EXPOSING TENSION:
THE EXPERIENCE OF FRIENDSHIPS WHILE LIVING WITH BULIMIA NERVOSA DURING ADOLESCENCE

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ABSTRACT

The purpose of the present study was to explore the lived experience of friendships among women who were living with bulimia during adolescence. Researchers have found that friendships are influential to the complex and multi-factoral etiology of bulimia. Friendships influence adolescent girls' self-esteem, body image, dieting, body dissatisfaction, and eating disorder symptoms, through bullying and peer teasing, appearance conversations, and group dieting. While living with bulimia, women have reported interpersonal problems, such as feeling unsupported within their relationships, having fewer friends compared to women who have not lived with bulimia, and isolating themselves from others. There has been limited exploration surrounding the *experiences* of friendships while living with bulimia, particularly during adolescence.

Interpretative phenomenological analysis guided the exploration of three young women's experience of friendships while they lived with bulimia during adolescence. These women ranged in age from 21 to 25 years. They were recruited via purposive sampling and data were generated through photo elicitation and in-depth interviews. The analyzed data formed one over-arching theme: *Tension*, which appeared throughout the three super-ordinate themes: *The Self-in-Relation to Friends while Living with Bulimia, Friendships in the Shadow of Bulimia*, and *Internal Conflicts in the Relational Self*. These themes were discussed within the context of the current literature followed by recommendations for future research, considerations for mental health professionals, and a conclusion, which included words of wisdom from the participants.

DEDICATION

I dedicate this thesis to two wonderful people. First, I dedicate this thesis to the greatest sister anyone could ask for, Mrs. Chantelle “Chants” Viala. Chants, you are an amazing and inspiring person and I cannot imagine my life without you in it. I am so lucky and thankful to have you as a sister and friend~

Second, I dedicate this thesis to the best friend anyone could ever ask for, Miss Terra Quaife. Terra, I wish that every girl and woman who is struggling with or who has struggled with an eating disorder could have a friend like you. My world in high school would have been a lot less dark had you been in it. Thank you for being the wonderful person that you are~

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CHAPTER ONE

INTRODUCTION

Adolescence can be a difficult time for girls, one filled with many challenges and changes (Linden-Andersen, Markiewicz, & Doyle, 2009; Lock, 2005). Not only do girls have to try to make sense of their internal world during this ever-changing period, they live in a social world where interpersonal relationships and life within an objectifying society pose as external challenges (Lawler & Nixon, 2011). The strict beauty ideals of Western culture make girls' self-acceptance of their changing bodies extremely challenging because, for the most part, their bodies are changing against society's definition that thinness *is* beauty (Steiner-Adair, 1991). Within Western society, girls are taught to internalize beauty ideals, objectify their own bodies, and judge themselves through an "observers' perspective" (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998, p. 269). As a result, adolescent girls' self-esteem, body image, and satisfaction with their bodies can be affected. In fact, the results of one study found that 80.8% of Irish high school girls reported dissatisfaction with their bodies and a desire to change them (Lawler & Nixon, 2011).

Bulimia nervosa (bulimia) is a mental illness that tends to begin during adolescence (Neumark-Sztainer, Wall, Larson, Eisenberg, & Loth, 2011). The etiology of bulimia is complex and interconnected with genetic predisposition, psychological factors, and external factors, such as relationships with family members and friends (Malson, Finn, Treasure, Clarke & Anderson, 2004). The average age of onset for bulimia is 17.7 years of age; however, researchers have stated that bulimia occurs with younger girls as well (Kaltiala-Heino, Rissanen, Rimpela, & Rantanen, 1999; Novonen & Broberg, 2000; Pike, 1995). Bulimia has also been found to occur amongst older women, suggesting that it is not simply a young woman's disease (Mangweth-Matzek et al., 2006). Researchers have shown that bulimia can be a chronic condition, impacting individuals for years after initial diagnosis (Peterson, 2007).

Women living with bulimia experience many internal and external conflicts. For example, women with bulimia have reported low self-worth, low self-esteem, and dissatisfaction in their lives (Fairburn, 2002; Gustafsson, 2009). Researchers have found that women living with bulimia tend to experience interpersonal problems as well, such as fewer friends, lower perceived support within their friendships, and lower social

adjustment compared to women who were in remission from bulimia or who did not have an eating disorder (Arcelus, Haslam, Farrow, & Meter, 2013; Bodell, Smith, Holm-Denoma, Gordon, & Joiner, 2011; Rorty, Yager, Backwalter, & Rossotto, 1999).

During adolescence, girls experience changes physically, mentally, emotionally, and socially (Linden-Andersen et al., 2009). For example, social maturity and autonomy from parents increases during this developmental period (Arnett, 2007; Lock, 2005). Friendships become more important as young people try to figure out who they are as individuals (Arnett, 2007). Andersen and Chen (2002) suggested that the formation of identity is relational, meaning forming one's identity occurs *in-relation* to significant others around them, which includes friends (Andersen & Chen, 2002; Cote & Levine, 2002).

Researchers have tried to understand the complexities of the relationships with friends and the development and maintenance of bulimia by examining how measures of friendship relate to bulimic symptomatology (Schutz & Paxton, 2007). For example, girls who talk negatively about their bodies amongst each other or who believe appearance is an important part of their relationships, tend to have higher body dissatisfaction and are at greater risk for developing eating disorders (Clark & Tiggemann, 2007). Researchers have found that friends can influence the development and maintenance of bulimia through various ways, such as bullying and peer teasing, appearance conversations, fat talk, and dieting amongst friends (Britton, Martz, Bazzini, Curtin, & LeaShomb, 2006; Carey, Donaghue, & Broderick, 2010; Clark & Tiggemann, 2007; Fairburn et al., 1997; Troop & Bifulco, 2002). Nevertheless, current research has lacked an emphasis on the *experience* of friendships while living with bulimia during adolescence. That is, researchers have failed to examine how girls and women *themselves* describe and make sense of their experiences of friendships while living with bulimia.

Given that adolescent friendships have been found to be influential in developing and maintaining bulimia (Eisenberg, 2005), exploring women's *experience* of friendships while they were living with bulimia as adolescents may increase our understanding of adolescent bulimia, provide more understanding on how women with past experience of bulimia during adolescence make sense of their friendships, and may illuminate the experience of self-in-relation to friends while living with bulimia as adolescents. The results of this study may enable women and girls living with bulimia to feel supported and

empowered knowing that people are interested in hearing their experiences. Furthermore, the results of this study may facilitate the therapeutic process by opening up conversations related to the self-in-relation to friends while living with bulimia and may aid others to learn how to best support and accept girls and women living with bulimia.

For this study, photo elicitation and in-depth interviews were used to generate data. Interpretative phenomenological analysis (IPA; Larkin, Watts, & Clifton, 2006; Smith, Flowers, & Larkin, 2009) was utilized to explore the lived experiences of women's friendships while living with bulimia during adolescence. This research aims to explore and interpret how *individuals* understand their experience of the phenomenon as a way of uncovering a shared experience of the phenomenon.

My Story

During adolescence, I lived with an eating disorder for a number of years. I find it challenging to name whether I had anorexia or bulimia because I feel a connection with both. When I was about 14-years-old, I remember going through the assessment process with the clinical psychologist who worked with me throughout those years. I remember being weighed, completing various body image scales, and answering questions about my eating disorder symptoms, such as how often I binged and purged or if I still menstruated. I do not recall if he had told me my officially diagnosis, however, now that I have a better understanding of the diagnostic criteria of eating disorders, I imagine that I would have likely been formally diagnosed with anorexia (type two) because I met all the diagnostic criteria for anorexia as well as binged and purged.

The thesis topic of friendships during life with bulimia was chosen because of my experience with friendships and other relationships while I was living with bulimia during adolescence. I realize now that my curiosities about friendships have developed from feeling unsupported and unheard within my family life. During my life with bulimia, the only acceptance I felt I received was with one friend (who was a girl) along with my boyfriend at the time. Regardless, even within those relationships I was ashamed of my eating disorder and believed I could not talk about it. I often felt alone even while with friends. Now in recovery from my eating disorder, my curiosities pertaining to the experience of friendships while living with bulimia continue and extend to how *other* women who have lived with bulimia during adolescence understand *their* friendships.

This research experience has personally moved me. This journey has opened my eyes to better see how all experiences in life, even though they are experienced subjectively, are indeed intricately connected with others. When I think about this in relation to my experience of living with bulimia, I feel comforted, as it shows that even during the most isolating and lonely experience of my life, my experiences with friends were lived in-connection with others. After completing the data analysis, I believe that if I were to be interviewed for this study, I would have likely shared similar stories; I can identify personally with all of the themes.

Within the research process, my personal knowledge of experiencing an eating disorder has allowed for increased empathy with the participants. At the same time, because of my experience, I carry assumptions about individuals with eating disorders. For example, I believe the impact of eating disorders are long-lasting and extremely difficult to overcome. I believe that I have experienced anorexia nervosa and bulimia nervosa along a spectrum of eating disorders, meaning my understanding of eating disorders is that they are different manifestations of a shared deeper problem. Also, based on my own experiences and the current literature, I believe individuals with eating disorders experience friendships differently compared to individuals who do not have eating disorders. Lastly, I believe that due to the objectifying culture within which we live, all women can relate to body image issues, such as dissatisfaction with their bodies and weight.

With these assumptions, I needed to be reflexive and recognize that my own experiences may influence how I perceive the experiences of friendships shared by the participants. In order to respect the participants' experiences and meanings, I attempted to make myself aware of my own personal biases through considerable solitary reflection, research journaling, discussions with my thesis supervisor, as well as exploring my experience of this phenomenon with an individual psychologist.

Statement of Purpose and Research Question

The purpose of this research was to extend our understanding of the experience of friendships of women who lived with bulimia during adolescence. Three young women, between the ages of 21-25, all with histories of having bulimia as adolescents, brought photographs that captured their experience of the phenomenon and participated in

interviews. These women met specific criteria for participation in the study, which included their ability to commit to the time requirement to participate as well as their ability to reflect on their experiences of friendships during their lives with bulimia as adolescents. The current literature has lacked an exploration of the experiences of women's friendships while living with bulimia during adolescence. Therefore, the research question that guided this study was: what are the lived experiences of adolescent friendships while living with bulimia nervosa?

Definition of Terms

Adolescence: Adolescence is defined as "a period of the life course between the time puberty begins and the time adult status is approached, when young people are preparing to take on the roles and responsibilities of adulthood in their culture" (Arnett, 2007, p. 4). For the purpose of this thesis, I define adolescence from age 13 to 18 years.

Body Image: Body image is described as "a concept that includes feelings and perceptions such as: awareness of the body, body boundaries, attention to parts of the body as well as the whole, size of parts, and the whole, position in space, and gender related perceptions" (O'Dea, 2007, p. 73).

Bulimia Nervosa (bulimia): Bulimia is characterized by "(a) recurrent episodes of binge eating, (b) recurrent inappropriate compensatory behaviour in order to prevent weight gain, such as self-induce vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise, (c) the binge eating and inappropriate compensatory behaviours both occur, on average, at least twice a week for three months" (APA, 2000, p. 594).

Friend: A friend is "somebody to talk to, to depend on and rely on for help, support, and caring, and to have fun and enjoy doing things with" (Rawlins, 1992, p. 271).

Friendships: Friendships are one type of interpersonal relationship that is developed and maintained through "common interests, a sense of alliance, and emotional affiliation" (Weiss, 1998, p. 678).

Identity: Identity is "a global construct that refers both to the process of building a self-definition as well as to products of this process including knowledge about the self related to personal attributes and social roles" (Stein & Corte, 2007, p. 59).

Interpersonal: Interpersonal is a term that "encompasses not only the patterns of interaction between the individual and significant others, but also the process by which these interactions are internalized and form part of the self-image" (Arcelus et al., 2013, p. 157).

Objectification theory: Objectification theory attempts to conceptualize the experiences of girls and women living within a sexually objectifying culture. This theory states that because Western culture sexualizes and objectifies women and may place themselves at risk for mental health issues, especially if they internalize these 'beauty ideals' and objectify themselves (Fredrickson & Roberts, 1997).

Peer: There is inconsistency within the literature pertaining to the operational definition of peers. Often, peers are defined *as* friends (Fitzgerald, Fitzgerald, & Aherne, 2012). However, for this thesis a peer is "a person who is equal to another with respect to certain characteristics such as skills, educational level, age, background, and social status" (Fitzgerald, Fitzgerald, & Aherne, 2012, p. 942).

Self-In-Relation/Relational Self: Self-in-relation is a concept used to describe how the experience of self is formed, "organized and developed in the context of important relationships" as well as *in-relation* to broader culture (Andersen & Chen, 2002; Andersen, Reznik, & Chen, 1997; Cote & Levine, 2002; Heilman, 1998; Surrey, 1985, p. 2). For this study, the words *self-in-relation* and *relational self* were used interchangeably.

Self-esteem: Self-esteem is a concept that reflects "the appraisal or evaluation of personal value, including attitudes, feelings, and perceptions" (Garner, Vitousek, & Pike, 1997, p. 128).

Self-objectification: Self-objectification occurs when girls and women are taught to view their own bodies through a "third-person perspective, focusing on observable body attibutes" (Fredrickson et al., 1998, p. 270). Fredrickson and Roberts (1997) proposed that self-objectification leads to increased body shame and anxiety about one's body, which increases their risk of developing mental illness, such as eating disorders.

Sexual objectification: "Sexual objectification occurs whenever people's bodies, body parts, or sexual functions are separated out from their identity, reduced to the status of mere instruments, or regarded as if they were capable of representing them" (Fredrickson

et al., 1998, p. 269). Objectification theory proposes that, within Western culture, sexual objectification happens largely with girls and women (Fredrickson & Roberts, 1997).

CHAPTER TWO

LITERATURE REVIEW

The goal of a literature review when using interpretative phenomenological analysis, as defined by Smith, Flowers, and Larkin (2009), is to expand one's knowledge on the literature surrounding the phenomenon. The literature review also provides direction for the research question (Smith et al., 2009). The proceeding chapter will outline the current scholarly literature that is needed to explore the experience of adolescent friendships while living with bulimia. The feminist literature, particularly objectification theory, provided the theoretical framework for this study. A discussion of eating disorders and bulimia will orient the reader with background information needed to understand this phenomenon. Factors, both internal and external to the individual, that contribute to the development and maintenance of bulimia, will be explored. Interpersonal issues that have been associated with living with bulimia will also be discussed. Adolescent female development, friendships during adolescence, and an exploration of how friends influence the development and maintenance of bulimia will also be described. Finally, a summary and critique of the current literature as well as a description of the present study will be provided.

Objectification Theory

Feminist scholars have contributed theories on eating disorders largely because of the unsettling gender differences in prevalence, thus making it a feminist issue. Eating disorders are renowned for being a disease that affects mostly women and although men are affected, the prevalence of bulimia with women outweigh men by a staggering ratio of 10:1, which opens up discourse as to the reason *why* this occurs (Thompson, 2004). There are a variety of feminist perspectives on this issue, which all attempt to explain the gender divide (Budd, 2007). For the most part, feminist literature has viewed eating disorders through a socio-cultural lens. That is, they identify the root of the problem to be that of Western society's obsession with the female body, particularly emphasizing and overvaluing an idealized thin appearance of women (Carey, 2012; Budd, 2007; Pike, 1995). Susan Bordo (1988, 1989) argued that eating disorders are manifestations or "crystallizations" of culture itself (p. 229). Bordo (1988, 1989) viewed eating disorders as reflections of an unwell or sick Western culture. She argued that the sickness of Western

culture was created from our historical hatred for the human body, our cultural trepidation of loosing control of the future, as well as the "disquieting meaning of contemporary beauty ideals" (Bordo, 1988, p. 228). In other words, Bordo (1988) suggested that Western culture's obsession with the "androgynous, athletic, adolescent body type" is largely fueling the occurrence of eating disorders (p. 228).

Objectification theory is one feminist theory in particular that has attempted to conceptualize the experiences of being female within a pervasive sexually objectifying culture (Fredrickson & Roberts, 1997). This theory states that, within Western culture, females are objectified, judged, evaluated, and treated as sexualized objects, either interpersonally or through media representations of women (Fredrickson & Roberts, 1997; Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; Slater & Tiggemann, 2002). Women and girls are taught by Western culture to observe and judge themselves as they believe others see them, that is, to embrace an "observers' perspectives on their physical selves" (Fredrickson et al., 1998, p. 269). Through both interpersonal interactions as well as vicariously through media and other aspects of culture, girls and women are socialized that not only do their looks matter, but who they are as individuals is evaluated based on their appearance (Fredrickson et al., 1998). Fredrickson et al. (1998) argued that not only does society objectify women and girls in general, but women also learn to objectify themselves, which was termed self-objectification or appearance monitoring (Fredrickson & Roberts, 2007). Objectification theory proposes that there are many psychological consequences that arise from self-objectification (Fredrickson et al., 1998). Some consequences include becoming obsessed about one's physical body, increased body shame, anxiety, and decreased awareness of one's internal experiences of their body (Fredrickson et al., 1998). Furthermore, Fredrickson et al. (1998) proposed that certain mental health disorders, such as eating disorders, might be explained using objectification theory.

Eating disorders may arise as a consequence of the shame felt about one's body that occurs from self-objectification (Fredrickson et al., 1998; Noll & Fredrickson, 1998). Shame manifests when women believe they have failed to meet society's expectations of what they should look like (Noll & Fredrickson, 1998). As such, shame becomes the motivating emotion towards the action of disordered eating, particularly the binge-purge cycles in bulimia. Noll and Fredrickson (1998) tested this hypothesis with two groups of

undergraduate university women. A total of 204 participants completed questionnaires pertaining to self-objectification, shame, and eating disorder symptoms (Noll & Fredrickson, 1998). It was found that self-objectification was positively correlated with body shame ($r = .29$, $p < .01$) and bulimic symptomatology ($r = .37$, $p < .01$). Body shame and bulimic symptomatology were also positivity correlated ($r = .68$, $p < .01$). Three separate regression analyses were completed to identify if self-objectification predicted body shame, whether body shame predicted disordered eating, and whether self-objectification predicated disordered eating symptoms. It was found that self-objectification significantly predicted body shame ($\beta = .50$, $p < .01$), meaning 25% of the variance associated with body shame was accounted for by self-objectification scores. Body shame was found to be a predictor of eating disorder scores ($\beta = .46$, $p < .01$). Furthermore, self-objectification was a significant predictor of eating disorder symptoms ($\beta = .18$, $p < .01$). As these results indicate, self-objectification accounts for a significant amount of variation for eating disorder symptoms. This process was mediated by body shame, thus, supporting Noll and Fredrickson's (1998) hypothesis.

Researchers have focused on the impact of self-objectification within adult women populations; however, literature pertaining to self-objectification within adolescent girls is limited (Slater & Tiggemann, 2002). Slater and Tiggemann (2002) concentrated on the components of objectification theory, such as body shame, appearance anxiety, and disordered eating, with teenage girls. They proposed that adolescence might be the critical developmental period for learning self-objectification in girls because there is an increased focus on physical appearance, self-awareness, self-consciousness, and formation of identity during this time (Slater & Tiggemann, 2002). Slater and Tiggemann (2002) examined questionnaire measures of self-objectification, body shame, appearance anxiety, and disordered eating amongst girls aged 12 to 16 years. These girls formed two groups, those who participated in classical ballet and those who did not study ballet. The results showed that there were no statistically significant differences on the measures of self-objectification between the two groups of girls, $t(80) = 1.66$, $p > .05$. Furthermore, there were no differences between the two groups on body shame, $t(69) = .31$, $p > .05$, or disordered eating, $t(78) = .19$, $p > .05$ (Slater & Tiggemann, 2002). Although there were no differences between the groups of girls, Slater and Tiggemann (2002) performed multiple

regressions to determine whether self-objectification, self-monitoring, and disordered eating were mediated by body shame and appearance anxiety amongst all of the adolescent girls. They found that self-objectification was a significant predictor of increased self-monitoring ($\beta = .62$, $p < .01$) and increased appearance anxiety ($\beta = .42$, $p < .01$), self-monitoring was a significant predictor of increased body shame ($\beta = .34$, $p < .01$), and increased body shame was a significant predictor of disordered eating ($\beta = .40$, $p < .01$). From the results of their study, Slater and Tiggemann (2002) did not find a direct pathway from self-objectification to disordered eating, rather disordered eating was predicted by increased body shame and appearance anxiety, which were predicted from self-objectification and self-monitoring. Slater and Tiggemann (2002) noted that body shame and appearance anxiety partially mediated the connection between self-objectification (and self-monitoring) and disordered eating. This is consistent with the findings from Noll and Fredrickson's (1998) study that focused on adult women. Therefore, the results of Slater and Tiggemann's (2002) as well as Noll and Fredickson's (1998) studies suggest that objectification theory may appropriately described the experience of girls and women living within an objectifying culture.

Eating Disorders

In 2002, Fairburn and Walsh defined eating disorders as, "a persistent disturbance of eating behavior or behavior intended to control weight, which significantly impairs physical health or psychosocial functioning" (p. 171). According to the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Text Revision (DSM-IV TR), eating disorders are categorized into three main disorders: Anorexia Nervosa (anorexia), Bulimia Nervosa (bulimia), and Eating Disorders Not Otherwise Specified (EDNOS; APA, 2000).

In recent years the classification of eating disorders has been under scrutiny as some researchers suggest that the different types of eating disorders fall along a continuum of disordered eating as opposed to being distinct disorders, which would have considerable implications for how research is approached (Peck & Lightsey, 2008). A major critique of the current diagnostic criteria has been the high prevalence of EDNOS diagnosis, ranging from 50-70% of all diagnoses in outpatient settings (Grave & Calugi, 2007). Some researchers have suggested that the high rate of EDNOS diagnosis may be a result of the diagnostic criteria of anorexia and bulimia being too strict (Fairburn & Cooper, 2011). The

proposed changes for the DSM-V include loosening the diagnostic criteria for anorexia, specifically omitting the amenorrhoea criteria and raising the weight threshold, while the proposed changes for bulimia have been to decrease the frequency criteria for binge eating and purging (Fairburn & Cooper, 2011). Contributing factors that lead to the focus on bulimia for this study were the separation of eating disorders within the current literature and diagnostic criteria.

The high prevalence of eating disorders amongst adolescents, particularly girls and young women in North America, make this an important area to study (Thompson, 2004). The lifetime prevalence of anorexia in the United States is 0.9% among females (0.3% in males) while bulimia occurs among 1.5% percent of females (0.5% in males), a rate two to three times more frequent than anorexia (Hudson, Hiripi, Pope, & Kessler, 2007). Binge-eating disorder (the most common sub-disorder under EDNOS) has a lifetime prevalence of 3.5% in females and 2.0% in males (Hudson et al., 2007).

Eating disorders are not only prevalent but have serious medical and psychological complications. The mortality rates for eating disorders range between 5%-10% and are considered the most fatal of all mental illnesses (Gilbert, 1996). The highest mortality rate is amongst individuals with anorexia where approximately 10% of these individuals die from complications from their disorder within 10 years of initial diagnosis (Sullivan, 2002).

The medical complications of eating disorders are vast. Girls and women with anorexia typically present with physical signs such emaciation, hypothermia, bradycardia (heart rate < 60 beats/minute), hypotension, dry skin, brittle hair and scalp hair loss, lanugo hair, yellow skin (typically on palms), as well as cold hands and feet (Mehler, Birmingham, Crow, & Jahraus, 2010). Individuals with bulimia typically have physical complications including hypotension, dry skin, parotid gland swelling, erosion of dental enamel, hair loss, edema, and the occurrence of Russell's sign, which is "a thickening or scarring over the back of the hand caused by pressing the fingers against the teeth while inducing vomiting" (Mehler, Birmingham, Crow, & Jahraus, 2010, p. 67). Individuals with binge-eating disorder do not have physical complications inherent to the disorder per se, but rather their complications are related to the obesity that results from this disorder (Mehler et al., 2010).

Although eating disorders most commonly begin during adolescence, researchers

have found that disordered eating patterns tend to remain consistent in the transition from adolescence to young adulthood (Neumark-Sztainer et al., 2011). D'Abundo and Chally (2004) stated "many women are not experiencing full recoveries from eating disorders" (p. 1094). Some researchers have suggested eating disorders as life long mental illnesses. Peterson (2007) described eating disorders as "chronic conditions" which impact individuals' lives in "personal, interpersonal, and financial realms" (p. 630). Furthermore, Polivy (2002) found that approximately one-third of individuals with eating disorders maintained the diagnostic criteria of their eating disorder five years after initial treatment. In order to better understand women's perspectives of recovery from eating disorders, D'Abundo and Chally (2004) interviewed 17 women. They found that the women described "wavelike patterns of disease and recovery," which "seldom returned to a state of normal eating," suggesting that women experience phases of activation (or relapse) and remission over their lives (p. 1094). The persistence of these life-threatening disorders affirms the severity of these mental illnesses. Eating disorders have recently been found to occur in older women as well. Mangweth-Matzek et al. (2006) examined 1,000 non-clinical older women ranging in age from 60 to 70 years and found that 3.8% met the diagnostic criteria for an eating disorder, suggesting that eating disorders can occur with women at any age.

The Medical Criteria of Bulimia

Bulimia was the specific eating disorder explored in this thesis. Although the participants were not asked to verify whether they were diagnosed with bulimia during adolescence in order to participate in this study, an understanding of the current diagnostic criteria for bulimia may provide some context into how the medical community views bulimia.

In 1979, Russell was the first to described bulimia within the literature (Garfinkel, 2002). During this time he noted, to the best of his ability, specific criteria for this disorder which were "(1) powerful and irresistible urges to overeat, (2) consequent compensatory behaviour, and (3) the underlying psychopathology of a morbid fear of fat" (Garfinkel, 2002, p. 158). Current diagnostic criteria for bulimia have become more specific, although they remain consistent with Russell's original observations (Garfinkel, 2002). The following five current criteria (labeled A through E) are all necessary for a diagnosis of bulimia as stated by the current diagnostic manual, the DSM-IV TR (APA, 2000):

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

1. Eating, in a discrete period of time (e.g., within any two hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.

2. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

B. Recurrent inappropriate compensatory behaviour in order to prevent weight gain, such as self-induce vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

C. The binge eating and compensatory behaviours both occur, on average, at least twice a week for three months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of anorexia nervosa (APA, 2000, p. 594).

Accompanying these five criteria, a diagnosis of bulimia is specified further by two 'types', which pertains to the method by which the individual purges:

Purging Type: During the current episode of bulimia nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

Non-purging Type: During the current episode of bulimia nervosa, the person has used other inappropriate compensatory behaviours, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas (APA, 2000, p. 594).

Rationale for Studying Bulimia

Bulimia is second only to EDNOS as the most commonly diagnosed eating disorder, occurring in 1.5% of the general population (Hudson et al., 2007). Although information, research, and knowledge on bulimia have increased over the past few decades, the incidence of bulimia continues to rise (Broussard, 2005). Similar to other eating disorders, there is evidence to suggest the chronicity of bulimia (Broussard, 2005). In 2004, Fichter and Quadflieg completed a 12-year longitudinal study examining the course and outcome

of bulimia and bulimic symptoms amongst 196 women diagnosed with bulimia at the initial stage of their study. At the 12-year follow up, 22.1% of the women reported binging at least twice a week and 18.4% reported binging less than twice a week. Furthermore, 20.8% of the women reported vomiting at least twice a week while 11.3% reported vomiting less than twice a week (Fichter & Quadflieg, 2004). Fichter and Quadflieg's (2004) results reveal the strong hold that bulimia and bulimic symptoms can have on women.

Suicidal ideation and attempts are common with individuals who have bulimia, while suicide completion is a major cause of death (Nickel, 2006). Making help available to women with bulimia is often challenging because these women tend not to refer themselves for help, often binge and purge in private, and have the appearance of normal weight (Polivy & Herman, 2002; Rortveit, Astrom, & Severinsson, 2009).

Bulimia is a highly stigmatized mental health disorder (Wingfield, 2011). In 2011, Wingfield explored university students' perceptions of various factors surrounding eating disorders. She had undergraduate students read vignettes depicting fictional individuals with eating disorders. Results from this study showed that students tend to believe that the characters with bulimia were more responsible for their eating disorder, were in less in control of their behaviours, and were more self-destructive compared to the characters depicted with anorexia (Wingfield, 2011). Strong stigmas of bulimia, such as these, may influence the likelihood of individuals' seeking help for their disorder or even sharing their experiences with friends (Rortveit et al., 2009; Wingfield, 2011). The following section will attempt to shed light on the contributing factors associated with bulimia in females during adolescence.

Contributing Factors to Bulimia in Adolescence

The etiology of bulimia is multi-faceted and complex (Malson, Finn, Treasure, Clarke, & Anderson, 2004). There are internal factors, such as cognitions and genetic predispositions that facilitate the development of bulimia. Factors external to the individual person also contribute to the development of bulimia; these include the media, school culture, and relationships with family and friends. Most researchers suggest that these factors, through a unique interaction for each individual, promote and maintain bulimia. Researchers have termed this view of the etiology of bulimia as the biopsychosocial model (Novonen & Broberg, 2000; Polivy & Herman, 2002). With this

model researchers have suggested that the development of eating disorders most likely occurs when a genetic predisposition allows for susceptibility and is then triggered by internal and external socio-cultural factors (Garfinkel & Garner, 1982). This model accounts for a range of factors contributing to bulimia, such as the differences found in each individual (e.g., genetics), their immediate interpersonal world (e.g., family and friends) and the culture within they live (Polivy & Herman, 2002). The contributing internal factors associated with the development and maintenance of bulimia will be discussed first, followed by a description of the external factors associated with bulimia.

Internal Factors Associated with Bulimia

Internal factors associated with the development of bulimia include genetic predispositions and psychological factors, such as self-esteem, self-evaluation, self-worth, perfectionism, body image, body dissatisfaction, impulsivity, and shyness. These factors will be explored in the following section.

Genetic predispositions. Researchers have noted genetic predispositions in the development of bulimia (Polivy & Herman, 2002). A genetic predisposition simply means that an individual has a genetic vulnerability to mental illness, which may increase the risk of them developing a particular disorder (Garfinkel & Garner, 1982).

In one study, Klump, McGue, and Iacono (2000) examined one cohort of 11-year-old twins and one cohort of 17-year-old twins, monozygotic (MZ) and dizygotic (DZ) twins were in both cohorts. They examined the magnitude of genetic and environmental influence on eating attitudes and behaviours as well as the heritability of these factors. The researchers completed a univariate analysis, examining both age cohorts and their scores on a measure of eating attitudes and behaviours. Their results indicated that the 11-year-old twins showed more variance on their eating attitudes and behaviour mediated by their shared environment, such as family communication styles or parental dieting. Conversely, the 17-year-old twins' genetic and non-shared environmental influences, such as different parental treatment, unique life events, or different peer group characteristics, were more associated with their variance of eating attitudes and behaviour scores. Although the exact genetic influence is not known, Klump et al. (2000) found that 50-83% of the variance in their twin study could be accounted for by genetics. Klump et al. (2000) concluded that genetics play an important in developing eating disorders; however other factors, such as

twins' shared and non-shared environments may be important in the development of eating disorders.

Genetic studies that have aimed to find direct genetic transmission of eating disorders are inconclusive (Polivy & Herman, 2002). This may be due to the complex associations amongst genes and other factors. Furthermore, genetic studies often include family members in the research, hence it is challenging to separate the influence of genetics and environmental factors (Polivy & Herman, 2002). Another reason as to why finding a specific genetic link is challenging is because bulimia is intrinsically associated with various cognitions, psychological, and personality factors, that are themselves heritable, thus compounding the complexity of heritability (Klump et al., 2000; Polivy & Herman, 2002). These compounding factors include obsessive, neurotic, and depressive personality traits, which may lead to specific fears or thoughts pertaining to bulimic symptomatology (Klump et al., 2000; Pauls & Daniels, 2000). Overall, genetics appears to play a significant role in the etiology of bulimia, however, precisely how this occurs is still unclear (Polivy & Herman, 2002).

Psychological factors. Psychological and cognitive factors are associated with the development of bulimia (Polivy & Herman, 2002). These factors include but are not limited to an individual's tendency towards low self-esteem, negative self-evaluation, low self-worth, perfectionism, poor body image, body dissatisfaction, impulsivity, and shyness (Fairburn, 2002; Gustafsson, 2009; Keel, 2005; Thompson, 2004).

Self-esteem, Self-evaluation and Self-worth. Low self-esteem is often described as a precursor and a maintainer of bulimia (Garner, Vitousek, & Pike, 1997). Garner et al. (1997) described self-esteem as, "the appraisal or evaluation of personal value, including attitudes, feelings, and perceptions" (p. 128). In other words, self-esteem is the value of the self, placed on the individual by herself. This value of self is intrinsically related to self-evaluation, which refers to the way an individual judges her subjective self-worth (Gustafsson, 2010). What an individual believes to be important in her life will influence the way she evaluates herself, which is ultimately tied to her self-esteem and self-worth (Gustafsson, 2009). In 2002, leading eating disorder expert and research psychiatrist, Christopher Fairburn, stated that the core issue with bulimia lies within the individuals' perception of their self-worth. He stated that individuals living with bulimia tend to base

their self-worth solely on their eating, shape, and weight (Fairburn, 2002). The emphasis on body shape, weight, and eating and its interconnection with self-esteem and self-worth are what he believes to be the driving force behind the behaviours associated with bulimia, such as binging and purging (Fairburn, 2002).

Perfectionism. Perfectionism has long been described as a key factor in the development and maintenance of eating disorders (Gustafsson, 2010). Although perfectionism is often considered as a character trait amongst those with anorexia, perfectionism has also been noted as a psychological factor that leads to and maintains bulimia (Fairburn, 2002; Pike, 1995). Although having high standards for oneself per se is not a negative trait, perfectionism becomes problematic when this perfectionistic attitude is expressed in the area of eating, body shape, and weight, and when self-evaluation is based entirely on these standards (Gustafsson, 2010).

Body image and body dissatisfaction. Poor body image and body dissatisfaction are also noted as contributors to low self-esteem and eating disorders (Gustafsson, 2009; Lawler & Nixon, 2011). O'Dea (2007) described body image as "a concept that includes feelings and perceptions such as: awareness of the body, body boundaries, attention to parts of the body as well as the whole, size of parts and the whole, position in space, and gender related perceptions" (p. 73). In other words, it is the subjective mental picture of how individuals view and feel about their bodies. Body dissatisfaction refers to a person being unhappy about their body. Longitudinal studies have revealed that poor body image and body dissatisfaction are significant risk factors for the development and maintenance of bulimia (Gustafsson, 2009; Lawler & Nixon, 2011). Gardner, Stark, Friedman, and Jackson (2000) found that 11-years-old girls who believed their body was larger than it actually was (a distorted body image) and who had a smaller idealized body size (experiencing body dissatisfaction) had higher scores on an eating disorder scale when measured three years later. This suggested that that a girls' *perception* of her body has a great impact on her eating attitudes and behaviours compared to her *actual* body size (Gustafsson, 2010).

Impulsivity. Impulsivity is one contributing factor that tends to be correlated with bulimia, but not anorexia (Polivy & Herman, 2002). Impulsivity is defined as "swift action without forethought or conscious judgment, behavior without adequate thought, and the

tendency to act with less forethought than do most individuals of equal ability and knowledge" (Moeller, Barratt, Dougherty, Schmitz, Swann, 2001, p. 1783). It has been found that other types of impulsive behaviour (i.e. suicide attempts and drug use) are more highly correlated with bulimic behaviour than anorexic behaviour, suggesting that individuals living with bulimia tend to be more impulsive compared to individuals with anorexia (Matsunaga, Kiriike, Iwasaki, Miyata, Matsui, et al., 2000). Polivy and Herman (2000) argued that impulsivity towards food and the perceived consequences of eating food (e.g., unwanted calories and weight gain) is a characteristic that may lead an individual to develop bulimia rather than anorexia.

Shyness. Shyness has been reported as a risk factor for developing bulimia (Troop & Bifulco, 2002). A study conducted by Troop and Bifulco (2002) aimed to determine which internal factors apparent during childhood and adolescence were reported to exist prior to developing an eating disorder. Troop and Bifulco (2002) interviewed 43 adult women who had experienced eating disorders during adolescence as well as 20 adult women who did not identify with having an eating disorder. The interview questions focused on the participants' feelings and experiences associated with shyness, loneliness, and a sense of inferiority during childhood and adolescence. The interviewers coded the participants' interviews numerically in order to analyze the variables statistically. It was found that women who experienced bulimia as an adolescent reported higher levels of shyness, approaching statistical significance, compared to the women who had not experienced an eating disorder ($F = 2.67$, $p = .06$). Consistent with previous findings, Fairburn, Welch, Doll, Davies, and O'Connor (1997) also found that women who were at risk for developing bulimia reported higher levels of shyness.

External Factors Associated with Bulimia

The external factors that are associated with the development and maintenance of bulimia include the role of the media, the school environment, and relationships with family and friends. These factors will be explored in the preceding section; however, the role of friends will be examined in more detail later in this chapter.

Media. Researchers have suggested that socio-cultural influences, particularly Western culture's current obsession with thinness is related to low body image, body dissatisfaction, and the development of eating disorders (Eisenberg, 2005). As described by

objectification theory, these external influences have been found to lead to body dissatisfaction and eating disorders, if the individual with a genetic predisposition internalizes these socially constructed ideals of thinness (Fredrickson et al., 1998).

Within the past 30 years, there has been a cultural shift towards a thinner body size for women. Voluptuous, full figured women of the past are now considered fat and undesirable. A well-cited article from Garner and Garfinkel (1980) found that Playboy centerfolds and Miss America Pageant contestants have both decreased in body size (e.g., smaller hips, bust, and weight) as a reflection of these cultural changes. It has been found that girls and women who are more exposed to media images of ideal women, tend to have lower body image and self-esteem (Field et al., 2001; Meyers & Biocca, 1992). However, researchers are unsure if girls and women who look at the media tend to already be dissatisfied with their bodies or if their body dissatisfaction is a result of media exposure.

Field et al. (2008) found that attempts to look like same-sex figures in the media was a significant independent predictor for both starting to binge at least one time per week (OR = 2.2) and starting to purge at least one time per week (OR = 1.5) among adolescent girls. In other words, adolescent females who tried to look like same-sex figures in the media showed a 2.2-fold increased risk for binge eating at least once per week compared to adolescent girls who did not aim to look like same-sex figures in the media. Also, adolescent girls who tried to look like same-sex figures in the media showed a 50% increased risk for engaging in purging behaviour once a week compared to those who did not try to look like same-sex figures (OR = 1.5). Furthermore, this study found that girls were more strongly affected by trying to look like same-sex figures in the media than boys, which again demonstrates how girls are affected by a sexually objectifying culture, described by objectification theory (Field et al., 2008; Fredrickson et al., 1998).

School environment. Another social context that may influence adolescents' susceptibilities to developing and maintaining bulimia is the school environment. In addition to societal influences, more localized environments, such as the school environment have been shown to influence adolescent girls' body image (Hutchinson & Rapee, 2007). Eisenberg (2005) described the school environment as a "larger social unit," which influences peers within that environment (p. 1166). Eisenberg (2005) studied the relationship between school-wide prevalence of weight loss efforts and dieting amongst

adolescent females. Thirty-one middle and high schools in Minnesota, USA were used in the study. Results showed that school-wide prevalence of trying to lose weight was marginally associated with unhealthy weight control behaviours (UWCBs) in somewhat overweight girls and moderately significantly associated with UWCBs for average weight girls (Eisenberg, 2005). School-wide prevalence was not associated with UWCB in underweight or overweight girls. Therefore, the results of this study suggest that school culture may be influential in girls' personal weight loss behaviours, particularly for average weight girls.

One unique study that utilized a qualitative approach explored high school girls' experiences of the appearance cultures, UWCBs, and dieting within their school (Carey, Donaghue, & Broderick, 2010). Carey et al. (2010) defined appearance cultures as "cultures of weight consciousness in which adolescent girls incorporate socio-cultural standards for female beauty into their peer cultures" (p. 300). They described that there are three components that generate appearance cultures, which are: 1) appearance conversations, such as discussions surrounding physical appearance; 2) peer teasing, such as people being teased about their appearance; and 3) exposure to appearance-focused media, which includes reading fashion magazines together (Carey et al., 2010).

Carey et al. (2010) conducted nine semi-structured interviews, which consisted of questions such as "'can you think of any examples of social or peer group factors that may lead to problematic eating?' and 'how important would you say appearance is in your school?'" (p. 303). Thematic analysis was used to identify patterns within the interviews pertaining to appearance related issues. The girls discussed that appearance was an important factor in the school. For example, one girl stated, "What you look like is such a big factor" (p. 304). The participants also described that within their school, attractiveness was equated with skinniness, fashion models were seen as role models, and group dieting was common (Carey et al., 2010). This study provided a unique look into girls' experiences of appearance cultures within their schools. The results of this study suggested that the importance of thinness, defined by Western culture, may be mediated through smaller cultures, such as the school environment, which may contribute to the development and maintenance of bulimia.

Family. Family interactions have also been associated with eating disorder behaviour (Benedikt et al., 1998; Pauls & Daniels, 2000; Saukko, 2000; Strober & Humphrey, 1987;

Wertheim et al., 2002). Salifa and Gondoli (2011) stated that family relationships, specifically mother-daughter relationships, an emotionally distant father, as well as sibling interactions are important in the development of bulimic symptomatology. Pauls and Daniels (2000) also noted that more appearance related conversations within the home was positively correlated with bulimic symptomatology (Pauls & Daniels, 2000). Pike (1995) stated that the family life of individuals living with bulimia has been associated with high aggression and conflict, a less supportive environment, more indirect forms of communication, and less emphasis placed on assertiveness and autonomy within the home. Furthermore, the amount of dieting amongst girls has been associated with the amount of dieting within the home. In other words, the more dieting within the home, the more the daughters tended to diet (Pauls & Daniels, 2000; Pike, 1995).

The perceived level of family cohesiveness is also related to bulimic symptomatology (Pauls & Daniels, 2000; Pike, 1995). Pike (1995) examined 410 adolescent girls between grades 7 to 12. She found that the amount of bulimic symptoms were negatively associated with the girls' perceived level of family cohesiveness. That is, the girls who had the highest levels of bulimic symptoms also tended to have the lowest perceived level of family cohesiveness. Furthermore, Rorty et al. (1999) found that women who were actively engaged in bulimia scored significantly lower levels of satisfaction with their family compared to individuals who did not have bulimia ($F = 7.69$, $p < .001$). These results suggest that girls living with bulimia may cope with their dissatisfaction with their family problems through engagement with bulimic behaviour (Pike, 1995).

The role of sisters in the etiology of eating disorders has also been explored. Coomber and King (2008) examined 47 young adult sister pairs and their perceived pressures from their sisters on body dissatisfaction and bulimic symptomatology. It was found that the sisters' scores were correlated on body dissatisfaction ($r = .30$, $p < .05$) as well as their scores on bulimic symptomatology ($r = .43$, $p < .05$; Coomber & King, 2008). These moderate correlations further suggest that family may influence bulimic symptomatology and the development and maintenance of bulimia.

Interpersonal Factors Associated with Bulimia

Researchers have found that interpersonal problems occur amongst girls and women living with bulimia (Arcelus, Haslam, Farrow, & Meter, 2013). Hartmann, Zeeck, and Barrett

(2010) stated that eating disorders "lead to a number of problems among which interpersonal issues are suggested to be central" (p. 619). They stated that interpersonal problems are a "core component of eating disorders" because these problems have been found to be risk factors for developing *and* maintaining eating disorders (Hartman et al., 2010, p. 619). Arcelus et al. (2013) conducted a literature review on interpersonal functioning amongst individuals living with eating disorders. Interpersonal problems such as low perceived social support, poor social functioning, and social isolation have been found to occur within this population (Bodell et al., 2011; Rorty, Yager, Backwalter, & Rossotto, 1999). Ruuska, Koivisto, Rantanen, and Kaltiala-Heino (2007) compared the psychosocial functioning of adolescent girls with anorexia and bulimia during the beginning stages of their disorders, interviews pertaining to their social relationships as well as a scale that assessed their global functioning of social relationships. They found that girls living with bulimia were more dissatisfied with their relationships within their family compared to girls who previously had bulimia, again suggesting that interpersonal relationships within the family may be significant to girls living with bulimia (Ruuska et al., 2007).

After controlling for variables such as age, duration of illness, and severity of psychopathology, there were no statistically significant differences between adolescents with bulimia and those with anorexia on their satisfaction with their interpersonal relationships within work or school settings. Rather, Ruuska et al. (2007) found that the duration of illness was the significant factor associated in feeling unfulfilled within relationships at work and school, regardless of eating disorder type (Ruuska et al., 2007). Although the researchers did not comment on this result, perhaps the duration of their eating disorders contributed perceptions of feeling unfulfilled within their work and school relationships because their eating disorder became more of a priority over their work or school relationships the longer they had an eating disorder.

Researchers have found social support to be significantly associated with bulimic symptoms (Wonderlich-Tierney & Vander Wal, 2010). Specifically, the level of perceived social support has been noted to be significant factor with females living with bulimia (Grisset & Norvell, 1992; Rorty et al., 1999; Tiller et al., 1997; Bodell et al., 2011). Rorty et al. (1999) compared the recovery status of individuals with bulimia (active and in

remission) to those who had no history with bulimia on measures of perceived social support and social adjustment. Social adjustment was defined as the participants' level of social functioning (Rorty et al., 1999). A total sample of 120 adult women participated in the study. Rorty et al. (1999) found that women who were living with bulimia scored significantly lower than women who were in remission from bulimia as well as the comparison group on measures of social adjustment ($F = 9.52$, $p = .0001$), which suggested that the participants living with bulimia had the lowest overall social functioning.
Also, the scores of social adjustment with friends among women living with bulimia were significantly correlated with their level of satisfaction of the practical support they received from their friends ($r = -.43$, $p < .01$). In other words, women living with bulimia who were less satisfied in their friendships also tended to perceive less support from their friends. Furthermore, the women who were currently living with bulimia had significantly fewer friends in their peer group available to provide support, which replicated previous findings (Rorty, et al., 1999; Tiller et al., 1997). Finally, Rorty et al. (1999) stated that compared to relationships with family members, relationships with friends were less problematic amongst the women who were in remission compared to the women who were still living with bulimia. As a result, Rorty et al. (1999) concluded that building strong friendships might be "critical to healing" amongst individuals living with bulimia (p. 10).

Bodell et al. (2011) conducted a study to identify if perceived social support and the occurrence of negative life events were related to eating disorder symptoms. They surveyed 200 female undergraduates and found that low perceived social support along with the occurrence of a greater number of negative life events, such as failing an exam or being fired from a job, predicted increased levels of bulimic symptoms (Bodell et al., 2011). Bodell et al. (2011) suggested that bulimic behaviours, such as binging and purging, may "help reduce painful feelings or negative emotions and thus act as negative reinforcement, which may be exacerbated in times of stress coupled with low perceived social support" (p. 47). Since perceived social support may increase bulimic symptoms, Bodell et al. (2011) concluded that learning to manage interpersonal problems and improving social skills may be important for working with women with bulimia. The researchers did not explicitly state *how* the improvement of social skills or management of interpersonal problems could impact perceived social support from friends nor did they provide specific examples for

ways of improving these skills with clients. Perhaps working on ways of managing interpersonal problems and improving social skills with clients may increase their overall satisfaction within friendships, thus increasing their perceived support from friends.

Researchers have found that women living with bulimia also report experiencing interpersonal distress or perceived problems within their relationships (Hartmann et al., 2010). Hartmann et al. (2010) conducted a study measuring 196 female participants with various eating disorders, before and after treatment, on measures of eating pathology, severity of symptoms, and interpersonal patterns. They found that before treatment, there were higher levels of interpersonal distress reported by women who had bulimia compared to the normative sample. The women living with bulimia were the only group who reported significantly lower levels of interpersonal distress at the end of treatment (t (1, 72) = 3.9, $p < .001$). Hartman et al. (2010) concluded that interpersonal distress may play a role in maintaining the binging and purging associated with bulimia, therefore, as these women with bulimia improved in their overall psychopathology as a result of treatment, their interpersonal distress and ability to make connection with others also improved.

Adolescent Female Development

During adolescence girls experience many physical, cognitive, and social changes (Linden-Andersen et al., 2009; Lock, 2005). Puberty (or physiologic maturity) triggers hormonal and consequent physical changes, developing the young girl into a woman. These physical changes include the broadening of the hips, increased body fat, growth of external female sex organs, development of breasts, increased hair growth, and changes in skin and bones (Arnett, 2007). However, most of these changes to their new bodies (apart from growth and development of breasts) are not valued within Western culture. It has been argued that Western culture's emphasis on the importance of thinness and consequent negative view of natural female curves has negatively impacted adolescent girls' emotional development and is considered a significant factor in lowering girls' body image and self-esteem, which increases their risk of developing eating disorders such as bulimia (Lawler & Nixon, 2011).

During puberty, the changes occurring in girls are not simply sexual changes but happen in the brain as well. For example, during adolescence there is an increase in

abstract thought as the brain's cognitive capacity increases (Lock, 2005). However, cognitive functions such as executive functioning, goal setting, and planning abilities, are not fully developed until adulthood (Arnett, 2007). As a result of brain development, adolescent girls may find it challenging to critically think about their changing bodies in relation to their experience of living in a sexually objectifying culture, which emphasizes external beauty. Furthermore, Lock (2005) stated that because critical reasoning increases more during adulthood, adolescent girls who are experiencing eating disorders may not understand the harm they are doing to their bodies and, because of this, may lack motivation to change their behaviour or to seek intervention.

During adolescence, identity formation becomes important as girls are trying to "make sense of who they are within the larger context of the society in which they live" (Heilman, 1998, p. 182). Along with trying to fit in their world, researchers have found that adolescent girls increase in self-awareness, self-consciousness, and become more pre-occupied with how others perceive them (Slater & Tiggemann, 2002). During adolescence, girls are forming their identities *in-relation* to other people and *in-relation* to their broader culture (Heilman, 1998). In other words, they are forming who they are as individuals based on their experiences with others, such as friends, and their social world (Andersen & Chen, 2002; Andersen, Reznik, & Chen, 1997; Cote & Levine, 2002). Since friends become more important during adolescence, resultant identity formation in-relation to friends occurs (Cote & Levine, 2002).

Social maturity also develops for girls during adolescence (Lock, 2005). During this time in their lives the importance of autonomy from their parents increases dramatically. This is often noted by teens questioning boundaries and roles placed on them, typically from their parents or authority figures (Arnett, 2007). An increased desire for autonomy from parents as well as concern for social acceptance leads to the importance of friendships during adolescence (Arnett, 2007; Pauls & Daniels, 2000; Slater & Tiggemann, 2002). The nature of friendships in adolescence will be explored in the following section.

Friends in Adolescence

Friendships are one type of interpersonal relationships (King, 2008). In 1992, Rawlins defined a close friend as "somebody to talk to, to depend on and rely on for help, support, and caring, and to have fun and enjoy doing things with" (p. 271). Schutz and

Paxton (2007) also stated that friends tend to enhance one another's self-esteem, provide emotional support (such as give advice), as well as help one another learn about one's self and develop a good sense of self. Weiss (1998) stated that friendships are developed and maintained through "common interests, a sense of alliance, and emotional affiliation" (p. 678). Because of this, friends typically share more similarities than differences (Tillman-Healy, 2003). Friends also tend to share similar cultural backgrounds, education level, marital status, career aspirations, and socioeconomic status (Tillman-Healy, 2003).

During childhood, friendships tend to be that of playmate nature, meaning the emphasis of these relationships is based in similar behavioural interests (such as both children like to play soccer; Lamoroux, 2005; Linden-Andersen et al., 2009). These childhood playmates tend to be the same age, sex, and grade (Rawlins, 1992). As individuals grow from childhood to adolescence, their friendships change from the emphasis of similar behavioural activities to more cognitive similarities (such as values and personality attributes; Lamoroux, 2005). This shift may result from the increase in identity formation during adolescence (Slater & Tiggemann, 2002). Whitney-Thomas and Moloney (2001) noted that friendships impact how adolescents form their individual identities because adolescents are learning to define one's self within the social context of their experience with friends.

The significance of friendship for adolescent girls has been well established (Schutz & Paxton, 2007). Linden-Andersen et al. (2009) stated that adolescence is the most important time of life for same-sex friendships. Friendships are significant for adolescent girls because they develop a sense of self within and from these relationships (Leiberman, Gauvin, Bukowski, & White, 2001). Since adolescence is a time full of change, girls often use friendships for emotional support and validation. In a study conducted by Armsden and Greenberg (1987), friendship qualities (such as trust, acceptance, and communication) were highly related to adolescents' self-esteem. This suggests that positive interpersonal interactions and relationships with friends lead to an increase in adolescents' self image and overall life satisfaction (Schutz & Paxton, 2007). The opposite type of interactions has also been found to be true, where negative interpersonal relationships with friends have lead to an overall decrease in adolescent girls' self-esteem (Schutz & Paxton, 2007).

The Influence of Friends on Bulimic Symptomatology

Friendships have been found to contribute to adolescents' eating attitudes and behaviour (Eisenberg, 2005). Lieberman et al. (2001) stated that friends might be just as influential as parents for predicting disordered eating. Researchers have found that friends influence girls' and women's body image, body dissatisfaction, dieting, UWCBs, and eating disorder symptoms (Eisenberg, 2005; Lawler & Nixon, 2011).

Adolescent girls influence each other through socialization (Crandell, 1988; Zalta & Keel, 2006). Socialization implies that individuals are influenced by each other when their attitudes and behaviours spread throughout their peer group. Positive reinforcement by means of social rewards, such as increased popularity and perceived likeability, drives the socialization of group norms (Zalta & Keel, 2006). On the other hand, a form of punishment, such as social exclusion, also influences group members who do not adhere to the social norms important to the group. As individuals within a peer group spend more time together, a peer group forms that have similar behaviours and attitudes (Zalta & Keel, 2006). The ways in which friends influence the development and maintenance of bulimia have been found to include, but are not limited to, bullying and peer teasing about weight, appearance conversations, and group dieting (Lieberman et al., 2001).

Bullying and Peer Teasing

Researchers have found that women living with or who had past experience with bulimia often report being victims of bullying during childhood and adolescence (Fairburn et al., 1997; Troop & Bifulco, 2002). Troop and Bifulco (2002) stated that girl bullying is characteristically less overt than male bullying and often includes girls socially excluding the victims, spreading rumors, and talking behind the victim's back. Peer teasing is a common form of bullying and has been found to be a typical occurrence at the high school level (Carey et al., 2010). Carey et al. (2010) interviewed high school girls regarding appearance related conversations, dieting, and weight monitoring within their school. Most of the girls stated that peer teasing was typically done behind the victim's back and if comments were made about a girls' weight or appearance directly to her, it was made as a joke. When one participant was asked about peer teasing she stated:

> I can't think of anyone that I know who's that nasty to go up to someone and say something that rude, but yeah, I think we do, we do definitely [gossip about weight

behind people's backs] . . . it's all about teenagers gossiping about each other (Carey et al., 2010, p. 306).

This suggests that bullying, such as peer teasing is a way in which adolescent girls promote the norms of their social group and if the norms consistent with Western culture's standards of thin ideal beauty, friends of the peer group may bully or tease others to adhere to those standards.

Appearance Conversations

Participating in appearance conversations is another way in which friends influence each other. These conversations provide a platform from which friends can talk about aspects of anothers' appearance (Lawler & Nixon, 2011). Lawler and Nixon (2011) explained that the amount of time as well as the topic of appearance related conversations signifies what is important to the peer group. Engaging in appearance related conversations promotes group norms as well as encourages group members to evaluate and compare their own appearances to others (Lawler & Nixon, 2011). The frequency of appearance conversations with friends has been noted to be directly related to body dissatisfaction and dieting among adolescent girls (Clark & Tiggemann, 2007). Carey et al. (2010) stated that even overhearing appearance related conversations from others might influence adolescent girls to vicariously learn and think about their own weight or appearance.

Lawler and Nixon (2011) examined how body mass, peer appearance conversations, peer appearance criticism and internalization of appearance ideals were associated with body image dissatisfaction in male and female students. Participants included 239, 12 to 19 year old students, 54% of who were female. Results showed that 80.8% of girls reported dissatisfaction with their bodies and a desire to change them. Appearance conversations with friends were an important predictor of body dissatisfaction ($\beta = .192$, $t = 2.71$, $p < .01$). Peer appearance criticism was also found to be a strong predictor of body dissatisfaction ($\beta = .207$, $t = 3.32$, $p < .01$). These results suggest that peer appearance conversations with friends as well as criticisms of peer appearance leads to internalization of beauty ideals, which lead to body dissatisfaction among adolescents. Since body dissatisfaction is an important predictor of bulimia, peer appearance conversations may also influence the development of bulimia.

The term fat talk has appeared in the current literature as a form of appearance related conversation. Fat talk refers to "informal dialogue during which individuals express body dissatisfaction" (Britton, Martz, Bazzini, Curtin, & LeaShomb, 2006, p. 247). Nichter (2000) stated there is social pressure amongst adolescents to engage in fat talk within peer relationships to become likable or stay liked amongst friends. Stice, Maxfield, and Wells (2003) examined the effects of fat talk. They administered questionnaires to 120 young women regarding social pressures, body dissatisfaction, and negative affect. The participants were assigned into two cohorts, one showed a video of an extremely thin character who was partaking in fat talk; the other group was shown a neutral topic video. Stice et al. (2003) found that the young women who were listening to the character engaging in fat talk had increased body dissatisfaction post-test compared to the cohort who watched a neutral video. Thus, individuals overseeing other people engage in fat talk may increase the pressure on themselves to adhere to these societal norms, promoting body dissatisfaction. Although this study did not examine bulimia per se, the researchers stated that socio-cultural pressures to be thin and engage in related behaviour, such as fat talk, promote disordered eating by means of increasing body dissatisfaction (Stice et al., 2003). The impact of fat talk amongst adolescent girls has yet to be studied. It may be interesting to examine how engaging in fat talk impacts adolescent girls' perception of their own bodies and how that relates to their identity formation.

Britton et al. (2006) conducted a study on fat talk using vignettes involving both male and female participants, ranging in age from 18 to 20 years old, on their perceptions of females engaged in fat talk conversations. In the first phase of the study, participants were given three possible phrases for the last scene of the vignette and they responded based on when what they would do in that situation as well as what they thought other women would say. The three possible phrases included: a) a statement that was self-accepting of her body; b) remaining silent or; c) self-criticizing her own body (Britton et al., 2006). No statistically significant differences were found between the three possible phrases pertaining to what the women believed they would say themselves. The researchers explained this result by suggesting that the participants may have thought that the self-criticizing response was negative and therefore did not choose it. They named this occurrence as the "third-person effect", meaning, "people will often think that a media

message will not have much effect on them personally, but will have an effect on others" (Britton et al., 2006, p. 252). However, when the female participants responded to what they believed most *other* women would say in the same vignette, the female participants expected the self-criticizing response over the remaining silent response, $X^2(1, N=57) = 32.44$, $p < .001$. The majority of the male (35.8%) and female (42.3%) participants believed that the self-criticizing option would lead other women to liking the character who endorsed the self-criticizing response. This result suggests that there is a cultural stigma against young women talking positively about their bodies if they want to be liked by other females. This study also implies that both young men and women perceive fat talk as a normative occurrence amongst women. The researchers proposed that normalized fat talk amongst women within their social groups may reinforce and normalize personal body dissatisfaction, which may contribute to symptoms of bulimia (Britton et al., 2006).

Group Dieting

Dieting among friends has been found to be associated with girls' body image and risk of eating disorder symptomatology (Carey et al., 2010; Eisenberg & Neumark-Sztainer, 2010). Carey et al. (2010) interviewed nine adolescent Australian girls, aged 14 to 15, about their experiences of body image and weight concerns amongst their friends and throughout their school. The girls were asked a number of questions, some of which included dieting within their social group. The girls tended to describe dieting as a group activity (Carey et al., 2010). This is shown by one participant stating, "especially like the group of girls, like in our group, we'll go yeah, I'm . . . doing a diet do you wanna diet with me, like yeah okay we'll diet together." (p. 305). This was reiterated by another participant who said:

> It's generally people who are already like rather skinny or a normal weight that are doing the dieting...like the more skinny ones who actually diet cos [sic] I guess they're like, they're in cliques and stuff /RC: Mm hmmm /S: And so like their whole clique goes on one basically (Carey et al., 2010, p. 305).

From this research, Carey et al. (2010) found that school friends were important in contributing to dieting amongst individual girls. Also, the participants described pressure from friends to diet in order to "fit it" (Carey et al., 2010, p. 311). Similar to engaging in fat talk, these girls felt the need to engage in group dieting in order to be liked by their peers.

The researchers concluded that group dieting, as part of girls' overall experience of a strong appearance culture may influence how girls' perceive their body. However, they did not explicitly describe how the experience of group dieting impacted the individual girls' body image.

Eisenberg and Neumark-Sztainer (2010) completed a longitudinal study where they initially and five years later surveyed adolescent girls' perceptions of their friends involvement in dieting along with their perceptions of their eating disordered behaviours, such as UWLBs, chronic dieting, and binge eating. The researchers found that the more adolescent girls perceived their friends were involved in dieting during the initial survey, the more likely they reported chronic dieting, using UWLBs, and binge eating five years later (Eisenberg & Neumark-Sztainer, 2010). Among the girls who thought their friends were very much involved in dieting at the initial survey, 24.6% chronically dieted themselves five years later ($t_{\text{trend}} = 2.92$, $p = .004$), 52.2% used UWLBs five years later ($t_{\text{trend}} = 1.70$, $p = .089$), and 18.1% reported binge eating five years later ($t_{\text{trend}} = 2.52$, $p = .012$; Eisenberg & Neumark-Sztainer, 2010). Eisenberg and Neumark-Sztainre (2010) concluded that girls' perceptions of their friends dieting behaviours are indeed related to their future eating disordered behaviour, which suggests that friends are influential in eating disorder symptomatology.

Overall, friendships become increasingly important to girls during adolescence. Within friendships adolescent girls learn social norms and form a deeper understanding of who they are as individuals as well as their identity of *self-in-relation* to others (Andersen & Chen, 2002). The relationships with friends have been found to be are influential to girls' and women's body image, self-esteem, and body dissatisfaction (Eisenberg, 2005, Lawler & Nixon, 2011). Because factors such as body dissatisfaction and body image are associated with developing and maintaining bulimia, friends may influence the development and maintenance of bulimia amongst adolescent girls (Eisenberg, 2005, Lawler & Nixon, 2011). Friends may influence the development and maintenance of bulimia through a variety of ways. For example, bullying and peer teasing have been associated with a decrease in body image (Carey et al., 2010). Appearance related conversations have been found to contribute to body dissatisfaction in adolescent girls (Lawler & Nixon, 2011). Engaging in fat talk has been found to increase body dissatisfaction amongst young women (Britton et al., 2006).

Finally, dieting amongst school friends when there are strong appearance related pressures within their school impacts girls' body image (Carey et al., 2010).

Summary and Critique of the Current Literature

Objectification theory, which attempts to explain the experiences of girls and women living within a culture that is sexually objectifying, was the theoretical perspective that guided this literature review (Fredrickson & Roberts, 1997). According to objectification theory, Western culture has sexualized women's bodies, which has taught girls and women to objectify their own bodies through self-objectification. Fredrickson et al. (1998) proposed that self-objectification causes mental distress, such as body shame and anxiety about one's appearance, because the body ideals of thinness and perfection that society places on them are unattainable (Fredrickson et al., 1998). Girls and women may commit to drastic measures through extreme behaviour as a way to try to live up to Western culture's notion of the body ideal. Noll and Fredrickson (1998) believed that eating disorders occur as a result of trying to live up to the thin ideals of Western culture. Empirical research has shown that measures of self-objectification are related to measures of body shame, appearance anxiety, self-monitoring, which have been found to predict eating disorder symptomatology (Slater & Tiggemann, 2002).

Bulimia is a mental disorder, which largely affects girls and women (Hudson et al., 2007). Bulimia typically beings during adolescence and there is now evidence to suggest that living with bulimia may be a life-long experience (Broussard, 2005; Kaltiala-Heino et al., 1999). Researchers tend to use a biopsychosocial approach to view the etiology of bulimia, as there are many contributing factors that are associated with developing and maintaining bulimia (Novonen & Broberg, 2000; Polivy & Herman, 2002). Genetics, low self-esteem, body dissatisfaction, and poor body image, are examples of internal factors within the individual that contribute to developing and maintaining bulimia (Fairburn, 2002; Garner et al., 1997; Klump et al., 2000; Lawler & Nixon, 2011; Polivy & Herman, 2002). External factors that contribute to the development and maintenance of bulimia include the media, school environment, as well as relationships with family, friends, and peers (Carey et al., 2010; Coomber & King, 2008; Pauls & Daniels, 2000; Pike, 1995). While living with bulimia, girls and women tend to experience interpersonal problems, such as low perceived social support and social isolation (Bodell et al., 2011; Rorty et al., 1999).

During adolescence, girls experience changes physically, mentally, emotionally, and socially (Linden-Andersen et al., 2009; Lock, 2005). An important part of adolescence is identity formation as girls are learning to become themselves within their social world. Identity formation in adolescent girls is often done *in-relation* to their friends, meaning they are creating their identity while experiencing social connection with friends (Andersen & Chen, 2002; Andersen, Reznik, & Chen, 1997; Cote & Levine, 2002).

Relationships with friends during adolescence have been found to be influential in the development of bulimia (Eisenberg, 2005). Adolescent girls tend to be similar to their friends on body dissatisfaction, eating attitudes, and disordered eating (Eisenberg, 2005; Eisenberg & Neumark-Sztainer, 2010). Most of the existing literature on friendships and bulimia has been primarily quantitative in nature, measuring aspects of friendships, such as appearance conversations on measures of bulimic symptomatology. Researchers have found that friends may influence the development and maintenance of bulimia through various ways, such as bullying and peer teasing, appearance conversations, fat talk, and dieting amongst friends (Britton, Martz, Bazzini, Curtin, & LeaShomb, 2006; Carey, Donaghue, & Broderick, 2010; Clark & Tiggemann, 2007; Eisenberg & Neumark-Sztainer, 2010; Fairburn et al., 1997; Troop & Bifulco, 2002).

There has been little qualitative inquiry on women's experiences of living with bulimia. Thus far, qualitative research pertaining to eating disorders has been limited to the experiences of caregivers (Perkins, 2004), how women with bulimia describe the emergence of their disorder (Nevonen & Broberg, 2000), and women's bodily experiences from eating disorders (Rortveit, Astrom, & Severinsson, 2009). The experiences of treatment for an eating disorder has also been explored with qualitative inquiry, which included the experiences of women with bulimia who participated in a mindfulness-based eating disorder treatment group (Proulx, 2008) and the experiences of treatment in girls and women living with anorexia (Malson, Finn, Treasure, Clarke, & Anderson, 2004). The experiences of recovery from eating disorders have been explored (Bjork, 2008; D'Abundo & Chally, 2004). Finally, explorations of personal writings have been examined such as, the content of letters written by women who have anorexia (Freedman, Leichner, Manley, Sandu, & Wang, 2006), the content of letters written to their bulimia by women living with bulimia (Brouwers, 1994), as well as auto-ethnographic reflections of the secret life of

bulimia (Tillman-Healy, 1996; Tillman, 2009).

Limited research has examined the experience of friendships when one is living with bulimia (Lamoroux, 2005; Oliver & Thelen, 1996). Exploration of the social experiences while living with bulimia may be limited because individuals with eating disorders tend to socially isolate themselves, especially as the severity of their eating disorder progresses (Lamoroux, 2005). Apart from this thesis, there are no qualitative studies focused on the experiences of friendships amongst women who have lived with bulimia.

The Present Study

After the literature review, I formed new understandings particularly surrounding the interpersonal problems that occur when girls and women are living with bulimia, such as low perceived social support (Bodell et al., 2011; Rorty et al., 1999). Also, I formed a broader understanding of the ways friendships can be influential with developing and maintaining bulimia or bulimic symptoms. These new understandings left me with more curiosity. This curiosity was not based on an ambition to break down human experience into measurable parts. For example, the goal of this study was neither to uncover more contributing factors of bulimia nor to measure aspects of friendships that could impact the development or maintenance of bulimia. In essence, I wanted to learn more about the *experience* of adolescent friendships when living with bulimia. As a way of exploring this phenomenon, I decided to ask women about their experiences of friendships while they were living with bulimia during adolescence. The research question that guided this study was: what are the lived experiences of adolescent friendships while living with bulimia nervosa?

CHAPTER THREE

METHODOLOGY

The following chapter begins with a description of qualitative inquiry and the social constructivism paradigm, followed by a detailed exploration of the methodological approach that was used, interpretative phenomenological analysis (IPA). Following a discussion of methodology, there is a description of the participant recruitment criteria, recruitment procedure, data generation (photo elicitation and semi-structured interviews), and data analysis. Lastly, a description of the criteria used to establish the credibility of these results as well as pertinent ethical considerations will be discussed.

Qualitative Inquiry

Qualitative inquiry is an umbrella term for various research approaches that share an emphasis on exploration, description, and/or interpretation of individual or social experiences (Merriam, 2009; Polkinghorne, 2005; Smith, 2003). A shared commonality amongst all approaches within qualitative inquiry is an interest in studying the human experience, which is often complex and multilayered (Ashworth, 2003; Polkinghorne, 2005). Within qualitative inquiry, the goal is "to describe and clarify experience as it is lived and constituted in awareness" (Polkinghorne, 2005, p. 138). There are different types of qualitative research (e.g., phenomenology, narrative, grounded theory, or discourse analysis), each corresponding with different research questions and approaches to data analysis. Some types of qualitative inquiry are more descriptive while others emphasize interpretation, understanding, emancipation, or deconstruction of the social norms (Merriam, 2009; Polkinghorne, 2005). Qualitative inquiry is evolving from what was once simply describing the data to now building upon this description to involve more interpretation of the experienced phenomenon, which opens up discussion and discourse surrounding the phenomenon on interest (Willig & Stainton-Rogers, 2008).

According to Merriam (2002) there are four key features that are consistent across all approaches to qualitative inquiry. First, all qualitative approaches aim to understand how people make sense of the experiences in their social world. Second, the researcher is the primary instrument for data collection and analysis. Third, the process of qualitative inquiry is inductive in nature, rather than the more deductive approach typical of quantitative methods. This means that with qualitative inquiry, researchers attempt to

form concepts or theories after data collection occurs, rather than creating hypotheses that are tested (Merriam, 2002; Merriam, 2009). The final key feature of qualitative inquiry is that it is richly descriptive since data can come from multiple sources such as interviews, pictures, documents, journals, and videos (Merriam, 2002; Merriam, 2009).

The purpose of the current study was to understand the experiences of friendships in young women who lived with bulimia as adolescents. This aim was consistent with the goals of qualitative inquiry in general because I sought to understand the meaning the participants constructed surrounding this phenomenon. By better understanding how the participants made sense of their experiences of adolescent friendships while they were living with bulimia, it may illuminate the shared experience of friendships that adolescent girls may have while living with bulimia. Furthering our understanding of this phenomenon may provide implications for mental health professionals and others who work and interact with adolescents and young women living with bulimia.

Epistemology: Social Constructivism

Epistemology can be understood as a theory of knowledge, how we know what we know, or what we can say we know about something (Crotty, 1998; Grix, 2002; Langridge & Hagger-Johnson, 2009). In other words, epistemology deals with the nature, origin, and scope of knowledge. The paradigm, or interpretive framework, used for this study was the social constructivist paradigm. The aim of social constructivism is to understand and reconstruct the experiences of the participants' lived experience (Guba & Lincoln, 2005). It is a paradigm that suggests that meaning is constructed through interactions between individuals and their social world (Crotty, 1998). Thus, the social constructivist paradigm acknowledges a subjectivist approach (Guba & Lincoln, 2005).

A subjectivist epistemology is said to assume that the knower (i.e., the participant) and myself, as the researcher, created our understandings of how we know what we know (Denzin & Lincoln, 2005). As Eatough and Smith (2008) stated "experience is subjective because what we experience is a phenomenal [sic] rather than a direct reality" (p. 181). We as human beings live in a subjective world and everything we experience is subjective because what we experience is a perception rather than a concrete reality. However, the *social* contructivist paradigm appreciates that, although individuals live in a subjective world, they also live within a wider socio-cultural context, which impacts their experiences

in-relation to others and is central to daily lived experience (Eatough & Smith, 2008). In other words Smith et al. (2009) stated that how an individual makes sense of their world is already "enmeshed" within their culture (p. 194). Therefore, in this study, I assumed that each participant had her own understanding of her experience of friendships when she was living with bulimia during adolescence, which was experienced within the broader socio-cultural context of Western culture. Particularly, Western culture's emphasis and expectations of beauty ideals and demand of slimness on girls and women, as informed by objectification theory, was the context from which I viewed the phenomenon (Fredrickson & Roberts, 1997; Fredrickson et al., 1998). My aim was to understand (to the best of my ability) the participants' subjective reality of how they experienced their worlds. The epistemological framework chosen for this research was consistent with the methodology chosen for this study, interpretative phenomenological analysis (IPA).

Methodology: Interpretative Phenomenological Analysis

Interpretative phenomenological analysis (IPA) was the methodology used to answer the research question: what are the lived experiences of adolescent friendships while living with bulimia nervosa? IPA is a form of interpretative phenomenology that is relatively new, developed by a research psychologist, Jonathan Smith, in the mid-1990s (Eatough & Smith, 2008). According to Eatough and Smith (2008) the motivation for creating IPA was to develop a qualitative approach to issues of interest to psychology. The goals of IPA are to understand and interpret the subjective lived experiences or *lifeworld* of individuals (Larkin, Watts, & Clifton, 2006). IPA also aims to find connections and similarities amongst individual cases in hopes of uncovering a shared experience amongst the participants (Smith et al., 2009). IPA is used to try to understand the participants' experiences by describing and interpreting the data (Eatough & Smith, 2008). IPA has been most often used in health and clinical psychology. It is a user-friendly methodology, applicable to many areas of research, and is often used by student researchers because of its clear guidelines for analyzing data (Brocki & Wearden, 2006; Howitt & Cramer, 2008; Smith, 1996; Smith, 2004; Smith et al., 2009).

Although IPA is a relatively new methodology, it has roots deep in other qualitative traditions and is embedded in philosophy that stretches two centuries (Giorgi & Giorgi, 2008; Smith et al., 2009). The three main theoretical foundations of IPA are

phenomenology, hermeneutics, and idiography (Smith et al., 2009). It is important to note that Smith did not create these three theoretical underpinnings, however, he did integrate these concepts in order to create IPA (Smith, 2004).

Phenomenology

The first foundation of IPA is the methodological perspective of phenomenology. Founded by German philosopher, Edmund Husserl (1859-1938), phenomenology is "the study of conscious experiences" (Ashworth, 2003; Howitt & Cramer, 2008, p. 374). Husserl's motivation for creating phenomenology stemmed from his disapproval of psychology, which he thought was attempting to use natural science to explain complex human experience (Laverty, 2003). The basic assumption of phenomenology is that reality is subjective, which is shaped by individuals' experiences and life events (Howitt & Cramer, 2008). In other words, within phenomenology there is no objective reality outside human consciousness and each individual, experiences a separate, but equally valid conscious reality (Howitt & Cramer, 2008). Phenomenological research involves trying to understand the participant's point of view, subjective reality, or lifeworld (Howitt & Cramer, 2008; Laverty, 2003). Husserl has contributed to IPA by emphasizing both direct experience and the perception of experience of the individual. He has also contributed to IPA with his influential emphasis on a form of reflection called bracketing. Husserl stated that bracketing means identifying the taken-for-granted way of living and examining our own experiences and perceptions of the world (Smith et al., 2009). Along with Husserl, other philosophers such as Heidegger, Merleau-Ponty, and Sarte influenced the development of IPA (Smith et al., 2009).

IPA, like all other phenomenological approaches, is concerned with uncovering individuals' perceptions of their life experiences (Eatough & Smith, 2008). However, IPA differs from phenomenology alone in that it is more interpretive and appreciates the importance of the researcher and how they are making sense of the participants' experiences; consequently IPA has a close connection to hermeneutics (Giorgi & Giorgi, 2008; Smith, 2004).

Hermeneutics

The second theoretical keystone of IPA is hermeneutics, which is the "theory of interpretation" (Smith et al., 2009, p. 21). The word *hermeneutics* originates from the Greek

word hermes meaning *interpretation* or *translate*. Some associate the origin of hermeneutics to the Greek mythological god, Hermes, who was the messenger of information to the other gods (Couzen-Hoy, 1981). Hermeneutics studies the meaning behind texts and historically began as a method for analyzing biblical texts but has now developed into a more general process of interpretation (Brown & Locke, 2008; Eatough & Smith, 2008; Howitt & Cramer, 2008).

The modern use of hermeneutics was introduced by Martin Heidegger, who was a student of phenomenology's founder, Husserl (Giorgi & Giorgi, 2008). Heidegger differed from Husserls' emphasis on simply understanding the essence of individual psychological processes by focusing on what he called *Dasein*, which is translated as 'the mode of being human' (Laverty, 2003; Smith et al., 2009). A main contribution of Heidegger was his focus on the impact that the researcher has on research. He believed that being completely impartial (with assumptions and bias) to the research was impossible (Smith et al., 2009). Furthermore, an important aspect of hermeneutics, and why it is important to IPA, is that it recognizes the researcher is involved in the interpretation process. IPA research is a "two-stage interpretation process or a double hermeneutic;" by this it is meant that during the research process, the researcher is trying to interpret what the participant is trying to interpret about their experiences (Howitt & Cramer, 2008; Smith, 1996; Smith & Osborn, 2003, p. 51).

Idiography

The third theoretical foundation of IPA is idiography (Smith, 2004). Idiography involves studying individuals on a case-by-case basis and coincides with IPA in that it is "concerned with the particular" (Eatough & Smith, 2008; Smith et al., 2009, p. 29). This theoretical underpinning explains IPA's method of data analysis, which involves studying each individual case in depth before moving on to the next participant or before identifying the shared themes surrounding the phenomenon that connect the cases.

There are two major advantages for performing an idiographic study (Eatough & Smith, 2008). First, there is a great depth of knowledge about the phenomenon of interest that can be learnt from analyzing the individual case. Second, ideography focuses on the subjective experience. It allows the researcher to learn about the phenomenon from the point of view of the individual- trying to see it from their perspective. Idiographic research

is essential to IPA because it enables the research to be individually focused; this coincides with IPA's aim of examining the individuals' lived experience (Eatough & Smith, 2008). However, IPA differs from ideography alone in that it aims to find the connections amongst the individual cases to uncover the shared experience of the phenomenon of interest (Eatough & Smith, 2008; Smith & Osborn, 2003).

IPA, like all methodologies, is not immune to critique. IPA has been criticized by some researchers for not being particularly different from other methodologies, such as grounded theory (Langdridge, 2007; Willig, 2008). Furthermore, IPA has been critiqued because of its close connection to cognitive psychology, a relationship that is not consistent with other phenomenological approaches (Langdridge, 2007). However, Smith and Osborn (2003) stated that IPA is closely tied to cognitive psychology in that it is "concern[ed] with mental processes" in an effort to understand the lived experiences of individuals (p. 52).

As stated previously, the purpose of this study was to explore women's experiences of friendships while they were living with bulimia as adolescents. With the methodological framework of IPA, I acknowledge that the participants have a subjective understanding of their experience of friendship, which is experienced within a socio-cultural context. Overall, IPA explores the individual in an attempt to understand how they make meaning of their world.

Participant Recruitment Criteria

Participants were recruited using purposive sampling from a university population. Purposive sampling ensures that participants are selected based on their ability to answer the research question (Merriam, 2002; Morrow, 2007; Polkinghorne, 2005). Five individuals showed interest in participating in the study, two of those individuals did not further contact the researcher after the initial email was sent; therefore, there were a total of three participants in this study. Each participant met the following inclusion criteria:

1. Were women between 18 to 25 years old
2. Were self-identified as having bulimia nervosa during adolescence (which was defined as 13 to 18 years of age)
3. Were willing to discuss their friendships during the time they were living with bulimia during adolescence

4. Were willing to take photographs that related to their experience of friendships while they were living with bulimia as adolescents
5. Were not currently in a state of crisis (i.e. able to reflect on their past experiences of adolescent friendships during the time they were living with bulimia)
6. Were able to commit approximately 3 to 4 hours of their time to participate in:
    (1) one initial meeting to discuss the study, consent form, photo guidelines, cameras, and how to get the disposable camera film developed
    (2) one 60 to 90 minute interview with pictures
    (3) one 60 to 90 minute follow-up interview

Recruitment criteria were created in an attempt to generate a homogenous group of participants, best able to help with answering the research question. For the purposes of this study, the participants were required to be women ranging in age from 18 to 25 years. A significant reason why participation was limited to women was because of the high prevalence rate of women (1.5%) who experience bulimia (Hudson, Hiripi, Pope, & Kessler, 2007). The age range for participation in the study was set to ensure that the participants were able to reflect on and discuss their past friendships in a meaningful way. Recruitment criteria also restricted participation to those who had lived with bulimia during adolescence, which was defined as 13 to 18 years of age. This criterion was created in a response to the current research, which states that the average age of onset for bulimia is during the teenage years (Neumark-Sztainer, Wall, Larson, Eisenburg, & Loth, 2011). Since researchers have suggested that bulimia is a more chronic and long-lasting condition, participants were required to not currently be in a state of crisis, such as believing they were able to share their experiences of this sensitive and personal issue (Broussard, 2005). Therefore, participants who still identified as living with bulimia could participate in the study if they felt they could reflect and discuss the topic and had adequate resources available to support them throughout the research process. Lastly, participants needed to be willing to discuss their adolescent friendships during the time they were living with bulimia; willing to take photographs that related to those experiences, and willing to commit to three to four hours of their time to participate in the research process (which

included the initial meeting, taking the photographs, getting the film developed, and participating in two in-depth interviews).

Procedure

The participants were invited to participate in the study through the display of posters (see Appendix A) located throughout the university campus and through an online bulletin on the university's website. As noted on the poster, participants then emailed me if they were interested in participating. A new email address specific to the study was created in order to ensure my personal privacy.

When I received the participants' request to be in the study, I emailed them back in order to obtain a phone number where I could get in contact with them to go through the telephone-screening guide (see Appendix B). The telephone-screening guide was created to ensure that the participants met the criteria for participating in the study. Participants were called from my university office to ensure my personal privacy as well as to allow the participants confidential phone access for communication. All participants who were called met the inclusion criteria for the study. During the phone conversation, we set up a date and time for the initial meeting. All of the meetings and interviews were conducted in a campus office.

During the initial meeting, our second point of contact, we discussed the study in more detail and went through the consent form (see Appendix C) and the photo guidelines (see Appendix D). A list of local counselling services and eating disorder information (see Appendix E) was also provided to the participants so they could have local resources should they wish after the interviews occurred. The participants were then given a disposable camera (with a pre-paid developing fee at any Wal-Mart location). The use of disposable cameras (as opposed to digital photos) was chosen to allow for any participants to be involved in the study, not discriminating based on those who had or did not have a digital camera. During the initial meeting, we scheduled the first interview for two weeks after the initial meeting. Within this two week period, as stated in the consent form and photo guidelines, participants took photographs that represented their experience of friendships during the time they were an adolescent living with bulimia and they were also required to have the film developed.

Our third point of contact was at the first 60 to 90 minute interview that took place two weeks after the initial meeting. At this first interview, two participants brought 3 to 5 photos while one participant did not bring her photos due to a problem with film development. She later brought me her photographs and we discussed them in more detail during the second interview. When discussing the photographs within the interviews, I asked the participants how their photographs represented their experiences of friendships as an adolescent living with bulimia. More questions emerged from the use of photographs such as how their use of imagery or metaphor represented their experiences of friendships during that time in their lives. Immediately after the first interview, the participants were given a debriefing form (see Appendix F), the opportunity to read and sign the data release form (see Appendix G), as well as the opportunity to add, alter, edit, or delete any information that she provided that day. I then transcribed each participant's interview and developed emergent themes from each individual's interview. At the second interview, our fourth point of contact, we continued our discussion in depth, which also allowed for further clarification. A $25 honorarium was provided to each participant after this second interview.

Prior to any data generation, I completed a pilot study in order to become familiar with the process of data collection that the participants would experience. In particular, I was interested in better understanding the logistics of using photographs in the study. I went to Wal-Mart and bought a specific type of disposable camera, which included the developing fee in the initial purchase of the camera. This type of disposable camera was ideal for this study because it allowed the participants to not have to pay for the developing fee out-of-pocket. During this pilot study the sales associate ensured me that all I needed to bring back to Wal-Mart was the entire disposable camera (i.e. the plastic un-opened camera); no sales receipt was required as there was a notation on the camera packaging itself that stated it was a pre-paid developing fee camera. Once I bought the camera, I took photographs that represented my experiences with friendships during the time I lived with bulimia. Throughout this process, I found it challenging to maintain the focus of *friendships* in the photographs, as I realized that I often reverted back to thinking about the experience with bulimia itself. Therefore, I made sure to add a specific statement pertaining to the focus of friendships in the photo guidelines. After I took the photographs, I brought the

entire disposable camera back to Wal-Mart and they processed my photographs within the hour.

Data Generation

This study used two methods of data generation, photo elicitation and interviews, to provide a deeper understanding of women's experiences of friendships while they were living with bulimia as adolescents.

Photo Elicitation

Developed in 1957 by Collier, photo elicitation was initially used in anthropology and ethnography but is now becoming more popular in psychological research (Frith & Harcourt, 2007). Photo elicitation can be used in two ways, either the researcher takes the photographs or the participant takes the photos. For this study, I used photo elicitation by having the participants capture images that represented their experience of friendships while they were living with bulimia during adolescence (Frith & Harcourt, 2007). Allowing participants to take their own photos provided a unique perspective of their own meaning making experiences of friendships while they were living with bulimia as adolescents.

Hurworth (2003) categorized photo elicitation into four areas that differ in participant involvement and analysis of the data - autodriving, reflexive photography, photo novella, and photovoice. For the present study, I utilized the reflexive photography form of photo elicitation as it utilizes and explores the meaning behind the photographs taken by the participants in an interview (Close, 2007).

There are many benefits to using photographs in research. Researchers have found that when photographs are used with interviews, it provides richer and more detailed data compared to traditional interviews alone (Collier, 1967; Harper, 2002). Photographs can also aid in building rapport with the participants, lessening any potential awkwardness, facilitating participants' responses to the interview questions by acting as a "medium of communication" (Clark-Ibanez, 2004, p. 1512), providing structure for the interview (by being used as a reference point for conversation), and can trigger or create new meanings of the phenomenon of interest (Collier, 1967; Frith & Harcourt, 2007; Harper, 2002). Incorporating pictures that the participants took themselves gave them a measure of expertise, which deepened the conversation. This allowed me to not only ask questions about their understanding of the image but to also question the specific context

surrounding the photograph, why they choose that particular image, and what resonated with them about the photo (Frith & Harcourt, 2007). Clark-Ibanez (2004) stated that using photos in interviews actually "empowers the interviewees to teach the researcher about aspects of their social world otherwise ignored or taken for granted" (p. 1524).

Although the use of photos promoted data generation, there were some challenges, mostly for the participants, during the use of photo elicitation. For example, one participant shared that Wal-Mart was initially not willing to redeem the free developing fee and wanted her to pay it, apparently, she remained assertive and they ended up honoring the deal. Another participant stated that the entire roll of film that she had originally taken did not develop properly and there were no pictures on the film. She shared that the Wal-Mart sales associate was not going to give her another camera but with some assertion, she did obtain another camera. Finally, another participant stated that the sales associate at Wal-Mart was originally not going to give her a specific photograph because the sales associate thought that she would not like them, however, the photograph was the image that the participant wanted to use in the study. As it turned out, the participant did obtain the photograph from the sales associate.

Aside from logistical difficulties surrounding the camera film development, the participants shared their critiques of using photographs in the research process. One participant described that she found it challenging to think of appropriate photos that could illustrate her experience. Another participant shared that she found it difficult to work with a disposable camera because she was unsure when she needed to use the flash option. One participant also stated that the disposable camera tended to take photographs that were out of focus, which she did not like, aesthetically. Because of this, she suggested that perhaps I should have given them the option of small memory cards so they could use their personal digital camera and e-mail me the photos. Although I had thought of this option prior to data collection, the current procedure ensured that the participants took photographs with the intent of the study in mind as opposed to choosing digital photographs that they had previously taken. Having the participants capture photos specific to this study was done with the intent of promoting more cognizant photographs, which were captured specifically about their experience of friendships while they were living with bulimia during adolescence.

Overall, I found the use of photography to be an interesting way to attempt to understand the participants' experiences of friendships while they were living with bulimia as an adolescent. Not only did I obtain more detail about their experiences, it allowed for the use of metaphor and expression through imagery, which added to the depth of understanding. Currently, photo elicitation has not been utilized within IPA; therefore, this study extends and deepens IPA by providing a visual and metaphorical avenue to assist the interpretative process.

Interviews

The three participants participated in two interviews each, ranging in duration from approximately 60 to 90 minutes. Interviews were used to deepen my understanding of the participants' experiences of friendships because it is considered the best and most used way to collect data (Smith & Osborn, 2003). Smith's (1995) semi-structured interview guide was used to prepare the interview questions. This style of interview provided both structure and flexibility within the interviews, allowing me to probe interesting areas that arose during the interviews (Smith & Osborn, 2003). The semi-structured interview style has also been noted as ideal with the photo elicitation method as it allows for discussion and exploration of the photos (Clark-Ibanez, 2004).

During the interviews, I aimed at creating questions that were neutral, open, and had little jargon so as not to subtly influence the participants' answers with my biases (Smith & Osborn, 2003). Although I had a set of interview questions at the time of the interview (see Appendix H), the natural flow of the semi-structured interview helped establish rapport with the interviewees, enabling them to be more relaxed and open (Smith & Osborn, 2003). For each participant, after the first interview was complete, the second interview was scheduled within one to two months to ensure there was enough time to transcribe, become familiar with the text, do preliminary analysis, as well as form new questions that would aid in a deeper understanding for the second interview. The second interview served as a continuation of the first interview and allowed the participants to add more detail to their story.

Data Analysis

The goal of IPA is understanding, uncovering, expressing, and illuminating a person's lived experience; therefore it is an approach that aims to find out how individuals

perceive and experience a particular phenomenon (Eatough & Smith, 2008; Smith & Osborn, 2003). Smith and Osborn (2003) stated that meaning is essential in IPA and the researcher's goal is to try to best understand the participants' experience of the phenomenon. Furthermore, participants' meanings are not always clearly stated so the researcher must go through a process of interpretation (Smith & Osborn, 2003). There is no right or wrong way to analyze data within IPA; however, IPA does provide guidelines and suggestions that a new researcher can utilize in an effort to obtain more understanding from the data. IPA is an idiographic approach to data analysis; therefore, I focused on each participant's data individually in an effort to best understand her subjective experience. After each case had been studied in depth only then did I attempt to find a shared experience of the phenomenon beyond the individual (Eatough & Smith, 2008).

For the present study, I applied six stages to data analysis (Smith et al., 2009). Each participant was analyzed using the first four stages before I moved on to the next participant. The last two stages were completed only when the first four stages were done for all of the participants. In order to facilitate analysis, I formatted each transcript with 8" left-hand margins, 3" right-hand margins, double spaced between comments, and numbered the lines and pages. During the first stage of analysis, I read and re-read each participant's transcribed interview thoroughly, attempting to become very familiar with the original data. At this stage, I wrote down some of my initial thoughts and feelings about the transcript in my research journal to help bracket my personal opinions.

The second stage of analysis involved making initial notes on the data in the left-hand column of the transcript. Stage two was the most detailed and time consuming stage because it involved three separate processes of going through the transcripts and focusing on the data in a different way. These processes included noting descriptive comments, linguistic comments, and conceptual comments (Smith et al., 2009).

The first comments that were made were purely descriptive. Descriptive comments involved going through the data and attempting to understand and make sense of the participants' experiences through their own words. Many times during this process I felt as though I was essentially writing out what the participants stated, in words very close to, or identical to, their own. Smith et al. (2009) stated that during this process, participants' thoughts and experiences should be taken at "face value" (p. 83) and be very close to their

"explicit meaning" (p. 84). This was done in order to keep the data bound to the participants' actual experiences (Smith et al., 2009).

The linguistic comments consisted of re-reading the transcripts and making notes of each participant's use of language. Here I looked for linguistic features such as laughter, repetitions in words, as well as tone of voice with the intent to aid conceptual understanding. The participants' uses of metaphor were also noted here, which was particularly evident when they were discussing their photographs.

Completing the conceptual comments was the third and final process within stage two. The conceptual comments were more interpretive and my focus shifted to include the participants' overall meaning making of their experiences. During this process I found myself noting many questions that appeared as I read through the descriptive and linguistic comments. Many of these questions were used in the second interviews, however some of these questions were simply my way of making sense of the data. In order to maintain organization of the data, I completed the descriptive comments using black ink, linguistic comments using purple ink, and the conceptual comments using blue ink.

After stage two was completed with each participant, they participated in their second interviews; this allowed me to ask questions that arose from their transcripts. After the second interviews were transcribed, stage one and two were repeated in order to conceptualize the second interview as well as to form an understanding of the two interviews as a whole.

Stage three consisted of going through the descriptive, linguistic, and conceptual comments in an attempt to produce "emergent themes" for each participant (Smith et al., 2009, p. 91). These emergent themes were created as psychological interpretations grounded in the original data. Although Smith et al. (2009) described these phrases as "emergent themes," I am hesitant to describe them this way because during this process I did not yet see them as *emergent themes* per se but more as *meaningful phrases* that were again interpreted, conceptualized, and broadened to become themes in the fourth stage of analysis (p. 91).

Stage four of the analytic process consisted of searching for connections amongst the emergent themes for each individual participant (Smith et al., 2009). At this stage, I listed the emergent themes for the participant that was being analyzed into a separate

word document, printed, and cut out the emergent themes so I could work with them as physical pieces of paper. After all of the emergent themes for the one participant were spread out on the table, I began to search for commonalities and connections among them; therefore, becoming more analytical and interpretive. As the emergent themes began to cluster together they started to emerge into broader concepts called sub themes. Finally, super-ordinate themes emerged from further interpretation of the sub themes. During this stage, I also created a table that listed the super-ordinate themes with the corresponding sub themes. Along with the super-ordinate themes and sub themes, this table had two additional columns; the first column listed the appropriate line/page numbers where supporting data for the themes were found, and the second column listed the corresponding quotes for each line/page number.

Step five honored IPA's idiographic approach and consisted of moving on to the next participant (Smith et al., 2009). Although I was cognizant of the previous participants' emergent themes, sub themes, and super-ordinate themes, I attempted to remain open to the possibility of new themes that were not present amongst the other participants. Once all of the participants were analyzed separately, step six consisted of looking for patterns and connections across the cases (Smith et al., 2009). A master table of the super-ordinate themes was then created in an attempt to look for shared commonalities amongst the cases. Through this step, an over-arching theme emerged, which connected all of the super-ordinate themes. In order to maintain the quality and legitimacy of all of the themes, I continually revisited the tables of sub themes and super-ordinate themes for each participant to distinguish the participants' responses from my own interpretations. Furthermore, I maintained correspondence with my supervisor and was reflexive of my own thoughts and beliefs throughout the process.

A challenge that I was very aware of during data analysis was trying to find a balance between becoming too involved in the participants' experiences while at the same time honoring my own past experiences and biases. Particularly, I attempted to be aware of how my past experiences could impact data analysis and how becoming involved in their shared experiences could impact my relationship with bulimia. When I started to notice that I was becoming too immersed in the participants' experiences, I took a step back and

distanced myself from the data, as a way of protecting the credibility of the data and as a way of respecting myself.

Another struggle that I found during data generation and analysis was interpreting each participant's accounts while trying to be true to their experiences without my personal experiences getting in the way of the interpretation. There was a lot of personal reflection on my part as I heard and later contemplated their stories. A few times during interviews, I was pulled out of the researcher mode and back into a memory of high school where I shared very similar experiences. These moments, though they lasted mere seconds, moved me. I dealt with those experiences in the moment by reminding myself to keep my researcher hat on and later reflecting on them with my supervisor, in my research journal, and through check-up sessions with an individual psychologist.

Establishing the Quality of Research

There are several approaches to critiquing the quality of research, particularly for qualitative studies (Henwood & Pidgeon, 1992; Lincoln & Guba, 1985). Yardley (2000) proposed a set of four principles that she used to assess the quality of qualitative inquiry. Smith et al. (2009) endorsed these criteria; therefore, these were the principles used to ground the quality of the current study. These four principles were sensitivity to context, commitment and rigour, transparency and coherence, as well as impact and importance (Yardley, 2000).

Sensitivity to Context

Yardley (2000) stated that sensitivity to context is the first principle for assessing the quality of qualitative research. Demonstrating sensitivity to context occurs throughout the research process, from the beginning of the study, to analysis, and ultimately the final write up (Smith et al., 2009). For example, being aware of the objectifying socio-cultural context of Western society surrounding the research topic as well as knowing the existing literature in depth showed sensitivity to context. For the present study, I performed an in depth literature review of the topic and focused on theoretical understanding of eating disorders through a feminist lens (i.e., objectification theory); therefore, honoring the socio-cultural background of the topic.

Sensitivity to context can also be demonstrated through data collection (Smith et al., 2009; Yardley, 2000). Smith et al. (2009) suggested that conducting a good IPA interview,

which includes being empathic and attempting to make the participant as comfortable as possible, ultimately produces rich data, which shows sensitivity to context. During the interview process, I attempted to follow Smith et al.'s (2009) suggestions for conducting a good IPA interview by showing respect to the participants and their stories and aiming to put them at ease during the interviews. Although participants were generally nervous at the beginning of the interviews, their level of comfort noticeably increased throughout the interviews.

Demonstrating sensitivity to context continues through data analysis and can be shown through in depth concentration of the participants' perceptions of their experiences (Smith et al., 2009; Yardley, 2000). In the present study, like all IPA research, I focused idiographically on each participant's case in order to immerse myself in each of her personal lived worlds. Finally, sensitivity to context continues through to the final research write up and is best shown by remaining close and sensitive to the original data (Smith et al., 2009). For the present study, I grounded all of the themes as well as explanations of the themes to the raw data of participants' accounts, aiming to use many verbatim quotes throughout the process.

Commitment and Rigour

Commitment and rigour is the second principle in Yardley's (2000) assessment of quality in qualitative research. The term commitment within this context means that the researcher has "prolonged engagement with the topic" (Yardley, 2000, p. 221). This suggests that the researcher not only has the appropriate skills needed to undertake the qualitative process, but also has the willingness to immerse oneself in the data in a meaningful way (Yardley, 2000). I maintained commitment to the current research by investing the necessary time needed to learn and apply (to the best of my ability) the IPA research process as well as to honor the participants and their lived experiences. Yardley's (2000) concept of rigour "refers to the resulting completeness of the data collection and analysis" (p. 221). In other words, rigour refers to the appropriateness of the data sample as well as "completeness" in analysis (Smith et al., 2009, p. 181). In order to demonstrate rigour in the present study, I selected participants via purposive sampling that were homogenous enough to best answer the research question. The number of participants used in the study provided sufficient data to answer the research question in a meaningful

way. Furthermore, I aimed to separate myself from the data during analysis and write-up for short periods of time in order to reflect and re-focus my aim and intentions with the research.

Transparency and Coherence

Transparency and coherence is Yardley's (2000) third principle for assessing the quality of qualitative research. Transparency refers to the clarity and degree of discloser pertaining to the research process in the final write-up of the study (Smith et al., 2009; Yardley, 2000). I aimed at being completely transparent in the research process by detailing all aspects of data collection and analysis as well as providing all documents used as appendices. Coherence refers to the degree of fit amongst the research question, the theoretical and philosophical perspectives, as well as the approach used, such as method of data collection and data analysis (Smith et al., 2009; Yardley, 2000). In other words, it refers to whether these aspects of the study are logical and make sense. For example, in the present study I was interested in the participants' experiences of friendships while they were living with bulimia as adolescents. Interviews and photo elicitation were used as a means to provide this information. The reader of the study largely judges coherence (Smith et al., 2009). In order to demonstrate coherence for the current study, I completed many revisions, drafts, and edits with the guidance of my supervisor as a means to create logical arguments, consistent themes, and sound writing.

Impact and Importance

Yardley's (2000) fourth principle for determining quality of qualitative research is impact and importance. Here she stated that quality research is not only conducted using sound principles (as discussed above) but contributes to the research field in an influential and useful way (Yardley, 2000). The current study is important because it provides information and a depth of understanding surrounding the experience of friendships while living with bulimia as an adolescent in a way that previous research had not done. A possible impact may enable women and girls living with bulimia a sense of being heard and understood. Another possible impact from this research is that it may provide others, such as people who work with or engage with girls and women living with bulimia, with more knowledge on the experiences of friendships while living with bulimia during adolescence, which may facilitate them in supporting and accepting girls and women living with bulimia.

Along with Yardley's (2000) criteria for assessing the quality of qualitative research, Smith et al. (2009) described creating an independent audit trail as a means to check validity of the study (p. 183). The independent audit trail involves keeping track of the researcher's process sufficiently enough so that another person could follow the progression of the study. For the independent audit trail, I re-saved major revisions of the study with relevant dates so one could identify the research path. During data collection, a research journal was maintained wherein I documented relevant meetings with my supervisor as well as debriefed my personal thoughts on the research process. During data analysis, I organized the stages of analysis with the use of coloured pens as well as organized my writing on different sections of the transcript pages.

Ethical Considerations

An ethics application was submitted to and approved by the Behavioural Research Ethics Board at the University of Saskatchewan prior to conducting the study. The ethics application outlined standard ethical considerations for research such as funding, conflict of interest, participants, informed consent, methods/procedures, storage of data, dissemination of results, risk/benefits, safety, confidentiality, data/transcript release, debriefing and feedback (see Appendix I). The ethics application was approved on August 1, 2012.

Confidentiality

All of the information obtained from the participants was kept confidential. Participants' identifying information was altered to maintain confidentiality of themselves and other third party individuals. For example, pseudonyms were used with all of the participants and with any third party individuals that they mentioned during the interviews, such as their friends' names.

Use of Photographs

The use of photographs was also an ethical consideration, particularly pertaining to the confidentiality of third party individuals and/or identifying information of the participants themselves. Since some of the photographs were displayed in this study, this ethical consideration was explained to the participants in the consent form, photo guidelines, as well as verbally in order to stress the importance of this to the participants. In order for the confidentiality of the participants and other third party individuals to be

protected, participants were given photo guidelines that outlined what they could and could not take pictures of. For example, participants were encouraged to be creative and take pictures of objects, places, and/or animals; however, photos could not include faces of people (either themselves or third party individuals, such as friends or family members) as well as any other identifying information such as their name or address.

Communication

Another ethical consideration pertained to communication, via telephone and e-mail. In order to ensure participants' privacy with phone calls, calling was completed through a campus office. The use of e-mail was also used as a means for communication. In order to provide the participants reassurance of confidentiality, as well as to protect my own privacy, a new e-mail address was created specific for this study (friendshipsandbulimiastudy@hotmail.com). This email address was deleted after the study was complete.

CHAPTER FOUR

RESULTS

"Our understandings of our experiences are woven from the fabric of our many and varied relationships with others"

(Smith et al., 2009, p. 194)

The following analysis was created from three woman's experiences of friendships while they were living with bulimia as adolescents. In the following chapter, the results of this study will be presented thematically and described in a "case within theme" format; meaning evidence from each participant's transcript were used to support and detail the themes (Smith et al., 2009, p. 109). The themes that emerged from the data are constructs that were created in order to make sense of this phenomenon (Smith et al., 2009). Although each theme applies to each participant, their experiences were manifested in different ways (Smith et al., 2009). In order to honor each participant's experiences and stories, their individual voices were maintained while representing the data.

Within this chapter, double quotation marks (" ") indicate direct data from the participants' transcripts while single quotation marks (' ') were used to indicate direct speech within double quotation marks. The transcript excerpts presented in this chapter were altered slightly to ease understanding for the reader. One alteration included placing ellipses (…) where there was dialogue that did not relate to the phenomenon. Also, words that repeated, or *filler* words, such as ahhh, ya, or like, were omitted. Another edit to the transcript excerpts included the use of squared parenthesis ([ ]) that contained my perspective of additional contextual information. Information that could compromise the participants' identities, such as names of people and places, were also altered (Smith et al., 2009). Within this chapter, some of the photographs that the participants brought to the interviews were explored, detailing imagery and metaphors surrounding their experiences. The photos were selected based on the themes that emerged through data analysis. I chose the photographs that best illustrated these themes. The photographs were presented within the text followed by the participants' explanation of the photo. This chapter begins with a description of the participants followed by the overarching theme: *Tension*, which was consistent throughout all of the women's experiences. Next, the three super-ordinate themes, *The Self-in-Relation to Friends while Living with Bulimia*, *Friendships in the Shadow*

of Bulimia, and *Internal Conflicts in the Relational Self,* as well as their corresponding sub themes will be detailed. The chapter concludes with a summary of the results.

Description of the Participants

The three women who participated in this study came from similar backgrounds, such as growing up in middle class families and having both parents present in the home; however, each had experiences unique to her story. They ranged in age from 21 to 25 years old. The age at which each participant's bulimia started ranged between 14 to 16 years of age. Two participants shared that they no longer identify as having bulimia and one participant stated that, at times, she still "relates" with some of the internal struggles of bulimia (i.e. comparing her body to her friends' bodies). Regardless, all participants stated that they were in a stable enough place in their lives to reflect on, express, and share their experiences of friendships while they were living with bulimia during adolescence. The following is a brief description of each woman and her explanation of what friendship meant to her.

Emma

At the time of the first interview, Emma was a 25-year-old full-time university student. She immigrated to Canada in her early twenties to further her post-secondary education. The significance of culture was unique to Emma. She was born in an Eastern European country that, according to her, had similar ideals of slimness for women as in Western culture. During high school and her initial years of college, Emma lived with her parents in a Middle Eastern country. Emma's relationship with her mother appeared to be significant in her experience as an adolescent:

> I didn't really have a good relationship with my mom, my mom kind of reduced my self-value, ya know? I had a really over protective mom who said I was unable to do anything, she said that she could do it but I am not, like I am not available. Like, I can't do anything. And I felt kind of helpless and I lost trust in myself and sometimes I felt that I couldn't really do anything very well.

Emma shared that she was bullied in high school and she believed that her feelings associated with being bullied in addition to her "over-protective" mother were what contributed to her developing bulimia:

> My over-protective mother who attacked me with giving me lots of unconfidence in myself so I think that's how it [her bulimia] started. She also said… 'you'd be beautiful if you do this, this, this' [and] during my adolescence I was also a bit heavier, like I wasn't heavy but I was average, and my mom said 'if you lose weight you would be so beautiful.' We are [Eastern European] and in [Eastern European country] if you are slim then you are [a] beautiful Eastern European…that's how it works. So it was also a bit pressure.

Emma was the only participant who did not attend a rehabilitation facility for her eating disorder nor did she share her experiences with a mental health professional while she was living with bulimia. However, Emma was part of an online forum group for women living with eating disorders, where she received support. Here she stated, "they [the forum group] were really encouraging you to recover."

For Emma, it appeared as though the lack of acceptance from both her bullies and mother influenced her focus on acceptance within her friendships. She explained that friendships are about, "somebody who accepts you as who you are and accepts all the bad stuff about you and still accepts what you have and won't judge you or won't criticize you." I noticed her emphasis on acceptance and how that related to her experience of friendships.

Mia

Mia was 21 years of age at the time of the initial interview. She was in the midst of a transition period in her life, having recently discontinued her university classes. Mia grew up in rural Saskatchewan and moved away from home at the start of adolescence in order to attend a boarding school. Mia stated that as a young adolescent, she was very "health conscious" because obesity runs in her family. She explained how even at a young age, "12, 13, 14," she was, "determined to not be obese." Mia shared that gaining weight during the initial months at boarding school led her to feel the need to take some control over her weight:

> I gained the freshie 10 to 15 [pounds] and I told myself if I hit a certain number I was gunna do drastic measures. So there was a girl who had an eating disorder, I think she was bulimic, and she had taught me how to purge and that was the beginning of it.

Although Mia's experience with bulimia manifested through purging (and binging) food, she also appeared to engage heavily in non-purging bulimic behaviours, such as over-exercising. Mia shared, "I started getting really tired but I still wanted to keep running, so I was running, playing soccer, and I was playing hockey." After high school, Mia went to an in-patient rehabilitation facility for women with "life controlling issues," which was intended to help "women who want to get back into finding the truth about themselves." She shared that the program included women who experienced many forms of "life controlling issues" such as "self-harm, eating disorders, abuse, [and] sex trafficking." From Mia's description, it appeared that there were many women living with eating disorders who attended the program, "probably one-third, two-thirds, maybe half of the women who go there struggle with eating disorders."

For Mia, friendships were about a certain level of trust and depth in the relationship. Mia's description of what friendship meant to her was:

> People that I would have confided in, maybe not necessarily what was going on in my head regarding my self-image but what was going on in my life, my family, the boys that I liked, those kind of things. But getting more into what was on my heart, not just 'oh, he's cute.'

Similar to Emma, Mia also commented on the importance of acceptance within friendships, "in terms of friendships and in... potential good friends, if they don't accept me for who I am, that's… a cut-throat kind of thing."

Lily

At the time of the first interview, Lily was 21-years-old and attending university as a full-time student. Lily grew up in a small town in Saskatchewan with her parents. She shared that she, "started off as a bigger adolescent" then started to exercise and eat right. Lily described how external stressors contributed to her developing an eating disorder:

> Pressures from school and friends… my dad had an affair and I found out about it, but he made me keep it a secret so I feel like that had an influence on it too. With all of that I think it changed into anorexia [for] a very short period and then bulimia right on from 16 to 19 [years of age].

Interestingly, Lily described her eating disorder, by externalizing it and viewing it as an abusive boyfriend, "I call my eating disorder, ED, when I am talking about him." She

shared that it was through reading "Jenny Schaefer's book called *Life Without ED*" that she decided to view her bulimia this way. Similar to Mia, Lily also went to a rehabilitation facility for her bulimia, however the rehabilitation facility that she attended was specifically for girls and women who were living with eating disorders. Lily appeared to treasure her experience of friendships at the rehabilitation facility, "you felt instantly accepted, you felt like you had known them for years and known their deepest secrets."

Lily talked about acceptance, trust, loyalty, and non-judgment as important in her meaning of friendship:

> Accepting someone and being there for them no matter what and trusting them and keeping their secrets and it doesn't matter what they look like, you are comfortable around them, that kind of thing and it has to be mutual.

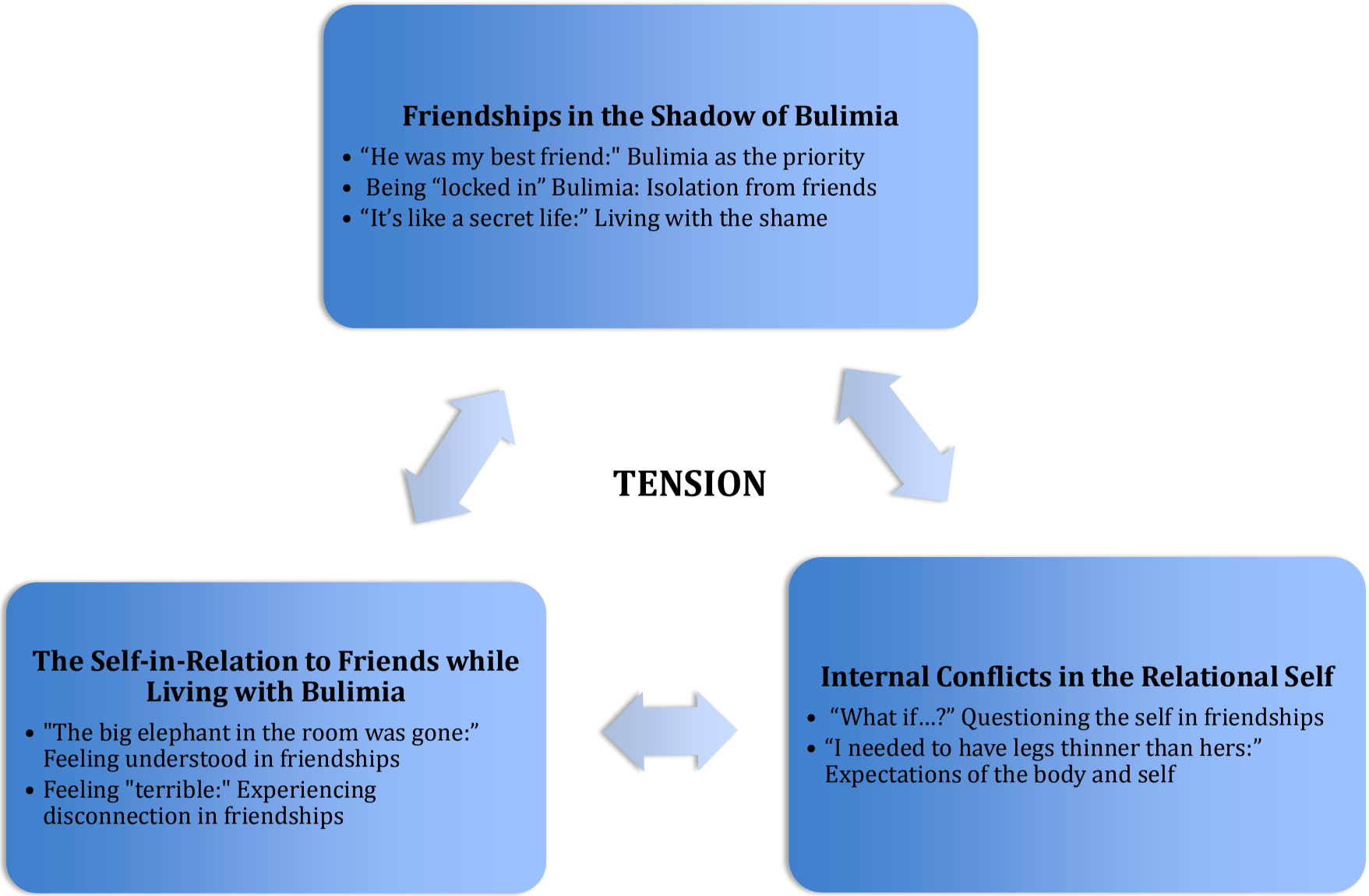
Overall, there were similarities amongst how these women described their meaning of friendship. Acceptance of the person for who she is appeared to be a common way in which Emma, Mia, and Lily described the meaning of friendship. Furthermore, depth and trust within friendships were included within their descriptions, suggesting that a friend was more than just a person to talk to.

The Experience of Friendships while Living with Bulimia: An Overview

The experience of friendships when living with bulimia appeared to be complex and multi-faceted because the experience of friendships was greatly impacted by the participants' experience with their bulimia. *Tension*, the over-arching theme, surfaced as a way of connecting all of the themes together (see Figure 4.1). Tension evokes a sense of discomfort and opposing interests that was part of the participants' experiences of being in relationships with friends when they were simultaneously living with bulimia. There were three super-ordinate themes that emerged from the participants' accounts; these were representations of the shared experiences amongst all three participants: *The Self-in-Relation to Friends while Living with Bulimia*, *Friendships in the Shadow of Bulimia*, and *Internal Conflicts in the Relational Self*.

The three super-ordinate themes emerged from seven sub themes, which were formed from the participants' transcripts. In fact, direct quotes from these women were utilized in naming the sub themes. The first super-ordinate theme, *The Self-in-Relation to Friends while Living with Bulimia,* emerged from two sub themes, *"The big elephant in the*

Figure 4.1. Overview of Themes



room was gone:" Feeling understood in friendships and *Feeling "terrible:" Experiencing disconnection in friendships*. The second super-ordinate theme, *Friendships in the Shadow of Bulimia*, emerged from three sub themes*, "He was my best friend:" Bulimia as the priority*, *Being "locked in" bulimia: Isolation from friends*, and *"It's like a secret life:" Living with the shame*. Finally the third super-ordinate theme, *Internal Conflicts in the Relational Self* emerged from two sub themes, *"What if…?" Questioning the self in friendships* and *"I needed to have legs thinner than hers:" Expectations of the body and self*. Through exploration of these themes, the lived experience of friendships while living with bulimia as an adolescent became apparent; however, unique aspects of the participants' individual experiences were also evident. Furthermore, due to the complex nature of human experience, many of the participants' accounts described within the sub themes can be linked to other sub themes.

Tension

These women's accounts suggested an inherent tension between experiencing friendships and living with bulimia. This tension, though not always explicitly described, was apparent within each participant's story and was experienced within her relational self. The analogy of a tug-o-war seemed to capture the tension that was alluded to across the participants' stories. Bulimia appeared to pull these women inwards while at the same time pushing their friends away. *Internal Conflicts in the Relational Self* and *Friendships in the Shadow of Bulimia* detailed how bulimia pulled these women inwards and away from their friends. Life with bulimia was a priority for them, rather than their friendships. During their lives with bulimia, different types of connections with friends were experienced such as understanding, support, acceptance, and disconnection. These types of connections were explored in *The Self-in-Relation to Friends while Living with Bulimia* super-ordinate theme. It appeared that these women wanted connection within their friendships yet their experience of living with bulimia created complex, often opposing interests, which complicated their experience of friendships. At times, these women's behaviours and cognitions associated with their lives with bulimia, such as feeling the need to wear a mask or isolate from others, contradicted their desires for their friendships, such as being accepted for who they were or having a supportive friend. For example, Emma talked about how she hid her bulimia from her friends and she "never told them about this thing [bulimia]," yet she wanted her friends to "accept me for what I am." This hiding would have

made it challenging for her friends to see the *real* Emma. *Tension* appeared to lessen within these women's friendships when their bulimia was not only recognized or known by their friends but when they felt supported or not judged. Lily shared how once her bulimia was named, she felt that "the big elephant in the room was gone." Together with the support and "instant connection" of her rehabilitation friendships, she felt "amazing."

Bulimia appeared to have a hold on Emma. Often times, Emma would isolate herself and engage in bulimic behaviours, such as binging, as a way to comfort herself from her loneliness. She described that bulimia was "covering" and "stopping" her social life because of how it made her feel after she engaged in binging and purging:

> Ya, it's like after you have the bulimia you don't feel very well to go out. You feel a little depressed kind of slacky and you don't want to go out so it's covering and you are also afraid…it's like a vicious cycle maybe?

Lily also shared that she experienced *Tension* when she described the balance she had to find between living with bulimia and being involved with her friends. Similar to Emma, Lily's experience of friendships was connected to her experience of bulimia. However, unlike Emma, Lily appeared to be more social when her bulimia was "going great," which was actually more intense from an outsider's perspective. The greater the hold bulimia had on Lily, the better she would feel, which gave her "one less worry," thus allowing her to believe that she could go out with friends. Lily described the tension of living with bulimia and being a friend here:

> Having ED [her bulimia] made me perfect, it made my body better, it gave me one less worry, like I didn't have to worry about my body image if everything was going great with ED. In that time I could go out with friends but then the self-comparisons and the self-worth, the negative self-worth would play a part and then I would go back to ED and then he would make me feel better and I would engage in behaviours. I would loose a couple ounces or whatever it was and then I would psych myself up to hang out with them and then it's just like a cycle.

Mia also shared her experience with the *Tension* she felt between living with bulimia and being in friendships. Much like Emma and Lily's experiences with *Tension*, Mia's bulimia impacted her friendships. In Mia's case, it seemed as though her constant thoughts and obsession with food created "anxiety" for her, enough that it affected her ability to

socialize with her friends. She talked about how it was her worry and "obsession" with food that created this tension:

> I think it was more the anxiety of food, just it being on my mind the whole time and I couldn't focus or anything. I also developed a rumination syndrome [unintentionally regurgitating her food] after repeated purging times so I would be aware of that as it was happening and I couldn't do anything about it.

Here she talked more specifically about this tension and how it played out in her friendships:

> I think what [it] would boil down to is the anxiety of making a plan to go with friend and then I would be anxious about it the whole time, like it still happens where 'oh my goodness I have to meet this person for coffee' and if I'm not busy the whole day prior to that, I'll just get anxious and sometimes cancel, it happens twice a year now as opposed to a couple times a day. But ya, I would want to be with them but I wouldn't want [the] anxiety that would come with it and I would feel like on my toes the whole time. I would just want to leave and I wouldn't want to eat like if we were going out for coffee and nobody was really ordering a cinnamon bun I would walk past the bakery section, I would be like 'oh my goodness I want that whole thing.'

For Mia, it appeared that her worry was about not only feeling a lack of control surrounding food while being with friends but also not feeling in control of how her body reacted with food that she had eaten.

Throughout each participant's account, there appeared to be a *Tension* that infused these women's experiences of friendships when they were living with bulimia. Elaboration on the following super-ordinate themes and sub themes will further illuminate the women's experience of *Tension*.

The Self-in-Relation to Friends while Living with Bulimia

Experiencing the self-in-relation to friends was unique with these women because it was experienced while they were simultaneously living with bulimia. Within these experiences of self-in-relation to friends, the participants spoke of acceptance, understanding, support, trust, shallowness, and rejection. For example, Emma experienced rejection in high school, "my high school friends were terrible, I admit. I wasn't liked because I was different." Mia had an extremely supportive and understanding high school

friend who knew about her bulimia and would say, "'no, you're still a good person even though this is going on in your head, you're still beautiful.'" Lily shared that she had many "shallow" friendships in high school, "there was no depth to them [friendships during adolescence], they weren't fulfilling." It appeared that their experiences with friends impacted their bulimia. For example, Emma said, "food sometimes gave me some kind of comfort."

The complexity of these women's experiences and unique meanings of how they described their experiences became evident when analyzing their accounts. Often, a clear understanding of the participant's meanings were not obtained, possibly because of the complexities they felt when trying to meet the demands of their bulimia. For example, Emma talked about how she wanted "to be accept[ed]" by her friends, yet she did not articulate if acceptance from friends included them knowing about her bulimia. Adding to the complexity, when their experiences were discussed, it appeared at times that their desires, though with their best interest in mind, was done to keep with the demands of their bulimia. For example, Lily wanted support from her friends, yet she wanted them to "keep her secret," which could be considered unsupportive.

"The big elephant in the room was gone:" Feeling understood in friendships. It was important to these women that they felt understood by their friends. They wanted acceptance for who they were as individuals. For example, Emma shared, "I just wanted to be accepted for who I am but that's it." They wanted to feel supported and understood by their friends. Here, Lily expressed how she would have wanted her friend, Quinn, to show more support when Lily went to the rehabilitation facility, "Quinn didn't contact me and I would have just loved to know she had been there for me." Disclosure of their lives with bulimia and risk-taking in friendships appeared to occur only if the women felt safe enough, accepted, and supported within their friendships. Following this leap of disclosure and risk-taking, openness and genuineness within friendships appeared to release some of the pressure from the *Tension*. Poignantly, Lily named bulimia as "the big elephant in the room." This metaphor alluded to the huge, heavy nature of bulimia. However, she felt "amazing" after the "elephant" was named. These women described desiring acceptance and support in their friendships, they shared stories of significant individual friendships in their lives, as well as the togetherness and support they received within a group.

Emma expressed her desire to be accepted for the person she was when she shared, "I always wanted to feel accepted, maybe not popular, but at least accept[ed]" and, "what I want from friends is just to accept me for what I am." Emma did not explicitly share that her desire for acceptance included being accepted with bulimia, however she alluded to the desire of her whole self being accepted, which would include bulimia, when she stated, "whatever crap I have, like whatever I am wearing, just accept it as who I am." Regardless, she appeared very passionate about her desire to have friends accept her and she repeated, almost insistently, that she wanted to be accepted for who she was. Her level of passion about how important feeling accepted was to her may have been influenced by her experience of being bullied by ex-friends.

Mia also shared that being accepted for the person she was within her friendships was important to her, "I wanted to be accepted by them because they were what I had." For Mia, friends were very important to her during adolescence, especially because she lived with them at a boarding school. Lily, although she did not explicitly state that she desired acceptance from her friends, alluded to the importance of acceptance in friendships when she described positive qualities in her friend, "she [her friend, Quinn] is so accepting and understanding of people."

All of the participants experienced varying levels of acceptance and support during adolescence. Lily shared that she received a lot of acceptance from her close friend, Quinn, whom she had known her whole life, "I found that she is very accepting, she is kind of who I want to be, she has insecurities about being outgoing but she is still, she doesn't care about your past and you know that with her." Lily added, "she accepted me even with an eating disorder and that was all I could ask for because you'd think that people wouldn't accept you or still be there for you." The acceptance Lily received from Quinn allowed her to be herself, "I felt like I could be myself around her," which Lily appeared to treasure.

For Lily, there seemed to be a fine line between the amount of support she desired for her bulimia and receiving too much support from her friends. She expressed that she would have appreciated more support about her bulimia from Quinn, however she also talked about how too much support would have not been ideal either, "I didn't want it to be an everyday conversation but I just wanted reassurance that she cared and that kind of thing." Perhaps too much support, as in having daily conversations about her bulimia

would make Lily feel as though she was being constantly observed or watched. Here, Lily provided an example and explained what she wanted from Quinn, "[she wanted Quinn to ask] 'how are you doing?' because I know that Quinn didn't [ask questions like, 'how are you doing?'] and she knew about it but that was it, she didn't say anything or ask me how I was in regards to that." Overall, it seemed as though Lily really appreciated Quinn's unwavering acceptance but she would have appreciated more tangible support.

Mia also experienced feeling understood from her close friend, Samantha, during high school. Samantha was an exchange student and lived in Canada for approximately six months. Mia described her relationship with Samantha as, "my first significant relationship." Mia shared that they became, "exclusive" with each other in their friendship and, "we were together all the time, she knew everything about it [her eating disorder]." Similar to Lily, Mia felt that understanding was an important part of their friendship, "I felt like Samantha could understand me and could understand what I was going through." Mia's friendship with Samantha proved to be unique because of the intensity with which Mia and Samantha struggled together through Mia's bulimia, almost as if Mia's bulimia brought them closer together. Here, Mia described how her self-in-relation to Samantha was often blurred, "I felt almost in a way that she was kind of like an anchor to my identity" and "we went through it together." Throughout their friendship, it appeared as though Samantha was almost an external conscience for Mia, slapping her hands or getting mad at Mia during the process. For example, Mia shared that Samantha would say, "'no don't eat that, you don't want it, you are just going to throw it up after.'" Mia's identity appeared to be deeply rooted in her relationship with Samantha. Mia provided an example of how she and Samantha struggled to reach a goal regarding Mia's purging:

> I went 40 days without vomiting and that was the hugest thing… and I had told her [Samantha] that and that was what we were striving for towards together. She would like hold my hand through eating. We were in it together and… when I would get into a mindset like 'I'm going to go eat that because I want it' she would be, 'Mia don't do that I'm going to get mad at you' kinda thing because she was stepping in the way of what I wanted. So she would like slap my hands sometimes or whatever because I would be like 'you need to snap me out of it, like I'm in that one track kind

> of thing' and ya… I'm sure there were nights when she was exhausted from me…cuz we went through it together.

All of the women discussed feeling accepted (even) with bulimia, supported, and understood within a group of friends; for Lily and Mia, it was through their experiences at rehabilitation facilities. During the later years of high school, Emma found acceptance from friends through an online forum group that was for individuals who had bulimia. Emma described that the online forum group was, "for people who struggle with this, who don't want it but it's a little bit harder for them to recover." Being part of the forum group seemed to provide Emma with a group of people that she could connect with, share her opinions, and feel accepted; this seemed significant for her, as she did not experience this in the high school setting. It appeared as though her forum group allowed her to be on a level playing field with a peer group. For example, Emma talked about how she could help, support, and provide information to her friends on the forum group, "I do commenting, express what I think about the issue or if they are asking something medical like what's going on if I know, I'll answer." Furthermore, the online forum group seemed to allow Emma to talk about her bulimia in a non-threatening, yet intimate way. Emma stated how openly she could talk about her bulimia, "I could talk about it [bulimia], why I did it, something I could not explain to normal people." She described how she and her forum friends tried to distract themselves from their bulimia, but how their conversations always seemed to return to bulimia, revealing how their identities were *consumed* with bulimia:

> We talked a lot about other things, we actually sometimes tried to distract ourselves with the other things in life. But sometimes we were talking about those things and it can even lead to it. It always leads to this one place. For example, talking about the party, cake, opps! Or we were talking about the shopping, like it will lead to it. It leads eventually there.

For Emma, feeling accepted by her friends for who she was impacted her immensely which inspired this powerful statement, "as my friendship changes bulimia changed." She explained that her bulimia changed as a result of feeling less need to comfort herself, "I just felt less need to do this, felt less need to comfort myself maybe." Perhaps Emma felt less need to comfort herself because she was finally felt accepted.

Emma felt a shared understanding regarding bulimia within her forum friendships. She explained, "it's those people you just shared the thing in common… it's like they can understand that stuff and people outside, they can't so maybe that's why I was quiet about it with the other people." One of the photographs that Emma brought into the interview was a picture of a t-shirt she received from a friend in her forum group (see Figure 4.2).

Figure 4.2. Emma's Experience of Acceptance in her Forum Group

She explained her meaning of the t-shirt, "I think this represents all of us coming from different cultures sharing the whole issue [bulimia]." This excerpt alluded to a sense of togetherness that appeared to be important to Emma. She also shared, "[she] was the only person who sent me a gift. So I was kinda happy." This gift meant a lot to Emma as it represented support and acceptance when she did not receive otherwise in high school.

Overall, feeling understood in their friendships proved to be valued by these women. They shared powerful stories of the acceptance and support they received from specific friendships as well as being part of a larger group of friends. Each woman's account provided insight into a desire for connection with friends while living with bulimia. It seemed appropriate that acceptance for being themselves was so highly valued for Emma, Mia, and Lily because, as will be discussed in the super-ordinate theme, *Internal Conflicts in the Relational Self*, they were experiencing conflicts internally that may have prevented them from accepting their own selves.

Feeling "terrible:" Experiencing disconnection in friendships. All participants experienced disconnection in their friendships while they were living with bulimia as adolescents. The disconnection within their friendships came from rejection from friends, loss of friends, as well as an experience of superficiality within some friendships. For

example, Emma was "bullied in high school," Mia lost a close friend when she "moved back to [country abroad]," and Lily had friendships in high school with "no depth to them." Friendships ending, changing in a permanent way, or not developing significantly were how these women experienced friendships while they were living with bulimia. Their experiences differed compared to other adolescents' experience of disconnect with friends because their experiences impacted or occurred, in part, because of their bulimia. For example, Emma's experience of being bullied from her friends was "not because of bulimia" nor was Mia's experience with loss of friends, which occurred because her best friend had to move away. Lily seemed to make sense of the superficial nature of her high school friendships by taking some responsibility herself and acknowledging the reciprocal nature of friendships, "I didn't give them a chance but at the same time, it wasn't their fault. I was too pre-occupied with something else [her bulimia]." These women often coped with the disconnection within their friendships by engaging in bulimic behaviours, such as binging and purging. The women detailed accounts surrounding bullying and loss from being separated from friends during their lives with bulimia.

Emma experienced a very intense form of loss in her friendships when, over a span of two weeks, her group of friends began rejecting and bulling her. The bullying began early on in high school and was concentrated on Emma's appearance, "in the high school I wasn't accepted because of my looks, because of my style." Along with Emma's appearance, her mannerisms were also a point of contention with her ex-friends:

> The problem with me was that I apparently my way of walking wasn't very well. It was awkard… Ya walking and… facial expressions were maybe a little bit different and also kinda awkard and that's why they didn't accept me.

Emma described how her ex-friends bullied her, "I know they tried to find any flaw and use it against you, it's like I don't know how perfect you have to be. I don't know… it came out something beyond reach." She shared that being bullied made her feel, "terrible" and, "a little bit worthless because you can't do anything about it, it's like most of the class, it's like 30 to 40 people against one." Emma said that her bullies, "didn't act as if I was human, as if I was a part of them." There appeared to be a sense of hopelessness surrounding this time in Emma's life. Part of how Emma dealt with her rejection was through the comfort she found in food, "food sometimes gave me some kind of comfort."

Mia experienced a division in her friendship when her best friend, Samantha, had to move back to her home country. Mia described this as an extremely difficult time, "it was a very impactful relationship, so for her to leave it was like 'now what, now what am I going to do?'" This excerpt provided an understanding of the depth of loss Mia experienced. It appeared as though Mia lost a part of her identity, a part of herself. She shared how Samantha's leaving impacted her for the remaining part of that summer, "I was probably teary eyed for the majority of that summer" and "most of that summer wasn't very good." The inter-connection between Mia's friendships and her life with bulimia became apparent when she described how she coped with the loss of her best friend. During this time, Mia comforted herself from the loss of Samantha through bulimia:

> I was in my parents camper like binging all the time. I was not a happy camper I guess [laughter] and I did not want to go on hikes, I did not want to do anything. I just wanted to eat and then throw up and then go around by myself.

Overall, the women presented details of how the connection with their friends was important to them during their lives with bulimia as adolescents. They all shared that acceptance and support from their friends was valued. Although the participants appreciated acceptance and support, they also experienced disconnection in their friendships such as a lack of acceptance, loss, or superficiality at some points during their bulimia.

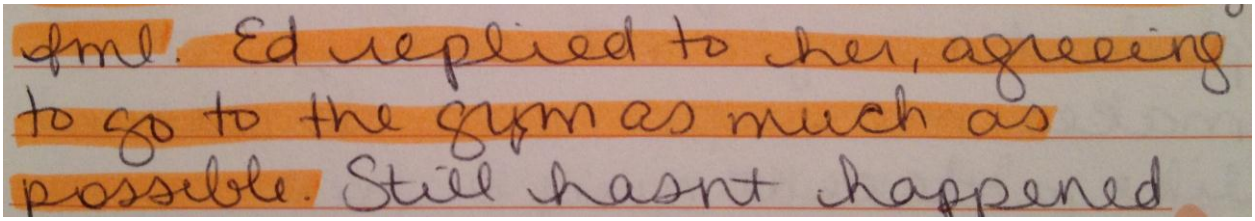
Friendships in the Shadow of Bulimia

The super-ordinate theme, *Friendships in the Shadow of Bulimia,* was a shared experience for these women. A sense of the pervasiveness of bulimia was apparent through each of their stories. Prompted by the shame inherent in bulimia, the women felt as though they needed to pretend to be someone without bulimia. Lily shared, "in high school… your friendships, you didn't want them to know about your eating disorder because it was shameful because it's disgusting, it's dirty." These women believed they had to choose between their life with bulimia and socializing with their friends, a decision that often led their friends to become a "background concern." The participants discussed how bulimia was "a priority" over their friendships, how they isolated themselves, as well as how they kept secrets and hid their bulimia from their friends.

"He was my best friend:" Bulimia as the priority. There was a consensus amongst the participants that bulimia was seen as a priority over their friendships. Mia provided an example of how her non-purging bulimic behaviour was put before her friends, "I wouldn't want to waste the daylight to go for coffee [with friends] when I could be jogging or burning calories." It is important to note that even though bulimia was seen as the participants' priority, there was a sense that they did not feel they had a choice in the matter, almost as though bulimia *had* to be a priority. The participants discussed how their pre-occupation with living with bulimia made their friendships fall to the wayside and how living with bulimia made friendships more challenging.

Lily described that her pre-occupation with bulimia was the focus in her life, making everything else, including her friendships less important, "I was just more focused on ED [her eating disorder] than getting anything out of my friendships I guess." For Lily, it appeared as though her bulimia was not only a priority but also served as her best friend, "ED… was one major relationship that I was in. I don't know if that's what you consider, he was my best friend kind of thing." This signified how meaningful Lily's bulimia was for her at that time. She explained that when she had bulimia as an adolescent, friends "go to the background" and became a "background concern," which evidently impacted those friendships. At one point in the interview, Lily shared a photograph of an excerpt from her high school journal (see Figure 4.3). The context behind this photograph was how Lily agreed to go to the gym as much as possible with her friend in an attempt to help her friend loose 25 pounds in one month.

Figure 4.3. Lily's Priority with Bulimia



Lily described that she agreed to go to the gym as a way of utilizing her friendship to maintain her priority to bulimia. She stated that this photograph represented how her needs apart from her bulimia were not included in her decision making process at the time, "that is kind of like my priorities, well ED's priorities seeping into the relationship." Lily's

choice of words suggested the pervasiveness bulimia had in her life. For example, she used a passive voice in the photograph, ED replying to her friend, as if her own thoughts were not as important as the needs of her bulimia. Her statement, "ED's priorities seeping into the relationship," also provided an illustration of how her bulimia was prioritized in her life and friendships.

An important point shared by Lily was her description of what she wanted from her friends as it related to her priorities with bulimia. She said that she wanted, "friends at a distance because I still had my priorities with ED. Ya, like I would want them there for me, like I would want a friendship but I had other priorities;" the tension between Lily living with her bulimia and attempting to balance her friendships re-appeared through the previous quote. Her choice of words, "friends at a distance" was interesting because it suggested her desire for social connection with people and her hesitant way to fully commit. Also, her wish for, "friends at a distance" contradicted her previous statement of how she would have wanted more support from her best friend, Quinn, again demonstrating this *Tension* between living with bulimia and friendships.

Mia also described how bulimia became a significant priority in her life during adolescence. Here she stated how her activities surrounding bulimia were more important to her than her friendships, "ya it [her bulimia] was more important to me I guess, it was more consuming I suppose. I was more obsessed then, it was a priority, I guess is a good word." Mia shared how she often chose engaging in bulimic behaviours, which included purging and non-purging type activities, over hanging out with her friends, "I would be much more concerned about running than going out with friends." This depicted how Mia's friendships fell to the wayside, in a similar way as how Lily described her friendships as a, "background concern." Mia shared a photograph that represented her non-purging type activities associated with bulimia as her priority over activities with friends (see Figure 4.4). This image pictured a running shoe in the foreground and a container of coffee, a coffee cup, and ice cream in the background placed behind the running shoe.

Figure 4.4. Mia's Priority with Bulimia

The following is a description of her picture:

> This is kind of people like going out for coffee or going out for ice cream in town and I would be stuck running, like working out because I wouldn't want to waste the daylight to go for coffee when I could be jogging or burning calories.

The shoe represented her non-purging bulimic activities (such as over-excising) and the coffee, coffee cup, and ice cream represented social events such as, "friends going out for coffee" or ice cream. The placement of the shoe in front of the coffee and ice cream was a conscious decision by Mia. She said that she placed the shoe in the foreground to visually demonstrate where she placed bulimia in her life, as the focus; by doing this, her social activities inevitably fell out of focus, as her concentration shifted to bulimia. Mia's choice of word, "stuck," suggested that she felt there was no other option but to engage in bulimic activities during that time in her life.

Lily shared an important point explaining how friendships were more challenging because they were experienced in the shadow of her life with bulimia. Specifically, she mentioned how bulimia impacted her mentally and physically. Here, she shared the complexities of bulimia's impact, "you're malnourished and you just can't physically and mentally cope." Maintaining mental focus was also a struggle in friendships, "when you have ED… your mind isn't there" and, "we are just in our head so much and ED makes everything cloudy." Again, maintaining concentration appeared to be a struggle for Lily when she shared, "it was just so hard to even be mindful of things going on around you."

Being "locked in" bulimia: Isolation from friends. Isolation from friends was a common experience amongst the participants. Much like how living with bulimia became a significant priority in the participants' lives, isolation appeared to be unwanted and *had* to

happen. Imagery of being "locked" away from their friends hints at their experiences. It appeared as though isolation was a way for these women to maintain distance and disengage from their friends. They discussed how they isolated from friends to avoid judgment from others, as a way to engage in bulimic behaviours, and as a way to escape from negative thoughts they had when socializing with friends.

Mia often felt isolated in high school, "I was isolating obviously the whole time through high school, I wouldn't eat meals with my friends cuz they were worried about me." She also shared that she would isolate from her friends as a way of avoiding their judgment, perhaps as a way to avoid feeling shame, "I would fill up my plate with like salad croutons and I would go to my room and eat because I didn't want to be judged." Once Mia completed high school, she was still living with bulimia and continued to isolate from her friends, "I wasn't being active in making myself known." She provided an example of her isolation, "I would go to church but I would leave like ten minutes before it was done so I wouldn't have to talk to anybody after that. I just didn't want to talk to anybody." Mia's bulimia was constantly on her mind and isolation was a way for her to maintain her priority of living with bulimia, "I was getting heavy into just wanting to be in isolation I guess, food was an obsession and I think the bulimia was an obsession at that part."

Isolation was a necessary condition for being able to engaged in bulimic behaviours. Mia provided two examples of how she isolated from her friends in order to meet certain "goals" of her bulimia (such as fitting into her friend, Brooke's jeans). Here she stated, "I just wanted to do my own thing and I wanted to be by myself cuz I wanted to work towards my goals as opposed to relationships with friends." The other example of how Mia isolated to meet her goals pertained to her extra-curricular activities:

> I was really into soccer and running was my thing. So I kind of isolated. After soccer practice I would go running all the time, that's what I did for that fall and so I was definitely isolating myself all the time.

Emma also described how she isolated herself in order to engage in bulimic activities, even though she felt, "terrible." It appeared that Emma isolated herself as a way of disengaging from the world. Emma's description of being "locked in" conveyed isolation, loneliness, and a feeling of being trapped. The isolation, loneliness, and the feeling of being trapped of living with bulimia in Emma's life became apparent through her use of imagery

and metaphor from a photo she shared of an entranceway inside a house (see Figure 4.5). The entranceway pictured a closed door, a dark window, a key hook with keys hanging from it, as well as a bench with food place on top.

Figure 4.5. Emma's Two Worlds

Here she explained the picture:

> It represents two worlds, this is the outside and this is the house. This is how it happens, you know what is happening in the house alright [her bulimic behaviours]. This is the outside world, a window represents the outside of the world and it's dark. From this house [you] cannot see much because you are locked in this thing, in this issue. You just cannot see because it's all dark and the keys represents [that] maybe there are some solutions you can use to get out of it. It's like I was trying to use some stuff to get out of this thing.

Through her description, the dark, isolating and omnipresent aspects of bulimia were captured. As seen here, living with bulimia not only impacted what happened inside the house, but almost seemed to cast a shadow over everything else in her life. The metaphor of the, "two worlds" showed the disconnect between Emma and, "the outside of the world;" Emma being, "locked" in the world that houses her bulimia and the outside world being, "dark" and unseen. There was also a sense of being trapped and alone in this picture. Emma shared that in this image her friends were, "outside" and they were, "just not to be seen, even if it was daylight I would have covered it [the window] with a sheet just to represent that I cannot see them [friends] all. This is just closing." Emma's friends were not her focus, however, that was not what she wanted and she was "trying to get some excuses to go out,"

trying to "convince" herself to go out. In other words, it appeared that her friends were part of the dark world and they were part of where she wanted to go. Her use of language in this metaphor suggested that she wanted to connect with her friends but she felt trapped, as though her bulimia was stopping her. Emma's metaphor provided another excellent example of the *Tension* felt between living with bulimia and experiencing friendships.

"It's like a secret life:" Living with the shame. Throughout the interviews, there was a sense that the participants were leading a "secret life" during their adolescence. Mia shared that when a classmate found out about her bulimia she felt as though her "code had been cracked!" Likely from the shame associated with living with bulimia, these women felt like they needed to hide their life with bulimia, as if they were living two separate lives. Keeping their lives with bulimia a secret also kept most of their friends from finding out about their bulimia, which ultimately allowed them to continue engaging in their behaviours. The participants shared detailed aspects of their "secret life;" they described how they kept secrets from their friends, hid their activities, and wore a mask.

Lily shared the most about keeping secrets from her friends. She shared that she began to keep secrets from her friends when bulimia came into her life, "[when] ED came into my life and I got secretive." She discussed why keeping secrets and hiding her behaviour were necessary:

> It's like a secret life, it is shameful and you feel like you can't tell anyone and even working out- you go home and work out and you can't tell people what you are doing cuz they would catch on to something wrong. I didn't want that attention either from other people.

Lily also hid her behaviours from her friends as a way to engage in bulimic behaviours. Her eating disorder was so pervasive that she had to isolate herself from others in order to complete her goals, which ultimately gave her little time to be with friends. Lily provided an example of how she would be dishonest with her friends so she could be alone to engage in behaviours, "if someone asked you to hang out after school and then you'd say 'well I got to go home and do something for my mom' but really it would be to engage in behaviours."

Perhaps another reason why keeping secrets from friends was necessary was because once someone knew about their bulimia they had the potential to tell other people,

thus blowing their cover. The worry they experienced about others finding out about it, pointed to the level of severity bulimia had in their lives. It seemed as though Lily did not feel as though her friends would keep her secret, which prevented her from tell them about it:

> I considered telling people like Zoe or Anna or Sophia but they couldn't, they didn't have my back, they couldn't be trusted, like honestly once someone knows, everyone knows and I experienced that with Anna she had told a couple of my minor secrets.

Lily stated that having this, "secret life" meant that she had to be dishonest to her friends. Not only did Lily feel like she had to lie to her friends but she also missed out on social activities with them because of the "time consuming" nature of bulimia. Here she talked about getting caught in a web of lies, "I would always catch myself in a web of lies to cover up one other thing… it was hard that way cuz ED is so time consuming." Lily shared that she also lied about food in order to engage in more activities, "I was always lying about what I ate just so I could eat more and lying about that I didn't have supper so we could go get ice cream."

Hiding their bulimic activities appeared to go hand-in-hand with keeping secrets and not being honest with friends. Emma talked about how she hid her behaviours from her friends, "I just wasn't engaging in those activities, I was maybe looking like I was restricting and healthy eating and when there was a cake I was trying to find an excuse." It seemed as though Emma kept her bulimia to herself by not telling anyone around her about it, "I just didn't say and it was not seen." She shared that she did not talk about her bulimia as a way of not getting others involved, "I don't know, I was trying not to talk about this because I didn't want people to get involved in this stuff [her life with bulimia]." Furthermore, she talked about how even though she tried to hide her behaviours, she knew that there was still suspicion from others about her bulimia, "it was kinda [a] hidden thing but it's like when you hide, when it's done in secret, it's seen in the public. It's also kinda a visible thing and an invisible thing, but still I was trying to hide it."

Lily also hid her binging and purging behaviours from her friends by simply not engaging in those activities at school, "I wouldn't engage in those behaviors at school, I would eat a normal lunch." She described how conscious about her appearance she was as

a way making sure others would not become suspicious, "I would use perfume, chew gum, mints, make sure my teeth were ok, just be very appearance conscious, hide, like not have the scars or marks on my hands or any kind of warning signs." As another way of hiding her behaviours, Lily would use social situations to her advantage in order to engage in more behaviours and not get caught by her friends. She provided another example of how she would hide her bulimia from her friends while hanging out with them at a party:

> While we were drinking and stuff I would pretend to be drunk enough to throw up so that was kind of an outlet for ED while in that relationship… throwing up in that situation kind of eased my anxiety in the same time. It was kind of an acceptable excuse because alcohol and drinking and throwing up.

As another way of hiding themselves, Lily and Mia both described wearing a mask in front of their friends. For both of them, this mask appeared to be an extension of their secrets and hiding behaviours. Lily shared, "there were just a lot of secrets, I would always wear a mask. People didn't know who I was and I was always pretending to be someone else, I guess to cover up." Lily felt as though she was not being herself around her friends, "I felt like I had to perform around other people."

Wearing a mask seemed to represent what Lily and Mia wanted people to think about them, as though they were hiding what they did not like about themselves. Mia explained how her desire for acceptance contributed to wearing a mask, "I almost had to put up a front, like put up an image for them because I wanted to be accepted by them because they were what I had." Mia's mask seemed to represent confidence during a time when her confidence was low, "I was confident and outgoing on the outside but on the inside I just wanted to do my own thing and I wanted to be by myself." For Lily, the mask represented, "being somebody I wasn't" and to her that person was about, "being perfect, being strong, being funny, trying to say something funny, [and] trying to be put together." Both Lily and Mia used the word "exhausting" to explain how they felt about constantly feeling the need to wear a mask. Mia described this exhaustion here:

> I was just so pre-occupied that it was difficult to hold both sides up. And I did that for about two years and it just got to be exhausting and I didn't care anymore. I think that would be the front where I would try and be everywhere at once while I wasn't really anywhere, I was just stuck in my head.

In Lily's experience, the exhaustion of wearing a mask led her to isolate and find ways to comfort herself, "I think that's why I would go home and just crash and isolate and then that's when ED would come in and be soothing and calming."

The hiding, secrecy, and wearing a mask that was evident with Mia, Emma, and Lily showed how important it was for them to keep their life with bulimia a secret. Lily described that it was critical for her to have a "secret life" with bulimia because of the constant shame she felt. The following is her understanding about not only the shame in living with bulimia but also how the general public's constant misunderstanding of bulimia contributes to the shame:

> I feel that eating disorders are very misunderstood; people think it's a choice that you make to have one. I really don't think it's a choice but anyways, they are just misunderstood. Nobody looks at them as a mental illness, which I 100% believe they are. It's just to tell someone they would be like 'oh well stop puking' or something, that's even what my dad would say. People just don't understand. I just feel like it was a very shameful thing, maybe one day they won't have the same stigma and looked at the same way.

Overall these women's stories showed how their friendships were experienced in the shadow of their lives with bulimia. This theme shed light on how consuming and draining of time and energy living with bulimia was for these women. All of the participants expressed how their eating disorder took precedence over their social lives, how they felt "locked" in bulimia, isolating themselves from their friends, and that their life with bulimia was a "secret life" often being distinct from their friendships. This indicated the strong grasp bulimia appeared to have on them.

Internal Conflicts in the Relational Self

The super-ordinate theme, *Internal Conflicts in the Relational Self,* illuminates psychological conflicts that these women experienced within their friendships as adolescents living with bulimia. The intensity with which bulimia had a hold on them and how it impacted their friendships can be better understood when exploring their internal world. Throughout this section, the participants' internal conflicts and experiences with friendships further illuminate the *Tension* and inter-connectedness of experiencing adolescent friendships while living with bulimia. Two sub themes emerged within Internal

Conflicts, *"What if...?" Questioning the self in friendships* and *"I needed to have legs thinner than hers": Expectations of the body and self*. The participants described experiencing friendships as it related to self-consciousness, struggling with self-worth, body comparisons, competition in friendships, as well as feeling the need to be perfect. These conflicts, though they were internal and unseen by their friends, nevertheless impacted their social life because they often worried or felt uncomfortable with these thoughts in social situations.

"What if...?" Questioning the self in friendships. Experiencing bulimia negatively impacted aspects of these women's self and consequently, their self-in-relation to their friends. The internal conflicts that these women experienced made them question themselves and worry within their friendships. Mia wondered, perhaps in an unhealthy way, how she could appear more likable to her friends, "how can I change and how can I be more or a better person to be around?" Her use of language in "change", "be more", and "better" pointed to her willingness to put her own self aside when questioning her self in friendships. Negative self-talk appeared to be the conduit through which their internal conflicts were reinforced, which created *Tension* within their experience of friendships. Lily shared that she told herself that she was not "worthy of anyone's time or energy." Throughout the interviews, the women described their experience of friendships as it related to their feelings of self-consciousness, their struggles with self-worth, and the lack of trust they had in themselves.

Self-consciousness translated into the women's experience of insecurities within friendships, making them question themselves within their friendships. Emma expressed how she was not a secure person, "I wasn't really secure, I didn't have confidence in myself." Emma's lack of confidence in herself impacted her willingness to socialize with friends, "ya, self-conscious, I was thinking a lot and when you think a lot it can prevent [you] from acting more." Perhaps she felt uncomfortable going out with friends because she did not have the confidence to be herself, "I felt that I couldn't really do anything very well and I think that's why I became quite shy and it stopped me from going out." Here she explained how her insecurities were related to her bulimia:

> I felt anxious, sometimes I feel like I was afraid to go into public because sometimes you have fat, bloated days and sometimes you feel (pause)… I used to be a shy person. I used to be afraid to appear in the public.

Emma talked about questioning herself and worrying about how others perceived her, "if I express my opinion what would they think about me?" Her concern with how people would perceive her again suggested a deep desire to be accepted by her peers. For Emma, her life with bulimia was often used as a comfort in these situations, "food sometimes gave me some kind of comfort." Emma explained how food was readily available at her house and how it was easier to reach out to food than it was to reach out to her friends. Furthermore, when she was alone with food, she did not need to worry about others' judgment or question herself as she did within her friendships:

> Food wasn't expensive and living with my parents they always had the good stuff so you don't have to pay and the friendships you have to pay, you have to go out with some effort [and] be anxious about them accepting as who you are.

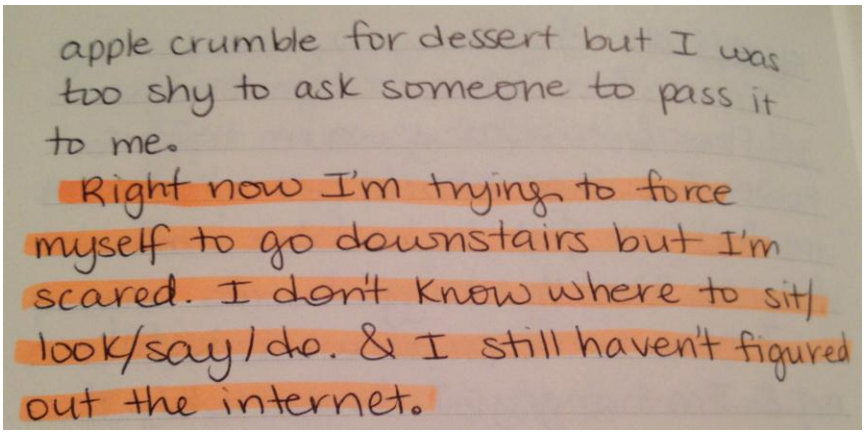
Struggling with low self-worth was another internal conflict that impacted the participants' experiences of friendship. Lily's relationship with bulimia challenged her self-in-relation to her friends by making her believe that she did not deserve to have friends. Here, Lily shared a powerful statement detailing the intense and abusive nature of her bulimia and how that transferred to her experience of being in friendships:

> He [ED] confines you and controls you and makes it hard for you to reach out to anyone because he makes you feel unworthy and unlovable and that you don't deserve anyone else's time but his, and ya that kind of again contributes to that cycle.

Lily explained that she often worried about not feeling worthy of her friends' time and questioned herself in social situations, "I guess anxious about not feeling worthy of their time, anxious about wasting their time, not wanting them to think bad of me or think I was weird or something like that." Her worry was largely affected by her low self-worth, which made her so uncomfortable around her friends that she often would not talk to them, "my self-worth was so low that… I wouldn't talk in class or start conversations unless others spoke to me."

In order to better illustrate her struggle with self-worth, Lily provided a photograph of an excerpt from her journal while she was in a rehabilitation facility (see Figure 4.6). The excerpt detailed Lily's personal thoughts and internal conflicts she experienced during the time she was at the rehabilitation facility. This photograph provided an indication of the deeply rooted and non-existent nature of her self-worth. The photograph captured her overpowering worries about what she thought others were thinking about her. It also captured her self-consciousness and lack of trust in herself, making simple daily occurrences such as, "where to sit/look/say/do," extremely challenging. This image provided an indication of how hard Lily had to work to socialize with people, "right now I'm trying to force myself to go downstairs but I'm scared."

Figure 4.6. Lily's Experience with Self-Worth



The following is Lily's description of the picture:

> This pretty much summed up my anxiety and behaviour. I questioned every little thing to do or say or who to look at or to look at the ground, just afraid of what the other girls would think of me and I was even afraid to ask about the internet, that pretty much sums it up.

Struggling with self-worth and self-consciousness contributed to the participants' insecurities about the stability of their friendships. It appeared as though their self-worth and self-consciousness led them to feel unworthy of friendships, which contributed to their perception of the instability of their friendships. Bulimia acted as a comfort in times of doubt or uncertainty. Lily provided a poignant description of this, "there was no promises in other relationships or friendships, they didn't [pause] there is no contract to promise

that they are always going to be there but with ED, as long as I loved him, he would love me back."

"I needed to have legs thinner than hers:" Expectations of the body and self.

From the women's stories, expectations of the body and self impacted their experiences of friendship. These expectations, generated from cultural ideals and standards, often related to their physical appearance. Emma talked about how she felt uncomfortable with her body because she did not dress or look like other girls around her:

> I don't think it was fat, I think it was more water weight and, as I said previously, I was always [wore] simple clothes and no makeup on and [I] didn't take care of myself and the [Eastern European] girls [were] in skirts and my self evaluation goes just way down.

Furthermore, these expectations appeared to be intimately connected with their self-worth, perception of themselves, and the image they wanted to project to others. They felt like they had to act or look a certain way in order for others to like them. The participants discussed how they compared their bodies to others and how they felt the need to be perfect.

Mia opened up about how comparing her body to others' bodies heavily impacted her bulimia, "I think that was the root of it, maybe not the root but it was a major cause". She noticed that she compared herself to others during the time when she became more aware of her friends in high school:

> From fashion like what people wore, to how people acted to what they did for extra-curricular sports and how they performed anything, what their lives were at home, I was just so aware, and I think that's when the comparison thing started.

It appeared that Mia compared her body to others' bodies as a way to keep up with the Western culture's ideals of beauty. She described that she compared her body to others' bodies because she wanted to look attractive, "it was definitely a comparison thing after school because people would put on jeans and I'd be like 'oh those jeans fit her better than on me' so it was over whelming and it still is."

One of the ways in which Mia measured her changing body was by comparing it to her friend, Brooke. Her worry and concern about how others viewed her facilitated the

comparison she felt with Brooke. She stated that it was Brooke whom she was aiming to be like because Brooke was an, "angelic kind of persona that I needed to aspire towards" and, "it was obvious like all the guys would just be falling for her, her big blue eyes or whatever." Mia brought a photograph of Brooke's jeans that were hung in front of their food pantry, which helped provided further illustration of her experience (see Figure 4.7).

Figure 4.7. Mia's Experience with Body Comparison

The following is Mia's interpretation of the photograph:

> This is our pantry in the house, each one has different shelves and so this is the food I always wanted but I always had to fit into Brooke's jeans. It was the war between this… [and] I was trying to fit into her jeans. It was right after the dean told me about the calorie absorption and I was like 'oh my goodness' so these weren't the jeans that I fit into at the time but these are Brooke's jeans. I guess that is the significance like I needed to fit into hers. I needed to have legs thinner than hers.

When Mia described the photograph (see Figure 4.7) she mentioned a "war" between the food she wanted and her need to fit into Brooke's jeans. Her use of the word "war" suggested that it was a challenge, almost a sort of battle between food and needing to be a certain size. The word, "war" is also intriguing because it alluded to the idea that one (i.e., food or the need to be thinner) needed to be conquered over the other. Through Mia's use of positioning the items in this photograph, it appeared that Brooke's jeans (i.e. Mia's need to compare her body to Brooke's body) was put before the food that Mia wanted, as if Mia's internal fight with bulimia came before the food. This was evidenced by Mia's use of

strong language when describing the war, "I *always* had to fit into Brooke's jeans" and, "I *needed* to fit into hers, I *needed* to have legs thinner than hers." Mia's feelings of accomplishment and excitement were evident when she shared a description of the war scene once the battle between her and Brooke's jeans ended, "when I could fit into her jeans and they would fall off me, I was like, yes, I made it!"

Feeling the need to be or look perfect within their friendships was an experience shared by these women. For Lily and Mia, they experienced an internal pressure to be the perfect friend. Emma felt she needed to be perfect as a way of maintaining the standards imposed on her by her ex-friends. Regardless, each woman believed she needed to be somebody she was not in order to be accepted by her friends. This contradicted the women's previously stated desires of being accepted for who they were. By the participants trying to be perfect in order to be accepted, their friends likely were not able to see the *real* them, making acceptance of who they are more challenging.

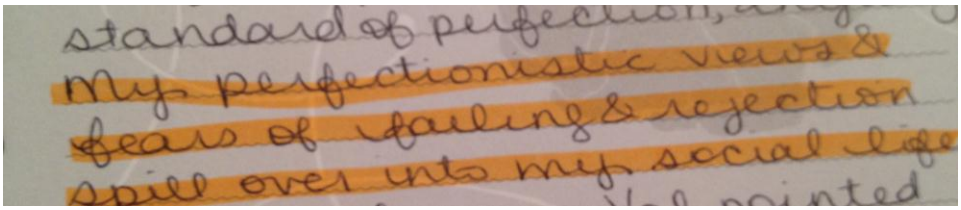
Compared to Emma and Mia, Lily shared the most about feeling the need to be perfect. Her need to be perfect led to her feeling as though she needed to be the "perfect friend." Her worry about being perfect also impacted what she said to her friends, leading her to question herself or worry about saying the wrong thing. She shared that even saying happy birthday to a friend was difficult for her because she worried about saying it wrong, "like even as something as simple as wishing someone a happy birthday was, it like took forever to get off my tongue, ya it took me hours to do that [pause] ya the anxious and 'what if I said it wrong.'" Feeling the need to be perfect appeared to be a way for Lily to compensate for her low self-worth. In other words, Lily's low self-worth likely contributed to her beliefs that others perceived her as not good enough, possibly leading her to feel that she needed to be perfect for others to like her. It appeared as though Lily faced a lot of pressure from herself to be the "perfect friend" while constantly trying to avoid conflict, "conflict is a normal part of having a social life, you can't have a relationship without having conflict but I avoided conflict at all costs." This pressure likely added to her worries about what to say to her friends. She demonstrated this all-or-none thinking when she explained what she would do with all the pressure to be perfect, "ya, if it couldn't be perfect, don't do it at all." Consequently, Lily would isolate herself from others as a means of escaping the pressure to be perfect, "not say anything or not hang out with them or not leave my room."

As a way of describing how her negative beliefs made her feel, Lily shared this poignant statement about her need to be perfect in her life with bulimia and how it impacted her social life:

> He [ED] controls how you are going to act and what you are going to say and makes you doubt yourself with everything that you do because if it's not perfect and flawless, which you can't anticipate or ever do anything flawless, then it's not good enough.

She provided a picture of an excerpt from her journal that showed what she was thinking while she was living with bulimia (see Figure 4.8). The photograph captured her words, "my perfectionistic views & fears of failing & rejection spill over into my social life."

Figure 4.8. Lily's Expectations of Perfection



This picture provided a powerful statement connecting Lily's need to be perfect to her experience in friendships. Her use of the words, "spill over," evokes the imagery of an excess of food or drink spilling over onto a surface. It appeared that Lily's perfectionistic tendencies and fears were in excess and these beliefs were *spilling* into or impacting areas of her life, particularly her social life.

Overall, through the super-ordinate theme, *Internal Conflicts in the Relational Self*, the women's experience of friendships was explored as it related to the psychological conflicts they experienced when living with bulimia. Each participant's account showed the internal conflicts, including questioning themselves and feeling the need to be perfect, that were intimately connected to their experience of friendships.

Summary

This chapter explored the perspectives of three women's experiences of friendships while they were living with bulimia during adolescence. *Tension* was the consistent over-arching theme that connected the participants' experiences. The participants talked about the inter-connectedness of their experience of friendships and their life with bulimia, which often led to a sense of two opposing interests. In terms of *The Self-in-Relation to Friends*

while Living with Bulimia, the women talked about the complex types of connections they experienced with their friends- feeling understood, accepted and supported, as well as disconnection, such as loss of friendships. All of the participants shared how they had wanted more support and acceptance from their friends at varying points in their lives. From the accounts of the participants, it appeared as though, at times, friendships were simply experienced in the shadow of bulimia. Lastly, the participants described the *Internal Conflicts in the Relational Self* that they experienced within their friendships during their lives with bulimia as adolescents, which included questioning and placing expectations on themselves. Throughout these women's accounts, a feeling of *Tension* was evoked, which was experienced within themselves-in-relation to their friendships. As adolescents, these women were trying to create their identity of selves-in-friendships, which appeared to be a complex, multi-faceted process that was heavily impacted by their experience of bulimia.

CHAPTER FIVE
DISCUSSION

The purpose of this research was to explore the lived experience of friendships for women who were living with bulimia during adolescence. The following chapter presents a discussion of the results of this study with the current literature. Delimitations and limitations of the study, considerations for future research, as well as implications for counselling will be discussed, followed by a conclusion and 'words of wisdom' from the women of this study.

Summary of Findings and Current Research Literature

The literature has noted a lack of exploration of adolescent friendships for women who are living with bulimia (Lamoroux & Bottorff, 2005; Oliver, 1996). Therefore, this study aimed to illuminate the experience of friendships while living with bulimia through the retrospectives of three women. The theme woven throughout all of the interviews was *Tension*. This theme shed light on the inter-connectedness between the experience of self-in-friendships and their lives with bulimia. Friendships placed strain on these women's lives with bulimia and living with bulimia appeared to exert strain on their friendships. To engage in both brought challenges and conflicts. Three super-ordinate themes emerged from the participants' stories, *The Self-in-Relation to Friends while Living with Bulimia, Friendships in the Shadow of Bulimia*, and *Internal Conflicts in the Relational Self*. *The Self-in-Relation to Friends while Living with Bulimia*, referred to both the understanding, support, and acceptance that participants received in their friendships, despite living with bulimia, as well as the loss, rejection, and disconnection they experienced. Researchers have found that interpersonal problems occur amongst individuals with bulimia and although studies have found that social support can be important with women who have bulimia, there has been little qualitative exploration surrounding this topic (Bodell et al., 2011). Experiences described under the theme, *Friendships in the Shadow of Bulimia*, detailed how during their lives with bulimia, friendships became a "background concern," as their priority became bulimia. The experience that friendships became less of a priority amongst women living with bulimia per se has not been reported in the literature; however, researchers have noted that women with eating disorders tend to isolate themselves from others as their eating disorder progresses (Lamoroux, 2005). These women shared how they isolated

themselves and how they tried to hide their bulimia from their friends. Social withdrawal, secrecy, and hiding bulimic behaviours are consistent with previous findings in the literature (Buser, 2012; D'Abundo & Chally, 2004). Finally, the women detailed their *Internal Conflicts in the Relational Self,* that is, how they questioned themselves and felt the need to be perfect within their friendships. Worry, self-doubt, and anxiety have been noted in the literature, however, questioning themselves and needing to be perfect within their *friendships* while living with bulimia has not been focused on (Arcelus et al., 2013). The following sections further examine the results of this study and integrate them within the broader context of the current literature.

Tension

Tension emerged as the central over-arching theme describing the experiences of these women's self-in-relation to their friendships while they were living with bulimia. *Tension* was alluded to within the participants' accounts through their desire and appreciation of feeling understood in their friendships; yet, their experience of living with bulimia often led them to disengage from their friends. *Tension* evokes feelings of uneasiness, discomfort, and stress. It appeared that these were the underlying feelings surrounding these women's experiences of being in friendships while they were simultaneously living with bulimia.

Through this research, the tension that was experienced by these women reveal that their experience of self-in-relation to friendships while living with bulimia was complex and intricately connected to their experience of bulimia as well as other aspects of the world around them. Even the word *Tension* evokes an image of something being connected to or tied to something else. In a way, these women's experiences of friendships were tied to other factors in their lives, such as their identity, their culture, as well as their experience with bulimia. In other words, their experience of friendships while they were living with bulimia were uniquely personal to each individual, however, their experiences were also "worldly and relational," meaning they experienced friendships within the context of an objectifying culture as well as within relations-to other people, such as their friends (Smith et al., 2009, p. 29).

Current researchers have just begun to explore the experience of friendships for women living with bulimia. Researchers have noted that women living with bulimia report

experiencing interpersonal difficulties, such as dissatisfaction with perceived social support, social anxiety, greater public self-consciousness, isolation, and trust issues (Arcelus et al., 2013; Bodell et al., 2004; Grissett & Norvell, 1992; Rorty et al., 1999; Ruuska et al., 2007; Tiller et al., 1997). The theme, *Tension*, was interesting to me because much of the literature has focused on the friendships within the context of bulimia in a negative light. While friendships when one is living with bulimia can be challenging and have negative experiences (as detailed in the sub theme, *Feeling "Terrible:" Experiencing Disconnection in Friendships*), these women shared powerful accounts of feeling understood, accepted, and supported from friends. This suggests that experiences of friendships are as complex and unique as the individuals who are invested in them.

Given that friendships in adolescence becomes particularly important and that individuals tend to have an innate desire to socialize, be accepted, and connect with others, *Tension* within the experiences of adolescent friendships when one is living with bulimia is understandable (Linden-Andersen et al., 2009; Schutz, 2007).

The Self-in-Relation to Friends while Living with Bulimia

The women discussed two contrary aspects of the self-in-relation to friends while living with bulimia: experiences of feeling understood by friends ("*The Big Elephant in the Room Was Gone:" Feeling Understood in Friendships),* and feelings of disconnection, such as loss and being bullied (*Feeling "Terrible:" Experiencing Disconnection in Friendships)*. Researchers have shown that women living with bulimia often experience social problems such as fewer supportive friends, experience less perceived emotional support from friends, and are less likely to seek out support compared to women who did not have bulimia (Brown & Geller, 2006; Wilfley, Stein, & Welch, 2005; Ghaderi & Scott; Rorty, 1999; Grissett & Norvell, 1992; Tiller et al., 1997; Ruuska et al., 2007). Low perceived social support has been noted to be an important interpersonal struggle related to eating pathology and eating disorder symptomatology (Wonderlich-Tierney & Vander Wal, 2010). Rorty et al. (1999) found that women who were living with bulimia scored lower on a perceived social support questionnaire than women who were in remission or who had never identified as having bulimia. Furthermore, the women who were currently living with bulimia had significantly fewer friends in their peer group available to provide support and they were significantly more dissatisfied with the quality of support they

received compared to women who did not have bulimia (Rorty, et al., 1999). In the present study, Mia shared her experience with her best friend, Samantha, whom she felt gave her intense support. Mia seemed very satisfied with and valued her friendship with Samantha. Lily and Emma talked about how they received support mainly within a group context, rehabilitation friendships and an online forum group, respectively. The women did experience support from friends, however, similar to the current literature, they also shared experiences of dissatisfaction with the quality of support they had received. For example, although Lily described that her friend Quinn was very accepting of her, even with bulimia, she shared that she wanted Quinn to provide more tangible support, such as open dialogue about how Lily was doing with her bulimia.

Wonderlich-Tierney and Vander Wal (2010) suggested that perceived social support is important to individuals with bulimia as it may serve to buffer their social anxiety and eating disorder symptomatology. They found that higher levels of perceived social support were associated with a weaker connection between social anxiety and eating disorder symptomatology (Wonderlich-Tierney & Vander Wal, 2010). In the current study, Lily talked about receiving immense support and empathy through her friendships at the rehabilitation facility, however she also shared experiences of worry and a lack of trust within herself, which profoundly impacted her experiences there. For example, she shared how it was difficult to even wish a friend happy birthday. Therefore, the results of the current study suggested that receiving support and gaining acceptance from friends is only part of individuals' experiences with social circumstances. From this current study it was evident that although support from friends was treasured, the impact bulimia had on these women was profound and friendships were merely part of their experience of living with bulimia.

Current literature has shown that women with bulimia often report being victims of bullying (Troop & Bifulco, 2002). Consistent with the literature, Emma appeared to have few friends in high school and she was also a victim of bullying. The form of bullying she described seemed to be consistent with characteristic girl bullying, as she was excluded socially and was talked about behind her back (Troop & Bifulco, 2002). Researchers have found that perceived maladaptive social relationships by individuals who have bulimia is associated with high bulimic symptomatology (Grisset & Norvel, 1992; Wonderlich-Tierney

et al., 2010). Emma was very aware of being bulled while she was attending high school and she felt a lot of anger towards her bullies. She stated that "food was easier to reach than this acceptance," indicating that she was using food and her bulimia as comfort from her experience within these relationships.

There has been little research on the experience of *loss* in friendships when one is living with bulimia. However, research on social adjustment has shown that women who live with bulimia tend to find it challenging to adjust to changes within interpersonal relationships (Arcelus et al., 2013). Mia's description of Samantha leaving back to her home country appears consistent with this research. Mia shared that it was a significant and painful time in her life. She described how she coped with her loss by binging, purging, and isolating herself.

Friendships in the Shadow of Bulimia

The women shared that their experiences of friendships often occurred in the shadow of their life with bulimia. In other words, friendships tended to not be on the forefront of the participants' minds, likely because their bulimia was. The participants discussed how their life with bulimia was the "priority" and friendships consequently went to the "background," thus remaining in the dark shadows, overpowered by their experience with bulimia. This appears to be consistent with literature as researchers have stated that women with bulimia tend to focus on and be preoccupied with their life with bulimia, which suggests that bulimia takes center stage in the person's life (Fairburn, 1997; Hellings & Bowles, 2007).

Within this theme, the women detailed accounts of how they isolated themselves from their friends and led a "secret life" with their bulimia. This is consistent with the literature as many of the social warning signs of individuals with bulimia include, hiding their behaviours, secrecy, and isolation (Buser, 2012; D'Abundo & Chally, 2004; Hellings & Bowles, 2007; Wonderlich-Tierney & Vander Wal, 2010). D'Abundo and Chally (2004) examined the experiences of 17 participants ranging in age from 17 to 46 years about their perspectives of recovery from an eating disorder. Grounded theory was to construct themes from semi-structured interviews. Similar to the findings of the current study, D'Abundo and Chally's (2004) women discussed their tendency to withdraw socially in attempts to hide their bulimic behaviour (such as binging). One of the participants in their

study said, “my boyfriend of three years doesn’t know. This is the person I’m going to marry” (p. 1099). Furthermore the researchers stated that the participants’ “pre-occupation with food and weight” created a “barrier” between themselves and others around them which “contributed to increased periods of isolation” (p. 1099). In 1996 and again in 2009, Tillmann-Healy provided an auto-ethnographical narrative look into her past “secret life” when she was living with bulimia. Her stories appeared to be not so different from the participants’ accounts in the present study. Similar to Tillman (2009) the women in the current study shared stories of isolation from friends and ways they hid their “secret life” with bulimia.

The current study found that the participants believed they had to live a “secret life” with bulimia as a way of living with the shame associated with bulimia. Lily talked about the intense shame she felt with her life with bulimia. She shared that her feelings of shame led her to hide her activities from her friends because she was wanted to avoid their judgment. This is consistent with the research from Rorty et al. (1999), which found that shame often accompanies the behaviour that is characteristic of bulimia, such as binging and purging, which leads these women to socially withdraw and be secret about their behaviour.

Internal Conflicts in the Relational Self

Internal conflicts experienced by individuals living with bulimia are not uncommon in the literature. There has been a lot of research pertaining to self-worth, self-consciousness, and feeling the need to be perfect amongst individuals living with bulimia (Arcelus, et al., 2013; Hellings & Bowles, 2007). The internal conflicts that these women discussed appeared to be connected to the Western culture’s social ideals that are placed on women. For example, Mia talked about how she felt like she needed to compare her body to others’ bodies as a way of trying to live up to the ideal of thinness that is prevalent in Western culture. Research has fallen short in terms of understanding the experiences of the relational self, specifically self-in-friendships among women living with or who have lived with bulimia.

Lamoureux and Bottorff (2005) found that the women who were recovering from anorexia shared that learning to trust was an important part of friendships. Arcelus et al. (2013) also noted that studies have found that individuals with bulimia experience

"interpersonal distrust" (p. 156). In the present study, Lily talked about how she kept her bulimia a secret from her high school friends partially because she did not trust that they would keep her secret. Alternatively, the participants in the present study described experiences they had with friendships that did involve trust. For example, Mia trusted Samantha enough to not only tell her about her bulimia, but so much that Samantha was heavily involved in her experience, knowing "everything about it [her eating disorder]," and intervened at times to stop Mia's behaviours, such as slapping her hands away from food when she knew Mia would later purge the food.

Objectification Theory and the Experience of Friendships During Bulimia

Objectification theory was the theoretical perspective utilized for this study (Fredrickson & Roberts, 1997). This theory attempts to illuminate the socio-cultural experiences that women and girls in Western culture face and uses this reference to explain the mental health risks that are associated by living in a sexually objectifying world (Fredrickson & Roberts, 1997). Fredrickson et al. (1998) stated that within Western culture, "girls and women tend to see themselves through a veil of sexism, measuring their self-worth by evaluating their physical appearance against our culture's sexually objectifying and unrealistic standards of beauty" (p. 269). Within Western culture, women's bodies are sexually objectified, treated like sexual objects, and viewed as separate from themselves as individuals. By internalizing the experiences of sexual objectification, girls and women are taught to self-objectify themselves and take on an observer's perspective about their bodies, placing heavy importance on their appearance (Fredrickson & Roberts, 1997). Once internalized, this theory suggests that there can be greater risk for developing psychological consequences such as increased body shame, increased anxiety, and eating disorders (Fredrickson & Roberts, 1997; Fredrickson et al., 1998). Western culture does not appreciate and celebrate the mature female body; rather women and girls are pathologized for trying to live up to the idealized body standards of slimness and perfection (Steiner-Adair, 1991).

The women in the current study shared experiences that seemed indicative of self-objectification that manifested in the context of their friendships. For example, Mia talked about how she "*needed*" to have legs thinner than her friends, suggesting that she had internalized the thin ideal of Western culture. It appeared as though she objectified herself

by using her friend, Brooke's, jeans as an external measure. Lily described how she felt that if something could not be done perfectly, even within her friendships, she would not do them at all. This all relates to objectification theory because it appeared as though she internalized the ideal and perfect standards that society places on women and applied them to, not only her body, but to all aspects of her life.

Objectification theory purports that shame occurs when one has internalized society's ideals, even if she does live up to the body ideals. Fredrickson et al. (1998) stated that, "phenomenologically, shame generates an intense desire to hide, escape the painful gaze of others, or disappear, along with feelings of worthlessness and powerlessness" (p. 271). This is consistent with the current study as Lily explicitly stated that the shame she felt was what drove her to hide her life with bulimia and wear a mask. Mia and Emma's experiences of isolating themselves and keeping secrets from their friends also alluded to the powerful feelings of shame they experienced.

Sexual objectification also occurs on the interpersonal level (Fredrickson & Roberts, 1997). Fredrickson and Roberts (1997) stated that sexual objectification occurs interpersonally through men's sexual gazes, comments, or "visual inspection of the body" directed towards women's bodies (p. 175). Although the women in the current study shared their experiences with *female* friends, sexual objectification on an interpersonal level also appeared to occur, to a certain extant, within these friendships. For example, Emma shared how her ex-friends bullied her because she did not meet their standards surrounding appearance, suggesting that her friends were objectifying her worth solely based on what she looked like.

The results of the current study extend our understanding of sexual objectification within friendships while living with bulimia as adolescents because self-objectification contributed to these women's feelings of self-worth within their friendships and their feelings of needing to live up to the socially constructed body standards of perfection and thinness. Our understanding of interpersonal sexual objectification within friendships has broadened from this study because it showed that interpersonal sexual objectification does not necessarily include men objectifying women, but can also include adolescent girls doing it towards each other. When this occurred, it appeared to impact the participants' internally and interpersonally by how they behaved within their friendships, their

perception of themselves, their identity of self-in-relation to others, as well as their experience with bulimia.

Delimitations and Limitations of the Study

Delimitations are parameters of the study that are imposed by the researcher because of the knowledge needed to answer the research question. In the current study, I examined women's experiences of friendships while they were adolescents living with bulimia. Due to this purposive sampling, I imposed restrictions on this research. I did not include the perspectives of men living with bulimia or women who had not had bulimia during adolescence. These delimitations are appropriate given the assumption that gender impacts experiences such as friendships and eating disorders, and that bulimia effects girls' friendships. Another delimitation was the age limits imposed on the study. I was interested in experiences of adolescent (13 to 18 years of age) friendships when the participants had bulimia; therefore, I was not looking at friendships during childhood or friendships during the participants' present lives. Therefore, I assumed that there was a specific experience of adolescent friendships different from that of child or adult friendships.

Within a study, limitations are inevitable due to constraints of the methodology and method chosen to answer the research questions. IPA was the methodological framework used for this research, which assumed that there was a subjective lived experiences amongst the participants that was experienced within a broader socio-cultural context. Therefore, the ability to generalize to all individuals was not the aim of this study. Due to the small number of participants, this study may also have low transferability. However, the aim of this research was to try to form a deep understanding of the participants' experience of adolescent friendships while they were living with bulimia, rather than obtaining a breadth of information from many participants. Another limitation of the study was the time commitment required to participate. Women, who met the criteria for the study but were otherwise too busy to commit to the three to four hours needed to participate, may not have expressed interest even though they could have potentially contributed to the understanding of this phenomenon. Finally, the use of photographs could have been a limitation of the study as women who were unwilling to take photographs or uncomfortable taking photographs may have chosen not to express interest

even though they may have wanted to share their experiences of adolescent friendships during their lives with bulimia.

Considerations for Future Research

Bulimia is one of the most widely experienced forms of mental illness amongst females (Wonderlich-Tierney & Vander Wal, 2010). This research has led to more questions about the experience of friendships while living with bulimia during adolescence. Much of the current literature on friendships and bulimia has focused on quantitative studies, mainly comparative in nature- examining friendship qualities and the correlation with bulimic symptomatology. I believe that more qualitative research needs to be done from the perspectives of individuals with or who have experienced bulimia as well as from the friends' perspective, exploring their perspectives of peer relationships when their friend or friends are living with bulimia. Examining friendships with girls who are at risk for developing bulimia may offer an understanding of friendships from a preventative perspective.

This study did not aim to examine the identity formation of these women within their friendships, however, how these women made sense of their self-in-relation to their friends while living with bulimia leads to questions about identity formation. I suggest that future research extend to how adolescent girls create their identity in-relation to others, specifically friends, while living with bulimia.

Longitudinal research may generate new insights on the development of self-in-friendships amongst girls and women living with or who have lived with bulimia over time. Furthermore, longitudinal research could include how the experience of friendships while living with bulimia during adolescence impacts future friendships during adulthood. This research may illuminate how friendships during adolescence relate to the relational self in future friendships.

The majority of current literature has focused on the negative aspects of friendships and bulimia, for example how peer teasing impacts bulimic symptomatology. I suggest that researchers further explore the positive aspects friendships in women living with or who have lived with bulimia as a way of exploring how friends may promote healing from bulimia. Future research could include exploring how mental health professionals' harness and build on the positive aspects within these friendships as a way to better support

adolescent girls living with bulimia. This may generate the possibility for high school or elementary school prevention strategies or programs.

In the present study, Lily mentioned that she felt that her friends at the rehabilitation facility were more understanding and empathetic to her struggles, describing that these friendships were "a whole other topic" compared to her high school friendships. Therefore, another recommendation would be further exploration of the experiences of friendships at rehabilitation facilities for those living with bulimia. Also, future research should include an exploration of peer group support and how this may assist adolescent girls living with bulimia.

In the present study, Lily named her eating disorder, "ED" and referred to a book she read that prompted her conceptualization of "ED" as an abusive boyfriend. I believe that future research extend to male relationships or friendships with females living with bulimia. This research may illuminate gender roles within the experience of living with bulimia as a way to explore how maturing as an adolescent female while living with bulimia and living in a sexually objectifying culture impacts the experience of being female as well as the experience of having male friends or boyfriends. Finally, I suggest that future research involve the exploration of the experiences of friendships with males who are or who have experienced bulimia in order to better understand how males make sense of friendships while living with bulimia and being surrounded by Western culture's standards of male beauty.

Considerations for Mental Health Professionals

The results of the present study may be useful for mental health professionals who work directly with individuals who have bulimia or for professionals working with friends of individuals who have bulimia. The experiences of friendships shared by the women in the present study may offer insights for these professionals because it allows for a better understanding of the challenges that may be faced in friendships when individuals are living with bulimia, such as the wearing a mask, isolation, and feeling the need to be perfect within friendships. Mental health professionals may want to explore, name, and wonder about the *Tension* that may exist within their clients' experience of friendships.

This study also found positive aspects of friendships that were experienced by the women when they were living with bulimia, such as feeling supported and understood,

which could also be explored within the therapeutic process or utilized within preventative interventions. Emma talked about how she found support and acceptance from friends through an online forum group. Mental health professionals working with this population may want to research appropriate online forum groups, such as pro-recovery cites, to provide their clients with this possible source of friendships, especially if their clients do not have friends available to them otherwise. Online connection with friends may allow adolescent girls to feel heard, understood, and safe while they are voicing their opinions behind a computer screen. Mental health professionals working in rehabilitation facilities may want to consider focusing on the positive aspects of friendships within this group context, as both Lily and Mia discussed how they felt friendships at rehabilitation facilities were special.

The findings of this study prompt consideration about the distinction between peers and friends. The definitions of peers and friends within the current literature are ambiguous and often used interchangeably (Fitzgerald, Fitzgerald, & Aherne, 2012). Within the present study, the women talked about aspects of their adolescent friendships that could be perceived as peer interactions as opposed to friendships. For example, when talking about her experience with bullying in high school, Emma shared that "there are so many 'friends' you don't know if they are your friends or not." Mental health professionals are encouraged to discuss clients' definitions of peers and friends as well as to critically examine the reciprocal and altruistic nature of friendships versus interactions with peers.

Given the results of past research as well as the results of this study, working on aspects of friendships with individuals living with bulimia may be an important part of the therapeutic process. There has been little research pertaining to friendships and individuals experiencing bulimia within the therapy process. Tantillo (2000) suggested that, "women mature in and through mutual connections with others" (p. 99). The women in the current study appeared to be no different, as they were experiencing adolescence and forming their identities through connections with their friends. Stein and Corte (2007) stated that nurturing new positive selves within the identities of individuals living with bulimia may be important to their recovery. Psychologists working with adolescents who are living with bulimia may want to focus on these individuals' experience of the relational self, in order for the clients to develop a better understanding of their self-in-relation to

friends, how their friends impact and mediate their experience with bulimia, and how their experience of friendship can potentially help in understanding other relationships within their lives. The following section will outline interpersonal psychotherapy, a therapy used with individuals with bulimia, which has the potential to explore friendships in a meaningful and guided way (Fairburn, 2005).

Interpersonal Psychotherapy

Interpersonal Psychotherapy (IPT) is a short-term psychotherapy, focusing on interpersonal relationships in the "here and now," and has been used for the treatment of bulimia (Arcelus, Whight, Langham, Baggott, McGrain, Meadows, & Meyer, 2009, p. 260; Arcelus, Haslam, Farrow, & Meyer, 2012; Fairburn, 1997; Fairburn, 2005; Murphy, Staebler, Basden, Cooper, & Fairburn, 2012). Fairburn (2005) argued that using a therapy focused on interpersonal relationships for individuals living with bulimia is effective because of the interpersonal struggles that are common with this population. The theory behind IPT assumes that interpersonal relationships influence and are part of the maintenance of bulimia, while understanding the biopsychosocial factors in the development of bulimia (Wilfley et al., 2005). Clients are made aware that their eating behaviour is not the main emphasis of this therapy because of the possibility that it may divert the focus from interpersonal problems (Fairburn, 2005). Arcelus et al. (2009) stated that IPT involves creating change within the client through generating alternative thought patterns, particularly regarding how she thinks, feels, and behaves within her interpersonal relationships. For example, psychologists utilizing IPT may help their clients improve interpersonal skills and cognitions, such as assertiveness and guilt within their friendships (Arceus et al., 2009).

IPT, when used with individuals living with bulimia, consists of 15-20 once a week sessions over a four to five month time period, each lasting 45 minutes in duration (Archelus, et al., 2009; Wilfley et al., 2005). Three phases make up treatment using IPT: the initial phase, middle or intermediate phase, and finally, the late or termination phase (Fairburn, 2005; Wilfley et al., 2005). Empirical research has been conducted using IPT and has been found to be an effective way of treating clients with bulimia (Arcelus, et al., 2009). Arcelus et al. (2009) found that there were significant reductions in bulimic symptoms such as binges, vomiting, weight concern as well as scores on inventories of interpersonal

functioning and depression within the first eight sessions using IPT. Furthermore, studies have demonstrated that IPT is just as effective in producing long-term results as cognitive-behavioral therapy for clients with bulimia (Agras, Walsh, Fairburn, Wilson, & Kraemer, 2000; Wilfley et al., 2005). Although findings suggest the efficacy of IPT, utilizing IPT, specifically within friendships of individuals who are living with bulimia, has yet to be conducted.

Conclusion

This research has contributed to the literature by providing three women's perspectives of their experience of friendships while they were living with bulimia as adolescents. Current literature has fallen short in studying the lived experiences of not only individuals living with bulimia but their interpersonal relationships, specifically friendships. The major contribution of this research was the exploration of friendships within the context of bulimia through an interpretative phenomenological lens.

What was learned from this study was that the experience of friendships when living with bulimia is complex and is connected with these women's sense of self-in-relation to friends as well as their experience with bulimia, all which were experienced within the context of an objectifying culture. Their accounts suggested that their experience with friendships while living with bulimia during adolescence was not always easy because their experience with bulimia appeared to be a pervasive priority in their lives. Bulimia often had a hold on them, casting a shadow over their friendships. *Tension* was apparent both internally and between their friends. Internally, the women talked about the need to be perfect within their friendships and how they questioned themselves, and worried about how their friends perceived them. It seemed as though their experiences of the self within their friendships were intimately connected with their sense of self-worth. For example, Lily shared how she did not feel that she was worth her friends' time, which affected her willingness to share and express herself within her friendships.

Within connection to friends, these women talked about how they tried to protect their bulimia from their friends and went to extreme lengths to do this, such as hiding their behaviour and wearing a mask. Experiencing friendships in the shadow of bulimia appeared to keep their friends at a distance, which decreased the level of depth within those friendships. These women needed to feel safe enough, meaning supported, accepted,

and understood, within their friendships in order to take off the mask and stop hiding who they were. When this happened, the *Tension* lessened and their friendships appeared to provide some light within their dark lives with bulimia.

Although identity formation was not the main focus of this thesis, nor was it explicitly asked about during interviews, the importance of these women's self-in-relation to their friends appeared significant during and post analysis. The results of this study lead to more questions than answers, particularly about the relational self and identity formation while living with bulimia as adolescents. For example, how do girls living with bulimia create their identity in relation to friendships? How do friends impact identity formation? How do friendships aid in healthy identity formation within this population? Perhaps future research will explore these newly uncovered curiosities.

Words of Wisdom

As the interview process progressed, I realized that it may be beneficial to ask the participants if they had any words of wisdom or take-away messages that they would like to leave friends of individuals with bulimia. This idea was made after both interviews with Emma; therefore, I was unable to obtain her perspective. However, Lily and Mia shared advice they would leave to the friends of girls and women living with bulimia. This advice may be beneficial to mental health professionals working with friends of individuals who have bulimia who were specifically seeking help because of a friend who had bulimia, as it may provide them with guidance regarding what friends are encouraged to do, spoken from women who have first-hand experience with the phenomenon. Furthermore, this advice would be appropriate for mental health professionals working with girls and women in school and community settings, doing preventative programming.

Lily reassured friends of individuals who have bulimia by taking any self-inflicted blame off of them, "it's not the person's fault if [the friend with bulimia] isolate, if they engage in behaviours. They are not doing it to hurt you or themselves, it's not on purpose." Similarly Mia said, "if [the friend with bulimia] gets mad it's not your fault, it's their fault of not being able to be in control or control of that part of the relationship."

Lily shared how it is important for the friend to provide support to the individual living with bulimia, even though it may be challenging, "you can't stop them from what they are doing, just be there for them, even though I know it might be a draining friendship. But

they really need someone who is there for them." Avoiding judgment was advice given by Mia, "don't identify the person by their actions." She provided a compelling argument as to why friends should not judge individuals with bulimia by comparing the addictive nature of bulimia to that of a smoking addiction:

> With smoking there might be, like there is nicotine involved and everything, but the root of smoking isn't enjoying to smoke so the root of bulimia isn't enjoying it and so as a friend it might be difficult to get to the root of it but obviously judgment, you just can't judge because you have no clue what is going on.

These words of wisdom were encouraging and insightful. These woman's recommendations for the friends of individuals living with bulimia suggest their desire to help others who are in some way affected by bulimia. Overall, these women's experiences of friendships while they were adolescents living with bulimia were not easy and were filled with many challenges. However, it is important to note that throughout their dark experiences, they experienced glimpses of light within their friendships, which cannot be overlooked. In order to best help girls and women living with bulimia, it is important for us as mental health professionals to find and harness the positive aspects in friendships as a way to promote healing.

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Appendix A: Invitation to Participate

Did you have bulimia in high school?

If you are a **woman** who has experienced **bulimia** during adolescence (between the age of 13-18 years) and are willing to discuss your experiences with friends during that time, you are invited to participate in a research study entitled *Exploring the lived experience of friendship for adolescent girls with bulimia nervosa.*

I am a University of Saskatchewan graduate student in the School and Counselling Psychology program, looking for women that meet the following criteria.
Are you…

- A **woman** between **18-25 years** of age
- Have identified yourself as having **Bulimia Nervosa during adolescence** (which is between the ages of 13-18 years)
- Willing to discuss your friendships during the time of your eating disorder
- Willing to **take photographs** that relate to your experience with your friends while you had Bulimia Nervosa
- Not currently in a state of crisis
- Able to commit approximately **3-4 hours** of your time to participate in:
    - 1- 30 minute initial meeting to go over ethics, consent forms, photo guidelines, cameras
    - Taking photographs with a camera (disposable camera is provided)
    - Get the camera film developed (processing fee is covered)
    - 1- 90 minute interview with pictures
    - 1- 90 minute follow-up interview to go through themes and for clarification.

*All interviews will be completed at the University of Saskatchewan, College of Education

If you are interested, please contact Laurissa Fauchoux by email:
friendshipsandbulimiastudy@hotmail.com

This project was reviewed and approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board (BEH#12-210) on August 1, 2012.
To thank you for your participation, each participant will receive a
$25 honorarium at the end of the follow-up interview

Appendix B: Screening Guide

Researcher: My name is Laurissa Fauchoux and I am the researcher for the study that you expressed interest in called *Exploring the lived experience of friendship for adolescent girls with bulimia nervosa.* Are you still interested in hearing more about the study?

R: If so, I would like to confirm that you meet the participation criteria for the study as well as set up a time for our initial meeting where we will go over ethics, consent, and the photographs. There is the possibility that you don't meet the participation criteria and that is fine. If that happens, you will be unable to participate in this study and I'll thank you for your time. For your interest, I will also provide a list of local counselors, and eating disorder information and I'll let you know how you can obtain the results of this study.

R: Now I am going to ask you a few questions regarding the selection criteria to confirm your eligibility for the study.

R: Are you a female between 18-25 years of age?

R: Did you have bulimia during adolescence (For this study, I define adolescence between the ages of 13-18 years old)?

R: Are you willing and able to discuss your friendships during the time of your eating disorder?

R: Are you willing and able to take photographs that relate to your experience with friendships while you had Bulimia Nervosa? (I will provide the camera and cover the processing fee.)

R: Are you *not* currently in a state of crisis? (i.e. Do you feel you are able to reflect and discuss this sensitive and personal issue? Are you currently in a period of stability? Do you have current adequate resources that will support you?)

R: Lastly, are you able to commit to approximately 3-4 hours of your time in order to participate in:

- One, initial meeting to go over ethics, consent forms, photo guidelines, and cameras
- Taking photographs with a camera (disposable camera is provided)
- Get the camera film developed (processed fee is covered)
- One, 90 minute interview with the pictures you will take
- One, 60-90 minute follow-up interview to go through themes that emerged from your transcript and for any clarification

R: Great, now that we have that covered, I would like to set up a time to meet with you for the initial meeting (where we will meet and go over the consent form, ethics, photo guidelines, cameras, and any other questions you have). This meeting and all of our contact will take place at the College of Education, Room #1219 at the U of S

Appendix C: Consent Form

UNIVERSITY OF SASKATCHEWAN

Exploring the Lived Experience of Friendship For Adolescent Girls with Bulimia Nervosa

REB#: 12-210

You are invited to participate in a research study entitled *Exploring the lived experience of friendship for adolescent girls with bulimia nervosa.* Please read this form carefully, and feel free to ask any questions you may have about the study.

Researcher: Laurissa Michelle Fauchoux, MEd. Candidate, Department of Educational Psychology and Special Education (email: friendshipsandbulimiastudy@hotmail.com)

Supervisor: Dr. Stephanie Martin, Department of Educational Psychology and Special Education (email: Stephanie.Martin@usask.ca, phone: (306) 966-5359)

Purpose: The purpose of this study is to understand the experience of friendships during the time when you experienced bulimia as an adolescent. After this initial meeting, you will take part in two audio-recorded interviews that will be approximately 60-90 minutes each. The two interviews will take place over a 1-2 month time period.

Procedure:

At present, you would have already emailed me in interest to participate in the study. I would have already emailed you back in order to set up an initial meeting to go through ethics, consent form, photo guidelines, and details regarding the study. At this initial meeting you will also be given a disposable camera. We will schedule the first interview for 2 weeks after this initial meeting. During these two weeks, you will take pictures that best represent your experience of friendships during the time you had bulimia as an adolescent as well as get the film developed. Detailed photo guidelines will be given to you that are in place to protect yourself and other's confidentiality. For example, photos cannot any identifying information including faces of people, either your self or a 3rd party (e.g., friends or family members).

As the developing fee for the camera has already been paid, I am asking you to please take the disposable camera to any Walmart location where it will be developed at no charge to you. Along with the developed photos, the Walmart sales associate will also provide you with a CD and an electronic copy of the photos. I am interested in positive and/or negative and/or neutral experiences with adolescent friends during the time when you were active with bulimia. You will be asked to bring 3-5 photos to the first interview as well as the CD of the electronic photos.

The structure of the first interview will be open-ended; meaning, I will not have a detailed list of questions for you to answer. Rather, I would like you to talk openly about the experience of friendships within the context of your experience with bulimia. The 3-5 photos you bring to this interview will be used as an interview aid to help with our discussion. I am not looking for a detailed account of your eating disorder. Rather, I am

interested in your experience of friendships while you were an adolescent experiencing bulimia. After the first interview, and prior to the data being included in the final report, you will be given the opportunity to add, alter, or delete any information they have shared before signing the data release form.

The second interview will be completed after I have transcribed your interview and have developed themes from your interview. The purpose of this second interview is for you to check my interpretation of the themes. You will not be reviewing your full transcript from our first interview, however if you wish to change, add, alter, or delete something you are free to share that with me and we will make the necessary changes.

The interviews will take place at your convenience and will be held in the Education Building (Rm #1219) at the University of Saskatchewan. The interviews will be audio-recorded and will be transcribed. Data from these interviews will be used for my (Laurissa Fauchoux's) thesis. Data within the thesis will be in either summarized form or direct quotations, however, no identifying information will be used. Your photographs may also be included in the thesis document.

Potential Benefits: There are potential benefits of this study, however, they are not guaranteed. Talking about the experiences you've had with adolescent friendships during a time when you had bulimia may allow you to form a more in-depth understanding of your experience. Furthermore, participating in this study may help provide a better understanding of friendships during bulimia. Your participation may also help inform individuals in the helping profession who work with women who have had similar experiences.

Potential Risks/Inconveniences: Risks associated with this study are minimal. However, you may experience some discomfort when discussing how your experiences of bulimia impacted your friendships. In addition, participation in this study may also cause negative or painful memories to surface. You have the right to determine what we discuss, you may refuse to answer any questions, and you also have the right to request the audio recorder to be turned off at any time. Furthermore, you have the right to end our interviews or discontinue participation in the study at any time. If you experience any emotional discomfort as a result of your participation, a list of counselors in the city of Saskatoon is attached to this document. In order to defray the costs of inconveniences (such as travel time, transportation, etc.) you will receive an honorarium in the amount of $25, even if you choose to withdraw from the study.

Confidentiality: To ensure your privacy, a pseudonym will be connected to your data. Therefore, any of your direct quotations from the interview will connect to your pseudonym. No personally identifying information will be used in my thesis. All audio recordings will be kept completely confidential. Your photographs may also be included in my thesis, therefore, please do not include any identifying information in them, such as your name, your address, or faces of friends, family, or yourself. After your first interview, and prior to the data being included in the final report, you will be given the opportunity to add, alter, or delete any information that you have shared before signing the data release form.

Storage of Data: At the end of the research project, the results and associated material (e.g., audio recordings, transcripts, and photographs) will be securely stored on campus at the University of Saskatchewan by my supervisor, Dr. Stephanie Martin, for a minimum of five years. To protect your confidentiality, your identifying information (e.g., consent forms and master participant list) will be stored in a separate location from the other data records (e.g., photographs, audiotapes). When the data is no longer required, all data (including the master list) will be destroyed beyond recovery.

Dissemination of Results: The results of this research will be used primarily for the purposes of my Masters thesis. The results may also be published or presented at conferences; however, your confidentiality will not be compromised, as a pseudonym will be used.

Right to Withdraw: Your participation is voluntary and you may withdraw for any reason, at any time, without penalty. There is no guarantee that you will personally benefit from your involvement. The information that is shared will be held in strict confidence and discussed only with my supervisor (Dr. Stephanie Martin). As stated previously, you have the right to refuse any questions, at any time. You also have the right to refuse to take, bring, or discuss the photographs. If you choose to withdraw from the study, at any time, all of the data you have contributed (including audio taped interviews and photographs) will be destroyed beyond recovery. If you choose to withdrawal this will not affect your academic status, and/or access to, or continuation of, services provided by public agencies such as the University, hospitals, social services, schools, etc. Furthermore, you will still be entitled to receive the monetary compensation ($25) for your time. Your right to withdraw data from the study will apply until November 30, 2012. After this it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data.

Questions: If you have any questions concerning this research study, please feel free to ask me at any point. You also have the option to email me or my supervisor if you have any questions. This project was reviewed and approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on August 1, 2012. Any questions regarding your rights as a participant may be addressed to the Research Ethics Office toll free at 1-888-966-2975 or ethics.office@usask.ca.

Follow-Up or Debriefing:
After you complete the first interview you will be given a debriefing form and a data release form. At this time, you will also have the opportunity to ask any questions you may have. If you wish to receive a copy of the final report please ask me or Dr. Stephanie Martin (contact information below) and a copy will be made available to you.

Consent to Participate:
I have read and understood the description provided; I have had an opportunity to ask questions and my questions have been answered. I consent to participate in the research project, understanding that I may withdraw my consent at any time. A copy of this Consent Form has been given to me for my records.

_____ _____

(Signature of Participant) (Date)

_____ _____

(Signature of Student Researcher) (Date)

Laurissa Fauchoux, B.A. (Hons), MEd. Candidate
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Office: ED 1237
E-mail: friendshipsandbulimiastudy@hotmail.com

Dr. Stephanie Martin
Department of Educational Psychology & Special Education
Phone: (306) 966-5259
Office: ED 3115
E-mail: stephanie.martin@usask.ca

Appendix D: Photo Guidelines

UNIVERSITY OF SASKATCHEWAN

Exploring Lived Experience of Friendship For Adolescent Girls with Bulimia Nervosa

Photo Directions & Guidelines

The use of photographs are included in this study because it may help create new meanings of your experience and it is another tool which you can use to help me understand your experiences.

Photo Directions:
During this meeting, you will be given a 39-shot disposable camera. We will also schedule the first interview for **2 weeks** after today. Within this 2 week period, I am asking you to take pictures that ***represent your experience of adolescent friendships during the time you had bulimia*** as well as have the film developed. I am interested in positive and/or negative and/or neutral experiences with friends during the time when you were active with bulimia as an adolescent. The camera film will be developed for you for free if you take the disposable camera to *any* Walmart location. Along with the developed photos, the Walmart sales associate will also provide you with a CD containing electronic copies of the photos. Feel free to use all 39 exposures on the film before you get the film developed. However, when you come to the **first interview please bring 3-5 photos** that *best* represent your experience. Please bring the CD containing the electronic copy of the pictures to the first interview as well.

Photo Guidelines:
In order to protect your and other's confidentiality, there are some guidelines/rules for using photos.

- You are creatively free to take photos of whatever represents your experience of friendships during the time you had bulimia as an adolescent
- You **CAN** take pictures of objects, places, and animals
- Photos **CAN NOT** include faces of people, either yourself or 3rd party others (e.g., friends or family members). This is to protect your confidentiality as well as others.
- Photos **CAN NOT** include any identifying information (e.g., your name, address, or anything else that may allow others to identify you)
- Here are some questions to help you think about your adolescent friendships. You may find these questions useful or not useful but they are simply here to get you thinking of your adolescent friendships, which may help you in taking pictures.
    - Who were your friends during this time in your life? Many? A few?
    - What did you do with them?
    - What did you value about these friendships?
    - Were there problems in these friendships?

- How did bulimia affect your friendships?
- How did your friendships affect your bulimia?

If you have any questions about the photo guidelines or the study in general please email or call the student researcher, Laurissa Fauchoux at:
friendshipsandbulimiastudy@hotmail.com or call: 966-2651

Appendix E: Counselling Services

UNIVERSITY OF SASKATCHEWAN

Exploring the Lived Experience of Friendship For Adolescent Girls with Bulimia Nervosa

Counselling Services

Should you experience any emotional anxiety or distress as a result of our interviews, below is a list of counsellors in Saskatoon.

Saskatoon Family Service
506 25th Street East
Saskatoon SK S7K 4A7
Phone: (306) 244-0127
Website: www.familyservice.sk.ca
Fee: Sliding scale (dependant upon income)

Adult Community Services
4th Floor
715 Queen Street
Saskatoon SK 655-7950
Website:
http://www.saskatoonhealthregion.ca/your_health/ps_mhas_adult_community_adult_mental_services.htm
Fee: No charge

University of Saskatchewan
Student Health and Counselling Services
3rd Floor of Place Riel
Phone: (306) 966-4920
Website: http://students.usask.ca/current/life/health/
Fee: Free for U of S students

Eating disorder Information

National Eating Disorder Information Centre
http://www.nedic.ca/
The NEDIC offers a hotline that provides "information on treatment and support." Reach NEDIC at 1-866-633-4220 (Canada-wide) between 9 am and 5 pm Monday through Friday (EST)

Canadian Mental Health Association
http://www.cmha.ca/mental-health/understanding-mental-illness/eating-disorders/

The Something Fishy Website on Eating Disorders
http://www.something-fishy.org/

Bridgepoint Center for Eating Disorders
http://www.bridgepointcenter.ca/

Appendix F: Debriefing Form

UNIVERSITY OF SASKATCHEWAN

Exploring Lived Experience of Friendship For Adolescent Girls with Bulimia Nervosa

Thank you again for participating in study. Your openness to share your personal experiences surrounding your adolescent friendships while you were experiencing bulimia is greatly appreciated. Without you this research would not be possible. As stated in the consent form, your data will be part of Laurissa Fauchoux's thesis entitled *Exploring Lived Experience of Friendship For Adolescent Girls with Bulimia Nervosa.* If you have any further questions or would like a copy of the results please contact the Laurissa Fauchoux or Dr. Stephanie Martin at the information provided below.

Thanks again,

Laurissa Fauchoux, B.A. (Hons), M.Ed. (Candidate)

Contact Information:
Laurissa Fauchoux
Phone: 966-2651
Email: friendshipsandbulimiastudy@hotmail.com

Dr. Stephanie Martin
Office ED 3115
28 Campus Dr.
Saskatoon, SK
S7N 0X1
Phone: 966-5259
Email: stephanie.martin@usask.ca

Appendix G: Data Release Form

UNIVERSITY OF SASKATCHEWAN

Exploring Lived Experience of Friendship For Adolescent Girls with Bulimia Nervosa

Data Release Form

I, _____, hereby authorize the release of the photographs I have taken and discussed to Laurissa M. Fauchoux to be used in the manner described in the Consent Form. I have received a copy of this Data Release Form for my own records.

_____	_____
Name of Participant	Date
_____	_____
Signature of Participant	Signature of Student Researcher

Appendix H: Interview Questions

Interview Guiding Questions

Interview One-

1. Please share with me your experience of friendships during the time when you were actively engaged in Bulimia Nervosa.
2. Please share with me the picture(s) you took and how they relate to your experiences of friendships during the time when you were actively engaged in Bulimia Nervosa.

Probes:

- FIRST: "I know you identify with the criteria for my research- Would you mind sharing a bit of your story with me?"
  - how old are you? As an adolescent what age did you have bulimia?
- What do your picture(s) represent about your friendships during the time you had Bulimia Nervosa?
- Tell me about your place in your peer group during this time
  - did you have many friends, little friends?
- How did you interact with your friends?
  - what kinds of things did you do with them?
- What did you value about your friendships during the time you had bulimia?
- What kinds of problems in these friendships did you encounter during the time you had bulimia?
- Tell me about whether or not your friends knew about your bulimia.
  - If she told: Who did you tell? How did you tell them? How did they react? How did you feel about telling them?
  - If she didn't tell: how did you hide your bulimia (How did you feel when you hide it? What kinds of things did you tell yourself when you did it?)

- What was it like for you?
- Can you tell me more about that?
- What do you mean?
- Can you give me an example?

- LAST: Is there anything else you think I should know in order to help me answer my research question "What is the lived experience of adolescent friendships during active engagement of bulimia nervosa?"

Remember the senses!

- What were you feeling at the time?
- What were your emotions?
- Can you give me an example?
- Could you describe that more?

Interview Two-

1. During today's interview, I would like to discuss with you the themes that surfaced throughout our last interview. Here is a list of themes that have surfaced; do you feel these themes are reflective of your experiences of friendships during that time in your life?
    a. If yes, how so?
    b. If not, which theme(s) specifically do you not feel are representative?
    c. Is there anything you feel I have missed?

Appendix I: Ethics Application

For administrative use only	
File Number:	Date received:

Application for Behavioural Research Ethics Review

Evaluating Applications

The matters of greatest concern to the Behavioural Research Ethics Board (Beh-REB) are the issues of informed consent of participants, voluntary participation, protection of individual privacy (confidentiality and anonymity), and safeguarding participants from any harmful results due to participation or non-participation in the proposed investigation or research project. Our evaluation of an application is based on the degree to which each of these concerns are satisfied; when filling out the application, researchers are urged to consider these points, and to explain to the Beh-REB the steps they will take to address the concerns. Researchers are also urged to consult the Tri-Council Policy Statement 2 for more information and guidance.

The Beh-REB acknowledges the variety of paradigms and methodologies currently available to researchers, and that each of these paradigms entails its own particular ethical issues. Thus, there may be more than one way to address an ethical issue. Researchers should feel free to suggest alternative approaches or to explain why a particular requirement is not appropriate in the context of a given project.

All text boxes will expand once <Enter> is selected or the cursor moves to the next section.

PART 1: IDENTIFICATION	
1.1	**Project Title** GN 1.1 Exploring the lived experience of friendship for adolescent girls with bulimia nervosa
1.2	**Principal Investigator** GN 1.2 Full Name: Stephanie Martin (PhD) Mailing Address: Office ED 3115 28 Campus Dr., Saskatoon, SK, S7N 0X1 Email: stephanie.martin@usask.ca Phone: 966-5259 NSID number (U of S faculty only): slm996
1.3	**University/Institutional Affiliation of Principal Investigator** GN 1.3 Position: Associate Professor Department: Eduational Psychology and Special Education Division: College of Education
1.4	If this is a student/graduate/resident project, please provide the following information: GN 1.4 a) Student Name(s) and Student ID or NSID (s): Laurissa Fauchoux, Student ID #10205513 b) Supervisor Name: Dr. Stephanie Martin
1.5	**Project Personnel (include graduates/post graduates/residents):** GN 1.5 [Add Personnel] [Remove Last] Full Name: Dr. Stephanie Martin Project Position/Role: Principal Investigator University/Institutional Affiliation: University of Saskatchewan Email: stephanie.martin@usask.ca Phone: 966-5259
1.6	**Primary Contact Person for Correspondence (if different than Section 1.2)** GN 1.6 Full Name: Mailing Address:

	Email:	Phone:
1.7	Research Site(s) where project will be carried out:	University of Saskatchewan, College of Education
1.8	1.8.1 Proposed Project Period: GN 1.8 From (MM/DD/YY)	07/01/12 To (MM/DD/YY) 02/01/13
1.9	**1.9.1 Has this project applied for and/or received ethical approval from any other Research Ethics Board? Will you be seeking REB approval through the Sask. ethics harmonization process?** GN 1.9 ☐ Yes ☒ No **1.9.2 Please be advised that approvals may need to be sought if you are collecting data from schools, within health regions and may be required from other organizations, agencies, or community groups. Will you be contacting potential participants or collecting data from any such organizations?** GN 1.9.2 ☐ Yes ☒ No	
1.10	1.10.1 Status of Funds: GN 1.10 ☒ Awarded ☐ Pending ☐ **Unfunded** 1.10.2 Provide name of funding source: Social Sciences and Humanities Research Council (SSHRC) 1.10.3 Source of Funds: ☐ **Industry** ☐ National Institute of Health (NIH) ☒ **Tri-Council Grant** ☐ Cooperative Group (NCIC, COG, RTOG) ☐ Not-for-Profit Foundation ☐ Internally funded	
11.1	Name of Sponsor if different from above funding source:	

PART 2: CONFLICT OF INTEREST

2.1	**2.1.1 Is there any real, potential or perceived conflict of interest (any personal or financial interest in the conduct or outcome of this project)?** GN 2.1 No **2.1.2 Will any of the researcher(s), members of the research team and/or their immediate family members:** · Receive personal benefits in connection with this project over and above the direct costs of conducting the project, such as remuneration or employment? · Receive significant payments of other sorts from the sponsor such as grants, compensation in the form of equipment or supplies or retainers for ongoing consultation and honoraria? · Have a non-financial relationship with a sponsor (such as unpaid consultant, board membership, advisor or other non-financial interest? · Have any direct involvement with the sponsor such as stock ownership, stock options or board membership. · Hold patents, trademarks, copyrights, licensing agreements or intellectual property rights linked in any way to this project or the sponsor? · Have any other relationship, financial or non-financial, that if not disclosed, could be construed as a conflict of interest? ☐ Yes ☒ No

PART 3: BRIEF OVERVIEW OF RESEARCH PROJECT

3.1	**Briefly describe the project, its objectives and potential significance (250-500 words):** GN 3.1 The purpose of this study is to explore the retrospective experiences of friendships during a time when participants were actively engaged in bulimia nervosa. Bulimia nervosa (BN) is an eating disorder that affects 1.5% of the general population and typically begins during adolescence (Hudson, Hiripi, Pope, & Kessler, 2007). Friends become increasingly important during adolescence and their affect on each other is significant (Pauls, 2000). Friends have been found to be a key influence in the development of BN (Eisenberg, 2005). Adolescent girls tend to be similar to their friends on body dissatisfaction, eating attitudes, and disordered eating (Eisenberg, 2005). There has been little qualitative inquiry pertaining to individuals who have had BN, nor their experiences with friends. Approximately 3-5 young women (aged 18-25) who self-identify as having BN during adolescence (between 13-18 years of age) will participate in the study. Interpretative phenomenological analysis (IPA) will be used to explore the retrospective lived experiences of friendships with young women who have had a history with BN. Photo elicitation will also be used as a tool to aid in data generation. Two 60-90 minute interviews will be used to obtain the data. These interviews will be analyzed using an interpretative phenomenological approach.

3.2	**Provide a description of research design and methods to be used:** GN 3.2 Interpretative phenomenological analysis (IPA) will be used to explore the retrospective lived experiences of friendships with young women who have had a history with BN. Photo elicitation will be used as a tool to aid in data generation (see Appendix D- Photograph Guidelines). Participants will be asked to bring 3-5 photos to the first interview that will facilitate the interview. Ethics surrounding the use of photos will be included in the Consent Form (see Appendix C). The participants will be in charge of developing the film of the disposable cameras, however, the developing fee will be previously paid for. Two 60-90 minute interviews will also be used to obtain the data. These interviews will be analyzed using an interpretative phenomenological approach.
3.3	Provide details regarding the duration and location of data collection event(s): GN 3.3 There will be two methods of recruiting potential participants, posters and University of Saskatchewan and SIAST electronic announcements. If the potential participants are interested in the study, they will contact the student researcher at the e-mail address provided on the 'invitation to participate' poster (See Appendix A) or at the e-mail address provided on the electronic announcement. I, the student researcher will then e-mail the potential participant and ask her if she could provide me with a phone number where I could reach her to go over the telephone screening guide (see Appendix B). The telephone conversation will take approximately 5-10 minutes. If the potential participant does not meet the criteria, I will thank her for her interest, offer her a copy of the results of the study, as well as provide her a list (via email) of counselling and eating disorder information. If she meets the requirements, an initial follow meeting will take place at the University of Saskatchewan, College of Education, Room 1241. The initial meeting will take approximately 30 minutes. At this meeting we will set up the initial interview time where I will provide the participant with a disposable camera and photo guidelines (see Appendix D). Film developing will also be discussed. The participants will be asked to bring in their pre-paid disposable camera to any Walmart location where there will be no developing fee for them. The participants will then bring 3-5 developed photos to the first interview. The purpose of the second interview will be to allow the participant to check the themes created by the researcher from her first interview as well as to allow for any clarification. The two interviews (one main and one follow-up interview) will take approximately 90 minutes each. Both interviews will take place at University of Saskatchewan, College of Education, Room 1241. The student researcher hopes to have all data collected within a 2-3 month time period. ☐ Questionnaire ☐ Participant Observation ☒ Individual Interviews ☐ Focus Groups ☐ Group Interview ☐ Non-invasive physical measurements ☒ Video/audio recording ☐ Secondary use of data or analysis of existing data ☐ Home Visits ☐ Ethnography ☒ Other: Photography

PART 4: PROJECT DETAILS	
4.1	**4.1.1 Will you have any internet-based interaction with participants?** GN 4.1 ☒ Yes ☐ No **4.1.2 If you are using a third party research tool, website survey software, transaction log tools, screen capturing software, or masked survey sites, how will you ensure the security of data gathered at that site?** I am not using a third party research tool. The internet-based interaction with my participants will be via e-mail communication through an e-mail address I have created specifically for this study (e-mail address: friendshipandbulimiastudy@hotmail.com). **4.1.3 Describe how permission to use any third party owned site(s) will be obtained, if applicable:** N/A **4.1.4 How will you protect the privacy and confidentiality of participants who may be identified by email addresses, IP addresses, and other identifying information that may be captured by the system during your interactions with these participants?** The student researcher is the only person who knows the password to the e-mail address account. **4.1.5 If you do not plan to identify yourself and your position as a researcher to the participants, from the onset of the research study, explain why you are not doing so, at what point you will disclose that you are a researcher, provide details of debriefing procedures, if any, and if participants will be given a way to opt out, if applicable:** N/A
4.2	**4.2.1 Will your research involve Aboriginal Peoples including First Nations, Inuit and Métis peoples?** GN 4.2 ☐ Yes ☒ No

4.3	**4.3.1 Will the project involve community-based participatory research? GN 4.3** ☐ Yes ☒ No
4.4	**Will deception of any kind be necessary in this project? GN 4.4** ☐ Yes ☒ No
4.5	**Indicate how the participants will be debriefed following their participation (if applicable), and describe how the information on the results of the research will be made available to participants once the study has ended. Debriefing is particularly important if deception has been used. GN 4.5** At the end of the follow-up interview, participants will be thanked for their involvement and given the opportunity to ask any questions. If they desire a copy of the completed study, they will be provided with the researcher's contact information (see Appendix I- Debriefing Form). All participants will also be given a list of local counselling services and eating disorder information in order for them to have further support if they feel it necessary (see Appendix F- Counselling Services).
4.6	**Will participants be compensated? GN 4.6** ☒ Yes ☐ No Please include details: Each participant will be given an honorarium of $25 after the follow-up interview in recognition of their time and to help cover any additional costs (e.g., transportation, child care) they may have encountered as a result of their participation. Even if participants choose to withdraw from the study they will still be entitled to the $25 honorarium.
4.7	**4.7.1 Will participants be anonymous in the data gathering phase of the study? (Anonymous means that no link can be established between the participant and the research - no one including the researcher knows who has participated in the research):** ☐ Yes ☒ No **4.7.2 Will the confidentiality of participants and their data be protected? (Confidentiality means that no link can be established between the collected information and the participant's identity)** ☒ Yes ☐ No **4.7.3 If yes, are there any limits to confidentiality:** ☐ **Limits due to the nature of group activities (e.g. focus groups): the researcher cannot guarantee confidentiality** ☐ **Limits due to context: individual participants could be identified because of the nature or size of the sample or because of their relationship with the researcher.** ☐ **Limits due to selection: procedures for recruiting or selecting participants may compromise the confidentiality of participants (e.g. participants are referred to the study by a person outside the research team)** ☒ Other: Limits due to data collection: Since photographs will be used as a research tool, photograph guidelines will be given to the participants (see Appendix D- Photography Guidelines) in order to protect their and other's identity. Before each interview, participants will be assigned pseudonyms. Only the primary researcher and student researcher will know the actual identity of the participants. No identifying information will be used in any of the transcripts, thesis, or additional publications (pseudonyms will be used throughout). Although quotations may be used in the results, the participant's pseudonyms will be used. Participants will be given copies of their transcripts to review and they may omit, alter, add, or change their statements in order to protect their identity.

PART 5: ESTIMATION OF RISKS AND BENEFITS

5.1	**5.1.1 Do you consider this project to be: GN 5.1** ☒ Minimal Risk ☐ Above Minimal Risk **5.1.2 Indicate if the participants might experience any of the following:** **Risk of psychological or emotional harm or discomfort (e.g. trauma, anxiety, stress)** Participants may experience discomfort or feel nervous because of the nature of being interviewed and by discussing senstive issues. **Legal repercussions for participating in the study(e.g. possibility of being sued, charged with criminal activity, disclosure of past or future criminal activities, etc.)** N/A **Social repercussions (e.g. ostracized, being negatively judged by peers or employer, fired from your job)** N/A **Risk of physical harm or discomfort (e.g. falling, muscle pain, tiredness, weakness, nausea)**

N/A

5.1.3 Describe how the risk will be managed (including an explanation as to why an alternative approached could not be used). If appropriate, identify any resources, e.g. physician or counselor, to which participants can be referred. GN 5.1.3

Participants will be treated with respect, participation is voluntary, and participants will not be obligated to answer questions that they do not feel comfortable discussing during the interview process. Participants will have the right to withdraw at any time and are free to turn off the tape-recorder should they wish. Due to the sensitive nature of the content and length of the interview, participants will be able to take a break during the interview if they wish.

5.1.4 If above minimal risk, what are the likely benefits of the research to the researcher, participant, the research community and society that would justify asking participants to participate? GN 5.1.4

N/A

PART 6: PARTICIPANT RECRUITMENT

6.1

Describe the participants and the criteria for their inclusion or exclusion. Indicate the number of participants and a brief rationale for the intended number of participants: GN 6.1

Approximately 3-5 participants will be invited to join the study. Smith and colleagues (2009) stated that a smaller number of participants is ideal in IPA research because it allows for in depth analysis of the individual cases but also the ability to search for shared connections and themes amongst the cases. The participants will be selected with purposive sampling, meaning participants will be selected based on their ability to answer the research question (see Appendix A- Invitation to Poster).

Each participant will meet the following inclusion criteria:

1. Be a woman between 18-25 years old
2. Have identified themselves as having bulimia nervosa during adolescence (which is defined as 13-18 years of age)
3. Are willing to discuss their peer relationships/friendships during the time of their eating disorder
4. Are willing to take photographs that relate to their experience with their friends while they had BN (disposable camera is provided by the researcher)
5. Not currently in a state of crisis
6. Must be able to commit approximately 3-4 hours of their time to participate in (1) one initial meeting to discuss the study, provide consent form, photo guidelines, and cameras, (2) one 60-90 minute interview with pictures, and (3) one 60-90 minute follow-up interview to go through their transcript and any other clarification.

It is important to note that participants may still currently have BN. But in order to participate in this study they must be in a period of stability to discuss and reflect on their past friendship experiences and have adequate resources that will support them. Since BN is most common during adolescence and young adulthood, I am interested in young women's retrospective experiences of their friendships during that time of life; therefore, I am imposing that they have had BN during adolescence (which I define as 13-18 years old). It is important the participants are not in a current state of crisis because I am interested in their experiences retrospectively, in hopes that may have some insight into their experience and are able to discuss it in a way that may not hinder their healing process.

6.2

6.2.1 Provide a detailed description of the method of recruitment. GN 6.2

There will be two methods of recruiting potential participants, posters and University of Saskatchewan and SIAST electronic announcements. An 'Invitation to Participate' poster (see Appendix A) will be used to recruit participants via community programs, counselling or mental health centres, the University of Saskatchewan, and SIAST. The poster will include the purpose of the study, inclusion requirements, and researcher's contact information. The electronic announcement will contain the same information as the poster. Participants will be able to contact the student researcher by the e-mail. This e-mail address (friendshipsandbulimiastudy@hotmail.com) will be created by the student researcher specific to this study to ensure privacy of the student researcher. This e-mail address, including messages from participants, will be deleted upon completion of the study. Once potential participants have shown interest in participating in the study, they will be screened via telephone (see Appendix B) in order to ensure they meet the participation criteria and to set up a time for the initial meeting. All calls will be made from the student researcher's office in the Education Building at the University of Saskatchewan (Phone number: (306-966-2651).

6.2.2 How will prospective participants be identified?

The recruitment of participants will be completed by electronic announcement on the U of S and SIAST website and by placing an 'Invitation to Participate' (see Appendix A) poster around various community programs, counselling or mental health centres, as well as distributing posters around the University of Saskatchewan and SIAST. If potential participants are wanting to participate in the study, they will be invited to contact the student researcher (Laurissa Fauchoux) via e-mail at friendshipsandbulimiastudy@hotmail.com. Potential participants will be screened via telephone by Laurissa Fauchoux (see Appendix B) in order to determine whether or not they meet the participation criteria and to set up a time for the initial meeting. If the potential participant does not meet the criteria, I will thank her for her interest, offer her a copy of the results of the study, as well as provide her a list (via email) of counselling and eating disorder information if she is interested. Their identifying information, including e-mails and phone number will

	be destroyed beyond recovery. All calls will be made from Laurissa Fauchoux's office in the Education Building at the University of Saskatchewan (Phone Number: (306-966-2651). **6.2.3 Who will contact prospective participants? Describe the source of the contact information, how they will be contacted and as applicable, who originally collected the contact information. Ensure any letters of initial contact or other recruitment materials are attached, e.g. advertisements. flyers, telephone script, etc.** The recruitment of participants will be completed by an 'Invitation to Participate' (see Appendix A) poster and an electronic announcement. Potential participants will be screened via telephone by the student researcher, Laurissa Fauchoux (see Appendix B), in order to determine whether or not they meet the participation criteria and to set up a time for the initial meeting. All direct communication made to the participants will be from the student researcher unless the participants choose to contact the primary investigator at her own discretion.
6.3	**In cases where the research involves special or vulnerable populations, distinct cultural groups, or in cases where the research is above minimal risk, the researcher should describe their experience or training in working with the population. If none of these criteria apply, this section may be omitted.** GN 6.3 As a School and Counselling Psychology graduate student in the department of Educational Psychology, I have completed relevant coursework and two practicum placements. Many of my assignments and presentations have been concerning my research interest with Eating Disorders and the affected individuals and families. Therefore, my program has allowed me to combine my research interest, practical knowledge, and increasing interview experience which will all serve to facilitate my ability to do this research. My supervisor, Dr. Stephanie Martin's background is in counselling psychology and her research expertise is in qualitative methodologies, specifically concerning women's issues. I will meet with my supervisor regularly.
6.4	**Where relevant, please explain any relationship (pre-existing, current or expected to have) between the researcher(s) and the researched (e.g. instructor-student, manager-employee, co-workers, family members/intimate relationships, etc). Please pay special attention to relationships in which there may be a power differential. Describe any safeguards and procedures to prevent possible undue influence, coercion or inducement.** GN 6.4 N/A

PART 7: CONSENT PROCESS

7.1	**Describe the process that will be used to obtain informed consent. Please note that it is the content of the consent, not the format that is important. If the research involves collection of personally identifiable information from a research participant or extraction of personally identifiable information from an existing database, please describe how consent from the individuals or authorization from the data custodian will be obtained. If there will be no written consent, please provide a rationale for oral or implied consent (e.g., cultural appropriateness, online questionnaire, etc.) and explain how consent will be recorded.** **7.1.1 Describe the consent process.** GN 7.1 Participants will be informed on the purpose of the research, research process, potential risks and benefits of participation, expectations of and rights of participants, and any limits of confidentiality prior to data collection. Participants will be asked to sign a copy of the consent form and will be given a copy for their records. See Appendix C for the consent form. **7.1.2 Who will ask for consent?** The student researcher conducting the interview will ask for consent **7.1.3 Where, and under what circumstances will consent be obtained?** Consent will be obtained before conducting any data collection **7.1.4 Describe any situation in which the renewal of consent for this research might be appropriate and how this would take place (e.g. longitudinal studies, multiple data collection events, etc.).** N/A
7.2	**If any or all of the participants are children and/or are not competent to consent, describe the process by which capacity/competency will be assessed, the proposed alternate source of consent - including any permission/ information letter to be provided to the person(s) providing the alternate consent - as well as the assent process for participants.** GN 7.2 N/A
7.3	**Describe your plans for providing project results to the participant?** GN 7.3 As stated in the debriefing form (see Appendix I), participants will be given the opportunity to review the themes generated from their first interview at the follow-up interview. If participants are interested they can request a summary of the research findings by contacting the student researcher or her supervisor at the contact information provided on the consent form.
7.4	**How and when are participants informed of the right to withdraw? What procedures will be followed for participants who wish to withdraw at any point during the study?** GN 7.4 Participants will be informed of their right to withdraw during the informed consent process. If participants wish to withdraw at any point during the study there will be no risk or consequence for the participant. Furthermore, they will still be given the $25 honorarium for their time.

PART 8: DATA SECURITY AND STORAGE

Indicate the procedures you plan to implement to safeguard and store the data. Identify the person who will be assuming responsibility for data storage (University regulations require the researcher or the supervisor, in the case of student research, to securely store the data at the University of Saskatchewan for a minimum of five years upon the completion of the study - (Procedures for Stewardship of Research Records at the University of Saskatchewan 2010.)

8.1	**Who will conduct the data collection?** GN 8.1 The student researcher, Laurissa Fauchoux
8.2	**Who will have access to the original data of the study?** GN 8.2 Laurissa Fauchoux and Dr. Stephanie Martin
8.3	**How will confidentiality of original data be maintained as well as preserving or destroying data after the research is completed. For all data (e.g. paper records, audio or visual recordings, electronic recordings), indicate the:** GN 8.3
	8.3.1 Person responsible for data storage: To ensure that participant confidentiality is protected: transcripts of interviews will be password protected on the student researcher's computer and participants will be assigned pseudonyms. No identifying information will be used in any of the transcripts, thesis, or additional publications (pseudonyms will be used throughout). Although quotations may be used in the results, pseudonyms will be used. Participants will not be given copies of their transcripts to review but will be given the opportunity to review the themes generated from their interview. After the first interview, and prior to the data being included in the final report, participants will be given the opportunity to add, alter, or delete any information they have shared before signing the data release form. Since photographs will be used as a research tool, photograph guidelines will be given to the participants (see Appendix D) in order to protect their and other's identity. Only the student researcher and her supervisor will know the actual identity of the participants. Photos may be used in presenting the results of the study but precautions (i.e. photo guidelines) will be used to protect participants' and other's identity.
	8.3.2 Data security during transportation from collection site: Data will be securly transported using a locking filebox.
	8.3.3 Means and location of storage (e.g. a locked filing cabinet, password protected computer files, encryption): All information will be stored in a locked file cabinet while the student researcher is working with the data. All electronic information will be stored on Laurissa Fauchoux's password protected computer. After data analysis is complete, all information will be stored in a locked filing cabinet in Dr. Stephanie Martin's office.
	8.3.4 Time duration of storage (Must be > 5 Years): Following the completion of the study, data will be kept for a minimum of 5 years in a locked filing cabinet in Dr. Stephanie Martin's office.
	8.3.5 Final disposition (archive, shredding, electronic file deletion): After 5 years have elapsed data will be shredded and electronic files will be perminently deleted.
8.4	**Indicate how the data collected is intended to be used (thesis, journal articles, conference presentation, media, etc).** GN 8.4 The data collected is intended to be used for Laurissa Fauchoux's thesis and may be presented at conferences and/or published in professional journals.

PART 9: Declaration by Principal Investigator
(or Supervisor for student projects)

Project Title
Exploring the lived experience of friendship for adolescent girls with bulimia nervosa

- I confirm that the information provided in this application is complete and correct.
- I accept responsibility for the ethical conduct of this project and for the protection of the rights and welfare of the human participants who are directly or indirectly involved in this project.
- I will comply with all policies and guidelines of the University and Health Region/affiliated institutions where this project will be conducted, as well as with all applicable federal and provincial laws regarding the protection of human participants in research.
- I will ensure that project personnel are qualified, appropriately trained and will adhere to the provisions of the REB-approved application.
- I certify that any significant changes to the project, including the proposed method, consent process or recruitment procedures, will be reported to the Research Ethics Board for consideration in advance of its implementation.
- I certify that a status report will be submitted to the Research Ethics Board for consideration within one month of the current expiry date each year the project remains open, and upon project completion.
- If personal health information is requested, I assure that it is the minimum necessary to meet the research objective and will not be reused or disclosed to any parties other than those described in the REB-approved application, except as required by law.
- I confirm that adequate resources to protect participants (i.e., personnel, funding, time, equipment and space) are in place.
- I understand that if the contract or grant related to this research project is being reviewed by the University or Health Region, a copy of the ethics application inclusive of the consent document(s), may be forwarded to the person responsible for the review of the contract or grant.
- I understand that if the project involves Health Region resources or facilities, a copy of the ethics application may be forwarded to the Health Region research coordinator to facilitate operational approval.

Signature of Principal Investigator and/or Supervisor	Printed Name of Principal Investigator and/or Supervisor	Date (MM/DD/YY)
Signature of Student Investigator	Printed Name of Student Investigator	Date (MM/DD/YY)

Department Head (UofS and RQHR only) : The signature/approval of the Department/Administrative Unit acknowledges that he/she is aware of and supports the research activity described in the proposal.

Signature of Department Head	Printed Name of Department Head	Date (MM/DD/YY)

SECTION 10: APPENDICES GN 10		
Document	**Included?**	**Description**
Recruit Material(s)	☒ Yes ☐ N/A	See Appendix A (Invitation to Participate Poster)
Letter (s) of Initial Contact	☒ Yes ☐ N/A	See Appendix B (Telephone Screening Script)
Consent Form(s)	☒ Yes ☐ N/A	See Appendix C (Consent Form)
Assent Form(s)	☐ Yes ☒ N/A	
Research Tool(s) (e.g. Questionnaires, focus group guides, interview scripts, etc.)	☒ Yes ☐ N/A	See Appendix D (Photo guidelines), Appendix E (Interview Quesitions), Appendix I (Debriefing Form)
Transcript Release Form(s)	☒ Yes ☐ N/A	See Appendix G (Transcript/Data Release Form)
RQHR Operational/Departmental Approval Form	☐ Yes ☒ N/A	
Other (please specify): Counselling Services Referal Sheet	☒ Yes ☐ N/A	See Appendix F (Counselling Services Referal Sheet)