal of therapy must also be revised. Instead of focusing only on correcting the structural faults in the system, clinical interventions should attempt to free family members to pursue new forms of activity and unfulfilled intentions within the intersubjective domain. This work would necessarily involve

working with the family as a whole, with subgroups in the family, and with members individually. Ideally, each individual in the family will have to discover new meanings and less confining ways of living with others.

Our results also allow us to ask new questions concerning the assumption by leading family therapists that the most important dysfunctional feature of anorectic families is the triangulation process which involves the parents and the affected child (Minuchin, 1978; Palazzoli, 1978). Much of family therapy with anorectics is devoted to correcting this dysfunction which is presumed to be at the core of the disorder's onset. However, our data suggested that the triangulation process did not predate the onset of symptoms but was rather a dysfunctional structure in response to the chaos created in the family as a result of the disorder's appearance. This family's presymptomatic lifestyle was defined far more by intense dyadic relationships than by triadic interactions. Members described their various diadic relational domains as the most central constituents of their sense of family. It was also at the level of the dyad that the most disturbing and painful anorexia-related transformations were experienced. For this family, the rehabilitation of the dyad was viewed as the primary concern and the key to the family's revitalisation.

If the dyad is to be recognised as an important focus for therapeutic intervention, it is necessary to clarify what dimension of the dyadic relationship needs to be transformed. The change that the family members themselves sought was not at the level of defining generational roles or assuring adherence to rules and prescribed power relationships. What called out to be addressed and transformed were the signitive intentions and intersubjective meanings which underlay each participant's view of the role the other participant in the dyad played in his or her life. Without exception, family members referred to the transforming of these intentions and meanings as the key to their own rehabilitation. It was also at the level of lived intentions that the greatest discrepancies between partners of a dyad were expressed and where the greatest frustration (in terms of unrealised life projects) was experienced both before and after the onset of symptoms. It is the transformation of the family's dyads at the level of lived intentions, therefore, which reveals itself to be the most promising avenue for generating a deep and effective change in the intersubjective domain that constitutes the family.

As limited as we have been in addressing clinical questions related to family therapy, we must be even more brief in our discussion of those aspects of the anorectic's personal life which would arise as important issues in

individual therapy, based as they are on the report of a single individual. Some points require mention, however, given their prominence in our results.

The first of these is the question of the anorectic's retreat from her social and familial world and her abandonment of the pursuit of true autonomy. As we have seen, our subject substituted this normal developmental project with an almost religious quest for the perfect authentic body. Our questioning during the data-gathering phase focused on family issues and did not exhaustively explore the possible non-familial reasons for our subject's disillusionment with the world of her presymptomatic life. Nor did it focus on the reasons for our subject's decision to make the body the focus of her new quest. Our data did, however, make clear that her disillusionment was profound and that her giving up on her familiar world had pervasive effects on all aspects of her daily life. The resulting anhedonia robbed her world of its potency to give joy, satisfaction, a sense of accomplishment, and the sense of "being a part of" the lives of others. It would be difficult to imagine how our subject could ever hope to normalise her life without working through the factors which made her old world appear to be formed by the intentions of others, and hence unauthentic. An important objective of individual therapy would be, therefore, to help the subject re-evaluate her choice to abandon all aspects of her old

world, and to hopefully help her move towards a new commitment, one that would open up the possibility for a mode of living that was both authentic and engaging.

The second important clinical question which arises from our results is that of the subject's sense of having lost control over her own life when the anorectic symptomatology became self-sustaining and seemingly beyond conscious control. In the case of our subject, she referred to this as the emergence of another self, a mischievous, resistant and uncontrollable anorectic self which had divorced itself from the initial self-project that motivated the first attempts to control the form of her body. For our subject, this loss of control over her most basic self-governed behaviour, i.e., eating, was both traumatic and confusing. Psycho-physiological research has shown us that at least some of the uncontrollable responses our subject described correspond to the psycho-biological effects typical of starvation. It follows that the anorexia sufferer in our study could, as part of her therapy, benefit from an educational component which would teach her how her body functions during starvation so that the occurrence of these unusual and stress-producing responses could at least be understood and perhaps better controlled.

Having made the above comments, we will leave it to the clinician to ponder how meaning and intentions can be made a

more central theme in at least part of the clinical intervention with anorectics and their families.

### Conclusion

In the course of this discussion, we have attempted to demonstrate that the current theorizing on the families of anorectics has failed to truly illuminate the complexity and structure of the intersubjective world of these families from the perspective of those who live it and give it meaning. Though the contributions made thus far, particularly those made by psychoanalytic, object relations, and systemic schools have proposed explanations which correspond to the phenomenon to some extent, all those reviewed fail to pierce the veil of the lived world of the family members and therefore provide theoretical formulations which do not remain faithful to the phenomenon as lived. Under close scrutiny, and in the light of our results, the various theories reveal themselves to be simplifications, overgeneralizations, or even misinterpretations. Of the theoretical perspectives reviewed, the one which presented the most congruent and potent articulation of the phenomenon of anorexia nervosa was the existential phenomenological perspective provided by Binswanger. By remaining faithful to the realities of the human order and by seeking an understanding instead of an explanation, he was able to reveal the fundamental

structures of the lived world of the anorectic in a way that allowed us a privileged insight into the lives of our own subjects.

To pursue our discussion, we sought to contextualize our results in the light of an analysis of the intersubjective domain based upon the insights of Husserl, Schutz, and Merleau-Ponty. What we attempted to show was that the fundamental structures of the human *Mitwelt* described by these authors offer a powerful approach in the task of penetrating the lived intersubjective world of the family.

We have also demonstrated that through the use of a rigorous and replicable phenomenological methodology, the subjectively lived world of the family could be accessed by the investigator and that the results thus obtained could be used to validate, refute, or amend the theoretical formulations offered in the literature. When the phenomenon of family life is allowed to speak for itself, it reveals a highly complex intersubjective world which evolves from and is shaped by those who constitute it and give it meaning.

#### Suggestions for Future Research

Given that the current study is novel in many respects, the opportunities for expanding on its results are numerous. However, we will limit ourselves to addressing three issues which stand out in terms of future research; 1) the need to

refine the methodology for conducting family studies, 2) the need to expand our understanding of the life of well-functioning families from the perspective of the members themselves, and 3) the need to validate the current results and explore specific issues in the families of anorectic.

Regarding the question of method, the current study represents a first attempt at using a multi-stage interview process for generating data to be analyzed through meaning-unit analysis. When designing the interview process, one of the prime concerns was to create an interview context which would bring the individual to focus primarily on the phenomenon of family life and not on the relational dynamics between the interviewer and the subject. We also sought to provide a number of opportunities for each subject to validate or correct previous statements. This was carried out by playing the videotaped family interview during the individual interview stage. Though effective, this approach produced large amounts of often redundant data which made the detailed analysis required for meaning-unit analysis very time-consuming.

Future phenomenological studies of family life should explore the possibility of refining the family and individual interview process by experimenting with the use of more focused interview approaches. The advantages and disadvantages of conducting individual interviews in combination with family interviews should also be considered

in terms of determining the extent to which individual interviews are likely to enrich the family interview content. In addition, the advisability of extending the family interview process to include a number of sequential family interviews requires consideration. Finally, the issue of using videotaped and audiotaped recordings of previous interviews in subsequent interviews should be critically examined to ascertain the degree to which such recordings may induce a false consistency in the accounts provided by subjects.

Anticipating the eventual integration of hermeneutic concepts to the study of family life, attention should also be given to the possibility of including other expressive mediums as part of the research data. Future developments in hermeneutic research methods in psychology may indeed help redefine the concepts of empirical data in years to come.

The current study could be criticized for being premature since phenomenological studies have not yet generated a body of findings which describe the healthy and well-functioning family. As a result, studies such as ours cannot contextualize their findings in the light of previous phenomenological research on healthy families. Clearly the well-functioning family needs to be explored systematically and intensively in the near future.

In a phenomenological exploration of the structural features and developmental dimensions of the healthy family, specific issues call out to be explored. These include the role of cross-generational dyadic relationships, the temporal dimensions of sibling, spousal, and cross-generational relationships, and the frequency and role of the phenomenon of appropriation.

In addition to the above-mentioned general research themes, some topic areas would be particularly significant for contextualizing research with the families of anorectics. These include exploring the significance of the body for the healthy adolescent and her family as the adolescent moves towards adulthood, and studying the process by which functional adolescents deal with issues of authenticity and the sharing of projects within the family milieu.

Future studies involving anorectic families should address more specific issues related to the anorectic's family life. Among these, the anorectic's need for an authentic lifestyle and her rejection of most of her past experiences present themselves as particularly significant areas for future research.

The current study was intended as a broad exploration of the anorectic's experience of family life which would provide a basis from which to dialogue with past contributions. Future studies using a comparable approach

to psychological research could contribute significantly to addressing the question of the representativeness of the intersubjective meaning-structures revealed through our investigation.

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## Appendix A

Research Consent Form

This is to acknowledge that I hereby give my full consent to serving as a participant in the research project entitled "Exploration of Lived Experiences of Family Life" being conducted by C. Emmrys and B. Mook, both affiliated with the School of Psychology at the University of Ottawa.

I understand that the project is principally concerned with exploring the qualitative dimensions of family life in families where one member suffers from a disorder and that the project poses no risk of physical or mental harm to me or my family. I am also guaranteed that my identity will be kept strictly confidential and will be known only to C. Emmrys, B. Mook, and a research assistant directly involved with the analysis of the interview material.

My participation will consist of giving a written response to a research question and then taking part in a family interview and a follow-up individual interview. The family and individual interviews will be video or audio taped. These tapes will be kept in a secure setting and only viewed or listened to by those directly concerned with the research project.

When completed the interviews will be transcribed for analysis. These written accounts may be used for research and publication purposes but only after all names and identifying references have been changed to protect my privacy.

The clinician directly concerned with the treatment of my family will receive a verbal summary of the interviews and may view or listen to the various tapes as a means of helping him\her better plan his\her therapeutic efforts.

.../2

- 2 -

As a subject I reserve the right to withdraw my participation from the project at any point by informing you in writing of my intent to do so. Should any questions or concerns arise during the project, Mr. Emmrys will be available to discuss them to my satisfaction.

---

 Subject

---

 Subject's Name

---

 Witness

---

 Address

---

 Date

To contact the research team write to:

Charles Emmrys  
 University of Ottawa  
 Child Study Centre  
 10 McDougal St.  
 Ottawa, Ontario  
 K1N 6N5

## Appendix B

## Situating Structure of Individual Contributions

Mother's Perception of Family Life:Situating structure

In describing her experience of family life before and during S's illness, M focused on seven principal areas. Four of these areas were intentionally solicited by the investigator. These were (1) D's perception of the family, (2) D's perception of the community's response to S's illness (3) D's perception of the parental dyad, and (4) D's perception of his dyadic relationships with his children. M also contributed comments on three other areas she found pertinent to the discussion, namely the impact of the community's response to S's illness on her perception of herself as a parent, the paralyzing effect her own lack of understanding of S's condition had on her ability to cope with the disorder, and the central role played by health care professionals throughout the difficult period.

Temporal Development of the Problem

During the initial symptomatic period, according to M, S's way of being with others underwent a gradual transformation, changing from a joyful and gregarious family member to a recalcitrant, isolative young girl continuously preoccupied with losing weight. S also seemed to M to be

unexplainably committed to and invested in making herself an outsider to the family, displaying for the first time uncooperative and oppositional behaviors wholly uncharacteristic of her.

For M, this was also a period of escalating discord between her and her husband over the issues of S's health. While D became increasingly concerned with what he considered a serious disorder requiring immediate and vigorous action, M adhered to her family physician's initial opinions, maintaining that S's behaviors were normal and healthy. M accepted and defended the physician's interpretation despite her own growing apprehensions, crediting him with having, by virtue of his profession, a deeper understanding of the situation.

The continuing deterioration in S's physical and mental health evidenced by weight loss, increased social isolation, mood swings, and uncharacteristic resistance to parental authority prompted M to return to her family physician. He acknowledged the need to intervene and proposed a new parental approach in which M would be the main intervener in S's care during meals and D would play a supportive role.

Both M and D accepted the physician's recommendations, but D was critical of the plan and continued to make it an issue in his ongoing arguments with M. S's own mounting verbal and behavioral resistance to M's interventions resulted in M finding herself the "one in the middle",

caught in the nexus of a three-way conflict in which all the animosity was aimed at her. The stress induced by this three-way conflict, and M's failure to achieve any real progress in correcting S's condition, led M to feel confused and insecure about her parenting abilities and to doubt her decision to follow the advice of her physician above that of family members.

As S's aggressive rejection of maternal directives related to food became more intense, M's meal-time interactions with S began to change. Initially M had acted with the assumption that by applying the right parental incentives and by appealing to S's common sense, she could persuade S to willingly correct her own behaviors. The failure of this approach led M to resort increasingly to confrontation, entering into what she perceived to be a "struggle of wills" with S, an all-out attempt to prevail over S's resistance through sheer determination and persistence. In this struggle, the imperative to achieve compliance took precedence over reasoning and compromise and the desire to respect and safeguard the quality of her relationship.

Unilaterally imposing her will on S proved to be very difficult and trying for M, who had never before found herself confronted with such determined resistance. Her confrontations with S would often follow an escalating and cyclical pattern, beginning with a conflict over S's non-

compliant behavior. When it became evident that S was being emotionally stressed and hurt by the confrontation, M would retreat and begin to doubt herself and the wisdom of her parental acts. She would then withdraw completely from the exchange, accusing herself of having failed S as a parent. Even in those confrontations where she succeeded in getting S's compliance, M would still be critical of herself for having caused so much pain in achieving her goal. Even more devastating for M was the irreconcilable nature of the conflict, evidenced by S's obvious pleasure at losing weight and defeating M's efforts. However, M rejected the contention (voiced by S during the family interview) that she had opted at times to avoid confrontation altogether, stating that although her interventions had sometimes been unsuccessful and had resulted in self-doubt, her determination to persist had always been unshakable. According to M, her "stubbornness" was stronger than S's.

Later in the symptomatic period it became increasingly clear to M and D that S had become blind to the fact that her behaviors were endangering her life. When M also became aware that S had, for the first time in her life, been deliberately duplicitous and dishonest with her parents (a dishonesty which never succeeded in deceiving either parent in M's view), she began viewing S's state of mind as disordered, confused, and seemingly controlled by an ill-defined but omnipresent pathological process. M referred to

this process as a self-sustaining rebellion, one whose true purpose was to subvert parental control. The caring, honest, affiliative disposition which had characterized S's pre-rebellion personality had been overcome and replaced, in M's view, by a calculating, oppositional, manipulative attitude, a symptomatic self which revealed itself most in her interactions with her parents. Although coming to grips with the notion that S was psycho-emotionally compromised was extremely painful for M, it nevertheless allowed her to achieve a clearer understanding of the severity of the condition affecting her daughter. M was then able to view her own efforts to take control of S's life as compassionate and caring attempts to ensure S's survival and to help S's "old self" regain its place.

This new understanding did not prevent M from being aware of S's argument that the care of her body was, in her view, a right and responsibility, a domain of personal autonomy that was beyond the realm of parental authority. S's refrain of "I just want to be myself" was perceived by M to be S's way of affirming her intent to pursue her own personal weight goals and other projects independently from others in a quest for personal autonomy. M was also aware that S interpreted parental attempts to control her food intake as malevolent infringements on this self-declared right, and that her avoidance of family activities and interpersonal contacts within the family milieu was in all

likelihood a vindictive response to this infringement. In M's view, however, S's motives and intents were part of the pathological resistance characterizing the disorder that had come to dominate her thinking. In a similar manner, S's non-participation in family activities was seen as a pathological retreat into "her own little world" and symptomatic of a loss of social functioning.

Throughout M's struggle to implement the physician's action plan and her attempts to deal with the ongoing and intensifying three-way conflict involving her, S, and D, little time or energy was left for addressing other personal, family, and social needs. M's life became almost completely dominated by the single traumatic issue of S's weight. Parental competence and success were measured, in M's eyes, solely in terms of her effectiveness in this area.

S's success in keeping her weight down despite M's adherence to the family physician's plan, and M's failure to resolve the ongoing family conflicts caused by the disorder, finally led M to become critical of her physician's competence in understanding the nature of S's problem. Having entrusted him with the responsibility of returning S to her pre-symptomatic state, M now felt he had ultimately failed and held him responsible, in part, for the family's continued suffering. A decisive, positive turning point in M's struggle was reached when S became involved with a more specialized group of medical practitioners whose decision to

hospitalize S relieved the family of all care-giving responsibilities for her. No longer burdened with a task she felt unable to fulfill, M experienced considerable relief which opened the way for substantial improvement in the quality of life within the marital couple and the family as a whole. This relief was mitigated, however, by the pain of losing S's presence in the home.

#### M's Perception of her Family

Prior to the onset of S's disorder, M had perceived her family to be functional and successful as a social unit. According to M, both she and her husband had adopted sex-specific parental roles common within her community, i.e., the husband was the primary source of financial support and the acknowledged authority, while the wife took on the responsibility for the physical and emotional wellbeing of the children within and outside the home. M also saw herself as the family's provider of emotional support and the arbiter of conflicts within the family and between the family and the extra-familial world. M claimed to have a certain facility in this realm because of her gregarious nature.

The onset of S's disorder challenged M's belief that through good parental guidance she and her husband had successfully raised their children as cooperative, honest, valued members of the community, as well as willing and

dedicated participants in family life. M's perception of her children as wholesome and successful was an integral part of her self-image both in the family and in the community. She had credited her ability to maintain close and intimate relations with B and S as the reason for her success in diverting her children away from the adolescent rebelliousness she associated with poor family functioning. S's development of a far more dangerous and intransigent form of rebelliousness, and the transformation of the family environment from a close and responsive milieu to one dominated by interpersonal tensions, anger, and conflict led M to re-evaluate her view of herself as a successful parent and prompted a questioning of the appropriateness of her whole parenting approach.

To re-establish the family's status as a functional and successful social unit it was necessary to gain an understanding of the nature of S's disorder. In this regard, M was unable, for most of the pre-hospitalization period, to determine with certainty if she was dealing with a disease process or a predictable and understandable behavior of a recalcitrant adolescent reacting to a dysfunctional family environment. The quest for S's rehabilitation, therefore, represented for M not only an attempt to alleviate S's problem, but also a search for the significance of the symptoms in defining the nature of the family and her own status as a parent.

As S's symptoms increased in severity, anxiety within the family grew and parental attention and concerns centered almost exclusively on S's health and her eating behavior. M's and D's hyper-responsiveness to S's symptoms led to a blunted sensitivity to all other actions and needs not related to the disorder. M, who saw herself as the primary childcare-giver, felt particularly compromised and experienced considerable guilt over not being able to fulfill her other nurturing roles in the family. Even the family's contacts and exchanges with the community were attenuated and avoided as both parents sought to come to grips with S's disorder.

S's hospitalization provided succor and relief to family members from the destructive and destabilizing stress of the daily struggles centered around meals. It also allowed a dissolution of the sense of culpability for S as well as M and D by defining the various problems and conflicts experienced by the family as integral to and attributable to the diagnosed disorder. It led as well to a redefinition of M's role within the therapeutic effort. Instead of being the main intervener, she and her family now needed only to remain open to interventions from helping professionals. Gaining the sense that what had happened to the family was intelligible as a disease process also allowed family members to re-sensitize themselves to the many other family needs left unaddressed prior to S's

hospitalization. S's absence, however, created an important and painful gap which negatively affected the quality of the family life.

#### M's Perception of her Relationship With D

According to M, D was a person for whom the family was central and important. His available spare time, M notes, was almost always invested in the family and occupied in planning or participating in family group activities. M saw B and S as enthusiastic about their father's involvement, finding in him a parent that not only inspired respect, but one who could respect them in return. For her part, M saw her relationship with D as very healthy, noting that she not only loved her husband but was "in love" with him.

During the symptomatic period, M's communications with D were almost always monopolized by his concern over S's care. Parental conflicts alluded to earlier were frequent during this time, and were particularly intense whenever S's condition deteriorated. Despite the contentious nature of their interactions M saw the project of achieving S's rehabilitation as a joint one involving her and D as full and equal partners. When referring to the pain, confusion, and self-doubt caused by S's illness and her need to arrive at an understanding of the significance of the disorder, M reveals that these experiences were shared with D and

remarks that D often expressed a desire to share in the burden of confronting S.

In M's view, the conflicts did not have permanent or lasting effects on the quality and strength of the underlying marital commitment which was the foundation of M's relationship with her husband. D continued to be for M what he had been in the past, i.e., the focal point of many aspects of her experience as a woman and as a mother. Lingering negative feelings were always quickly dispelled by both parents and did not intervene in their expressions of physical and emotional affection during intimate moments.

A positive development in her relationship with D attributed to the trauma of S's illness was D's acknowledgement of a new need to "open up" and verbalize his emotions with M, something D had found very difficult for most of his married life. According to M, this discarding of old, commonly-held beliefs about the need for men to avoid expressing emotions afforded both parents the possibility of a richer and broader marital relationship, one that would allow for the creation of an even more compelling, intimate, and satisfying bond between them. This new openness, which M actively encouraged, was also evident in his relationships with his children, particularly with S, with whom he shared written correspondence during her hospitalisation.

M perceived D's relationship with B to be a close and reciprocal one in which both displayed what was for her a unique and mysterious ability to communicate using non-verbal body gestures. In fact they were so close, M claimed, that for her they "almost seem[ed] to be the same person". D's relationship with B was particularly affected by D's awareness of B's development toward manhood and the need for him to acquire those practical skills one needed for becoming independent and autonomous. According to M, D would make himself available to B but would refrain from too much involvement in his activities for fear of not fostering independence.

M reported that D's relationship with S was also a rich and mutually fulfilling one. Whereas D's interactions with B centered on issues related to B's autonomy and his competence in terms of living skills, D's interactions with S were opportunities for mutual expressions of affection and intimate verbal exchanges that centered on issues related to S's social development, her lifestyle, and her coming of age as a heterosexually mature teenager. Though S fully accepted D's role as the ultimate authority in the family, this did not inhibit their relationship, in M's view.

With the onset of symptoms, M noted that S began deliberately avoiding D, an act which M interpreted to be integral to her rebellion and intended to be hurtful towards her father. Not wanting D to see his relationship with S

weakened further, M sought to remain the principal intervener in S's care, thus allowing D a position in which he did not need to confront S. The hospitalization, as we have seen, played a crucial role in re-establishing and strengthening D's relationship with S.

#### M's Perception of her Relationship With B

According to M, B was the prototypic "good son", defined as one who was loving and kind and whose life was firmly oriented towards home and family. M also valued the fact that B opted to shun the more rebellious, externally-oriented and morally questionable lifestyle of most other adolescents in his community, showing instead a real preference for home-based activities. In addition to being a good son, M notes, B was also an important source of support for her during her husband's frequent absences, acting both as a helper in terms of physically demanding chores and as a source of solid emotional support, fulfilling the latter task in what M called "a manly way", i.e., by not showing his own emotions.

During the symptomatic period, M perceived B to have been displaced from the mainstream of family life because of his parents' truncated preoccupation with their daughter's illness. Though aware of S's plight in a general way and concerned for S's wellbeing, B, in M's eyes, did not grasp the complexities and seriousness of the disorder. B's

occasional independent attempts to intercede with S were seen by M as ill-informed, inappropriate interferences that were counter-productive to the therapeutic effort led by the parents. M therefore prevented B from confronting S as part of her attempt to shelter S from all unnecessary stress. In doing so, however, M effectively excluded B from full participation in family life. B's relationship with S was also compromised during the symptomatic period. Though it had sometimes been tense in the past because of S's superior academic performance, it had also provided both children with the opportunity for meaningful dialogue and the pursuit of common interests. With the onset of symptoms, their contacts became less frequent and more conflictual.

B's frequent absences from the home to pursue extra-familial activities were interpreted by M to be a means of avoiding the ongoing familial stress caused by the conflict surrounding S's illness, making B an even more peripheral figure in the family. For her part, owing to her constant preoccupation with S, M was unable to keep up the frequency and quality of contact that had characterized her relationship with B before the onset of symptoms. M was saddened, frustrated, and to some extent guilt-ridden by the fact that B had to suffer the double loss of his position in the family and his relationship with her, but felt bound by her obligations towards S and thus unable to allocate the time needed to correct the situation.

M's Perception of her Relationship With S

M saw S as an intelligent and expressive girl whose vitality, love of nature, and gregariousness made her attractive and compelling to others both within and outside the family. S's relationships with M and with other family members had been close, non-conflicted, and mutually fulfilling to the point of being described as "idyllic". However, S was also perceived by M to be tenacious and persistent, characteristics M saw as sometimes problematic for S.

With the onset of symptoms, S began "moving away" during meal times, isolating herself emotionally and psychologically such that M could no longer sense the presence of those bonds of friendship and mutual respect that had always been the ground of her involvement in S's life. The non-confrontive, friendly exchanges M had always used to influence S's behaviors were now rejected by S and perceived as unacceptable interferences to be aggressively resisted. Finding S's unresponsiveness incomprehensible and unprovoked, M began associating S's transformation to her own past experience with mental illness (agoraphobia) which had also isolated her from others. This led M to entertain the belief that S was in the grip of her own pathological process, one which she suspected would be treatable and reversible just as her own illness had been.

Though M eventually came to believe that S suffered from an illness, and that her struggle was against a disease process and not against S herself, she nevertheless continued, even in the later part of the symptomatic period at home, to experience her conflicts with S as a painful and personalized struggle for control. M therefore maintained a dual image of S, i.e., S as the victim of a serious illness and S as the vengeful adolescent intent on hurting and rebelling against her family and loved ones. In the initial part of the family interview as well as in the individual interview, M seemed to give voice to both perspectives though she did give prominence to the illness image. M's assumption was that with the eradication of the disease process, S would return to her pre-symptomatic way of being and re-immense herself in the same positive and fulfilling relationship she had enjoyed before her symptoms began.

M's assumption was supported by her perception that her relationship with S outside of meal times was essentially unchanged from what it had been before the onset of symptoms. M notes, for example, that her pre-symptomatic relationship with S included special times when both would put aside their mother or daughter roles and share thoughts and feelings on a broad range of experiences and concerns the way best friends would. These privileged periods of intimacy, which were deeply valued by M, continued to take place after the onset of S's symptoms, according to M,

providing a psychological oasis from the ongoing conflicts in which both were emersed. However, continued questioning concerning the content and lived quality of M's relationship with S outside of meal times brought M to the realization that the conflict she had first viewed as limited was in fact pervasive and had invaded and monopolized almost all of their interactions. Even their privileged moments of intimate sharing were at times infected by the conflict. M therefore began to acknowledge that the changes affecting S had indeed been more ubiquitous than she had first expressed, thus weakening her perception of the specificity of S's rebelliousness and obviating the depth of the change in S's way of being with her.

M's voicing of this new understanding during the family interview prompted D to intervene and challenge M's new view by reaffirming the idea that the resistance and conflict were situation- and time-specific, and that except for these behaviors, S remained unchanged.. Minimizing the seriousness of S's other resistant behaviors, D argued for the disease hypothesis. M responded to D's challenge by readopting her initial view without debate.

#### M's Perception of her Community

As friends of the family and various members of the local and school community became aware of S's deteriorating physical and psychological condition, they began expressing

to M their growing sense of concern. According to M, these people indicated that they believed she, as the family's primary child-care giver, should be the one to act and correct the situation. M's response was to admit she did not have sufficient understanding of S's condition to intervene on her own. She was somewhat surprised when her declaration that the responsibility for S's care had been given to the family physician failed to attenuate the demands by others that she assume her parental responsibilities and deal with the situation herself. M sensed as well that in their demands for prompt action, the community was implying a strong criticism of her abilities as a parent, a criticism that seemed to increase in intensity as S's condition worsened.

Though M was very distressed by these communications, she did not let them affect the course of her actions when dealing with S. She sought to shelter other members of the family from the effects of these outside interventions by not giving voice to them in family discussions. She was particularly concerned with hiding these communications from S, whom she perceived as most vulnerable to being negatively affected by these pressures.

M also perceived the messages given by community members to have had a negative effect on both D and B. In D's case, learning of these views would inevitably lead to an exacerbation of ongoing parental conflicts over how to

manage S's condition. In B's case, he would use the community's comments to confront S, a confrontation M saw as counterproductive to the goal of S's rehabilitation. In no way did M see these interventions as helpful.

#### M's Perception of the Medical Community

Faced with her own powerlessness to effectively intervene in S's life, M accessed the medical community, enlisting them as surrogate caregivers and entrusting them with the responsibility of ensuring her rehabilitation. Though achieving the remission of S's "symptoms" was of utmost importance for M, the previously referred to need to understand the significance of S's transformation as it pertained to the family, herself and D as parents, and herself as S's friend and confidant, quickly became a central concern for M. For her, gaining this understanding and "making sense" of the situation was the essential precursor to her own re-empowerment as an intervener in S's life, and the necessary prerequisite to recreating the pre-symptomatic family milieu. For M, the medical community, which had been instrumental in helping her overcome her own encounter with mental illness, held the promise of being able to not only relieve S of her symptoms but to guide her towards this new understanding.

Implicit in M's accessing of the medical community was her assumption that S suffered from an identifiable and

reversible illness, i.e., an external and paralysing influence responsible for the dramatic transformations observed in S's behaviors. The medical community's increasing involvement in S's life strengthened the disease hypothesis in M's eyes and thus had a significant effect in reducing the anxiety and guilt arising from her fear that S's condition had been brought on by inappropriate parenting practices or a pathogenic family milieu.

In prognosticating a future for S, M expressed her faith in the abilities of the extra-familial experts involved with the hospitalization, believing they would ensure the success of the recuperation process.

#### Father's Perception of Family Life:

##### Situated Structure

In describing his experience of family life before and during S's illness, D focused on seven principal areas. Four of these areas were intentionally solicited by the investigator. These were: (1) D's perception of the family, (2) D's perception of the community's response to S's illness (3) D's perception of the parental dyad, and (4) D's perception of his dyadic relationships with his children. D also contributed comments on three other areas he found pertinent to the discussion, namely the impact his lack of understanding of S's condition had on his ability to cope with the disorder, the role played by health care

professionals, and the impact the interview process had on his view of the family's experience.

#### D's Perception of the Family

The family was for D the most important part of his life and the focus of his greatest personal commitment. Besides providing for the family's financial and material wellbeing, D contributed positively to the family milieu by introducing levity and humour and by actively fostering common activities among family members. Spending as much time as possible with the family became a personal priority for D, one that superceded almost all others. This made it difficult for him to endure the long absences occasioned by his frequent out-of-town work placements. Leaving the family was particularly difficult during those times when a member of the family was ill or in need.

D saw his family as well-ordered with himself as the formal head of the household and its ultimate source of authority. However, the exercise of his authority was always carried out conjointly with M, who's advice he sought on all decisions. D also recognised M to be the principal authority in all issues related to child care and domestic duties such as food preparation. As well, D recognised M to have superior ability when it came to dealing effectively with medical emergencies and illnesses involving the children. He saw himself as too easily overcome by his

emotions, thus less able to act rationally in times of crisis.

The onset of S's illness was a traumatic event for D and for every family member, one that dramatically affected both the everyday, functional interactions of family life, and the core intersubjective structures in which the deeper meanings of their shared familial experiences were embedded.

In terms of the practical demands of living in a shared domestic milieu, D viewed the symptomatic period as one wherein all family members, affected by the stress of the situation, showed frequent irritability and intolerance for each other. Though family members had been previously affected in this way by stress, such occurrences had usually been short-lived and controllable. In the case of S's illness, however, the stress was unremitting and D's own attempts to improve the situation through fair dispensation of discipline failed to have the impact he hoped for. This failure of the family to respond to his attempts to gain control over the situation troubled D and caused him at times to seriously question the appropriateness of his parental actions and his own competence as a father.

Despite these surface tensions, however, D perceived that on a deeper level everyone was touched by S's need for help and support. S's vulnerability and need for support acted as a powerful catalyst, prompting family members to gradually draw together as they had never done before by

strengthening their commitment to S and to each other. They dedicated more of their attention, time, and resources to working towards the common goal of achieving S's rehabilitation. The formation of this coalition of support gave the family new strength and made it a closer, more intensely experienced and personally meaningful intersubjective space for all family members. According to D, the family grew into a milieu in which emotions were more easily shared and one in which new levels of intimacy could be experienced. The experience of this increased closeness, though intensely "felt", often seemed to remain at the implicit level of family awareness, to some extent hidden by the outwardly discernable tension and conflict permeating family interactions. In referring to this closeness with his characteristically halted mode of expression, D stated, "Yes I feel the rest of the family (experienced this closeness)...and if they never showed it, but it's still there".

#### D's Perception of his Relationship With M

D, in referring to his relationship with M, once again alludes to a distinction between what he sees as the surface interactions of everyday family life, and the core relational structures of their intersubjective experience. In terms of daily interactions, the onset of S's symptoms marked the beginning of what D perceived to be increasingly

conflictual relations between M and himself. The recurring arguments in which both were involved centered inevitably on differences of opinion concerning the types of interventions they as parents should be making to deal with S's illness and who should be involved in making those decisions. These conflicts, in D's view, were rooted in their mutual lack of understanding as to the nature of S's problem and were fed by the growing stress and frustration caused by seeing little or no progress in S's state despite considerable efforts on their part. Though D recognized M to be the one in the family most able to deal with S and even relied on her to act as the principal care giver, he felt compelled, in the face of S's continuing deterioration, to challenge M and to attempt to mobilize her towards new efforts. These interventions inevitably ended in angry exchanges.

For D, these arguments were surface behaviors which said little of the true nature of his relationship with M. At a deeper level, D perceived no real shifts or changes in the core affective and relational experiences of his spousal bonds. These bonds, according to D, were a stabilizing force for him, an unchanging reference point in the shifting conditions of his life. Elaborating on this point, D referred to M as his "backbone", and described how M played a central role in his life by giving him emotional support in times of crisis and by helping him overcome his shyness in social situations by acting as his spokesperson. Though

the onset of symptoms did bring ongoing conflicts, D perceived that the loving and sensual quality of his spousal relationship with M remained unaffected. In all its most important aspects, therefore, D saw his relationship with M as essentially the same as it had always been.

In the family interview, M challenged D's view that he had not changed, suggesting that S's illness had caused D to become more emotionally expressive towards her by "opening up" to new levels of intimacy and sharing with her his pain concerning S's illness. On reflection, D acknowledged that M could be correct, but added that from his own perspective, he saw his relationship with M as essentially unaffected by the events surrounding S's disorder.

D saw M's relationship with her children as also based on a deep, mutual concern and affection. With B, M enjoyed what D perceived to be an almost problem-free relationship which was spontaneous and enriching to both. With S, M had a particularly close, almost sisterly bond which even prompted M to side with S when D confronted his daughter over issues related to dress and her pursuit of adolescent heterosexual activities. The closeness of this bond did not detract her, however, from acting with complete resolve in her attempt to promote S's rehabilitation, even at the cost of continuously confronting S and acting against her wishes.

S's hospitalization, the formulation of a definitive diagnosis, and the establishment of a clear plan of care was

a decisive factor in relieving the tension and reducing the intersubjective conflicts the couple had experienced through the previous months. It also fostered a more open communication between the two, allowing D to become aware of his own insensitivity towards M and to recognize the extent of M's efforts to minimize the impact of S's illness on others by taking on herself much of the responsibility associated with S's care.

#### D's Perception of his Relationship With B

D describes his relationship with B as being very close and based on a deep and intimate knowledge of each other's nature. Though verbal communication between himself and B had always been rather sparse and infrequent, D claimed that talking was almost redundant for them since both had developed almost telepathic sensitivities to each other's nonverbal expressions, such that a glance or a simple gesture allowed one to anticipate the other's actions or discern the other's thoughts.

In recent years, D perceived B to be experiencing the adolescent need to attenuate his level of involvement in family affairs in order to become more autonomous. B's quasi-adult status had already been confirmed by the family to some extent through his being given a father like role during D's absences from the home, a role he carried out admirably according to D. D welcomed this move towards

adulthood and responded to it by decreasing his involvement in B's life, an involvement that had centered on helping B acquire certain practical skills. Being less available to B would, D thought, encourage him to seek greater autonomy and independence for himself.

Observing B's development also prompted D to reflect on his own adolescence. Looking back, he observed many commonalities between himself and B, noting that he shared many of his son's physical characteristics as well as some of his personal strengths (eg., kindness and ability to care for others) and weaknesses (eg., awkwardness in social situations and poor academic ability). He also noted that B, like himself, relied on others such as M or at times S to help him when the need arose for him to express himself publicly. According to D, many of the frustrations of his own adolescence still impacted on his life. Reliving them through B was, therefore, painful at times.

Despite affirming B's need to distance himself from the family D never the less continued to perceive B as still dedicated to the support of the family and its wellbeing. As S's symptoms developed, D described B as a full and active supporter of the effort to forge those stronger familial bonds that would sustain S and other family members through this difficult period. B's commitment to promoting S's rehabilitation gave rise to a new sense of selflessness, according to D, one which led B to voluntarily give up much

of the time he spent with his parents in order to allow them the opportunity to devote themselves almost entirely to the task of working with S. While not deliberately encouraging B's lessening involvement with his parents, D nevertheless commended it as a sign of his transition towards maturity.

After the family interview, when questioned further about B's claims that he had been involuntarily excluded from the family, D acknowledged that he now saw that B had suffered from being neglected by both parents. For D, this realization was particularly painful since it reawakened for him memories of the loneliness and emptiness he had felt when neglected as a child by his own parents. Though somewhat critical of B for not speaking up for himself sooner, D perceived himself as responsible for ensuring that B not continue to suffer the fate he himself had endured.

According to D, B's other relationships in the family were all very positive and fulfilling. B's relationship with M, for example, was described as close, unproblematic and loving. With S, B seemed to have close relationship in that he acted as her protector while she helped him overcome his difficulty around social situations. D made no other comments on how these relationships were affected by the onset of S's symptoms.

Throughout his description of B's place in the family, D continued to allude to his perception of deeper and more fundamental relational experiences which were essentially

unaffected by what he saw as the more superficial levels of every day interactions. In B's case, D perceived that on a deeper level, he was intensely close to all other members of the family, showing in his own way an unconditional affection and respect for individuals in the family and for the family as a whole. This level of experience was distinct, in D's view, from B's more superficial behaviors which D described as oriented towards autonomy and independence and less family-centered. Here again, the seeming contradiction is not articulated further.

During the family interview, B challenged D's view of his deeper experience by overtly denying having sought the increased familial closeness D claims was engendered by S's illness. B also refuted D's claim that he was personally "close" to B or that their relationship was somehow special. D responded to B's comments by first proposing that B had perhaps failed to experience the intensified bonding in the family because he had failed to grasp how serious S's condition actually was (implying that had he understood, he would have dedicated himself more actively to the family). However, after continued questioning, D admitted that he may have misperceived the nature of B's response to S's illness. D did not address B's refutation of his claims of being close to his son.

D's Perception of his Relationship With S

Prior to the development of her symptoms, D perceived S to have been a socially active and academically competent young girl who had endeared herself to peers and adults in and outside the family because of her vitality and her gregariousness. Though very invested in extra-familial activities, S was also a committed family member in D's view, one whom parents could trust to adhere to the family's expectations, including those concerning social and heterosexual behavior.

Throughout the symptomatic period, D continued to perceive S as a dynamic, central, and committed presence in the family, one who courageously wished for her own rehabilitation and the normalizing of her family relationships. S's oppositional behaviors were viewed by D as part of the incapacitating symptomatology associated with her mysterious disorder, symptoms over which S had little conscious control. Some disruptive behaviors were interpreted by D as attempts to elicit parental intervention in her life. Even S's numerous attempts to delude her parents were discounted by D as adolescent mischievousness and not indicative of any real lapse of honesty. For D, therefore, S's misbehaviors were simply a mask of symptoms which were unrepresentative of S's true nature.

In advancing to this view, D was, on occasion, obliged to challenge and then discount a series of comments made by

M which portrayed S's active resistance to parental interventions as willful, oppositional behaviors. D also sought to reinterpret S's own description of her "rebellion" against parental authority, qualifying these acts as surface behaviors unreflective of S's deeper intents.

Though D believed that his relationship with S had not only survived throughout the symptomatic period but had indeed been strengthened at a deeper level, S's illness proved to be an extremely stressful and emotionally traumatic event for him. D was often overcome by feelings of anger, sadness, and frustration; feelings which were exacerbated by his perceived powerlessness to cure S or to even understand the nature of her illness. D was particularly saddened and despondent over S's active withdrawal from her intimate relationship with him and other family members. For D, who had always believed that everyone sought to maintain relationships through which a true interpersonal closeness could be achieved, S's self-isolation was incomprehensible and went against all of his own previous life experience.

As S's illness persisted, D began reflecting on his own past parental interventions with S in an attempt to ascertain if some of his acts could have been responsible for S's disorder. In doing so, D was particularly preoccupied with the effects his attempts to limit what he saw as S's premature movement towards adolescence. D was

particularly concerned with his objections to S wearing what he considered was unacceptably revealing clothing or his arbitrarily prohibiting S's outings when these involved heterosexual contacts. Though D still believed that S was too young for such contacts, he openly questioned the appropriateness of his choice of actions and admitted feeling some remorse at having been so strict.

Despite his failures to positively affect S's life during the symptomatic period, and in spite of the attenuation of their interpersonal contacts, D continued to see his involvement in S's care as necessary and consequential to her recovery. To this end, D even considered changing his employment in order to find a position that would allow him more time at home. D also accepted the fact that he would possibly have to make other changes in his parenting approach to facilitate S's rehabilitation, but remained uncertain as to what those changes could be and how they should be initiated. What he did foresee was that he might have to relinquish some of his paternal authority and become more liberal in his rules concerning S's participation in adolescent and heterosexual activities.

When asked to comment on S's relationships with individual family members, D first described S's bonds with M. According to D, M enjoyed an almost peer-like, egalitarian and intimate friendship with S, a friendship

which often superceded the parental relationship which placed M in a distinct role vis-a-vis S. Though M was obliged to take on a more authoritative role when confronting S in the course of S's illness, D perceived that M longed for the day she could again recreate that "best friend" relationship she so valued with S. S's relationship with B, as we saw earlier, was also perceived by D to be close, affectionate and based on a deep mutual respect.

In his own personal relationship with S, D had sought to develop the kind of egalitarian, friend-like relationship M had succeeded in creating. Prior to the onset of symptoms, D had achieved this friend status with S, in that both were able to enjoy rich and varied conversations with each other and had developed numerous common interests. After S's hospitalization, D was overjoyed at seeing his relationship with S regain the quality and the depth it had had before the onset of symptoms. D described how he was particularly touched by S's interest in involving him in her life and in sharing with him again expressions of affection such as holding hands.

In looking beyond S's rehabilitation, D anticipated that S's movement towards adolescence and womanhood would oblige him to relinquish some of his paternal control, though he continued to see himself playing a protective role in her life. D also envisioned that his relationship with S would continue to be close, but would become more

"friend"-like and offer the opportunity for increasing involvement in each other's lives.

#### D's Perception of his Community

In D's view, the struggle to deal with S's problems involved primarily the family and the family's physician. However, some members of the community were aware of S's plight, and of those that knew, most were empathetic and caring. As S's illness progressed, D kept some members of the community informed of their efforts and sought to sensitize others to the importance of preventing such occurrences in their own families. According to D, this attempt to allow the community to learn from his own mistakes was one of the more positive aspects of his experience. His participation in the current study was seen as an extension of this effort.

Of those outside the home who were aware of S's plight, only D's own parents were perceived to have had a distinctly negative impact on the family. According to D, both were highly critical of his and M's attempts to address S's needs and even suggested that they give up the responsibility for S's care to them. Both he and M were deeply hurt by these comments but recognised the interventions as essentially counterproductive and so discarded them.

### D's Perception of the Medical Community

For D, the single greatest obstacle preventing him from being effective in promoting S's rehabilitation was his inability to understand the nature of S's illness, an illness that presented him continuously with behavioral and physical symptoms he had never before encountered. The confusion and uncertainty surrounding S's illness was deeply disturbing for D, who began suspecting that he could possibly have caused S's illness, a hypothesis which prompted him to begin doubting his competence and ability as a father. The uncertainty also created tensions between him and M, tensions that were expressed through their constant arguing. The local physician's involvement in S's care did not clarify the issue for D, who had always mistrusted physicians. M's naive acceptance of their doctor's diagnosis and her adherence to the doctor's plan of care resulted in even more tension between the two parents. In D's eyes, the implementation of this particular plan had an overall negative impact which contributed to the deterioration of S's bond with her family and to her overall lack of progress.<sup>15</sup>

With the involvement of the hospital team, D sensed for the first time that those responsible for S's care truly

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<sup>15</sup> The family physician first recommended that M act as the principal care giver while D remained available for providing emotional support to S during the inevitable conflicts between M and S over food.

understood the nature of her problem and the means through which it could be resolved. The lifting of the cloud of uncertainty which had been such a dominant part of this experience led to considerable emotional and psychological relief for all family members. It also opened up the opportunity for D to reflect more calmly on his role in the family and to look at possibly accepting medical advice to help him change his way of being with others.

S's hospitalization was seen as a positive development for the most part, but for D, S's removal from the home was an emotionally traumatic event which brought to D's awareness the depth and intensity of his affective bond with S. S's absence from the home created a painful emotional vacuum for him and all family members, making the network of emotional relations within the family less functional and fulfilling. For D personally, the anxiety and concern over S's wellbeing seriously compromised his ability to maintain an acceptable emotional composure, causing him to become despondent and adversely affecting the general emotional tone of the family as a whole. D did recognize, however, that though difficult to bear, S's absence provided a strong motivation for the family to work even harder for S's rehabilitation.

The Impact of the Interview Process on D's View of the Family's Experience

D remarked on a number of occasions that the interview process through which the investigation of family life was being pursued was in itself a therapeutic exercise for him. Firstly, D saw his participation in the exercise as a means of expressing for the first time those impressions and concerns he had always kept to himself. As such, his taking part in the research project was part of a broader decision to become more expressive and more open. B, D observed, seemed also to have been affected in this way in that he had become much more verbal as a result of the family interview. D also noted other positive effects, including the alleviation of the insomnia that had plagued him since the onset of S's symptoms. Most importantly for D, he also reported having gained a new and deeper appreciation of the views and experiences of other family members that not only clarified his own experience but gave him a new sense of empowerment in terms of dealing with the issues related to S's illness.

Daughter's Perception of Family Life:

Situated structure

S's contribution in the family interview and her subsequent individual interview centers on four principal domains. Firstly, S's quest for self is introduced as the

context and source of motivation underlying many of her reactions and feelings experienced during the symptomatic period. The three other domains, i.e., S's perception of the family, her perception of the parental diad, and her perception of the various dyadic relationships within the family, were intentionally explored by the investigator via his prepared questions.

#### S's Quest for Self

S describes her presymptomatic lifestyle as having been highly invested in familial activities and relationships as well as in social, recreational, and school-related activities. For S, this lifestyle was both enjoyable and satisfying.

The onset of symptoms, however, followed a growing dissatisfaction on S's part with a life of undertakings that increasingly seemed to her inauthentic and driven by the need to conform perfectly to the expectations of her family and of her community. With this growing sense came the yearning to take ownership of her life and to divert her energies towards defining and manifesting a new sense of self, one which was autonomous, non-consensual, self-governed, and distinct from the family. The project of developing this new identity was eagerly pursued by withdrawing from established family interactions as well as from most other social activities, and creating within the

family milieu a private domain, an isolative psychological space within which this new autonomous self could manifest unchallenged and strive in its own way to achieve its self-defined objectives. Integral to this quest for a more autonomous and self-governed identity was S's endeavour to achieve a specific body shape, a goal she pursued by controlled "healthy eating" and exercise. As S became more involved in pursuing her diet and exercise activities, she gradually took control over food preparation in the home, claiming them as her own responsibility and thus incorporating them as part of her private, autonomous domain of selfhood. In S's view, the pursuit of her project did not, of itself, compromise her effectiveness in areas such as academic work, nor did it cause her to transgress any explicit family rules. In her eyes, her project was innocuous to others. Even in these initial stages, however, S admits to having hidden some of the physical effects of her dieting in order to try and preserve what she perceived was the family's tacit approval of her new behaviors.

S's struggle with the question of authenticity eventually led to what was for S quite an unexpected reactions on the part of her family. Whereas her activities had always been accepted and encouraged in the past, S now found herself encountering active resistance on the part of her parents who seemed not only intent on opposing her pursuit towards autonomy but dedicated to having her comply

with expectations around eating which were wholly incompatible with her new goals. This previously unexperienced confrontative response on the part of her parents was a particularly disorienting ordeal for S who reported feeling like "a different person" in their eyes. Though S found such confrontation traumatic, it confirmed her sense that she was now different, i.e., experiencing a personal transformation. S's new sense of identity became increasingly associated with the dietary and exercise pursuits which had become so contentious in her family, prompting her to say that "Myself was what I did, like, by not eating ...".

S's response to her parent's interference was to "rebel", i.e., to seek to defy and energetically resist what she perceived was an unwarranted attempt by her parents to prevent her empowerment as an autonomous, independent person with a right to control her own life and body. Though her resistance centered first on food, it soon became generalized to the point where most familial interactions were conflicted. Family members were no longer seen as loved ones but rather as opponents or "enemies".

As time passed, what had begun as a willful and intentional attempt to claim an autonomous domain of selfhood developed into an obsession for pursuing the single objective of a slimmer body S pursued this objective through the use of increasingly extreme and devious behaviors.

These behaviors, however, seemed to be less and less directed by her conscious intentions, and began taking on a more compulsive quality. In time, S began losing her sense of ownership over her own acts, perceiving them to be almost self-driven. In the course of the interview process, S came to refer to these behaviors as dissociated "happenings" which she later equated with "symptoms". For S, these behaviors had become disease-determined alterations of normal behaviour, a deviation that would cease in time as the disorder disappeared.

At the time of the interview, S felt she had succeeded in regaining a measure of control over her behaviour during the course of her hospitalization such that she felt capable, for the most part, of resisting those "symptomatic" tendencies, thoughts, and actions which had dominated her life just a short while ago. As a result, she had rediscovered and again become responsive to her family, interacting with them in ways similar to her "old" self. Her symptoms, she claimed, only surfaced during moments of weakness when her yearning for a new body re-emerged to challenge her contentment with her presymptomatic style of life.

#### S's Perception of her Family

According to S, her family had always been warm and loving towards her, and had been particularly proud of her

excellence in academic as well as in sports. Though S recognised and drew pleasure from this success, she also sensed that her family had grown to expect such achievements from her. Her withdrawal, from what she then perceived was an inauthentic existence, involved distancing herself from those who had come to assume she would continue to be an emblem of success for the family, i.e., her parents. This withdrawal was most pronounced towards D whom she felt least able to resist or confront. S's retreat from social interactions included lessening her participation in the family's habitual group activities and rituals such as outings with M, group games, and bed time hugs and kisses with D, activities she now sensed were incompatible with the development of her newly emerging sense of self.

Though S had distanced herself from family members individually and from family group activities, she nevertheless spent an increasing amount of time in the home environment. This environment, despite its ongoing tensions, had become for her a sheltered psychological space within which she felt it possible to pursue her project and assert her autonomy and control over the management of her body. Expressions of apprehension and calls for action from aware and concerned non-family members in the community, though personally distressing for S, were nevertheless viewed as impotent interventions which failed to earn the support of any member of the family. The resistance she

received from within the family came primarily from M, the person she felt most empowered to confront and the one she felt she could "handle". S, therefore, felt confident in her ability to successfully defend her project through her own willful and determined action, a willfulness and determination she viewed as qualities which were distinctive and typical of mature members of her family.

As resistance within the family grew, those contacts she did maintain within the family became increasingly conflicted. S now viewed M and others from an increasingly truncated and egocentric perspective, attending only to their role in contesting her control over her diet and exercise regime. Since every member of the family was involved to some extent in opposing her behaviors, the family itself was perceived as malevolent and intent on denying her personal development. S became quite oblivious to the broader dimensions of the lived experience of other family members, such as the impact her own actions were having on her parents' relationship. As her symptoms crystallised, and as S's sense of control over her own behaviors weakened, S lost touch with almost every aspect of family life, becoming consumed by the need to resist the interventions of others.

S's hospitalization marked a dramatic turning point in the way she and other family members perceived and understood the conflict which had dominated their lives

throughout the symptomatic period. S's aggressive pursuit of her project, understood by her and others to have been self-directed, willfully rebellious, and self-serving, was now viewed by all in terms of symptoms and disease processes. In S's view, this redefinition allowed for the diffusing of the conflict and opened up the possibility for family members to become re-engaged in each other's lives by being empathic and supportive instead of aggressive and controlling. It mobilized them, in her view, into a self-supporting coalition joined in the common project of aiding her through her hospitalization.

At the time of the interview, S claimed to have fully accepted the illness explanation validated by the hospital staff and anticipated that her successful rehabilitation would allow her to become once again "respectful" of her parents and that she would conform willfully to the presymptomatic image she and her family had of her. She did, however, anticipate that her parent's would begin to recognise and respect her new adolescent strivings. S admitted, however, that her ongoing perception of her body as "fat" still preoccupied her and at times called her back towards what she now saw to be her anorectic behaviour.

#### S's Perception of the Parental Dyad

S perceived her parents' marital relationship to be an intimate and open one within which both parents can and did

engage in a depth of interaction and sharing not achieved with others outside the family. D in particular found it difficult to relate in the extrafamilial world, often relying on M to serve as his spokesperson. The couple relationship offered, therefore, a privileged social space for both of them, sheltered from the demands and constraints of the greater community.

With the onset of symptoms, S claimed to have been quite unaware and unconcerned with the issues and conflicts related to her own condition being worked out within the parental dyad, viewing any expressions of anger by either parents as a directed response aimed at her own behaviors and not a reflection of dissention among themselves. S was aware, however, that her parents were jointly involved in planning and carrying out attempts to control her behaviors, attempts that were viewed by S as an authoritarian and unilateral exercise of parental power.

#### S's Perception of her Relationship With M

Prior to the onset of her symptoms, S perceived M as a dynamic and expressive affective presence in the family who took care of her motherly duties in a fair and impartial manner. Despite the continuous tensions in their relationship after the onset of symptoms, S continued to see her mother as possessing these qualities. One of her mother's important roles in the family was to be responsible

for the family's emotional well-being and to intervene in times of difficulty to prevent or forestall the open expression of negative emotions, to heal the emotional or physical wounds afflicting other family members, and to promote a positive familial ambience. Though not a potent authority figure in S's eyes, she was nevertheless highly invested in her family's life. In addition to her maternal roles, M is also a valued companion for S, one with whom S had cultivated a special egalitarian relationship which bonded them in a friendship more potent than any other S has experienced.

The symptomatic period marked the beginning of what S referred to as her rebellion. In this period, turbulence and conflict began to dominate her relationship with M, the intensity of which was unprecedented in her experience. First focused around the issue of who should have control over diet and exercise, S's conflict with M soon generalized into a struggle over autonomy and independence affecting all aspects of their joint domestic life. Increasingly, S experienced M to be intent on denying her any control over her environment. S's struggle with M was thus a personalized one in which M was perceived as an invasive malevolent force, "a devil" intent on the depreciation and diminishment of S's personhood. S however felt confident in her ability to counter any challenge presented by M, noting that she could "handle her".

Though S frequently wished M would leave her alone, she did not seek to isolate herself from M, but sought rather to confront and challenge her at every opportunity, investing herself in the conflict and affirming herself as a different kind of presence in the relationship, one with adult-like prerogatives to correct M and to impose the same exacting standards on M's behaviors she demanded of herself. S even reproached M for having been delinquent in her task of blocking her pursuit of excessive exercising. M became, in a real sense, a part of S's private domain, and the control of M's behaviour became an extension of her project to assume control over her world. S's ability to not only correct M but to resist her successfully and even force her to withdraw in defeat from some battles fought between them was a confirmation for S that she had found a new and never before achieved power in this relationship.

Though M was fully engaged in her conflict with S, she rejected any interventions from extrafamilial persons such as teachers or peers. In S's view, M's intention was to protect S from the unwanted effects of outside interference. In doing so, S perceived M to be appropriately fulfilling her role as protector of the well-being of family members against those outside influences. M's conflict with S was pursued, therefore, within the confines of a sheltered familial environment.

During the symptomatic period S and M were able to occasionally put aside their ongoing animosity and conflicts to re-immers themselves, during specific periods, in what both saw was their "special relationship". This relationship, had been dominant prior to the onset of symptoms but had become less so as the persistent conflicts affecting S and M became more pervasive. This "special relationship" was described as a particularly intimate and open intersubjective space wherein both M and S were free to engage in an unhindered sharing of deeply personal ideas and emotions. During these privileged encounters, the inter-generational boundary separating S from M dissolved, as did M's family-based authority and S's child status, such that both could view each other as intimate companions of equal standing, as "best friends". During these periods, M, like S, would share her vulnerabilities and self-doubts as well as her hopes, fears, and ambitions, allowing S a privileged view of M as a complex and multi-dimensional person with strengths as well as weaknesses. These encounters were not only an opportunity for intimacy for S, but also a forum in which she could explore with M her adult feminine role, the domain of heterosexual values, and behaviors of her community (eg. discussing makeup and boys). They usually took place during D's absence. These times of egalitarian sharing were even pursued beyond the home, such that M would include S in her visits with adult friends and S would give

priority to outings with M over outings with peers whose friendships S saw as less compelling. For S, this special relationship was of central importance, a home-centered adolescent exploration of adult life S valued and favored above all other friendships or peer relationships and one she hoped to preserve. S also recognised the centrality of the relationship for M who, in S's view, linked the success of her rehabilitation with the reinvigoration of this special bond of intimacy.

Throughout the interview process, S seemed drawn between confirming the illness hypothesis which reduced her rebellion to the level of symptomatic behaviors, and affirming as well as defending her project as being one of necessary self discovery. During the family interview, S was more explicit in articulating the justification for her project, i.e., affirming that her pursuit of a perfect body was part of a legitimate search for authenticity. Later in the individual interview, however, S seemed to give greater weight to the idea that her behaviors were indeed part of an illness which she would eventually overcome in order to resume her presymptomatic lifestyle. S also seemed to withdraw her criticism of M's performance as a parent during the individual interview, apologizing for M's ineffectiveness in controlling her behaviors by claiming that M had possibly been well-intentioned but ill-informed as to the extent of S's deception. S also withdrew her

challenge to M's renewed empowerment in the family by backing away from her egalitarian stance vis-a-vis M.

#### S's Perception of her Relationship With D

For S, D had been an active and engaging presence in her family life, a parent that, though emotionally reserved, was committed to pursuing playful and supportive relationships with family members. S notes however that D's work-related extrafamilial activities constrained his ability to exercise this positive presence in the family by limiting his physical availability and his psycho-emotional accessibility. What S saw as D's occasional consumption of alcohol (linked vaguely to his work-related stress), also had a negative impact on his family relationships.

D was clearly viewed by S as the family's most potent and almost unchallengeable parental authority figure, one recognised as such by all other members of the family, including M. In the exercise of this authority, D was particularly prone to question and prohibit S's activities related to adolescent heterosexual development and autonomy. Considering these activities premature, D had often responded to them by seeking to restrict S to the home. S, fearing such confrontations with D, had consequently attempted to avoid those situations that could result in D becoming upset with her.

During S's moving towards more self-assertive and autonomous behaviors, she willfully distanced herself from this strong authority figure. S abandoned a series of playful and affectionate habitual interactions with D that had become ritualized over the years. Though S regretted the loss of these rich experiences with D, she also felt the incompatibility of sustaining them while simultaneously seeking to "become herself". As a result, D only became a salient presence for S when he, on occasion, imposed himself as an authority figure to challenge her on diet-related behaviors. Though she did not attend to the effects her behaviors were having on D, she sensed that D had failed to grasp the significance of her stance, seeing her distancing from him as a personal rejection instead of a movement towards autonomy. According to S, D mistakenly perceived himself to be the pivotal figure in the crisis, seeing himself as both the individual responsible for the disorder and the one who could possibly initiate its resolution. D had failed to perceive, in S's view, that her behaviors had been a self-motivated, intentional act of self-assertion.

During her hospitalization, D became quite explicit and demonstrative with S of his inner emotional experiences by writing a series of deeply personal letters. This seemed to reverse his old pattern of hiding or leaving emotions unexpressed in the name of appearing strong and "manly". As

a result of this S began gaining a new, broader, and more intimate understanding of D's personhood.

Looking into the future, S hoped for a shift in her relationship with D, a movement away from the more parent-child playful or disciplinarian interactions of the past towards a more mature and open relationship based on mutual openness and respect for S's need to explore adult roles. In this new relationship, S hoped that D will better appreciate and accept the multiple dimensions of her existence, including her heterosexual development.

#### S's Perception of her Relationship With B

S viewed B overall as a shy, socially withdrawn, emotionally unexpressive, and somewhat peripheral member of the family who was usually less inclined to participate in the ongoing conversations of the home and who found social interactions outside the family particularly difficult. This difficulty with functioning in social situations, claimed S, was not secondary to any cognitive deficits or paucity of emotional experiencing, but arose rather from a willful, excessive, and quite mysterious withdrawal from the extrafamilial social context. According to S, B had an interpersonal style which relied on others being sensitive to his non-verbal expression and cues. This nonverbal vocabulary, S observed, had been for B an effective form of communication, but is one that was only understood by the

family who therefore became the only witnesses to many of B's communications (implying that the investigator was excluded). According to S, the only relationship in which B overcame his difficulty with verbal communication was the one he shared with her. During his more intimate encounters with S, B found the intersubjective context that allowed him to become engaged in spontaneously expressing his ideas, voicing his opinions or objections, and even providing valued guidance concerning her own social problems and difficulties. As the only outlet for B's authentic expression, S saw herself as central to B's life, a quasi-spousal presence who was the only witness to the richness of his experience. From within the relationship, B's role was predicated by his greater maturity, physical strength, and deeper understanding of life (as compared to S), qualities that S contended both she and B recognized and affirmed. In S's view, B's superior qualities lead him to feel empowered to act as a superior and to intervene in S's projects to protect her from the consequences of her own less-informed judgments. S, despite her superior social and academic skills, perceived herself as a more dependant figure in the relationship, one still firmly within the protective sphere of her brother's influence. In S's words, "He was the boss of Me".

During S's symptomatic period, B continued to be a peripheral family member, occupying his time mainly with his

personal extrafamilial activities. S did not perceive B to be strongly implicated in the difficulties she was experiencing with her parents, continuing to relate to S just as before. B did, however, voice his objections to her eating habits and influenced her parents to some extent by consulting with them in her absence. B was therefore seen as a less active but integral part of the parental effort aimed at encouraging her to change. S reacted aggressively to B's presence during the symptomatic period, attempting often to impose on him the same exacting standards of behaviour she sought to impose on M, and resisting, as she did with M, B's modest efforts to get her to eat.

After S's hospitalization, B found himself incapable of overcoming his shyness and couldn't join others in the intra-familial "rapprochement" initiated by D's new openness to expressing emotions. His peripheral status in the family was further confirmed, in S's view, when both parents abandoned their longstanding rule of equal treatment of siblings and began showering gifts on S. Sensing the injustice, S expressed concern over what she saw as B's non-inclusion in the developments affecting both her and her parents. S postulated that her parent's lack of involvement in B's life before and after her hospitalization must have been difficult and painful for him to accept and live with. Speaking on B's behalf, she argued for a more just approach from her parents.

In S's view, the attenuation of his relationship with M was probably the most distressing development of the symptomatic period for B since M had been a pivotal source of support and help for him in those areas of his life he found most challenging. This was less true of D, with whom B had been less involved, particularly since reaching adolescence.

#### Son's Perception of Family Life:

##### Situated Structure

B showed considerable reticence and discomfort when taking part in the family interview, typically answering INT's questions with single words after lengthy pauses, and at times only after directing pleading glances towards other family members. The others responded to B's minimal level of participation by prompting him with verbal or nonverbal cues to encourage him to participate more fully in the interview process, even offering possible responses to specific questions on occasions. In the individual interview which followed, his contributions continued to be sparse and hesitant, prompting the investigator to rely on more structured questions rather than on open-ended questions requiring a more sophisticated elaboration. With the less intimidating format of the individual interview and the modified questioning style B did succeed in communicating his views on a much broader range of issues.

B's Perception of the Conflicts Surrounding S's Behaviors

Prior to the onset of S's symptoms, B saw himself as occupying a distinct position within the family, fulfilling the role of surrogate father during D's frequent absences from the home. B felt he successfully carried out this responsibility by showing dedication and caring towards others. On a more personal level, however, he found it difficult to overcome his shyness within the family and to develop those close relationships he sought and valued. His personal needs for familial closeness were therefore unfulfilled.

The onset of S's symptomatic behaviors transformed the familial milieu for B into one dominated by conflicts involving S in an endless struggle with her parents. Though B was witness to these conflicts, he failed to understand the intentions and purposes that motivated the protagonists, nor could he understand the dynamic interpersonal processes in which the three other family members seemed so immersed. B got involved in the conflict in a minor way by occasionally challenging S directly about her eating patterns, but most times he avoided implicating himself in a confrontation he saw as irrelevant to the pursuit of his own goals and interpersonal aspirations within the family.

As the conflict intensified later in the symptomatic period, B perceived his parents to have become so invested in the conflict with S and so preoccupied with the unfolding

of her condition that they were almost completely unavailable for pursuing and developing their respective relationships with him. From B's perspective, both parents avoided or discouraged his attempts to share affection with them, seeing these interpersonal contacts as distractions from their main concern. This was particularly true of M, with whom he had previously enjoyed a very close relationship, and to a lesser extent with D, whom he perceived as more distant. Even his interpersonal contacts with S became more tense and conflictual. Having no family member with whom to sustain a meaningful interaction, B felt himself becoming a social isolate within the family, a victim of the conflict embroiling S with her parents.

#### B's Perception of his Family

In B's view, his family was a well-structured and self-sufficient social unit with D occupying the principal position of authority and M acting as the principal intermediary between the family and the extra-familial world. Though these roles seemed well defined, they were also flexible, as evidenced by the fact that it was possible for B to take on a surrogate parental role during D's absences (as noted earlier), and allowed S to, in B's view, act as a fellow adult with her parents on some occasions. Outside of these observations, B claimed to be quite unaware of the complexities that defined his family's way of living

together and admitted to little knowledge of the workings of key relationships such as that of his parents. In general terms, however, B was able to define his family as a privileged social entity, expressing pride in his family name and heritage.

The onset of S's symptoms led to a dramatic increase in the amount of tension and conflict evident between his parents, a tension that seemed unrelated to him but rather linked to S's behaviors and state of health.

#### B's Perception of his Relationship With D

B began describing his relationship with his father by noting that D felt quite open to conveying physical and verbal gestures of affection towards him, but added that these outward behaviors masked a relationship that was in fact lacking in true closeness and self investment on D's part. Despite B's openness to nurturing a closer bond with D, the later seemed to B to be too self absorbed for pursuing a more fulfilling relationship. Though S's relationship with her father was richer in many ways, she also suffered from D's emotional unavailability in B's view.

S's illness, according to B, served as a powerful incentive for D, making him appreciate the need for a greater personal investment in the family on his part. D's "rapprochement" to the family following the onset of the illness was perceived as a positive step towards mobilizing

and actualizing those interpersonal, affiliative qualities that would make him a healing presence for all, including B. However, D chose to actualize this new openness and emotional involvement within the confines of the triadic interactive domain involving himself, S, and M. Being excluded from this interpersonal domain, B was again deprived of the possibility for the kind of encounters with D he felt he should have.

D's openness towards S during her illness was a further confirmation for B of what he saw as her longstanding special relationship with D, a relationship built on a more egalitarian and mutually-confirming position towards each other. B summarized this reality with the phrase "They were buddies". In B's view, S's past and ongoing success in getting D to "open up" and become close was achieved thanks to her greater communication and social skills, skills which made her a more interesting and engaging presence for D. B saw himself as being particularly deficient in these skills. Because of these abilities, in B's view, S was able to occupy considerable space within the family's affective field and could begin to act like a young adult whose maturity was confirmed by both parents. From B's perspective, S's disorder and the responses it evoked from both parents contributed positively to the strengthening of her relationship with D as well as M, and helped consolidate her adult-like status within the family.

Having witnessed the emerging of D's increased sensitivity to S, B allowed himself to be optimistic by hoping that in time the same kind of openness would be actualized in their own relationship, an openness that would allow for a more meaningful, verbal, egalitarian, honest, and authentic encounter between him and his father. According to B, the development of such a relationship with D was integral to his assuming his own permanent, non-conditional adult role within the family.

#### B's Perception of his Relationship With M

For B, M was a strong source of emotional support and caring in the family, able to create a bond with B that was truly close and confirming of him as a person. In B's view, M was the only parent with whom he could engage in direct and authentic two-way encounters, encounters which were not only characterized by physical gestures of affection but by open conversations. Though these contacts became less frequent during S's illness M continued to be accessible to him to some extent, remaining for B the most central figure in his family life.

B, like other family members, also saw one of M's roles in the family as being the intermediary between the family and the community, a role that seemed somewhat demanding and stressful during S's illness, but one she carried out well.

B's Perception of his Relationship With S

B described his own relationship with S as rather typical of brother-sister relationships, i.e., characterized by frequent arguments and conflicts which constituted an obstacle rather than an asset to his otherwise harmonious interactions within the family. During the symptomatic period, S's antagonism towards him became even more prominent.

S's behaviour during her symptomatic period was, in B's view, a deliberate attempt to assert her will in the household milieu in a more powerful way, particularly in the areas of household routines related to food and cleaning. In other words, B saw S affirming herself as an adult-like authority in select areas of domestic life, just as he had become an adult-like authority during D's absences. That she was able to succeed so well and affirm her status before both parents, attested to what B perceived were her superior interpersonal and social skills, skills which opened the way for her to become "her own boss" vis-à-vis her parents.

S's new adult-like status in the family and her privileged access to her parents during the period of her illness was, in B's view, an achievement, one he perceived as a permanent and enviable development in her life. This highly valued adult-like status of "being your own boss" within the family was desired but only partially achieved by

B in his own life (actualized only in the absence of his father).

B's understanding of the nature of S's condition was therefore at variance to that of all other family members and the medical community. Where as he saw her acts as intelligible and self serving, others portrayed her behaviors in terms of negative symptoms associated with a psychiatric illness.

## Appendix C

## Questionnaire Response - Mom

## Question 1

What are the most important changes that have taken place in your family's life since your daughter developed serious problems? Describe these events as concretely and in as much detail as possible.

I think the most important changes in our family's life since Susan developed this serious problem are emotional strain.

When this first began everybody on the outside of the family thought Susan was a very body concussious persons and was only keeping her body in shape. The cutting out of chocolate last Jan., junk food last Easter and the constant excersising.

In June Susan had missed her period, I got really concerned and brought her back to the doctor, he laughed at me and said her body was going through a hormonal change and she was the healthiest person he had ever seen and there was nothing to worry about.

As the summer continued Daryl and I would argue. Since Daryl worked away from home during the week and only home on the weekends he could see a change in her

weight, I would tell him the doctor says she is healthy.

Daryl would try to blackmail Susan into eating a chocolate bar, chips or something so she could go to a special event. She would refuse and the hurt in her eyes would crush anybody.

As the fall came, Daryl and I were constantly arguing over Susan's eating habits. There was always a fight when we made her eat.

The phone would ring continually or people would come in and ask what is wrong with Susan. I have heard this so much I wanted them to leave me alone, Susan was under a doctor's care - but deep down I knew she was seriously ill.

Bert would ask Susan to have a treat now and then that it wouldn't hurt her. He knew something was wrong. Instead of listening to them argue I would tell him to leave her alone.

A couple of months before she went to the hospital she really look bad. Her mood swings were extreme, she would yell at Bert or I, we would yell back she would cry and I would end up appoligizing and feeling I handled it wrong.

The strain on the family was terrible - Susan the outgoing person became a loner even in school.

We went back to the doctor about Susan's problem while we were alone I explained to the doctor that I thought Susan had anorexia nervosa. It had been three weeks since he seen her for her last allergy shot.

After he examined her, he would not "lable her". He decided to put her on a 2500 cal. diet. I would be the one to make her eat and Daryl would be the one to lean on. She didn't need the two of us on her back. She would be weighed in every week.

Susan being a perfectionist, loved to cook but would not pick up her own meal. A couple of times Susan wanted her breakfast up in her room. I did it although Daryl would say it wasn't a good idea. I was in her room for something Daryl came in and decided to see if she hid any food. We found hidden food, hug each other and cried. We knew then how very ill Susan was.

After that the trust was gone, we seem to be getting paranoid, everywhere she went away from home we would call to make sure Susan had eaten or she wasn't throwing up or throughing her food away. I would crawl up the stairs to make sure when she was in the bathroom she wasn't sick, if she woke up in the middle of the nite we would listen.

Meal time there was always a fight, I had given her too much or the wrong glass for milk and so on. Daryl would sit there and try to keep his cool although he

was boiling on the inside. We hated to see her cry but I told her more than once she was not going to starve to death and the only reason why things were so harsh was because we loved her.

Bert still couldn't understand why all this hassle over eating. Daryl and I would wonder what did we do wrong. Weeks of weighing in she would maintain or lose - what is going on.

When I gave Susan her meals and lunches I was her worse enemy in the world. Susan and I always had a good mother daughter relationship we would talk about anything from drugs to boys. In the last few months we would still have our talks but they usually ended in crying sessions trying understand her problem.

She was crying one day and asked me, "Mom if I'm so smart that kids come to me for help in school why can't I understand whats' happening to my body". I told her we will find the answers.

After Susan finally got to see Dr. Pasqual and was hospitalized we felt relief. Finally we were told what was wrong with our daughter and she was going to get help.

With Susan in the hospital our home is not complete. We get lonely, depressed, angry and frustrated wondering how long it will take to cure our

daughter. We want her home but not until she is better and we see that twinkle in our daughter's eyes again.

## Question 2

Describe how living with a person with such a serious problem has affected the way in which family members relate to each other. Provide concrete examples.

We have always been a close, loving family - but with Susan's illness we have found out the whole family is suffering. Before she was hospitalized it seemed every time we spoke it had to do with putting weight on Susan. Everything had to do with Susan. We seemed to be neglecting Bert and ourselves but it didn't matter we didn't want our daughter to die. I became very snappy in my answers it was so hard to relax because you knew mealtime was around the corner. I knew every time she wanted to go for a walk with me it was to burn off calories, you didn't want to lose that "mother, daughter" relationship so you went for the walk. My conversations with Susan was always to do with can we find a reason why this happen, with Daryl it was what are we going to do, and with Bert it was, Susan is sick.

After Susan went to the hospital our relationship with each other has become stronger. We realize how really sick she is and its not all our fault. With the help of the doctors and books we are beginning to

understand what we are dealing with and were not sitting down arguing all the time.

## Maria Smith Questionnaire

Unit Analysis A  
(Step 4)

(M-(Q-1)-1)

MOM: I think the most important changes in our family's life since Susan developed this serious problem are the emotional strain.

(M-(Q-1)-A-1)

From M's perspective, the most important change in the family was the strain caused by the strong emotions family members felt during the crisis.

(M-(Q-1)-2)

MOM: When this first began, everybody on the outside of the family thought Susan was a very body-conscious persons, and was only keeping her body in good shape. The cutting out of chocolate last Jan., junk food last Easter, and the constant exercising.

(M-(Q-1)-A-2)

M begins her description by noting that she perceived that members of the community were not concerned with S's food restrictions and exercising, seeing them as indicative of a healthy disposition towards physical fitness.

(M-(Q-1)-3)

MOM: In June Susan had missed her period. I got really concerned and brought her back to the doctor, he laughed at me and said her body was going through a hormonal change and she was the healthiest person he had ever seen, and there was nothing to worry about.

(M-(Q-1)-A-3)

M then relates how her emerging concerns, heightened by S missing her period, were discounted by another extrafamilial and even more credible source of information, the local doctor, who described the changes as healthy and normal.

(M-(Q-1)-4)

MOM: As the summer continued, Daryl and I would argue. Since Daryl worked away from home during the week and only home on the weekends he could see a change in her weight, I would just tell him the doctor said she is healthy.

(M-(Q-1)-A-4)

M relates how D's concerns increased as S's weight diminished, concerns which led to clashes between him and M, who would answer D's concerns with the community's view of the changes, i.e. that they were normal. M therefore adopted and gave voice to the external view within the family milieu and within the couple, challenging D's perception of the growing problem.

(M-(Q-1)-5)

MOM: Daryl would try to blackmail Susan into eating a chocolate bar, chips or something so she could go to a special event. She would refuse,

(M-(Q-1)-A-5)

M interrupts by describing how she and her husband would try to use social events M thought S wanted to attend as rewards that were contingent on her eating sweets, a tactic that failed. (M referring to joint parental action)

(M-(Q-1)-6)

MOM: and the hurt in her eyes would crush anybody.

(M-(Q-1)-A-6)

M describes the pain and suffering she perceived S to be experiencing (via the expression of her eyes) as overpowering in its intensity, one that would emotionally affect anyone who was witness to it.

(M-(Q-1)-7)

MOM: As the fall came, Daryl and I were constantly arguing over Susans eating habits. There was always a fight when we made her eat.

(M-(Q-1)-A-7)

According to M, S's eating habits became an issue of ongoing contention within the parental couple, with the conflict re-igniting each time S was obliged to eat her food.

(M-(Q-1)-8)

MOM: The phone would ring continually or people would come in and ask what is wrong with Susan? I have heard this so much I wanted them to leave me alone,

(M-(Q-1)-A-8)

M relates how later in the disease process, people from the community became aware of S's deteriorating condition and requested that M inform them of S's ailment. M felt inundated by these requests and yearned to see them cease.

(M-(Q-1)-9)

MOM: Susan was under a doctor's care - but deep down I knew that she was seriously ill.

(M-(Q-1)-A-9)

Though M acknowledged the family physician's judgement as the "professional care giver", she nevertheless had her own less well articulated sense that S's condition was more serious than the physician recognised.

(M-(Q-1)-10)

MOM: Bert would ask Susan to have a treat now and then that it wouldn't hurt her. He knew something was wrong. Instead of listening to them argue, I would tell him to leave her alone.

(M-(Q-1)-A-10)

M relates how B sought on some occasions to involve himself in the issue of S's eating by confronting S individually and directly. M perceived that B was aware of a problem with S, t h o u g h t h i s conceptualization was, in M's view, a less articulated understanding of the problem. M responded by actively opposing B's attempts to create yet another focus of conflict in the family.

(M-(Q-1)-11)

MOM: A couple of months before she went to the hospital she really look bad. Her mood swings were extreme, she would yell at Bert or I, we would yell back she would cry and I would end up appoligizing and feeling I handled it wrong.

The strain on the family was terrible - Susan the outgoing person became a loner even in school.

(M-(Q-1)-12)

MOM: We went back to the doctor about Susan's problem while we were alone I explained to the doctor that I thought Susan had anorexia nervosa.

(M-(Q-1)-A-11)

M chronicles the dramatic personality changes that overtook her daughter during the worst parts of her illness, changes that included mood swings and increasing oppositional behavior towards herself and B. M describes her own response as cyclical, moving from aggressively joining in the arguments to disengaging from the argument when S showed signs of being overcome by emotion (cried), to feeling and then acknowledging to S her self-doubt as to the appropriateness of her parental behavior. The repetitive cycle of confrontation exerted a terrible strain on the family according to M.

(M-(Q-1)-A-12)

M gives an account of when, after a further deterioration of S's condition, she approached the physician in private to propose her own diagnosis of Anorexia Nervosa.

(M-(Q-1)-13)

MOM: It had been three weeks since he seen her for her last allergy shot.

After he examined her he would not "label her". He decided to put her on a 2500 cal. diet. I would be the one to make her eat and Daryl would be the one to lean on. She didn't need the two of us on her back. She would be weighed in every week.

(M-(Q-1)-14)

MOM: Susan being a perfectionist, loved to cook but would not pick up her own meal.

(M-(Q-1)-A-13)

As M observed, the doctor did not confirm M's diagnosis but he did institute a dietary regime that implicitly acknowledged that S's eating habits were indeed problematic. The doctor also proposed separate roles for the parents to enforce the regime as described earlier.

(M-(Q-1)-A-14)

M describes the paradox of seeing her daughter be very meticulous about cooking and yet refuse to eat what was prepared.

(M-(Q-1)-15)

MOM: A couple of times Susan wanted her breakfast up in her room. I did it although Daryl would say it wasn't a good idea. I was in her room for something Daryl came in and decided to see if she hid any food. We found hidden food, hug each other and cried. We knew then how very ill Susan was.

After that the trust was gone, we seem to be getting paranoid, everywhere she went away from home . . .

(M-(Q-1)-16)

MOM: we would call to make sure Susan had eaten or she wasn't throwing up or throughing her food away. I would crawl up the stairs to make sure when she was in the bathroom she wasn't sick, if she woke up in the middle of the nite we would listen.

(M-(Q-1)-A-15)

M relates a crucial incident wherein parents found food S had hidden in her room to avoid eating it. According to M, both parents recognised this duplicitous act to be a definitive sign indicating that S's condition was more serious than previously recognised. The incident marked a turning point in M's way of relating to S, M no longer extending to S the trust she had naturally given her in the past. The incident also caused both parents to become hypersensitive to each opportunity for possible deception by S, prompting them to take measures to guard against such deceptions.

(M-(Q-1)-A-16)

M then relates how the loss of trust prompted both parents to covertly supervise their daughter's activities in order to become aware of the extent of anorectic and bulimic behaviors S might attempt to hide. For M, this activity was one that allied both parents in a common goal of monitoring S's behavior.

(M-(Q-1)-17)

MOM: Meal time there was always a fight, I had given her too much or the wrong glass for milk and so on. Daryl would sit there and try to keep his cool although he was boiling on the inside.

(M-(Q-1)-18)

MOM: We hated to see her cry but I told her more than once she was not going to starve to death and the only reason why things were so harsh was because we loved her.

(M-(Q-1)-19)

MOM: Bert still couldn't understand why all this hassle over eating.

(M-(Q-1)-20)

MOM: Daryl and I would wonder what did we do wrong? Weeks of weighing in she would only maintain or lose - what is going on.

(M-(Q-1)-A-17)

M describes her ongoing struggle with S, noting that S would continuously obstruct or object to meal routines. Though D was not directly involved in the conflict, M perceived him to be very much affected by it, experiencing barely containable frustration with the situation.

(M-(Q-1)-A-18)

M describes how both she and D shared a common response of empathy for S as she reacted negatively to confrontative parental actions related to her eating. However, this empathy did not weaken M & D's resolve to take those actions which they saw as motivated by love for S as well as necessary to safeguard her life.

(M-(Q-1)-A-19)

B, according to M, was a more or less peripheral figure in the crisis who failed to understand the reasons underlying the evolving struggle between S and her parents.

(M-(Q-1)-A-20)

According to M, their continued failure to bring about an increase in S's weight caused both parents to question the appropriateness of their parental actions and their ability to intervene successfully.

(M-(Q-1)-21)

MOM: When I gave Susan her meals and lunches I was her worse enemy in the world.

(M-(Q-1)-A-21)

M then proceeds to describe her one-to-one interactions with S at meal times, viewing them as periods when both were in absolute conflict with each other.

(M-(Q-1)-22)

MOM: Susan and I always had a good mother daughter relationship we would talk about anything from drugs to boys.

(M-(Q-1)-A-22)

M contrasts this with the presymptomatic relationship which M saw as an open and uninhibited parent child relationship in which significant personal issues could be discussed and worked through together.

(M-(Q-1)-23)

MOM: In the last few months we would still have our talks but they usually ended in crying sessions trying understand her problem.

She was crying one day and asked me, "Mom, if I'm so smart that kids come to me for help in school, why can't I understand whats' happening to my body?" I told her we will find the answers.

(M-(Q-1)-24)

MOM: After Susan finally got to see Dr. P and was hospitalized we felt relief. Finally we were told what was wrong with our daughter and she was going to get help.

(M-(Q-1)-A-23)

M then describes how since the onset of symptoms, these quality interactions have continued but have become monothematic discussions centering on trying to understand her anorectic behaviors. As a result, these sharing times have become difficult and emotionally painful for both instead of releasing and pleasant.

M referred to one incident in particular when S expressed a wish compatible with her goals, i.e., to move out of her own confusion regarding her actions towards her body.

(M-(Q-1)-A-24)

M then relates how the involvement of a new outside specialist and S's hospitalization (extrafamilial specialists taking over project of S's rehabilitation) marked a turning point for the family in that S's disorder was clearly identified (relieving the uncertainty concerning the nature of S's problem) and defined as a condition for which the hospital community would become helpfully involved.

(M-(Q-1)-25)

MOM: With Susan in the hospital our home is not complete. We get lonely, depressed, angry and frustrated wondering how long it will take to cure our daughter. We want her home but not until she is better, and we see that twinkle in our daughter's eyes again.

(M-(Q-1)-A-25)

M voices how since the hospitalization, the home is perceived by all as missing a vital element (S), a reality which generates strong emotions of anger, loneliness and depression in all family members. It is here, at the level of the response to S's absence that the entire family is united (in M's view), i.e., in a common experience of loss and an eagerness for her return. Despite the loss, M perceives the family as committed to having the extrafamilial experts continue to take responsibility for correcting the disorder, i.e. to bring back the presymptomatic S that all want to see again. (The mandate of the clinical team is to turn back the clock and give to the family the pre-anorexia family experience, i.e., the family's template of health.)

(M-(Q-2)-26)

MOM: We have always been a close, loving family - but with Susan's illness we have found out the whole family is suffering.

(M-(Q-2)-A-26)

M notes a change in her perception of her family since S's illness, viewing it no longer as a "close loving family" but as troubled and suffering.

(M-(Q-2)-27)

MOM: Before she was hospitalized it seemed every time we spoke it had to do with putting weight on Susan. Everything had to do with Susan. We seemed to be neglecting Bert and ourselves but it didn't matter we didn't want our daughter to die.

(M-(Q-2)-A-27)

M describes how the family's entire focus of attention and action centered on S and her illness. All other considerations for the needs of other family members were given less priority and put aside in order to address what M saw as a life-death struggle over S's problem.

(M-(Q-2)-28)

MOM: I became very snappy in my answers it was so hard to relax because you knew mealtime was around the corner.

(M-(Q-2)-A-28)

M notes how her ongoing anxiety over S's eating and the stress caused by her anticipation of entering into a conflict during every meal resulted in her becoming impatient and developing an antagonistic disposition towards others family members.

(M-(Q-2)-29)

MOM: I knew every time she wanted to go for a walk with me it was to burn off calories, you didn't want to lose that "mother, daughter" relationship so you went for the walk.

(M-(Q-2)-A-29)

M notes how in an attempt to preserve some positive elements of their relationship she would not prevent certain behaviors which she knew S used to affect her weight but which also offered the opportunity for positive interaction.

(M-(Q-2)-30)

MOM: My conversations with Susan was always to do with can we find a reason why this happen, with Daryl it was what are we going to do, and with Bert it was, Susan is sick.

(M-(Q-2)-A-30)

M notes that all of her intrafamilial conversations focussed on trying to understand or resolve S's problems.

(M-(Q-2)-31)

MOM: After Susan went to the hospital our relationship with each other has become stronger. We realize how really sick she is and its not all our fault.

(M-(Q-2)-A-31)

S's hospitalization, notes M, lead to a dramatic amelioration in the quality of the relationships within the family and a strengthening of the family bond joining each member. Crucial to this change, M notes, is the realization by family members that S suffers from a discernable disorder and is not simply responding or reacting to actions, events or communications from other family members.

(M-(Q-2)-32)

MOM: With the help of the doctors and books we are beginning to understand what we are dealing with and were not sitting down arguing all the time.

(M-(Q-2)-A-32)

M notes that the helping professionals have been instrumental in clarifying the nature of S's disorder, alleviating the tendency for M and D to enter into conflict over such issues.

## Maria Smith Questionnaire

## Unit Analysis B

(Step 5)

M-(Q-1)-1-B (unit 1)

For M, the heightened emotional tension in the family was the most significant transformation in the home resulting from the crisis.

M-(Q-1)-2-B (unit 2-3)

M describes how the initial signs and symptoms of the disorder were given a positive interpretation by knowledgeable and reputable members of the community (including the physician). Early concerns expressed by M were at first discounted, and M accepted, at first, this commonly held understanding of S's behavior.

M-(Q-1)-3-B (unit 4)

Dissent and conflict developed in the parental diad when D noted further physical deterioration in S and began challenging the received view adopted by M from the community and the physician which denied the presence of any disorder.

M-(Q-1)-4-B (unit 5-6)

M describes how eventually D intervened with ineffective attempts to entice S to abandon her behaviors. In M's view, S's rejection of D's initiative was a deeply painful experience for her.

M-(Q-1)-5-B (unit 7)

As both parents became actively engaged in confronting S and enforcing compliance of expectations concerning food intake, interactions within the parental diad became increasingly conflicted, the discord centering on the management of S's eating habits.

M-(Q-1)-6-B (unit 8)

M also grew more intolerant of extrafamilial friends whose contacts with the family were increasingly focussed on acquiring information on S's condition.

M-(Q-1)-7-B (unit 9 & 12)

M notes that as the symptomatology progressed she developed an unarticulated intuition that S's illness had been underestimated by the family physician, an intuition that eventually matured into a conviction that S suffered from anorexia nervosa.

M-(Q-1)-8-B (unit 10 & 19)

B's attempts to intervene directly in the crisis (bypassing his parents) were resisted by M, who saw this less-informed intervention by B to be an unnecessary propagation of the conflict.

M-(Q-1)-9-B (unit 11)

M describes how in the latter part of the crisis, S's emotional balance had deteriorated, leaving her aggressive and emotionally labile, making interactions with others very problematic and leaving her ill disposed for pursuing these interactions. The ongoing arguments over meals typically followed a pattern of (a) confrontation followed by (b) disengagement when S showed signs of being overcome followed by (c) self-criticism and self-doubt on M's part for having caused so much pain, all of which exerted a considerable emotional strain on M and the family as a whole.

M-(Q-1)-9-B (unit 13)

The family physician opted to address S's needs by entrusting to M and D the responsibility for implementing a prescribed parenting approach and diet plan to address S's needs.

M-(Q-1)-10-B (unit 14)

For M, S's intense involvement in food preparation seemed incongruent with her extreme resistance to consuming her meals.

M-(Q-1)-11-B (unit 15-16)

According to M, the discovery that S had deliberately misled them allowed them to clearly perceive that the qualities and dispositions that had characterized S before the onset of symptoms were no longer valid.

Interpreting this transformation as being the result of a disease process, both M and D put aside past assumptions concerning the reliability of S's honesty taking measures to monitor S's acts with the assumption that she would not hesitate to exercise her deception again.

M-(Q-1)-12-B (unit 17-18 & 21)

According to M, both she and D were extremely frustrated with the role of continuously confronting S and being the authors of so much of the suffering they sensed she was experiencing. However, M justified her actions for herself by defining the confrontation as a loving parental intervention aimed at ensuring the survival of a dysfunctional family member, giving priority to this objective above that of safeguarding the quality of her relationship with S.

M-(Q-1)-13-B (unit 20)

For M, her faith in her parenting ability and her belief in the appropriateness of her course of action with S was continuously challenged by the fact that S's condition did not improve.

M-(Q-1)-14-B (unit 22-23)

M asserts that throughout the crisis, she and S have continued to find opportunities to share openly and honestly their most intimate thoughts and concerns. Since the crisis, however, these privileged exchanges have become monothematic discussions centering on the emotional and relational costs as well as on the confusion resulting from S's anorectic behaviors and perceptions.

M-(Q-1)-15-B (unit 24)

S's hospitalization was seen by M as a decisive turning point, wherein the community not only explicitly recognized the nature and severity of the family crisis but also mobilized resources to intervene and pursue more vigorously the parental goal of returning S to the family with the qualities and attitudes characteristic of her presymptomatic state.

M-(Q-1)-16-B (unit 25)

For M, S's hospitalization did not end the concern and frustration experienced because of S's continuing difficulties and inability to participate fully in the network of family relationships. M, however, gives primacy to the hospital's project (of returning S symptomless) over that of the family's need for S's reintegration in the family.

M-(Q-2)-17-B (unit 26)

For M, the onset of the disorder and the obvious pain and suffering experienced in the family as a result of the disorder, challenged and altered her previous perception of the family as an environment defined by affection and closeness.

M-(Q-2)-18-B (units 27 & 30)

According to M, family life during the crisis became unifocal and centered on the narrow but critical life-death issue of S's weight and on developing an understanding of the weight-losing behavior. All other family priorities and needs failed to solicit attention or action by family members during this period, claims M.

M-(Q-2)-19-B (unit 28)

For M, family life became increasingly centered on her daily anxiety-provoking conflicts with S over meals. The daily anticipation of these conflicts and the continuous stress associated with them negatively affected the quality of her contact with other family members not directly involved with feeding S.

M-(Q-2)-20-B (unit 29)

For M, maintaining some positive non-conflicted contacts with S became a priority, such that on those occasions when the interaction was positive, S was not confronted over her weight-losing strategies.

M-(Q-2)-21-B (units 35-36)

For M, deculpabilizing the family by defining S's problems as a distinct, isolatable, autonomous disease process, and not a response to actions or events in the family was crucial to reestablishing the more positive bonds among family members.

## Maria Smith Questionnaire

## C level analysis

(Step 6, Phase 1)

Temporal Development of the Problem

M characterized the initial symptomatic period as one of discordant perceptions, with D, on the one hand, becoming increasingly concerned with what he perceived were serious physical symptoms, and the extrafamilial community (including the family physician) who, on the other hand, discounted parental apprehensions and viewed S's behaviors as normal, desirable and healthy. M's initial reaction was to uphold the community's (and the physician's) views, a position that put her in direct conflict with D and created considerable dissension in the couple. As the deterioration of S's physical and emotional condition became more and more evident, conflict within the couple over how to interpret and respond to the situation deepened. M eventually returned to the helping professionals in the community to validate her growing belief that S's condition was indeed serious, and to seek guidance on how to intervene.

In the later part of the symptomatic period, M and D adhered to medical advice and became fully engaged in ensuring S's proper nutrition. However, S's vehement resistance to all interventions (by M specifically) led to incessant conflicts within the home, conflicts which were aggravated by S's increasingly aggressive and labile

disposition. Though M continued confronting S on the issue of diet, she (M) resented being continuously placed in an adversarial position with S and seeing herself as the author of so much of S's suffering. M therefore habitually retreated from her confrontations when she became aware of S's emotional suffering, questioning the appropriateness of her actions and doubting her overall parental competence.

As S's condition progressed, a number of revealing events led both parents to view S's emotional turmoil, dishonesty, and aggressiveness as personality changes brought about by the disorder itself, rather than legitimate responses to questionable parental acts. M therefore intervened more aggressively to monitor and control S's behavior, viewing her own actions as a justifiable and appropriate attempt to safeguard the life of one physically and emotionally incapacitated by a disorder.

The involvement of a new set of specialists in S's care, and the clarification of the diagnosis, provided enormous relief for both M and D, who sensed not only that their beliefs about the severity of S's illness had finally been validated but anticipated that the community would mobilize new resources to help in S's physical and emotional rehabilitation.

#### M's Perception of Her Family

The onset of S's disorder and the resulting persistent conflict and emotional suffering challenged M's former view of her own family as an environment defined by interpersonal closeness and affection. As S's symptoms increased in severity family life became increasingly centered around the issue of S's health and eating behavior, to the exclusion of other family concerns and pursuits. As the stress of the ongoing conflicts with S and within the parental couple increased, M felt less able and disposed to nurture other family relationships or even to pursue extrafamilial contacts and friendships.

S's hospitalization provided considerable relief to family members from the stress of the daily struggles centered around meals. The hospitalization also contributed to the process of deculpabilising S as well as M and D by identifying the various problem behaviors and conflicts as integral and attributable to the diagnosed disorder. Intrafamilial bonds were strengthened during this period but S's absence created an important gap in the network of family relations, a gap which seriously affected the level of satisfaction with family life for many family members.

#### M's Perception of her Interpersonal Relationships

M's relationship with D was quickly monopolized by concerns for S's well-being and became conflicted when disagreements arose over how to interpret S's behaviors and

physical symptoms as well as over what measures should be taken to ensure S's proper nutrition and health. According to M, exacerbations in S's condition or open conflicts with S inevitably led to increases in interparental conflict and dissention within the parental couple as both sought to promote their own view of the disorder or the crisis. All other dimensions of the relationship were essentially neglected during this time.

Contacts with B were also neglected by M during this period and attempts by him to involve himself in S's rehabilitation were viewed as unnecessary and ill-informed, and were actively discouraged by M.

M's role as the principal intervener with S during meal times, and S's increasingly negative disposition towards all forms of social contacts made interactions between S and M highly conflicted and emotionally distressing for both. M notes however that she sought and continued to find periods wherein both would abandon their adversarial stance and share in an egalitarian way, for a time, their most intimate feelings and concerns, just as they had before the onset of symptoms. Though the discussions during these privileged intervals were still dominated with the question of her anorectic project, both S and M were able to find unity in their concerns if not their goals.