



## 'It's always that idea that everyone's trying to *look like* something': Revising sociocultural factors in eating disorders through Photovoice

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### ABSTRACT

Eating disorders (EDs) are now often approached as biopsychosocial problems. But the 'social' aspects of the equation are often marginalised or relegated to contributory factors, whether in mainstream ED research or clinical practice. When such factors are considered, an emphasis on media images and 'thinness expectancies' tends to predominate – offering a familiar narrative which may be limiting in understanding the aetiology and experience of EDs. This study draws upon feminist approaches to EDs and the methodology of Photovoice (Wang and Burris, 2004) to understand how 10 people with lived experience frame and articulate the role(s) of sociocultural influences in the development of their eating problem. The responses help to consolidate the argument that a focus on media and body image may be misleading, pathologizing and contribute to the stigmatisation of EDs. Whilst some have argued for better 'mental health literacy' in understanding EDs and combatting stigma, it is suggested here that improved 'sociocultural literacy' – understanding the interaction between sociocultural discourses and mental health – is just as pressing.

### Introduction

Eating disorders (EDs) are now often approached as biopsychosocial (BPS) problems that reflect the influences of biological, psychological and social factors (Culbert et al., 2015). But the social aspects of the equation are often marginalised or side-lined, whether in mainstream ED research - such as that emerging from Medicine or Psychology - or clinical practice (Bordo, 1993; Holmes, 2016; LaMarre et al., 2022; Lester, 2004). As LaMarre et al. have argued, "what we know' about eating disorders has often been informed by a perspective in which sociocultural factors are viewed as secondary rather than as fundamental aspects of research, prevention, and treatment" (LaMarre et al., 2022: 5). Furthermore, criticisms of the BPS model of health and illness suggest that it not only marginalises culture but also studies it in limited ways (Anderson-Fye, 2017). Indeed, with regard to EDs, sociocultural influences are too often reduced to questions of body image and the power of the media in propagating a slender ideal (Katzman & Lee, 1997; Lavis, 2014; Malson, 2009). To be sure, there is a substantial body of empirical research that investigates the relationship between media influence, body image and EDs (see Levine & Maine, 2010; Spettigue & Henderson, 2004; Tiggemann, 2003). This relationship is contested and complex, and it would clearly be problematic to dismiss the relevance of these factors to the development of body/ eating distress. But what is

troubling is the extent to which such conceptions tend to *dominate* understandings of the relationship between sociocultural factors and EDs within particular fields. This is not only in terms of ED scholarship (Culbert et al., 2015, clinical treatment practices (Holmes et al., 2017) and popular discourses (Boughtwood, 2005; Holmes, 2018), but also with respect to the implications such constructions have for the making of 'ED' subjectivities – the understandings, experiences and identities of those diagnosed with an eating problem. Discussions of sociocultural factors have permeated numerous examples of qualitative research on EDs (e.g. Boughtwood, 2005; Dignon et al., 2006; Malson, 1998; Saukko, 2008), yet there is little work that has explicitly *asked* people with lived experience (PWLE) about how they understand such issues in the aetiology/ maintenance of their eating problem.

In order to explore this, this article draws upon feminist approaches to EDs and the methodology of Photovoice (PV) (Wang and Burris, 1994). Photovoice has been seen as particularly suited to generating counter-narratives or alternative constructions which speak back to dominant discourses (Gatenby & Humphries, 2000; Thompson et al., 2008). The focus of the study is to understand how PWLE articulate their own understandings of sociocultural factors - not to ascertain or 'prove' the 'veracity' of these narratives, and thus to engage in contested debates about the aetiology of eating problems more broadly. It may be suggested that it is difficult for participants to 'know' which factors

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contributed to their ED as these are often multi-faceted, complex, and not always part of conscious experience and understanding. However, if researchers and clinicians have had a voice in exploring these factors (across disciplines and for many years), it would be problematic to deny this opportunity to those with lived experience. Indeed, the bid to speak to those with experience is especially important here: the voices of those with an ED are often considered to be 'outside of the true' (Saukko, 2008: 61) – as complexly bound up with discourses of pathology, deceit and a 'warped' view of reality in ways which render 'ED subjects' unreliable narrators of their own experience (Holmes et al., 2021a; Lester, 2019). In challenging this perspective, it is crucial that we explicitly incorporate subjective experiences of EDs into our conceptualisations of sociocultural factors in ways which contribute to both conceptual and clinical understandings.

### Approaching sociocultural factors in eating 'disorders'

Research on EDs emerges across disciplines, so one of the issues is that the overlapping terms of 'social', 'sociocultural' and 'cultural' are used in different ways (Anderson-Fye, 2017). It is not possible to provide a detailed discussion of such nuances here, although I indicate in the article when different fields use different terms (and what they are intended to encompass). In a piece that specifically seeks to spotlight what we might understand by 'cultural influences' on EDs and how they have been defined and studied, Anderson-Fye draws upon anthropological definitions which understand culture as having semiotic, meaning-based components including 'ideas, ideals and beliefs', and behavioural components such as 'actions, rituals, and habits' (Anderson-Fye, 2017: 3). This conception is complimented by key Cultural Studies perspectives – another discipline specifically charged with the study of culture. Williams (1958/2010) famously argued that 'culture is ordinary': it refers to a 'whole way of life' and the forms of signification (including media) which circulate within that society. But a key question for the current article is how this relationship – between broader society and 'forms of signification' – has been approached in relation to eating problems and within ED research. The two key areas that have arguably invested the most attention in the analysis of sociocultural factors are: 1) sociocultural perspectives 2) feminist approaches to EDs. Transcultural approaches (e.g. Lester, 2004; Nasser & Malson, 2009) intersect and overlap with both of these categories and are also referred to below.

'Sociocultural' tends to be the term most used in disciplines such as Medicine and Psychology in the study of EDs, although it is fully acknowledged here that there is a history of hostility between the biomedical and sociocultural paradigms such that the idea of 'mainstream' acceptance remains complex (see Levine & Smolak, 2014). Sociocultural variables 'refer to specific messages that reflect a culture's ideology and are conveyed by socialisation agents', and these circle around the hegemony of the slender ideal 'and the costs of failure or resistance' to this 'norm' (Ibid: 140). To be clear, sociocultural approaches do not propose that media discourses are the only factor that is important here, and they have acknowledge broader contexts which shape and regulate conceptions and experiences of body image. For example, the Tripartite Influence Model of body image and EDs (Keery et al., 2004) outlines the significance of 'media, peer and parental influence' which may impact via two 'mediational mechanisms': thin ideal internalization and appearance comparison (Keery et al., 2004: 237) (and these intersections are widely recognised in the field (e.g. Levine & Smolak, 2014; Stice et al., 2013)). Sociocultural approaches have focused on risk factors and prevalence in ED development, and they have had a particular visibility in prevention work (Becker et al., 2006; Stice et al., 2013). Given the significance of gender as a risk factor for EDs, and of female gender roles as a risk factor for the internalization of the slender beauty ideal, buttressed by fear of fat, much sociocultural work has focused on cis-gender girls/ women, although there have been numerous efforts to address other intersectional factors, such as ethnicity (e.g. Goel et al., 2020) and age (e.g. Mangweth-Matzek et al.,

2014). In line with changing ED demographics, sociocultural scholarship has also increasingly acknowledged and explored populations of boys/ men (e.g. Jackson & Chen, 2015), as well as sexual/ gender minorities (e.g. Calzo et al., 2017).

Sociocultural approaches often involve mixed methods or quantitative approaches. In terms of the latter, it has been suggested that the 'social' within this context is often reduced to a "number of relatively discrete, and supposedly measurable factors, such as 'media images' ... [or] 'parental comments' ... all of which are examined for their purported effects on an individual's 'body image' ... and 'eating behaviours'" (Woolhouse & Day, 2015: 8). It is arguably for this reason that these approaches have had more 'scientific' legitimacy in understanding the sociocultural in mainstream ED research (as suggested by their appearance in the leading ED journals for example).<sup>1</sup> In addition, the focus of research is noteworthy: despite Stice et al.'s (Stice et al., 2013: 482) = suggestion some time ago that sociocultural scholars could productively target risk factors *other* than body image, it remains the key area of enquiry in the field.

The extent to which these approaches inform understandings of sociocultural factors in mainstream ED research can be suggested by an illustrative example. In their widely cited article 'What we have learned about the causes of eating disorders - a synthesis of sociocultural, psychological, and biological research', Culbert et al. (2015) set out the existing evidence for a biopsychosocial model of EDs. In summarising the 'social' aspect of this equation, this section of their article ('Idealization of thinness: media exposure, pressures for thinness, thin-ideal internalization, and thinness expectancies') (1145–1146) focuses exclusively on questions of body image and the thin-ideal. Given that Culbert et al. are reviewing what is presented as the dominant and *accepted* evidence base in the field (i.e., what we 'know' so far), it is significant and illustrative that the social components are defined this way here. The article also demonstrates some of the potentially problematic implications of conceptualising the sociocultural aspects of EDs solely from this perspective:

Taken together, sociocultural pressures for thinness are ubiquitous in Westernized cultures; however, there are individual differences (due to biological and environmental effects) in the extent to which these factors are internalized. Thus, sociocultural influences (i.e., media exposure, perceived pressures for thinness, thin-ideal internalization, thinness expectancies) are risk factors for disordered eating cognitions and behaviours, but not universally – only a subset of females and males are vulnerable to these influences (Culbert et al., 2015: 1146).

With the suggestion that only a 'subset' of people are especially 'vulnerable' to these contexts, it is clear how such conceptions may implicitly pathologise those diagnosed with an ED: they must either be particularly 'weak' in negotiating the power of media/ cultural ideals, and/or there are some 'hidden' biological or genetic factors which predispose them to eating disorder pathology. In addition, this attests to the ways in which Media and Cultural Studies approaches have not been brought to bear on these aspects of EDs. In highlighting the complexities of how people *negotiate* media and cultural discourses, such research would clearly complicate more simplistic assumptions about cause and effect models here (Gillespie, 2005; Hall, 1980).

As acknowledged, transcultural approaches to EDs overlap with (and are part of) sociocultural perspectives and have increasingly questioned the idea that eating problems are Western 'culture bound' syndromes (Katzman & Lee, 1997; Lee, 1996; Lester, 2004; Nasser & Malson, 2009). There is still much work to be done in exploring the culturally-specific meanings and experiences of eating problems. But it has been suggested that such analysis has often been limited by comparing a particular example of a country with the US or UK (Katzman & Lee,

<sup>1</sup> Here I refer to journals such as *International Journal of Eating Disorders*, *Eating Disorders: Journal of Treatment and Prevention*, *European Review of Eating Disorders*.

1997; Pudge, 2022) – foregrounding what is considered to be ‘pathogenic’ about the latter (Pudge, 2022: 1). But as what is considered ‘pathogenic’ here is essentially idealised media images of women and the desirability of slenderness, this works to confirm dominant constructions of what Western sociocultural factors may be. Indeed, when a culturally-specific example points *away* from a bid to simply imitate slender aesthetic ideals (such as Becker’s analysis of Fijian girls) (Becker, 2004), any ‘contrast’ drawn actually *further* reifies the uncontested salience of these factors in the West.

In comparison to the perspectives discussed so far, feminist approaches (e.g Bordo, 1993; Malson, 1998; Malson & Burns, 2009; Saukko, 2008; Warin, 2010), have also recognised the significance of media discourses in propagating a slender ideal (Bordo, 1993; Orbach, 1986). But there has also been a substantial effort to complicate the relationship between EDs and body image (and the term ‘cultural’ influences is more used here to refer to a wider set of contexts) (Katzman & Lee, 1997; Lavis, 2014; Malson, 2009; Warin, 2010). Although a focus on cultural constructions of gender is just as relevant to cisgender men, as well as trans and non-binary individuals (LaMarre et al., 2022), feminist work has largely responded to the ways in which cisgender girls/women have been disproportionately affected by eating problems. Situating EDs in relation to cultural gender ideals and wider inequities of gendered power, they have questioned the medical construction of eating problems and situated them on a continuum with constructions of *normative* femininity. Largely conceptual or qualitative, feminist work has emphasised how eating/ body distress may be related to contexts such as objectification; sexual harassment, rape/ sexual abuse; a desire to evade or ‘opt out’ of gender binaries and sexual availability (Bordo, 1993; Holmes, 2016; Malson, 1998, 2009); an attempt to stall transition into a heavily gendered culture in which women may *not* be able to ‘have it all’; constructions of female ‘appetite’ (sex/ food/ career) and expectations of restraint; the overvaluation of women as nurturers, conflicting discourses of consumerism and healthism, and the intersecting impacts of misogyny, racism, poverty and heterosexism (Jones & Malson, 2013; Thomsson, 1994). In this regard, efforts to conform to/ and/ or resist such discourses of ‘restricted agency’ (Piran & Teall, 2012: 170) find expression *through* dis/embodiment, rather than necessarily taking body dissatisfaction as their central core. Indeed, part of the feminist critique of the prioritisation of body image has focused on analysis of lived materialities of the body (Lavis, 2014; Warin, 2010) - less what the body *looks* like but how it *feels*. But for a range of political, disciplinary and methodological reasons, feminist approaches represent a form of subjugated knowledge when compared to sociocultural perspectives (which as acknowledged, have also led their own fight to be recognised and heard by the biomedical paradigm). But although they constitute a vibrant and lively area of study, feminist approaches are less visible in mainstream areas of ED research, or within the contexts of clinical practice (Holmes et al., 2017).

It is acknowledged here that, in existing work, participants *have* sometimes confirmed views on the significance of media forms/ body image in the aetiology and/or maintenance of EDs (Levine et al., 1996: 312; Saunders et al., 2019). But, prompted by previous research by the author which suggested that PWLE may be critical of explanations that prioritised concepts of body image and media influence (XXXX), the present article wanted to explore whether alternative narratives might emerge through the methodology of Photovoice (PV), and how these may relate (or not) to more subjugated forms of knowledge offered by the feminist approaches. The methodology and procedure is outlined below.

## Methodology and Photovoice

### Recruitment and sample

Ethical approval was granted by the author’s institution in November 2022 and the ten participants were then recruited for the

study in two ways. The author drew upon existing links with PWLE from previous research in the field (with contacts then recommending friends), and the call was advertised on research page/ social media of the UK’s leading ED charity, Beat. The study was open to anyone who was over 18 and had experience of an ED. In practice, the study recruited nine cis-gendered women and one participant who identified as gender fluid. Nine participants identified as heterosexual and one as queer (see Fig. 1 below). Seven participants defined their ethnicity as white British; one as white Irish, one as white British/ German and one as ‘European other’. Participants who were willing to define themselves in relation to class identified as middle class (8), and the ages of the people in sample ranged from 19 to 38 (with a mean age of 26). In terms of ED experience, eight had a previous diagnosis of AN, one of Bulimia, and one of Binge Eating Disorder (BED) and AN (Table 1).

All of the participants defined themselves as either recovered or ‘in recovery’. As has been widely acknowledged in ED literature, the concept of recovery is difficult to define, and it is increasingly recognised as including psychological, cognitive, physical and behavioural aspects (Bardone-Cone et al., 2018). In contrast to a clear (or ‘objective’) list of criteria, qualitative research with PWLE tends to foreground recovery as a journey (Ibid: 79), as well as the key importance of psychological well-being (de Vos et al., 2017). As de Vos et al. observe, whether ‘someone is recovered or not remains a question primarily to be answered by the patient her/himself’ (de Vos et al., 2017: 12). In this regard, I respected the labels used by the participants.

### Photovoice and data collection

PV is a participatory arts-based method which seeks to enable people to act as ‘recorders of their own experience’ (Thompson et al., 2008). Developed by Wang and Burris (1994), PV is intended to encourage ‘the possibility of perceiving the world from the viewpoint of people who are leading lives that are different from those traditionally in control of the means of imaging the world’ (Wang & Burris, 1994: 172). Although a widely used methodology across disciplines, PV has been little adopted in research on EDs, with what appears to be only two published examples to date (Saunders et al., 2019; Saunders & Eaton, 2018). Given the obsession with image culture in both academic and popular discourse on EDs, offering PWLE the chance to author their own images can be read as not only a potentially fruitful method but also a political response to the often pathologizing ways in which their subjectivities are positioned and perceived.

PV stresses co-production at all levels of the research process, including participants initiating and identifying the research focus, the collaborative collection and analysis of data, and the evaluation of the research findings and impact (Gatenby & Humphries, 2000). The emphasis is on co-producing knowledge that is useful for the group participating rather than simply doing research ‘on’ them (Green & Thoroughgood, 2004). Moreover, given the centrality of ‘action’ in PAR, one of the main aims of PV has been advocacy, with the explicit aim of impacting wider systems and policymakers (Becker et al., 2014). In this regard, it is acknowledged that – as this study was not co-produced and has not yet culminated in an explicit attempt to effect policy or practice – it is not following the original PV protocol. But this need not be interpreted as a ‘dilution or ‘deviation’ (Evans-Agnew & Rosemberg, 2016). If a key part of PV is to understand the subjective experiences of marginalised voices, this study’s endeavour to widen the parameters of mainstream ED research adheres to that ethos (it is also worth noting that critiques of PV have pointed to the tendency to overstate transformative impacts on policy and practice) (Evans-Agnew & Rosemberg, 2016). Given that PV has been little used in ED research, it is important to explore this method as a way of addressing the ‘hard-to-put-into words aspects of knowledge that might otherwise remain hidden or are ignored’ (Gervais et al., 2020: 3).

Following the method of PV, the process of data collection involved two stages: participants were asked to take photographs on their





Fig. 1. Image of hair from participant 4.



**Table 1**  
Participant characteristics.

Participant number	Gender identification	Sexuality	Class	Age	Ethnicity	ED diagnosis
1	Cis female	Heterosexual	Middle	32	White British	AN
2	Cis female	Heterosexual	Middle	35	White Irish	AN
3	Cis female	Heterosexual	No class	38	White British	AN
4	Gender fluid	Queer	No class	27	White British	BED/AN
5	Cis female	Heterosexual	Middle	34	White British	BN
6	Cis female	Heterosexual	Middle	27	White British/German	AN
7	Cis female	Heterosexual	Middle	26	White British	AN
8	Cis female	Heterosexual	Middle	24	White British	AN
9	Cis female	Heterosexual	Middle	25	White British	AN
10	Cis female	Heterosexual	Middle	19	European other	AN

smartphones over a four-week period, and then to take part in an interview within two weeks of photo submission. Participants were given the prompt: “Take photos of objects/ symbols/ images/ situations (or anything else you feel is relevant) which offers insight into how ‘culture’ may have played a role in your eating disorder”. Participants could take as many pictures as they wished, but they were asked to email in 10 (to keep the number consistent across participants and to ensure a manageable amount of data for the researcher).

Given that the ‘phototexts’ cannot be seen to ‘speak for themselves’ (Simmonds et al., 2015: 38), interviews have been used in PV as a way for the participants to narrate and define the meanings of the images. The follow-up interview - undertaken remotely via Microsoft Teams - lasted approximately one hour and was audio-recorded. The first part of this was semi-structured: participants were first asked about their perceptions of sociocultural factors in the development of EDs and how they evaluated, perceived or felt about existing explanations. Second – and comprising the much larger part of the interview – the interview become open-ended: photos were shared on screen and the researcher asked the participant to talk through the meanings of each image in turn.

As might be expected, participants responded to the brief in different ways: some photos were quite literal in their meaning, whilst others were more abstract, and difficult to decode without the accompanying verbal narrative. At the same time, there is little discussion of the evidential status of images within work on PV and they are often presented as somehow offering ‘direct’ access to the ‘authentic’ truth of participants’ experiences. As with interviews, images are also performative constructions which are actively produced and curated - brought into being by the research encounter. Equally, whilst PV puts an emphasis on unearthing ‘alternative’ narratives through listening to participant views, people’s understandings of their ED are necessarily shaped by *existing* discourses, whether these are popular, clinical or beyond.

Finally, the context of feminist research means that the author was acutely aware of issues of power and positionality within the interviews (which is not specific to PV). Both on the participant information sheet and at the start of the interview itself, the researcher disclosed her identity as someone who had lived with anorexia for over 20 years. Although it is acknowledged that gender congruence (applicable to nine of the participants) and shared experience does not necessarily facilitate a non-hierarchical relationship between participant and researcher (Tang, 2002), this self-disclosure was offered as a form of reciprocity, whilst it was also prompted by what felt congruent to the researcher/interviewer. In this regard, the interviewer was aware of shifting between the position of feminist researcher and a PWLE in the interview context, sometimes finding the phototexts and the narratives personally resonant. In another effort to mitigate hierarchy, the researcher decided not to look at the photos prior to each interview so that they were discovered only within the context of the participant’s narrative. At the end of the interview, the researcher also asked the participants if they saw themes across their photos and if they would like to share these observations – understandings which were then incorporated into the analysis itself.

### Analysis of data

The study generated 95 images and 10 interview transcripts, and the data were approached using reflexive thematic analysis (RTA) as outlined by Braun and Clarke (2019). The first stage involved familiarization with the data; here, the images/transcripts were analysed/ read so as to produce notes on preliminary ideas and observations. Second, this process was used to generate initial codes across the full data set. Third, these codes were then used to generate broader thematic categories, with the key criteria being the prevalence of such themes within the data as a whole. In stage four, the themes that were identified were 1) existing conceptions of sociocultural factors as bound up with gendered, stigmatised attitudes toward EDs; 2) experiences of restricted agency and gendered embodiment; 3) discourses of perfection, achievement and healthism. In step five, the thematic categories were analysed in detail and data extracts that represented these themes were selected for inclusion. Stage six then involved placing the themes from the PV in relation existing research on sociocultural factors, evaluating their implications for current understandings. Example photos associated with key themes appear in Figs. 1–5.

In keeping with the feminist reflexivity discussed above, RTA acknowledges the active role of the researcher and understands codes as emerging from the intersection of researcher identity, subjectivity and theoretical approach and the parameters of the dataset itself (Braun & Clarke, 2019; Byrne, 2022). The researcher acknowledges her positionality and perspective as someone who has lived with an ED – an experience which led her to be troubled by simplistic conceptions of sociocultural factors – and who has found feminist perspectives on eating problems enlightening and empowering in recovery.

### Results and discussion

#### *Theme 1: Existing conceptions of sociocultural factors are bound up with gendered, stigmatised attitudes toward EDs*

As noted, in a semi-structured manner participants were asked about their general perceptions of sociocultural factors before the image sharing part of the interview. Thus, no image examples are offered in this section as the data is derived from the initial part of the interview. One participant acknowledged how media representations of the slim ideal ‘help to give form to what is seen as successful and attractive and that does get wrapped up in eating problems in some ways’ (P9), and another suggested that ‘I mean it plays a part but [in taking my images] I also thought it would look weird not to include [any of these]... issues! [my emphasis]’ (P8). The second response in particular suggests how normative conceptions of sociocultural factors may inevitably shape participant perspectives, but they can also constrain alternative views.

However, most participants in this study tended to question ‘media-blaming’ narratives in this study (Boughtwood, 2005), suggesting that such explanations were not irrelevant but were ‘over-stressed’ (P5). Such responses may have been partly encouraged by the interview question about *perceptions* of sociocultural factors, implying to some



Fig. 2. Image of meme from participant 4.

extent an external construction that may not match with their 'own' experience, whilst they also reflect the fact that being seen as 'media dupe' is not a flattering position for participants to occupy (Boughtwood, 2005; Holmes, 2018). But the questioning of mainstream narratives was nevertheless a clear presence in the interviews, and very few of the images submitted for the study featured depictions of slender bodies (or in fact bodies *at all*):

Uh, so straight away I think the perception is 'Ohh well it's all skinny ... models [that] ... people want to look like'. Once it would have been magazines but now it is Instagram and all that sort of thing. It's always that idea that everyone's trying to *look like* something [my emphasis] (P3).

When asked about how they felt about 'media-blaming' discourses (Boughtwood, 2005), participants talked about feeling invalidated and trivialised. In regard to the idea of somehow being more 'vulnerable' to what are understood as normal cultural influences, one commented:

It feels invalidating [when media is stressed] because it's something that everyone needs to be able to deal with.... It just kind of you just need to kind of be able to deal with it or have a thicker skin or those kind of things (P4).

The idea that the individual is effectively to blame is suggested here ('you just need to be able to deal with it'). These comments clearly link to findings in stigma research, indicating that eating problems are bound up with 'volitional stigma': the notion that an ED is self-inflicted, voluntary and could somehow be avoided (Bannatyne & Stapleton, 2015). Notably, and in terms of the responses here, this is especially so

for *sociocultural* explanations of EDs which, in popular terms, have often translated into perceptions of them as 'self-inflicted... overenthusiastic dieting, an attempt to copy celebrity icons.... [and] attention seeking in nature...' (Bannatyne & Stapleton, 2015: 116). Some of the participants were keen to point out that these conceptions were also gendered:

It is like women are being a bit weak and pathetic and just wanting to look like this... I still think there's a kind of assumption that women are kind of vulnerable consumers of media... and in need of protection or something like that (P1).

As this participant recognises, such perspectives can be situated within a long history of concern which pivots on a perceived confluence between eating disorders (EDs), mediated images and highly 'susceptible' female audiences. The most incisive objections to EDs being presented as a 'fall out from experiencing too much representation' (Probyn, 1988: 208) have come from Abigail Bray (2005) in her work on how anorexia is constructed as a *reading* as well as an eating disorder. Bray explains how 'food refusal [is]... the direct result of the consumption of media representations.... An excessive media consumption is perceived to activate a pathological fear of corporeal consumption: over-reading produces under-eating' (Bray, 2005: 116). In this regard, Bray examines how anorexia in particular has become a 'synecdoche for all [female]... pathological vulnerability' to media forms (Ibid).

In highlighting the significance of these perceptions, the participants recognise how particular conceptions of sociocultural factors are complexly bound up with gendered, stigmatised attitudes toward EDs. Given that stigmatisation is widely recognised to have negative





Fig. 3. Image of medals and trophies from participant 3.

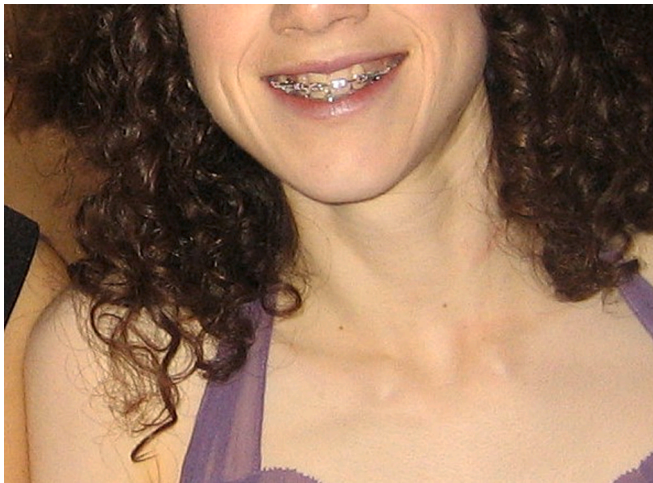


Fig. 4. Image of braces from participant 1.



Fig. 5. Image of marshmallow experiment from participant 1.

consequences for those living with EDs, including isolation, delayed help-seeking and longer duration of illness (Hepworth & Paxton, 2007), this further suggests the importance of questioning some of the dominant assumptions (academic, clinical) about how sociocultural factors in EDs are perceived.

Indeed, although many of the participants said that they had come forward for the study because they recognised the importance of sociocultural factors, they also explained that these issues were *not* adequately addressed within their treatment experiences. If the issue of sociocultural factors arise did arise, it was in a brief or marginalised focus on body image work, the psychoeducational focus of which again drew on assumptions about body image and media forms. As one participant observed:

Well sometimes in a group setting they would get us to talk about ‘triggering content’, or, um, you know dealing with looking at skinny models, but again I found a lot of that very patronising because it kind of assumed that that was part of the reason for your eating disorder? Was I

‘triggered’ by these? Well I was *told* I was. It then becomes hard to disentangle this from your own feelings ([original emphasis] P1).

This implicitly indicates how such assumptions may effectively operate as a form of silencing (‘well I was *told* I was’) in clinical environments - contexts which may often dismiss or invalidate patients’ voices more widely (Holmes et al., 2021b; Lester, 2019). In this regard, there is a dismissal of – or narrow focus on – sociocultural factors which occludes the opportunity to think or explore in different ways. Furthermore, the participant responses may reflect the fact that, despite recognising the evidence relating to the *multi-factorial* base on EDs, the latest version of the NICE (2017) make *no* mention of how to address sociocultural factors in eating problems, and these issues may feature little (if at all) in the training of health professionals in the field (Holmes, 2017). As these discussions of stigma and clinical practices make clear, questioning how sociocultural factors are understood may have significant consequences which transcend disciplinary disagreements – affecting the lived experiences and treatment of those diagnosed with an ED. The kinds of issues that participants felt were more relevant to their experiences – and which also have consequences for treatment - are

explored in the themes discussed below.

### Theme 2: Narratives of gendered distress, dis/embodyment, and restrictive agency

The second theme relates most clearly to the feminist approaches to EDs, although the extent to which participants explicitly named constructions of gender as a factor in their PV work was notably variable. Some did not refer to gender at all ( $n = 2$ ), or only in passing ( $n = 2$ ), whilst for others this was one of the main strands in the phototexts ( $n = 6$ ). As I have argued elsewhere (XXX), there are tricky epistemological issues at work here: there is a substantial amount of feminist qualitative research with PWLE which demonstrates the significance of gender in how women/ girls talk about their body/ eating distress (Burns, 2009; Malson, 1998). But such accounts do not offer the participants a space to respond to the feminist conceptions of EDs which structure the books or articles in which their voices appear. Rather, these are used by the researcher(s) to *interpret* the role played by gender (usually outside of and after the interview), arguably reinforcing PAR critiques of doing research 'on' participants rather than 'with'. In response to this epistemological dilemma, my own work has elsewhere explicitly aimed to involve the participants in conversations *about* the feminist perspectives on EDs and its various implications for their self-conceptions (and the implications of their conceptions for the feminist approaches) (XXXX, XXXX). Although small-scale, this has suggested that such paradigms can be highly resonant and relevant for *some* women – as linked with certain types of exposure to feminism and certain levels of cultural and educational capital. The nature of the current study meant that feminist perspectives on EDs were *not* discussed with the participants, as the aim here was for them to define what they saw as sociocultural factors here. In this regard, although issues around gender and embodiment emerged as a theme, I acknowledge that this was not of relevance to all.

In regard to this theme, the images ranged across photos of misogynist graffiti in public places; misogynist and sexist song lyrics; items of clothing that were subject to gendered judgement and policing; and 'upskirt' photos of young, female celebrities taken by the press. Given the range, it is illustrative to look across internal patterns within a particular participant narrative, and thus to gain a sense of the relationships between images within a dataset. P4 for example submitted a series of images which could be read in relation to self-objectification, sexualisation and alienation from the body (de Beauvoir, 1949/2015). The first image depicts a curtain of blonde hair – which hides their face and renders them anonymous – from when they were a teenager. Referring to the photo as depicting their 'long blonde ringletty mop' (P4) (Fig. 1), they explained how this was one of their first clear experiences of gendered objectification, and how this then impacted their experience and conception of their body:

My... hair and my gender, is what people saw rather than me ... But I just wanted to be back to where I was before when no one really cared and people could talk to me and see me... I kind of internalized that and became 'OK, well, how can I match my hair rather than the other way around?' ... I was aware that if I was smaller physically ... I would represent something that matched my hair [original emphasis] (P4).

Theories of objectification have been explored across both socio-cultural and feminist approaches, so are not specific to the latter (see Calogero et al., 2011; LaMarre et al., 2022). But P4's response can clearly be considered in relation to theories of objectification in which women 'assimilate to an observer-oriented self-perception not out of self-absorption, but as an anticipatory strategy that allows for a modicum of agency in how one will be regarded by others' (Saunders et al., 2019: 184, cf. Calogero et al., 2011). The 'OK .. how can I match my hair...?' may represent this 'modicum of agency' – an 'option' taken within what the participant understood as a limited set of available choices.

Experiences of the body and self being regulated through external discourses and practices came clearly through in other images: so a

seemingly mundane picture of plain 'navy PE knickers' (with similar items pictured by 4 other participants) that were intended to be worn under a pleated gym skirt at school were described as symbolising the: innate gendering or some idea that you need to police – but also sexualise - a person's body who is growing up as a female rather than as a male... [It's] that weird thing – 'we want to put you on display but we also want to cover you up...' It just never made sense to me as a school kid – why I had to wear them. I repeatedly forget them ... so wouldn't be allowed to do sports - unless they could find a spare pair (P4).

Piran argues that addressing gender as a risk factor in EDs involves exploring inequities of gender and their 'impact and expression' in all aspects of girls' social environments (Piran, 2010: 185) and it is clear here how similar gendered discourses pervaded multiple domains for this and other participants. So in sharing a meme made up of road-signs that were then rescripted to narrate a male view of sexual relations with women it was explained that (Fig. 2):

This was one that was shared by a guy in my year who tagged [on Facebook] all the girls in [in relation to a different sign] ... We must have been about 14 at this point... And I think it ... ties into what I was saying before - someone is giving you the message that you fit into one of these categories like 'she refused' or 'she was a virgin'. Like all of those things are a label that someone is placing on you. And for me it was just another ... pointer of how 'I am now a woman who is considered sexually'... I wanted to separate myself from this as much as possible, but the only way that I knew how to do that was to also become ... more attractive to men because they'd keep me around, and then for I would be out of the firing line – so it is such an interesting dichotomy (P4).

This participant talked in the wider study about also struggling with restrictive gendered binaries, and their response provides empirical validation of the ways in which EDs are 'multiply constituted' in relation to discourses of Western femininity (Malson, 2009: 136–137), playing out discourses of both agency and resistance (or what is referred to above as an 'interesting dichotomy').

Participants also took images of items which – in highly personal ways – linked to experiences of sexual abuse and they spoke of how their ED functioned as a way to make corporeally visible that they were not available for sex or 'up for it'. As one explained, 'I think I thought that I'm gonna make myself as small and as little and as less attractive as possible' (P2). This participant was talking about her experience of anorexia, consolidating the idea that emaciation may be as much about *disappearance* as 'appearance', the 'impossibility of living in/ with the body-as-image' (Malson, 2009: 141, see also Lavis, 2014). A prominent theme across photos was also items relating to menstruation (pads of tampons, sanitary towels and 'period pants'), most of which were narrated less in relation to a 'fear of growing up' - as suggested in historical discourses surrounding the aetiology of anorexia (Saukko, 2008) - and more about an understandable retreat from the pressures, inequalities and expectations that 'womanhood' might bring.

The body, and what the body signifies, runs across each of these photo-texts offered by P4, but none of them are about the inscriptive desirability of thinness per se. Rather, they are illustrative of 'articulating a sense of oneself through the body' (Lavis, 2014: 12) and how experiences of 'restrictive agency' (Piran & Teall, 2012) may be expressed *through* the body and its location within broader cultures of sexism and sexualisation. Feminist approaches have been accused by other disciplines of over-emphasising the role played by culture and neglecting the suffering and severity of the 'real' ED in favour of offering scholarly readings of gender politics (LaMarre et al., 2022). Yet witnessing these gendered narratives of bodily alienation - from patriarchal peer cultures at school to experiences of sexual abuse - makes only too clear the depths of distress and suffering that sociocultural contexts can cause.

### Theme 3: 'Behaviours we reward': Eating disorders, discipline, healthism

As the study recruited a sample with a preponderance of white, cis-



gender middle-class females, it is unsurprising that intersections between gender and class were apparent. The images provided by the participants included 'perfect' family photos, abundant trophy and medal collections [Fig. 3], outstanding school reports, prefect badges, pictures of sports activities, stacks of textbooks and images of girls studying. Most participants grew up as teenagers in the late 1990s to 2000s. Although understandings of ED demographics have shifted and widened, there is a long history of EDs, and anorexia in particular, being linked with white, middle-class girls and associated values such as high achievement and perfectionism (see Saukko, 2008). In this regard, the idea of the 'too good middle-class girl' constantly striving to meet expectations structured a good deal of early psychological and medical literature on anorexia across the US and UK (Bruch, 1978; Saukko, 2008). Although more complex readings of familial contexts did feature in some earlier work (Bruch, 1978), some feminist scholars have argued that approaches to these demographic patterns were individualised and pathologized: the sociocultural was restricted to the (nuclear) family environment, and this then often endorsed a problematic view of the maternal role (Woolhouse & Day, 2015: 5). The limitations of this insular view are highlighted by one of the participant comments which accompanied an image of a slender white girl jumping in the air holding a certificate:

'Oh, it's all these girls who are getting A\*s and are perfectionist and are intelligent. They're the ones who get the eating disorders', but actually it's a lot more complicated than that, and it's because *they're behaviours we reward* [my emphasis] (P8).

In thinking about how these are 'behaviours we reward', the first thing to say is that although the size, shape and feel of the body certainly featured in the images and discussions, there was a more prevalent emphasis on the moral values or 'virtues' (Halse et al., 2007) associated with starvation and weight-loss than the corporeal outcome itself. One participant included an image of her mouth wearing braces [Fig. 4] – a context which temporarily restricted eating during the period just before her ED began to develop:

I was like, oh, here's something that's hard that I can do ... I have the will power to not have something that other people want and I knew that it was seen as ... a good thing... [So] if there is a packet of biscuits out at work and people like 'oh no I won't as I'm gonna be good'. So I got a kick because I could say no... [even though] I wanted all that food desperately (P1).

There is a history of wider work which has analysed how – despite its medical and cultural pathologisation – the 'anorexic' body is constructed culturally as signifying self-control, persistence, obedience, transcendence and purity, shoring up ideas about desirable femininities (Bordo, 1993; Burns, 2004; Malson, 1998; Whitehead & Kurz, 2008). This moral economy also has consequences for the conceptualisation of successful personhood, or as Halse et al. explain, 'control of food and the body is a metonym for a disciplined, productive and controlled life' (Halse et al., 2007: 255, cf. Malson, 1998). In this regard, it is useful to draw upon the increasing amount of research on how the articulation of EDs may intersect with anti-obesity discourse and healthism (Clark, 2016; Rich & Evans, 2008; Woolhouse & Day, 2015).

The concept of health under neoliberalism emphasises a shift toward individual autonomous responsibility and autonomy for health, especially through a rhetoric of lifestyle 'choices' (Crawford, 1980) which are gendered in multiple ways. Feminist research has explored how young women are often positioned as the ideal neoliberal subjects (McRobbie, 2009), which is in turn intertwined with discourses and practices of healthism. As a repository for key neoliberal (and post-feminist) discourses of 'choice' and empowerment (ibid, Gill, 2007), this emphasis on the self-monitoring and the regulation of the body cannot help but have gendered implications, given the historical 'valuing' of girls/ women as bodily objects. As Halse et al. observe, 'the discourse of healthism has been colonized by constructions of femininity...' (Halse et al., 2007: 228).

In this study, and accompanied by pictures of food cupboards packed

with 'healthy foods', some of the participants talked about family contexts in stressing an active lifestyle or a moralising discourse around food and eating, with the ED figured as either 'over' conforming to this (P1, P9, P10) or rebelling against it (P4). Some came from very 'health-conscious' families in which, for example, the sugar-content of cereals would be known (and policed), or in which 'food was not seen as ... serving some kind of pleasure' (P4). In reflecting back from a contemporary vantagepoint, a culture in which "the line between 'healthy eating' and 'disordered eating' is becoming nearly invisible" (Lethwaite & LaMarre, 2022: 1), participants talked about how discourses of healthism played into and helped to maintain their EDs, whilst this very entanglement prompted them to question the endorsement and existence of such cultural 'norms'.

So whilst talking about their use of a fitness tracker app which is described as both 'really beneficial and motivating' but also a form of policing which makes clear when you haven't 'done enough', one participant moved onto a picture of a 'fasting app':

So here's this fasting app because we're now normalising fasting... And there was just so many things wrong with this picture ... one of them being that fasting is something that we should all consider doing... Ohh it's like the orthorexic sort of thing, isn't it? It's 'I only eat very healthily and I run a lot, okay?' ... I just thought no, this is not a good thing. Why are we teaching people not to eat anything? (P3).

Participants also spoke of how they felt that such discourses pointed to a wider context in which concerns around obesity were prioritised above the risks for EDs. They shared pictures of 'calorie friendly' menus (which display the calorific value of all foods and drinks), or adverts for Fitbits, suggesting that 'these things are like giving you the tools [to be anorexic]... stuff that was like only in my head is now out there!' (P10). As such responses suggest, there is a clear contradiction in people being pathologized, othered (or sometimes sectioned) for behaviours that are now culturally sanctioned and approved. Medical diagnoses may try to draw strict boundaries around normal and pathologized selves; when behaviour gets "too 'obsessive'", or when "thin does become 'too thin', anorexia is there to take the blame" (Whitehead & Kurz, 2008: 351). But such demarcations are called out and puzzled over by participants as (at best) contradictory and (at worst) hypocritical.

As one of the participants also recognised, an emphasis on the skinny ideal in EDs also tends to ignore change in so far as "what is valued now, and for girls growing up, is a slim *toned* body – like it's not the 1990s with ... 'heroin chic' ... [original emphasis]" (p7). As noted at the start of this section, there was a thread of images in the study related to physical activity and achievement, as well as academic success. Given that most of the pictures discussed in this section emerge from the school years, this also emphasises the role of schools as disciplinary and pedagogical contexts for the development of body/ eating distress (Evans et al., 2004; Rich & Evans, 2008).

Discourses surrounding physical activities for girls provide a terrain around which gendered healthism discourses circulate, and they are intertwined with middle-class perceptions of a 'well-rounded' education for girls (Clark, 2016: 479). As Gotovac et al. explain in ways which complement the participant comment above, 'the thin ideal is nuanced against discourses of healthism ... Rather than an ideal of emaciation, it is an ideal of a healthy, productive person, often constructed as morally superior' (Gotovac et al., 2020: 113). In this regard, Halse et al. discuss the discursive and embodied significance of 'discipline as virtue' which stretches across achievement, food and body (Halse et al., 2007). In the context of the interviews, participants often articulated the complex relationship between these spheres, whether their discipline and achievement made them predisposed toward the ED or whether they actively help to facilitate it (or both). Talking about a picture of a glowing school report featuring a scrawled headteacher comment which read 'This is the best report I've ever seen', one participant explained how:

Yeah I think for me the main thing [in my ED developing] would be pressure. Trying to be the best at everything, not just the swimming,

tennis, hockey, but I ... guess I think what led up to my eating disorder was also [that]... I kept getting all As across the board... If maybe they could have not given me much as much praise. That probably would have been better for my wellbeing, but like you're lifting me up to a point where I Uh, I can't sort of perform. But I did – the eating or not eating was all part of that (P2).

The 'performance modalities' of educational contexts (Halse et al., 2007: 220) were invoked by other participants in ways which demonstrated the relationship between achievement, discipline and food control/abstinence. In developing their narrative around a photo of a large stack of textbooks, as well as an image featuring a young child sat at a desk staring at/resisting a marshmallow (the infamous Stanford marshmallow experiment on delayed gratification from 1972), one participant explained [Fig. 5]:

When I started to have issues with food, it all .. got very mixed in with education because I started to think that ... if I lost control of my food, I'd lose control of my ability to study. You do two hours of revision and then you can have half a biscuit... I look back to ... when I was at my most poorly.... I would go to the library with ... three thermoses of hot calorie free liquids, and .... some vegetables and things, and I would use them as like little rewards to get me through a 10 h day of revision.... But again it's those qualities in our culture that we praise, particularly at school, around delayed gratification, around depriving yourself of things, working hard and getting your head down and doing things that are not fun because it's what you should do. And if you fit that box, you'll probably do quite well at school, but... it also means you can turn it all into quite disordered behaviour... (P1).

Such self-restraint is seen as especially 'valuable' in (and expected of) women, linking as it does with the policing of sexual and food appetite (Bordo, 1993; Whitehead & Kurz, 2008). But in returning to where this section began, the participant moves between describing herself as 'poorly' and 'disordered' whilst acknowledging how such behaviours are also rewarded by culturally approved norms. Given the individualising and 'othering' discourses which have often surrounded these behaviours in the history of clinical and aetiological discourses on anorexia, it is to the credit of the participants that they consistently questioned the slippery continuum here between 'normative' and 'pathological' behaviours. This further suggests the significance of examining sociocultural contexts in pathologising/depathologising EDs, and how they are understood, lived and experienced.

## Conclusion

Across mainstream ED research, clinical contexts and popular discourse, the primacy of body image has dominated explanations of the role of sociocultural contexts. Although sociocultural approaches also take in questions of familial and peer factors, the role of the media and their effects on the internalization of the slender beauty ideal has been a consistent point of primary emphasis. The current study is not an argument for dismissing the significance of any of these factors, nor the evidence base which has consolidated their visibility (Culbert et al., 2015). Rather, it is an argument for questioning the centrality of such narratives and the ease with which they are accepted and privileged. PV, which has been little used in ED research, offers one way of producing different insights into the nature, experience and effects of sociocultural contexts. In particular, giving participants agency and control over imaging their experiences may have a particular value in seeking to reimagine some of the over-determined ways in which the relations between EDs, image culture and (often female) subjectivities are imagined.

To be sure, whatever method is used, there is no simple way of 'going back to the drawing board' to approach sociocultural factors 'anew': not only do researchers bring their own existing subjectivities, empirical assumptions and theoretical frameworks, but as the responses in this study suggest, people do not simply "make" discourses ... of their own choosing' (Woolhouse & Day, 2015: 17) and the opportunities for

understanding our own experiences 'are not limitless' (Ibid). EDs are constituted by discourses which - whether being consolidated, negotiated or contested - still shape any attempt by participants to voice their experiences, and any research attempt to give them 'voice'. Nevertheless, the responses discussed in this study offers different empirical testimony in support of research, often emerging from feminist perspectives, that questions the centrality of media/body image narratives in understanding sociocultural factors in EDs (Burns, 2009; Katzman & Lee, 1997; Malson, 2009; Lavis, 2014, Warin, 2010). Although some of this existing work has certainly drawn upon empirical research with PWLE, little has given the participants a space to specifically define the parameters and themes relevant to their own perceptions of sociocultural factors.

This study presents substantial evidence that, for some participants, EDs are understood and experienced as '(multiply) constituted within and by the always gendered and discursive contexts in which we live...' (Malson & Burns, 2009: 2). Whilst objectification has long since been part of sociocultural paradigms (Calogero et al., 2011), the other aspects of women's experiences of gender inequalities have been more complexly and extensively dealt with by feminist approaches. The phototexts and accompanying interview data foreground the ways in which the body can become the terrain for negotiations with patriarchal cultures of objectification, misogyny, sexual harassment and abuse. Due to the middle-class bias inherent in this sample, the study also offered particular insight into the intersections between class, gender and neoliberal discourses on achievement, control and healthism (Halse et al., 2007; Rich & Evans, 2008; Woolhouse & Day, 2015) and the discursive and embodied relations between anorexia, healthism and 'discipline as virtue' (Halse et al., 2007). What comes through particularly strongly in the data is the ways in which individual disorder can be situated as 'part and parcel of the (culturally normative) order of things' (Malson & Burns, 2009: 2). Time and time again participants point out how - even whilst they have been shaped by such discourses - apparently 'pathological' behaviours and practices associated with eating 'disorders' are not only culturally normative but actually powerfully validated.

There is clearly a longer history of work which has examined the simultaneous stigmatisation and veneration of anorexia in particular (Malson, 1998; Whitehead & Kurz, 2008). But the data offered here enables insight into how such contradictions may be experienced or understood by PWLE in changing cultural contexts. This has complex consequences for how people understand the diagnosis of an eating 'disorder'. The idea of placing eating problems on a continuum with normative values (and normative femininity in particular) was once largely articulated as part of the feminist critique of the very concept of eating disorders, and associated discourses of medicalisation and pathologisation (e.g Bordo, 1993; Malson & Burns, 2009). But the responses of the participants in this study suggest that now mainstream discourses on healthism - and the technological forms and discourses through which they are articulated - are so pervasive as to render this feminist critique less resistant. This may have positive implications for stigmatisation (although it is questionable whether culture becoming increasingly 'disordered' is something to celebrate), but more ambiguous implications for people's ability to recognise the need for help. At the same time, it is important to note that these data were generated from participants who identified as recovered. Their perceptions of the sociocultural influences on their ED may have shifted over time, and the images may reflect aspects of recovery experience/ subjectivities as much as the 'origins' of the eating problem itself.

In relation to this study, whether PV provides a context for articulating 'new' ways of understanding sociocultural factors is more complex. As acknowledged, the theoretical work that has been used to understand the responses in this study is not intrinsically 'new': this research has emerged from feminist scholarship over the last 40 years. Different ways of understanding sociocultural factors are thus clearly not invisible, but the question remains as to why these perspectives remain



less apparent in more mainstream contexts of ED research, as well as treatment practice and popular discourse. Explicitly feminist, qualitative research on EDs is less likely to be published in scientific ED journals (LaMarre et al., 2022: 2), and this helps to nurture a context in which an emphasis on body image/slender ideal becomes the dominant expression of the nature and effects of sociocultural factors. Given the currently heightened emphasis on popular feminism (Gill, 2016), now may well be a good time to call for theory, research and interventions which engage people in 'feminist political discourse as a way of shifting the focus of their distress away from individual psychology to the wider ... socio-political structures which form the conditions of possibility' for eating/ body distress (Woolhouse & Day, 2015: 67; Guilfoyle, 2001). PV and PAR appear to offer a useful context within which to explore these ideas, and there is certainly more research to be done which explicitly involves PWLE in interrogations and evaluations of the feminist approaches. It is not enough to simply 'read between the lines' here and assert its equal relevance for all, and participatory approaches and co-produced agendas could undoubtedly be more utilised in the field in ways which encourage analysis of other intersections and genders.

Whilst the parameters of clinical treatment practices were not the central focus of this article, the data offered by the participants suggested that dominant conceptions of sociocultural factors pervade multiple domains, including treatment. The responses thus raise questions about the glaring nature of the research-practice gap (Maine et al., 2010) in this field. If the accepted evidence base for EDs points toward a BPS model, and PWLE clearly speak to the significance of sociocultural factors in the aetiology and maintenance of their eating problem, the fact that this may not appear as a priority in treatment protocols is notable. The idea that an 'evidence base' may be lacking to support this shift tends to prioritise particular types of 'evidence' (so understanding sociocultural factors and their value in clinical contexts would almost certainly be less amenable to the methodological dictates of a Randomized Controlled Trial) (Holmes et al., 2017), and it also ignores the clear value of the qualitative voice and experts *by experience*.

As acknowledged in the methodology section, there are potential questions here about the nature of thematic analysis (and PV need not be twinned with this) for understanding the interplay between the individual/ cultural in people's lived experiences. In terms of the codes discussed here, it should also be noted that the focus of the study (and its broad brief) meant that there were a large range of images and perspectives offered, some of which not be captured in a thematic analysis. What the author deemed to be salient themes are analysed in this article but – more so than in the researcher's previous experience of qualitative interviews alone - there were strands or examples that eluded thematic grouping. Indeed, the scholarly imperative to find patterns within and thus make sense of personal narratives can also constrain discovery of the new (as does what we already 'know' from existing academic frameworks). There are examples within early feminist research (e.g. Orbach, 1986), as well as transcultural work (Pike & Borovoy, 2004), which use individual narratives as the basis for understanding the nuances of sociocultural factors. In the current study, individual references to factors such as monogamy, family death/illness, life transitions and the pressures of time could all be productively explored this way, but their idiosyncratic appearance meant that they evaded categorisation as a recurrent theme. Although such an approach may be seen as (further) challenging what are perceived as legitimate and 'scientific' forms of data collection, there is actually a long history of the case study approach in medical discourse and research.

In terms of limitations and future directions, although efforts were made to recruit a diverse sample (and the recruitment period of six weeks was extended by four weeks in an effort to do so), it is acknowledged that this group replicates a number of biases in existing research on EDs in ways that substantially effect articulations of 'culture'. Not only does the sample consolidate the over-representation of anorexia in the field (especially in sociocultural and feminist work) (Burns, 2004; 2009), but it also mirrors the vast over-representation of

white, cis-gender women in qualitative research on EDs more broadly (Cortney et al., 2005). There are multiple factors involved in shaping who comes forward for research and how, and it is recognised here that people from ethnic, sexual and gender minorities are less likely to receive an ED diagnosis or access treatment (LaMarre et al., 2022). At the same time, given that it is white middle-class cis-gender females that have featured most in popular and clinical discourses on EDs – including sociocultural understandings – this sample's demographic offered a useful 'test case' for examining the existing assumptions outlined. Given the limitations above, it is clear that arts-based participatory approaches to sociocultural factors focused more on ethnic, sexual and gender minorities could yield very different and revealing results.

One of the participants in the study reflected how: "All the things I have taken pictures of I have talked about before, but perhaps I wouldn't have always labelled them as 'culture'. I think sometimes I've just often labelled things as my own personality" (P1). Individualising perspectives which prioritise an emphasis on EDs as biologically-based mental illnesses can sometimes lend themselves to pathologizing and stigmatising discourses. But the current study contributes to understandings of how pathologizing discourses also play out *within* sociocultural explanations. If – due to associations between sociocultural factors and 'volition' - current narratives of sociocultural factors help to nurture stigmatising views of EDs (Bannatyne & Stapleton, 2015; Dimitropoulos et al., 2015), it seems crucial to question and complicate how they are understood. Whilst some scholars have argued for better 'mental health literacy' in this regard (Dimitropoulos et al., 2015), it is suggested here that improving 'sociocultural literacy' in the field – understanding the interaction between sociocultural discourses and mental health – is just as pressing.

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