

DISCIPLINING THE FEMININE: THE REPRODUCTION OF GENDER CONTRADICTIONS IN MENTAL HEALTH CARE

Nicole Moulding

Department of Social Inquiry and Department of Public Health, University of Adelaide

Thesis submitted for the award of Doctor of Philosophy, January, 2004

TABLE OF CONTENTS

ABSTRACT	vii		
SIGNED STATEMENT	viii		
PUBLICATIONS			
ACKNOWLEDGEMENTS			
CHAPTER 1			
NTRODUCTION: GENDER AND HEALTH CARE INTERVENTION			
Contestation and Contradiction: Contemporary Psychiatry and the Enigma of Eating Disorders	2		
Discourse, Subjectivity, Power and Knowledge	4		
Feminism and Post-structuralism	9		
Women, Mental Disorder and the Emergence of Eating Disorders as			
Psycho-medical Conditions	12		
Critical Analyses of Mental Health Intervention	14		
Alternative Practice Paradigms	16		
Health Promotion	16		
Feminist Health Care and Narrative Therapy	17		
Summary and Overview of the Thesis	18		
CHAPTER 2 MAPPING CONTEMPORARY DISCOURSES OF EATING DISORDERS AND APPROACHES TO			
THERAPEUTIC INTERVENTION	21		
Psychoanalytics and Psychodynamics	22		
The Psychobiological Model of Anorexia Nervosa	25		
Family Systems Theory and Family Therapy	27		
Biological Theories and Treatments	28		
Behaviourist Theory and Treatment	32		
Cognitive-Behavioural Psychology	33		
Multidimensional Models of Eating Disorders	36		

	Early Feminist Theories and Therapies	37
	Narrative Therapy	41
СН	IAPTER 3	
MA	APPING APPROACHES TO THE PREVENTION OF EATING DISORDERS	44
	Early Detection and Intervention: Prevention as Surveillance and Control	44
	Primary Prevention of Eating Disorders	48
	Socio-Cultural Explanations and Body Image Dissatisfaction	48
	Health Education and Health Promotion	51
	Feminist Approaches to the Prevention of Eating Disorders	58
CH	APTER 4	
ΕX	(PLORING HEALTH CARE PRACTITIONERS' APPROACHES TO INTERVENTION:	
FE	MINIST QUALITATIVE METHODOLOGY AND DISCOURSE ANALYSIS	63
	Qualitative Research Methods	63
	Feminist Social Research	65
	Outline of the Research Study	67
	Treatment Services and Prevention Programs in Australia	68
	Research Questions	70
	Interviews	72
	Sampling	73
	Recruitment	74
	Ethics Committee Approval.	75
	Data Analysis	75
	Data Coding, Management and Presentation	75
	Discourse Analysis	76
	Limitations of Discursive Methods.	81
	Research Dilemmas	82

CHAPTER 5	
CONSTRUCTING THE SELF: IDENTITY, AUTONOMY AND THE FEMINISATION OF DEFICIENCY	86
Psychodynamic Constructions of Identity	87
Autonomy and Connected-ness	90
Autonomy, Individualism and the Feminisation of Incompleteness	95
The Feminisation of Inauthentic Identity	97
The 'Othering' of Women in Discourses of Identity	99
CHAPTER 6	
CONSTRUCTING THE SELF: LACK OF SELF-CONTROL AS A FEMINISED DEFICIENCY	103
Sexuality and Control	103
Emotion and Control	110
Gender and Emotion	117
CHAPTER 7	
MULTIDIMENSIONAL MODELS OF CAUSATION: REDUCTIONISM AND THE	
DISPLACEMENT OF GENDER	121
Biomedical Discourse and Biological Reductionism	121
Humanist Discourse and Psychological Reductionism	128
Limitations of Multidimensional Explanatory Frameworks	136
The Question of 'Why Women'?	139
CHAPTER 8	
CONSTRUCTING PSYCHIATRIC PRACTICE: THE BODY AS THE OBJECT OF INTERVENTION	149
Re-feeding the Body: Variations in Practice and the Issue of Consent	149
Subduing the Body: 'Altering' Interventions and the Treatment of Eating Disorders	153
Surveillance and Disciplinary Control in Psychiatric Practice	155
The Paradox of Autonomy and Control in Behaviourist Intervention	166

CHAPTER 9			
CONSTRUCTING PSYCHIATRIC PRACTICE: THE MIND AS THE OBJECT OF INTERVENTION			
Cognitive-Behavioural Therapy and the Correction of Misconception	170		
Psychotherapy and the Development of Autonomy and Self-Control	171		
Father/Psychiatrists and Daughter/Patients	176		
The Paradox of Autonomy and Control Re-visited	184		
CHAPTER 10			
THE MARGINALISATION OF EATING DISORDERS AND EMERGENCE OF 'BODY IMAGE			
DISSATISFACTION' AS A PUBLIC HEALTH PROBLEM IN PREVENTION DISCOURSES	190		
Clinical Practitioners' Constructions of Prevention.	190		
Reproducing Surveillance and Control in Constructions of Prevention	190		
The Marginalisation of Eating Disorders in Primary Prevention Discourses	192		
Addressing Body Image Dissatisfaction in a Health Promotion Program	194		
Body Image Dissatisfaction as a Public Health Problem	195		
Cognitive-Behavioural Explanations of Body Image Dissatisfaction	201		
Body Image Dissatisfaction as a Women's Problem	205		
Socio-cultural Explanations of Body Image Dissatisfaction	208		
CHAPTER 11			
DISCOURSES OF SELF-CARE AND SOCIAL MARKETING IN THE PROMOTION			
OF POSITIVE BODY IMAGE	214		
The Promotion of Self-Care	214		
Self-Care, Identity and Governance	221		
The Marketing of Self-Care and Positive Body Image	223		
Expert and Community Discourses in Health Promotion	227		
Social Marketing, Culture and the Reproduction of Gender	233		

CHAPTER 12				
OUNTER DISCOURSES AND PRACTICES: POWER AND AGENCY IN MENTAL HEALTH CARE 2				
Counter Expla	anations and Social Determinism	241		
The Problem	of Power and Agency in Counter Explanations	248		
Counter Thera	apies: Truth, Determinism and Diversity in Practice	248		
Contradictory	Therapies	263		
Tensions in C	ounter Practice: The Problem of Power and Agency	266		
Promoting Cri	tical Thinking and Social Action	268		
Reconciling F	eminist Social Action and the Concept of Difference	271		
Dilemmas in (Counter Practice	272		
Inter-subjectiv	rity in the Research Process	273		
CHAPTER 13				
CONCLUSION				
FEMINISM, POW	ER AND AGENCY: THE POSITIVE PARADIGM AND FEMINIST PRAXIS	275		
Psycho-Medic	cine and the Reproduction of Gender	275		
Health Promo	tion and the Dissipation of Resistance	277		
Narrative The	rapy, Feminist Praxis and the Focus on Repressive Power	278		
Feminism, Po	wer and Agency: The Positive Paradigm and Feminist Praxis	279		
APPENDIX 1: DE	FINITIONS, PREVALENCE AND OUTCOMES OF EATING DISORDERS	284		
APPENDIX 2: INT	ERVIEW GUIDES	287		
APPENDIX 3: LE	TTER OF INVITATION	291		
APPENDIX 4: PA	RTICIPANT INFORMATION SHEET	292		
APPENDIX 5: CO	NSENT FORM	293		
APPENDIX 6: HE	ALTH CARE WORKERS' PSEUDONYM AND PROFESSIONAL BACKGROUND	294		
APPENDIX 7: PU	BLICATIONS	296		
REFERENCES		297		

ABSTRACT

This thesis makes an original contribution to knowledge about the way in which gendered assumptions operate within health care interventions for women with eating disorders. The thesis is based on an interview study with a wide cross section of Australian mental health workers and uses discourse analysis, informed by post-structural feminist theory, to uncover the discursive dynamics and power relations characterising health care workers' knowledge and practice. A series of gendered contradictions are revealed in the psychological discourses used by health workers to construct selfhood in eating disorders, which have the effect of rendering anorexic and bulimic women deficient through the idealisation of masculinised autonomy and control over feminised connectedness and emotion. While these discourses are shown to be profoundly gendered, the operation of gender is effectively masked through subscription to an ideology of gender neutrality. Gender is further obscured through the employment of a wider multidimensional explanatory framework that reduces gender to 'sex', and works in concert with reductionist biomedical and psychological discourses to individualise eating disorders. In examining clinical practitioners' constructions of psychiatric intervention, the thesis argues that a contradictory positioning of the anorexic woman as simultaneously autonomous/in control and non-autonomous/out of control reproduces a paradoxical approach to autonomy and control in practice. More specifically, the pursuit of autonomy through psychotherapy is shown to be augmented by peculiarly gendered, controlling practices that operate to de-power women, re-inscribing rather than challenging the discursive 'doublebind' of femininity implicated by post-structural feminists as causing eating disorders in the first place. The thesis also offers the first critical analysis of approaches to the prevention of eating disorders, contributing new and original insights into dilemmas associated with the application of health promotion theory and practice in a program addressing body image and disordered eating. The thesis argues that because of a reliance on social marketing and an uncritical perspective on the extent to which health promotion is complicit in wider cultural processes, the program also inadvertently reproduces the gender-double bind structuring female body management practices, dissipating the possibilities for resistance. Lastly, the thesis undertakes a critical examination of the potential of alternative practice paradigms informed by feminism and post-structuralism for redressing the gendered contradictions and individualised focus of psycho-medical and health promotion approaches.