
The Impact of Daughters' Eating Disorders on Mothers' Sense of Self: Contextualizing Mothering Experiences

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ABSTRACT

This interpretive inquiry examines how daughters' anorexia influence the mothers' understandings of mothering and self within the greater context of societal influences. For the most part, psychological research has neglected this contextualized view by failing to include mothers' experiences located within cultural images, norms, rules, and expectations for what constitutes "good mothering." Using constructivist theory (Mahoney, 1991) and discursive psychology (Harre & Gillett, 1994), four themes characterised participants' relationship to cultural myths and discourses associated with eating disorders and mothering. Future research and counselling practice needs to contextualize and deconstruct the representations of mothers in any discussion of anorexia so that the needs of mothers and daughters can be supported.

RÉSUMÉ

Cette enquête interprétative examine comment l'anorexie des filles influence, chez leur mère, la conception du maternage et du « soi » dans le contexte étendu des influences sociétales. Pour la plus grande part, les recherches psychologiques ont négligé cette vue contextualisée en ne considérant pas les expériences des mères par rapport aux images, aux normes, aux règles et aux attentes culturelles qui définissent une « bonne mère ». En se servant de de la théorie constructiviste (Mahoney, 1991) et de la psychologie discursive (Harre et Gillet, 1994), les auteurs ont pu dégager quatre thèmes caractérisant les relations des participants envers les mythes et idées répandues au sujet des troubles alimentaires et du maternage. La pratique du counseling et les futures recherches doivent contextualiser et déconstruire les différentes images de la mère lors de toutes discussions sur l'anorexie afin que les besoins des mères et des filles puissent être comblés.

The devastating effects of eating disorders have been researched and documented from the perspective of young women and men with this life-threatening condition. However, the families of these young people, especially their mothers, are often forced to question their own mothering roles while anorexia has unfolded right beneath their roofs and around the kitchen table. This article describes a research project that explored the influence of daughters' anorexia on reconstructing or reconstituting mothering identities. Using the phenomenon of eating disorders, in particular anorexia nervosa, to examine how mothers saw themselves and sought to re-define their roles as mothers, the study began with an exploration of mothers' descriptions of their experiences.

The central research question elicited mothers' perspectives on how the experience of anorexia affected their own identities or subjectivities by asking: How

did your daughter's experience of having an eating disorder affect your sense of self as a mother? We refrained, however, from analyzing mothers' experiences solely through their words. Instead, we located their experiences within broader cultural meanings about motherhood and anorexia in families to examine how their understandings of self were constituted through psychological discourse and North American views of mothering. With the above research goals in mind, we paid particular attention to language, that is *how* the participants talked about and described themselves and were simultaneously described by other cultural texts or influences such as media, literature, parenting books, and film.

By examining the relationship between discourse and constructions of mothering when a daughter has been diagnosed with anorexia nervosa, we could gain a deeper understanding of the unique ways in which anorexia disrupts and challenges the identities that mothers set for themselves and usually end up having to confront and rethink. Central to this goal is the recognition that identities are not contained in a vacuum (Gergen, 1991, 1996; Grodin & Lindlof, 1996; Harre & Gillett, 1994; Mahoney, 1991), nor experienced as a strictly private, internal phenomenon as is often written about in many psychological journals that study eating disorders within families (Bordo, 1993; Caplan, 1990; Fallon, Katzman, & Wooley, 1994). Instead, mothers' experiences and more importantly, *how* they interpret their experiences are mediated by contradictory tensions, societal meanings, and cultural myths about who mothers are and how they are expected to be. We examine and make visible this relationship in our analysis and conclude with a discussion of where eating disorders research and related counselling practice need to evolve.

BACKGROUND OF THIS STUDY

The impetus for this inquiry came out of our interactions with mothers, both in counselling settings and in previous research projects (Hoskins, 1997). Mothers' voices in psychological literature are seldom reported, resulting in minimal documentation of how women are affected by their daughter's struggles with anorexia nervosa. Mothers are often inclined to bury the painful experience by keeping it secret. Secrecy, shame, and silence are central themes for both mothers and daughters within the experiences of eating disorders. As one mother told us

I found a couple of people for support and I didn't go much farther because I didn't want to talk to people about it. It happened nearly nine or ten years ago, it had a huge stigma attached to it then and I just didn't want to talk about it. . . . It's still there.

As a result of feelings of shame, secrecy and the desire to be silent, we know very little about how families, specifically mothers, experience their daughter's illness first-hand and even less about how caring for a daughter with the illness changes how mothers see themselves. In a literature search through PsychLit and ERIC spanning the last eight years, the key words "eating disorders" and "family" produced an abundance of "hits." However, when we wanted specific informa-

tion that included "mothers" and "mothering" as a specific member of the family, we were lucky if the search generated one or two articles.

While surveying studies about eating disorders in an earlier project, we were alarmed by the emerging pattern of how modernist psychological research about families and anorexia actively reproduced problematic representations of mothers while simultaneously endeavoring to offer therapeutic care for families and individual members. These research approaches which we will illustrate, continue to position mothers as objects when the causes of anorexia are theorized and written about. New critical spaces need to be opened up to expose the effect this has had on mothers coping with a daughter's illness. Although traditional psychological research has had an invisible hand in shaping mothers' difficult and painful experiences with anorexia in the family, we cannot deny that mothers have also been reassured by relying on both traditional and popular psychology for solutions to their problems. However, a more extensive, contextualized analysis is needed to understand how women's identities as mothers were affected by anorexia and its recovery process.

AN INTERPRETIVE METHODOLOGY

The Role of Discourse

Taking a contextualized approach, we chose an interpretive methodology that would allow for the exploration between individual constructions of experience and culture or discourse. Although we wanted to remain loyal to our participant's descriptions of their experiences, we also wanted to refrain from decontextualizing their constructions as if they were immune to cultural influences. We adopted a perspective informed by discursive psychology (Harre & Gillett, 1994) and critical ethnography (Denzin, 1997) that assumes: (a) realities and therefore, identities, are constructed through language and culture (Kelly, 1955; Mahoney, 1991); (b) identities or subjectivities are created from available discourses (Harre & Gillett, 1994); (c) agency is possible in that certain positions are chosen *and* agency is limited in that how one is positioned (including ethnicity, socio-economic status, and gender) restricts certain identities and makes others available (Davies, 1993; Lather, 1991; Weedon, 1987); and (d) language, that is discourse, shapes realities and hence, mediates our understandings of self (Efran, Lukens, & Lukens, 1986; Gergen, 1991, 1996). This kind of research framework explores how meanings about mothering, "are constituted in and simultaneously shaped by our use of and involvement in language, speech, conversation and other forms of social exchange" (Lam, 1998, p. 72). We have therefore expanded on traditional qualitative inquiries that attempt to "capture" and "stay true" to the participants words and descriptions by exploring additional discourses such as films, parenting texts, and so on, in order to understand the intersection between self constructions and culture. At times we paid careful attention to mothers' constructions of self, and at other times, we moved to a

metaperspective informed by recent cultural theorists (see Denzin, 1997) in order to "catch discourse in the making" (Davies, 1993).

Participants

We chose three mothers who could describe their experiences of mothering a daughter with anorexia nervosa. These mothers were selected because: (a) they could articulate their experience, (b) they were willing to recall difficult and complex experiences, (c) they mentioned that how they viewed themselves as mothers had been altered through the experience, and (d) they had expressed their desire to help other mothers and psychologists/counsellors understand their experience. This purposive sample, allowed for "building in variety and acknowledging opportunities for intensive study" (Stake, 2000, p. 446). These mothers, whose daughters had been assessed by physicians as recovered from anorexia nervosa, heard about our research and volunteered to participate in a one to two hour open-ended interview. Two of the women were married, stay-at-home mothers, and the third was a single mother who was self-employed. Their ages ranged from 45 - 55 years. All of the mothers considered themselves to have average income levels.

Three mothers were considered an adequate number of participants for two main reasons. First, it is important to note that we were not trying to generalize and assume that all mothers with recovered anorexic daughters would have similar experiences. Rather, we wanted to explore the *relationship* between discourse and self-identity or subjectivity, and, in doing so, more fully understand the complexities of mothering daughters with this critical illness. Our participants were informants who acted as consultants for us to more fully understand the intersections between self-identity and cultural discourse. Second, each interview generated volumes of data that pointed us towards which cultural texts we then needed to study in order to gain a contextualized and holistic view of the phenomenon. Once we systematically analyzed the interviews we were then able to identify the discourses (texts) that our participants mentioned as having an influence over their own processes of understanding themselves as mothers.

Research Process

The interviews were taped, transcribed, and coded for meaning units that were relevant to the process of defining oneself as a mother (see Giorgi, 1975, 1994; van Manen, 1992). Although computerized programs for this kind of analysis are available, we chose the "hands on" method of using color coded highlighting to tease apart the multiple pieces of data pertaining to mothering and self-identity. Furthermore, an essential aspect of understanding another's experience is to engage in a process of "living the question" (Hoskins, 2000). This meant that we continually asked ourselves: What would it be like to mother a daughter with this critical illness? What is the experience of mothering at this time in our culture? What are the discourses that constitute the experience of mothering? This process, often referred to as "in-dwelling" (Giorgi, 1994; van Manen, 1992), pro-

vided opportunities for the researchers to grasp the essence of what it meant for these women when the ways in which they perceived themselves as mothers were called into question. Although neither of us had direct experience of this particular mothering experience, we both were able to draw from our own experiences of being both mothers and daughters. We extended our understanding of how various discourses impact motherhood by first of all understanding the lived experience of the mothers themselves. In North America, ideals and expectations of mothering are passed from one generation to the next (Chodorow, 1978), and are also scripted through a variety of cultural texts including literature, films, and newsjournals (Walters, 1992). All of these data helped us to understand how various discourses shaped their identities in their roles as mothers.

Contextualizing the Phenomenon: Additional Sources of Data

In order to contextualize mothers' experiences, we needed to shift our attention from their individual descriptions to overall cultural messages for mothers. We used their words and their descriptions of experiences as guideposts that helped to direct us towards additional sources of data. For example, when one of the mothers mentioned how important a certain parenting book had been, we further reflected on how such texts participate in shaping mothering practices. It was the interplay between their words and cultural artifacts such as psychological discourse, film, literature, and self-help books that provided a contextualized view of the process of redefining oneself as mother in the face of their daughters' critical illness. We selected certain texts as data to compare and contrast what we were hearing in the interviews and the dominant discourses of mothering. It is important to note that we did not engage in a systematic discourse analysis of these texts as it would be beyond the scope of this study. We relied instead on research conducted by Walters (1992), a cultural theorist who has systematically studied the media representations of the mother-daughter relationship, and Thurer (1994), an historian who has studied the shifting discourse of mothering in our culture. Each of us watched contemporary movies that portrayed mothers in various ways. It was this informal gathering of information, reflexivity, and synthesis that supplemented our systematic analysis of our interviews with mothers.

In addition to our key participants, there were times when we also relied on consulting other mothers to assist our analysis. One of the researchers is a member of a community-based organization that provides information and support for families of those suffering from an eating disorder. These "front-line" experiences as a counsellor and advocate were used as valuable sources of knowledge. Some of these consultations consisted of informal conversations, and others required a phone call to a mother who had asked to participate after the initial interviews had been conducted. Although some research methodologies might question this kind of "bias," interpretive inquiries argue that it is the researchers' experience and reflection on experience that is essential and that "human knowledge is literally constructed during inquiry and hence is inevitably entwined with the perceptual frames, histories, and values of the inquirer" (Greene, 1994, p. 539).

Analysis of Data: The Interpretive Process

The interpretive process is dialectical in that it works towards comparing and contrasting multiple realities of a particular experience. Pieces of information from various sources are explored, always keeping discourse in mind. This moving back and forth between multiple sources of data allows for a holistic understanding of an event or phenomenon. How discourse shapes certain realities is the overarching question that acts an organizer for presenting the findings in a somewhat cohesive whole. This is not to say that the final “product” or “findings” are presented in a definitive way, rather the final analysis often highlights cultural contradictions and tends to call into question assumptions about the way things are “supposed to be.” An understanding of how discourse works allows us to not only analyze how ways of seeing and being are both enacted by individual persons, but to critique and deconstruct how these meanings are embedded in ordinary societal and cultural practices which shape our understandings of ourselves in the first place (Britzman, 1991). Our relationship to discourse is never neutral because subjectivities (identities) are not totally self-determining but are always “attached to strategies of domination [and subordination]” (McLaren & Vanderbijl, 1998, p.127). The latter highlights that meanings, identities, and the discourses that constitute them are part of relationships involving power asymmetries. In the case of anorexia and women (daughters and mothers alike), for example, power relationships are often controlled by medical professionals speaking and publishing on behalf of their “subjects” who meanwhile remain nameless, faceless, and voiceless (Hoskins, 1997). As discourse allows us to expose the workings of power in language itself (Hoskins, 2000), it simultaneously offers mothers the possibility for agency, that is, the impetus to reconstruct themselves in new ways. This re-scripting offers a renewed sense of hope and comfort to mothers that we maintain is missing when anorexia is studied solely within the confines of a decontextualized family.

We acknowledge that there are times that our participant’s language contains contradictory interpretations that are partial and ambivalent. For example, they often expressed disappointment in their interactions with helping professionals, and, at the same time, acknowledged how “expert knowledge” had helped them to make sense of their daughters’ illness. It is not our goal to resolve these discrepancies, rather to highlight them in order to deepen our understanding of anorexia and its impact on mothering identities with the ultimate goal of providing support for mothers.

Validity and Interpretive Research

The validity or strength of interpretive work relies on its ability to allow the reader to enter another’s experience and at the same time, gain insight into how discourse shapes constructions of reality. Validity is enhanced when the researcher’s epistemological and ontological assumptions are congruent with the methodology chosen and the steps (methods) taken. Rather than thinking of internal

validity, we have adopted the principle of congruence. In this study, we acknowledge that we believe that an understanding of the intersections between self and culture or discourse (media, self-help books, psychological discourse, and literature) are essential if we are going to understand the processes of mothering in our culture. Being congruent with this belief, meant that it was not enough to study individual constructions of reality, rather we needed to also study the surrounding and influential discourses. An interpretive inquiry is valid if: (a) the method is appropriate for the question, (b) the sampling is adequate and rich, (c) the research process is iterative, (d) the interpretive process is thorough and clearly described, and (e) reflexivity is addressed (Miller & Crabtree, 2000).

THEMES

Through our analysis of interview transcripts, four central themes that characterize the relationship between mothering and eating disorders emerged, including (a) caring, responsibility, and culpability at the on-set of anorexia; (b) "maternal dysfunction" in the etiological story of eating disorders; (c) striving for perfection; and (d) shifting perspectives. These emerged as sites that created tensions, ambiguities and angst when the participants described themselves in relation to their identities as mothers that they had adopted but whose terms and assumptions they struggled to re-define.

Caring, Responsibility, and Culpability at the Onset of Anorexia: "I did it wrong"

All of the mothers interviewed blamed themselves for their daughter's illness. Because the initial changes in a young person's eating habits are so subtle and can go undetected for months by her parents, and because these changes are often accompanied by personality shifts attributed to adolescent "phases" and different degrees of change to family living situations, most of the mothers were unprepared when anorexia occurred in their own families. As a result, they felt that, in hindsight, they ought to have seen it coming for no other reason than to *prevent* the outcome. This position was intricately expressed as part of the everyday responsibility they had toward their daughters even before they first became ill. The onset of anorexia intensified their belief that the exercising of personal agency to make life good no matter what, was central to their role as mothers:

I believed that a lot of my own personal actions were responsible for a lot of the pain that had come into my daughter's life in the first place, so I thought "if my actions can generate pain, that my actions can prevent that . . . which at the time seemed very rational to me.

Trying to compensate, trying to protect her, make things easy, and to fix any unhappy situations. So I thought you know this is my fault. I did it wrong.

Mothers attempted to trace a cause for the illness, causes that seemed clear to them at the time to be intricately connected to a variety of circumstances in the home and with other family members. As the participants searched for answers to complex questions around causal factors, they inadvertently took on the blame themselves.

My first response was this is not my fault because I felt like it was my fault. I thought, "Okay, poor Alex [daughter] " because I was divorced.

Another mother recounted how she initially thought her professional and personal link to food and cooking was the reason why her daughter had developed an eating disorder. She questioned the degree to which this association might have been excessive:

I was involved in food, both writing about food and with a company at one point, and so food was a big deal in our family and I loved to cook. Perhaps I started doubting myself and thinking, as a mother here, I have overdone the food bit.

The entanglement between responsibility and culpability was heightened all the more when participants began to educate themselves about anorexia through reading psychological studies about risk factors and causes. Despite their strong motivations to become informed about an illness that most knew very little about (e.g., one participant cited the passing of singer Karen Carpenter as her only knowledge of anorexia), they soon discovered that psychological writings did not always provide the comfort and reassurance that they desperately needed. Instead, delving into this literature seemed to reinforce their feelings of not anticipating the illness, thus re-locating the blame within themselves.

But I think the feelings I felt when this happened was totally, you blame yourself, you lash out, you blame anything you can think of because you can't find an answer.

And similarly another mother said:

Well I know when we were going through the eating disorders, the therapy we did for that was a private therapist specializing in eating disorders, was to look at the different factors, because I kept thinking it is the family, in particular the mother.

Some of the women interviewed expressed their disappointment over not feeling understood by counsellors, psychologists, and other helping professionals. Acceptance was sometimes seen to be sporadic even though some professionals were considered well versed in the area of eating disorders:

On the whole, they are certainly well educated about it, but some of the nurses were really able to understand and some of them weren't. That was a bit difficult because . . . especially for [my daughter] because you were dealing with people throughout the day, some that were comfortable with this and with the route they chose to deal with this, and some of them weren't.

Although the mothers worked hard to re-construct their identities as mothers free from blame and its ensuing guilt at the centre, various contexts and discourses made the task more difficult. The discourse of mainstream psychology was sometimes perceived as problematic.

Maternal Dysfunction in the Etiological Story of Eating Disorders

When we tried to understand some of the reasons why the mothers felt responsible when they educated themselves about anorexia, and why their voices are usually absent in most psychological studies about eating disorders and fami-

lies, we began to notice that mothers assume an identity of dysfunction when scripted by the authoritative voice of psychology. As one of very few women who have written about her experience with an anorexic daughter, MacDonald (1993) expresses her alarm and culpability about what research studies had to say about her:

What is it to be the parent of a child with anorexia nervosa? . . . It is to read everything you can find . . . to try to understand and help your child and to learn from your reading that it is your fault that your child is ill. It is to be blamed by no one more than yourself. (MacDonald, 1993, p. 1)

Another mother in MacDonald's survey of parents also articulated the same anguish of self-blame:

I feel I have let her down as a mother. . . . I tried so hard to make her happy and nurse her through her illness, but I think she blames me, and maybe she is right. (p. 14)

Maternal responsibility and self-blame have been identified as central themes within psychology (Thurer, 1994) and the dominant etiological discourse of eating disorders (Caplan, 1990; Hoskins, 1997; Miller, 1976; Wylie, 1989) which is usually founded in psychological studies. Caplan (1990) documents that in a survey of 125 psychological articles, "mothers were blamed for 72 different kinds of problems in their offspring" (p. 47). The premise of etiological research in psychology maintains that dysfunctional family communication patterns, especially impairments to the mother's own psychological development, predispose daughters to developing eating disorders (see for example, Bemporad, Ratey, O'Driscoll, & Daehler, 1988; Crisp, Hsu, & Harding, 1980; Marcus & Wiener, 1986; Rupp & Jurkovic, 1996).

A common pattern in these studies is the construction of an anorexic typology. This typology, or identity, rests on the assumption that there are a set of inherent factors that make anorexic families and anorexic participants significantly different from matched controls on a number of psychological measures. Writing from her perspective of having an anorexic daughter, Huenth (1991) observes that these families are thrown "in crisis." We argue that it is precisely this crisis situation that needs to be considered and understood as it sets the context for how the eating disorder affects mothers at very fundamental levels.

What is often over-looked and unquestioned beyond the methodological short-comings of such studies are the ways in which the *language* of etiological research and its hidden assumptions insidiously pathologizes the mothers of those with eating disorders. In other words, the psychological health of mothers is subjected to the powerful gaze of mental health professionals when daughters are diagnosed. This medical gaze, specifically, the language used to justify its diagnostic assessments of mothers, is fraught with invisible power asymmetries which in turn produce constrained and problematic maternal subjectivities. This is not to place the blame on the discourse of psychology, but to acknowledge that we often forget that "their [psychological] theories and their research are influenced by the same tendency to scapegoat mothers that pervades the whole soci-

ety" (p. 47). Huenth (1991) noticed that both mothers and fathers in support groups she visited were deeply disturbed by the way parents and "anorexic families" were depicted by the psychological works they had read.

Examples of how the etiological discourse pathologizes maternal subjectivities can be seen in a number of psychological studies. In an eco-systemic study, Sheppy, Friesen, and Hakstian (1988) compared "anorexic families" to their non-anorexic counterparts. The following statements were used to describe and hence construct, mothers of anorexics and mother-daughter relationships:

"Anorexics rated their mothers as expressing less affiliation and more control in the relationship with their daughter than did the control subjects" (p. 382).

"The context variables in which the anorexic was embedded were also identified as significantly influencing the behaviour of the anorexic. For example, the mother-daughter relationship was found to be unfriendly and hostile, and the mother was viewed by the anorexic as overprotective and controlling" (p. 387).

"Cohesion" was lower in anorexic families, "less committed, supportive and helpful to each other" (p. 386).

Through nothing more than their maternal roles, etiological descriptors position mothers into a sharply polarized struggle between being too ambivalent and being too overprotective. The writings of Foucault (1965) point out that through our engagement with language, descriptions are inherently linked to power through the take-for-granted "realities" that are constructed and reified, and those that are made invisible.

In another comparative study about bulimia, Rupp and Jurkovic (1996) investigated the degree of "individuality and connectedness" by examining how accurately mothers and daughters perceived each others' feelings and needs. Although the article proposed an exploration of "family relationships" and "family environment," specifically perspective-taking, it was mothers rather than fathers who were selected for the study. Mothers, for unexplained reasons, were considered to be representative of "the family." When the above kinds of descriptors are juxtaposed against one another, mothers as stand-in's for families are scripted as being on the one hand, "too" protective, controlling, connected, enmeshed or on the other hand, lacking in support, commitment, individuation, and affiliation. These are the kinds of tensions that dominate psychological literature and mothering. In turn, they were often internalized by the mothers as they struggled to understand when and where "things went so terribly wrong" (MacDonald, 1993).

How do mothers proceed in resisting "expert" representations of the "enmeshed" and "distant" mother that point to blame and begin to write alternative scripts for themselves? The psychological and medical discourse are seen as powerful and hence, unquestioned, sources of knowledge embedded in a patriarchal, capitalist society (Caplin, 1990; Cushman, 1995). Moreover, they bring with it a psychological determinism that make it difficult for mothers to find alternative ways of articulating their experiences.

Striving for Perfection: "It is the mother's job to ensure that she has happy children"

When the women in our study started to blame themselves they began to recognize that they had not been the "perfect mothers" they had always strove so hard to be. Perfect mothers were women who valued the experience of mothering and knew how to proactively make "right" decisions about how to raise children. If a mother tried hard enough and did "her job right," her children would be assured to "turn out."

I was brought up to believe that it is the mother's job to ensure that she has happy children. And if the mother does her job right, the children will be happy. I did believe that. I did believe that it was in my power, as I believed that [it] was in my power in my relationships as well.

And another mother shared her dream for herself and her children:

When the children were born I felt motherhood was probably the most precious gift that was ever given to someone. It was an absolute treasure to me to have children. Then I prided myself on trying to do everything well and being with them. A stay at home mom doing all the right things.

Diem (1998) examined the discourse of "the perfect mother" and identified how she is trapped by three characteristics. She is expected by herself *and* her daughter to (a) be all-knowing and to exercise her intuition, (b) to sacrifice her own desires for her daughter and family, and (c) to deny herself the right to feel and demonstrate anger as a marker of self denial and sacrifice.

Speaking within the discourse of the perfect mother, one participant described herself as someone whose responsibility it was to compensate for the disappointments and pain in her daughter's life:

... she had a mother who was trying to make everything perfect for her, because everything else had gone so wrong.

Being the "perfect mother" was a central theme in the interviews. For one participant, it meant that she expected herself to be all-knowing and to meet the needs of her daughter. Intertwined in the discourse of the "perfect mother" is that beyond having different choices about career and staying at home to raise children, a mother holds the power to single-handedly influence outcomes in her daughter's life such as her daughters' happiness and well-being. Such an all-knowing position carries an enormous responsibility. When asked from where her ideas about being the perfect mother came, one mother sounds reluctant to say that she was at the centre of her children's successes.

It probably came from my own childhood and also from reading books. I truly feel... maybe... I don't know, ... maybe I took pride in the fact that these were such good kids it must be me.

According to Harris (1998), the unquestioned influence and culpability of parents is an example of one of the deeply embedded cultural beliefs we have about childrearing, human development, and parenting. Very often it is played out in a therapist's office when she sees a client's parents:

Both the therapist and the patient are participants in a culture that has, as one of its cherished myths, the belief that parents have the power to turn their children into happy and successful adults or to mess up their lives badly. The belief that if anything goes wrong, it must be the parent's fault. (p. 327)

When mothers are held under intense scrutiny by the etiological discourse of psychology, we wonder, "What kinds of women are these mothers?" And "What is inherently 'wrong' and 'dysfunctional' about them?"

When examined in terms of labels, language, and discourse, a salient pattern emerges. By assuming the preexistence and preeminence of dysfunctional relations occurring chiefly between mothers and daughters, mothers themselves are subjected to scrutiny and "diagnosis" by the psychological discourse. In the early 1900s, Freud held the position that mothering was a "modest activity" and did not "figure importantly in the formation of personality" (Thurer, 1994, p. 241). Although mothers were left off the hook for their children's emotional and psychological well-being, they were also rendered ineffectual. During the latter half of the century, however, there was a dramatic shift in thinking about mothers' participation in their children's development. Mothers became omnipotent making them accountable for all that is good, bad, and pathological (Harris, 1998, Thurer, 1994). As a result of this psychological perspective, mothers have become "quasi patients" as they struggle not only with caring for their daughters, but coping with the messages about their efficacy as mothers. Not only are they positioned as quasi patients, but they are usually directed towards parenting groups, psycho-educational sessions, and individual counselling, sending the implicit message that their mothering practices need to be improved upon. But such improvements often need to occur away from their daughters. Mothers often spoke of how they were asked to distance themselves from their daughters' lives.

One of the mothers was asked to not accompany her daughter to therapy but to make sure she sought a therapist for herself. Another mother discusses the time and energy she has spent in therapy to "correct" the mothering errors she was unable to see for herself.

When I first went into counselling, I have laughed about this with her, I confessed with my hands crossed "I don't really think this is my fault." I really don't think that." She said, "Very good." After I was able to say that, what I was really saying was, "I'm afraid that this is all because of me." After I was able to get that out of the way, I said "I need to learn to be an effective parent. I really want to do that for myself and for her, and also for my other daughters.

There are often mixed messages about how much nurturing and care is needed when a young girl reaches a critical stage of the illness. Some mothers are advised to distance themselves from their daughters, whereas others are told to monitor their every move and not let them out of their sight (Claude-Pierre, 1997). At this particular time in our culture, particularly when it comes to the treatment of eating disorders, there is a lack of confidence in the medical community leaving mothers with the difficult task of deciding if their own intuitive knowing will suffice.

During the early 1900s, however, mothering had lost its credibility as an intuitive practice, casting doubt on mothers' ability to engage in what was formerly believed to be a 'natural' attribute. To rectify this loss of faith, Behaviourism arrived on the psychological scene as the most valid method of child-rearing and Watson and Skinner became central and persuasive figures that were instrumental in shifting mothering from something sacred to something scientific:

Motherhood underwent a technological face-lift. Borrowing techniques from recently developed and improved industrial production, as well as from the new fields of psychology and child study, which proclaimed themselves to be scientific disciplines, mother sought to reorganize child rearing along rational, standardized lines. (Thurer, 1994, p. 226).

The scientification of mothering remains today, as evidenced by the mass production of parenting manuals, classes, and therapies. Unfortunately, the abundance of these parenting recipes have tended to marginalize those whose experiences sit outside what is predetermined as being the norm. When children refuse to eat, mothers often search frantically for literature that will help them to understand "where they went wrong."

Shifting Perspectives: "I don't see the world in black and white anymore"

As a result of internalizing the blame, the mothers we interviewed all talked about how they had "corrected their problem behaviours" and changed the way they viewed themselves and their roles.

I don't see the world in black and white anymore. I am more inclined to accept the fact that I may not know what to do.

Similarly another mother added:

I certainly learned to listen very carefully as to how my daughter would want to take her own life and mold it. Before I might have thought, she is too young to think that or she does not really know if she should do that, she is not really ready. Then I was able to stop and say "oh this is more important. Listen to this. Let's try and work things out." Thinking that I had all the answers and then realizing that I didn't.

I concentrate at working on my parenting skills. I read a lot. I have a really good book right now called "I'm Still Your Mother." It is how to deal with your adult children, because you know my daughter is going through this transition right now at 20, and I think with all the transitions things popped back up again, and I start being that mother again. And I don't want to do that because I know how ineffective that is.

As illustrated in the previous section, mothers bear the impossible task of simultaneously being too connected *and* too distant from their daughters. As we listened to the above voices, we also noticed that although they felt a sense of relief that they had been able to make the necessary changes in their approaches to mothering, it was apparent that the participants had made these changes by relying on the discourse of Western psychological thought in order to negotiate the shift between being too connected and too distant. "Boundaries," "autonomy," "independence," and "separation" were commonly used descriptors of their new ways of being a mother. As researchers we felt this tension in all of the interviews.

Although mothers did not want to assume the blame for their daughters, they found that therapeutic suggestions had been helpful. This led us to wonder if mothers were once again willing to forego their own psychological and emotional needs in favor of helping their daughters, or if what they really needed was to shift their style of mothering. For example, one participant emphasized how she had changed her identity from one of being "a good rescuer," to "a not so good rescuer." Although there had been a shift in how this mother saw herself, the language with which she constructed this new identity was still anchored in the basic assumption that a mother's role was to be connected to her daughter's needs:

I know for Jennifer when I went back to school, which was two years ago, that was difficult for her because I was working on a paper or doing something, and I was always very quick to say, "Right now this is what I am doing but tomorrow morning or evening if you want to sit down that's fine, but right now I really do have this commitment. Unless it is really urgent this is what I need to be doing right now." That was really hard for her because she was used to me being there, and used to being rescued. I was a really good rescuer, and I'm not such a good rescuer now.

This mother talks about how she shifted from being what she describes as "overbearing" and always available to a person who knows when to let go. One of the fundamental tensions about anorexia and mothers' experiences centres on mothers' image as a nurturer or as the person who is the most responsible for feeding and providing both nutritional and emotional "nourishment" to her children. In North America, a middle-class woman is seen as a failed mother if she cannot adequately "feed" her children despite having the economic means to do so. An eating disorder therefore poses the most direct resistance to and admonishment against the nurturing role that mothers have come to symbolize.

But these are not black and white situations that can be interpreted easily by mothers. The actions and emotions of mothers are divided between caring for their daughters, caring for themselves as they try to cope with a daughter's illness, and trying to make sense of anorexia. Further research into how psychological discourse positions mothers and daughters facing anorexia nervosa is needed in order to more fully understand the norms, values, and rules that are embedded in certain counselling theories and practices.

The participants in our study also discussed how their ideas about mothering were shaped by how they viewed their own mothers from their position as adult women. The lines became blurred between "the daughter's perspective" and "the mother's perspective" as they saw mothering through both lenses simultaneously. One participant pointed out that she had learned about mothering from having been a daughter. The message she came away with was that she did not want to become like her own mother, so sought to become better:

I felt that my mother wasn't a great mother, so I was out to prove to the world that I was going to be this number one mother.

The women often expressed their frustration and disappointment about not having unconditional support from their own mothers. One mother spoke about her mother's reaction when her daughter refused to eat. "Can't you just make her eat?" she demanded. One participant was working on the issues of boundaries

and privacy with her daughter which her mother could not understand. She explained to her mother that

when Jennifer is not home the door is closed. It is off limits. That is her private space. And I have to say, "I understand that this might be a little hard for you, but this is the agreement we have." To this day she can't handle that. You know this is a kid's room, kid's don't have rights you know.

There are generational misunderstandings when it comes to eating disorders and the mothering practices their daughters engage in are often confusing. In response, the role of grandmothers as transmitters of maternal knowledge is often dismissed by their daughters who are sandwiched between distinctly different generations. The tension between the discourse of scientific mothering versus traditional, fundamental mothering increases the anxiety mothers may already be feeling over their child's illness.

In studies of eating disorders especially, daughters voices are given primacy over those of mothers for the reason that it is the daughter who manifests the symptoms of the disorder. Daughters are the central figure, but in the background, mothers emerge as a shadowy one-dimensional figure. She is talked about and spoken into existence by daughters and the eating disorder literature, yet has no voice of her own to assert her subjectivities or resist those that are foisted upon her. As a result, the complexity of the relationship between mothering and being mothered as experienced by women is minimized.

Even in the absence of an eating disorders context, popular culture scripts the central theme of the mother-daughter story as one with or without conflict (O'Reilly, 1998; Walters, 1992).¹ However, an eating disorder seems to challenge the mother-daughter relationship in very fundamental ways because it appears to magnify the tensions that can be present between women of different generations.

From our interviews, it became apparent that while their daughters were managing reasonably well, the mothers were often unsure about how to redefine their own identities as mothers of mature children. The issue of boundaries was still a concern for most. One mother mentioned that rationally she understood that she needed to distance herself from her daughter but her heart told her something else. In addition, even though several years have now passed, she is still fearful of people's judgements concerning her daughter's illness. These self-doubts and anxieties tend to surface during times of conflict with her daughter, and during other stressful life events. All of our participants appeared to have mixed experiences with professionals, however, they readily acknowledged that physicians, psychologists, and counsellors seemed to be better educated about how to help their daughters.

This research has presented some of the central tensions that exist for mothers as they attempt to change their identities as mothers. We have paid particular attention to the various and often contradictory texts that are available for women as they engage in the process of re-definition. Psychology, as a powerful constitutive discourse in the shaping of identities (Cushman, 1995), has the capacity to facilitate or hinder such processes.

FUTURE RESEARCH AND PRACTICE DIRECTIONS

As we have argued in this paper, mainstream psychological studies on anorexia and the family have usually omitted mothers' experiences, but have been an invisible force that shapes their understanding about mothering. When mothers *are* written about, their subjectivities are often inscribed by a discourse of dysfunction and blame. As long as psychological research continues to locate the causes of anorexia exclusively within the individual and within family relationships without considering cultural forces and dynamics (e.g., the commodification of women's bodies (Bordo, 1997) and dominant narratives about mothering, (Glenn, Chang, & Forcey, 1994), researchers' understanding of anorexia's impact on the family will be limited at best, and at worst, damaging and unhelpful to both mothers and families. Our contextualised reading of anorexia in the family is, as we have shown, also constituted in everyday discourses describing the "the good mother." Based on our present analyses, further research and related practices need to consider the following three points.

First, future research on anorexia needs to step back from focusing solely on familial dynamics and take into account the complex relationships between cultural representations of mothers coping with the emotions associated with a daughter's illness. Research and practice therefore, should include mothers' experiences, but with a critical and compassionate eye that attends to how their experiences are interpreted through and re-arranged by the discourses of psychology and modern life. While we are not advocating that such an approach can simply replace traditional therapeutic interventions, it can offer mothers a way to negotiate their feelings of confusion, guilt, and silence to a place of security and hope. The fact that more mothers began contacting us near the end of the project indicated that their need to be supported and heard were still not addressed (MacDonald, 1993).

Second, the relationship between mothers and daughters needs to be incorporated as a central feature of research and counselling practice. As our participants illustrated, the nature and unspoken rules of the mother-daughter relationship were magnified and changed by anorexia. The work of feminist scholars in disciplines such as sociology, cultural studies, literature, and psychology offer insight into the relationship between mothers and daughters. Feminist lenses that bring the mother-daughter relationship into the eating disorders discussion will not only invigorate research across domains, but will enable researchers to ask more complex and complete questions while studying such a culturally and psychologically intricate illness and its impacts on family members.

Last, the goal of research and practice should be to help mothers to acquire an awareness of how discourse can be read in relation to their own experiences. How their individual readings (interpretations) are situated within the larger cultural scripts for mothers at this particular time and place can assist mothers in refraining from internalizing unhealthy guilt and blame which all of our mothers described in various ways. Through enhanced understanding of the workings of

discourse, mothers may be better positioned to participate in changing some of the entrenched myths that complicate the experience of mothering during this time and place. Despite their desire to be silent in different contexts, the mothers in this study who came forward, seemed more than willing to discuss their experiences with us and to find out what other mothers thought and felt. Counsellors and researchers can be helpful in bringing mothers together to both deconstruct constraining discourses and to re-construct new narratives that include the maternal contradictions that are often unnamed and therefore not understood.

Note

¹ These texts represent in general an exploration of mother-daughter relationships based on white, middle-class North American culture. Walter's (1992) work however, includes examples from diverse perspectives, but her analysis does not centre on them exclusively.

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