

Through the Lens of Postmodernism: Uniqueness of the Anorectic Families

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This paper challenges the monolithic assumption of the anorectic families in Hong Kong by blindly adopting the western theoretical framework of family therapy. It is problematic that family therapy lacks indigenous culture-specific knowledge and ignores the voices of these multi-categories of families. It is inappropriate to conceptualize these families as being similar and to stereotype them as experiencing particular difficulties. In order to bridge the homogeneity and address the multiplicity of these families, the paper examines both the ideologies of postmodernism and the process of confession that can enrich the understanding of anorectic families and advance family practice. The paper ends by discussing both reservations and the significance of the postmodernist thought in family therapy. Key Words: Postmodernism, Confession, Families, Family Therapy, and Hong Kong

Introduction

In Hong Kong, people are besotted with family therapy, but the fact remains that there is current impoverishment in the understanding of anorectic families. As family therapists, one has to learn the family script wholeheartedly. To get the argument going, it is important to consider the central narrative of every anorectic family. One way to unfold the family's voices toward the symptom and family relationships during the disease episode is to incorporate postmodernist thoughts. Otherwise, the standardization of the family therapy technique for treating the anorectic families may become full of biases and incomplete. Without socio-cultural sensitivity and family visibility, family therapy cannot reveal unique experience or may misinterpret the very context-specific, anorectic experience in these families. Firstly, our work and studies on anorexia nervosa (AN) will be provided. Then the relevance of postmodernist thoughts in family therapy will be presented.

Our Work and Studies on Anorexia Nervosa (AN)

The second author has conducted a number of practice research with different clients (e.g., transsexuals & psychotic patients) in relation to their family context and has provided family treatment to these clients (e.g., AN & patients with mental disorders) in Hong Kong since the 1980s (e.g., Ma, 1986, 1987a, 1987b, 1989, 1990, 1992, 1996, 1997, 2000). The first author has adopted postmodernist views to critique psychiatry in regards to the social construction of madness (Chan, 2001a), to challenge elderly care, which has been conceptualized in a “taken for granted” mentality (Chan, 2001b), and to call for re-examination of health care knowledge (Chan, 2002).

Recently, our research team has been working on a project called *Evaluation of Structural Family Therapy for Chinese Anorexia Nervosa Patients in Hong Kong* (Ma, Lai, & Lee, 1999). We have conducted five qualitative studies on AN. Ma, Chow, Lee, and Lai, (2002) has identified four themes from family treatment: (1) self-starvation as an expression of love and control, (2) coalition of the AN daughter with the mother, (3) family loyalty, and (4) the powerlessness and helplessness of the mother. Chan and Ma (2002c) conducted a pilot study and discerned that there was a family-based reason for food refusal: The AN patient disciplined her body in order to punish her parents. Chan and Ma (2002d) revealed the reasons for self-starvation of the adult AN patient, which includes: saving money for her family, reserving food for her father, and competing for slenderness with her mother. Chan and Ma (2002a, 2002c) explored the meanings of anorectic eating within the family sphere by email analysis. Chan and Ma (2002b, 2002d) explored the subjective meanings of the body of the adult AN patient and four themes of the anorexic body were identified: (1) the development of the anorexic body; (2) the anorexic body and body weight; (3) the anorexic body and clothing; and (4) the upholding of the anorexic body.

In sum, all five studies are aimed to give voices to AN patients and their families; to explore the in-depth understanding of food refusal in the socio-cultural perspective; and to suggest the possibilities and the strengths of a qualitative approach in understanding AN in the family context.

Postmodernism and Family Therapy

Postmodernism is regarded as constructive thinking and a debatable topic in the field of philosophy (Chambon, Irving, & Epstein, 1999; Foucault, 1990; McNay, 1994; Merquir, 1991; Moss, 1998), qualitative research (Abma, 2002; Cheek, 1999; Kvale, 1996; Packwood & Sikes, 1996; Tsang, 2000), and family therapy (Anderson, 1999; Carr, 1997; White & Epston, 1990). Postmodernism is a form of inquiry devoted to examining knowledge by challenging the monovision way of its interpretation. It is significant to call

for a relativist view in generating a diversity of knowledge from an anorectic family's perspective.

Postmodernism allows for the tolerance of differences, encourages fragmentation of reality (Moules, 2000), and creates many possible meanings through the process of deconstruction (Davidson, 1977; Dumm, 1996; Gane & Johnson, 1993; Laird, 2000). Three strategies are derived from the stated postmodern thinking that will help family therapy practice:

1. Questioning the family therapist's assumptions for treating these anorectic families.
2. Exploring the hidden voices of the anorectic family by preventing the power inequality between the family and the therapist.
3. Co-constructing the therapeutic goals and plan between the family and the therapist in a partnership approach.

By the three strategies mentioned above, postmodern knowing can reveal hidden or alternative discourses and bring awareness of how dominant discourses of AN are produced by the interplay of power (which has been exerted by family therapists) and knowledge (which has been formed through the expert-way of interpretation of family's problems).

Instead of employing the existing knowledge of anorexia nervosa, it is important to skeptically think of how AN has been portrayed in these families which is twofold:

1. It is better to ask who the authors of this anorectic experience are; the family or the therapist?
2. Which perspective does this knowledge come from; the family or the therapist?

New meaning in understanding the anorectic family plot can be grasped in a new perspective, which should be told by the family and not by the therapist's own framework. In brief, postmodernist thinking has provided us with some insight from a shift to a unilateral interpretation of the anorectic phenomenon to more room for explaining different stories (This refers to every anorectic family's stories) as well as concerns from peripheral voices (This refers to the anorectic families' voices) of society (Pennell & Ristock, 1999). Three concrete themes of how postmodernism enriches the understanding of anorectic families in family therapy will be provided.

Postmodernism and Anorectic Families

We disprove a universality of every anorectic family experience. To this point, ideologies of postmodernism enrich the conceptualization of family therapy in the following three themes.

First, in postmodernism there is a rejection of determinism and causality: Meaning is everything. It deconstructs meanings and how they are represented symbolically by language in such specific family contexts (Moss, 1998). In understanding anorectic families, the western literature regards this disorder as non-cultural specific. A local manifestation of the uniqueness of family experience must be emphasized. More importantly, each anorectic family should unfold its own experience in its own family context. In contrast, professional imposition and cultural invasion are the unwanted results of the expertise mode of conceptualization and intervention. For instance, family therapists never feel the exact family experience, they just feel closer to the subjective experience no matter how hard they have worked and connected with the identified family. Thus, therapists have to listen to the family narrative attentively and skeptically to experience feelings and to interpret meanings from the family's perspective.

Fragmentation is the second theme in postmodernism and is characterized by the fluidity, diversity, and dissolvability of both symptom and family experiences. The concept represents a rejection of false ideals of unity and coherence (McNay, 1994). Sometimes family therapists tend to be neat and tidy during the family sessions because they are well structured and trained with a horizon of knowledge and intensive practice. However, this logical thinking and technique limits creativity; making it messy and confusing for both the family and the therapist.

Indeed, there are some assumptions in every family that go along the same line as the postmodernist connotation. For example, the family has its strength for solving problems. It readily changes its patterns and interaction among family members because the family is seen as a living system. Therefore, family therapists should not be directing the family drama in a task-oriented manner; instead they should provide an alternative way of thinking in which the new experience that the family has not experienced before is regarded as a novelty in this scenario. Having a sense of novelty in the family session can help to revisit the unexplored family resources and induce changes of both symptom and ineffective family dynamics. As a result, therapists should allow themselves to be confused or naïve in family therapy and co-author the family script in the presence of the family itself. Additionally therapists have to avoid thinking of the family's problems from their framework of reference as well as from their expertise position. In fact, there is no king in family therapy sessions. Indeed, there is a joint approach between the family and therapist, which searches for the possibilities in response to anorexic, chaotic situations.

The third theme is the postmodern decline of universalistic discourses that increasingly accepts multi-contextual nature; the diversity of each anorectic family experience (Chambon et al., 1999). Through the normalization process (Foucault, 1990) the dichotomy of the pathological family (which has an anorectic family member) and the non-pathological family (which has not an anorectic family member) is formed, which is represented by different discourses. Discourses are constructed by the interplay of

knowledge and power. Knowledge has meaning and power has effect. Both govern people's thinking and behaviors because human beings are likely to want to be classified within the normal category.

Family therapy is a talking therapy that processes conversation among participants in family therapy sessions. Conversation embraces many discourses. Sometimes, these discourses belong to the majority or the minority in a particular culture. For instance, one anorectic father said, "I do not like shopping with my wife because I want to save money for my son to study abroad" His wife seldom spends money for any commodity goods. This segment can be only interpreted in his family context. The husband understands his wife would not buy any non-essential things, but he refuses to go out with her. In fact, he dislikes when she meets other people and gets away from the family sphere, even by a short period of going out. This can be traced back to his childhood experience. He was an orphan without sufficient care and love from his significant others. Thus, he tries by all means to make his wife stay home all the time in order to ensure his children have enough motherhood care. This piece of conversation from the father consists of reasonable meanings that come from his childhood experiences; his intention to keep his wife at home is to compensate his own loss by fulfilling his children's needs of motherhood. As a result not only should therapists have to listen to and analyze the family conversation within the systemic view, but they also have to invite and recompose the family experience in its historical, socio-cultural context.

Hence, postmodernism requires a greater acceptance of uncertainty, ambiguity, paradox, and confusion (Merquior, 1991). Family therapy can acquire these three ideologies as its theoretical and practical framework during the dynamics of family sessions. With this "not-knowing" position and open attitude to every anorectic family, more possibilities and novelties can be explored in linking the therapists' heart to the family and locking the therapists' hand to the family. How should you tackle the power inequality between the family / therapist?

In response to the above important issue, this paper borrows the concepts of Foucault's (1990) work, *History of Sexuality (Volume 1)* which examines how the practice of confession changes AN into scientific terms, through family therapy.

Revisiting the Process of Confession

In family sessions confession often takes place. Confession potentially creates the power inequality between the family and the therapist. In this part we examine how confession affects the family who reveals its unique anorectic experience, in its familial context. This will be discussed in five steps.

In the first step, therapists have the power to ask and the family will be subordinated by being asked. In this respect, therapists have to note that the confession itself will create the power inequality when they ask or reply to the family.

Retelling is the second step in the process of confession. It can revisit the hidden family impasses again in a common ground by offering a dialogue platform that can enhance mutual understanding and re-experience the unique stance of each family member. In confession, it is the unfolding of the neglected experience and recomposing it to a new meaning; it is stimulating the family to think of a better alternative in its adverse anorexic experience. Eventually, confession, by speaking out and up, is finding something to replace the anorexic experience with a constructive experience such as a reorganization of family structure and daily live routine.

Re-experiencing is the third step in the confession process. It identifies the chaotic family circumstances as something waiting to be interpreted; transferring these negative family dynamics as an external enemy, which whole families should work together to resolve ineffective relationships in the presence of the family therapist.

Exclusion is the fourth step, which should be noted during the confession process. Through the process of exclusion there are norms that categorize anorectic families as deviants because they have been excluded from the representation of the majority of families. Therefore, through confession one should rethink the silent discourses to be heard again. The anorexic experience within the family context should neither be ignored. The therapist should appreciate along with the family in the acceptance and empathetic attitude.

Medicalization should be admitted as the fifth step in confession during the family treatment. Scientifically observation during confession is what some therapists, who believe that their theoretical framework and previous clinical practice, think is the period of medicalization of the anorectic families. The reasons are: (1) stereotyping families as having the same problems as previous families that received treatment and (2) therapists may be bound by their own training receipt that does not allow for any new interventions or the unique experience of families, because it is beyond their imagination. Prevention of any professional imposition and judgmental attitude to these families' stories, with an anorectic family member, is pivotal for every family therapist. Anti-medicalization of family problems can be achieved when family therapists always have a sense of reflexivity in the family sessions. Otherwise, it is a monopoly treatment where some therapists are likely to participate in researching, treating, and creating their discourses about AN without the knowledge of the family's perspective.

From the above five steps of confession that may occur in family treatment, family therapists are reminded that the family therapist should be reflexive during the family therapy sessions with these anorectic families. As a matter of fact, family therapists should bear the concept of who they are by the families and for the families.

Discussion

Postmodernism view has a pivotal influence in family therapy (Anderson, 1999; Blow & Sprenkle, 2001; Pard, 1995). Due to postmodernist thought one can appreciate the uniqueness of family experience (Miller, Duncan, & Hubble, 1997) and see that the self of the therapist influences the therapy process (Kessler, Werner-Wilson, Cook, & Berger, 2000). Therefore, two parties of uniqueness are writing the family script in the sessions.

Within the family, there are different family members. Each of them has the uniqueness experience as well. As a result, many fragmented experiences with various interactions are concurrently experienced by each participant in the session: (1) between each family member, (2) between each family member and the therapist, and (3) between the family as a whole and the therapist. The reservations of adopting the postmodernist view are due to the fluidity and diversity of the ongoing individual's experience with different participants, which is difficult to grasp in a systematic conceptualization and standardized strategies.

Postmodernist thoughts enrich our capacity to understand knowledge by its narrative form of representation (Abma, 2002) and open different angles for analyzing health care practice (Cheek, 1999). To echo the mentioned contributions of postmodernism we argue that family dysfunctions can only be interpreted by both the narrative of cultural-specific review of discursive formation of the fluidity of family activities across different nations and time series. The normal/abnormal family split is problematic for family therapists in their conceptualization and clinical practice.

The local family therapists have faced two forces: (1) to advocate the importance of preserving our own culture, knowledge, family characteristics, and social specificity and (2) to learn the dominant knowledge and practice from Western family therapy. However, one must bear in mind that their expertise position may hinder the family's actual life experience and narratives. This connection between the therapist's framework and the family's experience should bridge the discrepancy between the story of the therapist and the family.

Without a postmodernist-sensitive mind therapists may create their own family theories without the family voices. The paper ends by providing the claim of Crowell (2000), "To unpack such meaning, in other words, might require some form of psychoanalysis in which a more or less hidden narrative is brought to light that links the affective charge of such experiences to the fundamental narrative unity" (p.11). Far more work is needed in the development of cultural sensitivity perspectives and curiosity to every family plot before borrowing western knowledge in family therapy, which should be used in a very skeptical manner. Now is the time to think about the new call for indigenous knowledge that should evolve into a socio-cultural specific framework in order to promote the quality of family therapy practice, which will provide the greatest benefit to anorectic families.

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This work is supported in part by a grant (CUHK: 4090/99H) from the Hong Kong Research Grant Council. The deepest respect and appreciation are extended to those families who were brave enough to seek help from our family treatment.

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Article Citation

Chan, C. Y. Z., & Ma, L. C. J. (2005). Through the lens of postmodernism: Uniqueness of the anorectic families. *The Qualitative Report*, 10(2), 246-256. Retrieved [Insert date], from <http://www.nova.edu/ssss/QR/QR10-2/chan.pdf>
