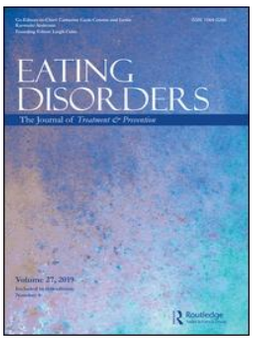

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Recovery as an "Act of rebellion": a qualitative study examining feminism as a motivating factor in eating disorder recovery

Katherine Venturo-Conerly, Akash Wasil, Rebecca Shingleton, and John Weisz

Department of Psychology, Harvard University, Cambridge, MA, USA

ABSTRACT

Patients with eating disorders (EDs) often feel ambivalent about recovery, and motivation-enhancement interventions are ineffective for many patients. Identifying new targets for motivational interventions may be particularly valuable. We interviewed 13 recovered ED patients to identify factors that motivated recovery, applying thematic analysis to identify central themes. Here we discuss exploratory findings about one theme from these interviews: the role of feminist ideas in ED recovery. Forty-six percent (n = 6) of our participants reported that feminist themes helped them recover. Participants described understanding harmful cultural forces (e.g., weight-related stigma), developing strategies to fight these forces (e.g., challenging stigmatizing language), engaging with feminist texts, hearing about feminist ideas from clinicians, and forming relationships with female role models. Interestingly, participants did not all refer to their experiences as "feminist," and one rejected the label. Our exploratory findings indicate that feminist ideas can motivate ED recovery, suggesting directions for future research.

Clinical Implications

- Former ED patients reported that feminist ideas motivated them to recover
- Some learned about harmful cultural forces (e.g., how magazines affect body image)
- Some learned strategies to counter these forces (e.g., reading fewer magazines)
- Some found strong female role models and empowering female spaces
- Clinicians may apply feminist ideas to motivate recovery for some ED patients

Introduction

Patients with eating disorders (EDs) often feel ambivalent about recovery (Casasnovas et al., 2007), and traditional motivational enhancement techniques

CONTACT Katherine Venturo-Conerly katherinevc16@gmail.com 511 Currier Mail Center, Cambridge, MA 02138

Supplemental data for this article can be accessed here.

(e.g., motivational interviewing) have not been widely effective at motivating recovery (Knowles, Anokhina, & Serpell, 2013). Despite the importance of overcoming ambivalence and building recovery motivation, few studies have examined recovery motivation in ED patients. Qualitative research may allow researchers to understand recovery motivation from the perspectives of ED patients, generating hypotheses for further research. Past qualitative research identified several factors that ED patients considered helpful during the recovery process (e.g., Matusek & Knudson, 2009) However, limited research has sought to identify factors that *motivate* recovery. As a result, an important question remains unanswered: are there factors within the therapeutic process that, if targeted, can increase recovery motivation?

Feminism has surfaced as both a helpful and harmful factor in ED recovery. Feminist literature has focused on how oppressive appearance norms, weight expectations, and other societal forces affect the development of EDs; Recent feminist research has examined how social and cultural influences affect ED pathology (Holmes, 2016). Although it is difficult to unify feminist perspectives under one definition, past research defined feminist perspectives as perspectives that "frame [EDs] within the social and cultural construction of gender and the expectations surrounding female bodies, appetite, sexuality and social roles" (Holmes, 2016, p. 466).

Research is mixed regarding the impact of feminism on ED recovery. For example, some former ED patients reported that joining feminist communities provided emotional support during recovery (Matusek & Knudson, 2009). However, research also suggests that patients with EDs may reject feminist ideas, believe feminist discussions unfairly exclude men, and find that feminist discussions evoke feelings of powerlessness over their ED symptoms (Holmes, Drake, Odgers, & Wilson, 2017).

Given these mixed findings, additional research is necessary to understand how participants engage with feminist themes, how these themes can motivate recovery, and how to avoid potential harms identified by past research. In this study, we conducted interviews to identify factors that motivated ED patients to recover. This paper details exploratory findings about one central finding: the association between feminist ideas and ED recovery.

Method

We recruited individuals who had recovered from an ED for at least one year. Inclusion criteria were: at least 18 years old; previously diagnosed with and treated for an ED; and recovered (defined as a total score on the Eating Disorder Examination – Questionnaire (EDE-Q) within one standard deviation of community norms (Fairburn & Beglin, 1994) and self-reported abstinence from ED behaviors for one year). Out of 53 participants assessed for eligibility, thirteen participants were recruited from ED advocacy groups in Boston via email and

social media. We ended recruitment at $n = 13$ because past research suggests that qualitative studies reach saturation (i.e., no new themes are identified) with approximately twelve participants (Guest, Bunce, & Johnson, 2006). The Harvard University IRB approved this study.

The semi-structured interview was designed to identify factors that motivated participants to initiate treatment and recovery. It included thirteen questions such as "What factors motivated you to initiate recovery?" and "Did anyone do anything that influenced your decision to recover?" None of the pre-prepared questions asked about feminism or gender. Audio-recorded interviews lasted 53–100 minutes and were transcribed using Amazon Transcribe.

The first two authors, undergraduates studying psychology, conducted the interviews under the supervision of the third and fourth authors, who hold doctoral degrees in clinical psychology. In order to reduce bias and standardize the interview procedure, the first two authors carefully followed the interview guide, completed a training with the third author, and performed mock interviews. None of the authors had preexisting relationships with any participants.

Using thematic analysis guidelines (see Braun & Clarke, 2006), the first and second authors independently reviewed each transcript for themes. Because feminist themes occurred frequently during the interviews, we developed a codebook focusing on feminist themes. The codebook was developed and refined in an iterative process. We have presented the findings related to feminism in this separate manuscript for several reasons: feminist themes occurred frequently in the interviews, are understudied as a potential source of recovery motivation, and presenting these findings separately allows us to discuss them in greater detail. We are preparing a separate publication detailing each of the themes we encountered in our interviews (e.g., social support). For this present study, the first and second authors independently coded each transcript for the presence of each theme related to feminism (Cohen's kappa ranged from 0.7 to 1.0). Discrepancies were resolved by discussion among the first three authors.

Results

Forty-six percent ($n = 6$) of the sample spontaneously reported that ideas related to feminism or female empowerment motivated them to recover from their EDs. Sample demographics for these six participants, as well as the entire sample, are reported in Table S1.

We identified five main themes related to feminism and gender (Table 1); these themes are described in more detail below, and quotes are provided to illustrate each theme.

Table 1. Themes relating to feminism.

Theme	Description
Recognizing harmful cultural norms	Noticing elements of culture that objectify women, disempower women, or promote unhealthy appearance standards
Rejecting harmful cultural norms	Developing specific strategies to handle these negative and objectifying forces
Exposure to feminist texts/sources	Reading books, watching videos, and engaging with other media that is explicitly about feminism
Discussing feminist ideas with clinicians	Talking with clinicians about how gender norms and feminist ideas in society relate to eating disorders
Forming supportive female spaces and relationships	Developing communities of supportive women who do not reinforce harmful gender norms or eating disorder pathology

Recognizing harmful cultural norms (n = 4)

This theme refers to instances in which participants noticed how negative and objectifying cultural forces contributed to their eating pathology. For instance, one participant found it helpful to learn about negative messages in mainstream media.

> I think there's a lot of casual gas lighting [psychological manipulation] … in our culture, and I think being completely insulated from that is really important in the early stages [of recovery]… accepting yourself and loving yourself is really bad for a lot of businesses. And looking at it from that practical standpoint can be really helpful. (Participant #4, 28 years old)

Another befriended a woman with a larger body, and she reported that this friendship helped her recognize the harms of weight-related stigma.

> My closest friend [in treatment] was fat… And the psychiatrist shamed her pretty badly. That really was a big eye-opener for me: this is not an issue that affects only thin people… Here's this person who lives in a fat body. She's not disgusting or evil. I think [our friendship] challenged so many of those eating disorder beliefs and allowed me to be like, ok, being fat is not necessarily the worst thing. Yeah, it was really very powerful. (Participant #8, 27 years old)

Rejecting harmful cultural norms (n = 4)

This theme refers to instances in which participants developed strategies to combat negative, objectifying, and pro-ED cultural forces. For instance, one participant changed her language and challenged her negative beliefs around fat-shaming and weight gain.

> I think [learning about fat-shaming] changed how I talked about things and how I thought about things because suddenly, "I feel fat" wasn't okay. I think my relationship with [my friend with a larger body] really afforded me a much higher likelihood of recovery because it taught me so much. (Participant #8, 27 years old)

Another began to view ED recovery as an act of rebellion against harmful social structures; "All of these structures that are propped up by pushing

people down… motivated me and [made] every day this little act of rebellion." (Participant #4, 28 years old)

Exposure to feminist texts/sources (n = 2)

This theme refers to instances in which participants discussed the impact of media sources explicitly about feminism. Participants encountered books and podcasts that discussed feminist ideas in relation to eating behaviors and body image.

> I think it's really good to kind of surround yourself with, like a podcast of *Health at Every Size* and *Recovery Warriors*… especially in a society that, if you just go to mainstream media, you're gonna get bad things reinforced, so if you seek out positive things I think that can make a huge difference." (Participant #4, 28 years old)

These sources encouraged one participant to spend less time worrying about her appearance and spend more time on more meaningful aspects of life. She would ask herself, "Are you going to spend your time as a woman worried about what you look like, or are you going to do something with your life?" (Participant #5, 41 years old)

Discussing feminist ideas with clinicians (n = 2)

This theme refers to instances in which participants discussed the relationship between gender norms and ED pathology with their clinicians. One participant recalled, "At [treatment], a couple of the dietitians talked to us about [feminist theories] and then I dove into all that literature and I've never been the same." (Participant #4, 28 years old)

Another participant stopped viewing magazines after learning about their harmful effects in therapy. She explained, "I remember the dietitian saying I could not look at magazines ever again. And me being like, 'What?! No way!' And now I wouldn't even pick up a magazine if you paid me." (Participant #11, 29 years old)

Forming supportive female spaces and relationships (n = 4)

This theme refers to instances in which participants reported on developing communities of supportive, pro-recovery women and strong female role models. Participants reported that all-female spaces provided comfort and safety especially early in recovery.

> Feminist theory is *so* crucial and the backbone to a lot of this… I think it was really important to be in a safe place surrounded by other women, and I don't mean that to be exclusionary because I know that men are suffering too, but there's really

> something about that environment that's really, really, healing. (Participant #4, 28 years old)

Interestingly, some participants did not explicitly use the term "feminist" to describe their experiences. One participant rejected the label "feminist," though she described the importance of strong *female* role models.

> [The fact that my clinicians were female] did make a big difference for me… the therapist and the director were very strong female characters, and I really, really, really identified with that. It was something that I've always wanted to be, and I think they did make a big difference for me. I so admired them. (Participant #7, 45 years old)

Discussion

Forty-six percent (n = 6) of our participants spontaneously reported that feminism and gender empowerment improved their motivation to recover. Interestingly, many of the themes they mentioned relate to the broader therapeutic process. Specifically, participants found it helpful to learn about cultural norms that harm women. and strategies to combat these norms. Participants encountered these lessons through therapy, feminist media, and female role models.

Our results suggest several avenues for future research on feminist interventions. Motivational enhancement interventions might be strengthened, for some women, by incorporating content related to gender and feminism. Specifically, researchers could examine the effects of offering lessons to help clients understand the harmful effects of common cultural forces (e.g., the influence of magazines or Hollywood movies on body image), recommending feminist media and literature to clients, inviting female role models to speak with clients, and discussing strategies to intentionally fight against the pro-ED cultural forces. Future studies may also examine whether teaching strategies to fight harmful cultural forces (e.g., framing recovery as an act of rebellion) can mitigate potential harms of feminist interventions (e.g., exclusiveness and feelings of disempowerment). Lastly, because some of the women in our study did not use the term or rejected the term "feminist," future research might investigate alternative approaches for people who do not identify as feminists.

Our study has some limitations. First, our qualitative data cannot establish causal relationships; rather, our study is exploratory and hypothesis-generating. It is possible, for example, that recovery causes people to adopt feminist views, that people with feminist views are less likely to relapse, or that strong relationships with therapists who happened to be feminist were responsible for participants' recovery. Second, our sample included six participants, all Caucasian females. Third, our sample may have underrepresented the number of patients for whom feminism had harmful or null effects, because all our participants had successfully recovered.

Overall, our study suggests that feminist perspectives may be integrated into the therapeutic process and motivate some women. However, few women encountered feminist ideas in therapy, and many evidence-based therapies do not include lessons on feminism or culture. Further research is needed to understand the extent to which feminist ideas are helpful in therapy, which clients benefit most from feminist perspectives, and how to integrate these ideas into treatment.

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ORCID

Katherine Venturo-Conerly http://orcid.org/0000-0003-3559-2491
Akash Wasil http://orcid.org/0000-0002-0326-0364

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