

2013

Framing anorexia : a play script and multidimensional investigation of anorexia : a play and critical essay

Louise Helfgott
Edith Cowan University

Framing anorexia includes a critical essay and a playscript. The playscript appears after page 195 of the critical essay.

Recommended Citation

Helfgott, L. (2013). *Framing anorexia : a play script and multidimensional investigation of anorexia : a play and critical essay*. Retrieved from <https://ro.ecu.edu.au/theses/580>

This Thesis is posted at Research Online.
<https://ro.ecu.edu.au/theses/580>

Theses

Theses: Doctorates and Masters

Edith Cowan University

Year 2013

Framing anorexia : a play script and
multidimensional investigation of
anorexia : a play and critical essay

Louise Helfgott
Edith Cowan University

This paper is posted at Research Online.
<http://ro.ecu.edu.au/theses/580>

Edith Cowan University

Copyright Warning

You may print or download ONE copy of this document for the purpose of your own research or study.

The University does not authorize you to copy, communicate or otherwise make available electronically to any other person any copyright material contained on this site.

You are reminded of the following:

- Copyright owners are entitled to take legal action against persons who infringe their copyright.
- A reproduction of material that is protected by copyright may be a copyright infringement. Where the reproduction of such material is done without attribution of authorship, with false attribution of authorship or the authorship is treated in a derogatory manner, this may be a breach of the author's moral rights contained in Part IX of the Copyright Act 1968 (Cth).
- Courts have the power to impose a wide range of civil and criminal sanctions for infringement of copyright, infringement of moral rights and other offences under the Copyright Act 1968 (Cth). Higher penalties may apply, and higher damages may be awarded, for offences and infringements involving the conversion of material into digital or electronic form.

USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

FRAMING ANOREXIA

A play script and multidimensional investigation of anorexia

A play and critical essay

by

Louise Helfgott

Bachelor of Science (Honours) Psychology, University of Western Australia

Graduate Diploma in English, Curtin University

Thesis submitted for the award of

PhD in Writing

School of Communication and Arts

Edith Cowan University

February 2013

Abstract

This thesis explores anorexia nervosa in young people. It comprises two components: a play script, "Frames", about 16-year-old Elizabeth who is combating the disorder, her troubled friend Ben, and their families, and a critical essay that reviews qualitative and quantitative literature about anorexia and contextualises the play in relation to selected narratives, plays and films. In my field research, I interviewed a number of professionals working in the field of anorexia and the essay also discusses their views and insights.

Few plays deal with anorexia in an in-depth manner to explore the onset and development of the illness. "Frames" addresses a gap in the literature by focusing on some predisposing factors that may lead to anorexia. It depicts the emergence of the condition in a middle-class Australian teenager living in affluent circumstances because research suggests a higher-than-average incidence of anorexia in this cohort. The play's structure is based on the concept of frames of experience and of perception to suggest that these influence people's lives, often without their awareness and to their detriment. Throughout the play, a series of frames is used to represent different times and situations, with each one encapsulating a significant event or moment in Elizabeth's life. For instance, the first frame represents Elizabeth at age 10, while the second frame signifies her family's perspective. The play suggests that changing our perceptual frame might help us change our lives.

I argue that theatre, given its performative aspect, is an appropriate vehicle to illustrate the identity conflicts that characterise anorexia. Different aspects of Elizabeth's identity are presented through the many derivatives of her name, including Lizzie, Beth and Eliza. The theatrical form also allows the dramatisation of significant relationships and their impact upon her life.

The primary focus of the thesis is the aetiology of anorexia and, in particular, the multi-factorial approaches suggested by the research literature. Many theories have been put forward to explain the disorder and are discussed in the essay, including medical, psychological, sociocultural, feminist and philosophical theories. The primary approach is psychological, as "Frames" focuses on family and personality factors precipitating Elizabeth's crisis, together with a therapeutic intervention. However, sociocultural and philosophical values clearly impact on anorexia. The slender beauty ideal, the importance

of appearance for societal success, and dualistic thinking that privileges mind over body and figures woman as body all play significant parts in the proliferation of eating disorders.

Declaration

I certify that this thesis does not, to the best of my knowledge and belief:

- i. incorporate without acknowledgment any material previously submitted for a degree or diploma in any institution of higher education;
- ii. contain any material previously published or written by another person except where due reference is made in the text of this thesis; or
- iii. contain any defamatory material;

Signed,

Dedication

This thesis is dedicated to my niece, Elyse Borlini, who provided the inspiration.

Acknowledgments

Firstly, I would like to acknowledge my sister, Sue, who suggested that I should undertake doctoral studies. My greatest thanks and appreciation must go to my principal supervisor, Ffion Murphy, whose encouragement, support and guidance have ensured I constantly stayed on track. Thank you so much, Ffion, you have always been there for me. I would also like to thank my associate supervisor, Marcella Polain, for her belief in "Frames" and invaluable suggestions.

I would like to acknowledge the mentorship provided by Collin O'Brien and Aarne Neeme who read the script and provided much assistance in clarifying the style and helping me to re-structure the format, as well as suggesting useful links to other writers.

For the invaluable assistance given in my field research, I would like to thank the following: Natasha Hepworth, Andrew Wallis, Paul Rhodes, Julie Parker, Julie Lambert, Julie McCormack, Lisa Ferraro, Sue Lister, Tara Reale, Anthea Fursland, Laura Crook and Kim Maserow.

For important assistance with library research, formatting, IT support and other consultation, I would like to acknowledge the following: Danielle Brady, Jo McFarlane, Julia Gross, Lyndall Adams, Lekkie Hopkins, Julie Robson, Sarah Kearn, Jennifer De Reuck, Chris Edmund and Elizabeth Reid Boyd.

I would like to express my appreciation to the following groups for their support and invaluable suggestions: Postgraduate Writers Group at Edith Cowan University, Magdalenas at Edith Cowan University, Bridges and Stages WA. The Postgraduate Writers Group consists of a number of postgraduates who meet monthly for peer support and discussion of work. The Magdalenas is a group of female academics and postgraduates who discuss research and creative work on a weekly basis. This group organised a play-reading of "Frames" which was followed by a discussion that provided helpful suggestions. Bridges is an eating disorders network group that meets on a regular basis; it facilitated my links with professionals and young people recovering from anorexia. Stages WA is a group that supports writers.

Finally, without the encouragement, love and support of my family, this thesis would not have come to fruition. Special thanks to Mel, Emily and Aaron as well as my broader family.

Contents

<i>Abstract</i>		iii
<i>Declaration</i>		v
<i>Dedication</i>		vi
<i>Acknowledgments</i>		vii
Play: "Frames"		1
Essay: Framing anorexia: A play script and multidimensional investigation of anorexia		96
Chapter One	Introduction–Writing "Frames"	97
Chapter Two	Field research	119
Chapter Three	Frames of reference–literature review	127
	A historical frame	129
	A medical/psychiatric frame	137
	A sociocultural frame	140
	A psychological frame	156
	A philosophical frame, including religious, spiritual and cultural factors	173
	An anthropological frame	197
	A narrative frame	200
Chapter Four	Plays relevant to anorexia/self-harm	209
Chapter Five	Situating "Frames"–international context	215
Chapter Six	Situating "Frames"– Australian context	225
Chapter Seven	Conclusion	251
List of references		255
Bibliography		267

FRAMING ANOREXIA

A play script and multidimensional investigation of anorexia

Critical essay

Chapter One

Introduction–Writing "Frames"

Self-harming behaviour in youth has long been the focus of speculation and investigation. A range of activities may be attributed to the impulsivity and adventure-seeking behaviour of youth, such as substance use and driving under the influence of alcohol. The daily newspapers provide numerous examples. What is harder to fathom is a young person's dangerous risk-taking where it can obviously lead to serious injury or death and why many young people deliberately cause injury to themselves. Eldrige (2008) reports an increase in Australia of 43 per cent among young people hospitalised for intentional self-harm between 1996-97 and 2005-06 and the percentage increase for females was 2.5 times higher than for males. Even more alarming are the statistics for youth suicide. Recent research (Australian Bureau of Statistics, 2010) indicates that suicide accounts for 23 per cent of all deaths for males in the 15 to 19 years age group and 16.6 per cent of all deaths for females in the same age category, making it the leading cause of death for young people (Headspace, 2011). The Youth Risk Behaviour Survey conducted in the United Kingdom by the Centre for Disease Control and Prevention in 2000 further indicates that 19.3 per cent of high school students had "seriously considered attempting suicide" while nearly 15 per cent had made a plan to attempt suicide (Gould, Shaffer, & Greenberg, 2003). Self-injurious behaviours, such as anorexia nervosa, cutting and substance use have also increased significantly (King, Ruchkin, & Schwab-Stone, 2003). With self-harming behaviours costing millions of dollars of the health budget (exact costs have not been quantified yet, according to the National Collaborating Centre for Mental Health, NCCMH, 2012) and causing immeasurable pain and grief to those affected, it has become increasingly important to understand their aetiology and the context in which they are reinforced. Psychologists regard self-harm and eating disorders as separate diagnoses. I explore many forms of self-harm in the play such as substance abuse and suicide and, for convenience sake, I sometimes refer to anorexia nervosa as another form of self-harm. In this thesis, I focus primarily on anorexia nervosa.

The International Classification of Diseases (ICD-10) defines anorexia nervosa as a disorder "characterized by deliberate weight loss, induced and sustained by the patient" (ICD-10, 1994). The term "anorexia nervosa" was first used by William Gull in 1874 to mean a nervous loss of appetite (Crisp, 1980; Garrett, 1998; Robertson, 1992). The

mortality rate of anorexia nervosa is five times higher than the same aged population (Davis, 2009), thereby highlighting the urgency of tackling this problem. Indeed, anorexia nervosa has the highest mortality rate of any disorder (Birmingham, Su, Hlynsky, Goldner, & Gao, 2005; Bulik et al., 2006; Holm-Denoma et al., 2008) with estimates ranging from 10 per cent (Hesse-Biber, 2007) to 20 per cent (Alexander & Le Grange, 2009). This mortality rate is compounded by the strong link between anorexia nervosa and suicide (Bulik, et al., 2006; Bulik, Thornton, Pinheiro, Plotnikov, Klump, Brandt, Crawford, et al., 2008; Bulik, Thornton, Pinheiro, Plotnikov, Klump, Brandt, & Kaye, 2008; Crisp, 2006; K. Davis, 2009; Franko et al., 2004; Holm-Denoma, et al., 2008; Klump, Bulik, Kaye, Treasure, & Tyson, 2009). Current estimates indicate that 2 per cent of women and 1 per cent of males in Australia are afflicted by anorexia nervosa (Alexander & Le Grange, 2009), suggesting that it is a significant problem in our society.

For the purposes of this essay, I use the abridged term "anorexia". Furthermore, I use the terms "disorder", "illness" and "syndrome" interchangeably, as anorexic behaviour leads to a cluster of symptoms which, in their extreme form, cause "secondary endocrine and metabolic changes and disturbances of bodily function" (ICD-10, 1994). I also use the terms "anorexic" and "anorectic" both as adjectives and nouns in the manner employed by Garrett (1998) and refer primarily to restrictive anorexia, as opposed to the purgative form. Finally, while acknowledging that anorexia afflicts both males and females, I generally use the female pronoun "she": this is for convenience primarily but also because anorexia predominantly occurs among females.

"Frames" was inspired by my niece, Elyse, who developed anorexia as a teenager and came to stay with my family for a few months. Elyse moved in with us when her immediate family could no longer cope with her illness. She had been hospitalised and tube-fed in order to gain weight. Her illness produced some difficulties for my family. Sometimes, she hid food in the room that she shared with my daughter and she also exercised unrelentingly, causing me great concern when she jogged for extended periods around our neighbourhood. However, her condition gradually improved, and she has become a resilient young woman who recently completed a university degree. While "Frames" was inspired by some of Elyse's experiences, it does not describe her life or situation. Elyse has read the play and approved of its depiction of an anorexic experience. She also gave me permission to use her name and dedicate the thesis to her. While living

with Elyse inspired me to write this play and helped me to understand some aspects of anorexia, extensive reading of the literature on this illness and interviews with professionals provided crucial additional insights and scenarios, and helped me both to write and later verify the content and form of the play. My reading of many case studies further assisted because I sought confirmation of authenticity at various stages of writing and revision. It is important to note that the play presents one scenario only: many others could have been depicted.

Researching and writing the play necessarily broadened my focus, allowing me to explore historical, social and cultural factors that might have some bearing on the illness. To do justice to the complexity of anorexia, I had to look beyond psychological and familial factors to the wider landscape of Western civilisation and its values. The preoccupation with "body image" reflects a much deeper fixation on "image" itself. Western societies value appearances and we might ask whether and to what extent appearances can deceive us.

There are two parts to my thesis, namely, a dramatic representation of anorexia in the theatre script "Frames" and this essay, which presents an overview of the theoretical literature and field research that inform the play. My approach in terms of theatrical literature was to locate and read plays that focus on anorexia or self-harm; to revisit plays I had read or seen staged in the past 30 years, to discern possible influences; and to undertake a broad reading of published plays that I had not hitherto encountered in order to ensure that "Frames" was produced with sufficient awareness of theatrical approaches and movements of the twentieth and early twenty-first centuries in particular. This reading embraced historical and critical studies of theatre and playwrights. I also sought an explanation for why theatre might be an especially appropriate artform to depict this disorder by examining concepts of embodiment and the nature of performance, in the manner of Phelan (1993) and Schechner (1998).

My primary focus in this thesis is the aetiology of anorexia because a key question motivating the writing of "Frames" was how to present a plausible scenario that demonstrates how anorexia develops from a multitude of interacting causes, including family, peer group and sociocultural factors. While my review of the research literature demonstrates that there is no specific set of circumstances that leads to anorexia, it identifies a number of salient factors that appear to trigger the disorder. Although family

interactions are represented as one of these salient factors, I do not consider the family primarily responsible; nor am I attributing blame. The research literature, together with my field research, continually impacted on the play's development, influencing changes and additions to the first draft, which was largely based on my witnessing of and involvement with Elyse's illness.

My interest in young people's difficulties and conflicts stretches back a long way. I have written a number of plays and one musical that deal with these concerns. For example, "A Closer Sky", which was initially requested and supported by the Peel Aboriginal community in WA in 1998, further developed in 2002 and nominated for an Australian Writers Guild award in 2005, presents some of the identity issues experienced by young people from a mixed Aboriginal and non-Aboriginal heritage. "The Bridge" is a musical that narrates the story of a teenage girl who runs away from her middle-class home and becomes enmeshed in the drug and criminal culture of life on the streets. This musical was staged in 1997 and 2006, and was a finalist in New Musicals Australia in 2011. "Frames" can be seen as a natural progression from my earlier work. This chapter discusses the writing processes for "Frames" and refers to plot and character development as well as key themes. I also describe how a process of play-readings, dramaturgical assistance and research helped to shape the play into its current form.

It is useful to question the relevance of writing a play about anorexia. After all, there are so many other important issues to write about. Why focus on one disorder? In fact, there are many good reasons. For instance, few plays depict this complex disorder. A play can enact a set of complicated social and familial factors that may affect the development of a mental illness. It can demonstrate the types of interactions that may provide a buffer and those that may cause harm. There is also an immediacy about the theatrical experience that promotes an intimate relationship between the audience and performers and helps communication. On a broader level, I found that anorexia encapsulates many of the sociocultural forces that negatively impact upon young people, especially young women, and a play, by presenting and exploring these forces, can expose and critique potentially debilitating aspects of Western society, and especially its emphasis on body image and appearance.

The usefulness of the arts in addressing health issues has been widely discussed at conferences and in the literature. Recently Molly Carlile, who is the manager of Palliative

Care Services at Austin Health in Melbourne, and Clive Parkinson, who is the director of Arts for Health at the Manchester School of Arts, were interviewed for Radio National's Drawing Room program (Heggen, 2012); they argue that the arts can be used effectively to address challenging health issues that may seem too confronting to be broached in conversation. Carlile asked playwright Alan Hopgood, whose HealthPlays dramatise health issues such as depression and dementia (Hopgood, n.d.), to write about death and dying to break down barriers, promote conversation, inform and educate and, thereby, to enhance the quality of life for people in palliative care as well as family members dealing with grief. Carlile and Parkinson consider this approach to be one of the best ways to raise public awareness about challenging health issues and to help ameliorate existential pain associated with them. They further note that 90 per cent of pain experienced by patients in palliative care is existential stress. Similarly, "Frames" deals with anorexia, a health issue about which young people and the general public may have limited knowledge and which may also elicit some discomfort when broached in conversation.

My review of the theatre literature indicates the play's significance in presenting a new perspective on anorexia. While other plays have focused on the anorexic's inner experience, "Frames" depicts the anorexic's interior world and also her relationships with her family and peer group. It does this by the image of a frame, which is another innovative concept, as none of the other researched plays uses this symbol. "Frames" explores new material in different ways and does not repeat previous representations.

The play's central image is a simple "frame" which was inspired by the play's non-linear structure and its attempt to represent perception. The *Encyclopedic World Dictionary* lists 27 definitions of the word "frame". For the purpose of this thesis, here are some of the more relevant definitions: "an enclosing border or case, as for a picture"; "the body, especially the human body, with reference to its make or build"; "a particular state, as of the mind: an unhappy frame of mind"; "to fashion or shape"; "to shape or to adapt to a particular purpose" (Hanks, 1971, p. 636). What becomes apparent is that people construe frames in many different ways. To some, frames hold memories of a special time, as captured in a photo frame. To others, frames represent borders that define where they belong, as in a cultural frame, political frame and even a national or world frame. To others still, their world is defined by their body frame, how broad or narrow they are.

Due to its rich diversity of meanings, frames became the ideal title and symbol for my play, which deals with the complexity of anorexia. Frames are used to encapsulate the world of Elizabeth, an anorexic teenager and, by using them, I am able to present her varied interior and social experiences. Although primarily dealing with anorexia, the play also depicts other self-harming behaviours and explores some contexts in which they often appear. Magagna (2000) deems anorexia to be a self-harming behaviour and, by taking this approach, it became possible to broaden the play's scope to include substance abuse and suicide. I acknowledge, however, that most psychologists do not consider that anorexia belongs in the self-harm diagnostic category although these maladaptive behaviours often co-occur.

"Frames" explores the psychological and sociocultural world of Elizabeth Fane, a 16-year-old dealing with many challenging, though in many ways typical, issues within her family and social realm. While Elizabeth's problems have manifested as anorexia, the play does not confine itself to this disorder but focuses more broadly on her relationships with others, including her parents and boyfriend, which have impacted on her illness. A chance remark from her friend Jenna, for example, encourages her to start dieting, which sets the scene for more extreme food restricting behaviours. The play also shows how cultural influences, such as fashion magazines, can impact on young girls' beliefs. Elizabeth's uncertainty about her identity and feelings of not belonging are also important themes.

The play moves between past and present, with Elizabeth frequently reverting to her childhood self and re-living significant events. The first scene depicts a happy ten-year-old Elizabeth at the beach, which is juxtaposed with a more troubled Elizabeth in the present, as she celebrates her sixteenth birthday at home with her mother, Barbara, father, Ken and sister, Jackie. Already, her unusual eating habits have emerged, as Elizabeth constantly chops food into tiny portions, but the outward signs of anorexia are very subtle at this stage. In the next scene, the audience is introduced to Ben, her childhood friend and now boyfriend. It soon becomes apparent that both Ben and Elizabeth are experimenting with drugs and belong to a peer group entrenched in the partying scene. Following a party that goes wrong on many levels, and where she catches Ben in a compromising situation with Jenna, Elizabeth begins to withdraw from social contact. She is reminded of her father's infidelities by Ben's apparently mirroring behaviour and becomes distrustful of people in general.

At the end of the first act, the family has moved into a new, spacious "dream" home by the beach. Elizabeth finds it relatively easy to slip away unnoticed in order to gratify her increasing obsession with exercise. When Barbara finally discovers how much weight her daughter has lost, it is too late to avert Elizabeth's collapse at school and subsequent hospital admission. Family problems are revealed during a therapy session but their emergence encourages Elizabeth to disclose a secret that she has been concealing for years. When she was ten, Elizabeth had intercepted a text message that her father received from his girlfriend, Chrissie, who is Ben's mother. Released from her guilt about keeping this secret, Elizabeth's journey to recovery begins in earnest, and although she faces new challenges, including her parents' divorce, the audience witnesses her emergence as a healthier and more resilient young woman.

Gilbert (2001) describes how other playwrights, such as Dorothy Hewett, have "dissolved frames" to depict reality. My technique instead uses frames to present the different realities that Elizabeth embraces. Physical frames are used in the play to represent significant moments in Elizabeth's life. The first frame contains a performance picture of Elizabeth at age ten, during the halcyon period before the disorder takes control of her life. This is supported by the psychological theory that the anorexic fears adulthood and will often appear younger than she is; sometimes her development appears to have stopped at a pre-pubescent stage (Crisp, 1980). The second frame is a portal leading to family life. At various points in the play, Elizabeth uses the second frame to look at family events and interactions and hence this frame, when illuminated, becomes an immediate signifier to the audience that it is witnessing Elizabeth's perspective on familial events. The third frame represents Elizabeth's relationships with her peers. It becomes the doorway through which she remembers the tumultuous party that marked the turning point in her relationships with Ben and Jenna. This frame also allows the audience to witness, from Elizabeth's perspective, the chaotic social world that young people often find themselves part of but unable to control.

The fourth frame signifies Elizabeth's perspective from the family's new home. The larger physical space signifies, and helps create, growing disconnection among family members. Elizabeth is able to "disappear", temporarily allowing her problems to become invisible to the family. It is while positioned in this frame that Elizabeth becomes critically ill and she is forced to receive both medical and psychological interventions. The fifth

frame is intended to represent a one-way window through which professionals can study Elizabeth's behaviour and family interactions. It introduces another perspective on the Fane home environment, so that Elizabeth's illness and its effect on the family become the focus. It also allows Elizabeth finally to face some long suppressed events.

While all of the frames so far have represented significant events and moments, the sixth frame should appear more nebulous and mysterious. It represents the scenario that Elizabeth most fears, as she and the audience are confronted with the disturbing image of a funeral following a suicide. When I wrote the first draft of the play, I depicted it to be Ben's funeral but, after considering various feedback and later introducing the alter-ego Elisabetta, I chose to make this scene ambiguous. Consequently, this can also be regarded as a future possibility, rather than a "real" event. It may also represent Elisabetta's confessor's funeral as Elisabetta alludes to his loss. The sixth frame encapsulates Elizabeth's perspective, and along with most of the other frames, suggests that other perspectives are possible, and these may lead to different outcomes. In other words, Ben's suicide may exist only in Elizabeth's mind. It is a scenario that she needs to confront in order to perceive her own self-harming behaviour which, if left unchecked, could lead to incapacity or even death. She is forced to make a choice between saving or sacrificing her life. The play does not seek to answer the question of whether Ben's suicide is actual or imagined.

I wrote the original draft of "Frames" in 2009, relatively early in my research of the field. The symbol of the frame came to me halfway through writing the draft, in a moment of epiphany. It occurred to me much later that, unconsciously, I might have been influenced by the 2006 production of "The Bridge", in which the choreographer and director used empty frames for a dance sequence. Once the image appeared, I found that it resolved some difficulties I was experiencing in shifting between different time periods. After a while, I began to understand the significance of the image. The frame becomes a powerful signifier of perspective and particularly Elizabeth's damaged perception of herself. It also embodies the parameters that Western society often uses to evaluate people, focusing on the outer borders or markers of their success. After all, the empty frame signifies something but contains nothing. In Western culture, the frame also refers to the body in many publications and representations. Furthermore, it may represent the foundation of buildings and the building blocks of ideas are often described as frameworks.

Thus, frames can also be regarded in a symbolic sense to represent body image. An anorexic shapes or frames her body to fit an elusive but all too powerful image that society appears to value. This image, lauded in glamorous fashion shows, is often criticised for presenting ridiculously thin models, with clothing advertisements and women's magazines helping to perpetrate this image (Hesse-Biber, 1997.2007). For the anorexic, body size becomes the only parameter that can be controlled. However, the anorexic's perspective of the world is distorted and no matter how thin the body becomes, it is never thin enough to "fit" the ideal shape. Consequently, the anorexic constantly shapes her body frame to fit an invisible but powerful cultural "frame".

The play explores these sociocultural forces. At one point, Elizabeth confronts the audience, accusing them of "setting the bar too high" for her (Act One, Scene Nine). Women's fashion magazines are satirised by Ken's description of "the mag" that Barbara works for, as that "encyclopedia of human behaviour" (Act One, Scene Seven). Another scene depicts Jackie and Elizabeth as little girls emulating pictures from a magazine and experimenting with make-up to make themselves prettier. Finally, Elizabeth is portrayed modelling, which in some ways can be regarded as the ultimate expression of sociocultural forces that "model" women to fit the perfect "frame".

The frames that are used on stage are also metaphors for Elizabeth's entrapment by sociocultural and psychological forces. In one of the final scenes in the play Elizabeth takes down all the frames and turns them into a "box" that she steps inside: the frames that have shaped her perspective have become a prison that she is now afraid to relinquish. Seen in this way, life's borders can become bars that limit our freedom. She hesitantly looks out from the box before realising that she must climb out of her confinement in order to be free of her illness. The image of the "box" came to me after I had completed the first draft of the play. I realised that the frames had another meaning if stacked together and this image of imprisonment fitted well with the themes I was exploring. One's perspective can be mainly liberating or confining and if it is the latter, then one needs to relinquish this perspective in order to be free.

Distorting mirrors are used as props to demonstrate Elizabeth's disturbed perspective of her body. Like the mirrors that can be found at a circus, they are both convex and concave, making her look fatter or thinner than she actually is and therefore

representing her "false" conception. The third mirror reflects her "true" image, but it is not until Elizabeth has begun to recover that she is able to see herself through this mirror.

By late 2009, most of my seminal ideas about the play had been formed and written. Feedback encouraged me to include scenes from Ben's perspective and to include Chrissie and Peter (Ben's parents) as characters in the play. It was also suggested that I show, rather than tell, the story about the tree-cutting in Act One, Scene Fourteen and these changes were introduced in the next draft. In early 2010, I was granted dramaturgical assistance from Stages WA and I worked with Collin O'Brien, a previous mentor, for three months. He thought the play Brechtian in its use of narrative, exemplified in scenes where Elizabeth directly addresses the audience. The narrative device distances the audience from the action and encourages them to think about issues instead. To enhance this effect, I re-wrote the party scene from the viewpoint of Elizabeth's recollection. This helped steer the play further away from a naturalistic style. A further draft also enhanced Ben's perspective.

During 2010 and 2011, I read extensively, including *Holy Anorexia* by Rudolph Bell (1985). After reading his discussion concerning the self-starvation of medieval saints and, in particular, Saint Catherine of Siena, I had another pivotal moment that expanded the play's approach. Saint Catherine (1347-1380) was a devout Catholic nun from Italy, whose life was devoted to the worship of God and the giving of charity. She practised self-starvation and self-flagellation for ascetic reasons, believing that renunciation and punishment of the flesh would bring her closer to God. By creating Elisabetta, I hoped to provide another powerful symbol but, at first, it was difficult to determine a strategy that did not appear contrived. My children had presented "orals", or verbal presentations, at school and I realised that, similarly, Elizabeth could prepare her "orals" on the life of Saint Catherine. From this point, Elisabetta emerged. She is both separate from and part of Elizabeth. She is the part of Elizabeth that punishes herself and believes she is unworthy and "useless". I now had an ideal symbol for Elizabeth's inner torment and self-flagellation. Framing these symbolic scenes as "orals" also naturalised them. While I was influenced by other literature and feedback from field research, no other reading altered the direction of the play in such a dramatic way.

In July 2010, I organised a play reading at ECU with the postgraduate writers' group and other students and academic staff. This was useful as it was the first time I had heard the whole play spoken. In May 2011, a feminist reading group at ECU, Magdalena Talks

Back (Magdalenas), organised a reading of the first act of "Frames". At this stage I had not fully included Elisabetta. By the time of a second reading in July 2011, I had completely re-written both acts of the play, including expressionistic scenes with Elisabetta. I then presented the second act for a play reading by this group. The feedback I received from many participants validated my decision to include scenes depicting Elisabetta. I also received positive feedback from Elizabeth Reid Boyd, senior lecturer from the School of Psychology and Social Science, who has co-written a self-help guide for girls which specialises in body image (Boyd & Bray, 2005); she considers the use of frames and mirrors innovative and appropriate for conveying the anorexic state. Importantly, Boyd and Bray refer to self-harm as a political problem, considering it an "expression of oppression" (p. 85). Boyd's feedback was important in helping to develop the play and verify the direction it had taken.

Aarne Neeme, freelance director from Sydney, has been another important mentor, although our contact has been limited. I told Aarne about "Frames" when he was in Perth in 2010 and, very generously, he read the play soon after. I found his feedback invaluable as he presented me with a thorough and detailed analysis of the play, as well as giving me practical advice based on his many years of directing theatre. He advised me to alter the structure of the play, moving selected scenes from the second act into the first. He also recommended deleting scenes written from the perspective of Peter and Chrissie, believing they were not needed and might be confusing. Finally, he advised me to delete a scene that shows Ken and Barbara cutting back a tree to improve their view of the ocean. From a production perspective, he thought it would prove too difficult and unwieldy. Consequently, I re-shaped the play, taking account of this advice. Even so, I realised that the time spent writing scenes that are deleted is not wasted, for this process assisted my depiction of Ben and enabled me to explore alternative theatrical strategies.

"Frames" was a finalist in Playwriting Australia in 2010 and 2011, making it to the final handful in the latter competition. On request, Chris Mead, the director of this organisation, passed on some feedback from the judges. "Frames" draws on different theatrical styles—realism, expressionism and symbolism—but this approach appeared to concern some judges who thought it might be better to choose between these styles to avoid audience confusion. I use the term "expressionism" in Esslin's sense where "the emphasis is making the essential nature of the conflict clear, to *express* it as forcefully and directly as

possible" (Esslin, 1976, p. 63). Realism creates the illusion of reality on stage by depicting realistic characters in "everyday situations" (Waters, n.d., p. 1), while symbolism depicts objects as symbols or "embodiments of ideas" (Esslin, 1976, p. 62).

It should be noted that, although similar, naturalism and realism are often described as two distinct artistic forms. While both depict events that could happen in real life, naturalism is a form of realism which attempts to convey a "slice-of-life" representation (Zuber-Skerritt, 1988) by depicting characters and events in a detailed, clinical and scientific manner that does not include interpretation. In contrast, realism preferences authorial presence over strict attention to detail. However, Allain and Harvie (2012) suggest that these styles are interchangeable, as they both depict real life on stage with only minor nuances of difference: naturalism appears to consider the effects of social environment on character, while realism is less imitative and more critical than naturalism (p. 178).

"Frames" utilises a minimalistic form of realism. Its setting is described as minimalistic and it relies on performance, and not furniture, to indicate location and activity, for example, Elizabeth's video game is suggested by her manipulating a remote control and her bedroom is conveyed by a bean bag and Barbara's description of her bedside drawers' contents (Act One, Scene Six). However, characters are portrayed in a more detailed and, thus, realistic manner. This style was chosen for both artistic and pragmatic reasons. The play's focus is on the frame and not what it contains and words, rather than set, are used to create the picture. I was also influenced by previous productions that I had seen and worked on, in which minimalistic sets have been favoured to limit expenses and to promote versatility in staging: the production may be easily transported to alternative venues.

The blend of styles in "Frames" is intrinsic to the play's capacity to express Elizabeth's many sides and the multiple aspects of the disorder. Knowing the judges' reservation about mixing styles was useful, for it meant I had to reconsider the value of these stylistic choices against possible risks. I decided that, by experiencing multivalent styles, the audience might better understand and empathise with the anorexic condition.

My research in theatre has led me to texts that discuss performing art, performance art and performative art, but which did not provide specific definitions of these terms. Schechner (1998) observes that "Performances mark identities, bend and remake time, adorn and reshape the body, tell stories, and allow people to play with behavior that is

'twice-behaved', not-for-the-first-time, rehearsed, cooked, prepared" (p. 361) and he further notes that, until recently, performances in Western culture often included theatre, music and dance, genres also called *performing arts*. He comments that since the 1960s, new aesthetic performances that cannot be categorised as any of the above genres have emerged and that these are known as *performance art*, an artform which is characterised by a blurring of boundaries between art, life and genre. *Performative art* is a branch of performance art and refers to performance that is not traditionally covered under performing arts: it includes "dress-up to certain kinds of writing or speaking" (p. 362) and it shows how people play gender roles and perform different selves in varying situations (p. 361). Performative art is fluid in that it is not bound by rules, "providing a space for the layering of ideas, images and movements where the performer traces and retraces ideas, fragments and memories" (Grehan, 2001, p. 35). It often embodies multiple styles and forms and the performative space is layered with many levels of story, body and space. Consequently, it allows audiences to access different experiences and ways of thinking and perceiving, as it provides "a multitude of variation around or between those frames" (Pearlman & Allen, 1999, p. xv). By reducing the division between spectator and performer, the performative frame is "a frame in which slippage and crossover are the elements which create powerful and exciting work" (Grehan, 2001, p. 43). It also has the capacity to reflect life in the manner that life is often experienced, namely, as a series of images (Murphet, 1999). With reference to these descriptions, which are the closest I could find to definitions of the terms, "Frames" can be viewed as a type of performing art that draws on elements of performance art, as there is some blurring of boundaries, use of multiple styles, and focus on ways gender is variously constructed and played out in different situations.

Performance art arose in Europe and America in the 1960s, although it has also been popular in Asia and Latin America for some time, and this has led to the study of *performative behaviour*, which examines the way people perform different selves in various situations and the way in which they "play gender", thereby, heightening their constructed identities. As Schechner (1998) describes, "The subjects of performance studies are both what is performance and the performative" (p. 362). Given that anorexia is primarily characterised by distorted perceptions, the theatrical medium, which draws attention to "reshaping" or "reframing" the body, enacting different selves in changing situations and "playing" or enactment of gender, appears well suited to depictions of this disorder.

Peggy Phelan (1993) discusses Modleski's argument about the "speaking bodies" of men and the "mute bodies" of women as described by feminist theorists. She suggests that in moving from the grammar of words to the grammar of the body, we shift from metaphor to metonymy, which is additive and associative. In performance art, the referent is always the body of the performer and the body is metonymic of the self or character. In moving away from the aims of metaphor to metonymy, performance is able to construct the body itself as loss, helping us, the audience, to value what is lost or that which cannot be reproduced or repeated. It seems appropriate, therefore, that the anorexic experience, with its sense of loss and emptiness, can be recreated through performance under this construction of body, and especially the diminishing body, as "loss".

However, "Frames" uses both metaphor and metonymy to reconstruct the anorexic experience of loss. Phelan's study of the ontology of performance describes it as nonreproductive, since it cannot be repeated or reproduced identically, and she notes that in performance art spectatorship "there is an element of consumption: there are no left-overs, the gazing spectator must try to take everything in" (Phelan, 1993, p. 148), making it more vulnerable to valuelessness and emptiness. However, as she states, performance also allows for the possibility of revaluing this emptiness, thus giving it a distinct oppositional edge. She refers to Derrida's analysis of the performative, which validates its importance because of its independence from an outside referent. In a Derridean sense, the performative "enacts the now of writing in the present time" (p. 149). Its greatest strength lies in its independence from mass reproduction. It seems fitting to use an artform that is independent of mass reproduction to depict the anorectic struggle against mass produced normative images of thinness.

If theatre can be regarded as a medium which seems "to collude in gender subjugation by positioning women as objects of knowledge, part of a spectacle framed and contained by the intentional gaze of the spectator", as Gilbert (2001, p. 169) proposes, then the use of metatheatre can challenge contemporary roles. Metatheatre uses techniques that subvert and re-frame the theatrical event and direct the spectator's awareness to the complex dialectic between theatrical presentation and spectatorship. By positioning women on stage in conflict with the way they are represented in general, the patriarchal structure is immediately challenged and role-playing becomes a means of contradicting or challenging the roles ascribed to them by "imperial history's strictures" (p. 170). As Gilbert notes,

Dorothy Hewett's use of metatheatrical techniques that challenge the act of representation exemplifies the role of this type of theatre. Her use of spectacle and outlandish costumes, for example, challenges the very notion of clothing as a signifier of role and points to the artificial construction of all roles.

Clothing is another significant device used in "Frames". I describe Elizabeth as wearing baggy clothes while Barbara is dressed immaculately and fashionably. The audience is primed to question the significance of the actor's body and why it is clothed in this way. By dressing Elizabeth in this manner, her body shape and size is positioned as an unknown, both to herself and to the audience. Not only is a sense of mystery conveyed but it also suggests that Elizabeth is hiding her body from public viewing and that she either rejects the traditional feminine image or subscribes to it so fully that she cannot bear falling short of this beauty image. Elizabeth cannot see her body accurately, believing it to be fatter than it is. Baggy clothes reinforce this perception by making the body appear bulky but also mysterious and unknown, even a non-entity. It is important that Elizabeth's body is never seen by the audience so that they focus on her beliefs and perceptions and not her physical size. In contrast, Barbara dresses up, suggesting the importance that she ascribes to fashion and body image and further indicating that her identity is defined, to some extent, by her clothing, for instance, in Act One, Scene Two, Barbara reflects on whether she should wear blue or pink to her job interview. Gender identity is alluded to by these simple images: Barbara questions whether she should present the masculine, as signified by the colour blue, or feminine (pink) side of her personality at the interview whereas Elizabeth prefers to shield any features that identify her body or gender. If other characters are also dressed in a nondescript way, then Barbara is positioned as the purveyor of family values in fashion and image.

Feminist performance theory promotes metatheatricality as a means of shifting attention from the image reflected in the mirror to the mirror itself, its surface and frame. While Gilbert's study focuses primarily on postcolonial drama, her analysis of gender in performance is especially relevant to "Frames". The "male gaze" in this context becomes the issue itself with its concomitant aspect of scopophilia, that is, pleasure in looking at another as erotic object. In conventional presentation, men are usually positioned as the bearer of the look with women as its object and this encourages the audience to identify with the male viewing position. However, when "the male gaze is split, splintered and

neutralised, while women are reconstituted as *looking* subjects rather than *looked-at* objects" (p.177), then conventional patriarchal structures can be challenged. Gilbert argues that some of Dorothy Hewett's and Alma De Groen's plays challenge this "male gaze" positioning and I also aim to achieve this in "Frames". Elizabeth is aware of the problem but is not free of it: she tries to capture the other's perspective in Act Two, Scene Nine, when she adopts her mother's voice, which still, however, carries the male gaze, and describes her appearance on the catwalk. In the same scene, she attempts to adopt the therapist's viewpoint by stating "I know you are there. Studying me. Watching me" and she takes the therapist's voice when saying: "Here is Elizabeth. At sixteen, weighing 29.6 kilos". In the latter scene, Elizabeth stands beside the fifth frame that signifies the therapist's perspective. By drawing the audience's attention to viewing mechanisms, I attempt to expose their inherent problems.

Gilbert observes that Foucault ascribes both utopian and heterotopian visual aspects to the mirror, which can also be applied to the theatre in the sense that the stage represents a virtual and unreal space as well as physically existing in the "real" world. The utopian image is not real but represents a vision of a perfect society. In contrast, the heterotopian image is a physical representation of the utopian. In this conceptualisation, the stage can be regarded as a mirror, reflecting an image of society. As Elizabeth is both seen by the audience as well as directing her look at the audience (Act One, Scene Nine), she challenges the audience's perceptions, breaking down any unilateral power dynamics found in a "unidirectional gaze" (p.180). However, from a poststructuralist point of view, art does not reflect but helps to construct the event that it describes, just as discourses or frames partially construct the type of knowledge that we can obtain from them. In "Frames", the frame can be also considered a metonym for the stage which frames reality and depicts a representation of it but which is still, nonetheless, a false reality.

Suzanne Little (2004) has researched in depth the significance of the frame or *parergon* in theatre but, due to limited space, this thesis summarises her work. Little explores the meaning of the frame or *parergon*, as referred to by Derrida (cited in Little, 2004, p. 13) and she argues that the frame not only signifies conceptual meaning in theatre but also constitutes the artform itself. She considers theatre is "composed of, or at least reliant on, overlapping and intertwining frames for its very composition and operation" (p. 12) and notes that multiple visual frames such as lighting and costume, as well as sound,

work in conjunction with each other and also in a summative way to denote conceptual meaning. These frames are described as unstable, ephemeral and "undecidable", which means that they affect the work within them as well as the space outside them and appear to "disappear as it is naturalised by the viewer" (p. 109).

Little observes that frames, which were initially studied in the field of aesthetics, have been regarded previously as "suspicious" and "incapable of affecting the interiority of the artwork" (p. 13) and this would explain why the theatrical frame has been undervalued in theatre studies. Interestingly, the proscenium arch frame, which was often used in traditional theatre, focuses the audience's attention on what is contained in the frame and it also defines that activity as theatre, thereby, playing a central role. Little concludes that multiple frames are not only used in this artform, but that theatre itself *is* a frame.

As noted, Gilbert describes the "dismantling of boundaries and frames" that is evident in the work of some Australian playwrights such as Louis Nowra and Dorothy Hewett (2001, p. 116). She further suggests that dismantling boundaries and frames counters the concept of perceived (mimetic) and conceived (diagetic) spaces in theatrical presentation, in which dramatic meaning is created in the tension between mimetic and diagetic spaces. Mimetic spaces enact story by showing, rather than telling, while diagetic spaces use narration to describe action or character. In "Frames" I construct frames that represent both mimetic and diagetic spaces. Some scenes depict Elizabeth as narrator, in the diagetic sense, while other scenes show action in the mimetic way. Using both techniques enabled me to explore a broader range of Elizabeth's responses to events.

In "Frames" I write about the body by writing *with* the body in the manner used by Cixous, in that it produces the multiplicity and fluidity of gender identity. In *Portrait of Dora*, which is based on Freud's famous case study and which also explores feminist responses to it, Cixous illustrates Dora's many sides, including confidante and counsellor to Mrs K and romantic interest of Mr K. Dora is positioned as a young girl on the verge of womanhood, who feels confused about and ambivalent towards significant others in her life. While Mr K is attempting to seduce her, Dora's father is having an affair with Mrs K. Much of the story is relayed through her therapy session with Freud who uses images from her dreams. The play shifts between naturalism and metatheatre to show Dora's fears and obsessions in dream sequences performed by the same actor that plays the "real" Dora. In this way, it is difficult to know what is real and what is imagined. In "Frames", I also use

the one actor to perform Elizabeth's different sides. This sometimes blurs the difference between event and imagination. Elizabeth plays Lizzie, Liz, Beth and Eliza and, in this way, she is presented as both identifying with her class and gender (she describes to Ben in Act Two, Scene Five that she wants to be rich and famous) while also rejecting this positioning and becoming decentred and changeable. My use of different clothing styles to focus attention on personal values and beliefs is another way in which I write about the body by writing *with* the body and its presentation on stage. This depiction further suggests elements of performance art, in which "Any event, action, item, or behavior may be examined 'as' performance" (Schechner, 1998, p. 361).

I chose the name Elizabeth for its versatility and the number of derivations that stem from it, such as Liz/Lizzie, Beth, Eliza, Betty and Elisabetta. Elizabeth is addressed by these various derivations, depending upon her age and stage in life, who is addressing her and whether she is her alter-ego. She is Liz or Lizzie to her family when first depicted but Eliza to her friends. When receiving medical assistance, she calls herself Beth. These shortened versions of the name suggest the internal splitting that is occurring in her identity, and also represent her psychological experiences as the illness takes hold. They also allude to the various ways she is seen by different people, such as family, friends and doctors. Elizabeth sees her "self" as a composite of different voices and, at times, "converses" with the various aspects of her identity as these become more polarised and divided. Her alter-ego, Elisabetta, encapsulates her self-punishing nature, while also drawing a parallel between the self-flagellation of modern anorexics and medieval saints. In this way, her self is posited as hybridised, part Elisabetta, the self-abnegating aspect of her personality, and part Beth, the controlled and controller of her other "selves". While other playwrights discussed in Gilbert's study have used superimposed spaces to break down and dissolve "edges, frames, and boundaries" (Gilbert, 2001, p. 123) in order to blur time periods and landscapes, I have used frames to shift backwards and forwards in time, thus conjuring different periods in Elizabeth's life. Finally, with the introduction of a family-based treatment that will help her to find a way to recovery, the full version of the name Elizabeth is used, illustrating that she is beginning to integrate the various aspects of her life.

While the play is very much from Elizabeth's perspective, other "frames" of reference are explored. Ben is depicted as a central part of Elizabeth's life, and his growing

alienation and unhappiness become crucial to the plot. In some ways, the journeys of these teenagers are parallel; they escape the challenging realities of their lives by resorting to self-harming behaviour. Ben's perspective is important in providing an insight into another form of self-harm, that is, substance use and suicidal ideation. Elizabeth also experiments with drug-taking but Ben is depicted as being more involved in this life style. Although it remains unclear if he suicides, there are hints in Act Two, Scene Five, that he is considering this course of action. Ben also represents Elizabeth's "confessor" as he is her main confidante. Similarly, Elisabetha talks about her confessor. By drawing a parallel between the two confessors, a further ambiguity is created in Act Two, Scene Eleven, as it is implied that the funeral service could be for either of them. I also felt that it was important to present Ben's perspective as I believe that sometimes, while focusing on one person's visible distress, we fail to notice the indicators of distress that are less obvious in someone else. While everyone focuses on Elizabeth's disorder, Ben's suicidal ideation is unnoticed.

Apart from using frames and mirrors as theatrical devices, the play uses "asides" to illustrate how the eating disorder has become an aspect of Elizabeth's psyche. It is as if the disorder has taken on a life of its own and talks to her, advising her not to eat. Elizabeth is shown to be at the mercy of the eating disorder, which controls her life in a powerful and ruthless manner.

Another image used in the play is that of the "tree". This image is introduced in Act One, Scene Fourteen, in which Elizabeth describes her parents cutting the upper branches of the tree outside their new house to achieve a view of the ocean. Symbolically, the tree represents the "family tree", and in this representation another link is forged with the metaphor of the frame. People frame photographs of their family, including their ancestors. If viewed in this way, their act of impeding the tree's growth symbolises obstructing the family tree, something that has been occurring for many years. This image serves the dual purpose of conveying the values of the parents, namely, a view is more important than conserving nature; in addition it suggests Elizabeth's stunted growth. Like the tree, Elizabeth's development is truncated and her perspective suppressed to ensure that her parents' views remain unchallenged and undisturbed. In their quest for a beautiful outlook, incongruous features, such as obtrusive trees, must be sacrificed.

I have also tried to show that Ken and Barbara's materialism has contributed to a loss of connectedness within the family, which impacts on Elizabeth's emotional

maturation. The links among consumerist values, family dysfunction and adolescent developmental problems are well documented (Bordo, 1993; Malson, 1998).

What also becomes apparent with this set of values is the egoism or self-focus that often characterises people adhering to them (Tolle, 2005). Most of the older characters in the play are absorbed by their own pursuits and interests and fail to notice the effects of this self-absorption on others. The character of Ken is perhaps the epitome of such self-centredness. Intent upon retaining his extramarital affair while preserving his domestic arrangements, he lies to his daughter, causing her to question not only his integrity but also her own sense of reality. If she is to believe him, she must re-define her experience so that it matches his interpretation and not her own memory.

Anorexia is an illness characterised by a distortion of self-perception. When looking in a mirror, the anorexic sees herself as overweight, despite the fact that no one else sees her in this way. In its most extreme form, this alteration in perception is known as "body dysmorphic disorder" (Doidge, 2007). Perception is one of the key themes of "Frames". At the outset, Barbara perceives her family as content and well-functioning. Elizabeth reinforces her mother's perspective even as she satirises it by taking photos of family events that reflect her mother's view. By doing this, she is creating an "unreal" construction of family dynamics. Barbara denies that there are problems in the family and so fails to notice Elizabeth's diminishing "frame". Ken's view of his family is more negative. He feels constrained and constricted by family expectations and, as a result, often presents as detached and uninvolved until circumstances cause him to leave. Elizabeth recognises some of the problems affecting her family and her mother's denial, but fails to notice that her perception of herself is also distorted. Jackie, by contrast, offers the audience a more balanced view of the family and her sister's relationships and behaviours. The characters' perceptions are framed by their experiences and beliefs but their varied perceptions and responses suggest that familial situations alone are not determining and that change is possible. The play demonstrates that people respond to similar circumstances in varied ways.

Research into this disorder indicates a complex and interacting set of predisposing factors and thus prevented me from privileging any one cause over others. While family relationships are important, results from studies are ambiguous as no particular family structure is suggested. Inherent personality traits appear to interact with relationship

connectedness. Sociocultural pressures concerning ideal body size further impact upon this disorder.

In the next chapter, I present an overview of field research conducted to gain insights into anorexia from researchers and professionals. I interviewed clinicians working with young people who had developed anorexia and academics who had researched eating disorders, some of whom also work as social workers and psychologists. I found these interviews particularly helpful in providing specific examples of anorexic behaviour, together with possible causes.

In Chapter Three, I review relevant historical, medical, psychiatric, sociocultural, psychological, philosophical, anthropological and narrative literature on anorexia. As noted, my primary concern has been to gain a general understanding of the aetiology of this disorder to inform my representation of it, and so I approached this research review as a means of seeking conceptual and other information to assist in the creation of a literary work, rather than to evaluate the validity of the methodological processes employed in the collection of data, which is outside the scope of this thesis. My reading of the many varying discourses in anorexia also led me to question the nature and function of discourse itself and to consider ways that different discourses frame understanding and knowledge, as noted by Lakoff (2004) whose analysis I found especially illuminating. Indeed, his approach has influenced my own; it is appropriate to refer to these discourses as frames, in line with the central themes of the play.

In Chapter Four, I discuss a number of other play scripts that address the subject of self-harm in youth. I discovered that there are few theatrical representations of anorexia, so that "Frames" addresses a gap in the literature. In order to contextualise "Frames" in the theatrical tradition, I discuss, in Chapter Five, its stylistic or structural relation to some classic texts. This is followed by a brief review of Australian theatre, in Chapter Six, which singles out plays that show some similarities to "Frames". I commenced writing plays in my early teenage years and most were influenced by reading or seeing English and American works; for this reason, my study of contemporary Australian theatre, as part of this project, has been particularly informative. Reviewing dramatic literature forms part of a reflexive process, enabling comparison and contrast: this important aspect of the playwriting process enables me to situate "Frames" in the theatrical tradition and also to point to its innovations in content, form and style.

I conclude by discussing the interactive and overlapping nature of the research and writing processes. I suggest that the project has been both problem-led and practice-led as exemplified by the emergence of Elisabetta's character which was directly influenced by reading certain texts concerning the history of anorexic behaviour and its resemblances to the self-flagellation and self-denial practised by saints. The link between the arts and health is further discussed and I describe how the arts can open up discussion among young people and help inform the general public about health issues that they may experience. I also consider the role of the arts in complementing scientific knowledge and helping to provide new insights that may lead to further scientific exploration.

Chapter Two

In order to gain a sufficient understanding of anorexia, this project required both a review of relevant literature and consultation with professionals responsible for treating the condition. A range of strategies and approaches are used to treat the disorder and these are underpinned by different interpretations and beliefs about the disorder's aetiology and progression. Field research both provided content for the play and validated ideas that I had already explored in "Frames".

After ethics clearance was granted, I forwarded a standard introductory letter to a diverse range of professionals in Perth and in the eastern states. I then organised interviews with a number of them, to be held in person or by telephone. I consulted professionals employed by the outpatient clinics for eating disorders at Princess Margaret Hospital, Hollywood Clinic and Centre for Clinical Interventions (CCI) in Western Australia, as well as clinics at the Oakmont Foundation in Victoria and Westmead Children's Hospital in Sydney. I also spoke with academics working in the psychology department at Sydney University and staff from the Butterfly Foundation, a national network and information group for eating disorders. I attended a couple of sessions run by Bridges, an eating disorder network group based in Perth, and participated in some seminars organised by this group. I selected groups and agencies that would represent a broad cross-section of the mental health community.

Interestingly, a number of professionals in this field became so following their personal experiences of anorexia, and I found this group particularly informative. Some of these professionals preferred to remain anonymous, so I decided to preserve the anonymity of all consultants. There was a high degree of congruence in their opinions, which indicated the validity of this approach: I am able to discuss congruent views together, rather than attributing them to individuals. I have listed the professionals consulted in the thesis acknowledgements, except for one interviewee who did not want her name mentioned at all as she discussed her daughter, whose name she wanted to protect. Also, for ethical reasons, I have not included the names of young members of the Bridges group. I mentioned to interviewees that I might use this method of general acknowledgement, and they indicated their approval. The following section contains an overview of these informative sessions.

While interviewees emphasised different factors in the aetiology of anorexia, all described it as multifactorial, with genetic, environmental, psychological, temperamental and sociological components. Some referred to it as biopsychosocial in nature. One health professional, whom I shall refer to as Gwen, used the "perfect storm" analogy, suggesting that, when the contributing factors line up in a certain way, they create salient conditions for the disorder to develop. Gwen also used the analogy of "swiss cheese" to extend her point, commenting that sometimes the holes in the cheese appear to line up, thus creating the "right" pattern that leads to the disorder.

All professionals interviewed indicated the importance of genetic factors that appear to predispose some individuals to mental illness and make them vulnerable due to inherited temperamental and personality characteristics. Research demonstrates links between anorexia and other mental illnesses, such as anxiety and obsessive compulsive disorder (Klump, et al., 2009; Vervaet, Audenaert, & van Heeringen, 2003). However, a person is more likely to develop anorexia if she or he also has the temperament or personality factors associated with this illness, such as, perfectionism, rigidity, conflict avoidance and a compliant nature. It appears that while one may be born with a diathesis towards mental illness, it is one's temperament that determines the type of mental illness developed (Lask, 2000; Pike, Hilbert, Wilfley, Fairburn, & Dohm, 2008; Vervaet, et al., 2003).

According to interviewees, anorexics tend to be "driven" in nature and are high achievers who strive towards perfectionism in everything they do and are disappointed in themselves if they do not live up to their expectations. One clinical psychologist also observed that anorexics often lack an "inner" life and have limited self-knowledge, describing them as "strangers" to themselves. I was surprised by his use of the term "disembodied" to convey this disassociation. Interestingly, I had considered "Disembodied" as a title for my play prior to this interview, but found it lacked the broader and more evocative connotations of "Frames". However, the character description given by these professionals lent support to Elizabeth's characterisation, as obsessive and a perfectionist. These characteristics are evident in the play's dinner scenes (Act One, Scene Two and Act Two, Scene One), in which Elizabeth obsessively chops food and counts calories.

A health professional with a nursing background gave examples of the drive towards perfectionism that manifested in some clients. One client, for example, who was unable to express herself artistically in case she did it "wrongly". She was asked to dip her

hand in paint and then onto a blank canvas but declined, explaining that she was afraid of making a mistake, despite being told that there were no right or wrong methods. I found this image compelling and decided to include it in the play (Act Two, Scene Four).

Not all individuals with predisposing factors develop anorexia. Health professionals emphasise the importance of environmental and situational factors. While there were some differences in opinion about factors that trigger the illness, such as the significance of familial connectedness, all agreed that environments which promote healthy self-esteem act as a buffer against developing anorexia. The corollary is that low self-esteem increases vulnerability to the illness. They described how low self-esteem affects an individual in two ways, firstly by making one more vulnerable to media depictions of body image and secondly by increasing the impact of peer influence. There is considerable documentation to support the view that individuals who lack confidence in themselves are more easily influenced by media messages and peer group pressures (Tiggemann & Miller, 2010). Depictions that emphasise the value of thinness result in comparisons with "ideal" images and many will find their own body wanting. Young people are typically influenced by peers who may have negative body images themselves and may emulate diet fads adopted by their friends. This combination of low self-esteem and negative body image was described by one therapist as instrumental in setting up a chain reaction that can lead to disordered eating patterns.

Another impact of low self-esteem is that individuals feel unworthy of having their basic needs met, therefore not deserving to eat. Once this belief system becomes entrenched, it is extremely hard to alter. One therapist indicated that anorexics often define their identity by their illness, making it difficult to separate themselves from the disorder. This has significant implications for recovery, as it suggests that the anorexic will cling to her illness to reinforce her sense of identity and will resist interventions that must inevitably threaten her perception of herself.

Healthy self-esteem appears to be a crucial protective shield against anorexia. However, many young people reach maturity without this buffer, thereby making them vulnerable to outside stresses. Self-esteem is cultivated through positive experiences in the home and broader social environment. Unconditional love and acceptance will strengthen a child's self-esteem while negative and critical parenting styles undermine this process (Bruch, 1973; Way, 1993). Home environments that stifle the child's voice are also

detrimental to healthy self-esteem. Children whose choices or decisions are frequently belittled or countered will find more difficulty individuating and making positive decisions in later life. They may feel that whatever they do will never be "good enough" to meet family expectations and that they must comply with certain rules or manifest certain behaviours in order to be loved. Unconditional love, in psychological terms, refers to love that is not determined by behaviour. In this positioning, parents may disapprove of behaviour without this affecting their love for the child.

One psychologist referred to the level of expressed emotion in families as another important factor in the home environment. Some parents may use highly charged language such as "this is awful", to describe an event of only moderate significance. When this type of language is directed at the child, it may be interpreted as a severe criticism. On the other hand, some families may avoid expressing any emotions at all to avert potential conflicts. However, these emotions will often surface later with greater force.

Some psychologists commented on the difficulty that some parents experience in achieving the "right" balance between softness and firmness in disciplinary action. This may lead to inconsistency in the one parent or between the parents, where one of the parents is perceived as soft and the other as strict. When such parenting strategies prove to be ineffective, parents often resort to expressing themselves in a louder and more forceful manner instead of adopting a different strategy. In other words, the firm parent may attempt to alter the child's behaviour by shouting more loudly, rather than trying a different tactic.

Parenting styles impact on anorexia in other ways. Parents who discourage eating certain foods can influence a person's food choice in later life, as some foods become more or less desirable depending upon the labels ascribed to them. The significance of food has a cultural basis and this also needs to be taken into account when understanding anorexia. As one of the leaders of the Bridges group pointed out, the avoidance of a particular food may represent breaking away from the client's cultural background. For this reason, it is important to know the client's ethnicity and the meanings attached to food (Bordo, 1993).

Communication about food and body weight between parents also influences a child's food choices in later life. If the child witnesses one parent, usually the father, attributing excessive importance to the spouse's weight or choice of food, this may trigger fixation on their own body shape or weight. In "Frames", Ken draws attention to Barbara's

weight on more than one occasion and Barbara also refers disparagingly to her weight (Act One, Scene Twelve).

While some of the psychologists interviewed referred to the parental disharmony and open conflict evident in many of their clients' families, they also noted that statistical analysis has shown a higher incidence of intact families compared with the general population. One therapist interpreted this to mean that such families may experience higher levels of unexpressed domestic unhappiness, and indeed many such parents tended to be more self-absorbed and preoccupied by their own problems, making them less responsive to their children's needs. While it may be argued that these observations are only anecdotal in nature, they were given by staff at an eating disorders unit that has one of the largest databases in the world and by a therapist who has treated over 900 eating disordered clients to date. In some of the cases where parental disharmony was indicated, the anorexic child appeared to use her illness to keep her parents together. In these cases, they tended to stay together to help their child, and were less likely to separate or divorce. I have drawn on this scenario in "Frames" (Act Two, Scene Eight).

While situations of parental or family disharmony may contribute to some cases of anorexia, most therapists expressed the view that there is no typical family structure for eating disordered clients. It appears that there are just as many over-connected as under-connected or disengaged family patterns. Families that are over-connected may inadvertently discourage the child from making decisions and becoming independent, while families that were under-connected often failed to respond to the child's needs. In the latter case, the anorexic condition focused parental attention back onto the child. While there are no clear definitions of what constitutes good parenting skills, what appears more important is the fit between the child and her relatives. Not surprisingly, most of the professionals interviewed stressed the importance of maintaining a positive connection with one's children.

Another contributing situational factor is instability of residence. Children who frequently moved houses experience constant disruptions to bond-formation and find it more challenging to maintain a connection with their peers. Other childhood traumas, such as sexual abuse, might also trigger anorexia, especially if the child fears maturing and eliciting further unwanted sexual interest. Bullying and teasing from one's peers also has a

detrimental effect on developing self-esteem and thus increases vulnerability to an eating disorder.

One social worker described in detail the development of her own eating disorder. She had been bullied in her childhood years but later found herself to be the object of much positive male attention at high school. As a result, the girls who had bullied her now sought her friendship. This reinforced her belief that looking thin and attractive was instrumental in obtaining positive peer attention. When she began to lose weight, she received many compliments from her class mates and this further encouraged her to lose more weight, establishing a vicious circle that spiralled into anorexia.

The role of the media in promoting and reinforcing positive images of thinness was acknowledged by all professionals interviewed, except for one whose opinions will be discussed later. As one nurse pointed out, fashion magazines go to great lengths to project a distorted view of the female shape, often using techniques such as photo shopping and airbrushing to present unrealistic and impossible images of female waists that are smaller in dimension than the person's head. Apparently, one such doctored image of Kate Winslet led to her threatening legal action against the magazine for making her feel that she wasn't "good enough" in her natural state (Pollack, 2011). If a celebrity of Kate Winslet's stature is offended by media representations of her body frame, it is no wonder that teenagers seeking validation in the eyes of the world are vulnerable to unrealistic depictions of the female form.

One professional, whom I shall call Annie, discounted the importance of body image as a motivating factor in anorexia. Annie works as a counsellor, but has lived with the anguish of witnessing her daughter's anorexia. In her view, the critical factor in this eating disorder is control. She emphasised her daughter's inability to make decisions or take control of her life. When asked a simple question, such as her favourite colour, her daughter was unable to answer on her own and would seek her mother's opinion. Annie drew attention to the strong similarities between Obsessive Compulsive Disorder (OCD) and anorexia, referring to research that indicated that both conditions demonstrate a low level of functioning in the part of the brain responsible for strategic planning, leading to difficulties in making quick decisions (Vervaeke, et al., 2003). Interestingly, Annie indicated that the turning point in her daughter's illness came when she realised that she could no longer keep her daughter alive; in other words, she was forced to relinquish control of her daughter's

life. Henceforth, it became imperative for her daughter to take responsibility for herself and her recovery ensued as a result.

Given the emphasis on "thinness" in the media, it is interesting to observe the increasing incidence of obesity in Western society. One clinical psychologist referred to the "all or nothing" extremes that prevail. In other words, the culture has become excessive. This interviewee considered it no coincidence that anorexia and obesity had both become more prevalent in image driven, consumerist societies.

Like Annie, she pinpointed control as a central factor in anorexia and described scenarios in which parents had wielded too much control over a child's life. Reluctant to comment on aetiology, she preferred to list preventative factors, such as high self-esteem, an absence of weight issues in the family, unconditional love, connectedness and eating together as a family.

Some interviewees alluded to the self-harming nature of anorexia. One social worker stressed the self-harming nature of anorexia, stipulating that while it might not present in this manner initially, it quickly develops into a form of self-harm when the anorexic individual moves into the denial stage of the illness and subsequently manifests behaviour that parallels a slow form of suicide.

Field research sometimes provided content for the play, such as the hand painting example mentioned above; at other times, my research validated an idea that I had already developed. To clarify, many interviewees mentioned the prevalence of name changing among anorexics, for example, Annie described how important it was for her daughter to change her name when she began the recovery process, as she needed to break away from her old identity. This supported my decision to represent Elizabeth in different contexts with alternative derivatives of her name. On a lighter note, "frames" keep appearing on my research journey. From the hotel window of the Rydges Hotel in Melbourne, where I stayed on my field research tour, I could see a giant frame suspended on top of an adjacent building. Although, I never found out why it was there, it reminded me of the symbolic importance of this image.

My field research consolidated many of the choices I had already made throughout the process of writing the first draft of the play and further extended my knowledge of the illness, giving me new ideas and directions to explore. I discovered that one of the fundamental features of anorexia is the strong link between body image and self-esteem,

which is concisely expressed in a joke I heard at the Bridges' group one evening: Knock, knock. Who's there? No body.

Chapter Three

Frames of reference–Literature review

Frames are mental structures that shape the way we see the world.

(Lakoff, 2004, p. xv)

According to Lakoff, our world view is shaped by the mental structures that govern our thought processes. These mental structures or frames are formed by our language, values and beliefs and are significantly influenced by sociocultural and psychological factors. In order to reshape or change our lives, we must first be aware of the frames that influence our thinking processes (Lakoff, 2004). Before examining the implications of different theories used to explain anorexia, it is important to understand the significance of the frames that we take for granted and internalise when processing information from the external world. By becoming aware of a framing process that is usually unconscious, we are better able to make changes and choose alternative frames.

Language is one of the central ways we frame our world. Many words evoke conceptual frames. These may be unconscious but even when we are aware of them and attempt to block this process, we still retain the images that the words suggest. In a potent example, Lakoff tells his students not to think of an elephant. However, as soon as the word "elephant" is uttered, it becomes impossible not to think of this animal. Lakoff's research originates in work by Wegner, Schneider, Carter, and White (1987) who use "white bears" to examine the effects of thought suppression, and who found that subjects are not only unable to suppress thoughts of white bears as instructed but are more likely to be preoccupied with them. This can be generalised further to all messages, both verbal and non-verbal, that the child internalises. While the child may be encouraged to focus attention on developing his or her intellect, rather than on physical appearance, the very act of mentioning appearance immediately draws the child's attention to body image and unearths all the beliefs that the child holds about his or her physical frame.

Even when no verbal messages are conveyed, ideas are still circulated in the form of embodied images that the child draws upon in determining his or her frame of belief. One commonly held notion projected by celebrities and others, is that if we strive to achieve the perfect body, through weight reduction and other forms of beautifying ourselves, then our

popularity and success will increase (Hesse-Biber, 2007; Hesse-Biber, Leavy, Quinn, & Zoino, 2006; Levine & Murnen, 2009). In fact, we are surrounded by media messages that inform us that our ideal weight is considerably less than our current size. These messages are transmitted through various frames, such as, medical, sociocultural and philosophical. While these frames are usually referred to as discourses, I am using the terms interchangeably, as I believe that adopting a discourse to study anorexia usually leads to a cognitive set or framing of this disorder. In other words, a doctor will adopt a medical frame to conceptualise and treat the disorder, while a psychologist will choose from a range of different psychological approaches. Media advertisements using a medical frame bombard us with messages that we should reduce the amount of fat in our diet while philosophically framed promotions inform us that we will be better people and have more fulfilling lives if we follow a recommended diet (Bruch, 1973).

Interestingly, even when the frame fails to fit the facts, we might discard the facts to retain the frame (Lakoff, 2004). Consequently, if we encounter successful role models who do not conform to the slender ideal, we might dismiss their significance, rather than question our beliefs. Lakoff observes that all knowledge is neurologically encoded. He reasons, therefore, that these frames are also "in the synapses of our brains, physically present in the form of neural circuitry" (Lakoff, 2004, p. 73). Despite the widely held view that the "truth will set you free", it is very difficult to dispel underlying beliefs since most of our conceptual framing is performed unconsciously. Conceptual links can also become so strongly reinforced that they persist despite the fact that often they work against our self-interest. While Lakoff explores this process on a political level, it can be extrapolated to the anorexic way of thinking. Although she may know on an intellectual level that she is endangering her life in the quest for ultimate thinness, she reframes her thin body as fat.

Frames can be manipulated by attaching an innocuous interpretation to them, so that, for example, losing extra weight cannot hurt. Sometimes, these beliefs are passed down from previous generations and have become "archetypal" values that we accept without awareness. Ibsen's play *Ghosts* is a theatrical example of this process and is discussed in Chapter Five. Lakoff discusses the significance of these common inheritances which form the building blocks of our ideas. An entrenched idea might be that losing weight is always a good outcome. As noted, attempts to expose and negate the frame are ineffectual as they only serve to evoke and reinforce its significance.

This chapter explores the many different theoretical frames used to explain and conceptualise this disorder. Theories that have gained most prominence are psychiatric (medically based), psychological, sociological (including feminist), philosophical and historical (Garrett, 1998; Robertson, 1992). However, the main causative factors of anorexia may be summarised as genetic (including biological and personality traits), familial and sociocultural (Lask, 2000). It is necessary to differentiate among factors that predispose, precipitate or perpetuate the disorder (Lask, 2000). Predisposing conditions refer to genetic factors, including personality traits such as perfectionism and obsessiveness. Precipitant factors include environmental stresses, such as frequently shifting residence, and family issues that may include a negative view of body fat. Factors that maintain the disorder may be generated from a number of sources, such as sociocultural attitudes that emphasise body image and reinforce psychological insecurities. Many of these factors overlap and it is difficult to separate them in certain circumstances. For instance, a person may be born with a high sensitivity or vulnerability to some environmental stresses, but parenting styles may increase this vulnerability and therefore help perpetuate the problem.

In order to understand the increasing incidence of anorexia in contemporary society, it is necessary to begin with a historical overview.

A historical frame

Fasting has been employed throughout the ages as a means of "subduing" the flesh in order to enhance spiritual development (Brumberg, 1989; Dally & Gomez, 1979). Historical accounts, presented by Brumberg (1989), show that there were many young women in Europe, during medieval times and the Renaissance (1200 to 1600 approximately), who fasted for extended periods of time for religious or ascetic reasons. Some of these women were later beatified as saints, such as Catherine of Siena (1347–1380) and Margaret of Cortona (1219–1246). Fasting served the dual purpose of purifying the body and gaining control over bodily desires and needs, in effect promoting an elevated spiritual state that transcends the needs of the flesh. Self-deprivation allowed Christian women to demonstrate their piety and seek penance for their sins, and was used as a strategy to become closer to God (Halse, Honey, & Boughtwood, 2008). In some cases, the only sustenance ingested by

these women for extended periods was the Eucharist wafer and wine representing Christ's body and blood. Many also practised self-flagellation and sleep deprivation, forcing themselves to lie on the hard ground with rocks as pillows. Such austerities represented sacrifices to God and it was believed that, if sustenance was not obtained on a physical level, then God must be responsible for their continued survival. Physicians in the seventeenth and eighteenth centuries wrote about these practices, which they had witnessed, as well as those from earlier times, referring to such abstinence as *inedia prodigiosa* (great starvation) and *anorexia mirabilis*, or miraculously inspired loss of appetite (Brumberg, 1989). While the women believed that their sacrifices were in accordance with God's wishes, much debate ensued among clerics regarding the meaning of this behaviour, that is, whether their actions were the work of God or the devil, something that many parents of modern anorexics may wonder as well.

While it would appear that *anorexia mirabilis* and anorexia nervosa are driven by differing motivations, some theorists, including Bell, have argued for their similarity. According to Bell, both *anorexia mirabilis* and anorexia nervosa result from an underlying need to establish a sense of self and represent, furthermore, the quest for female liberation from a patriarchal society. Bell argues that by conquering the needs of their bodies, these women were able to exert control over their lives, achieving autonomy as well as spiritual enlightenment (R. M. Bell, 1985). He refers to this phenomenon as holy anorexia, thereby drawing a parallel between this early religious behaviour and contemporary anorexia. Like its modern-day counterpart, *anorexia mirabilis* was primarily a female behaviour. Both forms of fasting are influenced by the social milieu of their time, include ritualistic behaviours and use of food as a symbolic language. Fasting may also be regarded as a ritual that creates boundaries between the pure and the impure; in whatever way these concepts are defined by society. By fasting, women react to social pressures to conform and attempt to imbue their lives with meaning, thus fulfilling an underlying spiritual need. The need for spiritual fulfilment is as strong today as it was in medieval times and continues to motivate many human endeavours as Garrett (1998) maintains.

Bell's argument does not take into account the different ages of medieval (and later) fasting women compared to contemporary fasters, mostly described as anorexic, who are primarily adolescent. It also obscures the fact that medieval fasting was only one aspect of a wide range of austerities that included self-flagellation, scalding and sleeping in severe

conditions (Brumberg, 1989). Another point of difference is the underlying value system driving the fasting behaviour. While earlier fasting appears to be driven more by collective values that include a religious or spiritual hunger, in other words, a hunger for God (Brumberg, 1989), contemporary abstinence is propelled primarily by an individualistic belief system (Garrett, 1998). Reading about the behaviour of women who were beatified inspired me to create Elizabeth's alter-ego, Elisabetta, who, like her forebears, practises self-punishing behaviour to deal with an underlying sense of worthlessness. By creating this alter-ego, I found an ideal metaphor for the asceticism and self-flagellation of modern anorexia. In order to make this device realistic, I wove Elisabetta into the play by introducing Elizabeth's school project in which she is required to perform a historical, religious figure.

The first description of anorexia nervosa, although it was not called by this name, has been attributed to Simone Porta (1496–1554) who described a ten-year-old girl who had stopped eating altogether (Dally & Gomez, 1979). Richard Morton, in 1694, is credited with giving the first detailed description of the symptoms of anorexia nervosa, which he called *phthisis nervosa*, meaning nervous atrophy (Brumberg, 1989; Dally & Gomez, 1979) or nervous consumption (Bruch, 1973). However, according to Brumberg, Morton described only some of the symptoms of anorexia nervosa and was unaware that the illness was predominantly an adolescent female condition. Many other symptoms given in his account do not fit the current definition of anorexia nervosa. Morton, however, was describing a very small sample size whose fasting may have been compounded by other factors.

By the seventeenth and eighteenth centuries, and corresponding with the rise of the Protestant Reformation, fasting was actively discouraged as it was regarded as the work of Satan and not of God. Where once it had been viewed as a form of female holiness, it was now seen as heretical and even bordering on insanity (Brumberg, 1989). Despite this widely held view, fasting behaviour lingered on, coexisting with Protestant iconoclasm through the sixteenth to nineteenth centuries. Brumberg cites many examples of miraculous maids who appeared to survive only on thin air. Many of these women came under the scrutiny of clerics and medical practitioners who found that several of them were fraudulent, as they were secretly ingesting nourishment.

In 1859, William Chipley published the first American description of sitomania which was characterised by an "intense dread of food" (Brumberg, 1989). However, this condition was classified as a subcategory of insanity and does not meet our current understanding of the disorder. Anorexia nervosa was first medically named and described in the 1870s by professionals in England, France and America. The principal doctors credited with defining anorexia nervosa were William Gull, a physician from England, and French neurologist Charles Lasègue, who independently gave detailed accounts of the illness, although the latter considered it to be a variant of hysteria (Palmer, 1989). Gull's definition of anorexia nervosa, cited by Brumberg, implicated a "moral or mental aberration rooted in the nervous system but exacerbated by the patient's age, her mode of life or both" (Brumberg, 1989, p. 112). He initially referred to the disorder as "apepsia hysterica" but later adopted the title anorexia nervosa (Dally & Gomez, 1979, p. 2).

The first cases of anorexia nervosa were observed in middle class, respectable and upwardly mobile families, leading many medical practitioners and theorists of the 1870s to conclude that anorexia was a byproduct of particular social conditions. Characterised by material comfort, the sexual division of labour and stratified divisions of gender and class, the bourgeois life style of the nineteenth century marked the birth of contemporary eating disorders, in particular anorexia, further indicating that this disorder is primarily associated with the way women have been conceptualised in Western culture. Brumberg refers to this process of change in social conditions, from medieval times to the industrial revolution of the 1800s, as a process of secularisation and medicalisation, and further describes it as the transition from sainthood to patienthood. Secularisation is the movement of a society from a religious to a non-religious world view, while medicalisation refers to the process by which scientific medicine becomes the basis of understanding human behaviour. During the transitional stage of the nineteenth century, food refusal led to priests and physicians arguing about who had the correct interpretation of this behaviour. As the medical viewpoint gained prominence, the interpretation of food refusal changed from its being considered a religious act to a pathological state. As most of the known cases of food refusal came from the upper echelons of society, medical practitioners regarded anorexia as another type of nervous disorder which prevailed in the middle to higher classes of social strata.

The factors that caused middle class social conditions to become a breeding ground for anorexia have been analysed by various historians, including Brumberg and Bruch. As the majority of middle class children lived at home until they married, dependency on their families was sometimes prolonged and intensified relationships between parents and children. This contrasted with working class families, whose children were sometimes forced, for financial reasons, to live and work away from the family home. Lasegue presented the first detailed insight into this type of pressurised family environment, where food refusal had great power to disrupt family life and contribute to intrafamilial conflict (Brumberg, 1989). Middle class girls were expected to make appropriate and, if possible, advantageous marriages, and were under constant pressure to conform and behave in a respectable manner. Given the emotional constraints of her upbringing, the Victorian girl had few choices if she wanted to rebel against family pressures and expectations. Food refusal and ultimately anorexia became a means to express some autonomy.

Another factor in the emergence of anorexia in Victorian society was that women who were unable to express their unhappiness in any other manner used physical complaints as a form of self-expression. They would adopt the so-called privileged "sick" role, allowing them to retreat from unwanted social duties. This also became the basis of "hysteria", a condition which led to the development of Freudian psychoanalysis. As the prevalent diseases of the era involved some form of "wasting", anorexia fitted the medical stereotype perfectly. Furthermore, social etiquette demanded frugality in eating as it was considered vulgar to overload one's dinner plate. Women were required to demonstrate delicacy in their manners at all times and would eat sparingly in social situations. Over eating was not only the pathway to physical ugliness but had moral overtones as well. Appetite became the "barometer of a woman's moral state" and restricted eating implied a higher spiritual focus (Brumberg, 1989, p. 182).

In this regard, medieval ascetic behaviour and Victorian social etiquette both positioned indulgence on a physical level as a contraindication of spiritual and sexual purity. Comparable to medieval asceticism, restraint suggested a conquering of bodily desires, indicating purity and the capacity to make sacrifices. From this point, it was only a short step to equating beauty with saintliness. A beautiful woman was saint-like and, inversely, the saintly were considered beautiful (Brumberg, 1989). A thin, delicate frame was not only an object of beauty but also indicated social status because of its unsuitability

for productive or even reproductive work. Manual labouring requires a more robust constitution than that which typified the upper middle classes and, in this way, body size became an indicator of social status. Women from elite society demonstrated their distance from the working classes by their slenderness. By controlling their appetites, Victorian women were able to express "emotional, aesthetic and class sensibilities" and women of means from this era were the first to diet, long before the fashion trends of the 1920s and 1960s (Brumberg, 1989, p. 187). Thus, it appears that the seeds of the twentieth century's obsession with body image, as opposed to body function, which continues into the twenty first century, were sown in the Victorian climate of respectability.

An association between the rising incidence of anorexia and the rise of capitalism and affluence in many post-industrial societies has been widely documented (Bruch, 1973; Brumberg, 1989; Dally & Gomez, 1979; C. Hamilton & Denniss, 2005; Lawrence, 1984). Some have even called the difficulties generated by the capitalist system *consumption disorders*, arguing that in a society in which one's identity is to some extent defined by what one consumes, non-consumption is also a signifier of identity (Brumberg, 1989; Lelwica, 1999). Indeed it can be argued that, in a consumerist society, the non-consumer is able to make a very powerful statement.

If anorexia only develops under conditions of emotional and material privilege, then the increasing affluence of the Western world in the 1900s would appear to guarantee a surge in the incidence of eating disorders. According to research, 90 to 95 per cent of anorectics are young, female, white and from middle and upper class families (Brumberg, 1989; Stice, Ng, & Shaw, 2010). Anorexia occurs in a context of plenty and is not observed in periods of food restriction and famine (Bruch, 1973; Brumberg, 1989; Dally & Gomez, 1979). As Bruch notes, "food refusal would be an ineffectual tool in a setting of poverty and food scarcity" (Bruch, 1973, p. 13), especially if food refusal is viewed as the adolescent's struggle with autonomy, individuation and sexual development (Brumberg, 1989; Crisp, 1980). On a more general level, it has been suggested that corpulence is valued when times are lean and women are needed to procure food, while thinness is valued more when biological survival is not threatened and women are expected to pursue more intellectual, aesthetic and spiritual goals (Halse, et al., 2008). It has been argued that by the twentieth century obesity was no longer just a physical liability but had become a social impediment and character flaw. However, this applies to affluent Western society only, as

in many other cultures obesity represents wealth and power (Bruch, 1973; Brumberg, 1989; Dally & Gomez, 1979; Lee, 1996).

Victorian medical practitioners never presented explanations for food refusal, for most of them failed to interview their patients about this behaviour. They also failed to understand the connection between anorexia and the cultural milieu of the time, regarding it more as a perversion of will or a form of attention-seeking behaviour. It was not until the turn of the twentieth century that Janet, a key figure in hysteria studies, first differentiated between two types of anorexia: obsessional and hysterical. Patients with obsessional anorexia, while still retaining their hunger, presented with a horror of eating, gaining weight and developing a woman's body. In contrast, patients with hysterical anorexia found it impossible to eat, regurgitated any food ingested and were hyperactive (Dally & Gomez, 1979).

In the first couple of decades of the twentieth century, anorexia was often confused with other forms of mental illness, such as depression and psychosis (Dally & Gomez, 1979). From the 1920s through to the 1930s, an endocrinologic approach was primarily adopted in the treatment of anorexia. Despite a lack of evidence, this approach targeted the thyroid, ovaries, pituitary or pancreatic regions. Simultaneously, psychogenic factors were explored by practitioners, such as Freud (1856–1939) and Janet (1859–1947), who were the first theorists to link appetite loss to sexuality. While Freud's treatment of anorexia was sparse and he made only passing observations that anorexia was a form of melancholia linked to an undeveloped sexuality, his greatest contribution lay in asking about the underlying meaning of anorexia. He saw the anorectic's rejection of food as intrinsically associated with sexuality and a rejection of it. Similarly, Janet linked anorexia to the anorectic's unconscious desire to remain a young girl by blocking the development of womanly features, thereby suggesting a psychosexual aetiology (Brumberg, 1989; Crisp, 1980; Dally & Gomez, 1979).

In the 1930s, anorexia was widely considered a neurotic or psychological disorder predominantly associated with females. While biomedical approaches were still employed, psychotherapy became the preferred form of treatment. This approach resulted in the observation of commonalities among anorectics, such as superior intelligence and drivenness. Once again, the link between anorexia and sexuality was indicated with some anorexic patients expressing a fear that eating would lead to pregnancy (Brumberg, 1989;

Lawrence, 1984; Robertson, 1992). According to Robertson, psychoanalytic interpretations of anorexia in the 1930s revolved around the assumption that oral disturbances, related to breast-feeding, characterised the disorder. This further implicated the mother-child relationship and raised the idea that the child develops resentment against the mother if her needs for nurturance are not adequately fulfilled. Anorexia provides the child with a state of independence that does not require anyone else to fulfil their needs. Mother-child relationships were later explored by Palazzoli (1965) who argued that overprotective mothering increased the risk factor of developing anorexia (Robertson, 1992).

Psychosomatic medicine in the 1930s and 1940s, with its emphasis on the relationship between mind and body, posited anorexia as an illness that linked personality disorders with somatic functions (Brumberg, 1989; Lawrence, 1984). In the context of mind/body dualism, anorexia can be regarded as a triumph of the mind over the body. It was not until Bruch's work, post World War 2, that the full complexity of the disorder was traced back to the developmental history of the individual. Rather than a loss of appetite, anorexia came to be understood as a suppression of appetite, resulting from a complicated set of psychological and cultural factors (Bruch, 1973; Brumberg, 1989). A further analysis of these factors will be presented later in this chapter.

Ironically, an increasing incidence of anorexia since the beginning of the twentieth century coincides with the feminist movement (Behar, 2007). Beginning with the suffragette movement in the UK in 1872, women used hunger strikes to rally for equality of rights and opportunities. While this form of food refusal was never considered anorexic, it arguably created a context for women to use food to express their autonomy (Robertson, 1992). With the first wave of feminism in the 1920s, the slim, straight, almost boyish look of the flapper became synonymous with beauty and again, in the 1960s, the stick-thin image of Twiggy was promoted as ideal. Interestingly, in Australia, most of the women's magazines that glorified this ideal body image had female editors, although they often worked for male bosses, for instance, Iva Buttrose and Kerry Packer (Hesse-Biber, 2007).

The shift in cultural ideology from the twelfth to the twentieth century can be understood in the context of a movement from spiritual aspirations to physical ideals. Rather than striving for a spiritual holiness, women's focus was directed to the attainment of a physical image that was promoted by the emergence of capitalism through the fashion and cosmetics industries, beauty pageants, the modelling profession and the rise of cinema.

As a result, the distinction between the sacred and secular has blurred and a decrease in conventional religious practices has led to women seeking solutions to life's problems in popular culture (Halse, et al., 2008).

A medical/psychiatric frame

The medical theory of anorexia dates back to 1873 when both William Gull and Charles Lasegue gave accounts of the illness. Contemporary medical theory positions anorexia as a serious biologically based mental illness (BBMI) that is "significantly heritable" and influenced by changes in brain functioning (Bulik, et al., 2006; Kaplan, 2005; Kaye, Frank, Bailer, & Henry, 2005; Klump, et al., 2009; Scherag, Hebebrand, & Hinney, 2010). A BBMI is defined as a condition caused by a "neurobiological disorder of the brain" by Klump, et al., (2009) who cite twin studies, indicating that 50 to 83 per cent of variance in anorexia and other eating disorders can be explained by genetic factors, meaning that these disorders contain a significant genetic predisposition (Klump, et al., 2009) .

Genetic loadings predispose the individual to develop anorexia through biological abnormalities and personality traits (Klump, et al., 2009). They further indicate that chromosomal regions and genes have been identified as risk factors in the development of anorexia. Specifically, the genes responsible for the creation of serotonin, brain-derived neurotrophic factor (BDNF) and opioid systems appear to be associated with anorexia. Furthermore, according to Russell (1992), cited by Lask (2000, p. 65), there is an endocrine disorder "affecting the hypothalamic-pituitary-gonadal axis" that impacts upon appetite regulation, satiety and eating. While the nature of this disorder remains unclear, it may lead to abnormal sensitivities in some individuals. However, it is difficult to disentangle the relationship between the endocrine system and anorexia, as symptoms of anorexia, such as weight loss and increased exercise, may cause changes in the endocrine system.

As eating is controlled both peripherally, in the stomach, and centrally, by the hypothalamus, there appears to be a complex interaction between the two control centres, complicated further by changes that are due to the starvation process itself. This relationship was explored in an experiment on the effects of semi-starvation conducted in Minnesota during World War 2. War conditions were simulated by giving a group of young men a severely restricted diet. As cited by Bruch, this led to the men demonstrating

behaviours similar to anorexics, such as, obsessive preoccupation with food, self-absorption and child-like regression (Bruch, 1973). As a result, it is difficult to establish whether such factors predispose an individual to anorexia or whether they are a result of the condition developing. As Lask (2000) observes, the widely accepted view is that endocrine changes are a result of anorexia behaviours and not the cause of them. Hence, the play describes how Elizabeth must receive medical intervention, including medication, and weight gain in order for counselling to be effective.

Serotonin activity, however, appears to predate the onset of the disorder and may predispose the individual to anorexia and other eating disorders. Serotonin is a neurotransmitter that enables an organism to tolerate delay. While low levels of serotonin activity are linked to impulsivity, which has also been linked to bulimia, high levels of serotonin are associated with rigidity and constraint that have in turn been linked with anorexia (Kaye, et al., 2005). This has been further indicated by Klump, et al. who have observed profound disturbances of brain serotonin, neuropeptide systems, and brain neurocircuitry which are still present following recovery from anorexia. Brain circuits that control appetite, mood, cognitive function and impulse control are all implicated (Klump, et al., 2009).

The biological basis of eating disorders is supported to some extent by animal research. Anorexic phenotypes, such as decreased food intake and high activity levels, have been observed in rodents that have autosomal recessive mutations or gene alterations, suggesting that anorexia also has a biological profile (Klump, et al., 2009). Klump concludes that neurobiological abnormalities are evident in both the illness phase and post-recovery from the disorder. Research by Lask has found that while many of the abnormalities found in brain structure and function are secondary to weight loss and reverse with weight restoration, the unilateral reduction of blood flow in the anterior position of the temporal lobe observed in children and adolescents with anorexia suggests a primary abnormality in the limbic system (Lask, 2000). Such research supports my portrayal of the doctor's insistence in "Frames" (Act Two, Scene Four) that Elizabeth cannot be discharged unless she adheres to prescribed medication and maintains her weight.

The strong links between belief systems and relevant neurological pathways have been explored in recent research that indicates that our perceptions leave a physiological map in our brain structure and that this process further reinforces our beliefs (Doidge,

2007). What we believe shapes the neuronal structure of our brain which, in turn, shapes our experiences of the world. Ramachandran takes this further and states "Your own body is a phantom, one that your brain has constructed purely for convenience" (Doidge, 2007, p. 188). This explains why people who have had a limb amputated may still experience the limb as attached to their body. This also signifies the importance of body image as our experiences of our body are based on the body image we have stored. Doidge explains that "We don't need a body part or even pain receptors to feel pain. We need only a body image produced by our brain maps" (p. 188). The anorexic perceives her body to be fat because that is the image that has been processed on her brain map and according to Bach-y-Rita, cited by Doidge, "We see with our brains, not with our eyes." (p. 15).

Previous thinking, dating back to Descartes, conceptualised mind and body as a duality, which led to confusion about how our minds could influence our bodies when they were composed of completely different substances. Research into neuroplasticity explains this phenomenon by suggesting that our thoughts and our imaginings alter our brain maps: "Everything your 'immaterial' mind imagines leaves material traces. Each thought alters the physical state of your brain synapses at a microscopic level", according to Doidge (Doidge, 2007, p. 213)p. 213). The longer the perceptual frame has been held, the harder it is to change the behaviour as the internal map becomes embedded in brain structure. Distorted body image clearly demonstrates that there is a distinct difference between perception of body shape and actual size. Doidge concludes that while many individuals with a distorted body image elect for plastic surgery, what they actually need is "neuroplastic surgery" to correct their body image. Consequently, when developing "Frames", I tried to show that Elizabeth's perception of reality has been distorted by an incorrect body image neurologically stored. Convex and concave mirrors, used in Act One, Scene Eight, reflect these incorrect images that Elizabeth has stored.

Recent research indicates that people with eating disorders show functional abnormalities in brain systems that process body image (Uher et al., 2003; Uher et al., 2005). People with eating disorders exhibit relatively low levels of activity in some neural networks such as the right parietal cortex (Treasure, Smith, & Crane, 2007). Research examining the neural correlates associated with underlying state and trait characteristics of anorexia suggests that medial prefrontal neural activity is linked to a vulnerability trait associated with the illness (Uher, et al., 2003). Summarising research into the molecular

genetic basis of eating disorders, Scherag et al. conclude that these disorders are likely to have a polygenic, or multifactorial, aetiology that requires further investigation using larger sample sizes (Scherag, et al., 2010).

Anorexia has also been linked with psychiatric conditions, such as depression, anxiety disorders and OCD, with up to 80 per cent of anorexics diagnosed with additional disorders (Halse, 2008, Klump et al., 2009). As these illnesses carry significant genetic and biological risk factors, this finding further supports the theory of a genetic and biological basis for anorexia (Klump, et al., 2009). This research, and other molecular-genetic research described earlier, further supports my characterisation of Elizabeth as someone who is obsessive.

After examining all the medical research, many theorists have concluded that anorexia, like other BBMI conditions, has multifactorial causes, indicating that environmental circumstances interact with genetic, biological and temperamental factors that predispose the individual to develop this condition (Klump, et al., 2009). This further supports the view that the medical and psychiatric approaches alone cannot fully explain the complexities of anorexia and supports the position I have taken in describing the relevant factors in Elizabeth's disorder.

A sociocultural frame

A woman can never be too rich or too thin.
(Brumberg, 1989, p. 33)

The above aphorism, attributed to the Duchess of Windsor, encapsulates the social view of women from the turn of the twentieth century until the present (Bruch, 1973; Brumberg, 1989). It suggests, in a humorous manner, the importance of body size and wealth in determining women's destinies. Sociological theory positions anorexia in a cultural context in three different ways: the importance of a thin body in itself; the significance of appearance in the female role and; the central importance of appearance for societal success (Behar, 2007). As discussed, sociocultural frames are extremely powerful in shaping our world view because they act on an unconscious level (Lakoff, 2004). In this section, I examine factors that impact on women's perceptions of themselves and their bodies. As

some theorists have pointed to a link between the rise of feminism and an increase in eating disorders (Behar, 2007; Wolf, 1990), I also consider the possible implications of feminist movements for anorexia. It should be noted that there is a distinct difference between healthy slimness and the extreme thinness that anorexics strive towards. In this section, it is the latter form of thinness that is concerning.

Children learn from a very young age that body size is important and that thinness is a highly valued attribute in contemporary Western societies. From receiving their first gift of a Barbie doll, with its physically impossible body dimensions, to watching fashion pageants and reading magazines, such as *Girlfriend*, that specifically target pre-teens, or tweens as they are now called, the developing child is bombarded with images of a thin-ideal that is unattainable for most women (M. Hamilton, 2008; Hesse-Biber, 2007; Hesse-Biber, et al., 2006; Stice, et al., 2010; Vartanian, 2009). The advertising industry and the media depict images of the ideal body, upholding celebrity role models, many of whom, like Kirstie Alley and Jessica Simpson, extol the virtues of dieting. Children as young as five have competed in beauty pageants in America for some time, but recently a pageant known as *Toddlers in Tiaras* was staged in Australia. Mass protests outside venues in Australia indicate that people are becoming more aware of the inherent dangers of these events. Pageants such as these, while not necessarily emphasising thinness per se, introduce children to the importance of appearance, even before they have learnt the value of education (M. Hamilton, 2008).

Body image has become laden with moral overtones, so that slimness is equated with "restraint, moderation and self-control" and obesity with self-indulgence and greed (Hesse-Biber, 2007; Steiner-Adair, 1994). As a consequence, many women have come to equate self-worth with their weight and consider that "a thin woman is a 'valued' woman" (Hesse-Biber, 2007). This has had a profound influence on children, with 70 per cent of nine-year-old San Franciscans dieting because they perceive themselves as too fat and 50 per cent of six-year-old Canadian girls not wanting to wear bathing suits or visit the beach as they feel too self-conscious about their bodies (Orbach, 1993). In "Frames", Elizabeth is reluctant to try on clothes in front of her family because she believes herself overweight; Act One, Scenes Twelve and Seventeen, in which Elizabeth avoids trying on a top in front of her mother, is supported by this research.

Many teens and tweens read magazines and peruse the internet to keep up with the latest fashions, ensuring that they don't inadvertently make a fashion blunder when catching up with their friends. A mistake in presentation could result in a lowering of their social status from "cool" to "uncool" and shift them from the "in-crowd" to a less popular group (M. Hamilton, 2008). As Hamilton states, some tweens choose friends based on what they wear. For those with unrestricted access to digital technologies that allow social contact twenty-four hours per day, peer influence has never been greater. This new generation has been described as tribal, and some theorists have postulated that peers have become a second family to many young people (Carr-Gregg, 2006). The need to conform to the right image exerts pressure on parents to purchase expensive brand products, thereby creating a lucrative market for many manufacturers, who, in turn, target the tween population in their advertising. With such an emphasis on brand products, some tweens base their identity on what they buy and how they look. This fosters a "pack mentality" where social acceptance and belonging becomes much more important than individual expression. Ironically, these same young people believe that they are different from their peers and make their own choices, indicating that they value uniqueness (M. Hamilton, 2008). While convincing and persuasive, Hamilton's views generalise and do not take into account the many exceptions. Furthermore, while most children experience similar pressures to conform, many are able to negotiate these stresses and avoid severe disorders.

Young children are currently exposed to the media on an unprecedented level, leading some theorists to observe that children spend less time with their parents than watching advertisements (M. Hamilton, 2008). It is proposed by Hamilton (2008), that media influences now supplant the role of parents in shaping the next generation. In "Frames", I have taken this concept one step further, to remind that sometimes it is parents who create the media, as is the case with Barbara and "the mag". While it can be argued that historically, conformity to social expectations is always a determining force, it seems that the changing nature of influences, from the printed to digital media, are having such a negative impact on current youth.

One effect of early exposure to the media and social networking sites, such as Facebook, is that some girls are growing up too quickly and becoming sexualised too young. Before they have a chance to discover who they are and what they want to achieve in life, they are identifying themselves primarily with their body image and their

attractiveness. According to the World Health Organisation, puberty occurs earlier now than in the past (Carr-Gregg, 2006). Although it is unclear why this is happening, it appears that obesity and exposure to environmental chemicals are indicated (Haupt, 2010, August). With research from the UK in 2000 demonstrating that 16 per cent of girls reach puberty by the age of eight, there is an increasing disparity between brain development and the physical, cognitive and emotional levels of maturity. While many girls are biologically mature at a young age, they are not psychologically or socially ready for the implications of their physical development. Recent brain research, discussed by Carr-Gregg (2006) supports the notion that girls' brains are maturing faster than boys' brains, with approximately 30 per cent more connections apparent at the same age. However, this research also indicates that the prefrontal cortex, which is responsible for reasoning and problem solving, matures last. This means that girls may be prone to act impulsively and lack the ability to make sound decisions (Carr-Gregg, 2006).

According to some theorists, adolescence is a relatively new phenomenon deriving from changes in work patterns that resulted from the Industrial Revolution (Carr-Gregg, 2006). Previously, young people moved from childhood to adulthood without having an in-between stage as they were deemed old enough to take paid work or raise a family. Adolescence is the stage when young people adjust to physical changes in their bodies as well as learning to individuate and separate from parental control. Some theorists have noted that girls are progressing from "toys to boys" and rejecting childhood images at an early age, for instance, Pokemon characters, are replaced by adult images such as popstar posters that are characterised by their unhealthy emphasis on body image (Carr-Gregg, 2006). Research in the United Kingdom (2005), cited by Carr-Gregg, shows that a significant number of seven- to eleven-year-old girls are expressing hostility to Barbie dolls that they had received in earlier childhood and are even dismembering and decapitating them in their rejection of childhood toys. Of course, it could be argued that they are also unconsciously rejecting the Barbie-doll image! More research needs to be conducted to clarify exactly what this means in terms of children's development.

Many young girls seek to emulate pop celebrities, such as Beyonce, Britney Spears or Lady Gaga, wearing provocative and revealing outfits that elicit male attention. Hamilton suggests that, as a result, many girls enter intense sexual relationships at a very young age (M. Hamilton, 2008). Once again, Hamilton generalises and does not take into

account the many girls who wear such clothing, but do not have early sexual relationships. What is clearer though is that a loss of connectedness within the extended family and a breakdown in traditional social institutions that cemented the community together have resulted in social fragmentation, causing young people to bond more with peers than older people who, in the past, acted as role models (Carr-Gregg, 2006; C. Hamilton & Denniss, 2005; M. Hamilton, 2008; Tolle, 2005). While there were also negative, socially oppressive forces in traditional society, including the belief that women did not need an education as their role was to marry and raise children, I am primarily focusing on the issue of connectedness within traditional and modern societies. This modern trend has been referred to as a "crisis in connection", with some girls believing that they have to risk personal safety by achieving extreme thinness and some engaging in sexual activity and drug taking in order to be accepted by their social network (Steiner-Adair, 1994). High rates of family breakdown and divorce, currently estimated at approximately 50 per cent of all marriages, have contributed further to this process. While peer bonds can also be a positive factor, validating and supporting a young person's development, I am primarily referring to those which encourage unhealthy behaviour. This research supports the position that I have taken in "Frames" that shows Elizabeth seeking strong bonds with her peer group, before the onset of her anorexia.

Peer groups exert a powerful influence on all levels from choice of make-up and clothes to values and beliefs. Carr-Gregg outlines the various hierarchical roles existing in female cliques, that is, queen bees, messengers, floaters, torn bystanders, pleasers and targets where the queen bee exerts tremendous power over other girls who feel that they must conform to her image and behaviour or face ostracism from the group. Intense fear of social isolation might result in the majority of girls conforming to the values of the group, which determines whom they interact with, what subjects they choose at school, which boyfriend is suitable and, more importantly for the purposes of this essay, what appearance they choose. All of these factors are inter-related and often determine the girl's future pathway.

While there may be underlying resentments and antagonisms in a group, these are not openly expressed to other members of the group. Instead, they may be expressed at home, where the teenager may feel it is safe to take out her frustrations on her family (Carr-Gregg, 2006). With such high pressure to conform to the values and norms of her peer

group, it is no wonder that the struggle for identity may become a battlefield. Peer group dynamics exert a powerful, and sometimes, destructive influence.

Sociocultural definitions of what constitutes desirable attributes in women have changed dramatically through the ages and vary across cultures (Rothblum, 1994; Wooley, 1994). Ancient goddess-worshipping cultures that have left behind figurines, such as the Venus of Willendorf, 25,000 BCE, depict women who were both obese and pregnant, suggesting that they may have linked obesity with sexuality and fertility (Rothblum, 1994). Even in early Victorian times, plumpness was considered attractive, with artistic portrayals of women emphasising "lush" fertility, which was described as women's silken layer (Seid, 1994; Wolf, 1990, 1994). Indeed, it can be argued that until the twentieth century, only women with large breasts and broad hips, which signify their reproductive ability, were regarded as beautiful (Rothblum, 1994). Slimness only came into vogue on a widespread level during the periods 1918 to 1925 and from the 1960s. The earlier period was associated with women being granted the vote, particularly in Australia, and entering the workforce in larger numbers (Hesse-Biber, 2007; Rothblum, 1994; Wolf, 1990). With the advent of World War 2 and many more women needed to fill what had been traditionally male roles in the workforce, the struggle for equal rights, conditions and pay led to the proposal of an Equal Rights Amendment (ERA) in the US in the 1940s. After the war, the media, social pressure and governmental policy urged women to return to domestic duties, freeing up positions in the workforce for returning male soldiers. Although many did return to the home front, as it was known during war times, the women's movement and feminism were established as a major social force by the 1960s, encouraging women to re-enter the workforce and educational institutions in unprecedented numbers (Faludi, 1992; Perlick & Silverstein, 1994; Wolf, 1990).

Many men, whose traditional power base centred on employment, felt that their positions were threatened and undermined by the increased numbers of women entering what had been traditionally male domains. With the ERA proposal protecting women's rights in the workforce, they turned the focus of their attack on the women's movement. This attack or backlash against feminism centred primarily upon women's appearance (Chernin, 1985; Faludi, 1992; Steiner-Adair, 1994; Thompson, 1994; Wolf, 1990). At the same time, the market place, which had previously directed its attention to domestic women and the sale of household and fashion products, was forced to change its focus in order to

stay in business. After World War 2, with war contracts coming to an end, a market focusing on household appliances and other "feminine mystique" products, as they came to be known, had surfaced in the 1950s. With increasing numbers of women entering the workforce, this market shifted towards the production of new and different beauty products to ensure the survival of these companies. Given that working women require professional clothing, the new market shifted its focus from fashion to the body itself, and a new industry that centred on women's beauty was born. Some feminists have referred to this new social construct as the "beauty myth" after Wolf's book with the same name, since the definition of beauty is a variable construct determined by the market place and social trends of the era and has little objective basis (Faludi, 1992; Wolf, 1990).

Magazines and other media forums that had previously focused on fashion and household products created a new market that centred primarily on re-modelling the body (Faludi, 1992; Wolf, 1990). This new market comprised an annual \$32 billion thinness industry and \$20 billion youth industry in the 1990s, and was based on diet, fitness, skin care and surgery. Women who had been beginning to gain confidence in their abilities as a result of their achievements in the workforce were now undermined by this new pressure to conform to beauty standards propagated by a changing market economy. The backlash against feminism took another more sinister turn by questioning women's femininity and beauty. Feminists were described in popular culture and the media as ugly or failed women, with some media forums suggesting that they had only become activists because they were too repulsive to find a husband (Faludi, 1992; Wolf, 1990).

This emphasis on women's appearance also led to the subtle but subversive implementation of criteria in job selection processes that contained references to appearance, a criterion that has been called the Professional Beauty Quotient (PBQ) (Wolf, 1990). Wolf describes how the PBQ has been used in the hiring and firing of women across many professions where their male counterparts are not judged by their level of attractiveness. She gives the example of anchorwomen who have been fired from television stations because they were considered too old and unattractive. It would appear that this is still a relevant selection criterion today. With increasing attention on beauty, women's body shape and size came under closer scrutiny and a new phenomenon of "weightism" was born. Weightism has been described as a form of prejudice negatively affecting both thin and obese people and has the effect of sabotaging women's success and achievement

(Steiner-Adair, 1994). While women were striving to achieve in the workforce, the emphasis on thinness became part of the backlash directed against them. As Hesse-Biber et al. (2006) state, the more women demand more space through equality and opportunity, the more society "demands that they shrink in physical size". As Wolf observed, "A cultural fixation on female thinness is not an obsession about female beauty but an obsession about female obedience" (Wolf, 1994, p. 97).

It is important to remind the reader that these arguments are the opinions of various theorists and mostly lack objective verification. However, because they are widely held beliefs, they need discussion and debate. They are certainly relevant to the material that I have presented in "Frames" as Barbara often refers to a need to lose weight which appears to be a hidden selection criterion in her quest for employment.

With women becoming increasingly fixated on their appearance, a thriving industry based on beauty products dominated the market place. To ensure its economic survival, it played upon women's fears and anxieties about their body image, thereby ensuring that women continued to be the predominant consumers of their products. It was not the first time that women's beauty was used as a form of currency, with some theorists believing that beauty has come to be evaluated as wealth in our consumer economy. A popular aphorism describing women as looking like a million dollars exemplifies this association between beauty and wealth (Wolf, 1990). Many industries thrive on the "beauty myth". Cosmetics and cosmetic surgery have become huge money spinners in the current zeitgeist with women feeling that they must reshape their faces and bodies to improve upon nature, believing that they are not good enough in their natural form (Kilbourne, 1994).

Plastic surgery has become a thriving business in America, Australia, the United Kingdom and many other nations but when it first proliferated in America in the 1960s, it led to an over-supply of plastic surgeons on the market. After consulting with each other, they initiated a massive advertising campaign that was pitched at women's insecurities about their physical appearance. This resulted in an escalating demand for plastic surgery and launched the highly lucrative market that it has become recently (Kilbourne, 1994; Steiner-Adair, 1994; Wolf, 1990). While much of this demand is for breast augmentation and lip enlargement, the market includes facial reconstruction and the removal of fat. Despite the relatively high risk of complications that have become evident in this field, women willingly put themselves under the knife to improve facial features and remove

unwanted fat. This is not surprising when research demonstrates that 44 per cent adult women in the United States are currently dieting and 80 per cent do not like the way they look (Sheppard, 2010). In the adolescent world, 80 per cent of girls aged 13 are dieting and, with younger children, the scenario does not improve. Research shows that 81 per cent of ten-year-olds feared being fat and 46 per cent of girls aged 9 to 11 are dieting (Sheppard, 2010). With the bulk of women's magazines being driven by advertising, it is difficult for women to separate genuine pro-women content from the "beauty myth" which is primarily economic in motivation (Wolf, 1990). Comparing current statistics with those prior to the digital age indicates that very little has changed. Dally and Gomez (1979) cite that 80 per cent of their patients diet because they believe that they are too fat, while only one-fifth admit that compared to others they are not actually overweight.

Recent research has investigated the link between mass media, negative body image and disordered eating, with research finding that the mass media is saturated with unhealthy messages. Furthermore, it has been shown that there is a significant positive correlation between level of exposure to mass media and body dissatisfaction, internalisation and disordered eating (Levine & Murnen, 2009). Levine and Murnen's research found that, by early adolescence, the causal risk factor is not so much media exposure or internalisation of the thin-ideal, but the core beliefs and assumptions held by the individual about the importance of appearance in one's life. Of course, it can also be argued that media exposure impacts upon beliefs and assumptions. It is very concerning that these mental frames have already been established by early adolescence. Other research has examined the effects of pro-ana (pro-anorexia) websites, but as most individuals accessing these sites have a pre-existing disorder, a causal link has not been established. Based on a comprehensive overview of the research, it was concluded that the mass media is best viewed as a variable risk factor (Levine & Murnen, 2009; Stice, et al., 2010). In "Frames", although media pressure is alluded to, I suggest that there have been many factors that have caused Elizabeth's disorder, with the media only representing one such force.

Hesse-Biber et al. (2006) also discuss the impact of the mass media on internalisation of messages. Employing a social psychological lens, they explore the impact and effectiveness of mass media images by examining four different social psychological theories: cultivation theory, gratification and uses theory, social comparison theory and objectification theory. Cultivation theory examines the cumulative nature and frequency of

messages depicted in the media, with the view that the more media exposure the individual has, the more mass media images are seen as realistic. In other words, the more that images of thin-ideal body shapes are linked with success and beauty, the more likelihood there is of disordered eating. Furthermore, a barrage of these images results in women believing that by changing their behaviour and dieting, they can attain these ideals, namely, success and beauty. However, this theory does not address women's resistance to these images, since only a small percentage of women exposed to them develop severe body dissatisfaction or eating disorders, although, of course, their self-esteem may still be affected.

Uses and gratification theory centres on the role of individuals in terms of how they choose to interpret and react to images. The argument here is that while the frequency and content of mass media images has an influence, it is mediated by a woman's sense of body image. It has been argued that the more dissatisfied one is with one's body before media exposure, the more dissatisfied they become after exposure. Social comparison theorists postulate that individuals strive to improve themselves, compare themselves to others and in particular compare themselves with those who are similar to them. Social comparisons regarding physical appearance are usually upward in that women will compare themselves with women they deem more attractive, which causes more negative self-perceptions of attractiveness. However, this theory fails to consider a wider cultural umbrella and assumes that white, middle-class women are the norm. Objectification theory deals with the intrinsic nature of media images of the body, such as, the many images sexually objectifying women's bodies or portraying them as thin, beautiful and fragmented body parts. Sexual objectification socialises women to see themselves as objects that are evaluated by their appearance. Girls learn from a young age that looks matter and that judgements on their appearance will affect social and economic life outcomes. As a result, girls may become preoccupied with their appearance in order to anticipate and control this treatment of themselves. This leads to a process of self-objectification that incurs many emotional and behavioural consequences (Hesse-Biber, et al., 2006). I have tried to capture this process of self-objectification in "Frames" when Jackie and Elizabeth try out their mother's make-up to beautify themselves, while at the same time talking about their bodies in a detached way, as if they are objects (Act One, Scene Ten).

By considering all these theories, I gained a more holistic understanding of the impact of mass-mediated culture on body image and eating disorders. Hesse-Biber et al.

(2006) point to the underlying structures of capitalism and patriarchy as responsible for the perpetuation of the thin-ideal body shape that has dominated contemporary society since the 1920s. In order for women to reclaim their power and control, they need to re-frame and challenge the dominant culture's messages of thin-ideals and transcend the mind/body duality integral to its premise. Consumption, according to this framework, is not just based on what products are purchased, but on the illusions of attractiveness and beauty that are ingested. "Frames" deals with consumption issues in a number of ways. In Act One, Scene Ten, Elizabeth and Jackie are discussing what products they need to use in order to become more attractive. Later, in Act Two, Scene Five, Elizabeth expresses her inner conflict between dropping out from society and wanting to "live in the flashiest house and drive the flashiest car".

Body image is the image held of the body in the individual's mind. Some theorists have used the term in a broader way to refer to the psychological domain where body, mind and culture merge (Hutchinson, 1994). As it is a construct of the imagination, it should not be confused with the actual physical body that an observer sees. Our relationship with our bodies is central to our relationship with our selves and others and, when it is acutely negative, it is associated with disordered eating, low self-esteem and some forms of depression (Hutchinson, 1994). The link between negative body image and anorexia has long been upheld by research, with a proliferation of clinical publications in body image research increasing alongside eating disorder research (Markey, 2010). Factors that influence body image are wide-ranging, from the nature of family expressiveness to broader sociological frameworks but, significantly, body image has been linked to identity development and self-concept (Markey, 2010; Vartanian, 2009). Women with lower self-esteem were more likely to be concerned about and conform to societal expectations. They were also more likely to base their sense of self-worth on their body weight. All of these factors are associated with internalisation of societal standards of attractiveness (Vartanian, 2009). It can be argued that individuals with a less clear sense of their own identity refer to external sources to help define themselves and, as such, become more vulnerable to the impact of media representations of thin-ideals. Not surprisingly, research has found that females are more likely than males to internalise societal standards of attractiveness when this is defined by thin-ideal images (Vartanian, 2009). In "Frames", Elizabeth is depicted constantly questioning her self-worth, especially through her alter-ego, Elisabetta. Self-

flagellation is used to symbolically represent her self-critical nature and sense of worthlessness.

If sociocultural pressures to be thin are linked to anorexia, then it would appear that particular hobbies and professions, such as dancing and modelling, would show a greater representation of dieting concerns and anorexia. Research has found that there is a significantly higher representation of anorexia in dance and modelling groups and that those groups with a higher level of competitiveness showed a higher incidence of anorexia (Garner & Garfinkel, 1980). Another cultural construct associated with anorexia is gender role. As previously outlined, men are usually judged for their mental prowess, while women have been traditionally valued for their bodies and attractiveness to men (Hesse-Biber, 2007). Research has indicated an association between femininity and eating disorders (Behar, 2007). Characteristics deemed feminine on the Bem Sex Role Inventory (BSRI), such as a need for approval, low self-esteem and submissive behaviours, are significantly related to the development and severity of eating disorder symptoms (Behar, 2007). The BSRI measures psychological masculinity and femininity. Furthermore, research shows that patients with eating disorders rate much higher on feminine traits than female university students without eating problems, 42.9 per cent compared with 23.8 per cent in the latter group. It could be argued that the two sample groups were not comparable, as one group consisted of students and the other of patients. In research conducted in 2003, Behar found that restricting anorexics (those that limited food intake) had the highest percentage on the feminine category of the BSRI. Behar postulates that femininity is the main trait of gender identity in patients suffering from restrictive anorexia; in other words, these types of anorexics conform more than other females to the feminine role (Behar, 2007). In this manner, gender traits provide a way of studying the sociocultural context of behaviours and attitudes.

Other discourses extrapolate on the role of gender by noting that the feminine role is to provide food for others while often restraining her own food intake and, on a broader level, to fulfil others' needs while denying her own (Orbach, 1993; Robertson, 1992; Sesan, 1994; Way, 1993). Once again, this statement generalises and does not take into account women who do not conform to this role. Orbach further states; "diet, deprive, deny is the message women receive" (Orbach, 1993). In this way, the anorectic response becomes a means of conforming to the expected feminine role, while at the same time, rebelling

against it in order to regain some control over one's body and life. Orbach's study *Hunger strike* (1993) makes the notion of resistance explicit. This resistance towards the stereotype is also indicated by the significant rise in overweight and obese women over the same time period as the rise of anorexia, to the point where the current generation of children is not expected to live as long as their parents (Hesse-Biber, 2007).

Stice's overview of the risk factors in eating disorders points to perceived pressure for thinness, thin-ideal internalisation, body dissatisfaction, dietary restraint, negative affect or emotions and substance use, with body dissatisfaction and dietary restraint being prodromal stages in the development of eating disorders (Stice, et al., 2010). Prodromes are defined as early symptoms that indicate the onset of a psychiatric condition. An understanding of prodromal features is critical in developing interventions and prevention programs for eating disorders. Those interventions that focus on reducing thin-ideal internalisation, body dissatisfaction and negative affect have been shown to significantly reduce eating disorder symptoms (Stice, et al., 2010). According to Shisslak and Crago, there are two social pressures that put women at risk of eating disorders; the emphasis on thinness as a precondition for attractiveness and the conflict between traditional and non-traditional roles (Shisslak & Crago, 1994). In contemporary society, women strive to be good wives and mothers while also striving to achieve academic and career success, with very little support offered to them while trying to balance both roles. The attempt to achieve often unobtainable goals, such as unrealistic ideals of thinness or success, impacts negatively upon women's mental health, and women who have internalised sociocultural expectations of them are more likely to develop eating disorders (Shisslak & Crago, 1994). These factors could, in part, explain the relationship between the rise of feminism and the proliferation of eating disorders, although there is no clear evidence for this at present (Behar, 2007). Further discussion on the feminist discourse is presented in the philosophical section.

What the newspapers are saying

During the course of my research I have followed relevant coverage of eating disorders and body image published in local newspapers, including the *West Australian* and the *Sunday Times*, and have collected scores of articles relating to this topic. A concern for female

thinness has been central to many pieces, ranging from models such as Tahnee Atkinson and Alissandra Moone, who have been told they were too big at size 10 and size 8 respectively for the fashion industry (Wood, 2011), and the backlash against this pressure to be thin, such as Marcus's article "Thin's Now a Sin" (Marcus, 2010). Marcus outlines the policy of the Australian federal government to tackle the issue of unhealthy body image and eating disorders. Described as a world first, the government plans to address the problem so that ordinary Australians do not feel pressured to attain unrealistic cultural ideals of beauty. As part of this program, skinny models with dangerously low body-mass index (BMI) will be banished from catwalks, and diets for rapid weight loss and cosmetic surgery advertisements will be gradually phased out of popular media publication. Furthermore, fashion labels and magazines will have to disclose every celebrity photograph that has been air brushed. As part of this initiative, The Butterfly Foundation, which is the national eating disorder foundation, was granted \$500,000 to develop educational programs that covered positive body image, media literacy and self-esteem, factors previously deemed effective.

Other newspaper reports indicate the entrenched beliefs that girls hold about their bodies. A study by Mission Australia that surveyed more than 50,000 young people showed that body image and the ideal of achieving the "perfect" body was the number one concern of Australian youth (Rickard, 2010). The acting director of Mission Australia, Carmen Acosta, is quoted saying that concern was split between worry about personal appearance and the unrealistic portrayal of thin ideals in the media. A survey of British women at 20 universities found that 30 per cent would trade a year of their life in exchange for the ideal body weight, while 10 per cent would give up two to five years and 3 per cent would sacrifice a decade ("Women say they'd die to be thinner," 2011). Phillipa Diedrichs, a research psychologist from the Centre for Appearance Research, found that body image was an issue for all women throughout their life span, not just adolescent girls, and also commented on the disparity between actual and perceived body size. While 78 per cent of all women surveyed by Diedrichs were within a normal, healthy weight, four-fifths indicated they wanted to lose weight. This obsession that many women have with attaining a thin-ideal continues to dominate current articles despite another publication clearly outlining the five very different female body shapes that people are genetically predisposed to develop, signifying the impossibility faced by many women attempting to achieve the ideal promoted by the media (Sinnerton, 2009).

Many articles commented on the inappropriate sexualisation of young girls. One article, describing the new range of Bratz dolls, reports that while their manufacturer has described the dolls' apparel as "modest", they have been criticised for exhibiting a heightened level of adult sexuality (Phillips, 2010). Another article, describing the new range of Tattoo Barbie dolls, informs us that children as young as three are experimenting with "tattoo guns" on themselves and their dolls, again highlighting the issue of including adult themes in child's play (Hale). Not surprisingly, other articles summarise research that indicates children are behaving in disturbingly adult ways at younger ages and that there is a significant increase in adolescent girls participating in unwanted sex (Pownall & McPhee, 2010). The sexualisation of children has been blamed for causing psychological damage to them, as it encourages girls to define their self-worth and popularity in terms of their attractiveness, which can result in a subsequent loss of self-esteem. The same article quotes Professor Louise Newman, President of the Royal Australian and New Zealand College of Psychiatrists, who labels graphic billboards, sexual images at children's eye level in supermarkets, pre-teen magazines, music videos, television and the internet as the worst offenders. This article also attributes blame to some commercial products currently on the market, such as padded bras for children, G strings for six-year-olds, high heels for toddlers and pole-dancing kits that are marketed as child games. Interestingly, in the same article, author, broadcaster and former advertising employee Jane Caro refutes the claim that these products are sexualising children, defending them by arguing that they only encourage naturally occurring imitations of adult behaviour.

Sue Byrne from the School of Psychology at the University of Western Australia observes that obesity-prevention campaigns are leading to eating disorders (Cann, 2010). Campaigns which promote an ideal body shape may cause feelings of inadequacy in and disapproval towards children who do not fit the suggested BMI, causing them either to eat too much or not enough. Furthermore, Byrne indicates that strategies used in such campaigns promote an excessive weight and shape concern, poor body image and disordered eating. Carr-Gregg is quoted stating that one in four teenagers currently suffers from mental health problems, compared to one in six in 2004 (Halliwell). The main mental health problems listed are depression, anxiety, deliberate self-harm, eating disorders and suicidal behaviour.

Theories linking beauty, affluence and anorexia have been explored in this chapter with research establishing an association among them. While cross-cultural research, to be discussed later, indicates that the link is essentially a product of Western modernity (Lee, 1996), it is interesting to note that even when models from a diversity of ethnic backgrounds are employed most magazines position slenderness and beauty beside social privilege. This is achieved by positioning them in exotic locations, wearing expensive clothes and driving top-of-the-range vehicles even when the advertisement is promoting something completely unrelated. Theorists have interpreted this to mean that slenderness is a physical sign of social distinction and further reinforces that these thin-ideal images represent power in a culture governed by material values (Lelwica, 1999).

The sociocultural and feminist frames shed light on the increasing incidence of anorexia in our society and help to answer the fundamental questions "Why Women?" and "Why now?" (Lelwica, 1999). Some theorists have even described anorexia and disordered eating as a destructive adaptation or solution to problems that are endemic in our "sick" culture (Hutchinson, 1994; Lawrence, 1984), in other words, positing anorexia as a solution to the problem, not the problem itself. Cultural norms that define women by their bodies have helped foster a mind/body duality where men are valued for their minds and women for their bodies. As a result, many women have developed an unhealthy relationship to their bodies, doing everything that they can to alter or "fix" a perceived flaw, rather than accept and "live" in their bodies (Hutchinson, 1994). Eating disorders may represent both an acceptance of and resistance to social norms, and I will discuss this paradox further in a later section (Lelwica, 1999; Orbach, 1993).

Many cultural institutions—educational, economic, family, legal, political and religious—impart implicit messages about the importance of appearance and, subsequently, feed women's insecurities about their bodies. Therefore, a systemic approach that addresses political, economic and social issues will be required to counteract the proliferation of anorexia and other eating disorders as Hesse-Biber, et al., (2006) suggest. Some theorists have emphasised the need to challenge and boycott companies that employ wafer-thin models to promote their merchandise (Hesse-Biber, 2007). Teaching media literacy, that is, teaching children and adults to analyse media messages instead of ingesting them passively will help to empower them, thus lessening their vulnerability to eating disorders.

While sociocultural and feminist frameworks may provide an understanding of the social context in which anorexia occurs, they do not, in my view, sufficiently explain the individual's quest for spiritual meaning, nor do they explain why we don't all develop anorexia or other forms of disordered eating, given that we are subject to the same cultural influences. A sociocultural discourse, however, is central to understanding how anorexia has developed and become widespread in a culture that appraises and judges people by their appearance. In "Frames", I have attempted to challenge the role that media plays in anorexia by scenes in which Elizabeth confronts the audience, accusing them of "setting the bar too high" (e.g. Act One, Scene Nine). In these scenes, the audience represents the general populace who support the media by buying the magazines and accepting the standards that are set by them, standards that Elizabeth feels she can never meet. There is an ironic twist at the end of this scene when Barbara admires her "thin" reflection. This juxtaposition of images suggests that Elizabeth must also reject the example that her mother has set if she is to be a step closer towards reducing societal pressures.

A psychological frame

In hunger I am King.

Nikos Kazantzaki

In *Eating disorders: Obesity, anorexia and the person within*, Bruch (1973, p. 250) cites the words of Manola, taken from Kazantzaki's essays on Spain, to capture the essential dilemma of anorexia nervosa. Anorexics often find themselves ensnared and controlled by forces above and beyond them, unable to take charge of their lives. Only through their disorder, do they achieve a sense of control or authority. It is as if, in hunger, they are able to discover their inner kingdom, and I found this a useful metaphor to understand how powerful hunger is to the anorexic.

I completed an Honours degree in Psychology and so I was particularly interested in reading psychological research about anorexia. I have always sought psychological explanations in my attempts to understand people, and particularly, in my interactions with young people at risk. When Elyse boarded with us, I realised that what she needed most was unconditional acceptance and love. Criticising or commenting on her eating habits was

unproductive; instead, it would destroy any trust or rapport that was being established. I have worked with many young people at risk, through community theatre productions that I have written and produced, and through my work as a music teacher. In "The Bridge", I sought out homeless youth, encouraging them to participate in the production and workshops that we had organised. Some of these young people commented afterwards that their involvement in the production had changed their lives in a positive manner. In "A Closer Sky", I worked with Aboriginal youth on a community level. Once again, it was imperative to "put myself in their shoes" and offer unconditional acceptance. As a mother, I have also recognised the necessity of unconditional love in bringing up my children. By this I mean loving them for who they are as people, not for what they achieve or do. This does not necessarily mean that one has to approve of all behaviour, as it is important to separate the person's actions from themselves. As a child growing up in an environment that rewarded any musical accomplishments but did not favour my choice of art, namely writing, I was acutely aware of the significance of acceptance and tolerance of another's difference. Consequently, I engaged and related to theories that explored psychological factors, including familial bonding dynamics and personality traits. I also believe that while it is important not to blame families, they are integral to the development of the child's identity, self-esteem and ability to function effectively. Therefore, I was particularly interested in researching the various family models associated with anorexia.

Several different psychological approaches help to explain the development of anorexia. Some consider psychological traits and characteristics of the individual while others examine family dynamics. Some theories examine the formation of "self" (Lacan, 1977, 1980; Malson, 1998) while others adopt a philosophical framework, such as existentialism (Garrett, 1998). The latter theories will be covered in the philosophical section of this essay, although it should be noted that these discourses overlap, in that one's philosophical viewpoint, such as belief in mind/body dualism, has a direct bearing on one's psychological framework. As previously indicated, it is generally accepted that the causes of anorexia are multidimensional, involving an interaction among individual, family and societal factors (Way, 1993). Crisp views anorexia as a coming together of long-standing and current trigger factors. As its initial onset usually occurs around the time of puberty, he sees it as a phobic avoidance of "growing up", an inability of the individual to face physical, sexual and emotional maturity. In this way, he regards it as a psychologically

adaptive state that meets the psychosocial needs of the person, through physical or biological means (Crisp, 1980).

Early theories about anorexia considered the role played by the mother as well as general family dynamics. Some psychoanalytical interpretations of anorexia after the 1930s were based on the premise that eating disorders resulted from an oral disturbance in a child's early years, thus implicating the mother-child relationship. Palazzoli, cited by Robertson (1992), attributed the origin of anorexia to an over-protective mother. However, Palazzoli later adopted a "family-systems" approach, where interactions and communication difficulties in the whole family were implicated (Robertson, 1992). Families of anorexics were described by Palazzoli and Minuchin et al. (1978) as being enmeshed and unable to manage conflict, leading to the concept of a "psychosomatic family" (Cook-Darzens, Doyen, Falissard, & Mouren, 2005; Cook-Darzens, Doyen, & Mouren, 2008). Research conducted by Cook-Darzens et al. (2008) found that some of the factors indicated earlier, such as enmeshment and rigidity, were contradicted by their own results. Rather, they found that anorexic families demonstrated significantly more emotional distance and expressed more disagreement and dissatisfaction with their familial relationships than control families.

Psychobiological research has isolated a number of heritable traits or personality dimensions that place someone at risk of developing anorexia. Personality traits that have been associated with the restricting type of anorexia are "emotional restraint, avoidance of novelty, anxious worry and self-doubt, weight-and shape-related anxiety, compliancy, obsessionality, rigidity, over-control, perfectionism and perseverance in the face of non-reward" (Vervaet, et al., 2003, p. 364). These personality phenotypes have been summarised by some researchers as obsessional, inhibited and compliant, while the personality disorders associated with anorexia are avoidant personality disorder, obsessive-compulsive personality disorder and borderline personality disorder (Halse, et al., 2008). As observed by Vervaet et al., (2003), these characteristics often predate and remain after the onset of the eating disorder, thus suggesting a predisposition for anorexia. Characteristics of both anorexia and bulimia nervosa are an over-concern with body image and thinness, increased harm avoidance, dysphoria, obsessions about symmetry or exactness and perfectionism. Interestingly, their research indicates that denial of bodily needs is more significant than body dissatisfaction among anorexics. This has also been

documented in other research that pinpoints denial and minimisation as important factors in anorexia (Couturier & Lock, 2006). Whether self-denial is a heritable trait or an environmental response is debatable and will be explored later in this section. Furthermore, the finding that denial of needs is more significant than body dissatisfaction complicates the implications of some of the research discussed earlier, that highlights the effects of media on body dissatisfaction. However, it indicates the complexity of interacting forces in the aetiology of anorexia.

Perfectionism and obsessive-compulsiveness have often been linked with anorexia (Dally & Gomez, 1979; Halse, et al., 2008; Jones & Crawford, 1995; Lask, 2000; Pike, et al., 2008; Steiner et al., 2003). These traits have also been linked with dieting behaviour, which in turn has been linked with anorexia (Steiner, et al., 2003). Parents of anorexic children often describe them in glowing terms, as well-behaved, popular and conscientious, and as high achievers who never appear to experience any satisfaction in their achievements due to an underlying belief that they are never "good enough" (Bruch, 1973; Halse, et al., 2008; Lask, 2000; MacDonald, 2000; Poser, 2005). Research examining patients' testimonies indicates the significance anorexics attribute to these traits (Dignon, Beardsmore, Spain, & Kuan, 2006; Nilsson, Abrahamsson, Torbiornsson, & Hägglöf, 2007). In a study conducted by Nilsson et al., it was found that subjects rated their demands of themselves as being higher than others' expectations but also indicated high demands from family. Perfectionism, which also included compulsivity in Nilsson's definition, was rated very highly as well. Interestingly, this research included follow-ups after eight and sixteen years, providing a longitudinal perspective. In the second follow-up, when asked to rate causal factors of their disorder, family factors were significant. However, it should be noted that this second assessment was likely to have been influenced by other factors, such as treatment received.

In research conducted by Dignon et al., patients' testimonies signified the importance of obsessive and complex rituals in connection with eating. They analysed these behaviours using the theory of embodiment which, in this case, refers to the process of grooming the body to better represent the self, as a means of adapting to social interactions. In this construction, a new personality type, referred to as the "performing self", emerges and anorexia is posited as a representational illness with image presentation being the primary goal. This performance is enacted in the "theatre" of social relations in

order to maintain face and ward off stress triggered by a threat of failure (Dignon, et al., 2006). The experience of embodiment is central to contemporary culture and has been explored later in this chapter.

While theorists such as Dignon et al. are useful in clarifying the representational element of anorexic behaviours, I found Bruch's arguments about identity and body image formation particularly important to my depiction in "Frames". Her work has been criticised for adopting a narrow-focused approach that centres primarily on the role of the family without giving due consideration to the impact of sociocultural factors (Lelwica, 1999). However, I found her work on the psychological terrain of the anorexic mind particularly helpful and supportive of my portrayal of Elizabeth in "Frames", especially in its detailed description of identity formation, self-denial and lack of ability to control one's life, all very relevant parameters in Elizabeth's characterisation. For these reasons, I discuss her work at length in this chapter. Recent research which further supports Bruch's theories will also be presented.

Bruch (1973) identifies three areas of disordered psychological functioning associated with what she refers to as true anorexia, the first symptom being a disturbance of delusional proportions in the body image and body concept, or cachexia. Unless this body concept is corrected, long term improvement is unlikely. The second characteristic is a disturbance in the accuracy of the perception or cognitive interpretation of stimuli arising in the body, including denial of symptoms of hunger or an inability to recognise them. Other falsified interpretations of bodily states are connected to hyperactivity and over-indulgence in exercise, which characterise anorexia. The anorectic usually denies any fatigue, despite her indulgence in a punishing exercise schedule. Other bodily sensations not readily recognised are changes in temperature and sexual functioning, with many anorexics failing to acknowledge feeling cold and missing cues, such as cramps, before the onset of menstruation. Emotional states are also not identified accurately, causing anxiety and depression to be masked and subsequently not treated for long periods of time.

The third prominent feature of anorexia, as described by Bruch, is a paralysing sense of ineffectiveness and helplessness that dominates the thinking patterns and activities of anorexic patients. In testimonies recorded by Bruch, they describe how they often feel that they are more responsive to the demands of others than to their own needs (Bruch, 1973, 1978). However, this is not always recognised as it is often disguised by negativism,

defiance and rejection which, in turn, have developed after a childhood of almost total obedience and over-conformity to parental wishes. The need for self-reliance and independence may elicit huge conflicts in the anorexic child who, in always acting on the demands and wishes of others, now finds that she must explore her own independence and autonomy. This conflict is often manifested as defiance and obstinacy, but this façade of bravado usually conceals an acute lack of initiative and autonomy brought on by a marked imbalance of power in the relationships between parents and child (Bruch, 1973). As described by Bruch, the developing child may have felt that she has never been able to exercise any control over her life, with her parents determining every decision and plan made, thereby directing the child in every possible way. Clinical evidence provided by Bruch indicates that such parents believe that their approach is right and believe that their children should fulfil their expectations and wishes. They also usually do not recognise that they have exercised an excessive degree of control over their child's life and are unwilling to relinquish this control. Bruch extrapolates that by exercising such control they fail to encourage a sense of confidence and self-value in their child, which, in turn, may cause the child to feel unworthy, undeserving and a failure (Bruch, 1973, 1978). The anorexic response can be seen as an individual's attempt to be strong by rising above bodily needs but, ironically, with increasing physical weakness, the anorexic loses the sense of independence and control she so desperately sought (Orbach, 1998).

As mentioned above, descriptions of anorexia often refer to self-denial and, in particular, the denial of emotional and bodily needs (Bruch, 1973, 1978; Halse, et al., 2008; Orbach, 1993). Many theories have been put forward to explain the origin of self-denial. The relationship between infant and significant care-giver has been central to many of these theories. Early experiences can either consolidate or undermine the infant's sense of trust that his or her physical needs will be met. As the mother is usually the primary care-giver in respect to feeding, it is her responsiveness to the infant's cues that becomes integral in developing this sense of trust. When a mother responds appropriately to her child's needs, the infant learns to trust the mother as well as this reinforcing her own ability to identify sensations of hunger and other appetites (Bruch, 1973). If the mother feeds the infant to suit her own needs and not the child's needs, then this failure to respond to the infant's needs can engender a state of uncertainty in the infant, whereby she becomes unsure about her ability to discriminate inner states and also to be looked after by others.

Furthermore, genetic factors and paranatal injuries may jeopardise the infant's ability to identify body signals of hunger. An infant confused about her own needs is liable to give out indistinct or contradictory clues to her care-giver which, in turn, reinforces the inappropriateness or inadequacy of the responses provided. As a result, the child fails to develop a sense of body identity and experiences difficulty in recognising hunger and other bodily states (Bruch, 1973). Underlying this argument is the premise that hunger is not necessarily an innate knowledge but a learnt construct and that anorexia is indicative of a deficit in a hunger awareness concept (Bruch, 1973). This has been corroborated by research conducted by Silverstone and Russell, cited by Bruch (1973), that suggests anorexic patients fail to perceive hunger because they interpret gastric contractions in an abnormal manner (Bruch, 1973).

This inability to discern one's needs may develop into a denial of both emotional and bodily needs. As a result, this may lead to a total denial of "self" that has been described as one of the key factors of anorexia (Orbach, 1993). The link between physical and emotional nurturance has been established in much of the literature about anorexia, with many leading researchers describing the anorexic as emotionally undernourished, an effective analogy given that the anorectic response is to deny physical nourishment (Orbach, 1993). If a child's needs, especially in relation to food, were not originally fulfilled, she may use self-starving as a means of suppressing an underlying hunger for nurturance (Robertson, 1992; Way, 1993). As Bruch notes, early histories fail to give evidence of gross neglect but, rather, suggest a subtle interplay between mother and child in terms of appropriateness of response and whether the child's need was interpreted erroneously. Parental availability, either on a physical or emotional level was another key factor. Some anorexics indicated that they felt that their parents were not only unable to understand their emotional needs but were also unavailable on a physical level to meet those needs (Way, 1993).

Linked to this inability to fulfil one's needs is a lack of control over one's environment, the third feature indicated by Bruch. Many testimonies given by anorexics indicate that when everything else in their lives seems out of control, dietary intake is the one area that can be controlled (Way, 1993). Taken to its extreme, the anorexic may feel she does not have an identity of her own, nor a life of her own, a state of mind that Bruch describes as delusional, given that her identity belongs to her (Bruch, 1973). This state is

encapsulated in the quotation at the beginning of this section in which Manola compares hunger to a kingdom that he is able to control. It captures the essence of the inner struggle that anorexics experience in their search for a sense of identity and selfhood as they attempt to achieve autonomy. Bruch explains that they "would rather starve than continue a life of accommodation" (Bruch, 1973, p. 250). In their struggle for control, they are attempting to achieve identity, competence and effectiveness. Bruch considers the anorexic response as one of the final stages in a life spent struggling to be perfect in others' eyes and she also suggests that anorexics skip the early resistance stage, continuing to function with the morality of young children; that is, convinced of the rightness of adults. As such, they remain very obedient to adults' directives without developing the ability to set their own goals (Bruch, 1973; Palmer, 1989).

Being uncertain of her own needs, the anorexic often focuses on fulfilling her mother's needs in order to strengthen the connection with her, thereby gaining maternal approval through absolute compliance. This leads to a lack of independence and initiative that compounds her feelings of ineffectiveness and helplessness in the face of bodily urges. Unable to determine her own destiny, she feels controlled from the outside (Lask, 2000). Anorexia then becomes a form of rebellion, a desperate fight against feeling "enslaved, exploited and not being permitted to lead a life of their own" (Bruch, 1973, p. 250). However, while this explanation may hold true in many cases, it does not account for the full range of family backgrounds observed in practice; some, for example, are characterised more by chaos than by rigid expectations. Furthermore, in many cases the child is rebellious long before the disorder develops (Palmer, 1989). In line with this latter argument, my early characterisation of Elizabeth shows her rebelling against her mother's wishes and taking drugs. She is also positioned as someone unsure of her identity and unable to control her external circumstances.

As noted earlier, anorexia has been associated with affluence in modern Western society. One of Bruch's clients, Ida, compares her experiences with those of a sparrow living in a golden cage. Ida had always believed that she was not brilliant enough to deserve all the privileges and benefits afforded to her by her prosperous family background. She further compares the restrictions and obligations of growing up in a wealthy home to living in a golden cage that is better suited to larger, more colourful birds that enjoy showing off their plumage. Ida sees herself as a sparrow, both inconspicuous and energetic,

wanting to fly off on its own and not be confined to a cage. This feeling of needing to live up to familial expectations leads to a fear of not being good enough which, in turn, results in low self-esteem. Paradoxically, the very privileges offered by a prosperous life style are also experienced as excessive demands: Ida explains that "If you are born the son of a king, then you are condemned to be very special—you, too, have to become a king" (Bruch, 1978, p. 25). It is interesting to note that she did not use the word "queen" instead.

Bruch further describes some of the parental characteristics associated with anorexia. She alludes to the father's preoccupation with physical appearance, fitness and beauty, expecting a certain level of achievement and behaviour from his children, while the stereotypic mother was someone who had been focused on career but had sacrificed her aspirations for her family, leading to feelings of dissatisfaction. Once again, the preoccupation with dieting and weight consciousness is described as a central aspect of personality (Bruch, 1978). If there is some truth in these prototypes, then growing up in such an environment may well lead to the anorexic never being satisfied with her appearance or her academic or professional achievements (Way, 1993). At the heart of this self-dissatisfaction, lies low self-esteem and, as Bruch describes, an eating disorder begins with low self-esteem, self-doubt and self-condemnation (Bruch, 1973).

The role of the family in the aetiology of anorexia has been the focus of much research (Cook-Darzens, et al., 2005; Crisp, 1980). Way (1993) describes how the family often reinforces societal obsession with thinness. While family backgrounds vary in the narratives described by Way (1993), a common belief of anorexics was that they would only be accepted, approved of and loved if they met certain standards of achievement and appearance. This form of conditional love was identified as the main familial factor predisposing an adolescent to anorexia. Way explores the process of the personality splitting into "false" and "true" selves whereby the anorexic adopts the persona of a false self in order to be approved of and loved. This process prevents her from developing self-esteem or a cohesive identity, as only the false self is accepted.

Orbach (1993, 1998) further describes how, through a process of denial and negation, a needless but false self is created. This false self is accepted and validated by significant others and this strengthens the individual's self-esteem. Thus, anorexia is posited as an attempted solution to being in a world that, on a profound and deep level, one feels excluded from and not entitled to enter (Orbach, 1993, 1998). Anorexia is regarded in this

interpretation as a defence against dependency needs. Having learnt from observing her mother that she will be unable to have her emotional needs met and must instead serve the needs of others, the anorexic overcomes and rejects these needs through her "hunger strike" (Orbach, 1993). The "false self" has been extrapolated to the "false body" that the anorexic can change and reshape through self-starvation. The "false body" is positioned as a defence against the real body that is perceived as being unacceptable. (Robertson, 1992). In "Frames", I have depicted different "sides" of Elizabeth, suggesting that she has different selves in various situations, in line with this research.

Chernin (1985) compares the food obsession of contemporary women with the elements of a rite of passage, as reflected in the mother-daughter separation struggle, but concludes that it fails to accomplish the rite's purpose of moving the individual from one stage of life to the next. She describes the mother-daughter separation struggle and need for identity as entangled in a "hunger knot". According to Chernin, late 20th century women make up the first generation in history that has the social and psychological opportunities to surpass the life choices made by their mothers but, instead, many of these women are being consumed by eating disorders that prevent them from taking advantage of these opportunities. She refers to statistics that indicate half of campus students suffer from an eating disorder and are constantly battling their hunger. Recent statistics, already discussed, indicate that the situation has not changed considerably. The underlying cause of this struggle is attributed to a serious form of identity crisis. Indeed, she suggests that the current "epidemic" of eating disorders can be understood as a crisis of confusion about the role of women in the modern world after decades of fighting for female liberation. This point has already been raised in explaining the link between feminism and eating disorders. She cites examples of women who describe their feelings of emptiness and lack of a bona fide self, that is, uncertainty about the nature of their identity, similarly described by Betty Friedan, in the 1960s. These women also describe a terror of self-development, evident even among successful women.

Chernin attributes this avoidance of growth and development to the conflict experienced by females, who may feel guilty taking up opportunities denied to their mothers. An eating disorder can thus be seen as a way of evading the inner turmoil about surpassing one's mother. According to Chernin, the daughter is aware of but unable to acknowledge the inner turmoil experienced by her mother, having sacrificed her own

aspirations for her family. Furthermore, if the daughter sensed that her mother was ambivalent about this choice, she may be angry that her mother had betrayed her potential. In her aspiration to develop her own potential, the daughter faces the intolerable position of inciting envy and resentment by reminding her mother of her own failure to achieve what she had once sought. Caught in this emotional web, the daughter might turn upon herself and the eating disorder could then be viewed as an expression of the guilt, rage, anxiety and fear of separation from her mother that she is unable to express more directly. Food, being equated with the mother's role from infancy, thus becomes the method of separation from her at the onset of adulthood when the daughter is struggling to express her autonomy. By refusing to eat, the daughter separates symbolically from the mother and, furthermore, isolates herself from the gathering place that represents family cohesion. Elizabeth's wish to leave the dinner table, as shown in a couple of scenes in "Frames" is supported by Chernin's argument. Furthermore, her ambivalent feelings about her mother are suggested in some scenes, including Act One, Scene Nine, where they "stare at each other in horror", in which Elizabeth realises that she does not want to follow her mother's example.

The mother-daughter relationship has been the focus of other interpretations of anorexia, one of them being that, in the perception of the maturing child, her mother models her own destiny; while being successful in the eyes of the world, she must also be the feminine, sexual and self-denying mother. This may lead to the daughter aspiring towards high achievement while ensuring that her body remains as thin and non-maternal as possible, in order not to be like her mother (MacDonald, 2000).

Magagna refers to the underlying infantile rage over unmet needs and panic about separation that must be addressed in working with an eating disordered child. One client, referred to as Marie, is so "full up" of anger and rage that she is too full to eat. In this depiction, the child experiences both rage and panic about separating from the primary parental figure. The link between self-starvation and self-harm is also drawn in this depiction with acts of self-harm such as cutting and, in extreme cases, death, being regarded as weapons in the battle for control. Marie's suicide attempts and other forms of self-harm, including her eating disorder, symbolised her sense of her "self" being destroyed but, at the same time, positioned death as a relief from her fear of psychic fragmentation. Magagna argues that the psychological profile of a child with anorexia indicates the development of a pseudo-autonomous self that rejects nurturance, both on an emotional and

physical level, thus leaving the inner self starved of understanding and support (Magagna, 2000). Once again, this latter argument reinforces my presentation of Elizabeth's battle for autonomy, even as she remains dependent on her family, and validates the link between self-harm and anorexia depicted in the play.

Kadish (2011) describes anorexia as a type of autistoid psychic retreat, resulting from a disruption to the mother-infant bond. An autistoid psychic retreat is defined as a defensive withdrawal to a primitive enclosed part of the self that had been damaged by some infantile trauma. This damaged aspect of the self is sectioned or cut-off from the remaining psychic structure and becomes an enclave of autism or pocket of autistic functioning, which basically acts as a defence mechanism. Kadish presents examples of patients to illustrate the types of issues involved; for instance, a girl referred to as Amy, who has never separated from her mother, experiences both extreme dependence and intense hatred of her mother. If Amy eats enough to gain weight, she feels that her mother has won, but if she loses weight, the feeling becomes one of triumph over her mother and symbolises her control over the "shared" body that represents "her somato-psychic fusion" with her mother. The central significance of control is emphasised again in this narrative which describes how, amid the physical and emotional changes of puberty, the anorexic feels that she is only able to control one thing, that is, her body (Kadish, 2011).

Kadish, in a similar way to Chernin, Orbach and Bruch, primarily focuses on the maternal bond, and, in particular, dysfunctional aspects of it. As the mother is often the primary care-giver, especially in infancy, her responsiveness to the child's needs and the role model of womanhood that she provides is regarded as instrumental in shoring up the child's self-identity and self-esteem. While Bruch mainly concentrates on earlier bonding, although she also talks about the effects of socio-economic background, Chernin, Orbach, Magagna and Kadish primarily focus on the adolescent's response to childhood factors, and the way in which anorexia might be positioned as a means to gain autonomy. Orbach and Kadish further describe the development of separate "selves" as a strategy of separation. All of the above theorists emphasise the significance of control. I found all their arguments informative and helpful in my depiction of the relationship between Barbara and Elizabeth.

The father's role in the development of anorexia has also received attention. In a recent study, it was found that paternal psychological control may impact upon adolescent development by hindering, suppressing or preventing the development of emotion

regulation abilities, thus contributing to or causing symptoms of eating disorders (McEwen & Flouri, 2009). Emotion regulation has been defined as the process that is responsible for monitoring, evaluating and modifying emotional reactions. Paternal psychological control in the form of over-protectiveness was shown to decrease adolescents' abilities to regulate their emotions which, in turn, is associated with eating disorder symptoms. This study further supported an association between number of proximal adverse life experiences and eating disorder development. However, as McEwen and Flouri indicate, this study was compromised by several limitations: the sample was selective, since 25 per cent of the sample population failed to complete the questionnaire, and the instruments used to measure the study variables were relatively untested. Furthermore, the Parental Bonding Instrument used does not sufficiently differentiate between behavioural and psychological control. However, despite design inadequacies, the study presents evidence that an inability to regulate emotion confers risks in psychological disorders and that intrusive paternal parenting impacted upon these deficits. As indicated in Chapter One, I have not focused on research limitations, but as McEwen and Flouri devoted much of their article to listing design faults, I have mentioned them as well. I also found the concept of emotion regulation interesting in terms of my depiction of the relationship between Ken and Elizabeth in "Frames". I have portrayed Ken as making very little attempt to control or regulate his own emotions, choosing to act out on them in his relationship with Chrissie, but imposing strict conditions on Elizabeth's capacity to express her emotions, as she is not allowed to express her conflicting feelings after intercepting his text message in Act One, Scene Twelve.

Interestingly, Perlick and Silverstein's research on the daughters of eminent men found several commonalities among women. They were described as bright and talented, with extremely successful fathers in intellectual or political fields but with mothers who were not as successful. All of the women studied had displayed adolescent ailments that included extreme thinness, with some demonstrating depression and disordered eating. Despite limitations in their research, given the very small sample size, they concluded that women who strive to achieve in male dominated areas but felt restricted in being female, had a propensity towards disordered eating. Their sample included high profile figures, such as Indira Gandhi and Queen Elizabeth 1 (Perlick & Silverstein, 1994). I was disappointed to find that there was a dearth of research examining the paternal role.

In summarising the psychological literature on the roles played by mothers and fathers in eating disorder pathology prior to 1979, Dally and Gomez (1979) note that any earlier claim made that the mother is the dominant figure in the anorexic family has not been confirmed by larger studies. They also conclude that there is no one predominant parental personality profile or type of marital relationship evident in patients' families. They stipulate that, while there are some families with the mother presenting as the dominant influence, the significance of the father's role and his relationship with his wife is also indicated. Consequently, they postulate that certain types of family conflicts correlate with different onset ages of anorexia. In their research, they found that patients aged 11 to 14 years were more likely to have depressed mothers than those in older age groups. In the older onset age group, they found that personality problems, domineering behaviour and ambivalent feelings were characteristic of mothers' profiles. More recent research that has considered the role of fathers in the development of anorexia has referred to a concept of "father hunger". Maine, cited in Lask, describes how some fathers feel uncomfortable about their daughters' emerging sexuality at puberty and withdraw from physical affection. Alternatively, they retain physical proximity but may, inadvertently, express discomfort about this proximity to their daughters who then withdraw their affections. In both scenarios, the daughter may react subconsciously by retreating to a pre-pubertal state in order to regain the father's affection and approval (Lask, 2000). Elizabeth in "Frames" wishes to retreat to an earlier stage of her development before she discovered that her father was having an affair, in order to regain a trusting relationship with him again. I deliberately chose the age of ten, as it is usually pre-pubertal, and conveys an innocence before she becomes a sexualised figure.

Many family factors have been indicated as risk factors in the development of eating disorders, particularly anorexia. Some of the factors documented are family unpredictability, parental psychopathology and childhood sexual abuse (Furr & Ross, 2006). While evidence suggests a strong link with parental psychopathology, the impact of family unpredictability is mediated by the supportiveness of family relationships. Research also indicates a higher prevalence of eating disorders among victims of childhood sexual abuse. Given that victims of sexual abuse are often silenced, there is a lack of statistical evidence to prove this association. Sexual abuse can be a precipitating factor and continued abuse or fear of continuing abuse may be a perpetuating factor (Lask, 2000; Striegel-

Moore, 1994). While acknowledging that this as an extremely traumatic form of abuse, I did not pursue researching this area further, as I have not explored this theme in "Frames". However, there are many different types of abuse experienced by children, including mental abuse. Ken's denial of Elizabeth's sense of reality, upon her discovery of his affair with her boyfriend's mother, is a form of mental abuse because it undermines her trust in herself.

In their meta-analysis of research on family profiles of anorexics, Furr and Ross (2006) conclude that results are conflicting. Some studies indicate that over-protectiveness and family enmeshment are significant factors, while other research suggests that less involvement and supportiveness are characteristic. However, one consistent family factor that acts as a deterrent to eating disorders is family support and cohesiveness. Research conducted by May, Kim, McHale and Crouter (2006) indicates that both mothers and fathers have unique influences on adolescent weight concerns and that parenting strategies that build intimacy, enhance knowledge of children's daily experiences and effectively resolve conflict act as preventative factors, whereas parent-child relationships that are low in intimacy and high in parental over-control are risk factors.

The assessment of family functioning in anorexic families is fraught with methodological difficulties. Research has indicated that often family functioning in eating disordered families is described as normal by self-report but this is not confirmed by objective measures (North, Gowers, & Byram, 1995). In terms of rating family functioning, research indicates that clinicians and patients are both more critical in rating this dimension than parents (S. Gowers & North, 1999).

Higher rates of parental discord and higher parental demands have been associated with anorexia, compared with other psychiatric disorders (Pike, et al., 2008). This study also found that critical comments about weight and shape, along with interpersonal stresses, were associated with an increased risk of anorexia, although these factors were most salient in the twelve months leading up to the onset of anorexia.

Some limitations found in this research include memory recall of the subjects. Given that half of them were above the age of 18 years, the usual set limit for assessment of parenting variables, there was a lack of corroborating evidence from other family members (Pike, et al., 2008). Chance remarks about weight and shape, often meant innocuously, can

act as a trigger for dieting, which research has shown to be a strong risk factor for anorexia (S. G. Gowers, North, & Byram, 1996; Lask, 2000).

In terms of other family factors, while there is no evidence to support the characteristics of enmeshment and inability to manage conflict, proposed as risk factors, by Minuchin and Palazzoli, empirical evidence indicates that families who manifest dysfunctional interaction, with poor communication, conflict and inconsistency between parents, have a higher incidence of anorexia. It is frequently the case in anorexic families that "feelings are denied, ignored, denigrated or dismissed" (Christie, Watkins, & Lask, 2000, p. 108) and they have also observed that the child with the eating disorder often sits between the parents, suggesting that she may provide a buffer between them or exercise a significant amount of control over them, possibly being the centre of their attention (Christie, 2000; Christie, et al., 2000). Less clear is whether these patterns predate the onset or are a reaction to the disorder (Whitney & Eisler, 2005). It seems that there are many methodological difficulties in establishing causal links between family factors and anorexia, due to limitations in measurement devices and the difficulties associated with obtaining corroborating evidence from other family members.

Other factors that may be relevant to anorexia are more profound life events, such as, illness, change of school, moving house, bereavement and other adverse life changes (S. G. Gowers, et al., 1996; Lask, 2000). In "Frames", Elizabeth's anorexia becomes more severe and noticeable after the family have moved house, suggesting that this move could have had an adverse effect on her.

Alternate theories about anorexia delve into the meaning of what eating represents to the subgroup of anorexics who are not so concerned with weight gain but who experience a sense of horror about eating. It has been postulated that some anorexics, also described as secondary anorexic, have a deep-seated fear of death and view food as a reminder of death, given that eating generally involves consumption of dead animals or plants. In this framework, the anorexic can be conceptualised as somewhere between life and death, both too afraid to live fully and too afraid to die (Jackson & Davidson, 1986). The connection between anorexia and suicide has been previously indicated, with anorexia being regarded as a self-destructive behaviour and also as a gradual form of suicide (Bruch, 1973; Holm-Denoma, et al., 2008; Jackson & Davidson, 1986; Pompili, Girardi, Tatarelli, Ruberto, & Tatarelli, 2006; Rodriguez-Cano, Beato-Fernández, & Llaro, 2006).

In treating anorexia, a collaborative approach to therapy among professionals is recommended (Whitney & Eisler, 2005), with family therapy and, more recently, the Maudsley method, which includes the family as a resource in treatment, being the preferred choices of treatment (Alexander & Le Grange, 2009; Honig, 2000; Honig & Sharman, 2000; Le Grange & Eisler, 2008; Lock, 2009; Rhodes & Madden, 2005; Russell, Szmukler, Dare, & Eisler, 1987; Rutherford & Couturier, 2007). However, there is some inconsistency among professionals about the efficacy of family-based treatments compared to inpatient treatment (Wallin & Persson, 2006; Zandian, Ioakimidis, Bergh, & Södersten, 2007). Overall, treatments that promote an active role for parents in tackling anorexia appear to be more effective than those that only encourage a supportive role (Le Grange & Eisler, 2008). Given inconsistent research findings about the role played by the family in the aetiology of eating disorders, there has been a conceptual shift away from treating family dynamics as causative to regarding them as maintenance mechanisms. By taking a non-blaming approach to the family and regarding them as a resource in treatment, family interventions have moved towards focusing on re-feeding and this indirectly changes family dynamics to aid in recovery (Alexander & Le Grange, 2009; Honig, 2000; Le Grange & Eisler, 2008). In the therapy scene in "Frames" (Act Two, Scene Six), I have tried to convey this approach, with the therapist looking at current dysfunctional dynamics and trying to help the Fane family improve their communication with each other. As noted, I do not attribute blame to the family for Elizabeth's condition but indicate ways of improving family dynamics.

To conclude, my review of the research literature on anorexia suggests that there is no single family cause for the development of the disorder. Rather, research indicates that families fall on a continuum from optimal functioning to highly dysfunctional (Cook-Darzens, et al., 2005; Cook-Darzens, et al., 2008). While there are some common elements, such as the anorexic's need to establish autonomy and control, family backgrounds remain diverse. As observed by Lask (2000), there is also a need to study the process by which Western culture's emphasis on slimness is transmitted through the family. Furthermore, it is necessary to consider individual responses when studying this process.

My review of psychological literature provided support for the approach that I had taken when writing the first draft of "Frames", but also helped shape the way the play was re-written. I tried to stress the anorexic need for control, while also depicting identity

confusion and low self-esteem. I chose a scenario that demonstrates a moderate level of family dysfunction, as opposed to one that is more extreme, because I felt that this would be more representative and resonate more broadly to audiences. I also wanted to show the processes by which Western cultural values are transmitted through the family, by positioning Barbara in a form of media that often promotes a slender-ideal and by showing Ken's overt focus on female slimness and attractiveness. I also characterised Elizabeth by portraying qualities of perfectionism, such as the hand-painting incident referred to earlier and obsessiveness as shown by her extreme exercising.

A philosophical frame, including religious, spiritual and cultural factors

Psychopathology is the final outcome of all that is wrong with a culture.

Jules Henry (Bordo, 1993, p. 139)

According to Bordo, anorexia and other eating disorders, encapsulate what is wrong with our current culture. Her claim is supported by epidemiological data indicating that anorexia has become highly prevalent among women in contemporary society. Therefore, it is imperative to discover what is missing from our culture at this historical juncture in order to understand more fully the spiritual and philosophical dimensions of women's troubled relationship with food (Lelwica, 1999). By adopting a philosophical frame, it becomes possible not only to examine some of the paradigms or discourses that are employed to understand this phenomenon but also to consider the nature of these discourses themselves and to establish how the type of discourse employed determines the type of knowledge that can be gathered. In this section, I primarily focus on discourses presented by Bordo, Malson and Lelwica as I have found that their broad sociological sweep pinpoints many of the factors that I raise as influences on the development of Elizabeth's anorexia. I have also grouped religious, spiritual and cultural factors with philosophical factors, because although they are different, they share a common theoretical basis, in being conceptual, rather than research-driven.

According to Foucault, cited in Malson, the truth of a discourse lies in the strategies that it uses and not just in what it has to say (Malson, 1998; Robertson, 1992). As Malson points out, a discourse includes discursive practices, consisting of a whole array of

concepts, objects, activities and events. While discourses use signs, they use these signs to designate, thus rendering them irreducible to language and speech. In other words, discourses as social constructs have real and powerful effects on people's lives. They can define what is viewed as normal and abnormal, sane and insane and, by so doing, can influence an individual's destiny to some extent. I am persuaded by a poststructuralist Foucauldian perspective which suggests that discourses systematically constitute the objects, individuals, bodies and experiences they describe. They do not simply reflect an "independently determined" reality but actively construct that reality and, in constructing that reality, they also construct power relations and basic truths by which we live. In this way, they play an active role in generating the discursive production of different streams of knowledge (Malson, 1998). This chapter will explore the main philosophical discourses that have been employed as a means of understanding anorexia, ranging from dualism to existentialism (Garrett, 1998; Robertson, 1992). As Malson suggests, each theoretical perspective on anorexia produces its own images and lacunae and, constructing anorexia in one way rather than another, determines the types of questions that we can legitimately ask. Furthermore, the anorexic body is already entangled in systems of meaning, symbolic representations and power relationships that indicate what it means to be a woman in contemporary Western culture (Malson, 1998).

Some of the discourses already covered, such as the medical approach, have been shown to position anorexia according to the medical terminology and dominant ideas of historical periods. In the late 1800s, for example, anorexia was described as "hysterical" in keeping with the dominant paradigm of this period (Robertson, 1992). A philosophical perspective dominating European culture has been the construct of dualism, first espoused by Plato (Bordo, 1993; Rorty, 1999). The dualistic perspective makes a distinction between body and mind or body and spirit (Lawrence, 1984). Quoting the powerful Delmore Schwartz poem "The heavy bear", Bordo outlines how the body is compared with the bear, a brutish animal driven by instinct and primitive need, uncontrollable and dominated by appetite (Bordo, 1993). In contrast, the true self, whether conceived as mind, spirit, soul or just as "not-body" represents the best, highest, noblest aspects of humanity and all that is closest to God. This conception of mind/body separateness led, on a theological level, to regarding the physical side of human nature as impure and sinful, always dragging down the aspiring spirit (Lawrence, 1984), and as an obstacle to the inner self (Bordo, 1993).

According to a theological perspective, moral perfection can only be achieved by subduing or rising above the flesh (Lawrence, 1984). The experience of body, as the centre of existence, described as embodiment, allows us to feel alive (Hutchinson, 1994). However, this also means that our embodied perspective is subjective, since we cannot view things independently of our "lived-in" experience. To gain a more objective viewpoint, we would need to adopt a disembodied perspective (Bordo, 1993), that is, a perspective from outside of our bodies, something that we may wish but find difficult to achieve! The anorexic rejects her bodily needs and strives to transcend the limitations of the flesh. In many ways, she would like to become disembodied. In "Frames", I have attempted to depict this quest in scenes, such as Act Two, Scene Six, in which Elizabeth comments "I like being a ghost. Ghosts don't need a body". This captures her desire to be rid of her body or disembodied.

The Greeks regarded body and soul as inseparable except in death, while Descartes believed that it was possible to transcend the body (Bordo, 1993). The famous Cartesian statement "I think, therefore I am" encapsulates the mind/body dualism in European culture (Garrett, 1998). A dualistic approach separates the experience of mind from body, creating a split within the individual and, interestingly, this resonates with the experiences portrayed by many anorexics in their narratives (Gottlieb, 2000; Hornbacher, 1998) and once again supports my approach in "Frames". I found that my readings in dualism influenced my depiction of Elizabeth as someone who experiences disconnection between mind and body.

A feminist perspective of dualism clearly indicates that it is also gendered, with woman cast in the role of body while man is constructed as mind, intellect and absolute spirit (Bordo, 1993). Another but related postulation is described by Woodman, with a distinction being made between male activity and female passivity, which, when taken to its extreme by Hegel, becomes the difference between animals and plants, with females being posited as passive, vegetative and primitive (Bordo, 1993). Women's bodies have also been regarded as impure, unclean and dangerous, meaning that they must be overcome if women are to pursue moral worthiness. Some women come to believe that they must somehow dissociate from their bodies. Rather than the alternative conceptualisation of their bodies as natural or miraculous, they come to fear them as uncontrollable, alien and evil (Lawrence, 1984). If woman is conceived as body and body is perceived as a negative object, then it follows that woman may be conceptualised as a negativity (Bordo, 1993). It

has been argued that the anorexic may take the dualism of body and spirit literally. In other words, the anorexic's need to limit and control her food intake may represent a moral striving and an attempt to prove that she is morally and spiritually worthy. Believing that her body and her self are two distinct and separate entities allows her to abuse her body for a greater good (Lawrence, 1984). I was very aware of this in my depiction of Elisabetta, who regards eating a banana as a moral travesty for which she must atone (Act Two, Scene Two).

Some theorists have argued that the destructive and often obsessive relationship many women have with their bodies is an internalisation of our patriarchal society's conceptualisation of women's bodies, incorporating both contempt and worship simultaneously. This results in women battling to overcome antagonism towards their bodies in order to perfect them so that they may be "worshipped" instead. Such a fixation on the body leads more to a state of disembodiment, than embodiment, as body hatred and narcissism still posit the body as separate to self. Body image, as outlined earlier, is a product of one's imagination and, as such, is distinct from the actual physical body and the image that outside observers have of the body. Hutchinson uses the term body image to describe "the psychological space where body, mind and culture come together" (Hutchinson, 1994, p. 153) and the term incorporates our perceptions, beliefs and judgements towards our bodies. She argues that it is necessary to heal the split between self and body and its resulting negative body image in therapy by a process of re-embodiment.

I also try to represent this dual conceptualisation of women's bodies as being contemptible and worthy of worship in scenes such as Act Two, Scene Nine in which Elizabeth enacts a scenario of modelling and the comments that she would receive; for instance, "Tall and lean and graceful in her evening dress". This positive image of her body is deliberately positioned between alternative accounts such as "Fat, ugly and useless" and "She was never good enough for them".

Tolman and Debold argue that body image encapsulates the split in Western culture between body and mind as the two words *body image* are necessarily in conflict with each other. While a body is a living, feeling entity, an image is usually two-dimensional, created when someone is looking at something. As such, an image can create a "no-body body" or nobody's body because we exist not in images but in bodies (Tolman & Debold, 1994).

This reminded me of the joke told at the Bridges group, "Knock, Knock, Who's there? No body".

Twentieth century existentialists such as Jean-Paul Sartre and Simone de Beauvoir, as well as philosophers such as Derrida, Dewey and Foucault, attempted to eliminate body/mind dualism (Garrett, 1998; Rorty, 1999). Sartre and de Beauvoir attempted to transcend the body, rather than integrate both aspects of "self" and conceptualised the body in various ways as "body-in-itself", "body-for-others", and "body for myself as known by the other" (Garrett, 1998; Robertson, 1992). The latter concept suggests that we can only know ourselves through the eyes of others and how they perceive us. Sartre describes the alienation and longing for invisibility produced by this state of being. Interestingly, the testimonies of many anorexics describe a similar emotional state (De Rossi, 2010; Dunbar, 1986; Garrett, 1998; Gottlieb, 2000; Harmer, 1996; Hornbacher, 1998; Schaefer & Rutledge, 2004). Simone de Beauvoir influenced the development of a feminist discourse of the female body and oppression of women. Her account describes the dialectic in both the individual and in broader culture, where the male is regarded as the norm or positive subject, while the female is defined only in relation to the male and thus becomes the inessential object, creating an opposition between male subject and female object. Thus, woman's identity is defined by her status as "other" and woman's body is defined by its reproductive capacity. In a patriarchal culture, it can be argued that the woman becomes alienated from her body, as the body is not regarded as the subject that gives meaning but rather as the object of a masculine cultural viewpoint (de Beauvoir, 1972; Robertson, 1992).

Other feminist theorists have drawn from psychoanalytic theory, such as that postulated by Freud, to support their arguments. Juliet Mitchell, cited in Robertson, draws on Freud's concept of the unconscious to explain how the dominant ideology about women and their status as the "inessential other" is transmitted. Nancy Chodorow, cited in Robertson (1992), also draws on psychoanalytic theory that positions individuation as the core of gender identity. According to her, the ego boundary between daughter and mother is more fluid and, subsequently, girls may develop a weaker gender identity than boys who individuate more distinctly from their mothers. Feminist theorists have also drawn upon "object relations theory" which postulates that gender formation goes back to the pre-Oedipal stage when a girl's sense of identity is centred on her attachment to her mother,

with the anorexic experiencing difficulties in breaking this infantile primary bond. Chernin and Orbach, whose in-depth analysis of the mother-daughter bond was discussed in the psychological section of this essay, are relevant in this context. The material body can be regarded as the site of a political struggle, and feminism has played a powerful role in developing a political understanding of body practice (Bordo, 1993). French feminists, such as Irigaray, Wittig, Cixous and Kristeva have defined the body as the production site of new subjectivity modes and have given an account of the impact of phallogentric, dualistic culture on gendered bodies (Bordo, 1993; Cixous & Clement, 1996).

Poststructuralist theories have attempted to overcome dualism by positing many "selves" that may in fact lead to a fragmentation of both body and mind. However, some have argued that in some ways, these theories are still binary. Lacan's account of the mirror stage of personality development describes the process of the self splitting into the observer and the observed. A sense of identity is only achieved through an awareness of the "other" (Garrett, 1998; Lacan, 1977, 1980; Robertson, 1992). This "other" is usually the mother and this process allows the individual to differentiate between the self and "other" in the Symbolic order (Robertson, 1992). In this construction, "masculinity and femininity do not arise from the real of the body but from the way in which male and female bodies are *signified* within a Symbolic order" (Malson, 1998, p. 16). According to Lacan, becoming a female relies on an acceptance of the definition of femininity as the absence of masculinity and on a symbolic level it may be understood as a deficiency. In other words, woman is defined in terms of what she is not, rather than what she is and this places her in the untenable and contradictory position of being contained within an exclusion and not existing in her own identity (Lacan, 1977; Malson, 1998). In this sense, femininity is a symbolic position and not a natural category (Malson, 1998). The implication of this is that, in this construction, anorexia may be regarded as the girl's inability to accept her sexual destiny. Lacan postulates that personal identity is only acquired through the acquisition of language which relies on the adoption of gender, as many words have male and female connotations. A sense of self is thus transmitted by a patriarchal, symbolic and social order; gender identity is constituted within this Symbolic order and cannot be reduced to a biological difference (Malson, 1998; Robertson, 1992).

Irigaray also uses the image of the "mirror" but takes it further to suggest that individuals internalise the mirror in order to see themselves (Garrett, 1992; Irigaray, 1985;

Robertson, 1992). She critiques Lacan's interpretation of the symbolic phallus as a signifier of lack, reasoning that such interpretations perpetuate gender inequalities (Robertson, 1992). Interestingly, she cites Marx's definition of the origins of these inequalities as "the origins of man's exploitation of man [is] man's exploitation of woman" and he also asserted that "the most basic human exploitation lies in the division of labor between man and woman" (Irigaray, 1996, p. 19).

Irigaray and Cixous develop the conceptualisation of woman-as-other to a concept of difference that forms a positive image of femininity (Cixous & Clement, 1996; Irigaray, 1985). Irigaray, in particular, argues that gender identity is socially created through language, describing how the phallogentric bias of Western philosophy, with its definition of the female by reference to the male, consolidates gender power structures. She argues that any construction of women's embodiment must take into account the role of dominant patriarchal power relations that posit the male as "subject" and the female as "other". Such subjectivity and meaning are conveyed in language and reinforce only the male perception of the world. This is reflected in the interpretation given by Freud, who postulates that the little girl may see herself as being castrated or *lacking* a phallus or, more generally, as non-masculine in Lacan's conceptualisation (Irigaray, 1985; Robertson, 1992). According to Irigaray, the female body can be conceptualised in other ways that define her femininity, such as, her relationship to her own and to her mother's body, without reference to a masculine framework, and her sexuality can be framed in a positive way by her own genitalia, rather than in a negative way, as in the absence of the phallus. She uses the genitalia image of the "double lips" to represent women's silence in both speech and sexuality. Traditional Western culture has defined the female as a silent subject, or negative image of the subject, in which the subject is defined as male, and, therefore, has excluded a female construction of language and voice. Without this construction, women experience themselves as "not a person" or "un-real", compared to the male who is the "real" person and whose voice has been articulated in dominant ideology. Until the female ceases to see herself as the male's symbolic mirror image, she cannot free herself from the patriarchal concept of herself and, while trapped in this Symbolic order, the mother has no female identity to pass on to her daughter (Irigaray, 1996; Malson, 1998). Alternatively, it can be argued that the identity passed on is a negative one or a mirror image.

Cixous elaborates on this theme by arguing that a woman's body, which is perpetually presented from a male perspective, may seem strange and foreign to her. This masculine viewpoint of her body is transmitted in everyday language (Cixous & Clement, 1996; Robertson, 1992). Having been repressed by the dominant patriarchal position, she finds it difficult to embrace her own sexuality and body but, rather, channels her love to the "other".

Both Cixous and Irigaray argue that language is an important transmitter of cultural beliefs. According to Cixous, it is important to shift the focus from the somatic, or the body, to the symbolic, or language. The anorexic who expresses herself somatically, or through her body, uses a language that is not neutral but dominated by male meanings. Therefore, as Robertson suggests, deconstructing the notion of femininity is needed to understand anorexia and its multiple meanings in Western society (Robertson, 1992).

The feminist viewpoint, as articulated by philosophers such as Irigaray and Cixous, shows how the shaping and definition of the body by Western society encapsulates the dominant power structure of that society (Bordo, 1993). Malson (1998) argues that this discourse, like Lacan's, presents only a homogenised category of womanhood and does not take into account the plurality of women's experiences and diversity of sociocultural backgrounds. Rather, women's subjectivities should be understood as plural collectivities and a multiplicity of socio-historic femininities, some of which are contradictory (Bordo, 1993; Malson, 1998). While feminists such as Irigaray and Cixous have raised valid points, I believe that it is important to present varied and diverse accounts of women's experiences and this explains why I have tried to show that Elizabeth, Jackie and Barbara have very divergent experiences and attitudes towards being female.

An analysis of the feminist construction of female identity reinforces the Foucauldian position that discourses construct, to some extent, the reality that they describe. When defined in relation to the male, the female has been constructed as a negative entity, lacking or deficient in fundamental ways. This viewpoint has permeated cultural beliefs and has been inculcated into women's beliefs about themselves, so that they construct their own reality from the perspectives presented by the dominant patriarchal order (Bordo, 1993; Malson, 1998). Consequently, it is important to consider all academic and clinical texts about anorexia as discourses that actively construct certain realities through their descriptions (Malson, 1998). In "Frames", I have tried to focus attention on

the nature of perception itself. When Elizabeth holds a frame in front of her family in Act One, Scene Two and says "Meet my family", she is not only introducing her family to the audience but also her perspective of her family. We are reminded that our impression of the Fane family has been influenced by Elizabeth's perspective. By revealing its capacity to frame, art can challenge the nature of discourse. Another example of art challenging discourse can be found in Louis Nowra's *Cosi*, in which Ruth questions the nature of truth and illusion and thus challenges the audience to question it. I will discuss this further in Chapter Six.

By positioning language in a social and cultural context, it can be seen as constantly changing and mutable, as Malson, influenced by Saussure, points out. As societies are constantly developing and altering, languages transform as well, reflecting these changes. Hence, I have found it becomes important to move from a structuralist viewpoint of language that Lacan uses to describe the Symbolic order, to a poststructural conceptualisation of discourses that reflects diversity and power struggles as Malson proposes. Language does not just transmit already established meaning but creates meaning. Irigaray gives a detailed account of this process in her comparison of the use of "il" (he) and "elle" (she) in the French language, showing how most active concepts use the masculine construct while passive descriptions are feminine. Interestingly, groups that include only one male but multiple females are still presented as "ils" not "elles" (Irigaray, 1996). More importantly, discourses can be understood to produce "identities" that are constantly shifting and changing, producing a multiplicity of meanings that are sometimes contradictory (Malson, 1998). Femininity, in particular, can be understood in this way to mean a variety of historically contextualised forms, as opposed to a matrix of characteristics pertaining to the individual. In a Foucauldian analysis, discourses are about power, "constituting knowledge and truths" and subjecting people to "normalising judgements". I found this conceptualisation about discourse particularly engaging, in that if we substitute "frames" for "discourses", then the play also suggests the power of frames to constitute knowledge and truths. Furthermore, Ken uses his power to re-frame Elizabeth's perception by undermining and questioning it.

Some feminists have criticised Foucault's lack of attention to the gendering of discursive practices and have therefore retained psychoanalytic, Lacanian insights of women as the negatively signified Other. A feminist poststructuralist perspective positions

anorexia as a socioculturally constituted manifestation that includes gender, subjectivity and embodiment as broader issues that are mostly not determined by one's self (Bordo, 1993; Malson, 1998). This perspective also undermines the assumption that scientific discourses can describe or explain an objective reality independent of discourse, allowing for a plurality of "truths" and not one universal truth. Taking into account a historical view, anorexia can be seen as emerging at the interface between medical and cultural discourses that positioned it as a feminine nervous disorder, along with hypochondria and hysteria and under the broader conceptualisation that constituted woman as deviant, pathological and inferior (Malson, 1998).

Anorexia has also been positioned as a metaphor of sociocultural concerns, such as the conflict between mass consumption and normative thinness (Bordo, 1993; Malson, 1998). Consumer capitalism, which relies on the production of novel images, has created images of femininity that exalt slenderness and beauty. These representations both homogenise, that is, smooth out all racial, ethnic and sexual differences, as well as normalise, thereby encouraging women constantly to compare and judge themselves against standardised images that promote a particular look, which varies across cultures, and urges them to use cosmetic surgery and other means to meet these standards. Employing a Foucauldian analysis, some feminists have argued that these ideological forces do not operate from above like sovereign power but from below where all that is needed is an "inspecting gaze" that the individual internalises and which results in constant self-surveillance. Within this Foucauldian feminist frame, some men as well as some women, find themselves embedded in institutions and practices that they have little control over but, instead, direct them (Bordo, 1993). In "Frames", Elizabeth is positioned between the polarities of mass consumption and normative thinness. She articulates her conflict between wanting to reject consumerism but also wanting to embrace it, in Act Two, Scene Five. She also describes a standardised image: "tall and lean and graceful", that she would like to embody (Act Two, Scene Nine).

The issue of gender in anorexia cannot be underestimated and, as Bordo notes, many psychological theories that emphasise only developmental, familial or cognitive/perceptual factors fail to adequately take into account the construction of gender (Bordo, 1993; Chernin, 1985). Feminism has been associated with an increase in anorexia, as mentioned. However, rather than attributing this link to greater freedoms, it may be that

gender equality has not been fully achieved yet, as women are expected to fulfil both traditional feminine and career roles, resulting in an often untenable predicament (Malson, 1998). Bordo argues that the anorectic embodies the untenable sociocultural position of women "who feel deeply flawed, ashamed of their needs, and not entitled to exist unless they transform themselves into worthy new selves (read: without need, without want, without *body*)" (Bordo, 1993, p. 47). While the mother-daughter relationship may be construed as an important medium for implementing this internalisation, it must be recognised that mothers are products of their culture and I agree with Bordo, Malson and Orbach that they should not receive an unfair portion of the blame (Bordo, 1993; Malson, 1998; Orbach, 1993, 1998). Rather, all agencies that deliver these messages, including educational facilities, need to accept their share of the responsibility and, of course, the anorexic herself has some choice about which message she internalises. I have tried to show this in "Frames" in Act Two, Scenes Eleven and Thirteen. Elizabeth is trapped inside the many perceptual frames that she has embodied and must step outside these frames to regain her health.

As outlined by Bordo, the feminist/cultural paradigm has cast into doubt the designation of anorexia as psychopathology, reconstructing the impact of culture and gender as productive, rather than contributory, thereby attributing causes to social factors as opposed to individual dysfunction. Hence, in this context, the quotation at the beginning of this section about psychopathology being the final outcome of all that is wrong in a culture can be better understood. Using this analysis, I suggest that the anorexic does not misperceive her body but has learnt the dominant cultural standards of how she *should* perceive her body. In the play, Elizabeth learns that she cannot trust her own judgement. She questions whether she has misinterpreted the text message and later, this is extrapolated to everything else in her life, including her body size. She cannot see her correct reflection because she has learnt that she cannot accurately *see* at all. I believe that we can change a person's perception by constantly bombarding them with an alternative view or frame and I have tried to show this in the play by using different frames. Elizabeth is positioned as someone who no longer knows what to think or believe or, in other words, which frame to accept.

The significance of cultural imagery is explored by Baudrillard. Baudrillard, cited in Bordo (1993), describes the Borges fable: cartographers in a mighty empire sketch such a

detailed and life size map of the territory that the map itself can be seen to define the territory. Bordo draws a parallel to the difference between reality and appearance in contemporary society, where the map or appearance has become more significant than the territory or reality. As Bordo observes, most of what we currently experience as meaningful is only in fact appearances. She cites examples of celebrities who have become the product of extensive cosmetic surgery, such as Cher, although, of course, there are many others who are not modelling themselves on a beauty ideal. Another proposal, formulated by John Berger, is that "men act, and women appear", (cited in Bordo, 1993, p.118) although this duality may not be as rigidly upheld as in the past, given that many men are becoming more image dominated in contemporary society. With the significance of image firmly established, it is now important to question why our culture has become so obsessed with slimness or the "tyranny of slenderness" (Chernin, 1985). To answer this, Bordo proposes "axes of continuity", which she describes as streams or currents that converge on the anorexic condition, thereby constituting axes that are themselves on a continuum with other contemporary social practices, such as body building. She proposes three axes: the dualist axis, the control axis and the gender/power axis.

The dualist axis that began with Plato and was consolidated by Descartes clearly separates the bodily or material from the mental or spiritual aspects of human existence. By adopting this philosophical stance, the body is experienced as alien (the not-me) and as a form of confinement or prison from which the soul is constantly struggling to escape. It is also regarded as an enemy that sabotages our thinking by filling us with lusts, fears and fancies, as well as being prone to diseases that undermine our health. Finally, it is seen as an impediment to reason, and so threatens our attempts at control. However, the more we attempt to subdue or control bodily desires and hungers, the more we constitute them as alien and powerful, setting up a no-win vicious circle. The only way to overcome this problem is to go beyond control and cease to experience these hungers and desires, which is what many anorectics describe as their ultimate goal. Many narratives indicate an obsession with hunger as much as an obsession with slimness, but this hunger is experienced as an alien invader that is not part of themselves. This is akin to earlier descriptions that indicate anorexics experience all bodily sensations as foreign (Bruch, 1973). Associated with this is the experience of the soul or will being imprisoned in the body, with many narratives describing the desire to escape the body or to exist without a body (Bowman, 2007;

Hornbacher, 1998). The thin body or non-body represents a triumph of will over body and transcendence of the flesh associated with impurity and mental decay (Bordo, 1993). Once again, we see parallels between fasting medieval saints and modern-day anorexics; as discussed earlier, the saints tried to subdue or transcend the body.

The control axis refers to the anorectic experience of feeling that her life and her hungers are out of control. By exercising control over her body she is able to exercise some control over her life. While there is a high morbidity rate among anorexics, the dominant experience is one of invulnerability.

On the gender/power axis, the anorectic's distorted image of her body can be regarded as an extreme case of a common female misperception. With society's glamorisation of the thin body and the pressure on women to have a body that conforms to the romantic or sexual ideal, it is no wonder that women constantly overestimate their size. Bordo postulates that gender associations have a special meaning for the anorexic, one being a fear or disdain for traditional female roles and limitations and the other a fear of the archetypal cultural projection of the Female with its insatiable bodily appetites. In this scenario, anorexics have a fear of growing up to become women, preferring to remain like Peter Pan, forever young. The image of Peter Pan appears to be appropriate on many levels, as many anorectic testimonies indicate their wish to be boys. It can be argued that being male represents a sense of power and control that they are trying to achieve. The thin body in this conceptualisation signifies a cultural rejection of the feminine (Malson, 1998) but paradoxically works in collusion with the very cultural conditions that produce this ideal (Bordo, 1993). In this way, anorexics both reject and embody traditional patriarchal gender identities (Malson, 1998). Despite pursuing conventional feminine behaviour in the form of extreme dieting, the anorexic can be seen to deconstruct conventional femininity at its extreme point as she then highlights those values that are coded as male in our society. In "Frames", Elizabeth proudly describes herself as having been a tomboy, in Act Two, Scene Five, but she also suggests that she had taken up traditionally masculine activities such as football, because she wanted to be like her father who had been her hero. I deliberately left this ambiguous to signify the importance of her relationship with her father as the central motivation for her behaviour, instead of a desire to be male. I was not convinced by Malson's argument that anorexic behaviour reflects a wish to be masculine as I believe that it reflects more of a conflict with being female.

On a broader level, the body represents both a counterpoint and metaphor for mind and spirit in this dualistic framework. The anorexic body symbolises the mind's triumph over the body and at its extreme point may also be construed as a form of dematerialisation of the body in that the person may experience a sense that the body ceases to exist, allowing the person to feel a disembodied "spiritual" subjectivity. This representation positions the anorexic's subjectivity as strong and powerful and signifies the "self" as a controlled entity. In this sense, the dualist discourse differs significantly from Christian asceticism, which exalts a complete renunciation of the self. Hence, a dualistic reading constitutes self-starvation as self-productive as opposed to self-destructive. It also signifies a transcendence of femininity, as a thin anorexic body represents a subjectivity that is essentially the antithesis of the body and is thus genderless (Malson, 1998). In this way, the thin anorexic body is constituted as a controlled body indicating a powerful, disembodied and genderless position. As already mentioned, the dualist discourse positions "woman" as body and bodily excess. In this conceptualisation, she is the antithesis of the mind/self, thus depicting "woman" in the extreme representation as "woman-too-much" (Bordo, 1993). This gives rise to other constructions of "woman" as talking too much, being too emotional and needy and taking up too much space. When a dualistic discourse converges with a patriarchal and misogynistic framework, a damaging construction of "woman" as uncontrollable, disruptive and essentially as the Other is consolidated. In this light, the anorexic position of taking up less space, eating less and rising above bodily needs may be seen as the ideal (Malson, 1998). The Cartesian discourse, by consolidating a negative construction of "woman", can be interpreted as producing the desire to control and ultimately eradicate the female body, thus leading to the widespread cultural practice whereby women engage in a process of bodily destruction through self-starvation.

The extent of participation in this form of self-punishment and self-destruction can also be interpreted in a Foucauldian framework dealing with power dynamics in society. Social control is exercised through knowledges or norms that are circulated through scientific, artistic and moral discourses and images, such as the norm of female slenderness. These norms and images are internalised by the individual, who then applies self-administered discipline and punishment if these social norms are not obeyed. Dominant cultural norms are hegemonic in the sense that their power operates through their ubiquity. The hegemonic power of these institutions and beliefs lies in the fact that they are so

omnipresent that they seem natural. In this way, the belief in slenderness in Western societies as the ideal feminine form is hegemonic as it is so widespread that many people accept it without thought. Social control is achieved through these underlying beliefs that result in some women adopting their own self-policing bodily practices and administering their own punishments when social norms are disobeyed (Lelwica, 1999). Of course, anorexia can be positioned at the extremity of this social norm, with the anorexic either unable to see that she no longer conforms to the ideal image or intentionally rebelling against it. This framework, however, appears to counter the belief that we are free agents, capable of rejecting social norms and also being able to change. While I have tried to show how Elizabeth has been influenced by social norms, I also suggest that she is capable of rising above them.

An analysis of these different discourses reveals the multiplicity of meanings that the thin anorexic body represents. It may be viewed as conforming to social norms of femininity and may also be construed as androgynous or boyishly thin. It may be regarded as small and childlike or as signifying a powerful and disembodied subjectivity. Ultimately, it may be seen as both a symbol of self-production and a form of self-destruction. Many anorexic narratives position anorexia in a positive construction as a search for identity, the corollary being that without anorexia the individual has no identity (Malson, 1998). In her quest to produce an identity, the anorexic is at the same time destroying herself on both a literal and metaphorical level. In one construction, the self is regarded as defective and unworthy, deserving punishment and, in this regard, not eating is a way of inflicting self-harm or self-punishment.

Furthermore, anorexia may be constituted as a means of becoming less visible, of fading away and not wanting to be seen but, from a Foucauldian perspective, a physical shrinking also may be discursively construed as becoming more visible. Thus, the anorexic body may be understood as both courting and evading the disciplinary gaze and as both resisting and conforming to social control (Malson, 1998). On a deeper level, it can be construed as a slow form of suicide, the ultimate punishment of a self that is hated. Along with this association to death and dying, the anorexic experience may evoke an out-of-body experience that has spiritual and other-worldly elements connected to its disembodied subjectivity (Malson, 1998). The link between death and femininity has been a source of inspiration in Western literature, such as Emily Bronte's Catherine Earnshaw, and in art as

encapsulated by John Millais' *Ophelia*. Malson argues that these discursive constructions are so prevalent in our culture, the anorexic body, with its deathly significations, may appear as the perfect solution to the many dilemmas faced by women in connection with gender, subjectivity and embodiment. However, this does not explain why adolescent anorexics, many of whom having little or no exposure to these depictions in art and literature, would be influenced in this way. Furthermore, I do not believe that most anorexics would regard their eating disorder as the perfect solution to their problems.

With so many different discourses on anorexia, it becomes apparent that it is a profoundly deep and contradictory field that can be construed in very different ways. Given that objective truth or knowledge itself has been established as problematic, since social practices and discourses actively constitute or form the objects that they describe, it becomes apparent that there is a multiplicity of truths about anorexia and a multiplicity of subjectivities signified by the anorexic body. Deconstructionist postmodernism moves away from the ideal of disembodied knowledge, declaring this an impossibility and instead positioning all knowledge as shifting between endless vantage points and readings, all of which are fundamentally unstable. Contemporary feminists, such as Susan Suleiman, cited in Bordo (p. 226), have postulated that modern feminism needs to go beyond not just the number one which suggests unity of body and self but the number two also with its implications of gender difference. Instead, it is necessary to address the multiplicity of narratives belonging to human interpretation. The fragmented postmodern body has been symbolised as a cyborg that constantly disassembles and reassembles itself as described by Donna Haraway, cited in Bordo (p. 227). While deconstructionism explicitly rejects some conceptions of knowledge, it does not infer that the body is nowhere at all but that it is somewhere needing to be represented by a heterogeneous reality. In line with this shift to a more heterogeneous and plural worldview, feminist scholarship may need to shift from describing male and female perspectives to descriptions that reflect the multiplicity of views apparent in modern society, for instance, men who identify more with the feminine than the masculine and vice versa.

"Frames" presents a multiplicity of perspectives, including Elizabeth as Lizzie, Beth, Eliza and Elisabetta. Each persona has its own distinctive character and coping style. Lizzie talks back to her parents, challenging them with her impudence, while Beth remains detached and somewhat aloof. Eliza comfortably adapts to her peer group, experimenting

with drugs and partying, unlike Elisabetta who is reclusive and wants to transcend bodily limitations. By the use of different frames or perspectives, the play depicts many aspects of the anorexic psyche and also various social and cultural situations that impact on the disorder; for instance, the modelling world in Act Two, Scene Nine, in which Elizabeth describes herself parading on the catwalk. Anorexia is thus presented as a multivalent disorder that embodies many converging points of view, and in this way, the body is represented by a "heterogeneous reality", as positioned by Haraway. Furthermore, "Frames" melds a plurality of styles to demonstrate this heterogeneous reality. Hence, my readings in deconstructionism and the fragmented postmodern body offer support for the play's stylistic approach.

Cultural attitudes towards the body also reflect the fragmented and contradictory nature of our times. As postulated by some theorists, our culture seems to espouse biological determinism, with genetic and chemical accounts presented for a diverse range of psychological disorders, and also cultural constructionism, with the body being inscribed and shaped by culture. Biomedical explanations of anorexia, which signify the importance of dysfunctional hormones, can in some ways be regarded as both sexist and reductionist, as they assume a concept of objective truth that is, in itself, problematic. Medical and psychological discourses can thus be interpreted on a philosophical level to construct anorexia in particular ways, rather than simply to describe a disorder (Malson, 1998). The feminist view that the body is a cultural form has been supported by poststructuralist perspectives, such as the Foucauldian view that prevailing power dynamics are constantly transforming to produce new forms of subjectivity (Bordo, 1993). Once again, this multiplicity of perspectives or frames in conceptualising anorexia supports the multiplicity of viewpoints presented in the play and Elizabeth's body can be seen as having been inscribed and shaped by culture.

Butler has postulated both a deconstructive and constructive theory of gender. In line with the deconstructive model, Butler postulates that gender categories are the effect of discourse rather than naturally occurring bases of identity. Her constructive view of gender theory analyses gender as "performance" and argues that parody is the most effective strategy countering gender's "binary frame". In this construction identity, rather than an expression of some authentic core self, is the result of the dramatic effect of our performances. The performative approach is both insightful and useful in exploring how

self and gender are constructed through everyday cultural artifacts, such as advertisements, interacting with the self. Butler's position differs from Foucault's: she argues Foucault believed in the notion of a "true body" while her antibiologicistic position categorically rejects the concept of the "natural", regarding discourse as foundational and the body as "text". In Butler's view, language consumes everything else and the body can be read as a text. Butler differentiates between two types of language or speech, that is, illocutionary, which she defines as doing what is said in the moment of saying it, and perlocutionary, where speech acts produce certain effects as their consequence. For the latter form, she includes examples of aggressive language, which, in representing violence, become a form of violence. Illocutionary acts produce effects because some words are performative, as in the example where a judge says "I sentence you". She quotes MacKinnon's view that the re-speaking of some words "functions as the frame and the compulsory scripting of the act, in a sense, to the extent that the frame orchestrates the act, it wields a performative power" (Butler, 1997, p. 67).

In "Frames", Elizabeth states in therapy: "Just like it was me who got it wrong all those years ago when I caught you" (Act Two, Scene Six). As soon as she utters "I caught you", Ken's affair becomes public knowledge and, in that instant, Barbara knows that she will divorce him. Hence, the word "caught" is illocutionary. An example of the frame orchestrating the act is also apparent in the play in Act One, Scene Two, when Elizabeth "frames" her family and says "Meet my family". Both on a literal and metaphoric level, the frame wields performative power. The audience is primed to feel that it is being introduced to her family and its attention is focused on the family's dynamics. Finally, Elizabeth's body can be positioned as text, depending upon the discourse or frame employed to understand anorexia; for instance, her body may be read as strong and controlled when seen through a philosophical frame that posits anorexia as a transcendence of bodily needs.

Rorty, using his pragmatist approach, attempts to circumvent the appearance-reality distinction with the view that the quest for knowledge should move from the status of end-in-itself to that of being a means of promoting greater human happiness. This shift in paradigm stems in part from his work on studying the illusions and pretensions of epistemological objectivity and neutral judgement, given that official accounts need to be seen as the products of historically situated individuals with class, race and gender interests. He argues that the Platonic quest to "get behind appearance to the intrinsic nature of reality

is hopeless" (Rorty, 1999, p. 49). He finds that language is not a medium of representation but more "an exchange of marks and noises, carried out in order to achieve specific purposes" (Rorty, 1999, p. 51). He argues that it is not that language cannot represent accurately, it is more the case that language cannot represent at all. A pragmatist approach to the appearance-reality dilemma is to argue that we need not ascribe knowledge to vision, as in sensory perception, but should instead regard our sensory organs and ideas as tools for manipulating objects, once again attempting to transcend the distinction between knowing things and using them. The main interest of Rorty's philosophical stance, from my perspective, is the distinction made between the apparent and the "truth" and his relativist position regarding knowledge.

Religious, spiritual and cultural factors

The shift from religious to secular values has been discussed in the historical section of the essay. My reading of various narratives written by people who have battled anorexia suggests that physical hunger has become a metaphor for an underlying spiritual hunger. Hornbacher talks about being hungry, lost and frightened, with a need for "religion, salvation, something to fill the anxious hollow in our chests" (Hornbacher, 1998, p. 118; Lelwica, 1999). Lelwica comments that our current focus on eating disorders often reflects the very mentality that is embodied in these problems, namely a style of thinking that tries to control the unknown and reduce ambiguity, which obfuscates the spiritual dimensions of anorexia (Lelwica, 1999). Furthermore, given that traditional religion wields less power than it held previously, a plethora of secular ideals, images, beliefs, practices and rituals have emerged to replace traditional Christian disciplines but these, in some ways, resemble them. However, these contemporary disciplines and rituals, which centre on appearances and bodily appetites and involve regimes of dieting and exercise, have themselves constituted an ultimate frame of reference that Lelwica describes as a secular salvation myth. This salvation myth particularly interests me in relation to "Frames", given that Elizabeth practises many rituals and beliefs regarding exercise and food. Furthermore, Barbara's attempt to control her daughter's eating disorder when she discovers it, indicates an attempt to control the unknown, rather than explore its spiritual dimensions. Another point of interest to "Frames" is Lelwica's description: "This frame becomes a prison in the

lives of those whose energies become trapped inside its narrow lines" (Lelwica, 1999, p. 5). However, while this new consumerist culture has increased the realm of possibilities for women and engendered a plurality of truths, it has not diminished the need for a sense of meaningfulness in these women's lives.

In contemporary times, in Western democracies, religious questions about the meaning of life have been left to the individual or have been reduced and commodified in a consumer capitalist context. Many theorists have drawn comparisons between the fanaticism demonstrated by girls in pursuit of the perfect body and religious fanaticism, with some calling the pursuit of slenderness the "new religion" (Lelwica, 1999; Seid, 1994), while others draw parallels with religious cults (Hesse-Biber, 2007). The spiritual hunger associated with anorexia has been attributed to the embodied effects of living in a society that is still driven to some extent by "dualism and domination: of spirit over body, men over women, thought over feeling, white over coloured, individual over community, rich over poor" (Lelwica, 1999, p. 7). In this context, anorexia can be understood as a crisis of meaning, as a symbolic, ritualising attempt to construct hope and fill a void in a dominant culture that leaves many women feeling a sense of emptiness and meaninglessness.

While traditional Christianity may have associated women's appetites and bodily cravings with sin into the world, as an interpretation of the Adam and Eve biblical story, and the consequent need to transcend bodily needs in order to be saved, Lelwica argues that this current absence of religious connection has engendered a loss of meaning in many women's lives. However, traditional Christianity, with its history of female oppression and marginalisation, would need to transform itself away from these legacies in order to provide the spiritual nourishment that is needed by women today. While positing the spiritual dimensions of eating disorders, Lelwica describes her approach as deconstructivist, interpretive and critical, by its very nature unable to provide positivist proof as it entails considering the unknowable. She refers to the shallowness of the dominant cultural ideals and the need to present alternative images, symbols and visions that can nourish spiritual hunger. Given its strong connection to the body ideals constructed and transmitted in a patriarchal capitalist culture, anorexia cannot be regarded as just an individual pathology or disease.

As Lelwica argues, modern science has shifted the focus from the state of one's soul to the state of the body as a reflector of one's inner state (Lelwica, 1999). By promoting

slender ideals, a symbolic ideal is actually being inculcated. Lelwica suggests that anorexics may regard the dematerialised bodies of model women as spiritual and offering a pathway to transcendence that will lead to salvation. In this sense, the slender ideal becomes a quasi-religious fantasy that leads from the mundane to the mystical, promising fulfilment. Some narratives written by anorexics refer to the seeming salvation promised by suffering and the ascetic or holy nature of this ability to withstand pain. Hornbacher describes the symbolic meaning of disordered eating as an expression of the penance women feel that they must pay for the empowerment that they seek (Hornbacher, 1998; Lelwica, 1999).

As described by Seid (1994), the anorexic obsession with thinness shares many symbolic meanings with the moral codes and rituals of traditional Christianity and, in this way, the pursuit of thinness borders on the religious. Interestingly, Lelwica calls this "new religion", "Culture Lite", drawing together the superficial or light culture generated by consumer capitalism with the pursuit of thinness. The use of religious idioms and terms to sell Culture Lite, and the subtle re-framing that it employs, such as focusing on health rather than slenderness, is particularly concerning but not surprising in this context. An example of this is the focus on the health benefits of dietary products, rather than their slimming effects. Advertisements that adopt terms like "pure", "total", and "perfection" along with other religious motifs such as choir music and personal confession, are invoked to sell this new religion. A recent advertisement for low-fat Philadelphia swirls portrays an angel, sitting among clouds, and eating cream cheese that is described as "heaven". Lelwica extends the metaphor further by referring to the state of "enlitenment" promised by producing this lean and lite body and, as she notes, capitalist thinking does not have a problem with using consumption to sell "enlitenment". Furthermore, she argues that what makes the pursuit of slenderness so compelling is that it gives women a kind of self-determination denied to them historically. Positioning consumerist ethos as the new religion further lends support for my depiction of Elizabeth as Elisabetta, with all its religious connotations.

However, while this new religion promises redemption and salvation, it fails to deliver any meaning other than a superficial one to its followers; even so, for women struggling with confusion, injustice, anxieties and longings, daily rituals can become extremely significant. In following them, however, as Lelwica concludes, it is not just

weight that is lost, but faith, trust and hope, compounding their sense of emptiness, alienation, powerlessness and despair. While low self-esteem has been signified as one of the causes of eating disorders, Lelwica describes it as the effect of living in a culture that fails to nourish the female quest for a sense of the sacred. The desire to transcend the physical and the limits of a female life and to enter the male-defined sphere of ideas and thought is often expressed in narratives by anorexics. By entering this world, they are able to escape the vulnerability and needs of embodiment. However, this split serves only to reinforce the dichotomy that they are seeking to escape. Hornbacher (1998) and Gottlieb (2000) narrate stories that suggest their hunger for spiritual nourishment and desire to enter a male domain.

The salvation myth promised by anorexia needs to be taken into account in any explanation of the illness. Hunger for a sense of fulfillment and well-being drives the anorexic's struggle and, in this sense, starving becomes a means not only to achieve "wellness" but also a sense of salvation. In order to move out of the "prison" of an eating disorder, Lelwica outlines the social and spiritual transformation that is required; namely, the development of an embodied and critical awareness, participation in counter-cultural communities and ongoing spiritual growth and vision. It is only through this growth and development that anorexics can acquire the meaning and fulfilment that are otherwise lacking in their lives. In "Frames" therapy is positioned as the means by which Elizabeth can escape the prison of her eating disorder. After therapy, Elizabeth re-builds her relationships with her mother and sister as depicted in the final scene of the play. I situated this reunion in a restaurant for a number of reasons. Firstly, it shows that food, which had been positioned as the source of Elizabeth's problems is now the means for their re-connection. Secondly, I am satirising restaurants that promote a healthy diet by serving small portions and "fresh" food that is presented in tins. By positioning the Fane family in this restaurant, I demonstrate how people are swayed by fashion, even when it is applied to food. Barbara wants to appear knowledgeable about current food trends by commenting "It's all the rage in Spain. Very chic.", which Elizabeth is happy to conform with as small portions suit her eating disorder. In contrast, Jackie challenges the absurdity of the restaurant by demanding a plate of bread to accompany her plate of ham or threatening to dine at "Maccas". I also suggest that current trends in Western gourmet dining contribute to the rise of eating disorders by rewarding restrictive eating. Even while Elizabeth is

recovering from her eating disorder and rebuilding family connections, she is being encouraged to limit her food intake.

While many standardised psychological tests and structured assessment techniques, as well as questionnaires, have been developed to ascertain psychosocial and medical correlates of anorexia, none of them adequately assesses religious and spiritual aspects of functioning and their relationship to eating pathology. As outlined by Richards, Hardman and Berrett (2006), faith and spirituality form a significant aspect of many people's lives and should be considered for the following reasons: to better understand and empathise with patients' worldviews; to ascertain whether the patient's religious-spiritual orientation is having a detrimental effect on them or, alternatively, whether their belief system can be mustered as a resource to help them and, if so, which spiritual interventions would be appropriate; and, finally, whether patients have unresolved spiritual doubts, needs or concerns. They further identified the following dimensions as being significant in working with eating disorders: metaphysical worldview, religious affiliation, religious orthodoxy, religious problem-solving style, spiritual identity, God image, value-lifestyle congruence, doctrinal knowledge and spiritual maturity. Therapists can use information gleaned from this type of assessment to uncover and clarify hopes and desires about how their patients would like their spiritual life to be, to use these as goals and also to find out what patients are placing their faith in; for instance, women with an eating disorder often place their faith in this eating disorder. With this knowledge, the authors argue, the therapist can help them to place their faith in themselves, God, others who love them or their future, as a strategy to shift their faith from the eating disorder.

Other research has uncovered ten false beliefs shared by eating disordered women that prevent them from genuinely connecting with other people and with God. These beliefs are listed as:

- the eating disorder will provide control of life and emotions
- the eating disorder will effectively communicate pain and suffering
- the eating disorder will make the person exceptional in both a "better than" and "worse than" others manner
- the eating disorder proves that the person is bad and unworthy and deserving of punishment

- the eating disorder will bestow perfection, by having self-control over their bodies, and will make up for other areas of perceived imperfection
- the eating disorder gives comfort and safety from pain, although on a temporary basis only
- the eating disorder provides a sense of identity
- the eating disorder compensates or atones for the past
- the eating disorder allows avoidance of personal responsibility for one's life
- the eating disorder bestows approval from others (Hardman, Berrett, & Richards, 2003).

By identifying the beliefs that are dominating their clients' thought processes, therapists are able to help challenge these beliefs and replace them with healthier ones. They have also found prayer, consistent with a client's religious tradition, to be positively associated with healing, well-being and happiness. Harnessing the healing potential of clients' faith and spirituality has been found to be an important part of the recovery process.

Smith et al., (2003) summarise research that indicates a link between spiritual influences and recovery from eating disorders, with some attributing faith and spirituality as facilitative in healing (Garrett, 1998; Smith, Hardman, Richards, & Fischer, 2003). These researchers evaluated the effects of religious affiliation and intrinsic religious devoutness, that is, the holding of religious beliefs prior to the study, on treatment outcome for eating disorders, but they did not find a significant correlation between these factors. More importantly, their research indicated a significant positive relationship between gains in spiritual well-being and positive treatment outcomes with subjects developing healthier attitudes towards eating, body image and a decline in other psychological symptoms. However, as they themselves point out, such correlations do not prove that spiritual factors caused these improvements. Furthermore, their research does not detail how these gains in spiritual well-being were achieved, nor does it clearly differentiate between religious and spiritual factors.

It is apparent that there is a need for more research to be conducted in order to fully explore the relationship between spiritual healing and eating disorder recovery. An overview of this area suggests that one's spiritual and philosophical perspectives on life impact strongly on psychopathology, especially in the area of anorexia, where one's beliefs and frameworks directly affect self-image. As suggested by Christ (1986), cited in Shisslak

and Crago (1994), women's spiritual quest can help lay the foundation for their quest for equality, respect and freedom and the narration of women's stories is an essential part of this spiritual quest. According to Stone, also cited by the latter researchers, the suppression of women's *rites* has led to a suppression of women's *rights* (Shisslak & Crago, 1994). Without the telling of women's stories, the complete array of causative factors for disorders, such as anorexia, will continue to be unknown.

An anthropological frame

As discussed in earlier chapters, anorexia has typically been regarded as a Western cultural illness or Western Culture-Bound Syndrome (CBS), generated by cultural values, beliefs and social organisations (Lee, 1996) and, as such, it focuses attention on the central ills of our culture (Bordo, 1993). Therefore, a reading of the meaning of bodies becomes a complex matter, given the differences inculcated by race, class, gender and ethnicity. However, mass cultural representations that typify Western society have a homogenising effect by smoothing out all racial, ethnic and sexual differences, promoting instead the expected and usual Anglo-Saxon image. Alternative images that employ different models, such as African American, are re-framed as exotic or are selected on the basis of how well they conform to light-skinned, Anglo-featured models, thereby setting limits on the validation of "difference". Routinely, female role models alter their appearance, through cosmetics or cosmetic surgery to conform to the dominant image society venerates and, in so doing, they iron out differences due to their ethnicity and cultural background.

Bordo argues that once we move away from this homogenising Western cultural image, we find a diversity of images that are shaped by ethnic, national, historical and class parameters, to name but a few. As previously outlined, the earlier Anglo-Saxon model of beauty was more buxom with numerous portraits and paintings exalting a voluptuous appearance and people from Greek, Italian, Eastern Europe and of African descent considered this more fleshy look appealing. While Western culture also promotes a buxom and voluptuous appearance, fashion magazines, which arguably have a strong influence on young women, favour the slender frame. Of course, it should also be noted that historical paintings and portraits do not necessarily ascribe value and meaning to what they depict, so it is difficult to accurately interpret what these paintings and portraits tell us about their

culture. Poverty has also had a profound effect on considerations of feminine beauty with body size becoming a signifier of social status in countries such as India and Africa, where thinness is often associated with deprivation and lower socioeconomic status. Bordo presents her own family background as an example, describing how her father, the son of Jewish-Russian immigrants, checked to see if she had eaten enough after each meal, preferring her to be plump, as thinness indicated poverty.

There is considerable evidence linking increased rates of anorexia with ever-diminishing slender ideals portrayed by Western cultural models. Until recently, the specificity in distribution of diagnoses of anorexia in terms of ethnicity and socioeconomic class indicated a strong cultural influence (Brumberg, 1989; Malson, 1998). However, with the proliferation of Western cultural values across diverse ethnic backgrounds and socioeconomic class, anorexia is becoming more prevalent across all socioeconomic and ethnic backgrounds with research indicating that eating attitude is correlated with degree of acculturation to these Western thin-ideals (Malson, 1998). Markey (2004) indicates that there is a near universal vulnerability to eating disorders and body image concerns. In societies of extreme poverty, anorexia is not a significant problem. Furthermore, as has been previously suggested, anorexia may be understood as expressing a cultural conflict between mass consumption and normative thinness, between the indulgent "consumer-self" and the more controlled "producer-self" as portrayed in a capitalist framework (Bordo, 1993; Brumberg, 1989; Malson, 1998). If linked in this way to consumption and capitalism, then anorexia may be construed as a CBS with roots in Western cultural values and conflicts (Behar, 2007).

Cultural definitions of social roles also impact upon eating disorders, as cultures in which women have a restricted role, such as some patriarchal Islamic societies, are associated with lower rates of eating disorders. Behar (2007) cites research that indicates that societies in which female choice and freedoms are extremely limited have virtually no incidences of anorexia (Behar, 2007). On the other end of the spectrum, cultures that encourage women to be assertive, self-directed and active publicly as well as within the family, such as African-American and Jewish cultures, engender an independence in women that is not consistent with eating problems (Thompson, 1994). However, some research has shown that anorexia is beginning to cross the socioeconomic and cultural divide, appearing in diverse cultures from Africa to the far East (Lee, 1996).

With expanding globalisation of communication technology, anorexia is now considered to be more linked with the culture of modernity, characterised by an internationalised socioeconomic stratum, increased affluence, universal "fat phobia" and a dissemination of biomedical technology that has, ironically, helped to propagate the condition through measures that were intended to prevent it.

Other cross-cultural research, by Ma (2007), indicates that eating disorder symptoms reflect more about an adolescent's struggle to adapt to a rapidly changing society than just the adoption of Western cultural beauty standards. This study, conducted in Shenzhen, examines the meaning of disordered eating behaviours in China, which have developed rapidly but not evenly over the past couple decades, exposing a rift between the highly modernised, upper socioeconomic class and the lower socioeconomic class, which is permeated with traditional cultural beliefs and values. The rising incidence of eating disorders appears to be linked to a shift in young people's sense of identity, moving from family and relationships with the community to a greater focus on self and the body. However, Ma points to limitations in the study, given the small sample size of ten families and her possible interpretation bias; her background is middle-class Hong Kong and more Western than the subjects studied who came from the more traditional Shenzhen.

In a fascinating study by Gooldin (2008), a heterogeneous group of both secular and orthodox Jewish and Palestinian Israelis were interviewed to provide insight into the embodied realities and lived experiences of being anorexic in a different social culture from that typically represented by the bulk of research into anorexia. This study, employing ethnographic methodology, is described by Gooldin as an anthropological exploration of anorexia from within, that is, of the embodied knowledge from the lived experiences of anorexic women in Israel. Gooldin argues that the experience of hunger and its associated symptoms of pain and suffering were transformed in the anorexic experience to feelings of self-efficiency, achievement and power, also described as a form of heroic "selfhood" in which anorexics construct a "heroic moral subjectivity" around their hunger. This construction is consistent with a "patho-normal" interpretation of anorexia, that is, the condition arises from normal circumstances of dieting that anorexics have found gratifying.

Narratives that challenge the notion that anorexia is a mental illness, recontextualise anorexia in terms of normalcy, beginning with a normal diet and proceeding to an ascetic phase in which pleasant aspects of starvation are experienced, that is, feelings of

independence, emancipation, specialness and power. The dialectical nature of hunger means that it is experienced as both painful and pleasurable, thereby positing the overcoming of hunger in the Israeli cultural context as an act of heroism. This is reinforced by narratives that compare the anorexic experience with that of the soldier fighting to survive in difficult circumstances, where "self-inflicted hunger is experienced as a heroic way of being in the world" (Gooldin, 2008, p. 19). Gooldin argues that anorexia would be experienced and understood differently in other cultures, such as Japan and Mexico, and it is therefore crucial to use an ethnographic approach to understand the meaning of anorexia in diverse cultures and to bridge the gap between anorexic narratives and feminist epistemologies (Gooldin, 2008).

From an anthropological viewpoint, a construction of femininity and gender must consider the effects of race, class, ethnicity and sexual orientation in understanding eating disorders. By analysing how diverse populations of women deal with body image issues and eating problems, we are able to gain a broader perspective of the social conditions and inequalities that lead many women to regard eating disorders as the "logical" solution to more deep-seated social problems (Hesse-Biber, et al., 2006; Thompson, 1994). It has been argued that some health issues are systemic issues with economic, political and social dimensions on a regional, national and global level, thus demanding systemic solutions (Hesse-Biber, et al., 2006). My reading of anthropological texts has reinforced my belief that anorexia is a CBS and further supported my decision to set "Frames" in a middle-class, Western home.

A narrative frame

At school we were hungry and lost and scared and young and we needed religion, salvation, something to fill the anxious hollow in our chests. Many of us sought it in food and in thinness. We were very young at a time in our lives when the search for identity, present and future, was growing intense, the hunger for knowledge and certainty extreme. Many of us came from less-than-grounded families. We were living inside a pressure cooker, competition tough, stakes very high, the certainty of our futures nonexistent, the knowledge that one is choosing a difficult life clear and

the awareness that one's chances of "making it" were slim. This created, quite simply, a hunger for certainty.

We lived in a larger world where there is also a sense of hunger and a sense of lack. We can call it loss of religion, loss of the nuclear family, loss of community, but whatever it is, it has created a deep and insatiable hunger in our collective unconscious. Our perpetual search for something that will be big enough to fill us has led us to a strange idolatry of at once consumption and starvation. We execute "complicated vacillations ... between self-worship and self-degradation," the pendulum swinging back and forth, missing the point of balance every time. We know we need, and so we acquire and acquire and eat and eat, past the point of bodily fullness, trying to sate a greater need. Ashamed of this, we turn skeletons into goddesses and look to them as if they might teach us how to not-need.

(Hornbacher, 1998, pp. 118-119)

This quotation from Marya Hornbacher's memoir *Wasted* encapsulates some of the dilemmas and struggles associated with anorexia, such as, a sense of emptiness, a lack of meaning and a hunger for spiritual connection and certainty. It also alludes to the dialectic between consumption and denial embodied by capitalism and the unstable sense of identity and self-esteem previously discussed in this essay. In order to understand better the embodied knowledges of anorexics, as described by Gooldin (2008), I read a number of memoirs that presented the "lived-in" experience of this disorder. While there were some similarities, there were also notable differences among them. In this section, I use a narrative frame to discuss accounts by anorexics or their families, analysing them for their resemblances to or differences from my depiction of anorexia in "Frames". Many of these stories are written in the first person and detail individual journeys undertaken in a quest for wellness. As they often delve into familial and social factors, I have found them particularly informative in relation to the experiences of many anorexics and the ways they attribute causes for their eating disorders.

Hornbacher draws from her own tumultuous experiences to present an evocative, moving, and enlightening account of the anorexic experience. She describes the difficulty of achieving a state of balance in the psyche and the discomfort felt about being needy. She

also depicts her dualistic battle between what she describes as the "weak self" (body) and the "powerful self" (mind). She refers to this splitting as "the history of Western culture made manifest" (Hornbacher, 1998, p. 124), rather than as personal psychosis. Furthermore, she describes the anorexic ability to withstand pain as ascetic and holy, drawing a parallel between modern day anorexia and the behaviour of medieval saints. Similarly, "Frames" draws this parallel by means of Elizabeth's persona, Elisabetta.

Hornbacher describes how pain became a pleasurable experience because of the core anorexic belief that she was unworthy and deserved to be punished; by feeling pain she was doing the "right" thing. Interestingly, in the context of "Frames", she describes the pleasure of "beating the hell out of a body shackled at the wrists and the pleasure of being the body and knowing we deserve each blow", providing justification for my depiction of self-flagellation in the script.

Hornbacher usefully explains key features of the anorexic experience. She says she was never "normal" about food or her body, which had always seemed like a "strange and foreign entity" (p. 13) and that she had always felt as if she were watching herself: "It's as if a part of my brain had split off and was keeping an eye on me, making sure I knew how I looked at all times" and as if it "were a separate thing inexplicably attached to her head" (p. 13). She recalls her memory of early years as veering between the sensate and the disembodied, further clarifying that she did not have many memories from the inside out but rather from the outside in, attributing this state of perception to her hatred of her body, which seems dangerous and is not to be trusted. Interestingly, she notes that she later learnt that this type of body experience is called "objectification consciousness" and that her own experience closely paralleled that described by other eating disordered women, who constantly perceive themselves through others' eyes.

The symbol of the mirror that I have used in "Frames" is also employed by Hornbacher, who describes her life as "a progression of mirrors" (p. 14). While her mother incorrectly attributed this to vanity, Hornbacher explains that she needed reassurance that she was still *there*. When applying make-up, she points to a sudden split in her brain, a feeling of being two girls and the corresponding "not-me" experience associated with this split. She notes that this became her dominant experience, that of ego and image, or body and brain, being separate, and she uses the psychoanalytic term, the "mirror phase", to describe her entire life.

Hornbacher describes her family background as chaotic and unpredictable. She never knew where she stood with people, especially her parents, and feared abandonment. Therapists noted later that she controlled her fear of loss by taking control of her food. She also developed elaborate self-protective systems including ritualistic eating behaviours that acted as a buffer between her and the world, countering her inability to believe that she was secure in herself or in the world. Hornbacher describes her inability to self-regulate, which she attributes to her parents' corresponding inability in this area. Interestingly, in the context of "Frames", she observes how her illness stopped her parents fighting, as she became their "common ground". The issue of control is highlighted by this narrative, with Hornbacher once believing that if she contained her body, she would be able to contain her self.

I also found Hornbacher's account of her theatrical background very useful. I had already written the first draft of "Frames" when I read her narrative; even so, her narrative helps justify a theatrical rendition of anorexia. Hornbacher describes how the theatre, besides fostering narcissism, forges feelings of inner emptiness that also allow an individual constantly to re-invent herself through the acting process. She takes this further with the metaphor that her body was no more than a costume that could be altered at will and that the changing of bodies, like costumes, would create for her a different character, one that would eventually be "right". By using the theatrical medium, I too was able to demonstrate ways a person with anorexia might adopt different personae in her quest for identity.

Hornbacher observes that she hated drawing hearts, that in her drawings they were never symmetrical but always disfigured, and suggestive of the lack of balance in her emotional world. She sums up her experience of her body by describing it as an undesirable appendage, something that did not seem to belong to her. When talking about her body, she would say "I have a body", not "I am a body", suggesting a state of disembodiment, rather than embodiment. Hornbacher also articulates the connection between her belief that she was not worthwhile and her belief that her life was also not worthwhile, further consolidating the link between the anorexic's low self-esteem and suicide. Finally, she describes eating disorders as a "crutch", a way of coping with the real world.

In *Thin*, Grace Bowman (2007), like Hornbacher, describes the different shapes or selves that she could adopt and the absence of a true sense of identity. Some of these shapes

or selves are given names, such as, thin-shaped, fat-shaped, child-shaped, controlled-shape and finally her out-of-a-shape state in which she does not know what she wants and is unable to make sense of anything. Her use of the term "shapes" could easily be substituted with "frames", further justifying the framing technique that I have employed in my play. Bowman also describes the numbing and nulling of the senses, where everything feels restrained, leading to the emergence of real feeling upon recovery. Although I wrote the first draft of "Frames" before I read this narrative, I found many resemblances between her descriptions and my own, which encouraged me to retain and further emphasise certain themes. One resemblance is Bowman's description of the dominance of inner voices, such as, the dieter's voice, the dieting industry's voice and the conglomeration of other voices that dominate Western culture. As Bowman states, all these other voices are so much stronger than one's own internal voice that has been trained to remain quiet and unobtrusive. However, as previously noted, Foucault argues that there is no "essential" self or voice; we are, to some extent, made up of many discourses. Bowman finds that one of the strongest and loudest voices is the voice that lauds the slender frame; she believed that her self-esteem would improve only by becoming thin (Bowman, 2007).

Jenni Schaefer separates herself from her eating disorder by naming it Ed which is also the abbreviation used by clinicians and researchers to describe eating disorders. In her narrative, partly co-written with Thom Rutledge, *Life without Ed: How one woman declared independence from her eating disorder and how you can too*, Ed is a powerful and dominating partner that she must divorce in order to gain control over her life. She describes how Ed wants her to conform to unrealistic standards of thinness. She further describes the paradox conveyed by Ed's message that if her weight is kept sufficiently low, she will be in complete control of her life. Furthermore, if she is small enough, she will be able to fit into any box, in order to hide away. This recalls "Frames", which depicts Elizabeth stepping inside the box of "frames" that she has constructed in order to hide away as well. Schaefer states that she must conform to Ed's rules or feel worthless; success can only be achieved if Ed is in control. As she comments, "Eating disorders are really about excessive control, painful perfectionism, and stubborn self-hatred" (Schaefer & Rutledge, 2004, p. 64). Ed tells her that she will only succeed in her musical career if she achieves a "superhuman" body first, one that is thinner than everybody else's. She describes the alliance formed by Ed and her inner persona, Ms Perfectionist, acted out by her starving

herself whenever she made a mistake, and she also refers to her emotional numbness, describing how she did not feel anything at all when she refrained from eating. In order to facilitate recovery, Schaefer created her own Declaration of Independence, in which she finally removes herself from Ed's tyranny to take control of her life.

Lucy Howard-Taylor does not acknowledge that need for control and media images significantly impact on eating disorders. From her perspective, "self-criticism, defeatism, an inability to deal with things, a need to absolve oneself of expectation, of one's SELF in its entirety – *they* are the building blocks" (Howard-Taylor, 1988, p. 98). She surmises that genetic loading has the greatest impact on the development of an eating disorder, with environmental factors acting as a spark or trigger. In a similar way to the other writers, Howard-Taylor describes the dualism of body and soul, indicating that her body and soul were beginning to forgive each other. Furthermore, in a similar way to Hornbacher, she describes the intensity of her feelings, how she experienced things and behaved in an extreme fashion. Her fascination with death also emerges when she describes how she pines for a slow suicide and calls anorexia a death wish. She alludes to her low self-esteem, indicating her feelings of inferiority and, in a manner reminiscent of Lelwica's account, points to the meaninglessness and insignificance of her life. Finally, she describes her feelings of having no *self* at all, with anorexia strangling whatever was left of her self. This reminds me of Elizabeth's description about her lack of identity (Act Two, Scene 11). There is some anger in Howard-Taylor's narrative, which seems to cloud her insight into her psychological functioning. She discounts the role of the media in eating disorders, but possibly there is a connection between her dualist thinking and the dualistic dialectic in the media, and she does not acknowledge the psychological links that may exist between feelings of inferiority and defeatism and a loss of control.

Portia De Rossi, who starred in the television series *Ally McBeal*, explores the effects of her modelling experiences on her attitudes to food and body weight in her memoir *Unbearable lightness: A story of loss and gain*. She observes that being surrounded by other aspiring models in her teenage years meant that she never considered her approach to food and weight as abnormal. She describes the reaction that she had to her counsellor's shock: "Suzanne's shock made me think she lived in another world, an unrealistic world where teenage girls were happy with their bodies just the way God made them and nourished them with the home-cooked meals their mothers made so they could grow up to

pursue a career knowing that what a girl accomplished was of far greater importance than how she looked" (De Rossi, 2010, p. 171). This encapsulates the normalising effect of media advertising and social knowledges, described by Bordo, Malson and, more recently, Tankard Reist (2009), that encourages young girls to believe that the way they look far outweighs what they may accomplish. It also suggests that they are not naturally beautiful but must use artificial means. De Rossi describes the moment she realised that she was no longer in control of the one thing that she thought she was able to control in her life, namely, her food intake. She describes this loss of control as an addiction. It was this addiction that allowed her to engage in punishing routines of exercise that helped her regain control of her weight. Given the thin body size demanded by her work, De Rossi's obsessive relationship with food and exercise kept her in shape for her role, which further reinforced her anorexia. She alludes to an almost symbiotic and enmeshed relationship with her mother and comments that she did not want to put on weight, so that she would be the "hero" her mother wanted her to be: she had conquered "the beast that threatened our sanity, our relationship, and our self-worth" (p. 189). De Rossi describes the necessity to present well to her mother by cultivating an extra skinny body. Despite her celebrity status, De Rossi explains that she had difficulty accepting she had anorexia, believing that "it was a disorder of the highly accomplished, cultured, beautiful" (p. 230), that is, of people like Princess Diana. Furthermore, she notes that she had secretly been in awe of the "super-human self-restraint" necessary for anorexia (p. 230), a sentiment echoed by Elizabeth in "Frames" as she attempts to transcend her bodily needs (Act Two, Scene Eleven).

For De Rossi, the battle to accept her anorexia was compounded by her lesbianism and her feeling that she had failed to live up to her mother's expectations. As part of her healing journey, she found that she had first to acknowledge that it was not her mother who disapproved of her, but her own self-hatred. This, of course, raises the question about what caused her self-hatred originally. Once she had overcome her self-hatred and the recovery process had begun, she could see that anorexia had crept up on her "disguised as a healthy diet, a professional attitude" (p. 277). The link with identity is confirmed by her statement "Without anorexia, I had nothing. Without it, I was nothing. I wasn't even a failure; I simply felt like I didn't exist" (p. 278). Interestingly, she notes that in gaining weight and embarking on her journey of recovery, she felt that no one was listening to her anymore, that no one cared, as if people only cared for her when her life was threatened. She also

describes her shame in realising later that she had "succumbed to the oppression of the mass media, telling me what was beautiful, how to look, and what to weigh" (p. 286) and, in so doing, had compromised her success, independence and quality of life. Elizabeth has a similar epiphany when she accuses the audience, which can be understood as representative of the general populace, of telling her how she should look and of setting the bar too high (Act One, Scene Nine).

Another narrative that resonates with themes in "Frames" is told by Tara Haggiag in *A broken jigsaw: A child's perspective*. Haggiag describes how her childhood innocence ended at the age of eight when her grandfather commented that "when she loses her puppy fat she will be really beautiful" (Haggiag, 2000, p. 4). This was compounded by peer comments and dieting fads. When she was awarded the star role in a school play after losing weight, she attributed this reward to her weight loss, which further reinforced the need to remain thin. Like Elizabeth in "Frames", she became sensitive to the arguments between her parents, with food refusal representing a way to achieve control over her life. She also describes her parents' inability to express unconditional love. Haggiag finds a diversity of factors contribute to anorexia in children, such as, "parental relations, school pressures – including academic expectations and relationships with other children, media images that are often absorbed unconsciously, and an extremely negative self image" (p. 9). The isolation and sense of imprisonment that Elizabeth describes in "Frames" (Act Two, Scenes Nine and Eleven) resonates with Haggiag's: "I feel as though I'm in a box with a lid shut as tightly as can be, open and shut, open and shut, but the lid never opens for me" (p. 5). As mentioned before, I had written the first draft of "Frames" before I read these narratives and was surprised by the number of times "the box as a prison" metaphor was used in them, although, of course, this metaphor is very appropriate.

I also found it interesting to read the research gathered by Dignon et al. (2006), who provide stories of fifteen patients in response to the question "What would you say were the causes of your illness?". Their answers indicate a complex series of social and psychological factors, with patients alluding to the importance of social institutions, such as school, family and the media, as contributing factors. This study employed a positivist form of grounded theory, in which the respondent is regarded as a passive source of objective knowledge. Dignon et al. acknowledge, however, that the interviewing process actively transforms the social world that is being studied, but, despite acknowledging this influence

and that of clinical discourse, they still decided to treat patient testimony as objective. They found the underlying themes of unhappiness, control, being in a downward spiral, obsession and perfectionism to be significant, with patients using food control as a strategy to address their unhappiness. Gaining control over their food promoted feelings of enjoyment and pride and helped counter a fear of a loss of control. Further restrictions on food intake led to greater enjoyment, leading to a dangerous spiral as well as obsessiveness (Dignon, et al., 2006).

Useful information about anorexia and self-harm in youth has been gleaned not only from individual testimonies of anorexics but also from the families who have lived with them (Alexander & Le Grange, 2009; Dunbar, 1986; Gottlieb, 2000; Poser, 2005). This information is important in deepening our understanding of these disorders, and it has also influenced therapy settings, so that patients may be asked to write or construct alternative stories of their lives, which allows them to re-write the life script or "plot" that has confined and restricted their choices previously (Monk, Winslade, Crocket, & Epston, 1997). In narrative therapy, the client is encouraged and guided to deconstruct the current "thin" story of their lives and to create an alternative "thick" construction that allows them to view themselves and events in a more positive and empowering way.

If we can conceptualise our lives as constructed or scripted, as a narrative framework suggests, then it is appropriate and suitable to use the play script to present Elizabeth's story. "Frames" dramatises the script Elizabeth has constructed from her life. It also suggests that the anorexic's script can be re-written and that they can construct a different life story. In this way, we can conceptualise the disorder as a problem in the script chosen by the anorexic who must be guided and helped to re-write her script in order to achieve a better outcome. The scripts that we live by have a multiplicity of meanings and plots. The anorexic script demonstrates how faulty beliefs and perceptions come to govern the lives of those who hold them, but, like any script, the individual has the choice to re-write and perform a different story.

Chapter Four

Plays relating to anorexia and self-harm

There is a dearth of theatre exploring the themes of anorexia and self-harm in youth, most likely due to the complexity of these issues and the difficulty of representing them in a form that will engage an audience. While there may well be other scripts that I have not located, as they may be unpublished or inaccessible for other reasons, this chapter focuses on the six scripts I did find and which help me to contextualise "Frames" by reference to their similarities and differences. I accessed these scripts after I had already written the first draft of the play and so they did not alter my original concept. This was important to me as I did not want to be unconsciously influenced by other representations. Reading them afterwards allowed me to check on the originality of my work and remove or revise unnecessary similarities to other scripts.

"Smoke and mirrors" is an unpublished theatre script by Sue Murray (1985), accessible through the Australian Script Centre. It employs the extended metaphor of a circus to simulate the anorexic way of thinking, so that distorted mirrors reflect the anorexic's distorted body image, magicians perform disappearing tricks and show-ponies represent the modelling and fashion industries and their effects on body image. Fairy tales, such as the Cinderella story, and toys, such as Barbie dolls, are also portrayed as images that impact upon the anorexic experience. I employ similar images in "Frames" as well as concave and convex mirrors that reflect the "fat" and "thin" perspectives, with a normal mirror representing the recovered and "correct" perspective. My play satirises Barbie and Ken dolls by its depiction of Barbara's and Ken's limitations. In contrast to Murray's play, the "doll" image in "Frames" is presented as "living dolls" and the key metaphor is the frame, with its multiple meanings.

Wendy Harmer's play *What is the matter with Mary-Jane?* (Harmer, 1996) is a cleverly constructed monodrama that explores the beliefs and emotional world of a woman battling both anorexia and bulimia. It is based on the life of Sancia Robinson, an Australian actress, and demonstrates the manipulations and distortions that anorectic thinking produces. With Sancia denying her disorder, she is forced to find many excuses to explain why she cannot join her friends for dinner, while carefully avoiding any reference to an eating disorder. Similarly, in "Frames", Elizabeth avoids social contact that involves food,

while at the same time denying any pathology in her eating behaviour. Another similarity is our use of monologues: these are interspersed in "Frames" to present Elizabeth's inner dialogue and thoughts that shift between the child's and teenager's perspectives. Deploying a child's persona enables me to pinpoint the moment and the experience that truncated Elizabeth's maturation; namely, discovery of a text message that suggests her father is having an affair with her friend's mother, Chrissie. When she challenges her father about this, he lies to her and tells her not to say anything to her mother. Harmer uses direct address to present Sancia's inner thoughts and conflicts. While I employ a similar device, that is, the direct address, I use it in a different context with its purpose being to bridge different time periods in Elizabeth's life and also to show that these different personae co-exist within teenage Elizabeth.

Mark Wheeler's play *Hard to swallow* (Wheeler, 1991), produced by Oaklands theatre in England, is an adaptation of the memoir *Catherine*, by Maureen Dunbar. Catherine Dunbar died from anorexia at the age of 22, and the memoir is written from the perspectives of her mother, father and brother, while also including excerpts from Catherine's diary (Dunbar, 1986). The play draws heavily on the memoir and often quotes from it. Its unwavering realism is broken only by occasional stylised scenes based on the billy-goat fairy tale, which are used to symbolise the anorexic's struggle to "cross the bridge" to the other side of her disorder. This intensely biographical style is both the play's strength and its weakness, as it is constrained by the events and circumstances that it describes. It has limited character development and does not adequately convey Catherine's emotional response to the events that shape her life. While I was inspired to write "Frames" by my niece, and was influenced to some extent by the circumstances surrounding the development of her disorder, I refrained from adopting a biographical mode so that I could explore this topic freely, without feeling constrained by biographical detail.

Dealing with the broader theme of self-harm, *4.48 psychosis* (Kane, 2001) is an autobiographical study by Sarah Kane, an English playwright who suicided in her twenties. This powerful drama reads like a prolonged suicide note, encapsulating her struggle with conflicting issues as she formulates her suicide plan. Written in an intensely personal, stream of consciousness style, it delves into deep, unresolved psychological conflicts. As the protagonist unravels, we are left wondering about the broader circumstances that have driven her to this precipitous point. While "Frames" explores some of the inner conflicts

and conundrums experienced by an anorexic, as for example, in Act One, Scene Nine, it focuses on family, social and cultural dynamics to suggest their aetiological importance in much self-harming behaviour.

Also focusing on self-harm and suicide in youth, the Australian film *2:37*, produced and created by Murali Thalluri (2006), is an emotionally charged and gripping portrayal of the lives of six teenagers as they grapple with some significant issues, including bullying, drug use and unwanted pregnancy. While eating disorders are touched upon, they tend to be lost amid other highly charged emotional issues: *2:37* is the time that one of the teenagers commits suicide but the audience is never sure who will commit the act as the bleak scenario suggests that each one of them is at risk and equally motivated. In *"Frames"*, there is also ambiguity about who is most at risk from acts of self-harm, Elizabeth or her friend Ben. In contrast with *2:37*, an audience watching *"Frames"* is not primed to anticipate that either of them will die, although Ben's confused and depressed emotional state leads him to make subtle comments that could be interpreted as suicide threats, as in Act Two, Scene Five.

While conducting my field research, I met and interviewed a Perth social worker, Laura Crook, who has written a play called *"Unravelling her"*. The play, performed in 2007 (which I saw on DVD in 2010), utilises different actors to represent the many facets of the anorexic protagonist. In this way, it can be seen as a psychodrama, with inner conflicts being acted out so that the audience is drawn into the controlling and ritualistic aspects of the disorder. Crook refers to the play as a "creative documentary on stage" and suggests that it provides a way in, through and out of the disorder. It both exposes and deconstructs the anorexic style of thinking and Crook, who has herself recovered from an eating disorder, describes the process of writing as both therapeutic and cathartic. She observes that eating disorders are about fear, protection and power, themes that are also explored in *"Frames"*. Elizabeth expresses a fear of ghosts in Act Two, Scene Six and seeks refuge in the "box" of frames. By means of self-denial and self-flagellation, she gains control and power over her life, even if this power is ultimately illusory. In *"Unravelling her"*, the battle between control and lack of control is externalised through the depiction of twins who embody these contradictory forces. *"Frames"* conveys these forces by depicting conflicting sides of Elizabeth. The anorectic need for perfection is an underlying theme in both *"Unravelling her"* and *"Frames"*, with Crook using a meta-fictional device that allows

her to discuss the writing of the play: it must be a perfect piece of theatre or nothing at all. Crook also talks of her fear of being greedy or taking up too much space by creating the play, once again alluding to the anorexic urge to "fade away" and become invisible. Although it is a powerful exploration of eating disorders, "Unravelling her" does not aim to suggest circumstances that might trigger the disorder and, in this way, differs from "Frames".

Through Bridges, I heard about a play entitled *Beginner at life* by New York-based playwright Alana Ruben Free (2009). This play was produced in Australia by Free in 2010, and I contacted her to obtain a copy of the script. *Beginner at life* requires one actor to play multiple roles, for the protagonist, Eden, enacts the different characters that have influenced her journey. The importance of connection is alluded to from the beginning of the play when Eden talks of her desire to feel connected. It soon becomes apparent that she not only feels disconnected from other people, but also from her own body. To portray this, she cites the Jewish parable from Genesis in which the child upon birth forgets everything that was known before birth. In a humorous way, Eden explains how the angel that indented her mouth, precipitating the memory loss, deleted the wrong files, thus permitting her to remember spiritual aspects of life while losing basic human desire for food, money and sex. After a detailed portrayal of how she lost her virginity, the drama turns to anorexia and the state of disconnection that it generates, a theme also explored in "Frames". Eden describes her feelings about her eating disorder, indicating that the weaker and smaller she became physically, the safer she felt. I wondered if Free is suggesting that there is a link between Eden's weight loss and her loss of virginity and whether this interpretation may also apply to Elizabeth. Eden also describes some of the family dynamics leading to her disorder and the power struggles over food between her mother and herself. Once again, anorexia is shown to be both protective and imprisoning, with Eden clearly describing it in this way. The struggle between life and death is also depicted, with Eden choosing to live. Broader sociocultural themes are alluded to, with one of the characters enacted by Eden indicating that if women are kept busy trying to alter their bodies, they will have no time to change the world.

Due to its monologue style, Free's play reads like a narrative: Eden describes her feelings and events that changed her life. Free also reconstructs events that the character, Eden, acts out. At one point, Eden enacts a television advertisement that depicts thinness as

the criterion for femininity and desirability. The cultural meanings of obesity and thinness are explored in this play, with weight gain being described as counter-culture, feminist and rebellious and self-denial or thinness as conforming to social pressure. The play begins and ends on a yoga mat, with Eden finding peace and balance. While *Beginner at life* deals with some of the themes explored in "Frames", its style is very different, given that it is all based on a direct address technique. The plays are also pitched at different audiences, with "Frames" designed for a broader audience base that includes youth, while Free's play is primarily pitched for an adult audience.

While there are some similarities in themes between the scripts considered here and "Frames", there are also significant differences in the way these themes are presented and in the diversity of factors addressed. While the scripts explore similar behaviours and motivations driving anorexia, "Frames" focuses more on the psychological, philosophical and sociocultural factors precipitating anorexia and other forms of self-harm in youth. On account of its cross-generational content and because it traverses other subject material such as family relations, divorce and teen behaviours, its aim is to appeal to a broader audience in the sense that it would be suitable for families and younger people as well as a broad-based theatre audience.

Chapter Five

Situating "Frames"–international context

In order to understand better how "Frames" is situated in the theatrical tradition, I have studied a number of play scripts that demonstrate both similarities and differences in style, theme and form. Although I had already read and seen many plays before I commenced my postgraduate studies, my focus had been on well-known or classic texts and writers primarily. The work of some of these writers may have influenced "Frames", particularly that by Eugene O'Neill, Henrik Ibsen and Edward Albee. I commenced writing plays when I was thirteen, before reading any theatre scripts. My readings, starting from about the age of fifteen, now spread over some decades, and so any influences tend to be unconscious and identifiable only by speculation and in retrospect.

After writing "Frames", I revisited some classic plays in order to discern their possible impact and to ensure I had maximised use of available and relevant devices and techniques. I also studied Australian theatre, reading many plays that I had never seen or read before and some that I had only seen in production. It was interesting reading plays that I had previously seen, as I was able to compare the two processes. I found that reading provided me with a much better understanding of strategies and symbolism. Altogether, I read over seventy plays, and from this pool I have selected for discussion those that seem most relevant to "Frames". This process was especially beneficial as it provided a form of verification for "Frames" and enabled me to compare my use of theatrical devices and styles with the approaches of other playwrights. Although I did not change "Frames" substantially in response, this research provided me with a broader and deeper understanding of the range of theatrical styles and devices available to and deployed by Australian and international writers.

This chapter focuses on the structure and plot of selected scripts and illuminates theatrical conventions of "Frames", while also discussing its innovations in form and style. I draw on plays from diverse historical periods and places, saving a focus on Australian theatre for the next chapter.

In *A long day's journey into night*, which was first produced in Stockholm in 1956, Eugene O'Neill (1966) adopts a four act structure that covers one day in the lives of the Tyrone family, which comprises parents James and Mary and their two sons James Jr. and

Edmund. Interestingly, the play begins with James commenting on the weight Mary has gained. However, in contrast to Elizabeth's perception in "Frames", weight is regarded as a sign of health. It soon becomes apparent that health, both of a physical and mental nature, is a central concern of the play. A sense of foreboding is created by the script with hints about Edmund's deteriorating physical health and Mary's underlying drug addiction and mental health problems that again threaten to destabilise the family. These hints are constantly tempered by the family's attempts to discount and deny anything that reminds them of the realities they most fear; that is, the return of Mary's psychological illness and addictions and the true nature of Edmund's illness, which is incurable consumption. Furthermore, these hints suggest all is not what it seems.

This kind of rebuttal is also employed in "Frames", in scenes where Barbara reminds Elizabeth to eat (Act One, Scene Two) and where she denies there is a problem with Elizabeth's food intake (Act One, Scene Eleven). In a similar manner to James Jr. Jackie often attempts to undercut her mother's self-deception about Elizabeth's problems. Ironically, it is Jackie who later tries to block the admission of her father's infidelity in the therapy scene (Act Two, Scene Six) because she realises the ramifications of such a disclosure. O'Neill's character, James Jr. also constantly oscillates between challenging his family's self-deception and propping up the deception in order to keep the peace. Eventually, the harsh realities they have been evading surface. Similarly, Barbara is forced to acknowledge that Elizabeth is anorexic and that both her husband and her best friend have betrayed her through their affair. Elizabeth, like Mary, finds it difficult to recognise and acknowledge her mental illness, but, unlike Mary, challenges the family during a therapy session by referring to it as "the family problem". Both Elizabeth and Mary are finally forced to acknowledge their inner conflicts, with Elizabeth metaphorically and literally dismantling the frames that have governed and enclosed her life and, by so doing, asking for forgiveness (Act Two, Scene Eleven). Mary has to acknowledge her culpability for the death of her baby, Eugene (one suspects the playwright is drawing parallels to himself here), and admits her self-deception "How could you believe me—when I can't believe myself? I've become such a liar. I never lied about anything once upon a time. Now I have to lie, especially to myself" (O'Neill, 1966, p. 80).

Despite her epiphany, Mary drifts back into a world of delusion, losing her connection with reality, and the family continues to be stuck in its unhealthy and

dysfunctional style of communication, with the reader/audience left at the end with a sense that nothing has changed. In contrast, the revelations that surface in the therapy scene of "Frames" irrevocably alter the family structure, leading ultimately to the parents' divorce, Ken's relationship with Chrissie and Elizabeth's questioning of her own perceptions and self-harming behaviours. While both plays examine and explore dysfunctional family dynamics that are characterised by self-deception and denial, the Fane family breaks down in order for individual members to regain their mental health and re-invent themselves, whereas nothing essentially changes in O'Neill's play. These divergent outcomes reflect the values of the different time periods in which the two plays are set: for example, divorce is more acceptable now and thus can be seen as a partial solution to family tensions.

While O'Neill employs a strictly naturalistic form to convey his tortured and seemingly autobiographical account of the Tyrone family, "Frames" oscillates between realism and expressionism, so that Elizabeth is able to "become" a medieval saint. Expressionism, as defined earlier, is a form of theatre that tries to depict inner conflict by making it explicit, using a form of maximum expressiveness. I have also employed detached, direct address monologues, where the actor speaks directly to the audience, in scenes where Elizabeth becomes the little girl again, relaying her childhood memories.

Edward Albee's *Who's afraid of Virginia Woolf* (1962), which was first performed on Broadway in 1962, also delves into the psychological dynamics of a family struggling with truth and illusion. Unable to have children, George and Martha have invented a son to fulfil their deep yearning for a child. To sustain this illusion, they have formulated rules governing conversations about their son that typically preclude them from talking about him to others. However, when George's academic colleague Nick and his wife Honey visit late one night after a departmental party, the threads of their illusory world begin to unravel, following several nightcaps. The audience is given a snapshot of the protagonists' tortured lives as they exchange insults. It soon becomes apparent that it is a repetitive game, endlessly played out. George and Martha display a level of self-awareness not often found in the theatre, and they reflect on the games that they are playing with their guests, once again suggesting that this form of game-playing at their guests' expense is a regular event. The games build until the point when truth and illusion become the very issues at stake, with George calling into question the existence of their son. It soon becomes clear that George has crossed a line not crossed before, with Martha pleading for him not to continue,

while he ruthlessly and callously aims his final blow at their very detailed and well-developed illusory world, delivering, ultimately, the irrevocable pronouncement that their son has died.

Both *Who's afraid of Virginia Woolf* and "Frames" share a similar interest in truth and illusion. In Albee's play, the non-existent son has "become" an extra character that is discussed, argued about and finally destroyed while, in my play, Elizabeth's illusory "fat" self is constructed through internal dialogues that read like a conversation between "fat" and "thin" characters. In contrast to "Frames", *Who's afraid of Virginia Woolf* remains firmly naturalistic in style.

Ibsen's plays *A doll's house*, which was first produced in Denmark in 1879, and *Hedda Gabler*, which was first performed in Germany in 1891, deal with women's roles in society towards the end of the nineteenth century, the period during which anorexia was first defined, diagnosed and tested medically. In *A doll's house* (1998), Nora discovers that her husband, Helmer, loves her more for what she represents than who she is, and he demeans her with labels such as "sky-lark", "doll" and "treasured possession". Helmer comments, "Can't I look at my most treasured possession? At all this loveliness that's mine and mine alone, completely and utterly mine" (Ibsen, 1998, p. 69). Nora is portrayed initially as a shallow and frivolous woman, subservient to her husband: her main misdemeanours are eating macaroons against her husband's wishes and over-spending the family budget on trifles. As the play progresses, we discover that Nora has been concealing a secret from her husband that threatens to destroy her domestic situation. With the introduction of Krogstad, Helmer's colleague and rival, we learn that Nora has borrowed a substantial sum of money from Krogstad without her husband's knowledge or consent. Although the money was borrowed on account of Helmer's failing health to finance a much needed trip to warmer climes, Nora obtained the money deviously, forging her dying father's signature as guarantor to the loan. Krogstad initially threatens to expose Nora but then has a change of heart. In the meantime, however, Nora has come to realise that while she was prepared to forsake her own honour and indeed herself for him, Helmer cares more for his reputation and honour than for her, describing her as a "stupid child" for thinking that he would sacrifice all for her. Realising that her marriage has been based on a sham, she decides, in conflict with the conventions of the period, to leave the family home.

Like Nora, Hedda Gabler finds herself trapped in an unhappy marriage. However, unlike Nora who has little insight initially into the true nature of her role within the family, Hedda is very much aware of the role she has adopted in order to conform to society's expectations. Both Nora and Hedda are fighting against the social mores of the day that restrict their freedom and fulfilment, but, while Nora's struggle is primarily about her quest for self-identity in a patriarchal society, Hedda's is entrenched in the "tragic conflict between the calls of duty and the search for happiness within the individual psyche" (Ibsen, 1981b, p. xi). Hedda had renounced her love of Lovborg to marry the more socially respectable and conventional Tesman with whom she could never find happiness.

Both Nora and Hedda are portrayed as conflicted heroines who must leave their families in order to achieve freedom and regain control of their lives. While Nora risks the loss of respectability and social acceptance to realise her freedom, Hedda makes the ultimate sacrifice. Despite being positioned in different epochs, the protagonists of Ibsen's plays and of "Frames" share a similar struggle. It can be argued that Hedda and Nora are fighting to find their place and identity in a predominantly patriarchal culture that ascribes a role to them. Nora uses food to establish a sense of independence from Helmer. While appearing to have more choices than her historical sisters, Elizabeth also resorts to controlling her food intake in order to achieve some control over her life. Interestingly, both Victorian and contemporary cultures have prescribed parameters on what is socially and culturally acceptable in a woman's role. In Victorian society, Ibsen suggests that women were expected to be like "dolls", the playthings and property of the men in their lives. Like dolls, they could be manipulated and controlled. In contemporary patriarchal culture, women's behaviour is "controlled" by social expectations of a different nature. In many Western societies women have broken through most of the bastions traditionally occupied by men in the workforce and in higher education, but their appearance or image continues to be attacked and "controlled", as previously discussed.

While *Ghosts* (1998), which was first staged in 1882, shifts from the primarily narrow depiction of women as objects, property or dolls, women are still portrayed as the victims of men's self-indulgent and reckless behaviour; they must remain staunchly loyal regardless of men's erroneous ways and must, in the end, pick up the pieces when everything goes wrong. Helene Alving has placed duty and loyalty above personal happiness in order to stand behind a husband who has betrayed her on numerous occasions

and even with their family maid. For the sake of her son, Oswald, she has even fostered and promoted the illusory image of her husband's honour and integrity by building an orphanage that stands as a memorial to his benevolence. However, the ghosts of the past come back to haunt the living, with Oswald showing an amorous interest in Regine (the illegitimate daughter of Captain Alving and Oswald's half-sister) and the orphanage's conflagration. Helene is forced to reveal the truth about Oswald's father in order to prevent an incestuous relationship between Oswald and Regine. On a deeper level, the play is about late-nineteenth-century morality that placed duty above personal fulfilment for women while hypocritically permitting and encouraging young men to indulge their carnal pleasures (Ibsen, 1981a).

"Frames" resonates with some of the themes explored in *Ghosts*, with Elizabeth describing how her family have become like ghosts, unable to "touch or reach each other" (Act Two, Scene Six). On another level, Elizabeth is haunted by the memory of the text message that she intercepted as a child. In this way, Elizabeth is haunted by the sins of her father. In *Ghosts*, Helene Alving says:

But then I'm inclined to think that we are all ghosts, Pastor Manders, every one of us. It's not just what we inherit from our mothers and fathers that haunts us. It's all kinds of old defunct theories, all sorts of old defunct beliefs, and things like that. It's not that they actually *live* on in us; they are simply lodged there, and we cannot get rid of them. (Ibsen, 1998, p. 126)

Our frames of belief determine the way we process and perceive the world around us. This form of haunting is central to "Frames", as Elizabeth carries the 'old defunct' belief that she must remain thin and beautiful or face rejection, a notion confirmed by observing her mother's life. In Elizabeth's child-like perception, her mother's weight gain seems somehow connected with her father's affair with Chrissie, a thinner and thus she assumes more attractive woman.

The suggestion by O'Brien that the style of "Frames" is, to some extent, Brechtian led me to revisit Brecht's plays and theories. I suggest that, in a manner consistent with Brechtian ideology, "Frames" explores a social issue in order to cast light on it and question the sociological and psychological circumstances that engendered its development. In this way, the theatre becomes a forum for social commentary designed, as Wilson explains, to elicit an analytical response, "to create this enlightenment, to demonstrate the necessity for

action in the required direction" (Wilson, 1962, p. 203), rather than a forum whose primary purpose is to produce enjoyment or entertainment, little more than an "institution for the glorified purveying of narcotic stimulation" (p. 199).

Brecht achieves his purpose by employing an epic theatrical style, although he suggests that "dialectical theatre" is a more appropriate description of this convention (Demetz, 1962; Wilson, 1962). In contrast, Aristotelian theatre elicits empathy in order to create a theatrical illusion of reality, allowing the spectator to identify with the characters portrayed. This is achieved by engaging the audience's emotions through a process of imaginative identification with the character that may also result in a purgation or catharsis of emotions in the spectator. The Aristotelian actor attempts to "be" the character depicted in order to create the illusion of reality. In this way, traditional theatre is "closed", relying on a suspension of belief and abstracting itself from real life for the purpose of entertainment or, as Brecht described it "enjoyment without consequences" (Wilson, 1962, p. 199). Moving away from this concept of theatre for aesthetic pleasure, Brecht sought to employ an "open" theatre with social consequences, whereby the spectator is encouraged to adopt a critical attitude to the action depicted and to speculate on an alternative and better solution to the problem posed. The real world is thus positioned as changeable and not fixed with inevitable consequences and theatre therefore serves the purpose of sowing seeds of change in the spectator which "must be completed outside the theater" (Tretiakov, 1962, p. 27).

This fits with Brecht's theory that art is a form of pedagogy and that it should instruct or teach and in this form of theatre "issues, not techniques or characters, emerge as the center of theatrical interest" (Demetz, 1962, p. 10). Furthermore, according to Tretiakov, "Capitalism deforms education so that people consider themselves insulted by a didactic tone" (p. 27) and Brecht's earlier plays have been described as didactic (Arendt, 1962). They both confronted and affronted audiences who in some cases barged out of the theatre, throwing programs at the actors. As Tretiakov explains, audiences want to be level or above the action of the play and not challenged by it, but Brecht abhorred conventional theatre, believing it leaves the spectator "intoxicated, as if sleeping" (Demetz, 1962, p. 4), denuding the audience of its critical abilities, "clouding rationality with wishful thinking". In this light, empathy and illusion are cast as undesirable (Demetz, 1962).

Open or epic theatre is achieved through a process of estrangement or alienation known as *verfremdung* which, according to Esslin (1976) is more accurately defined as "strange-making effect" (p. 65). Through this process, characters and events lose their sense of naturalness and inevitability, therefore positioning the artistic world as more relevant to the real world and thus as changeable. As Demetz notes, the audience becomes aware of sitting in a theatre and appraising events that have happened at some point in time, rather than experiencing them as "real" events happening in the present time although, even in epic theatre, the past is still created in the "here and now" and the audience in its desire for theatrical illusion will try to overcome the effects of alienation and, ironically, may use the Brechtian "counter-actions" to gratify its yearning for illusion (Demetz, 1962). However, the overall purpose of epic theatre is to destroy illusions and promote a "wide-awake" audience. The technique of alienation ensures that its audience remains "cool" and critical and ready to grasp practical, political action. Its purpose is to communicate, enlighten and promote knowledge and comprehension, as stated by Piscator, cited in Schumacher (1962). Furthermore, as Budel (1962) observes "art should 'illuminate' life, not reflect it" (p. 67) although many may disagree with this opinion. In epic theatre, the authorial presence is always guiding and interpreting the action of the play (Wilson, 1962).

To achieve this style of theatre, Brecht used the device of a narrator or commentator. In *The good person of Szechwan* the narrator assumes the voices of many of the characters of the play; that is, the Gods, the water-seller, Wang, and the protagonist, Shen Teh, whose final speech explains why she has been forced to invent the character of Shui Ta in order to survive in the world. As the good and kindly Shen Teh, she cannot survive the demands imposed upon her kindness and must invent the hard-hearted cousin Shui Ta to ensure the continued survival of her business. In *The Caucasian chalk circle*, the narrator takes the form of a singer whose songs intermittently intersect the dramatic action, informing and commenting on it. By frequently intruding in this manner, the play assumes the style of a "demonstration" or performance, with these utterances serving the purpose of not just being "a part of the action, but also a comment upon the action" (Wilson, 1962, p. 201). By explicitly commenting on the challenge of remaining good in a "wicked world" in *The good person of Szechwan* (Brecht, 1979) and on the difficulty of finding justice in a corrupt world in *The Caucasian chalk circle* (Brecht, 1969), Brecht primed the audience to

adopt a critical attitude towards the social circumstances depicted and encouraged them to seek a different solution, and carry out social action in the "real" world.

Brecht's writing style, which seeks to destroy illusion, can be seen to be a product of the social and political conditions occasioning the rise of Nazism in Germany in the 1930s. Brecht, whose political ideology demonstrated Marxist and socialist leanings, found himself at odds with a system that delivered its propagandist dogma by constructing illusions. In this context, Brecht sought to challenge and counter such illusions by encouraging audiences similarly to question their social and political circumstances. Fearing persecution when Hitler rose to power in 1933, Brecht left Germany, eventually settling in the United States in 1941.

"Frames" develops elements of this theatrical approach, although I was not conscious of this at first. Rather, I was attempting to achieve similar effects and this aim dictated my style. Elizabeth, like Shen Te, often assumes the narrative voice, commenting on the circumstances that she finds herself in, such as in Act One, Scene Fourteen, when Elizabeth's commentary recreates the move to the new house. Even at the outset of the play, the party, depicted in Act One, Scene Four, is only experienced through Elizabeth's perceptual frame of reference which reports and interprets the action for the audience. This device is used to encourage the audience to consider the chaotic social milieu and its impact on the development of Elizabeth's eating disorder, which is a means of achieving order and control. In Act One, Scene Nine, Elizabeth directly addresses and confronts the audience by showing how they have contributed to her problem by inculcating and living by the values of a society that rewards and perpetuates thin beauty norms. Elizabeth seems temporarily to "break" the theatrical frame.

By means of such theatrical devices the audience is likely to assume a more detached view of the action, which promotes the play's interrogation of self-harming behaviours; in other words, the issues and not the characters or plot are positioned as the theatrical focus. When I first conceived of "Frames", I wanted to embed Elizabeth in the social milieu of her time to show that her faulty frame of reference was a byproduct of a set of social conditions. Anorexia can then be understood to embody, among all the other factors previously discussed, both a faulty set of values and a faulty perceptual frame. Another point of congruence between the Brechtian theatrical style and that of "Frames" is the creation of a "split personality" which presents the conflict between "reason and

instinct, prudent self-presentation and romantic self-abandonment" (Sokel, 1962, p. 127). Elizabeth is often depicted as a split personality, with her internal monologue contradicting the "self" she projects in social situations, as in Act Two, Scene One, when the audience hears both what she says out loud to her family and her inner thoughts.

However, "Frames" diverges from the Brechtian style by the juxtaposition of many realistic scenes intended to generate empathy for Elizabeth. By adopting these two distinct styles in "Frames", my intention is to encourage the audience both to "feel" for Elizabeth and her untenable situation and to observe and reflect on this situation in an objective and detached manner that might prompt questions about their own values and expectations. My intention in writing "Frames" was not to provide entertainment for entertainment's sake, although this may be created by action and character conflict; rather it was to challenge the values of contemporary society and portray their potentially debilitating effects. In this way, I have tried to use drama as a medium of political and social change.

There has been much conflict between theatrical approaches that explore political and social issues and those that primarily represent personal experience with dramatists adopting the former style accusing writers who practise the latter style of neglecting social issues while writers such as Beckett and Ionesco retaliate by calling the Brechtian approach propagandist and a distortion of the truth for political purposes. However, like Esslin, I do not regard these approaches as contradictory or mutually exclusive. I think that some of the best theatre is achieved when personal experience is contextualised in a social and political framework such as Nora's portrayal in *A doll's house*: her personal anguish is all the more poignant because it is embedded in the social milieu of the late 1800s which both dictated and restricted female behaviour. Similarly, by positioning Elizabeth in a Western, middle-class, suburban context, I hope to show that anorexia results from the interaction of psychological, social, environmental and cultural factors. To achieve this, I combine reflection, immersion, empathy and distancing techniques as I believe multiple approaches are needed to better represent the complexities of this disorder. Although Brecht's plays and "Frames" have been written in very different historical times and are different in fundamental ways, I consider that there are some parallels given that both periods are characterised by illusions that must be broken; in contemporary culture, for example, the media's unprecedented capacity to create desirable images must be challenged.

Chapter Six

Situating "Frames"–Australian context

Turning now to Australian theatre, I briefly describe some of the historical forces that have shaped our contemporary theatre. Two theories have been put forward to explain Australian theatre history; namely, genre theory, which postulates that styles of theatre succeed each other randomly, and historical determinism, which suggests that the theatre reflects and is consequent on wider sociological trends (Meyrick, 2002). I discuss how these theories help to explain the success of some new work. I focus primarily on works that have had the greatest impact on Australian theatre or that show resemblances to "Frames", whether these are similarities of form, style or content, although most of my discussion centres on form and style. I also focus on the works of some noted female playwrights, for, in my view, their influences and voices have been often overlooked and underestimated in a male-dominated theatrical culture. A research report commissioned by the Australia Council for the Arts (2012) supports this view, indicating that even in the first decade of the twenty first century female writers participated in only 20 per cent of the major performing arts productions (Lally, 2012).

Theatre historians, including Carroll (1994), Milne (2004) and Meyrick (2002), argue that there have been three main periods, or "waves", of Australian theatre since the 1950s and I structure the second part of my overview accordingly. Some playwrights' works span more than one period and I refer to their work where I consider it appropriate. This discussion of Australian theatre does not attempt a comprehensive review of the many different writers and styles that have emerged since the birth of the Australian nation in 1901 as this would be beyond its scope. Many notable writers, such as John Romeril, Stephen Sewell, Janis Balodis and Michael Gow, have not been included due to lack of space and their lesser relevance to the thesis. I begin with a brief summary of early Australian theatre before discussing the three waves since the mid twentieth century.

From 1908, various repertory theatres and "little" theatres had sprung up, occasionally including Australian work, but new Australian plays were slow to come forth. In 1909, William Moore presented the first of four drama nights at Melbourne's Oddfellows Hall, including plays by Louis Esson and Katharine Susannah Prichard, with the former playwright's one-act plays now regarded by Carroll (1994) as the birth of modern

Australian drama. The central focus of early drama was the Australian legend that situates the outback as the authentic home of "real" men and signifies the importance of "mateship" as the "especially hallowed relationship" (p. 5). The legendary man was "ideally working class, a rural rather than an urban type, dexterous at manual skills and sport, laconic, inarticulately loyal, undomesticated, capable of surviving in a hostile landscape and hence heroic—but also egalitarian ..." (p. 6).

A number of playwrights from the 1920s and 1930s, including Sydney Tomholt, Rupert Atkinson and Hugh McCrae, adopted different styles from realism, such as symbolism, expressionism and surrealism. According to Carroll (1994), symbolism draws on the European influences of Wagner, Nietzsche and other leading artists from the nineteenth century, and uses abstract settings and revolutionary lighting techniques to isolate people and key objects, while expressionism and surrealism are deployed to question the nature of reality, deemphasising external events and linear plot and often doing away with meaningful plot altogether. Expressionism dramatises emotional states and often uses heightened language, while surrealism uses visual images that show the impingement of "inner" on "outer" reality. Given the naturalist style of the early 1900s, Carroll suggests that some playwrights were keen to experiment with different forms and styles. However, these playwrights were neglected in their time, with many of the "little" theatres finding them too challenging in terms of technical requirements (p. 46).

The formation of the Socialist-oriented New Theatre in the 1930s was significant in the development of Australian theatre. Being born out of the Depression that marked this era, the New Theatre explored new forms, such as street theatre and agit-prop (agitational propaganda), marking the beginnings of political theatre in Australia. The central aim of early agit-prop theatre was to inform working-class people about their exploitation, while at the same time challenging authority. Beginning in a programmatic style in the 1930s, agit-prop theatre later used pastiches that lampooned authority and gags and slogans to communicate attitudes (Filewood & Watt, 2001).

Another style that grew out of the New Theatre movement has been described as social realist drama that explores typical characters in typical circumstances, where plot draws attention to social conditions (Carroll, 1994). This new movement, as well as agit-prop theatre, appears to have been inspired by the Depression, as it gave a voice to the people and the difficult economic conditions of this period. Some playwrights to employ

social realist techniques were George Dann, Dymphna Cusack and Sumner Locke Elliott in the 1930s, followed by Oriel Gray, Frank Hardy and Mona Brand in the 1940s and 1950s. Cusack is regarded by Pfisterer (1999) and Arrow (2002) to be one of the first Australian playwrights to concentrate on women's roles in a male dominated, bourgeois Australian society, and she influenced other female playwrights with a similar mission. I consider some of this work for it is both relevant and intriguing, leading me to wonder why these plays have not been more discussed in histories of Australian theatre. In particular, I am drawn to Dymphna Cusack's deeply disturbing *Morning sacrifice* (1942) and Mona Brand's *Here under heaven* (1948).

Morning sacrifice is set in a girls private school in the 1930s, and the banter among teachers indicates that very little has changed from the 1930s to now with respect to the types of issues troubling women. Some of the banter is about body weight: Bates comments on Gwyn's weight gain and alludes to the central importance of appearance when forming judgements about other women. Particularly interesting is Sheila's comment, "I think you're all rather inclined to judge too much by outside appearance. Girls today look very sure of themselves, but they're not really. They pretend to be independent, but that's only because they haven't anything to hold on to" (Cusack, 1999, p. 65). This exchange between the young Sheila and the older-generation teachers could appear in a contemporary play. While the women in *Morning sacrifice* have been entrusted with "the future of social morality" (p. 97), it soon becomes apparent that they have also been taken in by social appearances and standards to the degree that their own harsh judgements trigger the suicide of one of the young teachers.

Judgemental behaviour and prejudice are also central themes in Mona Brand's *Here under heaven* which, set in 1942, depicts the moral and social mores of this period against the backdrop of a cattle station in Queensland. The matriarch of the estate, Amelia Hamilton, is forced to face the social changes occurring in this period; a number of challenging events occur, including the arrival of a jillaroo and not a jackaroo to take up the position of farmhand. When she discovers that her new daughter-in-law, Lola, is Chinese and that another son has an illegitimate Aboriginal child, her values are further tested and found lacking as she tries to send Lola away and fails to provide medical assistance to her grandchild, who ends up dying on her property. It is only when she finds out that her son, Lola's husband, has been killed in the war and that Lola is pregnant with her grandchild that

her attitude softens and she becomes more compassionate and tolerant. For all Amelia Hamilton's earlier pretences at class and culture, it is Lola who is depicted as the more educated and cultured of the two. Lola's comment, "In Australia, I thought, I shall find culture and broad minds—people who face the vision of a grand future. I shall be happy in the 'great country'" (Brand, 1999, p. 178), is all the more poignant in this context. Through these observations from an "outsider", Brand challenges the stereotypical depiction of the "ozzie" as egalitarian and classless. The play ends on a hopeful note that the Australian landed gentry, as represented by Amelia Hamilton, will be able to transcend their prejudices and embrace multiculturalism. For all its important themes, which remain relevant, I was concerned, although not surprised, to read that professional theatres of the time rejected this play on the grounds that it was irrelevant and unworthy of a commercial production, since many politicians argued that there was no colour problem in Australia when clearly there was (Pfisterer, 1999). However, given Australia's White Australia Policy at that time, theatre companies might have been reluctant to stage such a provocative work.

Other themes, such as sexual harassment and exploitation of employees in the workplace (Prichard, 1999), and gender bias towards boys within families (Bensusan, 1999), dominate many of the plays written by female playwrights from the 1930s to the 1950s. For some writers, such as Prichard and Hewett, politics and literature represented different sides of the same coin, echoing their socialist and humanitarian values. As Dorothy Hewett indicated, plays such as Prichard's *Forward one* in 1937 and Cusack's *Morning sacrifice* clearly expressed different points of view, rhythms and cadences to those written by male playwrights and must have appeared strange in the male-dominated theatre of this period, but they were instrumental in the development of Australian theatre and in providing a female voice amidst all the male representations (Pfisterer, 1999).

Oriel Gray's *The torrents* (1955) was important in articulating the feminist struggle for recognition and acceptance in the male-dominated news media of this period (Gray, 1996). Ironically, while Jenny Milford, the protagonist of *The torrents*, challenges the patriarchal chauvinism of the newspaper, Barbara in "Frames" conforms to the values perpetrated by contemporary women's magazines, thereby helping to perpetuate the "beauty myth" that objectifies women as sex objects. Although *The torrents* shared first prize with Ray Lawler's *The summer of the 17th doll* in the 1955 Playwrights' Advisory Board Competition, it is an indictment of Australian theatre at this time that *The summer of the*

17th doll went on to become iconic in the history of Australian drama, while *The torrents*, judged to be the more polished of the two plays, faded into obscurity.

Three crucial events occurred in the development of Australian theatre during the 1950s: the foundation of the Melbourne Union Theatre Repertory Company in 1953, which was the first fully professional, non-commercial regional theatre; the formation of the Australian Elizabethan Theatre Trust in 1954; and the launch of *The summer of the 17th doll* (or *The doll* as it has been called). These three events were crucial in developing and promoting new Australian work.

The doll's success has been variously attributed to the opposing forces of genre theory and historical determinism as well as to Lawler's undoubted talent (Meyrick, 2002; Rees, 1978). A realist drama, *The doll* explores the relationship between two cane-cutters, Barney and Roo, and the two barmaids they visit annually, Olive and the newly sequestered Pearl, who has replaced the recently married Nancy. As Brisbane claims in the introduction, "It is a play about growing up. It is about growing up and growing old and failing to grow up": she also suggests that it reflects the very character of the nation at that time (1978, p. ix). If, as Brisbane suggests, *The doll* is a "watershed of national consciousness" and a "celebration of the unique character of Australian identity", then it must also be a celebration of immaturity and romanticising of the past. Images from this romanticised past include man pitted against nature, mateship, rugged individualisation and the freedom of an itinerant life style. However, the play also exposes how these romantic myths have been eroded; for instance, Roo is no longer "King" of the cane-cutters as suggested by Barney who, in Roo's eyes, has betrayed their mateship. When Roo proposes to Olive, she rejects him, revealing that she is more enamoured with his Australian image than with the man himself. The kewpie doll that is the central image of the play represents both the past that Olive clings to and her arrested maturity. As Roo comments "Y'know a man's a fool to treat you as a woman. You're nothin' but a little girl about twelve years old" (p. 91). While having an enormous impact on Australian theatre, *The Doll's* strength in capturing the mood of the 1950s is also its main limitation, given that it has now lost some of its relevance, although it is interesting to note that the Melbourne Theatre Company staged a production of this play in January 2012.

In its ability to capture and to help construct the national identity of this period in Australian history, *The doll* was extremely successful; there was widespread belief that this

play marked the beginning of modern Australian theatre. Unfortunately, this also had the effect of obscuring anything that came before it, contributing to the false belief that very little significant work came out of the period from 1920 to 1955. In fact, there appears to be antipathy on the part of critics, theatre historians and academics towards this generation of Australian writers. They were also largely ignored by mainstream commercial theatre, according to Harding (1996) in her introduction to *The torrents*. According to Arrow (2002), it is as if Oriel Gray did not exist at all.

As noted, there have been three main waves of Australian theatre since the 1950s. The first occurred from the mid 1950s to 1969 and includes Ray Lawler, Alan Seymour and Richard Beynon. The second wave, also known as the "New Wave" or renaissance of Australian drama, gained momentum from 1969 to the 1980s, though it surfaced around 1966, when Australian dramatists began to assert their presence in professional repertoire and became a permanent fixture in theatre companies (Milne, 2004). The third wave, surfacing in the 1980s, is currently ongoing and is marked by a pluralism of styles and techniques.

The first wave has been dubbed the Anglo generation, as it was heavily influenced by British theatre. Meyrick (2002) describes it as a generation of "will and resolution", in which authority was exercised in a non-democratic manner and entrepreneurs were distrustful of government bureaucracy. Task-based leadership and discrete roles during production ensured stable alliances of playwrights, directors and actors. The Anglo generation was historically minded and favoured professional excellence above an egalitarian approach that encourages equal input from actors, writers and directors. Despite the British influence, this first wave promoted a national identity in plays such as *The doll* and Seymour's *The one day of the year* (1960), in which the meaning of the Anzac tradition is explored (Seymour, 1962).

By contrast, the second wave has been described as a generation of "conscience and imagination" that emphasised collectivity and a democratic approach. It was exploratory, expressive and spontaneous; creativity was considered more a product of imagination and vision than mastery of technical skills. Its focus was also primarily outward and, in some ways, it lacked a language for the inner world. This approach was exemplified in works such as *Hair* and *The legend of King O'Malley*. The second wave challenged past professional standards, valuing what it deemed to be "true" above what might be classified

as "good" theatre. Meyrick (2002) postulates the syllogism Theatre → Politics → The World as the key to this style of theatre. Ironically, despite its adversarial relationship with mainstream theatre, it was also reliant on government subsidisation, resulting in the generation of a number of new companies, including La Mama and the Pram Factory in Melbourne and the Nimrod Theatre in Sydney. The second wave was also, to a large extent, nationalistic theatre. Meyrick argues that this movement reflects the elements of a Hegelian discourse, in which cultural narrative reflects social changes and matures within the context of a broader social development such as nationalism, which he describes as the invisible Weltanschauung.

With a shift in lifestyle to a more economically conservative approach at the end of the 1970s and a reduction in government funding, the second wave ebbed. Meyrick argues that where the second wave had once been at the helm of innovation, alternative groups from the second wave had become establishment and this was often reflected in their choice of plays that became more populist and lack-lustre, favouring appearance over substance. He further observes that nationalism, a significant part of these theatres' identity, became a defining feature of their Weltanschauung, leading to a mismatch with the transnational context at the end of the 1970s.

The third wave encourages pluralism and has led to various theatrical styles, forms and content, including Aboriginal theatre, theatre by Asian Australians and performance art. The new syllogism that reflects this shift of focus in the 1980s is Theatre → Conflict → The World (Meyrick, 2002).

Patrick White, chiefly remembered for his novels, also made a significant contribution to experimentation of form in Australian theatre by works such as *The ham funeral* (1961), *The season at Sarsaparilla* (1962), *A cheery soul* 1963), *Night on bald mountain* (1964) and *Big toys* (1977). As Brisbane indicates in her foreword to a collection of White's plays, his contribution was two-fold. Firstly, stemming from an English middle-class background, his perspective differed from the working class viewpoint in the works of Seymour and Lawler and, secondly, his European and multi-lingual education heavily influenced his expressionist form. White's classic non-realist style also utilises symbolism and surrealism. As Brisbane explains, White aims to represent spiritual above social reality, so rejected naturalism and pursued an exploration of the "soul" of Australia and the rugged survival skills of its people (Brisbane, 2002, p. 7). However, while White has been

described as a great novelist, his plays have not received this same distinction (Meyrick, 2002).

In *The ham funeral*, White balances an expressionist style that conjures nightmarish images of a landlord's death and the landlady's reaction to it with naturalistic scenes in which two old music hall performers inject humour through their jokes. This blend of styles resonates with "Frames", which constantly shifts from realism to expressionist and symbolic scenes. Another point of congruence is White's use of the invisible "fourth" wall, which also holds an invisible mirror. This allows his characters to examine themselves and reveal themselves to the audience (Brisbane, 2002). Interestingly, White uses an "anima" in the form of a girl next door who has never been seen by the Young Man but who allows him to soliloquise and explore his inner thoughts. The term "anima" was used by Jung to describe the collective unconscious, expressed in the male psyche as a feminine inner personality. The "anima" in *The ham funeral* expresses the Young Man's fear of the outside world as well as his feminine side.

In *The season at Sarsaparilla*, White explores puberty and maturation using a setting that includes "doorways"—literal and symbolic—into people's houses and their lives, as expressed by Roy, one of the play's central characters: "The lives of good, kind people seen through door-ways! And those we love are always the most exposed" (White, 2002, p. 102). The technique of shifting from one "door-way" to another is similar to my use of frames. The pressures of suburbia on gendered roles are also conveyed in this play; for example, Girlie says "I was never out of fashion. But what I mean to say is: I like a hat to look different, so long as it's what the others are wearing" (p. 106), and Roy comments "With women, perhaps it's different. They're more vegetable than men. Provided the bed's well-dug, they take the shapes that are expected of them" (p. 141).

Stylistically, White shifts in *The season at Sarsaparilla* between expressionist satire and realism and, while it may appear on first reading that the play is an attack on suburbia, it also explores and celebrates the individualism and diversity that can be expressed within its limits. The expressionist aspect of this play is delivered by group soliloquies in which interior monologues by a number of characters are presented simultaneously, intertwining with each other. *Night on bald mountain* also uses this technique to explore and reveal character, but this play has a more realist form. I found it compelling for its depiction of isolation and the way characters manipulate each other. The young nurse, Stella, who is

hired to look after the alcoholic Miriam, is particularly at the mercy of those around her; her demise is enigmatic for it is not clear whether she has died accidentally or by her own volition.

White gradually adopted a more naturalistic and comedic style for his plays; for example *Big toys* (1977) explores the machinations of the socially privileged who manipulate the justice system for personal benefit. White describes characters who are obsessed with material power, filling their lives with conquests and "toys", including the ultimate big toy, uranium, while remaining spiritually and morally bereft. This is spelt out in Ritchie's observation that "Today what is important is style—the *image* ..." (White, 1978, p. 52). Interestingly, White uses the stunted bonsai tree to represent the stunted growth of the characters.

Australian playwriting has traditionally been a male domain, reflecting mostly masculine experiences and perspectives. It has been difficult enough for male playwrights to have their work performed but, arguably, it has been even more difficult for female playwrights. Too often, they have had to rely on amateur or semi-professional productions in order to develop and showcase their works (Arrow, 2002; Radic, 2006). As a female playwright, I have often suspected that there are greater opportunities for male writers. Despite this lack of opportunities, some have achieved considerable reputations, most notably Dorothy Hewett, whose work spans three decades and has been the subject of much critical discussion and analysis. My study of Hewett focused on *This old man comes rolling home* (her first play in 1966), *The chapel perilous* (1971), *Bon-bons and roses for Dolly* (1972) and *The Tatty Hollow show* (1974).

Hewett's work demonstrates a diversity of styles from realism (*This old man comes rolling home*) to epic theatricality and the surreal (*The Tatty Hollow story*). It frequently uses music and explores imaginative language and diverse theatrical effects (Parsons & Chance, 1995). After *This old man comes rolling home*, she abandoned realism to adopt an eclectic and free style that employs sudden shifts in tone and mood to explore themes of female sexual independence and experience. During the early 1970s, this was considered too explicit and challenging for contemporary audiences and theatre companies did not stage her works (Radic, 2006). Aarne Neeme, who consistently supported Hewett's work and directed many of her plays, commented on the necessity for theatre to embody passion in its depiction of relationships and human activity (Rees, 1978, p. 149).

In *This old man comes rolling home*, Hewett constructs the world of the Dochertys, a family of battlers from the inner suburban slum area of Redfern in Sydney. As Hewett's angle is both celebratory and critical, she shows the duality of this working class life style that is both protective and restrictive. Her female protagonist, Laurie, described once as the prettiest girl in Bundaberg, has become an alcoholic who lives in a fantasy world. While her husband, Tom, is portrayed as working class and simple, he is also self-reflective. Both characters are down-to-earth and honest in their dealings with others. Ironically, Laurie observes that "Only the drunks dare to tell the truth" (Hewett, 1976b, p. 93).

Bon-bons and roses for Dolly employs a surrealistic theatrical style and presents Dolly's perspective. Dolly is portrayed as the glamorous "dolly bird", the archetypal 1930s girl who has become a screen goddess, but she feels unfulfilled and unhappy despite fame and fortune. Her success and acceptance are due to her beauty, so with middle age and fading looks, she finds that all she has left are her memories. She has never had a sense of her own identity, having always embodied other people's dreams and fantasies, symbolised in the play by the cinema and dream palace that Dolly has inherited (Radic, 2006). Like her, it has lost its glamour and become rundown and dilapidated. In the final Act, Dolly "murders" her family and boyfriend who are symbolically depicted through effigies, before "killing" herself. The myths of fame and fortune have betrayed her, as expressed in song-form, "The Crystal Palace, it all fell down ... they promised me the world, and I ended up with a lousy, empty, out-of-date picture show" (Hewett, 1976a, p. 48).

Like "Frames", *Bon-bons* employs an imagistic style that juxtaposes a cross-generational narrative saga with the symbolic structure of a building. In Hewett's play, the cinema symbolises the family's dreams, while in "Frames" the new Fane household represents fulfilment of their wishes and aspirations. Dolly's fantasies are represented by images on stage, while Elizabeth's inner world is recreated by her alter ego, Elisabetta. In both cases, the new building being constructed is regarded as the solution or answer to the family's problems, but simultaneously reflects their inner emptiness and loss of dreams. In "Frames", Elizabeth refers to the empty space in the new house, describing how it reflects the family's loss of communication, while in *Bon-bons*, the Crystal Palace decays, reflecting Dolly's own loss of beauty and dreams. In the latter play, the mirror reflects their perceptions of themselves, while in my play the frames contain the perspectives of protagonists and determine the ways they live.

Interestingly, although I don't share his opinion, Carroll (1994) criticises Hewett's abandonment of the cross-generational narrative halfway through the play and he describes her juxtaposition of metaphor and image as unsuccessful. In contrast, I use the narrative style throughout the play, and constantly interject realist scenes with Elizabeth's commentary directed at the audience. In this way, I hope to construct unity of image and metaphor.

Both plays explore the betrayal felt by women who have been defined largely by their looks. A similar theme is explored in *The Tatty Hollow story*, although Tatty only appears on stage briefly at the end. We become acquainted with Tatty through the perceptions and memories of five men and one woman with whom she has had relationships, and it soon becomes apparent that their perceptions of her are markedly divergent. As Radic (2006) describes, there is no "one" Tatty Hollow but a multitude of personae existing only in the perceptions of others who have known her. This treatment resonates, because in "Frames" Elizabeth adopts different derivatives of her name to represent the personae that she becomes in different social situations. Although Tatty is not depicted as different personae, it is apparent that others have understood different aspects of her "self" that, in some ways, suit their perceptions of themselves.

Both plays by Hewett present the female condition in a similar manner, describing a fear of aging and losing one's physical and sexual attractiveness and a sense of having led a wasted life (Radic, 2006). Despite the image created in the play of Tatty as a "hollow" character who, in many ways, has lived a shallow and meaningless life, she has also been perceived as a figure of "womanly liberation, riding high, careless of protest" (Rees, 1978, p. 151). In this way, she can be positioned both as the victim of a myth created around her and as the manipulator of these images, as she acts them out, thereby perpetuating them.

In *The Tatty Hollow story*, a blonde dummy is positioned in a telephone box, centre-stage, representing the fantasy image that Tatty has become. Significantly, as described in the setting of the play, even Tatty cannot compete with her image. Johnny sings "I'd rather have a paper doll that I could call my own Than (sic) have a fickle-minded, real live doll" (Hewett, 1976a, p. 14). In the end, the male characters fight over the dummy, stripping it naked in the process, until Jo, the woman with whom Tatty has had a relationship, "rescues" the dummy. Interestingly, she places the blonde wig on her own head, a gesture that raises the question of whether she wants to be Tatty.

The play employs other suggestive images such as a framed portrait of roses, representing romantic aspiration, a bathtub, and a heap of rubble that represents the end of aspirations. Somewhere in between these extremes, lies the true Tatty Hollow. The Barbie doll in "Frames" shares some properties with the doll-like figure in Hewett's play, suggesting that women's roles have remained unchanged, in some ways. Both Tatty and Elizabeth try to live up to an image but while Tatty has "become" the image, Elizabeth fights to achieve a sense of identity, independent of this image. In critiquing *The Tatty Hollow story*, Rees suggests that the second half of the play is virtually redundant, with its main themes being conveyed adequately in the first half. However, I felt that the second half of the play is also important because it introduces Tatty onto the stage to present her own viewpoint.

In *The chapel perilous*, Hewett's most controversial play, the playwright charts Sally Banner's journey from rebellious, brilliant school girl to Communist Party devotee. According to Carroll (1994), this play, her most autobiographical, employs every conceivable theatrical technique, including epic and expressionist styles, to recreate personal material in an archetypal performance, giving it a heightened, almost "mythic" significance. The influence of social forces on Sally's life is portrayed by use of chorus, popular songs and effigies that also suggest how she rises above them by rejecting social expectations of women. Grandiose theatrical images transform an emotive and intimate account of self-discovery into a story of mammoth proportions, so that Sally seems larger-than-life, a process described by Carroll as ludicrous in parts. However, Radic attributes Hewett's initial success as a playwright to this play, describing how its vitality and richness overshadow many of the "trumped-up plays by males of her generation" which seem "threadbare and uninspired" (Radic, 2006, p. 238). Unlike most theatrical portrayals of womanhood, which had tended to focus either on the "profane or sacred" (Rees, 1978, p. 149), *The chapel perilous* was the first Australian play by a woman to capture the complexity of it, in this case, depicting female sexuality and political idealism. However, Hewett takes this further by showing that Sally Banner's knowledge is derived from her sexual experiences. Given that theatre relies on the spectacle of viewing "live bodies in action" (Tait & Schafer, 1997, p. xvi), Hewett's portrayal of Sally presents the character's bodily experience. Sally says, "I believe in the blood and the flesh as being wiser than the

intellect" (Hewett, 1997, p. 14). Given the conservative way women were usually portrayed in the early 1970s, this play challenged social, sexual and moral conventions.

In "Frames" I have also tried to portray Elizabeth's complex nature, switching from scenes that depict her physical experiences, such as, drug taking and her relationship with Ben, to scenes that explore her spiritual and emotional worlds, such as her distress after the breakdown of her romance. Unlike Hewett's candid portrayal of sexuality, my approach is to suggest, rather than show her physical relationship with Ben. This is consistent with Elizabeth wanting to hide her body from the "public" gaze but is also pragmatic as the play is intended for a general and family-based audience. I have also kept profane language to a minimum.

Both White and Hewett stretched the boundaries of acceptable theatrical practice in Australian theatre; they encouraged other playwrights to experiment with different techniques. My reading of their works reinforced my stylistic choices and provided justification for my approach, which blends styles in a manner established by earlier playwrights.

While White's and Hewett's work may be positioned to some extent in the first wave, although their output spanned a couple of decades, other influential playwrights that followed them (although there is still some cross-over in time period) such as David Williamson, Alexander Buzo and Jack Hibberd appear to belong to the second wave. While differing in style, these three playwrights portray and challenge Australian society. In this way, they also contribute towards establishing a national identity, in the manner of Lawler.

Williamson has often been acknowledged as one of the most successful contemporary playwrights, especially in his ability to satirise Australian society. In various interviews, Williamson describes his theatrical style as realism rather than naturalism. As Williamson explains, his plays are concerned with how people behave and interact socially, "the way in which they [use] language and gesture to display themselves, to defend themselves, to capture attention, to try and win love, respect or envy" (Zuber-Skerritt, 1988, p. 18).

Williamson's *The removalists* (1971) and *The club* (1977), like much of his other work, portray disturbing undercurrents of Australian society. While *The club* examines the manipulations inherent in the Australian football scene, *The removalists* deals with the currents of violence in the broader community (Williamson, 1972, 1978). The latter play

examines the sociocultural, political and psychological factors that underpin needless violence, thereby raising some important questions. Is Australian culture essentially violent? Does violence underpin law and order? Are we all prone to violent behaviours?

The "ocker" image, with its connotations of nationalism, crudity and male chauvinism, is superbly recreated in *The removalists*: Kenny and Sergeant Simmonds hold both deprecatory and possessive attitudes to Kate and Fiona which very easily spill into violence when their masculinity or authority is threatened. "Frames" also satirises the worst aspects of "ockerism" in the character of Ken, with his male chauvinism and propensity to violence when his authority is threatened, as evident in Act Two, Scene One, in which Ken smacks Elizabeth when she challenges him. While "ockerism" may have shifted to "boganism" in current Australian culture and Ken is portrayed as more middle-class than Kenny and Sergeant Simmonds, there are still some similarities in attitude, especially towards women, between the two portrayals.

In other Williamson plays, such as *A handful of friends* (1976), the dinner party becomes the "structural fulcrum" of the play, as it becomes the point of contact where hypocrisies are uncovered and values confronted, rather than serving the traditional role of consolidating relationships. In his later plays, Williamson adopts a more cinematic approach, using segues and direct address devices, two techniques used extensively in "Frames". In *The perfectionist* (1982) and *Emerald city* (1987), Williamson employs the direct address technique as another form of social interaction between characters with the audience, who then become "peer" confidantes. This technique creates the illusion that the characters are speaking in a more genuine way to the audience instead of adopting the "social masks" that they employ with other characters, although, in essence, this technique uses another "social mask". The direct address technique also serves to create distance, inject a comic voice and allow the playwright's moral attitude to be expressed.

Williamson's plays create humour by depicting a gap between his characters' "avowed principles and their less-than-principled behaviour" (Radic, 2006, p. 92). In a similar manner, I attempt to create humour in "Frames" by suggesting the discrepancies between Ken's professional expertise in the field of teenage substance abuse and his lack of awareness of Elizabeth's drug-taking behaviour. In addition, Barbara's statements about the importance of looking beyond appearance contrast with her concern with how she and her daughters look. While Williamson's work has been criticised as formulaic and

entertainment driven, his ability to satirise Australian society is admirable. As Rodney Fisher, Melbourne Theatre Company director of *The club* observes in a foreword to the play, Williamson's plays have incisive subtexts that are not always obvious and he is able to capture the general public with his ability to illuminate and enlighten his audiences (Fisher, 1978). His characters, while often drawing on Australian stereotypes, go beyond caricature, often demonstrating psychological insight. By portraying issues that women grapple with everyday, such as their appearance in the eyes of the world and their need to maintain an image, the similar intention of "Frames" is to present the issues and, by showing their associated risks for psychological and physical damage, to challenge societal values that have created them.

If Williamson's plays can be described in some ways as the theatre of "the Invisible-Made-Visible", a form of theatre described by Brook as "Holy theatre", since it explores people's hidden impulses, then Jack Hibberd, in contrast, fits more appropriately into the category of Rough theatre. Brook explains that rough theatre is the kind "that's not in a theatre" (Brook, 1982, p. 73), and is characterised by a roughness in delivery. Unlike Holy theatre, Rough theatre deals with people's actions in a down-to-earth and direct manner, often appearing to lack style, conventions and limitations while actually embodying all these elements.

Hibberd's portrayal of a wedding reception in *Dimboola* is a ribald and bawdy study of Australian society at its worst. Unlike Williamson, who delves into the psychological motives and forces that drive his characters, Hibberd's drama lays bare the "myths and mores" of Australian society (Radic, 2006). As a type of Rough theatre, it is accessible to a broad audience, so accessible, in fact, that the audience is invited to join in the wedding reception as guests and to partake in the wedding breakfast and dancing festivities. All the characters in *Dimboola*, except for the reporter Radish, who stumbles upon the wedding accidentally, behave appallingly and, being the satirical comedy that it is, the play both parodies, and to some extent celebrates, the crudity and ribaldry present in many Australian festive occasions. Even the Reverend, Father O'Shea, is depicted as drunk and mostly oblivious to his surroundings, confusing the occasion with a racecourse event. Radish, who deplores the celebration, describing it as "a display of vulgarity, crude language, obscene innuendo and immoral, adolescent behaviour" (Hibberd, 1978, p. 42) is unceremoniously thrown out and so is the opportunity for a more in-depth look at the motives and causes of

this ribald behaviour. Although "Frames" also deals with some stereotypical Australian values and behaviour, it does not have much in common with the raw and rough theatrical approach of a Hibberd play.

Alexander Buzo came close to Williamson in terms of mass audience appeal, but his plays often lack structure and plot. Although Buzo justified his approach by commenting that modern theatre was moving away from the well-plotted, well-structured form of exposition-climax-denouement, with the structure often dictated by the energy of what the play was trying to express, his plays have been criticised for not using an adequate plot structure or presenting recognisable and interesting characters (Radic, 2006; Rees, 1978). However, I found that Buzo's witty dialogue and astute psychological insight compensated for any lack of structure.

John Sumner, who directed *Martello Towers* along with other Buzo plays, describes Buzo's style as impressionist in contrast to Williamson's satirical and naturalistic style. He also compares Buzo's plays to icebergs with so much lying below the surface. Richard Wherrett, who directed Buzo's plays at the Nimrod, regards Buzo's use of language as a form of heightened naturalism and places his work in the comedy of manners tradition, along with Wilde's and Shaw's. However, he also concedes that Buzo's plays exhibit a stylistic problem, in that the subtext is buried too deeply in the text, leaving the audience to respond only to the first level of situation, character and wit (Buzo, 1976; Radic, 2006; Sumner, 1976).

Buzo's earlier work and some of his later plays embody stylistic features resembling absurdist theatre. Given that the Theatre of the Absurd employs surrealist techniques to reproduce "existential allegories" (Carroll, 1994, p. 163) and presupposes that meaning is created through people's actions, Buzo's plays appear to embody absurdist conventions more than any other Australian playwrights. Katherine Brisbane, cited in Carroll, describes how Buzo's use of dialogue juxtaposes the Australian vernacular within an absurdist style, thus indicating the limitations of language to communicate meaning (Carroll, 1994, p. 166). Furthermore, his plays have been described as both "inward" and "outward" simultaneously, a description that I found appropriate not only to describe Buzo's style but also that which is employed in "Frames".

Norm and Ahmed (1968) is a study of contrasting languages between different classes and educational backgrounds. While Norm regards Ahmed's precise and pedantic

English as foreign and therefore inferior, more usually it indicates superior educational background. Meyrick (2002) suggests that this play presents a world where inside and outside perspectives are threaded together to present different perspectives of the same narrative. However, I did not feel that Buzo provides adequate depiction of characters' inner perspectives. Dialogue between Norm and Ahmed suggests Norm's hostility but Ahmed's inner conflict and fear can only be surmised as no outward indicator is present.

Buzo explores a new style in *Coralie Lansdowne says no* (Buzo, 1999a), creating characters that are wealthy, talkative, humorous and sexually liberated, but also often inept at personal relationships. Coralie, who has been independent-minded and unconventional for most of her life, finally bows to social pressures by choosing marriage. While I found the play an interesting character portrayal, I had doubts about the ending, which shows Coralie choosing a conservative partner whom she does not love. Meyrick (2002) explains that Buzo's original ending, in which Coralie defies social tradition and does not marry, was not countenanced by Sydney theatre companies.

In *Martello Towers* (Buzo, 1976), Buzo adopts a more reflective form of realism that begins as a French-style farce, then changes midway to a comedy of manners. The protagonist, Edward Martello, finds allegiance to his traditional, patriarchal Italian values conflicts with his personal fulfilment. Edward and other significant characters find themselves thrown together for an Easter weekend at Martello Towers, which is located on an island. Isolated from society, they are forced to reflect on their desires and relationships.

Much of Buzo's work, especially his earlier plays, encapsulates characteristics of New Wave theatre in its use of heightened language and performance style, political conscience and exploration of the Australian identity. Parallels can be drawn between Buzo's exploration of the psychological journeys undertaken by his characters and those found in "Frames" but apart from the shared stylistic characteristic of self-reflecting realism, "Frames" employs a different theatrical style.

While Louis Nowra also arose out of New Wave theatre, his plays are conspicuous by their lack of Australian themes and his rejection of naturalism. As Radic (2006) notes, his plays explore diverse subjects and are set in many different countries, including Imperial Russia in the 1760s in *Inner voices* (1977) and Paraguay in the 1860s in *Visions* (1978). Only *Inside the island* (1980) specifically comments on an Australian way of life. Not only do Nowra's themes differ significantly from other New Wave playwrights but also

his style is distinctive, in that language appears especially important as a means of signifying characters' realities. Nowra suggests that one's beliefs may have little or no basis in external frames of reality. While Nowra writes about very different material from that explored in "Frames", I found his focus on perceptual framing and internal processing of the external world relevant to my study of anorexia in "Frames".

Carroll (1994) explains how Nowra's early life affected and to some extent determined his later writing. Nowra grew up in a working class family in an outlying Melbourne suburb. An early accident meant that he was unable to communicate verbally, which reinforced his feelings of being an outsider, a theme frequently explored in his plays. Given that he had to re-learn communication skills, it is interesting that Nowra describes his work as being about "somebody teaching somebody else how to view the world" (cited in Carroll, 1994, p. 312). As Carroll observes, Nowra rejects naturalism but does not fully embrace styles such as surrealism either, his works sharing more in common with British Brechtian plays, since they mostly employ short scenes with gaps between them that promote critical thought and judgement. Interestingly, while Nowra's early plays have been compared with Brecht's, Nowra has expressed loathing of Brecht's work (Gough-Brady, 2007). Nowra's employment of visual images is compelling and of all the Australian playwrights that I have read and seen staged, his work has probably been the most influential in terms of stylistic eclecticism.

In *Inner voices*, Nowra explores how both language and identity can be instilled by external forces. The play is set in the historical context of Imperial Russia and depicts Ivan's imprisonment by Catherine II but, as John Bell suggests in his introduction to the play, it can be more accurately understood as having been set "in the country of the mind", with isolation as its dominant theme (J. Bell, 1977; Nowra, 1977, p. vii). Nowra dramatises how Ivan's inner voices emerge only after he has effectively silenced the outer voices surrounding him, and this is symbolised in the play by his cutting out his prompters' tongues. His use of images and tableaux powerfully conjures the discrepancy between the exterior world of imposed social forms and language and the inner world of the individual, suggesting that Nowra believes in an "essential self", independent of socialisation. In this way, while vastly different in theme and plot, *Inner voices* resonates with "Frames" in terms of Elizabeth's search for identity amid the social mores and values that she has inculcated, although I am not suggesting the existence of an "essential self" in "Frames".

Recurrent themes appearing in Nowra's work are the uses and abuses of political power, madness, destruction, the rituals of family life and the clash between disparate values systems and cultures. Nowra also uses techniques that promote distancing and detachment in the audience. *Cosi*, set in a Melbourne psychiatric hospital, explores madness and the reality/illusion dichotomy. Its protagonist, Lewis, has been asked to direct *Cosi fan tutte* in a production enlisting patients from the hospital. While very different to "Frames" in terms of themes and style, I found the play's references to reality and illusion in the character of Ruth both intriguing and relevant; for instance, Ruth's remark "I can live with illusion as long as I know it's illusion" (Nowra, 1992, p. 24).

In *The Summer of the aliens* (1992), the protagonist, another Lewis, is a shy teenager growing up in a Housing Commission estate in Fawkner, intrigued by UFOs. Nowra draws on community attitudes of the 1960s, when the Russians were regarded as "foreign" and "alien" and he felt both he and his parents were also "alien".

Although Alma De Groen was born in New Zealand, she is generally claimed as an Australian playwright because of her extensive residence in this country. De Groen's *The girl who saw everything* (1993) is primarily about perception. The central character, Gareth, finds his perspective on life profoundly altered when he witnesses a girl's death. The girl, who is talked about but not seen on stage, runs in front of a car after being raped. Gareth is the last person to see her alive and witnesses her intense fear and rage, precipitating a reassessment of his values and priorities. His long-term partner, Liz, similarly finds that her perspectives on life, the meaning of art and her relationship with Gareth have changed. She moves away from Gareth in order to re-discover her identity. Gareth finds himself drawn to Carol, the driver of the car that killed the girl, as she seems to be the only one to understand him after the accident. He describes his earlier perspective by using the metaphor of a frame: "I've spent my entire life putting a neat little frame around everything, haven't I?—the best paintings, the perfect clothes, the right car—as if it made sense" (De Groen, 1993, p. 31). As Elizabeth does in "Frames", Gareth questions the values that he has internalised from his middle-class, capitalist background in which meaning is defined by what one owns and the image one adopts. Gareth's perspective or "frame" has been permanently shattered by the random and chaotic violence he has witnessed.

Liz is also portrayed as a character in search of her identity. As she and Gareth drift apart, she realises that her perspective on life is limited: she says "And when you look at

the history that *does* exist, you realise it's been defined by one sex" (p. 41). Liz rails at a society that has adopted a "blame the victim" mentality against women, allowing people's lives to be "genetically pre-determined" and is angry with herself for accepting this situation: "I handed the enemy a stick and said, beat us, that's what we're for" (p. 43).

In *Vocations*, which was first performed by the Melbourne Theatre Company in 1981, De Groen further explores women's quest for self-fulfilment, freedom and self-identity. Vicky and Joy are portrayed as women in the process of developing their careers or "vocations". Like Barbara in "Frames", Joy discovers that while she has been trying hard to accommodate her husband's needs, he has been living a dual life with his mistress. Both women have been manipulated by the men in their lives. Ironically, Joy's husband has published a book on the feminine point of view. Joy confronts him for usurping her and for stealing her "subject" or subjectivity, which reinforces her feelings of having "no voice of my own" (De Groen, 1997, p. 112). She also contends that the arts impact differently upon the sexes: women are encouraged to pursue art but not self-expression, in contrast to men, who are encouraged more to express themselves than to pursue art. Finally, women's precarious position in a patriarchal society is illustrated by the allegorical myth of Cassandra and Apollo. Retaliating against Cassandra, who no longer wishes to make love to him, Apollo withdraws the gift of "second sight" that he had promised her. Cassandra is condemned to live as someone who is not believed, despite seeing "the truth", and she also loses her ability to "fly".

Rees (1978) questions De Groen's assertive stance of depicting women as non-assertive and the way she makes her point by "not making a point" (Rees, 1978, p. 154), but I found that her plays powerfully evoke the inequality inherent in many male-female relationships even three decades later. Radic (2006) argues that De Groen does not attempt to find answers but to represent dilemmas by using a "serious comedy" style. In *Vocations*, Vicki is upset by her husband's claim to speak for her but, also, for "packaging" her pain "into something that other women can use" (De Groen, 1997, p. 111).

As noted earlier, playwriting has been largely a male occupation in Australia, with earlier female playwrights, including Oriel Gray, waiting forty years for a professional production. The tide began to turn in the 1970s with the Women's Liberation Movement encouraging women to express themselves. Some of the plays written in the 1970s, such as *Betty can jump* (1972) were group devised by theatre companies such as the Pram Factory

and the Women's Theatre Group. However, it was not until 1990 that women's issues dominated the line-up, as in a Malthouse season directed by Carrillo Gantner, in which five of the eight plays performed were written by female playwrights, including Tes Lyssiotis and Joanna Murray-Smith.

Tes Lyssiotis's *The forty lounge cafe* (1990) is an evocative depiction of the migrant experience and the plight of women whose destinies are shaped by others. The character, Toula, comments: "I'm a little doll who's been dropped and broken" (Lyssiotis, 1997, p. 194). This provides another example of the "doll" imagery that is prevalent in many plays by women, including "Frames". Lyssiotis also explores the fixation with appearance that many young girls have and their self-disgust. After Stavroula says that she wishes she could see herself in a mirror, Eleni replies, "Every time you look in the mirror, you're vain and the devil will take seven steps behind you" (p. 180). This scene resonates with Act One, Scene Ten, in "Frames", in which Jackie and Elizabeth focus on but simultaneously deplore their focus on appearance.

Joanna Murray-Smith calls for "an abstract, neutral design through which characters float, rather than become attached to or 'clothed' in their own context" (cited in Radic, 2006, p. 271). This comment reveals her rejection of contextualised drama and reproductive realism. *Redemption* (1997) and *Honour* (2006) use minimalist settings and a broken style of dialogue to suggest that characters are avoiding direct communication. Ironically, *Honour* begins with George describing himself as a communicator who tackles the "real" issues, but the play ends with his realisation that he has fooled himself and squandered the only "real" love he has experienced. *Honour* is about the effects of infidelity on a family and subsequent loss and grief (Murray-Smith, 2006).

In a similar style, *Redemption* uses incomplete sentences and indirect communication to build suspense about Sam's and Edie's relationships with each other and the murdered Jacob, who is Sam's brother and Edie's ex-partner, and with each other. Love is depicted as a force of redemption, requiring honesty and courage for its fulfilment. The play also focuses on youth at risk. Sam's decision to release Kevin Miller, a juvenile offender, results in Jacob's murder, causing him to reflect on responsibility. He also questions how a middle-class lifestyle, with its consumer comforts, encourages people to forget about violence in the outer world. Interestingly, Edie alludes to her "disembodied" experience in her comment: "I looked down at my body—and I—I could *see* it, yes—but I

didn't belong to it" (Murray-Smith, 1997, p. 39). Sam also objectifies Edie's body, by describing it in a detached manner: "You got perfect, Edie. Between then and now. You went right along and did it. [Beat.] And you're thinner—" (p. 3).

In *Bombshells*, Murray-Smith (2004) uses six monologues to explore various female experiences, including that of a young mother who feels she has lost control of her life and a lonely widow who yearns for the unexpected. Despite their diversity, the characters define themselves, to some extent, by the men in their lives and by their appearances. This is parodied in Theresa McTerry's realisation that she is marrying for "the dress". As Murray-Smith's primary focus is the characters' emotional states, I discovered some resonances with "Frames". However, Murray-Smith's work in general, and this play, in particular, could have benefitted by a broader scope that might encourage audiences to question Western values and expectations of women. My view is shared by Radic, who notes "Murray-Smith's failure to convert ... private experiences into drama of more generalised significance" (Radic, 2006, p. 278).

Heather Nimmo's *The hope* (Nimmo, 1987) is set in a small fictional mining town in Western Australia (called "Hope"). Written in a naturalistic style, the play explores the transformation of Bet and Michael from their arrival in the town, full of hopes and dreams for a better future, to their ignominious departure following a bawdy night out. Both characters compromise their values and principles, although for different reasons. Bet, against her better judgement, sleeps with Michael's boss on the promise of a job promotion and Michael sleeps with Charley, the barmaid, after a bout of drunkenness. The play is cyclical, with Bet and Michael echoing the scenario of past inhabitants of their house. Although the town promises wealth and prosperity, it destroys hopes and dreams, leaving people embittered and hardened. Nimmo's portrayal of women in the mining culture covers a broad range, from the new urban wife who is determined not to lose her integrity and values, to the skimpy barmaid who justifies her exploitation for financial reasons, to the nosey neighbour, who survives by interfering in others' lives. While effective in portraying mining culture, the play's narrow focus results in stereotypical characterisation. Bet does try to challenge her own role by visiting the front bar of the hotel, thereby breaking social convention, but eventually she succumbs to social pressure and trades sex for favours.

Like "Frames", Nimmo's play portrays the standardised roles still enacted by many men and women in contemporary Australian culture, although these roles differ between

mining towns and urban cosmopolitan centres. While many men are out drinking at the pub, ogling the barmaids, the women are at home, awaiting their return. In this scenario which is more frequently found in mining towns than bigger cities, women are either objectified as sex objects or subjugated in their roles as home-maker and are defined only in relation to their partners. Unlike "Frames", *The hope* suggests the psychological effects of a patriarchal culture on women, but does not explore, in depth, the damage it may cause.

The origin of Indigenous theatre dates back to 1968, when Kevin Gilbert wrote *The cherry pickers* while in prison (Carroll, 1994). It has been claimed that early Aboriginal theatre, leading to the Black Theatre Company in the 1970s, was primarily a forum of protest, often penned behind prison bars. It was conceived as a means of both entertaining and educating those who did not understand the Aboriginal way of life, as suggested by Saunders (1989). Australia's first Aboriginal playwright to have work produced by a professional theatre was Robert Merritt, whose play *The cake man* was performed by Sydney's Black Theatre in 1975 (Merritt, 1999). With the folding of this company in the early 1980s, it appeared that Aboriginal theatre had all but finished, until the emergence of Jack Davis in the late 1980s.

Jack Davis's *Kullark* (1979) documents the early conflicts and misunderstandings between the white settlers and the traditional custodians of the land. Simultaneously, it sets a contemporary Aboriginal family struggling for acceptance and equal opportunity against the backdrop of this bloodied and tumultuous history (J. Davis, 1982). *The dreamers* (1982) develops this theme further, depicting the squalor, substance abuse and emptiness prevalent in many contemporary Aboriginal communities. Images from the traditional past impinge upon the modern day setting, by the dreams and memories of Worru, conveying the importance of their rich spiritual heritage, while also contrasting past freedoms and glories with current losses and struggles. As Chakravarty (2012) suggests, by foregrounding the Dreamtime stories in this way and using traditional rituals of body-painting, their significance is contextualised in contemporary Aboriginal culture. Berndt (1982) notes that *Kullark* reviews the present Noongar plight against its historical background, while *The dreamers* presents contemporary Noongars struggling to re-discover and retain their identity, amidst poverty, substance abuse, unemployment, lack of education and health problems.

The technique of juxtaposing past and present time frames in *The dreamers* is similar to that employed by "Frames", in that the style shifts between social realism and a narrative monologue which depicts recollections. *The dreamers*, unlike "Frames", also employs various theatrical techniques to convey memories, that is, dance, chant and poetry.

The search for identity is also a central theme in Vivienne Cleven's *Bitin' back* (2007), as Nevil explores both his sexuality and place of belonging in a white world. Indigenous women's stories are explored in Wesley Enoch's *Black Medea* (2007), Jane Harrison's *Rainbow's end* (2007), David Milroy's *Windmill baby* (2007) and Eva Johnson's *Murras* (Johnson, 1997). In *Black Medea*, Enoch uses direct address in a similar manner to "Frames" to explore the inner conflicts of a protagonist torn between loyalty to her own and her family's values, framed within the archetypal Greek tragedy. Milroy's *Windmill baby* also uses this technique to convey Maymay's story and the broader impact of colonisation on the Aboriginal way of life and its effects on children born from mixed ancestry (Milroy, 2007).

Theatre that addresses class, race and gender issues often alludes to problems of equality, self-determination and self-identity. Theatre is important in voicing a range of perspectives including multicultural and international influences that have shaped the Australian sense of identity. This fits with the theatre's role of observing and reporting on life. I believe that it is the playwright's responsibility, to some extent, to address social problems and so I agree with Rees's comment that if playwrights are witnessing life moving towards "social, moral and domestic disintegration", then it is important for them to explore and depict these changes in their writing (Rees, 1978, pp. 209-210).

Australia's rich multicultural heritage has produced some new and exciting work that explores traditional stories from Asia. My readings in this area challenged my ideas about theatrical styles as some plays use performance art techniques that blur boundaries between genres, and they have also helped me to look at my writing from a cross-cultural perspective. Binh Duy Ta is a first generation Vietnamese Australian whose play *The monkey mother* (2001) explores some of the traditional tales from his heritage in mythic sequences that incorporate traditional Vietnamese poetry and martial arts to capture the resilience of the human spirit in adversity. The play uses a mixture of Vietnamese and English to recreate the traditional story of the monkey mother who finds a lost child and

raises it, despite warnings that the boy will grow up to bring disaster to her world, when, as an adult, he falls in love with a girl from the outside.

In *Chinese take away* (2001), Anna Yen traces her family's heritage from her grandmother's stories of survival in China and Hong Kong in the 1930s to her mother's relocation and experiences of racism in Australia in the 1960s to her own challenges and heartaches of growing up in the 1970s. Yen uses a unique meld of original music and circus craft, including clowning and magic, to produce this evocative account of her heritage and brings to life, on a broader scale, the immigrant experience from Chinese heritage to modern Australian culture. Once again, traditional language is used as well as English.

Indija Mahjoeddin's *The butterfly seer* (2001) explores her Indonesian heritage through a hybrid form of Randai structure and contemporary Western theatre techniques. In describing her cultural background, the playwright explains that her Indonesian roots are part of a matrilineal system, overlaid with patriarchal Islamic culture, and the script seems to reflect this blend of perspectives. The play explores the myth of Ayesha, an orphaned teenage girl who, after being raped, finds herself surrounded by a swarm of butterflies that cover her nakedness, giving her a beatific presence that inspires many people, including Osman the clown, to follow her on a traditional pilgrimage or haj to Mecca. The play explores themes from religious experience to the temptations posed by materialism and wealth. I considered the image of the female saviour particularly compelling. While I found these multicultural representations fascinating, I chose to set "Frames" in a white middle-class home because the play was inspired by my niece who had a similar background and because research provides evidence that there is a link between white Western middle-class values and anorexia.

My review of selected twentieth and twenty first century plays has included performance and performative art, such as those that are presented in *Performing the UnNameable*. While there are some significant works such as Jones's *Spitfire 1 2 3* (1999), Enoch and Mailman's *The 7 stages of grieving* (1999) and Wilson's *The geography of haunted places* (1999), which effectively use visual and spatial imagery, they will not be discussed due to limited space. Reading these texts urged me to consider ways I could diversify my style and led me to question whether "Frames" contains elements of performative art. As previously noted, "Frames" shares some stylistic features with performance, rather than performative, art. My study of Australian theatre has provided a

context for "Frames" suggesting the broad range of styles and techniques adopted by playwrights from the early 1900s until the present. White, Hewett and Nowra for example, combine, in various ways, realism, expressionism and symbolism to explore inner states. This blend of styles allows psychological conflicts and identity confusion to be explored more fully than could be achieved by one style alone and this lends further support to the approach taken in "Frames".

Chapter Seven

Conclusion

When I embarked on this journey several years ago, I wanted to write a play that would elucidate and bring to life the inner experiences of a young woman battling anorexia. My journey took me to the other side of the continent and to many different discourses to explore the multiple meanings anorexia has in our increasingly complex society. In this essay, I have explored many approaches to the topic, including the medical, historical, sociological, psychological, philosophical, anthropological, narrative and theatrical, and showed how various studies and interpretations have been relevant to my depiction of this disorder. I have found that anorexia cannot be understood in a singular context as it has multiple meanings and manifestations, but what has emerged from this multiplicity of forms is an underlying pattern. Anorexia and the rising incidence of self-harm in youth reflects, to some extent, a tendency in contemporary Western culture to place too much emphasis on appearance.

In the early stages of writing the play, I realised that the visual image of a frame, with its many connotations, would be an ideal way to represent different stages of life and emotional spaces inhabited by the central character. By working with this image, I began to appreciate its appropriateness in depicting anorexia's multilayered meanings. While I started by exploring self-destructive behaviour in youth, I soon discovered that my thesis was also about frames, perceptual frames and frames of reference, and not just about the frames in which we codify our bodies as "obese" or "thin". Rather, this thesis explores the frames we use in order to codify our thoughts and beliefs about ourselves and the frames that we try to fit into in our desperation to belong in the corporeal world. It is about how we construe our lives by the perceptual frames that we adopt. It is also about the frames that other people try to make us fit, frames that tell us that women must be thin and beautiful in order to be valued.

My research supported my representation in the first draft of "Frames", but also suggested ways I could improve the script, for instance, reading about "tweens" influenced the depiction of Elizabeth and Jackie as "tweens" in Act One, Scene Ten. I set the play in an affluent, Western home and found that this decision was supported by research that shows a link between anorexia and consumerism. Psychological research also suggests

links among anorexia, low self-esteem, identity issues and a lack of autonomy and control. This provided support for my depiction of Elizabeth as someone unsure of her identity and lacking control over her life. It also encouraged me to explore these themes further in the second act, as she switches between frames and different ages. My research was problem-led, in that I wanted to determine aetiological factors of the disorder, but was also practice-led. Writing the play directed my research into various areas that I might not have ventured into had I taken a different approach; for instance, if the image of the frame had not emerged during the process of writing, I may not have explored certain influential texts, including Lakoff's *Don't think of an elephant*.

I also explored narrative and dramatic literature depicting anorexia and other forms of self-harm, in order better to understand the way that anorexics perceive their disorder and to contextualise the play in relation to other theatrical representations. My reading of anorexic narratives informed my characterisation of Elizabeth and also supported my decision to use derivatives of her name to represent aspects of her self. Theatrical representations of the disorder, although limited in number, gave me an appreciation of the ways in which other writers had approached this topic. I discovered previous depictions were either monologue based, thereby exploring inner thoughts and feelings, or representations of anorexic behaviour. I did not discover any other texts that used the approach that I had taken, that is, to explore inner states by a method of interweaving direct address and realistic scenes depicting social relationships.

After satisfying myself that my depiction of the disorder was appropriate and relevant, I studied a range of international and Australian dramatic texts in order to perceive and evaluate the play against the broader theatrical tradition. I found thematic and technical resonances in the works of Brecht, Ibsen, White, Hewett, Nowra and other playwrights, but have also discovered that while "Frames" bears resemblances to other works, it also stands alone in its attempt to meld realism, expressionism, direct address and the symbolic for an investigation of a serious social and health problem. When I first started writing the play, I realised that a realistic style, by itself, would not convey the complexity of a serious illness that appears to relate to specific social and economic conditions. I was reassured by reading other writers who had effectively blended different styles for political purposes. It was always my intention to write a play that would both educate and entertain a broad audience that includes children and young people.

While this study raises many questions, the answers have been less forthcoming. Anorexia is a disorder that reflects some persistent ailments and conundrums of our society, that is, crises of identity and a pervading sense of disconnectedness. In writing "Frames", I wanted to draw attention to what is potentially self-destructive in the current zeitgeist of cultural values that stress the pursuit of thinness. While the media has played a prominent role in promoting these values, there are some recent indications that it may be in the process of change. Mental health issues are currently the focus of many media campaigns that stress the importance of early intervention. With current research indicating the significance of body image to many young people and the deleterious effects of this, there have been recent parliamentary interventions to ban skinny models with dangerously low Body Mass Index from the catwalk and to phase out media advertising that promotes rapid weight-loss diets and cosmetic surgery. There are also signs that educative programs to assist people in interpreting and resisting media advertising may be introduced.

Although my focus has been mainly on aetiology, my research has also suggested societal measures and treatments that can be implemented to address anorexia. Education programs that teach children the importance of healthy body image and that promote positive self-esteem should prove helpful. Training teachers, parents and other guardians of children about the early signs of anorexia will help to ensure that children at risk receive early intervention. Family-based treatment programs that address anorexic behaviours, together with individual counselling need to be readily available to those afflicted by the disorder.

The importance of the arts, in this context, should not be underestimated. From an early age, children are exposed to images from a diverse range of media, including film and television. Scripts that tackle important mental health issues such as anorexia have a significant role to play in drawing attention to these problems and by illustrating ways in which they develop, as well as pointing to possible treatments and outcomes. While I am not suggesting that the arts can provide answers to or remedies for these problems, I believe that they can promote constructive discussion that may lead to active intervention and also that by experiencing artistic depictions eating disordered individuals may be encouraged to express themselves in artistic ways, such as writing and drawing. It is my sincere hope that this thesis can be part of this process, encouraging youth at risk to express themselves by

alternative methods including the performing arts and helping to foster positive attitudes in a community that values people for their actions and not by their appearance.

LIST OF REFERENCES

- Alexander, J., & Le Grange, D. (2009). *My kid is back*. Melbourne: Melbourne University Press.
- Arendt, H. (1962). The poet Bertolt Brecht. In P. Demetz (Ed.), *Brecht: A collection of critical essays* (pp. 43-50). Englewood Cliffs: Prentice-Hall Inc.
- Arrow, M. (2002). *Upstaged: Australian women dramatists in the limelight at last*. Sydney: Currency Press.
- Behar, R. (2007). Gender-related aspects of eating disorders: A psychosocial view In J. S. Rubin (Ed.), *Eating disorders and weight loss research* (pp. 39-66). New York: Nova Science Publishers Inc.
- Bell, J. (1977). Introduction. In K. Brisbane (Ed.), *Inner voices*. Sydney: Currency Press.
- Bell, R. M. (1985). *Holy anorexia*. Chicago: The University of Chicago Press.
- Bensusan, I. (1999). The apple. In S. Pfisterer (Ed.), *Tremendous worlds: Australian women's drama 1890-1960*. Sydney: Currency Press.
- Birmingham, C. L., Su, J., Hlynsky, J. A., Goldner, E. M., & Gao, M. (2005). The mortality rate from anorexia nervosa. *International Journal of Eating Disorders*, 38, 143-146.
- Bordo, S. (1993). *Unbearable weight: feminism, Western culture, and the body*. Berkeley: University of California Press.
- Bowman, G. (2007). *Thin*. London: Penguin Books Ltd.
- Boyd, E. R., & Bray, A. (2005). *Body talk: A power guide for girls*. Sydney: Hodder.
- Brand, M. (1999). Here under heaven. In S. Pfisterer (Ed.), *Tremendous worlds: Australian women's drama 1890-1960*. Sydney: Currency Press.
- Brecht, B. (1969). *The Caucasian chalk circle*. London: Methuen & Co Ltd.
- Brecht, B. (1979). *The good person of Szechwan*. London: Eyre Methuen.
- Brisbane, K. (2002). Foreword. In K. Brisbane (Ed.), *Patrick White collected plays* (Vol. 1). Sydney: Currency Press.
- Brook, P. (1982). *The empty space*. Harmondsworth, Middlesex: Penguin Books.
- Bruch, H. (1973). *Eating disorders: Obesity, anorexia nervosa, and the person within*. New York: Basic Books Inc.
- Bruch, H. (1978). *The golden cage*. Cambridge, Massachusetts: Harvard University Press.

- Brumberg, J. J. (1989). *Fasting girls: The history of anorexia nervosa*. Cambridge: Harvard University Press.
- Bulik, C. M., Sullivan, P. F., Tozzi, F., Furberg, H., Lichtenstein, P., & Pedersen, N. L. (2006). Prevalence, heritability and prospective risk factors for anorexia nervosa. *Archives of General Psychiatry*, 63, 305-312.
- Bulik, C. M., Thornton, L., Pinheiro, A. P., Plotnikov, K., Klump, K. L., Brandt, H., . . . Kaye, W. H. (2008). Attempted suicides in anorexia nervosa. *Psychosomatic Medicine*, 70(3), 378-383.
- Bulik, C. M., Thornton, L., Pinheiro, A. P., Plotnikov, K., Klump, K. L., Brandt, H., & Kaye, W. H. (2008). Attempted suicides in anorexia nervosa. *Psychosomatic Medicine*, 70(3), 378-383.
- Butler, J. (1997). *Excitable speech: A politics of the performative*. New York: Routledge.
- Buzo, A. (1976). *Martello Towers*. Sydney: Currency Methuen Drama Pty Ltd.
- Carr-Gregg, M. (2006). *The princess bitchface syndrome*. London: Penguin Books.
- Carroll, D. (1994). *Australian contemporary drama*. Sydney: Currency Press.
- Chernin, K. (1985). *The hungry self*. London: Virago Press.
- Christie, D. (2000). Cognitive-behavioural therapeutic techniques for children with eating disorders. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 205-226). Hove: Psychology Press.
- Christie, D., Watkins, B., & Lask, B. (2000). Assessment. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 105-125). Hove: Psychology Press.
- Cixous, H., & Clement, C. (1996). *The newly born woman* (B. Wing, Trans.). London: I.B. Tauris Publishers.
- Cook-Darzens, S., Doyen, C., Falissard, B., & Mouren, M. C. (2005). Self-perceived family functioning in 40 French families of anorexic adolescents: Implications for therapy. *European Eating Disorders Review*, 13, 223-236.
- Cook-Darzens, S., Doyen, C., & Mouren, M. C. (2008). Family therapy in the treatment of adolescent anorexia nervosa: Current research evidence and its therapeutic implications. *Eating and Weight Disorders - Studies on anorexia, bulimia and obesity*, 13(4), 157-170.
- Couturier, J. L., & Lock, J. (2006). Denial and minimization in adolescents with anorexia nervosa. *International Journal of Eating Disorders*, 39, 212-216.
- Crisp, A. (1980). *Anorexia nervosa: Let me be*. London: Academic Press Inc.

- Crisp, A. (2006). Death, survival and recovery in anorexia nervosa: A thirty five year study. *European Eating Disorders Review*, 14, 168-175.
- Cusack, D. (1999). Morning sacrifice. In S. Pfisterer (Ed.), *Tremendous worlds: Australian women's drama 1890-1960*. Sydney: Currency Press.
- Dally, P., & Gomez, J. (1979). *Anorexia nervosa*. London: William Heinemann Medical Books Ltd.
- Davis, J. (1982). *Kullark/The dreamers*. Sydney: Currency Press.
- Davis, K. (2009). Mirror, mirror; society, *Sydney Morning Herald*.
- de Beauvoir, S. (1972). *The second sex*. London: Jonathan Cape Ltd.
- De Groen, A. (1993). *The girl who saw everything*. Sydney: Currency Press.
- De Groen, A. (1997). Vocations. In P. Tait & E. Schafer (Eds.), *Australian women's drama: Texts and feminisms*. Sydney: Currency Press.
- De Rossi, P. (2010). *Unbearable lightness: A story of loss and gain*. Melbourne, London: Hardie Grant Books.
- Demetz, P. (1962). Introduction. In P. Demetz (Ed.), *Brecht: A collection of critical essays* (pp. 1-15). Englewood Cliffs: Prentice-Hall Inc.
- Dignon, A., Beardsmore, A., Spain, S., & Kuan, A. (2006). 'Why I won't eat': Patient testimony from 15 anorexics concerning the causes of their disorder. *Journal of Health Psychology*, 11, 942-956.
- Doidge, N. (2007). *The brain that changes itself*. New York: Viking Penguin.
- Dunbar, M. (1986). *Catherine: A tragic life*. London: Penguin Books.
- Esslin, M. (1976). *An anatomy of drama*. London: Temple Smith.
- Faludi, S. (1992). *Backlash: The undeclared war against women*. London: Vintage.
- Filewood, A., & Watt, D. (2001). *Workers' playtime: Theatre and the labour movement since 1970*. Sydney: Currency Press.
- Fisher, R. (1978). The club *The club*. Sydney: Currency Press.
- Franko, D. L., Keel, P. K., J. D. D., Blais, M. A., Delinsky, S. S., Eddy, K. T., . . . Herzog, D. B. (2004). What predicts suicide attempts in women with eating disorders? *Psychological Medicine*, 34, 843-853.
- Furr, A., & Ross, L. T. (2006). A review of childhood family risk and protective factors for eating disorders. In P. I. Swain (Ed.), *Eating disorders: New research*. New York: Nova Science Publishers Inc.

- Garner, D. M., & Garfinkel, P. E. (1980). Socio-cultural factors in the development of anorexia nervosa. *Psychological Medicine*, 10, 647-656.
- Garrett, C. (1992). Thin voices, starved lives. *Modern Times*, September 1992, 37.
- Garrett, C. (1998). *Beyond anorexia: Narrative, spirituality and recovery*. Cambridge: The Press Syndicate of the University of Cambridge.
- Gilbert, H. (2001). *Sightlines: Race, gender, and nation in contemporary Australian theatre*. Michigan: The University of Michigan Press.
- Gooldin, S. (2008). Being anorexic. *Medical Anthropology Quarterly*, 22, 274-296.
- Gottlieb, L. (2000). *Stick figure: A diary of my former self*. Sydney: Hodder Headline Australia Pty Ltd.
- Gough-Brady, C. (Writer) & C. Gough-Brady (Director). (2007). What I wrote: Louis Nowra. In Snodger-Media (Producer), *What I wrote*. Australia: Ronin Films.
- Gould, M. S., Shaffer, D., & Greenberg, T. (2003). The epidemiology of youth suicide. In R. A. King & A. Apter (Eds.), *Suicide in children and adolescents* (pp. 1-40). Cambridge: Press Syndicate of the University of Cambridge.
- Gowers, S., & North, C. (1999). Difficulties in family functioning and adolescent anorexia nervosa. *British Journal of Psychiatry*, 174, 63-66.
- Gowers, S. G., North, C. D., & Byram, V. (1996). Life event precipitants of adolescent anorexia nervosa. *Journal of Child Psychology and Psychiatry*, 37(4), 469-477.
- Gray, O. (1996). *The torrents*. Sydney: Currency Press.
- Grehan, H. (2001). *Mapping cultural identity in contemporary Australian performance*. Brussels: P.I.E. - Peter Lang
- Haggiag, T. (2000). The broken jigsaw: A child's perspective. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 3-10). Hove: Psychology Press.
- Hale, E. (2009, October 18). Barbie tattoos panned, *The Sunday Times*, p. 15.
- Halliwell, E. (2009, February 1). Parents fail teens, *The Sunday Times*, p. 29.
- Halse, C., Honey, A., & Boughtwood, D. (2008). *Inside anorexia: The experiences of girls and their families*. London: Jessica Kingsley Publishers.
- Hamilton, C., & Denniss, R. (2005). *Affluenza*. Crows Nest: Allen and Unwin.
- Hamilton, M. (2008). *What's happening to our girls?* Camberwell: Penguin Books.
- Hanks, P. (Ed.). (1971). *Encyclopedic world dictionary*. London: The Hamlyn Publishing Group Limited.

- Hardman, R. K., Berrett, M. E., & Richards, P. S. (2003). Spiritually and ten false beliefs and pursuits of women with eating disorders: Implications for counselors. *Counseling and Values*, 48(1), 67-78.
- Harmer, W. (1996). *What is the matter with Mary-Jane?* Strawberry Hills: Currency Press Ltd.
- Haupt, A. (2010, August). Girls' early puberty raises health concerns. *Health Buzz*. Retrieved from <http://health.usnews.com/health-news/family-health/sexual-and-reproductive-health/articles/2010/08/09/health-buzz-girls-early-puberty-raises-health-concerns>
- Hesse-Biber, S. N. (2007). *The cult of thinness* (2nd ed.). New York: Oxford University Press, Inc.
- Hesse-Biber, S. N., Leavy, P., Quinn, C. E., & Zoino, J. (2006). The mass marketing of disordered eating and eating disorders: The social psychology of women, thinness and culture. *Women's Studies International Forum*, 29(2), 208-224.
- Hewett, D. (1976a). *Bon-bons and roses for Dolly and The Tatty Hollow story*. Sydney: Currency Methuen Drama Pty Ltd.
- Hewett, D. (1976b). *This old man comes rolling home*. Sydney: Currency Methuen Drama Pty Ltd.
- Hewett, D. (1997). The chapel perilous. In P. Tait & E. Schafer (Eds.), *Australian women's drama: Texts and feminisms*. Sydney: Currency Press.
- Hibberd, J. (1978). *Dimboola*. Ringwood: Penguin Books.
- Holm-Denoma, J. M., Witte, T. K., Gordon, K. H., Herzog, D. B., Franko, D. L., Fichter, M., . . . Joiner Jr., T. E. (2008). Deaths by suicide among individuals with anorexia as arbiters between competing explanations of the anorexia-suicide link. *Journal of Affective Disorders*, 107, 231-236.
- Honig, P. (2000). Family work. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 187-204). Hove: Psychology Press.
- Honig, P., & Sharman, W. (2000). Inpatient management. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 265-288). Hove: Psychology Press.
- Hornbacher, M. (1998). *Wasted*. London: Flamingo: An Imprint of HarperCollins Publishers.
- Howard-Taylor, L. (1988). *Biting anorexia*. Sydney: Finch Publishing.

- Hutchinson, M. G. (1994). Imagining ourselves whole: A feminist approach to treating body image disorders In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 153-168). New York: The Guilford Press.
- Ibsen, H. (1981a). Ghosts. In J. McFarlane & J. Arup (Eds.), *Four major plays*. Oxford: Oxford University Press.
- Ibsen, H. (1981b). Hedda Gabler. In J. McFarlane & J. Arup (Eds.), *Four major plays*. Oxford: Oxford University Press.
- Ibsen, H. (1998). *Four major plays*. Oxford: Oxford University Press.
- Irigaray, L. (1985). *Speculum of the other woman* (G. C. Gill, Trans.). Ithaca, New York: Cornell University Press.
- Irigaray, L. (1996). *I love to you: Sketch for a felicity within history*. New York, London: Routledge.
- Jackson, C. C., & Davidson, G. P. (1986). The anorexic patient as a survivor: The denial of death and death themes in the literature on anorexia nervosa. *International Journal of Eating Disorders*, 5(5), 821-835.
- Johnson, E. (1997). Murras. In P. Tait & E. Schafer (Eds.), *Australian women's drama: Texts and feminisms*. Sydney: Currency Press.
- Jones, A., & Crawford, A. (1995). *Shadow of a girl: Diary of an anorexic*. Ringwood: Penguin Books Australia Ltd.
- Kadish, Y. (2011). Autistoid psychic retreat in anorexia. *British Journal of Psychotherapy*, 27(1), 19-36.
- Kane, S. (2001). 4.48 psychosis *Complete plays* (pp. 203-246). London: Methuen Publishing Ltd.
- Kaplan, A. S. (2005). From genes to treatment response: New research into the psychobiology of anorexia nervosa. *International Journal of Eating Disorders*, 37, 587-589.
- Kaye, W. H., Frank, G. K., Bailer, U. F., & Henry, S. E. (2005). Neurobiology of anorexia nervosa: Clinical implications of alterations of the function of serotonin and other neuronal systems. *International Journal of Eating Disorders*, 37, 515-519.
- Kilbourne, J. (1994). Still killing us softly: Advertising and the obsession with thinness. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 395-418). New York: The Guilford Press.
- King, R. A., Ruchkin, V. V., & Schwab-Stone, M. E. (2003). Suicide and the "continuum of adolescent self-destructiveness": Is there a connection? In R. A. King & A. Apter (Eds.), *Suicide in children and adolescents* (pp. 41-62). Cambridge: Press Syndicate of the University of Cambridge.

- Klump, K. L., Bulik, C. M., Kaye, W. H., Treasure, J., & Tyson, E. (2009). Academy for eating disorders position paper: Eating disorders are serious mental illnesses. *International Journal of Eating Disorders*, 42(2), 97-103.
- Lacan, J. (1977). *Ecrits: A selection 1901-1981* (A. Sheridan, Trans.). London: Tavistock/Routledge.
- Lacan, J. (1980). *Ecrits: A selection* (A. Sheridan, Trans.). London: Tavistock.
- Lakoff, G. (2004). *Don't think of an elephant!* Vermont: Chelsea Green Publishing Company.
- Lally, E. (2012). *Women in theatre*. Surry Hills: Australia Council Retrieved from <http://www.australiacouncil.gov.au>.
- Lask, B. (2000). Overview of management. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 167-185). Hove: Psychology Press.
- Lawrence, M. (1984). *The anorexic experience*. London: The Women's Press Limited.
- Le Grange, D., & Eisler, I. (2008). Family interventions in adolescent anorexia nervosa. *Child Adolescent Psychiatric Clinic N Am*, 18, 159-173.
- Lee, S. (1996). Reconsidering the status of anorexia nervosa as a Western culture-bound syndrome. *Social Science and Medicine*, 42(1), 21-34.
- Lelwica, M. M. (1999). *Starving for salvation: The spiritual dimensions of eating problems among American girls and women*. New York: Oxford University Press.
- Levine, M. P., & Murnen, S. K. (2009). Everybody knows that mass media are/are not (pick one) a cause of eating disorders: A critical review of evidence for a causal link between media, negative body image, and disordered eating in females. *Journal of Social and Clinical Psychology*, 28(1), 9-42.
- Lock, J. (2009). Eating disorders in children. *Psychiatric Times*, 26.
- Lyssiotis, T. (1997). The forty lounge cafe. In P. Tait & E. Schafer (Eds.), *Australian women's drama: Texts and feminisms*. Sydney: Currency Press.
- MacDonald, M. (2000). Bewildered, blamed and broken-hearted: Parents' views of anorexia nervosa. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 11-24). Hove: Psychology Press.
- Magagna, J. (2000). Individual psychotherapy. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 227-263). Hove: Psychology Press.

- Malson, H. (1998). *The thin woman: Feminism, post-structuralism and the social psychology of anorexia nervosa*. London: Routledge.
- Markey, C. N. (2010). Invited commentary: Why body image is important to adolescent development. *Journal of Youth Adolescence*, 39, 1387-1391.
- McEwen, C., & Flouri, E. (2009). Fathers' parenting, adverse life events, and adolescents' emotional and eating disorder symptoms: The role of emotion regulation. *European Child Adolescent Psychiatry*, 18, 206-216.
- Merritt, R. J. (1999). The cake man. In K. Brisbane (Ed.), *Plays of the 70s* (Vol. 2). Sydney: Currency Press.
- Meyrick, J. (2002). *See how it runs: Nimrod and the new wave*. Sydney: Currency Press.
- Milne, G. (2004). *Theatre Australia unlimited: Australian theatre since the 1950s*. Amsterdam: Rodopi.
- Milroy, D. (2007). Windmill baby. In L. Behrendt (Ed.), *Contemporary Indigenous plays*. Sydney: Currency Press.
- Monk, G., Winslade, J., Crocket, K., & Epston, D. (1997). *Narrative therapy in practice: The archaeology of hope*. San Francisco: Jossey-Bass Inc.
- Murphet, R. (1999). Quick death. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- Murray-Smith, J. (1997). *Redemption*. Sydney: Currency Press.
- Murray-Smith, J. (2006). *Honour*. Sydney: Currency Press.
- Nilsson, K., Abrahamsson, E., Torbiornsson, A., & Hägglöf, B. (2007). Causes of adolescent onset anorexia nervosa: Patient perspectives. *Eating Disorders*, 15, 125-133.
- Nimmo, H. (1987). *The hope*. Sydney: Currency Press.
- North, C., Gowers, S., & Byram, V. (1995). Family functioning in adolescent anorexia nervosa. *British Journal of Psychiatry*, 167, 673-678.
- Nowra, L. (1977). *Inner voices*. Sydney: Currency Press.
- Nowra, L. (1992). *Cosi*. Sydney: Currency Press.
- O'Neill, E. (1966). *Long day's journey into night*. London: Jonathan Cape Ltd.
- Orbach, S. (1993). *Hunger strike*. Harmondsworth, Middlesex: Penguin Books.
- Orbach, S. (1998). *Fat is a feminist issue and its sequel*. London: Arrow Books.

- Palmer, R. L. (1989). *Anorexia nervosa: A guide for sufferers and their families*. London: Penguin Books.
- Parsons, P., & Chance, V. (Eds.). (1995). *Companion to theatre in Australia*. Sydney: Currency Press.
- Pearlman, K., & Allen, R. J. (1999). Introduction. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- Perlick, D., & Silverstein, B. (1994). Faces of female discontent: Depression, disordered eating, and changing gender roles. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 77-93). New York: The Guilford Press.
- Pfisterer, S. (Ed.). (1999). *Tremendous worlds: Australian women's drama 1890-1960*. Sydney: Currency Press.
- Phelan, P. (1993). *Unmarked: The politics of performance*. London: Routledge.
- Pike, K. M., Hilbert, A., Wilfley, D. E., Fairburn, C. G., & Dohm, F.-A. (2008). Toward an understanding of risk factors for anorexia nervosa: A case control study. *Psychological Medicine*, 38(10), 1443-1453.
- Pollack, D. (2011). About face: Should we take a stand on standards of beauty. *Technorati Women*, (2011, July 29). Retrieved from <http://technorati.com/women/article/about-face-should-we-take-a/>
- Pompili, M., Girardi, P., Tatarelli, G., Ruberto, A., & Tatarelli, R. (2006). Suicide and attempted suicide in eating disorders, obesity and weight-image concern. *Eating Behaviors*, 7, 384-394.
- Poser, M. (2005). Anorexia nervosa: A parent's perspective. *The Association for Family Therapy*, 27, 144-146.
- Radic, L. (2006). *Contemporary Australian drama*. Blackheath: Brandl & Schlesinger.
- Rees, L. (1978). *A history of Australian drama* (Vol. 2). Sydney: Angus & Robertson Publishers.
- Rhodes, P., & Madden, S. (2005). Scientist-practitioner family therapists, postmodern medical practitioners and expert parents: Second-order change in the eating disorders program at the children's hospital at Westmead. *The Association for Family Therapy*, 27, 171-182.
- Robertson, M. (1992). *Starving in the silences: An exploration of anorexia nervosa*. North Sydney: Allen & Unwin Pty Ltd.
- Rodriguez-Cano, T., Beato-Fernández, L., & Llaró, A. B. (2006). Body dissatisfaction as a predictor of self-reported suicide attempts in adolescents: A Spanish community prospective study. *Journal of Adolescent Health*, 38(6), 684-688.

- Rorty, R. (1999). *Philosophy and social hope*. London: Penguin Books.
- Rothblum, E. D. (1994). "I'll die for the revolution but don't ask me not to diet": Feminism and the continuing stigmatization of obesity. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 53-76). New York: The Guilford Press.
- Russell, G. F. M., Szmukler, G. I., Dare, C., & Eisler, I. (1987). An evaluation of family therapy in anorexia nervosa and bulimia nervosa. *Archives of General Psychiatry*, 44, 1047-1056.
- Rutherford, L., & Couturier, J. (2007). A review of psychotherapeutic interventions for children and adolescents with eating disorders. *The Canadian Child and Adolescent Psychiatry Review*, 16(4), 153-157.
- Schaefer, J., & Rutledge, T. (2004). *Life without Ed: How one woman declared independence from her eating disorder and how you can too*. New York: McGraw Hill.
- Scherag, S., Hebebrand, J., & Hinney, A. (2010). Eating disorders: The current status of molecular genetic research. *European Child Adolescent Psychiatry* 19, 211-226.
- Seid, R. P. (1994). Too "close to the bone": The historical context for women's obsession with slenderness. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 3-16). New York: The Guilford Press.
- Sesan, R. (1994). Feminist inpatient treatment for eating disorders: An oxymoron? In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 251-271). New York: The Guilford Press.
- Seymour, A. (1962). *The one day of the year*. Sydney: Angus and Robertson
- Sheppard, W. (2010). Body image statistics: Weight loss and diet statistics. *EatingDisorders411* Retrieved 2012, July 19, from <http://www.eatingdisorders411.com/body-image-statistics.html>
- Shisslak, C. M., & Crago, M. (1994). Toward a new model for the prevention of eating disorders. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 419-437). New York: The Guilford Press.
- Smith, F. T., Hardman, R. K., Richards, P. S., & Fischer, L. (2003). Intrinsic religiousness and spiritual well-being as predictors of treatment outcomes among women with eating disorders. *Eating Disorders*, 11, 15-26.
- Sokel, W. H. (1962). Brecht's split characters and his sense of the tragic. In P. Demetz (Ed.), *Brecht: A collection of critical essays* (pp. 127-137). Englewood Cliffs: Prentice-Hall, Inc.

- Steiner-Adair, C. (1994). The politics of prevention. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 381-394). New York: The Guilford Press.
- Steiner, H., Kwan, W., Shaffer, T. G., Walker, S., Miller, S., Sagar, A., & Lock, J. (2003). Risk and protective factors for juvenile eating disorders. *European Child Adolescent Psychiatry*, 12(Suppl 1), 38-46.
- Stice, E., Ng, J., & Shaw, H. (2010). Risk factors and prodromal eating pathology. *Journal of Child Psychology and Psychiatry*, 51(4), 518-525.
- Striegel-Moore, R. H. (1994). A feminist agenda for psychological research on eating disorders. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 438-454). New York: The Guilford Press.
- Sumner, J. (1976). The Buzo style. In K. Brisbane (Ed.), *Martello Towers*. Sydney: Currency Press.
- Tait, P., & Schafer, E. (Eds.). (1997). *Australian women's drama: Texts and feminisms*. Sydney: Currency Press.
- Thompson, B. (1994). Food, bodies, and growing up female: Childhood lessons about culture, race and class. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 355-378). New York: The Guilford Press.
- Tiggemann, M., & Miller, J. (2010). The internet and adolescent girls' weight satisfaction and drive for thinness. *Sex Roles*, 63, 79-90.
- Tolle, E. (2005). *A new earth*. London: Penguin Books Ltd.
- Tolman, D. L., & Debold, E. (1994). Conflicts of body and image: Female adolescents, desire, and the no-body body. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 301-317). New York: The Guilford Press.
- Treasure, J., Smith, G., & Crane, A. (2007). *Skills-based learning for caring for a loved one with an eating disorder: The new Maudsley method*. London: Routledge.
- Tretiakov, S. (1962). Bert Brecht. In P. Demetz (Ed.), *Brecht: A collection of critical essays* (pp. 16-29). Englewood Cliffs: Prentice-Hall, Inc.
- Uher, R., Brammer, M. J., Murphy, T., Campbell, I. C., Ng, V. W., Williams, S. C. R., & Treasure, J. (2003). Recovery and chronicity in anorexia nervosa: Brain activity associated with differential outcomes. *Society of Biological Psychiatry*, 54, 934-942.
- Uher, R., Murphy, T., Friederich, H.-C., Dalglish, T., Brammer, M. J., Giampietro, V., . . . Treasure, J. (2005). Functional neuroanatomy of body shape perception in healthy and eating-disordered women. *Society of Biological Psychiatry*, 58, 990-997.

- Vartanian, L. R. (2009). When the body defines the self: Self-concept clarity, internalization, and body image. *Journal of Social and Clinical Psychology*, 28(1), 94-126.
- Vervaet, M., Audenaert, K., & van Heeringen, C. (2003). Cognitive and behavioural characteristics are associated with personality dimensions in patients with eating disorders. *European Eating Disorders Review*, 11, 363-378.
- Wallin, U., & Persson, M. (2006). Intensive family treatment in an apartment setting, as part of an integrated treatment model for severe cases of anorexia nervosa in childhood and adolescence. In D. M. Devore (Ed.), *New developments in parent-child relations* (pp. 163-177). New York: Nova Science Publishers.
- Way, K. (1993). *Anorexia nervosa and recovery: A hunger for meaning*. New York: Harrington Park Press.
- Wheeller, M. (1991). *Hard to swallow*. Cambridge: Press Syndicate of the University of Cambridge.
- White, P. (1978). *Big toys*. Sydney: Currency Press.
- White, P. (2002). *Collected plays* (Vol. 1). Sydney: Currency Press.
- Whitney, J., & Eisler, I. (2005). Theoretical and empirical models around caring for someone with an eating disorder: The reorganization of family life and interpersonal maintenance factors. *Journal of Mental Health*, 14(6), 575-585.
- Williamson, D. (1972). *The removalists*. Sydney: Currency Press.
- Williamson, D. (1978). *The club*. Sydney: Currency Press.
- Wilson, J. L. J. (Ed.). (1962). *Bertolt Brecht: The modern mind* (Vol. 29): University of Sydney.
- Wolf, N. (1990). *The beauty myth*. London: Chatto and Windus Limited.
- Wolf, N. (1994). Hunger. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 94-111). New York: The Guilford Press.
- Women say they'd die to be thinner. (2011, December 10). *The West Australian*, p. 5.
- Wooley, O. W. (1994). ... And man created "woman": Representations of women's bodies in Western culture. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 17-52). New York: The Guilford Press.
- Zandian, M., Ioakimidis, I., Bergh, C., & Södersten, P. (2007). Cause and treatment of anorexia nervosa. *Physiology and Behavior*, 92, 283 - 290.
- Zuber-Skerritt, O. (Ed.). (1988). *David Williamson*. Amsterdam: Rodopi.

BIBLIOGRAPHY

- Albee, E. (1962). *Who's afraid of Virginia Woolf?* Middlesex: Penguin Books Ltd.
- Alexander, J., & Le Grange, D. (2009). *My kid is back*. Melbourne: Melbourne University Press.
- Allain, P. & Harvie, J. (2012) *The Routledge companion to theatre and performance*. Retrieved from books.google.com.au/books?isbn=0415257204
- Allen, R. J. (1999). Thursday's fictions. *Performing the UnNameable*. K. Pearlman & R. J. Allen. Sydney: Currency Press.
- Allen, R. J., & Pearlman, K. (Eds.). (1999). *Performing the UnNameable: An anthology of Australian performance texts*. Sydney: Currency Press.
- All Out Ensemble. (1999). Situation Normal ... Cut Up. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- Arendt, H. (1962). The poet Bertolt Brecht. In P. Demetz (Ed.), *Brecht: A collection of critical essays*. (pp. 43-50). Englewood Cliffs: Prentice-Hall, Inc.
- Arrow, M. (2002). *Upstaged: Australian women dramatists in the limelight at last*. Sydney: Currency Press.
- Artaud, A. (1970). *The theatre and its double*. London: Calder and Boyars.
- Australian Bureau of Statistics. (2012). *Causes of death, Australia, 2010* (Cat. No. 3303.0). Retrieved from <http://www.abs.gov.au>
- Bailey, A. (1993). *Breaking point*. London: Faber and Faber Limited.
- Barr Taylor, C., Bryson, S., Celio Doyle, A. A., Luce, K. H., Cuning, D., Abascal, L. B., ... Wilfley, D. E. (2006). The adverse effect of negative comments about weight and shape from family and siblings on women at high risk for eating disorders. *Pediatrics*, 118 (2), 731-738.
- Behar, R. (2007). Gender-related aspects of eating disorders: A psychosocial view. In J. S. Rubin (Ed.), *Eating disorders and weight loss research* (pp. 39-66). New York: Nova Science Publishers, Inc.
- Behrendt, L. (2007). Introduction. In L. Behrendt (Ed.), *Contemporary Indigenous plays*. Sydney: Currency Press.
- Bell, J. (1977). Introduction. In K. Brisbane (Ed.), *Inner voices*. Sydney: Currency Press.

- Bell, R. M. (1985). *Holy anorexia*. Chicago: The University of Chicago Press.
- Bensusan, I. (1999). The apple. In S. Pfisterer (Ed.), *Tremendous worlds: Australian women's drama 1890-1960*. Sydney: Currency Press.
- Bergh, C., Osgood, M., Alters, D., Maletz, L., Leon, M., & Södersten, P. (2006). How effective is family therapy for the treatment of anorexia nervosa? *European Eating Disorders Review* 14, 371-376.
- Berndt, R. M. (1982). The Aboriginal heritage. In K. Brisbane (Ed.), *Kullark/The dreamers*. Sydney: Currency Press.
- Birmingham, C. L., Su, J., Hlynski, J. A., Goldner, E. M., & Gao, M. (2005). The mortality rate from anorexia nervosa. *International Journal of Eating Disorders*, 38, 143-146.
- Blair, R. (1985). A place in the present. In K. Brisbane (Ed.), *Popular short plays for the Australian stage: Vol. 1*. Sydney: Currency Press.
- Boergers, J. & Spirito, A. (2003). Follow-up studies of child and adolescent suicide attempters. In R. A. King & A. Apter (Eds.), *Suicide in children and adolescents* (pp. 271-293). Cambridge: Press Syndicate of the University of Cambridge.
- Bordo, S. (1993). *Unbearable weight: Feminism, Western culture, and the body*. Berkeley: University of California Press.
- Bowman, G. (2007). *Thin*. London: Penguin Books Ltd.
- Boyd, E. R., & Bray, A. (2005). *Body talk: A power guide for girls*. Sydney: Hodder.
- Brand, M. (1999). Here under heaven. In S. Pfisterer (Ed.), *Tremendous worlds: Australian women's drama 1890 -1960*. Sydney: Currency Press.
- Brandenburg, B. M. P. & Andersen, A. E. (2007). Unintentional onset of anorexia nervosa. *Eating and Weight Disorders*, 12(2).
- Brecht, B. (1969). *The Caucasian chalk circle*. London: Methuen & Co Ltd.
- Brecht, B. (1979). *The good person of Szechwan*. London: Eyre Methuen.
- Brent, D. A. & Mann, J. J. (2003). Familial factors in adolescent suicidal behavior. In R. A. King & A. Apter (Eds.), *Suicide in children and adolescents* (pp. 86-117). Cambridge: Press Syndicate of the University of Cambridge.
- Brisbane, K. (1978). Introduction. In *Summer of the 17th doll*. Sydney: Currency Press.

- Brisbane, K. (Ed.). (1991). *Entertaining Australia: An illustrated history*. Sydney: Currency Press.
- Brook, P. (1982). *The empty space*. Harmondsworth, Middlesex: Penguin Books.
- Bruch, H. (1973). *Eating disorders: Obesity, anorexia nervosa, and the person within*. New York: Basic Books Inc.
- Bruch, H. (1978). *The golden cage*. Cambridge, Massachusetts: Harvard University Press.
- Brumberg, J. J. (1989). *Fasting girls: The history of anorexia nervosa*. Cambridge: Harvard University Press.
- Buchanan, D. (2006). *A bell in the storm: Persistent unexplained pain and the language of the uncanny in the creative neurophenomenal reference*. (Unpublished doctoral dissertation). Edith Cowan University, Mount Lawley, Western Australia.
- Budel, O. (1962). Contemporary theater and aesthetic distance. In P. Demetz (Ed.), *Brecht: A collection of critical essays* (pp. 59-85). Englewood Cliffs: Prentice-Hall Inc.
- Bulik, C. M., Reba, L., Siega-Riz, A., & Reichborn-Kjennerud, T. (2005). Anorexia nervosa: Definition, epidemiology, and cycle of risk. *International Journal of Eating Disorders*, 37, 52-59.
- Bulik, C. M., Sullivan, P. F., Tozzi, F., Furberg, H., Lichtenstein, P., & Pedersen, N. L. (2006). Prevalence, heritability and prospective risk factors for anorexia nervosa. *Archives of General Psychiatry* 63, 305-312.
- Bulik, C. M., Thornton, L., Pinheiro, A. P., Plotnikov, K., Klump, K. L., Brandt, H., ... Kaye, W. H. (2008). Attempted suicides in anorexia nervosa. *Psychosomatic Medicine*, 70(3), 378-383.
- Butler, J. (1997). *Excitable speech: A politics of the performative*. New York: Routledge.
- Buzo, A. (1976). *Martello Towers*. Sydney: Currency Methuen Drama Pty Ltd.
- Buzo, A. (1999). Coralie Lansdowne says no. In K. Brisbane (Ed.), *Plays of the 70s* (Vol. 2). Sydney: Currency Press.
- Buzo, A. (1999). Norm and Ahmed. In K. Brisbane (Ed.), *Plays of the 60s* (Vol. 2). Sydney: Currency Press.
- Byrnes, H. (2010, July 11). Size 8 'too big' to model. *The Sunday Times*, p. 49.
- Cameron, M. (1999). Things Calypso wanted to say. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.

- Cann, L. (2010, May 16). Obesity demon for kids. *The Sunday Times*, p. 24.
- Carr-Gregg, M. (2006). *The princess bitchface syndrome*. London: Penguin Books.
- Carroll, D. (1994). *Australian contemporary drama*. Sydney: Currency Press.
- Chakravarty, S. (2012). Masking the masked: A postcolonial discourse of the use of ritual and masks in Jack Davis's plays. *Journal of Drama Studies*, 6(1), 69-80.
- Chernin, K. (1985). *The hungry self*. London: Virago Press.
- Christie, D. (2000). Cognitive-behavioural therapeutic techniques for children with eating disorders. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 205-226). Hove: Psychology Press.
- Christie, D., Watkins, B., & Lask, B. (2000). Assessment. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 105-125). Hove: Psychology Press.
- Cixous, H. (1976). The Laugh of the Medusa. *Journal of Women in Culture and Society*, 1(4), 875-893.
- Cixous, H. & Clement, C. (1996). *The newly born woman*. London: I.B. Tauris Publishers.
- Cleven, V. (2007). Bitin' back. In L. Behrendt (Ed.), *Contemporary Indigenous plays*. Sydney: Currency Press.
- Close, M. (2000). Physiotherapy and exercise. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 289-305). Hove: Psychology Press.
- Cook-Darzens, S., Doyen, C., Falissard, B., & Mouren, M. C. (2005). Self-perceived family functioning in 40 French families of anorexic adolescents: Implications for therapy. *European Eating Disorders Review*, 13, 223-236.
- Cook-Darzens, S., Doyen, C., & Mouren, M. C. (2008). Family therapy in the treatment of adolescent anorexia nervosa: Current research evidence and its therapeutic implications. *Eating and Weight Disorders: Studies on Anorexia, Bulimia and Obesity*, 13(4), 157-170.
- Cooper, J. E. (Ed.). (1994). *The ICD-10 classification of mental and behavioural disorders*. Edinburgh: Churchill Livingstone.
- Cottom, D. (1991). *Abyss of reason*. Oxford: Oxford University Press.

- Couturier, J. L. & Lock, J. (2006). Denial and minimization in adolescents with anorexia nervosa. *International Journal of Eating Disorders*, 39, 212-216.
- Cove, M. (1976). Family lore. In K. Brisbane (Ed.), *Popular short plays for the Australian stage: Vol. 1*. Sydney: Currency Press.
- Crisp, A. (1980). *Anorexia nervosa: Let me be*. London: Academic Press Inc.
- Crisp, A. (2006). Death, survival and recovery in anorexia nervosa: A thirty five year study. *European Eating Disorders Review*, 14, 168-175.
- Cullis, B. & Bibb, S. (2004). *Bronte's story*. Sydney: Random House Australia.
- Cusack, D. (1999). Morning sacrifice. In S. Pfisterer (Ed.), *Tremendous worlds: Australian women's drama 1890-1960*. Sydney: Currency Press.
- Dally, P. & Gomez, J. (1979). *Anorexia nervosa*. London: William Heinemann Medical Books Ltd.
- Daly, T. (1985). The Don's last innings. In K. Brisbane (Ed.), *Popular short plays for the Australian stage: Vol.1*. Sydney: Currency Press.
- Davis, J. (1982). *Kullark/The dreamers*. Sydney: Currency Press.
- Davis, J. (1989). The dreamers. In K. Brisbane (Ed.), *Plays from black Australia*. Sydney: Currency Press.
- Davis, K. (2009). Mirror, mirror; society. *Sydney Morning Herald*.
- de Beauvoir, S. (1972). *The second sex*. London: Jonathan Cape Ltd.
- De Groen, A. (1993). *The girl who saw everything*. Sydney: Currency Press.
- De Groen, A. (1997). Vocations. In P. Tait & E. Schafer (Eds.), *Australian women's drama: Texts and feminisms*. Sydney: Currency Press.
- De Rossi, P. (2010). *Unbearable lightness: A story of loss and gain*. Melbourne, London: Hardie Grant Books.
- Demetz, P. (1962). Introduction. In P. Demetz (Ed.), *Brecht: A collection of critical essays* (pp. 1-15). Englewood Cliffs: Prentice-Hall Inc.
- Devine, M. (2011, July 10). Free for all in sex bullying. *The Sunday Times*.
- Dignon, A., Beardsmore, A., Spain, S., & Kuan, A. (2006). 'Why I won't eat': Patient testimony from 15 anorexics concerning the causes of their disorder. *Journal of Health Psychology*, 11, 942-956.
- Doidge, N. (2007). *The brain that changes itself*. New York: Viking Penguin.

- Doyle, J. & Bryant-Waugh, R. (2000). Epidemiology. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 41-61). Hove: Psychology Press.
- Dunbar, M. (1986). *Catherine: A tragic life*. London: Penguin Books.
- Eldridge, D. (2008). Injury among young Australians. *Reporting Suicide and Mental Illness*. Retrieved from <http://www.mindframe-media.info/site/index>.
- Enoch, W. (2007). Black Medea. In L. Behrendt (Ed.), *Contemporary Indigenous plays*. Sydney: Currency Press.
- Enoch, W. & Mailman, D. (1999). The 7 stages of grieving. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- Entr'Acte (1999). Eclipse. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- Esslin, M. (1962). Brecht's language and its sources. In P. Demetz (Ed.), *Brecht: A collection of critical essays* (pp. 171-182). Englewood Cliffs: Prentice-Hall Inc.
- Esslin, M. (1976). *An anatomy of drama*. London: Temple Smith.
- Ex-Stasis Theatre Collective. (1999). Beautiful mutants. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- Fallon, P., Katzman, M. A., & Wooley, S. C. (1994). Introduction. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders*. New York: The Guilford Press.
- Faludi, S. (1992). *Backlash: The undeclared war against women*. London: Vintage.
- Feinstein, L. H. (1981). Mourning postponed becomes anorexia. *Psychology Today*, 15(26).
- Filewood, A. & Watt, D. (2001). *Workers' playtime: Theatre and the Labour movement since 1970*. Sydney: Currency Press.
- Franklin, M. (1999). No family. In S. Pfisterer (Ed.), *Tremendous worlds: Australian women's drama 1890-1960*. Sydney: Currency Press.
- Franko, D. L., Keel, P. K., Dorer, D. J., Blais, M. A., Delinsky, S. S., Eddy, K.T., ... Herzog, D. B. (2004). What predicts suicide attempts in women with eating disorders? *Psychological Medicine*, 34, 843-853.
- Frugtniet, J. (2007). *F.O.O.D (Fighting order over disorder): An analysis of food and its significance to the Australian novels of Christina Stead, Patrick White and Thea*

- Astley. (Unpublished doctoral dissertation). James Cook University, Adelaide, South Australia.
- Furr, A. & Ross, L. T. (2006). A review of childhood family risk and protective factors for eating disorders. In P. I. Swain (Ed.), *Eating disorders: New research*. New York: Nova Science Publishers Inc.
- Gallo, C. L. & Pfeffer, C. R. (2003). Children and adolescents bereaved by a suicidal death: implications for psychosocial outcomes and interventions. In R. A. King & A. Apter (Eds.), *Suicide in children and adolescents* (pp. 294-313). Cambridge: Press Syndicate of the University of Cambridge.
- Garner, D., Olmstead, M., Garfinkel, P. (1983). Does anorexia nervosa occur on a continuum? Subgroups of weight-preoccupied women and their relationship to anorexia nervosa. *International Journal of Eating Disorders*, 2(4), 11-30.
- Garner, D. M. & P. E. Garfinkel (1980). Socio-cultural factors in the development of anorexia nervosa. *Psychological Medicine*, 10, 647-656.
- Garrett, C. (1992). Thin voices, starved lives. *Modern Times*, 37.
- Garrett, C. (1998). *Beyond anorexia: Narrative, spirituality and recovery*. Cambridge: The Press Syndicate of the University of Cambridge.
- Gilbert, H. (2001). *Sightlines: Race, gender, and nation in contemporary Australian theatre*. Michigan: The University of Michigan Press.
- Gooldin, S. (2008). Being anorexic. *Medical Anthropology Quarterly*, 22, 274-296.
- Gottlieb, L. (2000). *Stick figure: A diary of my former self*. Sydney: Hodder Headline Australia Pty Ltd.
- Gould, M. S., Shaffer, D., & Greenberg, T. (2003). The epidemiology of youth suicide. In R. A. King and A. Apter (Eds.), *Suicide in children and adolescents* (pp.1-40). Cambridge: Press Syndicate of the University of Cambridge.
- Gowers, S. & Bryant-Waugh, R. (2004). Management of child and adolescent eating disorders: The current evidence base and future directions. *Journal of Child Psychology and Psychiatry*, 45(1), 63-83.
- Gowers, S. & North, C. (1999). Difficulties in family functioning and adolescent anorexia nervosa. *British Journal of Psychiatry*, 174, 63-66.

- Gowers, S. G., North, C. D., & Byram, V. (1996). Life event precipitants of adolescent anorexia nervosa. *Journal of Child Psychology and Psychiatry*, 37(4), 469-477.
- Gray, O. (1996). *The torrents*. Sydney: Currency Press.
- Grehan, H. (2001). *Mapping cultural identity in contemporary Australian performance*. Brussels: P.I.E. - Peter Lang.
- Haggiag, T. (2000). The broken jigsaw: A child's perspective. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 3-10). Hove: Psychology Press.
- Hale, E. (2009, October 18). Barbie tattoos panned. *The Sunday Times*, p. 15.
- Halliwell, E. (2009, February 1). Parents fail teens. *The Sunday Times*, p. 29.
- Halse, C., Honey, A., & Boughtwood, D. (2008). *Inside anorexia: The experiences of girls and their families*. London: Jessica Kingsley Publishers.
- Hamilton, C. & Denniss, R. (2005). *Affluenza*. Crows Nest: Allen and Unwin.
- Hamilton, M. (2008). *What's happening to our girls?* Camberwell: Penguin Books.
- Hanger, E. (1999). Flood. In S. Pfisterer (Ed.), *Tremendous worlds: Australian women's drama 1890-1960*. Sydney: Currency Press.
- Hanks, P. (Ed.). (1971). *Encyclopedic world dictionary*. London: The Hamlyn Publishing Group Limited.
- Harbage, A. (Ed.). (1969). *William Shakespeare: The complete works*. New York: The Viking Press.
- Hardman, R. K., Berrett, M. E., & Richards, P. S. (2003). Spiritually and ten false beliefs and pursuits of women with eating disorders: Implications for counselors. *Counseling and Values*, 48(1), 67-78.
- Harmer, W. (1996). *What is the matter with Mary-Jane?* Strawberry Hills: Currency Press.
- Harrington, R. & Saleem, Y. (2003). Cognitive behavioral therapy after deliberate self-harm in adolescence. In R. A. King & A. Apter (Eds.), *Suicide in children and adolescents* (pp. 251-270). Cambridge: Press Syndicate of the University of Cambridge.
- Harrison, J. (2007). Rainbow's end. In L. Behrendt (Ed.), *Contemporary Indigenous plays*. Sydney: Currency Press.

- Haupt, A. (2010, August) Girls' early puberty raises health concerns. *Health Buzz*, Retrieved from <http://health.usnews.com/health-news/family-health/sexual-and-reproductive-health/articles/2010/08/09/health-buzz-girls-early-puberty-raises-health-concerns> website
- Hay, P. J., Mond, J., Buttner, P., & Darby, A. (2008). Eating disorder behaviors are increasing: Findings from two sequential community surveys in South Australia. *PLoS ONE*, 3(2), 1-5.
- Headspace (2011). *Self-harm and suicidal behaviours*. (2012, July 17) Retrieved from <http://www.headspace.org.au/what-works/research-information/self-harm-and-suicidal-behaviours>.
- Heggen, B. (Producer). (2012, November 22). *Drawing room: Health and the arts*. [Audio podcast]. Retrieved from <http://www.abc.net.au/radionational/programs/drive/drawing-room3a-health-and-the-arts/4386986>
- Hesse-Biber, S. N. (1997). *Am I thin enough yet?: The cult of thinness and the commercialization of identity*. New York: Oxford University Press.
- Hesse-Biber, S. N. (2007). *The cult of thinness*. New York: Oxford University Press.
- Hesse-Biber, S. N., Leavy, P., Quinn, C. E., & Zoino, J. (2006). The mass marketing of disordered eating and eating disorders: The social psychology of women, thinness and culture. *Women's Studies International Forum*, 29(2), 208-224.
- Hewett, D. (1976). *Bon-bons and roses for Dolly and The Tatty Hollow story*. Sydney: Currency Methuen Drama Pty Ltd.
- Hewett, D. (1976). *This old man comes rolling home*. Sydney: Currency Methuen Drama Pty Ltd.
- Hewett, D. (1997). The chapel perilous. In P. Tait & E. Schafer (Eds.), *Australian women's drama: Texts and feminisms*. Sydney: Currency Press.
- Hibberd, J. (1978). *Dimboola*. Ringwood: Penguin Books.
- Holm-Denoma, J. M., Witte, T. K., Gordon, K. H., Herzog, D. B., Franko, D. L., Fichter, M., ... Joiner Jr., T. E. (2008). Deaths by suicide among individuals with anorexia

- as arbiters between competing explanations of the anorexia-suicide link. *Journal of Affective Disorders*, 107, 231-236.
- Holthusen, H. E. (1962). Brecht's dramatic theory. In P. Demetz (Ed.), *Brecht: A collection of critical essays* (pp.106-116). Englewood Cliffs: Prentice-Hall Inc.
- Honig, P. (2000). Family work. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp.187-204). Hove: Psychology Press.
- Honig, P. & Sharman, W. (2000). Inpatient management. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp.265-288). Hove: Psychology Press.
- Hopgood, A. (n.d.). *HealthPlay*. Retrieved from <http://www.healthplay.com.au/>
- Hopgood, A. (1999). Private Yuk objects. In K. Brisbane (Ed.), *Plays of the 60s* (Vol. 2). Sydney: Currency Press.
- Hornbacher, M. (1998). *Wasted*. London: Flamingo - An Imprint of Harper Collins Publishers.
- Howard-Taylor, L. (1988). *Biting anorexia*. Sydney: Finch Publishing.
- Hudson, J. I., Hiripi, E., Pope Jr., H. G., & Kessler, R. C. (2006). The prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biological Psychiatry*, 3(40), 1-10.
- Hutchinson, M. G. (1994). Imagining ourselves whole: A feminist approach to treating body image disorders. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 153-168). New York: The Guilford Press.
- Ibsen, H. (1981). Ghosts. In J. McFarlane & J. Arup (Eds.), *Four major plays*. Oxford: Oxford University Press.
- Ibsen, H. (1981). Hedda Gabler. In J. McFarlane & J. Arup (Eds.), *Four major plays*. Oxford: Oxford University Press.
- Ibsen, H. (1998). *Four major plays*. Oxford: Oxford University Press.
- Irigaray, L. (1985). *Speculum of the other woman*. New York: Cornell University Press.
- Irigaray, L. (1988). *This sex which is not one*. New York: Cornell University Press.

- Irigaray, L. (1996). *I love to you: Sketch for a felicity within history*. New York, London: Routledge.
- Jackson, C. C. & Davidson, G. P. (1986). The anorexic patient as a survivor: The denial of death and death themes in the literature on anorexia nervosa. *International Journal of Eating Disorders*, 5(5), 821-835.
- Janaczewska, N. (1997). Historia. In P. Tait & E. Schafer (Eds.), *Australian women's drama: Texts and feminisms*. Sydney: Currency Press.
- Johnson, E. (1997). Murras. In P. Tait & E. Schafer (Eds.), *Australian women's drama: Texts and feminisms*. Sydney: Currency Press.
- Jones, A. & Crawford, A. (1995). *Shadow of a girl: Diary of an anorexic*. Ringwood: Penguin Books Australia Ltd.
- Jones, L. (1999). Spitfire 1 2 3 ... from the Darwin translations. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- Kadish, Y. (2011). Autistoid psychic retreat in anorexia. *British Journal of Psychotherapy*, 27(1), 19-36.
- Kane, S. (2001). 4.48 psychosis. *Complete plays* (pp. 203-246). London: Methuen Publishing Ltd.
- Kaplan, A. S. (2005). From genes to treatment response: New research into the psychobiology of anorexia nervosa. *International Journal of Eating Disorders*, 37, 587-589.
- Katzman, D. K., Christensen, B. Young, A. R., & Zipursky, R. B. (2001). Starving the brain: Structural abnormalities and cognitive impairment in adolescents with anorexia nervosa. *Seminars in Clinical Neuropsychiatry*, 6(2), 146-152.
- Kaye, W. H., Frank, G. K., Bailer, U. F., & Henry, S. E. (2005). Neurobiology of anorexia nervosa: Clinical implications of alterations of the function of serotonin and other neuronal systems. *International Journal of Eating Disorders*, 37, 515-519.
- Kelleher, M. J. & Chambers, D. (2003). Cross-cultural variation in child and adolescent suicide. In R. A. King & A. Apter (Eds.), *Suicide in children and adolescents* (pp. 170-197). Cambridge: Press Syndicate of the University of Cambridge.
- Kemp, J. (1999). Call of the wild. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.

- Kenna, P. (1999). A hard God. In K. Brisbane (Ed.), *Plays of the 70s* (Vol. 2). Sydney: Currency Press.
- Kilbourne, J. (1994). Still killing us softly: Advertising and the obsession with thinness. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 395-418). New York: The Guilford Press.
- Kinetic Energy Theatre Company. (1999). Undiscovered land: Voyage 2. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- King, E. (2011, June 26). 97% of women will say something bad about their body. *The Sunday Times*.
- King, R. A. (2003). Psychodynamic approaches to youth suicide. In R. A. King & A. Apter (Eds.), *Suicide in children and adolescents* (pp. 150-169). Cambridge: Press Syndicate of the University of Cambridge.
- King, R. A., Ruchkin, V. V., & Schwab-Stone, M. E. (2003). Suicide and the "continuum of adolescent self-destructiveness": Is there a connection? In R. A. King & A. Apter (Eds.), *Suicide in children and adolescents* (pp. 41-62). Cambridge: Press Syndicate of the University of Cambridge.
- Klump, K. L., C. M. Bulik, Kaye, W. H., Treasure, J., & Tyson, E. (2009). Academy for eating disorders position paper: Eating disorders are serious mental illnesses. *International Journal of Eating Disorders*, 42(2), 97-103.
- Lacan, J. (1977). *Ecrits: A selection 1901-1981* (A. Sheridan, Trans.). London: Tavistock/Routledge.
- Laing, R. D. & Esterson, A. (1964). *Sanity, madness and the family*. Hammondsworth: Penguin Books.
- Lakoff, G. (2004). *Don't think of an elephant!* Vermont: Chelsea Green Publishing Company.
- Lally, E. (2012). *Women in theatre: A research report and action plan for the Australia Council for the Arts*. Surry Hills, Australia: AC
- Larmer, C. (2011, May 15). Puberty at 7: Why girls are maturing early. *The Sunday Times*, p. 6.

- Lask, B. (2000). Overview of management. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 167-185). Hove: Psychology Press.
- Lawler, R. (1978). *Summer of the seventeenth doll*. Sydney: Currency Press.
- Lawrence, M. (1984). *The anorexic experience*. London: The Women's Press Limited.
- Le Grange, D. & Eisler, I. (2008). Family interventions in adolescent anorexia nervosa. *Child Adolescent Psychiatric Clinic N Am*, 18, 159-173.
- Lee, S. (1996). Reconsidering the status of anorexia nervosa as a Western culture-bound syndrome. *Social Science and Medicine*, 42(1), 21-34.
- Legs on the Wall. (1999). All of me. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- Lelwica, M. M. (1999). *Starving for salvation: The spiritual dimensions of eating problems among American girls and women*. New York: Oxford University Press.
- Levine, M. P. & Murnen, S. K. (2009). Everybody knows that mass media are/are not (pick one) a cause of eating disorders: A critical review of evidence for a causal link between media, negative body image, and disordered eating in females. *Journal of Social and Clinical Psychology*, 28(1), 9-42.
- Little, S. (2004). *Framing dialogues: Towards an understanding of the parergon in theatre*. (Doctoral dissertation). Retrieved from http://eprints.qut.edu.au/15981/1/Suzanne_Little_Thesis.pdf
- Lock, J. (2009). Eating disorders in children. *Psychiatric Times*, 26.
- Lyssiotis, T. (1997). The forty lounge cafe. In P. Tait & E. Schafer (Eds.), *Australian women's drama: Texts and feminisms*. Sydney: Currency Press.
- Ma, J. L. C. (2007). Meanings of eating disorders discerned from family treatment and its implications for family education: The case of Shenzhen. *Child and Family Social Work*, 12, 409-416.
- MacDonald, M. (2000). Bewildered, blamed and broken-hearted: Parents' views of anorexia nervosa. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 11-24). Hove: Psychology Press.

- Magagna, J. (2000). Individual psychotherapy. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 227-263). Hove: Psychology Press.
- Mahjoeddin, I. N. (2001). The butterfly seer. In D. Batchelor (Ed.), *3 plays by Asian Australians*. Brisbane: Playlab Press.
- Malson, H. (1998). *The thin woman: Feminism, post-structuralism and the social psychology of anorexia nervosa*. London: Routledge.
- Marcus, C. (2010, June 27). Thin's now a sin. *The Sunday Times*, p. 3.
- Markey, C. N. (2004). Culture and the development of eating disorders: A tripartite model. *Eating Disorders: The Journal of Treatment and Prevention*, 12, 139-156.
- Markey, C. N. (2010). Invited commentary: Why body image is important to adolescent development. *Journal of Youth Adolescence*, 39, 1387-1391.
- May, A. L., Kim, J.-Y., McHale, S. M., & Crouter, A. C. (2006). Parent-adolescent relationships and the development of weight concerns from early to late adolescence. *International Journal of Eating Disorders*, 39(8), 729-740.
- Maza, B. (1989). The keepers. In K. Brisbane (Ed.), *Plays from black Australia*. Sydney: Currency Press.
- McDermott, B. M. & Jaffa, T. B. (2005). Current opinion in psychiatry eating disorders in children and adolescents: An update. *Child and Adolescent Psychiatry*, 18(4), 407-410.
- McEwen, C. & Flouri, E. (2009). Fathers' parenting, adverse life events, and adolescents' emotional and eating disorder symptoms: the role of emotion regulation. *European Child Adolescent Psychiatry*, 18, 206-216.
- McNeil, J. (1999). How does your garden grow. In K. Brisbane (Ed.), *Plays of the 70s* (Vol.2). Sydney: Currency Press.
- Merritt, R. J. (1999). The cake man. In K. Brisbane (Ed.), *Plays of the 70s* (Vol. 2). Sydney: Currency Press.
- Meyrick, J. (2002). *See how it runs: Nimrod and the new wave*. Sydney: Currency Press.
- Milne, G. (2004). *Theatre Australia unlimited: Australian theatre since the 1950s*. Amsterdam: Rodopi.

- Milroy, D. (2007). Windmill baby. In L. Behrendt (Ed.), *Contemporary Indigenous plays*. Sydney: Currency Press.
- Milroy, D. & Narkle, G. (2007). King hit. In L. Behrendt (Ed.), *Contemporary Indigenous plays*. Sydney: Currency Press.
- Monk, G. (1997). How narrative therapy works. In G. Monk, J. Winslade, K. Crocket & D. Epston (Eds.), *Narrative therapy in practice: The archaeology of hope*. San Francisco: Jossey-Bass.
- Monk, G., Winslade, J., Crocket, K., & Epston, D. (1997). *Narrative therapy in practice: The archaeology of hope*. San Francisco: Jossey-Bass Inc.
- Murphet, R. (1999). Quick death. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- Murray, S. (1985). *Smoke and mirrors*. Unpublished manuscript, Australian Script Centre, Hobart, Australia.
- Murray-Smith, J. (1997). *Redemption*. Sydney: Currency Press.
- Murray-Smith, J. (2004). *Bombshells*. Sydney: Currency Press.
- Murray-Smith, J. (2006). *Honour*. Sydney: Currency Press.
- Murray-Smith, J. (2010). *Songs for nobodies*. Sydney: Currency Press.
- National Collaborating Centre for Mental Health. (2012). *Self-harm*. Retrieved from http://www.nccmh.org.uk/guidelines_selfharm_ltm.html
- Neiderman, M. (2000). Prognosis and outcome. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp. 81-101). Hove: Psychology Press.
- Nicholls, D., de Bruyn, R., & Gordon, I. (2000). Physical assessment and complications. In B. Lask & R. Bryant-Waugh (Eds.), *Anorexia nervosa and related eating disorders in childhood and adolescence: 2nd edition* (pp.127-165). Hove: Psychology Press.
- Nilsson, K., Abrahamsson, E., Torbiornsson, A., & Hägglöf, B. (2007). Causes of adolescent onset anorexia nervosa: Patient perspectives. *Eating Disorders*, 15, 125-133.
- Nimmo, H. (1987). *The hope*. Sydney: Currency Press.

- North, C., Gowers, S., & Byram, V. (1995). Family functioning in adolescent anorexia nervosa. *British Journal of Psychiatry*, 167, 673-678.
- North, C., Gowers, S., & Byram, V. (1997). Family functioning and life events in the outcome of adolescent anorexia nervosa. *British Journal of Psychiatry*, 171, 545-549.
- Nowra, L. (1977). *Inner voices*. Sydney: Currency Press.
- Nowra, L. (1992). *Cosi*. Sydney: Currency Press.
- Nowra, L. (2010). *Summer of the aliens*. Sydney: Currency Press.
- O'Neill, E. (1966). *Long day's journey into night*. London: Jonathan Cape Ltd.
- Open City. (1999). Sum of the sudden. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- Orbach, I. (2003). Suicide prevention for adolescents. In R. A. King & A. Apter (Eds.), *Suicide in children and adolescents* (pp.227-250). Cambridge: Press Syndicate of the University of Cambridge.
- Orbach, S. (1993). *Hunger strike*. Harmondsworth, Middlesex: Penguin Books.
- Orbach, S. (1998). *Fat is a feminist issue and its sequel*. London: Arrow Books.
- Palmer, R. L. (1989). *Anorexia nervosa: A guide for sufferers and their families*. London: Penguin Books.
- Parsons, P. & Chance, V. (Eds.). (1995). *Companion to theatre in Australia*. Sydney: Currency Press.
- Pearlman, K. & Allen, R. J. (1999). Introduction. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- Perlick, D. & Silverstein, B. (1994). Faces of female discontent: Depression, disordered eating, and changing gender roles. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 77-93). New York: The Guilford Press.
- Pfeffer, C. R. (2003). Assessing suicidal behavior in children and adolescents. *Suicide in children and adolescents*. Cambridge: Press Syndicate of the University of Cambridge, 211-226.
- Pfisterer, S. (Ed.). (1999). *Tremendous worlds: Australian women's drama 1890-1960*. Sydney: Currency Press.

- Phelan, P. (1993). *Unmarked: The politics of performance*. London: Routledge.
- Phelan, P. (1998). The ends of performance. In P. Phelan & L. Lane (Eds.), *The ends of performance*. New York: New York University Press.
- Phillips, Y. (2010, October 10). Parents blast Bratz. *The Sunday Times*, p. 12.
- Pike, K. M., Hilbert, A., Wilfley, D. E., Fairburn, C. G., & Dohm, F-A. (2008). Toward an understanding of risk factors for anorexia nervosa: A case control study. *Psychological Medicine*, 38(10), 1443-1453.
- Pollack, D. (2011). About face: Should we take a stand on standards of beauty. *Technorati Women*, (29/07/2011). Retrieved from <http://technorati.com/women/>
- Pollock, D. (1998). Performing writing. In P. Phelan & J. Lane (Eds.), *The ends of performance* (pp.73-103). New York: New York University Press.
- Pompili, M., Girardi, P., Ruberto, A., & Tatarelli, R. (2006). Suicide in anorexia nervosa and bulimia nervosa. In P. I. Swain (Ed.), *Anorexia nervosa and bulimia nervosa - New research* (pp. 1-26). New York: Nova Science Publishers.
- Pompili, M., Girardi, P., Tatarelli, G., Ruberto, A., & Tatarelli, R. (2006). Suicide and attempted suicide in eating disorders, obesity and weight-image concern. *Eating Behaviors*, 7, 384-394.
- Poser, M. (2005). Anorexia nervosa: A parent's perspective. *The Association for Family Therapy*, 27, 144-146.
- Pownall, A. (2011, May 28-29). Suicide prevention funds not spent. *The Weekend West*.
- Pownall, A. & McPhee, L. (2010, May 15). Innocence lost. *The West Australian*, p. 25.
- Prenowitz, E. (Ed.). (2004). *Selected plays of Hélène Cixous*. London: Routledge.
- Prichard, K. S. (1999). Forward one. In S. Pfisterer (Ed.), *Tremendous worlds: Australian women's drama 1890-1960*. Sydney: Currency Press.
- Rabinor, J. R. (1994). Mothers, daughters, and eating disorders: Honoring the mother - daughter relationship. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 272-286). New York: The Guilford Press.
- Radic, L. (2006). *Contemporary Australian drama*. Blackheath: Brandl & Schlesinger.
- Rasdien, P. (2012, February 15). When food becomes the enemy. *The West Australian*.

- Raymond, N. C., Mitchell, J. E., Fallon, P., & Katzman, M.A. (1994). A collaborative approach to the use of medication. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 231-250). New York: The Guilford Press.
- Rees, L. (1978). *A history of Australian drama*. Sydney: Angus & Robertson Publishers.
- Rhodes, P. & Madden, S. (2005). Scientist-practitioner family therapists, postmodern medical practitioners and expert parents: second-order change in the eating disorders program at the children's hospital at Westmead. *The Association for Family Therapy*, 27, 171-182.
- Richards, P. S., Hardman, R. K., & Berrett, M. E. (2006). *Spiritual approaches in the treatment of women with eating disorders*. Washington: American Psychological Association.
- Rickard, J. (2010, November 17). WA Teenagers chase perfect body image. *The West Australian*, p. 13.
- Robertson, M. (1992). *Starving in the silences: An exploration of anorexia nervosa*. North Sydney: Allen & Unwin Pty Ltd.
- Rodriguez-Cano, T., Beato-Fernández, L., & Llaro, A. B. (2006). Body dissatisfaction as a predictor of self-reported suicide attempts in adolescents: A Spanish community prospective study. *Journal of Adolescent Health*, 38(6), 684-688.
- Romeril, J. (1985). The accidental poke. In K. Brisbane (Ed.), *Popular short plays for the Australian stage: Vol. I*. Sydney: Currency Press.
- Rorty, R. (1999). *Philosophy and social hope*. London: Penguin Books.
- Rothblum, E. D. (1994). "I'll die for the revolution but don't ask me not to diet": Feminism and the continuing stigmatization of obesity. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 53-76). New York: The Guilford Press.
- Russell, G. F. M., Szmukler, G. I., Dare, C., & Eisler, I. (1987). An evaluation of family therapy in anorexia nervosa and bulimia nervosa. *Archives of General Psychiatry*, 44, 1047-1056.
- Rutherford, L. & Couturier, J. (2007). A review of psychotherapeutic interventions for children and adolescents with eating disorders. *The Canadian Child and Adolescent Psychiatry Review*, 16(4), 153-157.

- Ryall, P. (1978). The centenarian. In K. Brisbane (Ed.), *Popular short plays for the Australian stage: Vol. 1*. Sydney: Currency Press.
- Sansone, R. A. & Sansone, L. A. (2006). Self-harm behavior and eating disorders. In P. I. Swain (Ed.), *Eating disorders: New research*. New York: Nova Science Publishers Inc.
- Saunders, J. (1989). Introduction. In K. Brisbane (Ed.), *Plays from black Australia*. Sydney: Currency Press.
- Schaefer, J. & Rutledge, T. (2004). *Life without Ed: How one woman declared independence from her eating disorder and how you can too*. New York: McGraw Hill.
- Schechner, R. (1998). What is performance studies anyway? In P. Phelan & J. Lane (Eds.), *The ends of performance* (pp. 357-362). New York: New York University Press.
- Scherag, S., Hebebrand, J., & Hinney, A. (2010). Eating disorders: the current status of molecular genetic research. *European Child Adolescent Psychiatry*, 19, 211-226.
- Schumacher, E. (1962). Piscator's political theater. In P. Demetz (Ed.), *Brecht: A collection of critical essays* (pp. 86-96). Englewood Cliffs: Prentice-Hall Inc.
- Seid, R. P. (1994). Too "close to the bone": The historical context for women's obsession with slenderness. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 3-16). New York: The Guilford Press.
- Sesan, R. (1994). Feminist inpatient treatment for eating disorders: An oxymoron? In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 251-271). New York: The Guilford Press.
- Seymour, A. (1962). *The one day of the year*. Sydney: Angus and Robertson.
- Sheppard, W. (2010). Body image statistics: Weight loss and diet statistics. *EatingDisorders411*. Retrieved 2012, July 19, from www.eatingdisorders411.com
- Shisslak, C. M. & Crago, M. (1994). Toward a new model for the prevention of eating disorders. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 419-437). New York: The Guilford Press.
- Sidetrack Performance Group (1999). Nobody's daughter. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- Sinnerton, J. (2009, September 6). Standard size saviour. *The Sunday Times*, p. 63.

- Smith, F. T., Hardman, R.K., Richards, P. S., & Fischer, L. (2003). Intrinsic religiousness and spiritual well-being as predictors of treatment outcomes among women with eating disorders. *Eating Disorders, 11*, 15-26.
- Snodger Media (Producer), & Gough-Brady, C. (Director). (2007). *What I wrote: Louis Nowra*. C. (Documentary). Australia: Ronin Films.
- Snodger Media (Producer), & Gough-Brady, C. (Director). (2009). *Staging the play*. (Documentary). Australia: Ronin Films.
- Snodger Media (Producer), & Gough-Brady, C. (Director). (2009). *Writing a play*. (Documentary). Australia: Ronin Films.
- Sokel, W. H. (1962). Brecht's split characters and his sense of the tragic. In P. Demetz (Ed.), *Brecht: A collection of critical essays* (pp. 127-137). Englewood Cliffs: Prentice-Hall Inc.
- Steiner, H., Kwan, W., Shaffer, T. G., Walker, S., Miller, S., Sagar, A., & Lock, J. (2003). Risk and protective factors for juvenile eating disorders. *European Child Adolescent Psychiatry, 12* (Suppl 1), 38-46.
- Steiner-Adair, C. (1994). The politics of prevention. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 381-394). New York: The Guilford Press.
- Stice, E., Ng, J., & Shaw, H. (2010). Risk factors and prodromal eating pathology. *Journal of Child Psychology and Psychiatry, 51*(4), 518-525.
- Striegel-Moore, R. H. (1994). A feminist agenda for psychological research on eating disorders. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 438-454). New York: The Guilford Press.
- Sumner, J. (1976). The Buzo style. In K. Brisbane (Ed.), *Martello Towers*. Sydney: Currency Press
- Ta, B. D. (2001). The monkey mother. In D. Batchelor (Ed.), *3 plays by Asian Australians*. Brisbane: Playlab Press.
- Tait, P. (1999). Appearing in pieces. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- Tait, P. & Schafer, E. (Eds.). (1997). *Australian women's drama: Texts and feminisms*. Sydney: Currency Press.

- Tankard Reist, M. (Ed.). (2009). *Getting real: Challenging the sexualisation of girls*. Melbourne: Spinifex Press.
- Teatro, D. (1999). Preludes to an exile. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- The Butterfly Foundation. (2010). *Eating disorders: The way forward. An Australian national framework*. Melbourne, Sydney, Australia.
- The Sydney Front. (1999). First and last warning. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- Thompson, B. (1994). Food, bodies, and growing up female: Childhood lessons about culture, race and class. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 355-378). New York: The Guilford Press.
- Tiggemann, M. & Miller, J. (2010). The internet and adolescent girls' weight satisfaction and drive for thinness. *Sex Roles*, 63, 79-90.
- Tolle, E. (2005). *A new earth*. London: Penguin Books Ltd.
- Tolman, D. L. & Debold, E. (1994). Conflicts of body and image: Female adolescents, desire, and the no-body body. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 301-317). New York: The Guilford Press.
- Treasure, J., Smith, G., & Crane, A. (2007). *Skills-based learning for caring for a loved one with an eating disorder: The new Maudsley method*. London: Routledge.
- Tretiakov, S. (1962). Bert Brecht. In P. Demetz (Ed.), *Brecht: A collection of critical essays* (pp. 16-29). Englewood Cliffs: Prentice-Hall Inc.
- Uher, R., Brammer, M. J., Murphy, T., Campbell, I. C., Ng, V. W., Williams, S. C. R., & Treasure, J. (2003). Recovery and chronicity in anorexia nervosa: Brain activity associated with differential outcomes. *Society of Biological Psychiatry*, 54, 934-942.
- Uher, R., Murphy, T., Brammer, M. J., Dalgleish, T., Phillips, M. L., & Ng, V. W. (2004). Medial prefrontal cortex activity associated with symptom provocation in eating disorders. *American Journal of Psychiatry*, 161, 1238-1246.

- Uher, R., T. Murphy, T., Friederich, H-C., Dalglish, T., Brammer, M. J., Giampietro, V., ... Treasure, J. (2005). Functional neuroanatomy of body shape perception in healthy and eating-disordered women. *Society of Biological Psychiatry*, 58, 990-997.
- Vartanian, L. R. (2009). When the body defines the self: Self-concept clarity, internalization, and body image. *Journal of Social and Clinical Psychology*, 28(1), 94-126.
- Vervaet, M., Audenaert, K., & van Heeringen, C. (2003). Cognitive and behavioural characteristics are associated with personality dimensions in patients with eating disorders. *European Eating Disorders Review*, 11, 363-378.
- Vidovic, V., Jureša, V., Begovac, I., Mahnik, M., & Tocilj, G. (2005). Perceived family cohesion, adaptability and communication in eating disorders. *European Eating Disorders Review*, 13, 19-28.
- von Ranson, K. M. & Cassin, S. E. (2007). Eating disorders and addiction: Theory and evidence. In J. S. Rubin (Ed.), *Eating Disorders and Weight Loss Research*. New York: Nova Science Publishers Inc.
- Wade, T. D., Bergin, J. L., Tiggemann, M., Bulik, C. M., & Fairburn, C. G. (2006). Prevalence and long-term course of lifetime eating disorders in an adult Australian twin cohort. *Australian and New Zealand Journal of Psychiatry*, 40, 121-128.
- Wade, T. D. & Bulik, C. M. (2007). Shared genetic and environmental risk factors between undue influence of body shape and weight on self-evaluation and dimensions of perfectionism. *Psychological Medicine*, 37, 635-644.
- Walley, R. (1989). Coordah. In K. Brisbane (Ed.), *Plays from black Australia*. Sydney: Currency Press.
- Wallin, U. & Persson, M. (2006). Intensive family treatment in an apartment setting, as part of an integrated treatment model for severe cases of anorexia nervosa in childhood and adolescence. In D. M. Devore (Ed.), *New developments in parent-child relations* (pp. 163-177). New York: Nova Science Publishers.
- Waters, A. (n.d.) *What is the difference between realism and naturalism in theatre?*
Retrieved from <http://entertainmentguide.local.com/difference-between-realism-naturalism-theatre-6250.html>

- Way, K. (1993). *Anorexia nervosa and recovery: A hunger for meaning*. New York: Harrington Park Press.
- Webby, E. (1990). *Modern Australian plays*. Sydney: Sydney University Press.
- Wegner, D. M., Schneider, D. J., Carter, S., & White, T. (1987). Paradoxical effects of thought suppression. *Journal of Personality and Social Psychology*, 53, 5-13.
- Wheeler, M. (1991). *Hard to swallow*. Cambridge: Press Syndicate of the University of Cambridge.
- Whetstone, L. M., Morrissey, S. L., & Cummings, D. M. (2007). Children at risk: The association between perceived weight status and suicidal thoughts and attempts in middle school youth. *Journal of School Health*, 77, 59-66.
- White, P. (1978). *Big toys*. Sydney: Currency Press.
- White, P. (1993). *Collected plays*. Sydney: Currency Press.
- Whitney, J. & Eisler, I. (2005). Theoretical and empirical models around caring for someone with an eating disorder: The reorganization of family life and interpersonal maintenance factors. *Journal of Mental Health*, 14(6), 575-585.
- Williamson, D. (1972). *The removalists*. Sydney: Currency Press.
- Williamson, D. (1978). *The club*. Sydney: Currency Press.
- Williamson, D. (1983). *The perfectionist*. Sydney: Currency Press.
- Williamson, D. (1987). *Emerald city*. Sydney: Currency Press.
- Willoughby, J. (2011, May 29). What our teens want. *The Sunday Times*, p. 30.
- Wilson, J. & Hefferon, E. (1999). The geography of haunted places. In K. Pearlman & R. J. Allen (Eds.), *Performing the UnNameable*. Sydney: Currency Press.
- Wilson, J. L. J. (Ed.). (1962). *Bertolt Brecht: The modern mind*. Australia: University of Sydney, Current Affairs Bulletin.
- Wolf, N. (1990). *The beauty myth*. London: Chatto and Windus Limited.
- Wolf, N. (1994). Hunger. In P. Fallon, M. A. Katzman & S. C. Wooley. (Eds.), *Feminist perspectives on eating disorders* (pp. 94-111). New York: The Guilford Press.
- "Women". (2011, April 6). Women say they'd die to be thinner. *The West Australian*, p. 5
- Wonderlich, S. A., Lilenfeld, L. R., Riso, L. P., Engel, S., & Mitchell, J. E. (2005). Personality and anorexia nervosa. *International Journal of Eating Disorders*, 37, 568-571.

- Wood, M. (2011, April 3). Pyjama party girl Tahnee. *The Sunday Times*, p. 11.
- Woodman, M. (1982). *Addiction to perfection: The still unravished bride*. Toronto: Inner City Books.
- Wooley, O. W. (1994). ... And man created "woman": Representations of women's bodies in Western culture. In P. Fallon, M. A. Katzman & S. C. Wooley (Eds.), *Feminist Perspectives on Eating Disorders* (pp. 17-52). New York: The Guilford Press.
- Yen, A. (2001). Chinese take away. In D. Batchelor (Ed.), *3 plays by Asian Australians*. Brisbane: Playlab Press.
- Zandian, M., Ioakimidis, I., Bergh, C., & Södersten, P (2007). Cause and treatment of anorexia nervosa. *Physiology and Behavior*, 92, 283-290.
- Zuber-Skerritt, O. (Ed.). (1988). *David Williamson*. Australian Playwrights. Amsterdam: Rodopi.

FRAMING ANOREXIA

A play script and multidimensional investigation of anorexia

A play and critical essay
by

Louise Helfgott

Bachelor of Science (Honours) Psychology, University of Western Australia
Graduate Diploma in English, Curtin University

Thesis submitted for the award of
PhD in Writing

School of Communication and Arts
Edith Cowan University
February 2013

FRAMES

A play script
by
Louise Helfgott

FRAMES

CHARACTERS

ELIZABETH FANE:	Slim, well-groomed teenager aged 16 years. Dressed in baggy clothes.
BARBARA FANE:	Her mother. Of a more solid build, but also well-groomed. Dressed immaculately and fashionably. Late forties.
KEN FANE:	Her father. Professional in manner and appearance, except when affected by alcohol.
JACKIE FANE:	Elizabeth's younger sister. Casually dressed.
BEN WALTERS:	Elizabeth's friend, aged 17 years. Casually dressed.
ELISABETTA: of	Elizabeth's medieval persona who represents St Catherine Siena. This character is performed by Elizabeth.
ELISABETTA'S MOTHER	Barbara's medieval persona, performed by Barbara.
DOCTOR) playing THERAPIST }	All played by the one actor and possibly by the actor Ben, although a different actor would be preferred.
SALESMAN }	

SETTING

Minimalist setting with props, rather than furniture, suggesting place. In a semicircle at the back of the stage are six frames, spaced so that three are on either side of the stage. All frames are suspended from ceiling hooks. Between the middle frames are three mirrors (or reflecting glass), the first is convex in shape, while the second is concave, such that anyone standing in front of the convex mirror would appear thinner while the concave mirror would reflect a broader image. The third mirror is a standard one. An opaque curtain hangs in front of the mirrors, so that the audience can see the shape of someone behind it but the image lacks clarity. The fourth frame is positioned above the others, while the fifth frame contains a one way, glass window, the type used in family therapy sessions that are being observed. An opaque curtain hangs over the sixth frame.

SCENE BREAKDOWN

ACT ONE

Scene One:	Elizabeth, aged 10, reliving a memory of surfing at beach
Scene Two:	Present time, dinner at the Fane house
Scene Three:	Elizabeth and Ben at the beach
Scene Four:	Party scene from Elizabeth's perspective
Scene Five:	Introduction of Elisabetta
Scene Six:	Fane household, Elizabeth's bedroom
Scene Seven:	Fane household, living room
Scene Eight:	Elizabeth and Ben at the beach
Scene Nine:	Fane household, Elizabeth addresses audience
Scene Ten:	Fane household, Elizabeth and Jackie as "tweens"
Scene Eleven:	Fane household, kitchen
Scene Twelve:	Shopping mall, shifting to Elizabeth, aged 10
Scene Thirteen:	Elizabeth, as Elisabetta, performing orals
Scene Fourteen:	Fane household in new home
Scene Fifteen:	Elizabeth and Ben at the beach
Scene Sixteen:	Ken and Barbara at Ben's house
Scene Seventeen:	Fane household, kitchen scene

ACT TWO

Scene One:	Fane household, dinner scene
Scene Two:	Elizabeth as Elisabetta
Scene Three:	Fane household, Elizabeth's bedroom
Scene Four:	Hospital scene
Scene Five:	Elizabeth and Ben at the beach
Scene Six:	Family therapy scene
Scene Seven:	Elizabeth as Elisabetta
Scene Eight:	Elizabeth and Ken in Ken's new house
Scene Nine:	Elizabeth removing frames
Scene Ten:	Elizabeth as Elisabetta
Scene Eleven:	Funeral service
Scene Twelve:	Coffee shop
Scene Thirteen:	Elizabeth escaping from frames, symbolic scene

SYNOPSIS

The first act traces the development of Elizabeth's anorexia. Elizabeth is portrayed as someone on the verge of womanhood but struggling to deal with problems that threaten the stability of her family and social life. The audience also glimpses a happy Elizabeth, aged ten, six years prior. Frames are used to represent different times and venues, each one encapsulating a significant event in Elizabeth's life. The action of the play moves backwards and forwards in time. Elizabeth's boyfriend, Ben, is introduced in the third scene which depicts them sharing drugs at the beach. At an out-of-control party, one of their friends is stabbed. Elizabeth also mistakenly interprets an interaction between Ben and her friend, Jenna. Elisabetta, Elizabeth's medieval alter-ego, is introduced in the fifth scene. Elisabetta performs a re-enactment of the life of St Catherine of Siena, whom Elizabeth has chosen as her topic for the 'orals' that she has to present at school. At the end of the act, Elizabeth's family move into their new home.

In the second act, Elizabeth's family realise the extent of her eating disorder when she collapses at school. She is taken to hospital where she tries to trick medical staff into discharging her, by adding weights to her pockets. When this plan fails, she runs away. In the sixth scene, Elizabeth's family receives therapy. Her father's affair is revealed and leads to her parents separating. Elizabeth removes the frames and the play ends with the suggestion that Elizabeth is beginning her process of recovery.

LOG LINE

Elizabeth is losing weight rapidly, but no one notices, including herself. Can she survive in a world where thinness means both power and invisibility and where everyone must fit the “frame”?

ACT ONE

SCENE ONE

The lights come up to reveal ELIZABETH peering through the first frame at the audience. She has been made up to appear 10 years old; her hair is in pig-tails and she is wearing baggy shorts and a loose rashie. She takes the frame down and steps inside it. It now represents her surfboard and she pretends that she is surfing.

ELIZABETH Straight forward. No distortion. A picture of me. At ten. And all is Billabong and Rusty. I catch each wave, rising and falling as they crash. Lara, Jenna and Ben watch me. Wondering how I can stay on for so long. Jenna keeps looking at Ben. She thinks that he's looking at her. But Lara and I know he's looking at me. *(She waves in the direction of the audience and calls out.)* Hey Ben! See me catch that wave? *(BARBARA calls out "Elizabeth" from the wings)* Oh no! Bugger! *(turning away from the audience)* I don't want to go in yet. Ben's mum and my mum are sitting under umbrellas. Our faces are red. Mum forgot the sunscreen. Unusual for Mum *(pause)* to forget the sunscreen. Not that I mind. But she will. She'll panic. She's always panicking! Dad's late from work, she panics. He goes out for a drink, she panics. Of course, she doesn't know I know. She doesn't know what I know and that's how I like it. *(turning to face the audience)* Looks like they're packing up. Bugger!

Lights out. ELIZABETH steps out of the frame and returns it to its hook.

SCENE TWO

*Present time. ELIZABETH, JACKIE and BARBARA are seated around a kitchen table. They have started dinner. While JACKIE and BARBARA put food in their mouths ELIZABETH chops hers into small pieces and pushes it around the plate. Occasionally, she takes a small bite. It is ELIZABETH's 16th birthday. Balloons and streamers hang from corners of the stage. *(Given the short change-over time from the first scene, it would only be necessary for the actor performing ELIZABETH to pull out her pig-tails and don a beach dress or robe over her bathers to suggest that she has been swimming.)* BARBARA is upset but trying to conceal it.*

BARBARA: Blue or pink. *(pause)* Pink or blue. If I wear the blue, it brings out the colour of my eyes. It's bolder. Stronger. I would be making a statement. But if I wear the pink, I look more feminine. Gentler. More compromising. Easier to get on with. Inconspicuous.

ELIZABETH: I'd go for the blue, Mum. Be strong.

JACKIE: Personally, I like the red.

BARBARA: Who said anything about the red one, Jackie. That's just complicating it. It's either blue or pink. It's an interview, after all. Not a street party. *(pause)* I can't remember when I had my last interview.

JACKIE: All the more reason to stand out in the *red*.

BARBARA: But I don't want to stand out for the wrong reasons. The pink is more flattering. But then again, maybe flattering is no good. *(patting her tummy)* Mind you, I will be wearing a coat. A good coat can cover up a lot of sins, as my mother used to say.

JACKIE: Is it the white, grey or black coat, Mum?

ELIZABETH: Where's Dad? I thought he'd be home by now.

BARBARA: *(to JACKIE)* Now, don't get me started. Hard enough deciding on the dress. *(pause)* I thought maybe the grey.

JACKIE: I thought you were braver than that, Mum. The grey is so ... ordinary.

BARBARA: What's wrong with ordinary?

The sound of a car pulling in.

ELIZABETH: At last.

BARBARA: *(agitated)* I think I will go with the pink. And the grey coat goes so well with the pink.

KEN walks in, obviously intoxicated. He is carrying some stubbies, which he puts on top of the kitchen bar, USR.

BARBARA: After all, I am trying to say that I'm in touch with the average person. The average woman. Not someone who's going to stir the pot.

KEN: *(lifting the lid on the pot in the centre of the table)* Does it need stirring?

ELIZABETH: What kept you?

JACKIE: We couldn't wait any longer, Dad. We ... I was starving.

KEN: I couldn't get away any earlier.

BARBARA: Couldn't it have waited until the morning? You get there early enough.

KEN: The press is turning up first thing, expecting an announcement about the new policy on substance use. No, I don't think it could have waited until the morning.

BARBARA: (*distantly*) Which way did you come?

KEN: What the ... ?

BARBARA: (*coldly*) There was a random breath test unit on the highway, earlier.

KEN: I went the back way.

BARBARA: Past Chrissie and Peter's?

KEN: Yes, past Peter and Chrissie's.

Awkward silence for a moment.

JACKIE: So you've been getting some experience on substance use, eh Dad?

KEN: The policy is about teaching *kids* how to use drugs safely.

JACKIE: Cool. Will they be giving us free samples to practise with?

BARBARA: Jackie! (*to KEN*) It happens too often.

JACKIE: Really? So they have been giving out free samples?

BARBARA: (*to JACKIE*) I'm talking about your dad being late.

ELIZABETH: Drop it, Mum. It's not important.

BARBARA: But it's your sixteenth, Lizzie. It would have been nice to have done something special, like going out on the boat. (*scrutinising her clothes*) You're even dressed for it.

ELIZABETH: I went swimming. I told you.

JACKIE: We're all having dinner ... together. That doesn't happen very often.

KEN: Exactly.

JACKIE: Most of my friends don't have family dinners. Come to think of it, most of my friends hardly see their dads at all.

ELIZABETH: Most of my friends don't even know who their dad is!

BARBARA: As long as you're fine with it, Lizzie. (*scooping from the pot*) More?

ELIZABETH: No thanks. (*under her breath*) I don't want to get fat ... like you.

JACKIE indicates she has heard ELIZABETH's comment by giggling.

BARBARA: What did you say?

ELIZABETH: It's delicious, Mum.

BARBARA: You've hardly eaten anything.

ELIZABETH: I had a huge afternoon tea at Jenna's and I mean huge! I was starving after swimming for so long.

JACKIE: I'll have some more.

BARBARA: Never have to worry about you, Jackie.

JACKIE: Are you saying I'm getting fat?

BARBARA: Fat? How do you get that? I'm just saying you've got a healthy appetite, that's all. Unlike Lizzie, who eats like a sparrow these days.

JACKIE: What do you expect, Mum? She is a bird. (*waiting for a response that doesn't come*) Ha ha. Bird? No one ever gets my jokes.

ELIZABETH: Because they're not funny!

JACKIE: You've got no sense of humour.

BARBARA: Come on, girls. Let's not be mean.

ELIZABETH: If I can't be mean on my birthday, when can I be?

JACKIE: How about never?

ELIZABETH: But you're always mean to me.

BARBARA: What are you talking about?

ELIZABETH: She is. You just don't see it. She's always borrowing my stuff without asking. Last week, I was looking everywhere for my green, strapless top, with the hearts. I was going to wear it to the movies. It was down the bottom of Jackie's dirty laundry pile. And she lied about it, too, just to make things worse.

JACKIE: I did not.

ELIZABETH: You did!

JACKIE: You said I could borrow it.

ELIZABETH: I did not.

JACKIE: After you got it, you said you didn't like it.

ELIZABETH: It's still my top. Besides, I like it now. It makes me look thinner. All my other clothes make me look fat.

BARBARA: What are you talking about?

ELIZABETH: Jenna said we're teen tubbies. Suggested we go on a diet together.

KEN: Maybe your mum could join you.

BARBARA: Ken!

KEN: Only repeating what you said the other day. Gone up a size and need new clothes.

BARBARA: That was just an excuse.

JACKIE: You know Mum loves shopping.

KEN: Spending my hard-earned money.

BARBARA: My money. I work too.

KEN: But I make the *real* money that pays all the bills.

BARBARA: You're the one who said I should go freelance while the kids were little. Anyway, I've got an interview for my old job at the mag.

KEN: More reason to go on that diet. (*stopping her before she interjects*) As you often say, it's all about image.

ELIZABETH: You always go on about how much weight you've put on.

BARBARA: Just wait until you have kids. You'll understand.

ELIZABETH: No thanks!

BARBARA: You can't help it. It just happens.

ELIZABETH: Not if you don't have them.

BARBARA: You'll have kids one day.

ELIZABETH: You can't say that. What if I don't want to? Besides, I'd make a lousy mum.

JACKIE: She would too, if being an older sister is anything to go by.

BARBARA: That's not nice. And it's not true. You'd make a great mum, Lizzie.

ELIZABETH: You can't say that. Besides, what would you know?

BARBARA: What's that meant to mean?

JACKIE: You don't want to know. (*sharply*) Lizzie! Just coz it's your birthday ...

BARBARA (*to KEN*) Don't just sit there. Aren't you going to say something?

KEN: You're always saying the girls should be encouraged to be honest.

He gets up and crosses to a bar to get another beer.

BARBARA: Don't you think you've had enough?

KEN: If I thought that, I wouldn't be getting another. It's only my second.

BARBARA: That's why you smelt like a Sunday session after the derby, when you got home?

KEN: You've got the nose of a labrador. Had drinks over lunch, hours ago.

BARBARA: Leave it, Ken.

KEN: It's Lizzie's birthday. A good time to celebrate.

ELIZABETH: Then, let me.

ELIZABETH playfully tries to snatch the stubby from him.

KEN: A couple more birthdays to go, young lady.

ELIZABETH: You should see my friends.

JACKIE: You should see *mine*.

BARBARA: That's a joke, right Jackie?

JACKIE: What planet have you been living on?

KEN: *(to JACKIE)* Show some respect. *(To BARBARA)* They start bloody young these days.

BARBARA: Thirteen?

KEN: You think that's young? What about eight, nine?

BARBARA: But they'd be out *(pause)* whoop whoop ...

KEN: Some are black, Barbs. White kids start early too. In fact, that's my next paper—what to do when kids turn up drunk for school.

BARBARA: You've got to be joking.

KEN: What planet have you been living on?

JACKIE: Dad!

KEN: (*glaring at JACKIE*) It's a real problem and it's not just booze. We'll be starting an AA group at school, bugger the breakfast club!

BARBARA: (*to JACKIE*) Please tell me you haven't been offered drugs.

JACKIE: If that's what you want to hear.

BARBARA: Is it true?

JACKIE: What planet ... Get real, Mum. Course I have.

BARBARA: (*horrified*) You said no?

JACKIE: After sampling, (*she laughs*) 'Course I said no.

BARBARA: Thank God!

JACKIE: You haven't asked Lizzie yet.

ELIZABETH: Jackie! That's the last time you borrow—

BARBARA: (*interrupting*) Well, Lizzie?

ELIZABETH: It's time to try out my new camera. Let's take a family picture, Mum. You love to show your friends snappy, happy family shots. (*she takes a picture*) You'll have to get this one framed. It's a beauty.

JACKIE: Show me.

(*ELIZABETH hands her the camera.*)

JACKIE: I do look fat!

ELIZABETH: Like me ...

BARBARA: Neither of you look fat and stop changing the subject. *(to ELIZABETH)* I asked you a question. Have you taken ... anything?

ELIZABETH: Anything and everything.

BARBARA: Don't play games with me. You have or you haven't.

ELIZABETH: Hey, it's my birthday. Stop giving me a hard time.

BARBARA: We need to know.

ELIZABETH: Why? You usually don't give a ... *(she stops herself at the last moment)*.

BARBARA: That's not fair, Lizzie. I always want to know what's going on.

ELIZABETH: Why, Mum? Gossip for your friends? About what I'm up to. Just because you lead a dead boring life.

BARBARA gets up from the table and pours a wine.

ELIZABETH: So, who's getting stuck into it now?

KEN: Let's just drop it.

ELIZABETH: Why? Getting a bit too hot to handle? You like your problems served cold *(pause)* in a report.

KEN: Lizzie! *(pause)* Not true.

ELIZABETH: Isn't it?

KEN, BARBARA and JACKIE freeze. ELIZABETH gets up and picks up the second frame which she holds in front of them. From the audience's perspective, they would look like a framed picture.

ELIZABETH: *(to the audience)* Meet my family.

Lights out.

SCENE THREE

Lights come up on ELIZABETH and BEN sitting on the edge of the stage, looking out to the audience.

BEN: Awesome, eh? Nothing more beautiful than this beach at sunset.
(pause) Except you, of course.

ELIZABETH: (nuzzling him) That's so sweet. Pity it's not true.

BEN: When are you ever going to believe me? You remind me of that ... who is it ... that saint you're doing for your orals.

ELIZABETH: St Catherine of Siena.

BEN: You're not religious.

ELIZABETH: But she's awesome. Went for months without eating a single thing. What about you? What's your topic?

BEN: Religious ecstasy! Speaking of which ...

BEN takes a small packet from his pocket. He unfolds it and takes out two small pills.

ELIZABETH: You dog, Ben. You got some! Brilliant. (passing one to her)
Where'd you get them?

BEN: Luke. Cost a bit more this time. This stuff's pure.

ELIZABETH: Pure ecstasy.

BEN: Yeah.

ELIZABETH: Mum and Dad have been quizzing me lately. It's suddenly occurred to them that I could be doing drugs. I mean every other parent in the state has been onto it and it's never even occurred to mine.

BEN: That aint a bad thing. They trust you.

ELIZABETH: Nah! They're just too caught up in their own shit to notice. Half the time Dad's so pissed he wouldn't know his head from his bum.

BEN: I know. He was getting stuck into it at our place before I left.

ELIZABETH: Frickin' hell. He told Mum he was working back tonight.

BEN: Didn't look like work to me. Unless it was "hands on" experience.

ELIZABETH: Yeah. Like he's writing his next paper on it.

BEN: Don't you hate that? The way they talk about their bloody "papers". (*putting on a voice*) Today I will be presenting my paper on teenage binge drinking. I've been doing some research and I can tell you from personal experience that these teenagers are having all the fun.

ELIZABETH: (*laughing*) That's awesome, Ben. You sound like them.

BEN: My dad's the same. Always trying to impress everybody with his high powered work, (*pulling a face*) when he's only a glorified teacher. Mum's always hassling him to go for a promotion, but he's not interested.

ELIZABETH: Nothing wrong with that. My dad's so busy in his high powered job, we never see him anymore.

BEN: That's because he's at our place!

ELIZABETH: (*suddenly serious*) I hope you're kidding. (*pause*) Anyway, the good news is, with him being out all the time and Mum being worried about him being out all the time, neither of them know what we're up to! Until the other night ... It's suddenly occurred to her that we could be making out.

BEN: Real smart, aren't they?

ELIZABETH: She's been going through my cupboards looking for the evidence. As if I'm going to keep the pill where she can find it.

BEN: Wrong sort of pills, eh?

ELIZABETH: All she ever finds is some food stashed away. Nuts and apples. She gets pretty mad. She's always telling me I'm not eating enough.

BEN: But are you, Eliza?

ELIZABETH: Who else would I be?

BEN: You know what I mean. Are you eating enough? (*He puts his arm around her*) All I can feel is skin and bones these days.

ELIZABETH: (*pleased*) Really?

BEN: I'd like to feel some flesh around those bones.

ELIZABETH: I know you're just joshing around. (*She pinches her tummy*) Look at all this. Jenna's right. We need to stick to our diet.

BEN: Yeah, it wouldn't hurt Jenna to lose some kilos but you should be putting them on.

ELIZABETH: Yeah, good one, Ben. (*looking away*) Hey, this shit's cool.

BEN: Told you.

ELIZABETH: Kicks in fast. (*pause*) I told you that we're moving, right?

BEN: You know where yet?

ELIZABETH: Some block near the sea.

BEN: What does it look like?

ELIZABETH: Scrub and gum trees. (*BEN looks confused*) We're building.

BEN: Oh.

ELIZABETH: Yeah, they've got all these plans. It's Mum's idea but Dad's happy about the investment. I'm happy too. They're putting Jackie and me up the other end of the house.

BEN: Cool! So they won't know what you're up to.

ELIZABETH: Yeah, she won't be going through my drawers all the time.

BEN: Doesn't it piss you off? Mum's got it in her head lately that I'm hitting the grog. Just coz I swig a couple of shots to get her off the scent.

ELIZABETH: They're so lame. (*pause*) But you're not overdoing it?

BEN: What the hell ...

ELIZABETH: Don't want anything to happen to my fave dude. *(she cuddles up to him).*

BEN: Worry about yourself instead. *(he pinches her on the tummy)* You're definitely *under doing* it. *(pause)* Wanna go round to Luke's?

ELIZABETH: What? Now?

BEN: He's having a party at his place. His mum's in Bali for the week.

ELIZABETH: Sneaky bastard.

BEN: Everyone's going. Even Lara and that crowd.

ELIZABETH: Funny. They didn't tell me.

BEN: Probably thought you'd be coming with me.

ELIZABETH: Hmm! I dunno ... maybe I should get started on those orals.

BEN: Are you kidding? How are you going to work after taking that stuff?

ELIZABETH: Alright. Alright. You don't have to talk me into it.*(getting up)* Let's go check it out.

BEN: Get some more shit too, while we're there.

ELIZABETH: Awesome.

BEN: *(getting up, he looks to the side)* You didn't tell me Jackie was here.

ELIZABETH: What?

BEN: Over there, walking the dogs with Shaz.

ELIZABETH: Let's go then, before she sees us. She's such a dobber. Drives me nuts.

(They head off stage arm in arm. Lights out.)

SCENE FOUR

Lights come up on a chaotic scene. Chairs are strewn across the stage. ELIZABETH is peering through the third frame which represents a door. She looks frightened and threatened. Random flashes of coloured lights convey a party scene out of control. Alternatively, this scene could be enacted without any props at all.

ELIZABETH: So the next thing, I find myself at Luke's party and what a party it was! People passed out on the floor. And the smell of dope and grog. Sweet, sickly. Guys cracking onto me, and onto Ben as well. Like that moron from Westfield Park. (*her actions suggest that she is pushing someone away*) Go away. Piss off! I'm with Ben. (*pause*) He'll get mad if you don't leave me alone. (*long pause, to suggest that the person who has been annoying her has gone away*) He stopped hassling me. But that's when things went arse up. It was mad. Insane. Luke invited 50 people he knew. Another 50 randoms turned up with piss. Tons of it. (*pause*) Some freak tried to make out with Lara. I tried to capture the moment!

ELIZABETH uses her hands to imitate taking a photo.

ELIZABETH: What an idiot, she is. Giving him the come on. What the hell is she thinking? He is scary. He's taking something from his pocket. Some newfangled snorting tray? Then, it gleams. (*screaming*) Look out, Lara! He's got a knife. (*back to narrating*) The next thing, he is coming after me. I hide behind the bar.

ELIZABETH dashes behind the mirror which obscures her from view. After a few seconds, she peers out from the side.

ELIZABETH: He didn't find me, thank frickin' Christ. Attention span of a two-year-old. He was onto someone else.

ELIZABETH returns behind the third frame.

ELIZABETH: (*sadly*) I looked everywhere for Ben. He bloody invited me to go with him and then he was nowhere. People were writing random shit on the walls. And then Luke, stupid idiot he is, decided to challenge one of the randoms. Before I knew it, he was down and bleeding from the mouth. Then he was up again. Leave it alone, Luke. Just walk away, you idiot! (*narrating again*) He threw a punch. Didn't anyone tell him that you don't tackle someone twice your size! He was down again, but this time he wasn't moving. And you know what? No one did a thing. And the punches and kicks kept on coming. No one gave a shit! Luke just lay there on the floor, not moving. What else could I do? If I

hadn't rung for the ambulance, Luke would have been a goner. They said they'd only be a couple of minutes but it was the longest couple of minutes of my life. And while I was waiting, I saw Ben. Only thing is, I wished I hadn't! *(pause)* There they were ... Ben and Jenna, on the couch, together. I wanted to spew. *(she shakes as she remembers the moment)* You bastard! Don't think I can't see you!

The coloured lights are replaced by flashing red and blue ones to suggest that the police have arrived. ELIZABETH falls to the ground and curls up in a foetal position, sobbing.

ELIZABETH: *(pausing between phrases)* I wanted to go home, go to bed, hide. Be invisible.

Loud banging. Could represent her memories of party scene or someone banging on her bedroom door. ELIZABETH crawls through the frame and runs off stage. Lights out.

SCENE FIVE

ELIZABETH, as ELISABETTA, is kneeling, centre-stage. She is wearing a medieval style cape. She performs her Saint Catherine of Siena sequence and is praying silently. The lighting should be kept dim with an eerie blue glow, illuminating a circle around her.

ELISABETTA: Forgive me, Father, for I have sinned.

The lights go out. End of scene.

SCENE SIX

ELIZABETH's bedroom. She is curled up in a bean bag, manipulating a video game remote control. Enter BARBARA. ELIZABETH stops the game and freezes. Apart from the bean bag, chair and remote, there are no other props or furniture on stage.

BARBARA: I thought you said you were going to clean up your room.

ELIZABETH: I did.

BARBARA: *(looking around)* Doesn't look any tidier to me.

ELIZABETH: I've got my orals next week. I've been practising.

BARBARA: Looks like it.

ELIZABETH: I'm taking a break. Pretty heavy stuff I'm reading. They were really into masochism in the fourteenth century.

BARBARA: So what's changed?

ELIZABETH: What's that meant to mean?

BARBARA: You kids enjoy punishing yourselves. But nowadays it's called partying.

ELIZABETH: Not that, again.

BARBARA draws the chair closer to the bean bag and sits down.

BARBARA: I know something is bothering you.

ELIZABETH: Leave it alone, Mum. I don't feel like talking.

BARBARA: Something else happened at the party? What was it, Lizzie?

ELIZABETH: Something else? Huh! Seeing Luke punched and kicked until he was unconscious isn't enough? Seeing some random lunging a knife at Lara isn't enough? Seeing Luke's house smashed and trashed isn't enough? *(furious)* What else, Mum? What else? What's wrong with you? *(pause)* I just wanna get out of here. Sick of being cooped up at home.

BARBARA: You better get used to it.

ELIZABETH: Two weeks is extreme.

BARBARA: Extreme? I'll tell you what's extreme. You sneaking off to a party without asking us first. Luke in hospital. That's extreme. Luke's house being trashed. That's extreme. *(pause)* No! I don't think being grounded for two weeks is extreme at all. *(pretending to open a drawer)* I suppose there's no point checking in here anymore. I know the answer. *(pause)* You haven't got anything stashed away, have you?

ELIZABETH: Get out of my things.

BARBARA: I can't trust you anymore.

ELIZABETH: *(snapping)* I haven't got anything stashed away. I told you. It was a one-off.

BARBARA: You think I was born yesterday?

ELIZABETH: No! I think you were born back in the dinosaur age and you've got no frickin' idea about this age at all.

BARBARA: *(trying hard not to lose her temper)* Well, then, talk. Explain it to me.

ELIZABETH: Get a life, Mum.

BARBARA: *(finding something in the drawer)* What the hell? Laxatives? You didn't tell me you had a problem down there.

ELIZABETH: It's embarrassing, Mum. As if I'm gonna talk about it.

BARBARA: We can make an appointment to see the doctor.

ELIZABETH: They'll only prescribe what I've already got.

BARBARA: *(annoyed, pulling out a chicken piece)* A drumstick? Half of yesterday's dinner? It's like Pandora's box. You never know what you're going to find. Are you having a party in here?

ELIZABETH: *(angry)* Very funny. I told you I've gone off meat. I'm vegetarian now. So stop giving me stuff I'm not going to eat.

BARBARA: You will not bring food into this room. You hear me? *(yelling)* You will eat what I give you to eat and you will not eat in your room anymore. We'll end up with roaches or rats.

ELIZABETH: We're already surrounded by them.

BARBARA: What's that supposed to mean? Just clean up this mess. Now!

ELIZABETH gets up slowly. She faces BARBARA. They stare at each other for a moment before the lights go out.

SCENE SEVEN

A few weeks later. ELIZABETH, dressed in her pyjamas, is behind the second frame, the "family frame", which now represents a doorway at her home. She has her ear pressed up against an imaginary door. On the other side of the frame, KEN and BARBARA are arguing.

KEN: 12 by 24.

BARBARA: 16 by 32.

KEN: That's ridiculous. We won't have room.

BARBARA: We will if we reduce the size of the garage.

KEN: And where am I going to store the boat?

BARBARA: The pool has to be big enough for Lizzie to train in if she's going to compete again next year.

KEN: And you love sunbathing. Not that we need a pool for that. You could just walk to the beach.

BARBARA: Over the dunes? No thank you! You never know who's going to be lurking in them. Shame they didn't flatten them. I might write to the council about that.

KEN: So the sea can be at our doorstep?

BARBARA: So we have a view.

KEN: But that's why we're building the second floor.

BARBARA: It's not going to be high enough, Ken. The trees are in the way.

KEN: The council will chop them down. They always do.

BARBARA: I'm not so sure. All that nonsense about climate change. *(pause)* It wouldn't hurt to build that little bit higher, would it, Ken?

KEN: It would hurt my hip pocket. I don't know about yours.

BARBARA: I got the job. We can afford it and it will make all the difference.

KEN: *(Reluctantly)* O.K. ... if we reduce the size of the pool.

BARBARA: That's not an option.

KEN: That's what I thought. You want to lie on your floating sun mattress, imagining you're in the Caribbean, sipping your martini ...

BARBARA: At least that's singular.

KEN: Do you ever give up?

BARBARA: When I get an apology.

KEN: For what?

BARBARA: You don't remember, do you? Last year's Christmas party ring any bells?

ELIZABETH getting uncomfortable, shifts her position. The next part of the scene could be acted out, rather than spoken.

KEN: Did you hear that?

BARBARA: Don't change the subject. I was so mortified when you stripped off and dived into the pool. And getting the others to join in, that is, all the women. How could you?

KEN: *(pause)* Let's not get the pool!

BARBARA: Don't you mean the wine cellar?

KEN: You're just jealous—

BARBARA: What do you expect? The way you were carrying on with Jess. You've always had a thing for her.

KEN: You've been reading too much of that shit you put in the mag. We're not up there with Shane Warne yet.

BARBARA: Aren't we?

KEN: You could have joined in.

BARBARA: *(coldly)* I don't show my body to every Tom—

KEN: Wish you still had the body to show off?

BARBARA: Nothing's wrong with my shape, at my age. My days on the catwalk are over, I admit that. I'll leave that to Lizzie.

KEN: I'm not sure—

BARBARA: She could make a lot of money quickly. Set herself up for life.

KEN: There's other ways. I'm not sure modelling is for her. I thought you'd be the first to see that after your experiences.

BARBARA: They weren't all bad. After all, I landed myself a husband, didn't I?

KEN: So you want dirty old men ogling her?

BARBARA: Out of the horse's mouth!

KEN: *(quickly)* What? A stallion, please!

BARBARA: She enjoyed the attention she got at modelling classes. Anastasia thought she had what it takes. Such a shame she's given it up.

KEN: Along with everything else.

BARBARA: Probably just a stage. *(pause)* When I gave up, I must have been a huge disappointment to my mother.

KEN: Not as much as I was.

BARBARA: You reminded her of Dad, and you know where he ended up.

KEN: I'm a social drinker.

BARBARA: That's what Dad said.

KEN: I like a good time. What's the point staying home when you just pile on the jobs? Who else gets a list of chores, typed up, the day before they start their holidays?

BARBARA: You've asked around?

KEN: None of my mates can believe it. It's emasculating, that's what it is.

BARBARA: Typical alpha male. You've got to be the boss.

KEN: No one likes being undermined. It's got nothing to do with gender.

BARBARA: If you didn't shirk your responsibilities ...

KEN: There you go again. Treating me like a school boy.

BARBARA: You act like one sometimes. And don't deny it, Ken. I hate it when you deny things.

KEN: Me? You're the one who denies things. Look at Lizzie. You can't face the fact that she's got a problem.

ELIZABETH looks shocked, then puzzled.

BARBARA: She hasn't. It's just normal teenage behaviour.

KEN: She never used to sneak around. She used to tell us what she was up to.

ELIZABETH looks relieved.

BARBARA: All teenagers are like that, according to the articles I've been reading.

KEN: In what? That encyclopedia of human behaviour, that bible of right and wrong—the mag?

BARBARA: Well ...

KEN: I rest my case!

BARBARA: There are some good articles.

KEN: Show me one.

BARBARA: Teenagers are growing up too fast these days. They want everything—yesterday.

KEN: Like us?

BARBARA: Worse.

KEN: She used to talk to us. When was the last time she sat down and told you what's happening in her life?

BARBARA: She doesn't sit down anymore, full stop. *(pause)* When was the last time she spoke to you? You seem to have lost your hero status.

KEN: And you're not around for her anymore.

BARBARA: I can't win with you. Whatever I do, I'm wrong. If I'm not working enough, I'm not pulling my weight, *(pause)* my financial weight, that is. If I take on more work, I'm neglecting the kids.

KEN: You said it. Not me.

There is a cold silence. ELIZABETH has had enough. She walks through the frame, to their shock and horror.

KEN: What the?

BARBARA: Have you been listening?

ELIZABETH: What does it frickin' matter? I heard it all. Happy?

BARBARA points a finger at KEN who glares back at her.

ELIZABETH: Why don't you both stop blaming each other! I went to the party because I felt like going. It had nothing to do with either of you. I'm sick of it. Sick to death of you fighting all the time. Over the most stupid, trivial things. You're worse than my friends.

ELIZABETH crosses back through the frame but stops, for a moment, before exiting.

ELIZABETH: At least they've got an excuse. They're teenagers.

Lights out.

SCENE EIGHT

ELIZABETH is running up and down the stage, which now represents the beach. It is obvious that she has been doing it for some time as she is puffing. BEN enters and begins to run alongside her.

BEN: *(out of breath)* What's the rush?

ELIZABETH: To get away from you.

BEN: I want to talk.

ELIZABETH: Nothing to say.

BEN: Please, Eliza, can we stop for a minute?

Reluctantly, she stops but intermittently bounces up and down on the spot.

BEN: I don't know how you can keep it up.

ELIZABETH: You shouldn't have any problems there!

BEN: I'm really sorry about the other night, but

ELIZABETH: Bit late.

BEN: We've been friends for years. I thought you'd allow me some rope—

ELIZABETH: *(interrupting)* To hang yourself with.

BEN: If necessary. *(pause)* You've got it wrong. It wasn't me ...

ELIZABETH: Look, Ben, I have nothing to say to you. If you wanna make out with Jenna, or Lara, or Adam for that matter, it's up to you. But don't lie about it and tell me it wasn't you. I saw you, for God's sake. And don't come running back to me.

BEN: Fat chance I'd catch up with you these days.

She pinches his stomach.

ELIZABETH: Lose some of that and you might.

BEN: Starting on me now? It's all you ever think about. How much everybody weighs.

ELIZABETH: How would you know what I'm thinking about?

BEN: Jenna—she's getting worried about you.

ELIZABETH: Yeah? Funny way of showing it.

BEN: You've got it all wrong. I didn't do anything. And you keep hanging up on me every time I try to explain.

ELIZABETH: I don't want to talk about it. I don't want to talk to you anymore.

BEN: How you can just cut me off after all these years?

ELIZABETH: I could ask the same of you, Ben. How could you?

BEN: You're not giving me a chance. Like everybody else in my life. You're judging me for something I haven't done. I'm sick of it. I've really had enough. I may as well frickin' be what you already think I am. Just to prove you're right. Would that make you happy?

ELIZABETH: As if!

BEN: Can we just forget about it and move on? Can we just get over it?

ELIZABETH: I'm over it. I'm over you. And her. And the whole group, for that matter.

He puts his hands on her shoulders to stop her bouncing up and down on the spot.

BEN: Can you just stay still for one minute?

Reluctantly, she stops. He tries to kiss her. She slaps him.

BEN: *(rubbing his cheek)* That hurt.

ELIZABETH: That felt good.

BEN: What's happening to you? You're cutting yourself off from everybody. You'd rather stay at home reading about frickin' medieval saints, than hang around with your friends.

ELIZABETH: Prefer my own company.

BEN: You never used to be like this. And you'd forgive people if they made a mistake. Not that I did.

ELIZABETH: I told you I'm over it. I've forgiven you and Jenna and everyone else. I just don't care anymore. *(roughly)* I've moved on. Why can't you?

BEN: Because I care, that's why. You should know by now how I feel. I love you, Eliza. I always have.

ELIZABETH: You don't know what the word means.

BEN: Can't we just hang around like before?

ELIZABETH: Like friends, you mean.

BEN: Well, yes. Friends, if nothing else.

ELIZABETH: Friends don't betray.

BEN: *(resigned)* It won't happen again.

ELIZABETH: We'll see. *(looking at the sky)* I think I can make it back before the storm.

BEN: I'll race you.

ELIZABETH: You don't stand a chance, boy.

They sprint off stage. Lights out.

SCENE NINE

ELIZABETH is standing before the first mirror. It reflects a distorted image of her, making her look fat. She pinches her stomach.

ELIZABETH: Ugh! No wonder everyone hates me.

She turns around and looks over her shoulder.

ELIZABETH: Look at the size of that arse! I'll have to alter my jeans. So revolting. No wonder Ben was making out with Jenna. No wonder Jenna suggested the diet. She's got a lovely figure, not like me. Disgusting fat blob.

She puffs out her cheeks and squats to make herself look fatter. Then walks around, while still half squatting.

ELIZABETH: Shake that booty. Shake that booty. Too much booty. Too much butt! If you don't do something about it, Betty Boo, you're going to end up looking like your mother. *(She puts her hand over her mouth)* Oh, my God, I can't believe I said it. Just saying it sounds terrible. No wonder Dad never comes home anymore. He wants someone slim and beautiful. She used to be a 6.

ELIZABETH stands in front of the next mirror which also distorts her image, making her look taller and thinner. She wiggles up and down in front of the mirror.

ELIZABETH: That's more like it. *(adopting fashion commentator's voice)* Here comes Tia. At 5 feet 10 inches, what a stunner. Today, Tia is wearing the new Versace design. Pink chiffon with a plunging neckline, and a cheeky split up the side. A vision in chiffon.

Sound of applause. ELIZABETH crosses back to the first mirror and her posture immediately changes, becoming round shouldered.

ELIZABETH: *(adopting a false voice)* Who do we have here? Who invited you? It's Blobby Betsy. Betsy with the big butt. Trying to sabotage the fashion show. Go home, Betsy. You don't belong here. *(sounds of boos from the audience, then returning to her normal voice)* And Mum reckons I could make a model. *(in a shrill voice that represents her inner voice)* If you want to be a model, Elizabeth, it's down to one apple for lunch. 500 calories per day, that's it. *(back to ELIZABETH's normal voice)* 500? That's a bit tough. What about 800? *(the shrill voice returns)* 500. And there's no room for negotiation. Do it or give up the dreams. *(back to ELIZABETH's normal voice)* I may as well give up, the way I've been pigging out lately. *(shrill voice)* This little piggy went to market. This little piggy stayed home and ate and ate and ate. *(normal voice directed to the shrill voice)* Leave me alone! You're always on my back. *(to herself)* Don't beat yourself up, girl. *(shrill voice getting louder)* Beat yourself. Beat yourself.

ELIZABETH moves away from the mirror and towards the audience. The lights are kept dim with the eerie blue glow used in Scene 5. She begins hitting herself with an open palm.

ELIZABETH: *(to the 'shrill' voice)* Happy now?

She stops hitting herself and sits on stage hugging her knees to her chest. The lights return to normal. She looks at the audience in an accusatory way.

ELIZABETH: You did it. You decided what was glam and what was glum. What was chic and what was shit! What was thin and what was fat. *(pause)* What was in and what was out. You did it. You bought the magazines. You went to the shows. You bought the clothes. You set the bar. *(looking up)* Too high for me. For worms like me who slither and slide along in their gloggy, bloggy way. I knew I'd never be good enough, thin enough, glam enough. The thin girls got the jobs. Got the contracts. Got the contacts. Got the guys. Not the ugly Bettys. We got the slap in the face, no thank you, the job's been taken. No thank you, he doesn't love you. *(she huddles into her knees)* He doesn't love you.

BARBARA enters and crosses to the skinny mirror. She looks at her figure from the front and from the back. ELIZABETH springs up. They stare at each other in horror. Lights out.

SCENE TEN

Lights up on the first frame. JACKIE is sitting, cross-legged, on stage. Her hair is in pig- tails and she is wearing children's clothes. There is a spread of glossy magazines and make-up packs in front of her. ELIZABETH is poised in front of the first frame, trying out different poses. Like JACKIE, she is dressed as a child but is trying to be "grown up". She sweeps her hair into a bun on top of her head. She then adjusts her top, trying to reveal more cleavage, which of course isn't there, as she has been made to look like a "tween". A projector screen at the back of the stage could flash pictures from the magazines.

ELIZABETH: Look at me! *(There is no response from JACKIE.)* Jackie! Look at me!

JACKIE: You're never going to believe this. *(giggling, as she notices ELIZABETH)* Oh God! What have you done?

ELIZABETH: *(putting on her mother's voice)* Aren't I gorgeous?

JACKIE: *(getting up and joining ELIZABETH).* Not as gorgeous as me!

She positions herself in the frame, pushing ELIZABETH out. She pulls out her pig tails and applies lipstick. She then puts on mascara and winks at the audience.

JACKIE: *(singing)* I'm just too sexy for my body. Too sexy for my body.

A miffed ELIZABETH sits down amongst the magazines.

ELIZABETH: Don't be silly!

JACKIE: *(little girl again)* Not!

ELIZABETH: Are!

JACKIE: It's alright for you to do it!

ELIZABETH: You don't have to copy everything I do! Why do I bother?
You're too young to understand anything.

JACKIE: Am not!

ELIZABETH: Are .. s ... so!

JACKIE: You calling me an arse?

The girls start giggling together.

ELIZABETH: *(playfully)* Arse so. Arse so.

JACKIE: *(between breaths)* Stop it, Lizzie. You're cracking me up.

ELIZABETH: Arse so. Arse so.

She gets up and tries to look at her backside.

ELIZABETH: Fat arse so!

JACKIE: Are you calling me fat?

ELIZABETH: No me. Stupid. Look at the size of it.

JACKIE: *(giggling)* I've never seen a bigger one.

ELIZABETH picks up a magazine and points out a picture of an overweight lady. She sticks her bottom out.

ELIZABETH: Here's one. Like me! See!

The girls start giggling uncontrollably. JACKIE gets up and points to another picture in the magazine, this time one of the very thin models.

JACKIE: Me! Me! *(she struts around, mimicking the model)* I'm so beautiful!

ELIZABETH: Beautiful, my foot! *(This makes them laugh even more.)*

JACKIE: Is your foot beautiful?

ELIZABETH: *(between giggles)* Only part of me that is.

Further laughter. From the wings, BARBARA calls out "Shush!"

ELIZABETH: Not so loud, Jackie!

JACKIE tries to pull a straight face, but that makes them laugh even more.

JACKIE: Poker face. Poker face.

ELIZABETH: Pokey face! Pokey face!

She sucks her cheeks in to make her face look thin.

JACKIE: Pockey face! Pockey face!

JACKIE picks up a lipstick and dots herself with splotches on her cheeks and forehead.

ELIZABETH: *(through laughs)* Pimple face! Pimple face!

JACKIE rubs the lipstick off her face.

JACKIE: Perfect face! Perfect face!

ELIZABETH: *(annoyed)* Not perfect. Can't be perfect!

JACKIE: Can try. *(pointing to a picture in magazine)* Look at her! She's purr ... feet!

ELIZABETH: It's make up, silly!

JACKIE: *(applying rouge)* I can look like her, too!

ELIZABETH: Cannot. Mum told me how they do it. It's called air brushing.

JACKIE: *(still giggling)* Hair brushing? *(she begins to brush her hair)*

ELIZABETH: Air brushing, silly! And you can't do it!

JACKIE: *(pretends to brush the air)* Can, too!

ELIZABETH gets up, disdainfully looking around.

ELIZABETH: You're so stupid! *(She begins to walk off.)*

JACKIE: *(Immediately serious)* No, Lizzie. Don't go. Promise I won't be silly anymore.

ELIZABETH: Better not!

ELIZABETH sits down again. JACKIE pores over the magazine to find another picture.

JACKIE: You're not going to believe this, Lizzie!

ELIZABETH: Nothing in *Girlfriend* surprises me!

JACKIE: Yeah? Then how about this! A sugar-daddy Ken doll!

ELIZABETH: No! (*grabbing the magazine*) What the?

JACKIE: Told you!

ELIZABETH: That's ridiculous.

JACKIE: I want one!

ELIZABETH: Don't be silly. It's a con.

JACKIE: But he's handsome ... and rich!

ELIZABETH: My arse!

They start giggling again. From the wings, another "shush". ELIZABETH flicks through the magazine.

ELIZABETH: Look at this.

JACKIE peers over ELIZABETH's shoulder and gasps.

JACKIE: No!

ELIZABETH: Yes!

The girls start giggling again. BARBARA appears at the wings and looks in.

BARBARA: It's bed time. (*suspiciously*) What are you doing?

ELIZABETH: (*shoving the make-up and magazines aside.*) Nothing.

BARBARA: Hmm! Lights out!

She switches off the light. There's one last giggle.

SCENE ELEVEN

Present day. Kitchen. JACKIE, in school uniform. BARBARA is preparing the evening dinner while JACKIE is helping herself to snacks after school.

BARBARA: Save room for dinner. It's your favourite.

JACKIE: Fettucine in creamy sauce. Awesome!

BARBARA: At least someone appreciates it.

JACKIE: About that, Mum.

BARBARA: Reckon I'm ready for Master Chef, yet?

JACKIE: Reckon a team effort should do it! *(pause)* About Lizzie not appreciating ... I mean ...

BARBARA: *(looking up)* Lizzie?

JACKIE: I'm worried about her, Mum.

BARBARA: Keep your voice down.

JACKIE: I told you, she's gone jogging. Again.

BARBARA: Exercise is good.

JACKIE: It's not ...

BARBARA: You know better then.

JACKIE: You don't see her at school. Lunch time, she's jogging around the oval. Sometimes, she jogs home.

BARBARA: *(pulling a face)* She'll get in trouble for that.

JACKIE: I wish the teachers would notice and punish her. But no one notices, or cares.

BARBARA: OK, a bit too much exercise, but lots of teenagers go through that stage.

JACKIE: She doesn't eat her lunch. She chucks it in the bin, when no one's watching. She used to try and flog it to her friends but they're all on diets, too.

BARBARA: *(pausing in her cooking)* She doesn't eat any of it?

JACKIE: Only the apple. She read somewhere that red apples help you lose weight.

BARBARA: At least she eats a good breakfast.

JACKIE: One dry weetbix?

BARBARA: She always has four with milk and sugar.

JACKIE: She takes it outside and feeds it to the dogs. They're fat! She's thin! Der ...

BARBARA: Are you sure?

JACKIE: She eats one weetbix—that's not been in contact with the milk.

BARBARA: It's that stupid diet Jenna suggested.

JACKIE: Jenna's not dieting. I saw her the other day, ploughing into Maccas. They asked Lizzie to go with them but she went for a jog instead.

BARBARA: She told me she'd been at Maccas.

JACKIE: She lied, Mum. I saw her on the beach.

BARBARA: It's a stage. Most girls worry about their weight and all kids lie sometimes. *(pause)* Even you, Jackie. Admit it. You told me you were going to Shaz's and you went to a party instead, a party I told you not to go to!

JACKIE: I would have been a social outcast for the rest of my school life if I hadn't gone!

BARBARA: Even so. You lied.

JACKIE: Once, to save my reputation. Lizzie lies all the time.

BARBARA: I wonder where she gets that from.

JACKIE: *(she pulls a face)* Lizzie has you fooled.

BARBARA: I'm not blind, Jackie.

JACKIE: You see what you want to see.

BARBARA: *(peevish)* Like Lizzie is losing weight and you're gaining it.

JACKIE: Mum! What a horrible thing to say.

BARBARA: *(gently)* I'm not saying that you're fat but you don't want to put on too much extra or I'll have to buy you a new wardrobe.

JACKIE: Suits me just fine.

JACKIE throws the snack she has been eating into the bin and heads towards the exit, stopping to look back at BARBARA. ELIZABETH enters as JACKIE turns to leave. The sisters exchange angry looks. Lights out.

SCENE TWELVE

Shopping mall. BARBARA, ELIZABETH and JACKIE are shopping. A loudspeaker regularly interrupts their conversation, with a salesman calling out bargains. They peruse a rack of clothes.

SALESMAN: Come on, ladies. Come and see what we've got for you today. Bargains! Have we got bargains! Toasters, were \$59.95, we're throwing them away at \$29.95. Blenders, a steal at \$49.

JACKIE: Wish he'd shut up.

ELIZABETH: *(holding up a top)* This is gorgeous. Would look good on you, Jackie.

BARBARA: It would suit you too.

ELIZABETH: Me? Huh! They don't have size 18!

BARBARA: *(holding it against her daughter)* Perfect fit.

ELIZABETH: Not a chance.

JACKIE: You're crazy. It's your size—or maybe, too big.

ELIZABETH: *(annoyed)* Bullshit! *(she puts the top back)*

BARBARA retrieves the top and they move to another rack.

SALESMAN: Spring is in the air. And all our winter stock has been marked down. Tops starting from \$25, skirts just \$50 and dresses going out at \$100. Be quick to grab a bargain.

BARBARA: I could do with a new dress or two or three ... *(picking out a dress)* A D & G. Isn't it adorable?

JACKIE: Where will you put it? You're already busting out *(pause)* of your wardrobe.

BARBARA: *(giving a wicked grin)* But have you seen the size of the new walk-in robes? They are huge.

ELIZABETH: When's the house going to be ready, Mum?

BARBARA: Just a few weeks now. Pool's in. They're just tiling the kitchen and bathrooms.

JACKIE: When are we going to see it? Why do we have to wait?

BARBARA: When it's ready to move in, it'll be a lovely surprise for you.

JACKIE: Dad's already moved in? Why does he sleep there every night?

BARBARA: Security. Until all the alarms are installed.

ELIZABETH: I don't like how he's there all the time.

BARBARA: You'll have your own teen quarters.

SALESMAN: Want to look a million dollars? Try this Country Road trouser suit. Wear the pants in your relationships, ladies. Try them on for size.

BARBARA: Mmm. I like Country Road.

ELIZABETH: You're getting sucked in, Mum.

BARBARA: I need some new clothes. Besides, how can I write about fashion unless I'm sporting the latest designs myself?

JACKIE: So Dad can't write about drugs in schools unless he samples them all?

BARBARA glares at her.

ELIZABETH: I thought it was just the piss.

BARBARA: Shh. Lizzie!

JACKIE: Hey, there's Chrissie over there.

BARBARA: Chrissie? It is too. Always one for a bargain. She's got tons of clothes already.

JACKIE: Like you.

BARBARA: I'm not in the same league.

JACKIE: Could have fooled me.

BARBARA: She's going to try on that Wheels and Dollbaby evening dress. Hmm. Let's go and say hello.

ELIZABETH: Oh, Mum. We'll be here all day. I don't see Ben much anymore, so why do I have to see his mum?

JACKIE: What the hell! There's Dad.

BARBARA: What? Shopping for clothes? He hates shopping.

JACKIE: Maybe getting your birthday prezzie.

BARBARA: He forgot my birthday last year ...

ELIZABETH: People change. We better stay out of sight—don't ruin his one good deed.

SALESMAN: Gentlemen, surprise her with this Wheels and Dollbaby. Just \$300. She will look stunning.

JACKIE: He's holding it against her.

BARBARA: It can't be for me then. I'm not that thin.

JACKIE: Let's go and see.

BARBARA: No, let's don't. (*putting the clothes back on the rack*) It's time to get lunch.

JACKIE: Oh, Mum!

ELIZABETH: Yeah, Mum. We're not hungry.

BARBARA: Well, I am. Let's get out of here.

SALESMAN: It will change your life. Don't leave until you try it on.

JACKIE: Yeah, Mum, it will change your life.

BARBARA: *(annoyed)* I don't want my life to change, thank you very much. It's perfectly fine as it is.

They exit. The lights dim. ELIZABETH stays on stage and runs behind the first frame, looking carefully from side to side, as if worried she's been followed.

ELIZABETH: *(little girl's voice)* All my friends are having parties and I get invited to them all. And on the weekends we go surfing or skating. Sometimes I play footy with Dad, but I can never kick it as far as he does. Mum has enrolled me in modelling. She thinks I need to do more girly stuff. I get to try on all the latest fashions. Sometimes Mum even buys them for me. My friends get jealous and nag their mums for the same clothes. I love it how my friends copy me, but sometimes it's annoying. Summer holidays—we're at the beach every day. *(looking out to the audience, as if looking out to sea)* Ben's catching a wave. *(calling out)* Hang on, Ben. A bit more to the right. You can do it. Oh no! He's been dumped again. There's another one coming in. I've gotta catch it.

She starts running towards the audience, carrying the frame. Carefully, she puts it down and steps into it. It now represents a surf board. She moves from side to side, as if surfing.

ELIZABETH: I did it, Ben. *(She picks up the frame)* Did you see? I rode it all the way. *(She shakes off the water)* Summer. Not a worry in the world. Mum and Dad are always busy. Jackie and I are free. We practically live here on the beach. *(She puts the frame back and returns to the other side)* Time to go home and grab some lunch.

ELIZABETH pauses by the first frame, while KEN enters DSR. He puts his phone down.

ELIZABETH: Dad's home?

KEN walks back to the wings to get a drink. His phone beeps with a text message. ELIZABETH crosses the stage and picks up the phone. She is about to call him but stops.

ELIZABETH: Probably Mum.

ELIZABETH opens the message and reads it. Her expression becomes one of shock.

ELIZABETH: No!

KEN re-enters, carrying a drink.

KEN: Is that my phone?

He takes it from her, reads the message, looks momentarily startled, then deletes the message.

KEN: Who said you could read my messages?

ELIZABETH: *(flustered)* I thought it was Mum. I was trying to help.

His look silences her. He puts the phone away.

ELIZABETH: Why are you meeting Chrissie?

KEN: What?

ELIZABETH: The text. She said she can't wait to see you.

KEN: *(dismissive)* She's got something for your mum. That's all. A present for her birthday.

ELIZABETH: *(disturbed)* Why doesn't she give it to her then?

KEN: They're going to Bali. You know that.

ELIZABETH: Why are you meeting her at the Duxton?

KEN: I can meet her where I like. It's near my work. Convenient.

ELIZABETH: She misses you ... she can't wait to ...

KEN: What? You're bonkers.

ELIZABETH: It was in the text. *(She grabs the phone again to check)* You deleted it.

KEN: I always delete my messages. You should too.

ELIZABETH: I remember what it said. She can't wait to ... *(confused, she stops)*

KEN: You're making things up now. Why would you want to do—

ELIZABETH: I read it, Dad.

KEN: *(very deliberately)* You got it wrong, Lizzie. You often get things wrong.

ELIZABETH: *(very upset)* I don't. You're just saying that, like I don't know what I'm talking about. But I know what I read and you don't want Mum to know about it.

KEN: *(approaching her, he tries to embrace her but she pulls back)* Lizzie, you have got things wrong before, you know, and you've told things to Mum that upset her, when they weren't true. If you love your parents, you'll drop it. *(pause)* Besides, there's nothing to say. I'm meeting Chrissie, so that she can give me Mum's present.

ELIZABETH: I know what I read.

KEN: What you thought you read. You've always had a lively imagination. The eyes can lie, you know.

ELIZABETH: *(running to the side of the stage)* No! My eyes don't lie. It's you ... *(hesitantly, starting to doubt herself)* You're lying, aren't you?

KEN starts walking towards her. She runs off stage. Lights out.

SCENE THIRTEEN

ELIZABETH, as ELISABETTA, is centre-stage. She should be in a circle of light and, as before, eerie blue lighting should be used. This scene can be performed as a dramatisation of ELIZABETH's orals or as part of ELIZABETH's imagination. BARBARA, also dressed in medieval garb, plays ELISABETTA's mother.

ELISABETTA: Dio mio. My Father. What must I do to prove my undying love of you? Must I abase myself so that I am no more than an insect that crawls upon the face of this earth, condemned to hide in the shadows that fall between lightness and darkness? A shadow that moves, that runs, that hides away from the light. *(she picks up a rope and begins to self-flagellate)* I will prove my love by the agony I endure. For you, I whip my flesh. Feel my skin burn, see blood burst from broken veins. Hear the thud of my heart beating to the crack of the whip. What would I not do for you? What would I not give? My sacrifice to you is me. Not a part of me, but all of me.

She hears a noise and drops the rope. Enter BARBARA, carrying a tray of food which she places near ELISABETTA.

MOTHER: Take a little, my child. It has been months. You will surely die.

ELISABETTA: If it's God's will, then I shall. Who am I to question Him?

MOTHER: You are bleeding, Elisabetta. Surely, our Lord would not have you wreak such damage.

ELISABETTA: Mother, take care. You are in grave danger of blaspheming. You have not heard the Lord speak as I have. Do not imagine you can know His mind, His wishes.

MOTHER: Does the Lord compel you to punish yourself so bitterly, my child, or is it (*she spits*) the devil?

ELISABETTA: Your doubt shames me before God. Take care, mother, that He doesn't punish you for questioning His way, His will.

MOTHER: All I see is your way. Your will. It is not the way of womanhood and you are, before God, a woman.

ELISABETTA: Neither woman, nor man. I am His chattel, His servant and I do His bidding at His behest.

MOTHER: What will become of you?

ELISABETTA: Tonight, I leave to join the convent, to become His bride.

MOTHER: Your father will not allow it. I will get him and Heaven help you if you are not here when I return.

She exits. ELISABETTA tips over the tray of food.

ELISABETTA: Temptress! But I am strong. Such morsels hold no power over me. Nor mortals either. I have risen above the hungry flesh. I will be Your bride, Your servant, Your devout follower. I submit only to Holy Nuptials.

She stretches her arms up towards the Heavens.

ELISABETTA: Take me, my Lord. I am yours.

Lights fade. There could be applause at the end of this scene to suggest that this has been a dramatisation of ELIZABETH's orals. End of scene.

SCENE FOURTEEN

The sound of waves and seagulls suggest that the FANE family have shifted to their beach-side house. Lights come up on ELIZABETH who is standing behind the fourth frame which is noticeably higher than the other frames, resting on a ledge which represents a balcony, with a couple of steps leading up to it. A couple of adolescent trees, that could be cardboard cut-outs are situated on both sides of the stage. Alternatively, there could be a projection of them on a screen at the back of the stage.

ELIZABETH: Our dream home. If it wasn't for the kitchen plumbing ... Mum was furious. She told Dad off for cutting costs, getting it done by a friend from work. He's a bad teacher and worse plumber. *(pause)* And then there was that little matter of the view. Our second storey wasn't quite high enough for a view over the trees. Mum blamed Dad. At first I thought it was some bogans down the street who lopped the trees. I mean, I knew they were capable of some pretty dodgy behaviour, but this? The council decided enough was enough. Apparently, the neighbours had tried it too. So one day, we come home to find a great big sign blocking the view ... It says "Killed for a view". Mum rang Dad who's furious. *(pause)* He'd planned to stand for council election. Mum feels publicly humiliated—for her, that's worse than dying! So she doesn't invite her friends over anymore. Suits me. I can't stand them or their cakes. Two hundred calories a serve. May as well gobble fat! *(pause)* Best way to bond with the neighbours. United in environmental vandalism. Dad took them for a ride on his boat. He couldn't even arrange that for my birthday. Mum has the big pool she's always wanted and lies in the lazy chair for hours, imagining she's in the Bahamas. *(pause)* Jackie and I have our own rooms and ensuites up the other end of the house. Conveniently, I've got French doors. *(she steps through the frame and looks from side to side)* Mum is too busy glaring at the sign to notice when I slip out. She thinks I'm studying. Well, of course, Mum, what else would I be doing in Year 11? Frickin' private schools! *(pause)* Such a beautiful morning. Think I'll go for a run. Sixty calories from breakfast. An hour should do it. *(to the audience)* Shh! Don't tell them.

Lights dim as she descends the steps. She picks up a baton and begins jogging. BEN enters from the opposite side of the stage and runs towards her. She hands him the baton and continues jogging off stage. Lights out.

SCENE FIFTEEN

Lights come up on ELIZABETH jogging on stage. BEN enters, carrying the baton from the earlier scene and begins running alongside her, as for Scene Eight.

BEN: Great orals. Brilliant idea, acting it out.

ELIZABETH: Keep up!

BEN: What's the rush?

ELIZABETH: To get away from you.

BEN: I want to talk.

ELIZABETH: Nothing to say.

BEN: Please, Eliza, can we stop for a minute? I can't keep up.

Reluctantly, she stops but stretches on the spot.

ELIZABETH: Thought you'd have no problems in that area.

BEN: It's not what you think.

ELIZABETH: I know what I saw.

BEN: What you think you saw.

ELIZABETH: Nothing wrong with my eyes.

BEN: But everything's wrong with what you think.

ELIZABETH: Trying to blame me for what you did. Story of my life!

BEN: That's not what I'm saying. You got it all wrong, Eliza.

ELIZABETH: Clear as day.

BEN: Clear as night. *(pause)* Believe me. You've got it wrong. *(pause)* You're getting lots wrong.

ELIZABETH: How's that? I saw you kissing Jenna.

BEN: She kissed me!

ELIZABETH: And you hated it!

BEN: I—

ELIZABETH: Pull the other one.

BEN: That's what's wrong with you. You only see what you expect to see.

ELIZABETH: I see you bullshitting. And I saw you and her.

BEN: You don't know me—

ELIZABETH: You're just like him. Like all men. Can't keep it in your pants. Never satisfied.

BEN: *(distressed)* If that's what you think. *(He begins to walk away.)*

ELIZABETH: You're just the same.

BEN: You've got me all summed up. Like everybody else. But you don't know me at all.

ELIZABETH: Prove me wrong.

BEN: I could never prove you wrong, Eliza. You know it all. You always have.

She glares at him and then jogs off stage. Lights dim. BEN crosses to the third frame and shakes it.

BEN: Let me out of here! *(screaming)* Let me out!

Lights out.

SCENE SIXTEEN

KEN and BARBARA on stage. Lights up on second frame. BEN is looking through.

BARBARA: Shopping?

KEN: That's right.

BARBARA: For me?

KEN: Who else?

BARBARA: You expect me to believe that shit?

KEN: I gave you the dress, didn't I?

BARBARA: Only after Lizzie said we saw you.

KEN: I was saving it for our house warming.

BARBARA: Why would you buy me a dress for a party we hadn't even organised?

KEN: It was going to be a surprise.

BARBARA: A surprise party?

KEN: Chrissie and I were planning it.

BARBARA: Planning something.

KEN: I couldn't have told you. You'd harp on about my drinking.

BARBARA: There's a lot you can't tell me. I would have thought after ...

KEN: A bit of fun, that's all. You're too fucking serious.

BARBARA: Life's one big party.

KEN: We need to go in.

BARBARA: You go in. I'm not in the mood.

KEN: You can't leave. What will I tell them?

BARBARA: To go screw themselves.

KEN: Barb!

BARBARA: Ken!

They laugh.

KEN: That's not how we're meant to behave.

BARBARA: I'm no doll.

KEN: But you are—

He tries to kiss her. She pushes him away.

BARBARA: You stink!

KEN: Nice.

BARBARA: How much?

KEN: Only one. *(pause)* Peter and Chrissie are waiting.

BARBARA: Chrissie takes. She never waits.

KEN: She's a friend.

BARBARA: Don't let her down!

KEN: Come on, Barb.

BARBARA: I'm going home.

KEN: What am I going to say?

BARBARA: Figure something out. You always do. *(pause)* Tell them I got a call from God.

KEN: Since when have you believed in God?

BARBARA: Maybe it's time. Lizzie's gone all religious, writing about St Catherine of Siena.

KEN: That school wasn't my choice.

BARBARA: Best in the area.

KEN: *(walking to the door)* Well?

BARBARA: Tell them what you want. You're good at making up bullshit.

KEN: Why do you always do this?

BARBARA: What?

KEN: Spoil everything. No wonder I ...

BARBARA: What?

KEN: Just drop it.

BARBARA: No wonder you ... *(pauses)* with her?

KEN: Will you ever stop reminding me?

There is a stand-off while they glare at each other. CHRISSIE calls from the wings.

CHRISSIE: What are you doing just standing there, Ben? I asked you to get my camera.

KEN and BARBARA look at each other in shock as they realise that BEN has heard everything. Lights out.

SCENE SEVENTEEN

In the kitchen. BARBARA is sweeping the floor when ELIZABETH enters. There is a screen in front of the mirrors at the back.

BARBARA: At last. I was beginning to think that you'd moved out.

ELIZABETH: I've been working. You should be pleased.

BARBARA: Well, of course I am. But it would be nice if you could come out of your room occasionally to say hello.

ELIZABETH: Hello, Mum.

BARBARA: How are you getting on? How are things going?

ELIZABETH: Fine. What do you expect? I'm in year 11. I've got a ton of work. Tests, tests, tests and all the teachers ever talk about is how much work we should be doing, to get the best possible WACE score, so we can go to the best possible university and get the best job.

BARBARA: Our money is well spent then. You need to think about these things.

ELIZABETH: It's all anyone ever thinks about. Sometimes, I just wanna drop out.

BARBARA: Want to, you mean.

ELIZABETH: Don't you start. That's another reason I *want to* drop out!

BARBARA: From school?

ELIZABETH: From everything. What if I just wanna go and live on a farm in the middle of nowhere and not have a career?

BARBARA: And how will you afford a farm and food?

ELIZABETH: I'll grow veggies, and have a horse, be self-sufficient! Good for the planet!

BARBARA: I'd give you a year ... two? Lizzie, it's not what you want to do for the rest of your life.

ELIZABETH: How do you know? You don't even know what *you* want to do.

BARBARA: Maybe. But I'm not dropping out to find out. (*pause*) I thought you'd be happy moving into the new house.

ELIZABETH: It's a house. It doesn't solve anything. You and Dad still argue all the time. The only difference is, now I can shut myself off from it and from you!

BARBARA: All married couples argue sometimes. Doesn't mean we're going to get divorced or anything.

ELIZABETH: Are you sure?

BARBARA: What is that supposed to mean?

ELIZABETH: Dad never seems happy. He'd rather be doing things with his friends. He comes home late from work nearly every night with crap excuses he gives. Sometimes I wonder—

BARBARA: (*interrupting*) Wondering is no good. Too much wondering puts false notions in your head. Now where the hell did I put that dustpan?

ELIZABETH: So you believe everything he says?

BARBARA: I don't want to discuss this.

ELIZABETH: But every time you're mad at Dad about something, you complain to Jackie and me.

BARBARA: I'll try not to do that in future.

ELIZABETH: Sure.

BARBARA: I'm sorry. I'm just not myself lately. Can't seem to find anything, which reminds me. *(pause)* Where have the scales gone?

ELIZABETH: What's that got to do with me? The dustpan is over there *(pointing)* by the way.

BARBARA: Jackie said you put them in your bathroom.

ELIZABETH: Then why bother asking, if you know where they are?

BARBARA: Why are they there?

ELIZABETH: I borrowed them to see if the diet is working.

BARBARA: Return them to our bathroom, please.

ELIZABETH: Sure. You can have them. They're faulty anyway. Maybe, you set them that way ...

BARBARA: I want you to join us for dinner tonight.

ELIZABETH: If I get to cook.

BARBARA: But I was going to make one of your favourite dishes.

ELIZABETH: You're always complaining about how tired you are after work. I'd like to help.

BARBARA: Okay, nice offer.

ELIZABETH: I love cooking, Mum. I told you that.

BARBARA: You can cook every night if you want to. I'm sick of it! I won't complain. *(she fishes around for a bag)* I was going to save this for Christmas but since you're being so nice, now's as good a time as any. I got it the other day.

ELIZABETH: Ooh! What is it?

BARBARA pulls out the top they looked at in the shops in Scene 12.

BARBARA: Try it on for size.

ELIZABETH: It's not going to fit me but thanks.

BARBARA: I'll swap it if it's the wrong size. Try it.

ELIZABETH: *(reluctantly)* Aah ... *(realising BARBARA is going to insist)* Okay.

ELIZABETH goes behind the screen in front of the mirrors. BARBARA follows her and the audience hears a gasp when ELIZABETH removes her top. ELIZABETH comes out from behind the screen parading her new top, which is very baggy.

ELIZABETH: What?

BARBARA: *(appalled)* You've lost so much weight.

ELIZABETH: Not enough.

BARBARA: Lizzie, look at yourself. You're so skinny.

ELIZABETH: You need glasses.

BARBARA puts her hand over her mouth as she realises the seriousness of her daughter's problem. They stare at each other without moving. Lights out.

ACT TWO

SCENE ONE

Dinner that night. ELIZABETH is serving the meals. She takes a small amount for herself. During the meal, ELIZABETH spends a lot of time cutting her food into tiny portions. KEN has been drinking. This naturalistic scene is interspersed with ELIZABETH's thoughts, spoken as 'asides' to the audience, so that they are not heard by the other characters.

BARBARA: What a treat! Dinner together. It's been ages.

ELIZABETH: Not since my birthday. *(pause)* You're home early tonight, Dad. It's only 7 o'clock. What happened? Girlfriend stand you up?

KEN: *(laughs uncomfortably)* Very funny, Lizzie. Actually when Barb rang and said you were cooking, I raced home as soon as I could.

ELIZABETH: *(aside)* Liar. Liar. Pants on fire!

JACKIE: So, your mates had to leave early.

KEN: Don't know what you're talking about.

JACKIE: We can smell it, Dad. You've been down the pub.

KEN: Only had one.

JACKIE: Sure, after several!

KEN: Hey, what's this? Pick on Dad night! A bloke's entitled to have a drink.

ELIZABETH: Good to see you anyway.

KEN: I hope so, otherwise ... *(his look is one of warning)*

ELIZABETH: *(aside)* Back down quick, girl!

KEN: I work hard so you can have a good life. Lovely house. New car. Holidays in Bali. TV. iPad ...

ELIZABETH: I'd rather have my dad.

KEN: Glad you feel that way. But you'd be pretty miserable if Jenna had all those things and you didn't.

ELIZABETH: Stuff Jenna. I can't stand her anyway.

BARBARA: What happened between you two? Not long ago you were friends.

JACKIE: Lizzie caught Ben making out with her at *that* party.

ELIZABETH: (*aside*) Here we go again! (*to JACKIE*) Shut up, Jackie. It's none of your business.

JACKIE: Melissa said Jenna's mad at Ben because he keeps talking about you, Lizzie.

ELIZABETH: (*viciously*) Screw him!

BARBARA: That's enough.

JACKIE: She saw what happened. Jenna kissed Ben.

ELIZABETH: (*shocked*) What?

JACKIE: She was drunk.

ELIZABETH gets up and restlessly paces up and down.

ELIZABETH: (*aside, penitent*) What have I done? I need to get out of here and find Ben. (*angry*) No! He enjoyed it. I saw the look on his face.

JACKIE: It seems everybody knows more about what's going on in your life than *you* do!

ELIZABETH: It's no one's business. Bloody rumours that get around that school. You make it worse, Jackie.

JACKIE: What are you talking about?

ELIZABETH: You've been telling people that I've been leaving school at lunch time.

JACKIE: Just worried.

ELIZABETH: Huh! I bet.

BARBARA: If Jackie has said something, good on her. I'm not happy that you're skipping meals. You've hardly touched your food again tonight and you cooked it! Sit down and eat with us.

ELIZABETH: I'm not hungry. I ate while I was cooking. *(aside)* Two hundred calories in the sauce alone.

BARBARA: You can't afford to lose any more weight. *(to KEN)* She's practically a skeleton.

ELIZABETH: *(aside)* Chicken ugh! At least four hundred. *(to BARBARA)* I can hear you.

JACKIE: I told you so, Mum

KEN: It's delicious.

ELIZABETH: I've got work to do.

BARBARA: But you've finished the orals.

ELIZABETH: Human bio due on Monday. All about the digestive system. It's pretty gross. Did you know the intestines produce bile, bacteria and acids to break down food? *(aside)* It's disgusting!

JACKIE: *(pulling a face)* I feel sick ...

BARBARA: *(glaring at JACKIE)* You've got the whole weekend to do it.

KEN: Your mum's right. You need to relax. Finish your dinner. You can't work all the time.

ELIZABETH: You do.

KEN: It's different. I'm older than you.

ELIZABETH: All the more reason to not work so hard. Your body can't take it. Mine can. *(aside)* Especially if I drop the Weetbix tomorrow.

KEN: I'm in good shape for my age.

ELIZABETH: You don't exercise half enough, Dad, and you eat junk food. Not to mention the booze. Do you know that a stubby has about 120 calories and *(to BARBARA)* your average glass of white wine has 95? *(to KEN)* You could drop dead any minute, the way you

abuse your body. *(aside)* I'm no angel either—everything I eat is rubbish!

BARBARA: She has a point.

ELIZABETH: *(taking out her camera)* I'll take a photo while you're still with us. *(She takes a photo)* There! The perfect family. Want a copy, Mum?

KEN: That's enough.

ELIZABETH: Exactly. Enough of happy families. *(aside)* Enough of saturated fats, trans fats, carbohydrates, sugar, flour—food!

BARBARA: Please put your camera away and have your dinner, Lizzie.

ELIZABETH takes a couple of mouthfuls to appease BARBARA, who is keenly watching her, but when her mother gets up to pour a drink, she spits out the food into a napkin on her lap. JACKIE notices and is about to say something, but is silenced by ELIZABETH's glare. BARBARA returns and smiles at ELIZABETH, believing that her daughter is complying with her wishes.

KEN: As a matter of fact, I'm playing golf in the morning.

ELIZABETH: Up and down in the buggy! *(aside)* Which reminds me, I haven't done my push ups yet.

BARBARA: Ken, you promised to clean up the shed.

KEN: I'll do it on Sunday.

BARBARA: No you won't. We're going on the boat with Chrissie and Peter.

ELIZABETH: I hope you told them that I'm not going. *(aside)* Never again. Picnics! Ugh. Seafood, dripping with oil. Cheese. Chicken ...

BARBARA: Of course you're coming, Lizzie.

ELIZABETH: Will Ben be there?

BARBARA: I think so.

ELIZABETH: That's decided then. I'm not going.

JACKIE: You're breaking his heart.

ELIZABETH: Oh shut up!

BARBARA: You promised, Ken. You said you were going to stay home tomorrow and clean up.

ELIZABETH: *(aside)* It starts again.

KEN: What the hell! I need some fun after working hard all week.

BARBARA: You get enough.

KEN: Not with you on my back, I don't!

BARBARA: Drinking with Bob the other night. And at Peter's the night before. The pub tonight.

KEN: What is this? Are you following me around?

BARBARA: I saw your car at Peter's—I had to pick up Jackie from netball. You were supposed to do it.

JACKIE: So that's why we went the back way.

ELIZABETH starts heading towards the exit, carrying her napkin filled with food.

BARBARA: Get back to the table, young lady, and finish your dinner. You're not leaving until your plate is empty.

She stops, upset.

KEN: At least my mates don't nag.

BARBARA: I wouldn't either if you did what you said you were going to.

ELIZABETH: You do nag. *(aside)* Lizzie, eat your dinner. Lizzie, clean your room. Lizzie, throw out the rubbish.

BARBARA: You stay out of this.

ELIZABETH: How can I? You won't let me go to my room.

BARBARA: You've got to finish your dinner first. I am very worried about you ... how thin you are.

ELIZABETH: Get your eyes checked, Mum

BARBARA: Stop arguing and eat.

ELIZABETH: I told you, I'm not hungry. *(aside)* I can't believe I even cooked it. No one's going to make me eat that rice. How could I have eaten that banana?

KEN: Sit down, Lizzie, and eat.

ELIZABETH: What do you care?

KEN: I care when my mates are saying. *What's wrong with Lizzie? She's lost so much weight.*

ELIZABETH: *(aside)* I've put on two kilos. *(to KEN)* So I'm embarrassing you, am I?

KEN: That's not what I meant.

ELIZABETH: I've been stacking it on.

KEN: *(laughing)* Can't see it.

ELIZABETH: *(aside)* Can't see me. I may as well be invisible. *(to KEN)* You only noticed because mum said something.

KEN: That's not true.

ELIZABETH: It is true. You wouldn't notice if you got hit by a sack of bricks.

KEN gets up and faces her.

ELIZABETH: *(aside)* Now, we're in for it!

KEN: Apologise!

ELIZABETH: Bugger off.

KEN: Don't you talk to me like that.

ELIZABETH: I'll talk to you how I like.

KEN: *(furious, but trying to contain himself)* That's enough. You apologise right now, young lady.

ELIZABETH: Get stuffed.

KEN smacks her across the face.

ELIZABETH: That's abuse, Dad. Child abuse.

KEN: I've had enough of your attitude. *(pushing her into her seat)* You sit there and finish your dinner.

ELIZABETH picks up her plate and throws it at him. It smashes on the floor.

ELIZABETH: *(aside)* They can't make me eat it now!

She runs to the side of the stage. KEN follows her.

KEN: You little bitch! You clean up this mess right now.

ELIZABETH: *(screaming)* Don't you come near me, or I'll tell the neighbours you're bashing me up.

BARBARA: Stop it, Lizzie. No one's bashing you up. We just want you to eat.

ELIZABETH: *(aside)* So I'll look as fat as you! *(to BARBARA)* You saw him. He slapped me.

BARBARA: Calm down.

ELIZABETH: So we can play happy families?

BARBARA: We are a happy family *(pause)* mostly.

ELIZABETH: Who are you kidding, Mum? I know you're on those pills again.

JACKIE: You said you weren't taking them anymore.

BARBARA: Just for a little while.

ELIZABETH: Bullshit, Mum.

KEN: That's enough. You've got no right to talk to us like that. Show some respect.

ELIZABETH: Respect? Huh! That's a laugh. Who do you respect? Mum? I don't think so. Yourself?

He approaches her, ready to strike again.

ELIZABETH: I hate you. Hate you. Hate you.

ELIZABETH gets up, suddenly, and her napkin spills on the floor. BARBARA shakes her head. ELIZABETH runs offstage, still shouting at him. Lights out.

SCENE TWO

Lights come up on ELIZABETH as ELISABETTA, in the circle of light, centre-stage. At first she is speaking in Latin before facing the audience and returning to English.

ELISABETTA: PATER noster, qui es in caelis, sanctificetur nomen tuum.
Adveniat regnum tuum. Fiat voluntas tua, sicut in caelo et in terra. Forgive me, Father, for I have sinned. I have been disrespectful and disobedient. I have given into the flesh, in a moment of temptation. I am the lowest of the low. No more than an insect. That is all. I pray to you, merciful Father, that you can forgive me. *(pause, to add effect)* Today, I ate a banana.

She begins a low chant in Latin. She sinks lower and lower on the floor until exhausted, she collapses. Lights out.

SCENE THREE

BARBARA is on the phone to KEN. JACKIE is hovering nearby.

BARBARA: *(yelling into the phone)* Ken! Listen to me. You've got to come home. Lizzie's collapsed. The school principal rang. They've called an ambulance. She's on her way to hospital. *(pause)* Stuff the meeting. *(pause)* I am not over-reacting. It is not a female problem. *(pause)* Well, you can do what you want to do. I'm going to the hospital.

BARBARA hangs up and falls into the chair sobbing, burying her face on the table. JACKIE approaches her and puts her hand on her mother's shoulder.

JACKIE: I'm sure she's going to be alright, Mum.

BARBARA: He thinks his meeting is more important than Lizzie's life.

JACKIE: I'm sure he'll come once he realises that it's serious. He probably thinks that she's got bad period pains or something like that.

BARBARA: *(wiping her eyes)* She hasn't had a period in months.

JACKIE: What are you talking about? Those pads are not just for me!

BARBARA: She hasn't used them for months. She's buried them under a pile of clothes in her wardrobe. I found them when I started packing some hospital clothes.

JACKIE: Shit, Mum! What does that mean?

BARBARA: You lose your period if your weight drops below a certain level. It happened to me when I was modelling.

JACKIE: Really? Then, I'm going on a diet!

BARBARA: It's not funny, Jackie. It can do serious damage. She may never be able to have children. *(getting up)* Get your things. We're going to the hospital. I'm not waiting around. *(pause)* Screw him!

JACKIE looks at her mother with new respect. Lights out.

SCENE FOUR

Hospital scene. ELIZABETH has a tube inserted into her nose. She is restlessly pacing up and down. KEN, BARBARA and JACKIE are in the room with her.

KEN: Can't you just sit down for one minute? I can't concentrate with you pacing up and down!

ELIZABETH: I hate sitting. Besides it's frickin' uncomfortable with this tube.

BARBARA: Tell the doctor. I'm sure they can do something about it.

ELIZABETH: They never listen to us in here. *(aside)* You've got to eat 2,500 calories per day or you won't be going home! *(to BARBARA)* Can you please tell him I'm well enough to go home now? I've been here a whole month and put on so much weight. Surely, that's enough! I've done everything they've asked me to, even drawing stupid pictures for them.

ELIZABETH picks up a blank piece of paper.

BARBARA: They know best. They saved your life, Lizzie. *(she looks at the paper)* There's nothing on this paper.

ELIZABETH: I couldn't do it.

BARBARA: *(confused)* What?

ELIZABETH: They asked me to put my hand in the paint *(indicates a bowl on a stand)* and do a hand-print.

JACKIE: So that's life in hospital. Cool.

BARBARA: *(glaring at JACKIE)* I don't get it. What's so hard about that?

ELIZABETH: You don't get anything, do you? I can't do it, that's all.

KEN, annoyed, grabs her hand and tries to put it in the bowl.

KEN: It's easy. Just stick your hand in, Lizzie.

She resists and the bowl crashes to the floor.

ELIZABETH: Good one, Dad.

KEN: Hardly my fault.

BARBARA: It's nobody's fault, Lizzie.

She starts cleaning up the mess.

ELIZABETH: Please call me Beth from now on.

KEN: What the hell? Lizzie not good enough now?

ELIZABETH: No, she's not. I feel like a two-year-old when you call me that. I'm Beth and that's that.

JACKIE: Your friends call you Eliza. Your family has always called you Lizzie and now you want us to call you Beth because that's your name in the hospital?

ELIZABETH: Don't make a scene about it, *Jack!*

JACKIE: You don't get to call me that.

ELIZABETH: Only for your friends, eh? I rest my case.

KEN: Rest your feet instead. You're meant to be lying down.

The doctor enters. ELIZABETH stops pacing and sits down.

DOCTOR: Family visit? I can come back later.

BARBARA: Actually, we have been waiting to see you.

DOCTOR: Mr and Mrs Fane. How do you do? (*shakes hands*)

BARBARA: Ken and Barbara, please. How is she, doctor?

DOCTOR: (*checking her charts*) Looks like she has put on eight kilos.

ELIZABETH makes a sound of disgust.

BARBARA: That's great news.

ELIZABETH: I can go home now?

DOCTOR: Not so fast! (*to BARBARA*) I'm not sure that she would be able to keep it on if she went home.

BARBARA: I'm worried about that, too. But we'd do our best to make sure that she's eating.

ELIZABETH: Hello! I'm here too, you know.

DOCTOR: (*To ELIZABETH*) What do you think, Beth? Do you think you could keep your weight up if you went home?

ELIZABETH: I would follow your eating plan to the last calorie. (*aside*) Just let me out of here.

DOCTOR: I doubt that very much. You haven't been following it in hospital.

ELIZABETH: Trust me, doctor, I would do anything to stay out of this hell ... hospital.

DOCTOR: That's what I'm concerned about. You would say anything right now to get discharged.

BARBARA: I must admit, I agree with you there, doctor.

ELIZABETH: Mum! I'm not stupid. I know you're going to be checking up on me all the time now. I know what's going to happen if I lose weight. Do you really think I want to end up in here again?

DOCTOR: It's not just the eating. It's the exercise, too. *(to KEN and BARBARA)* The nurses have caught her in the bathroom doing push ups.

JACKIE: Gross! Think of the germs on the floor Liz ... Beth.

DOCTOR: And in the middle of the night, too, when everyone else is asleep.

ELIZABETH: That's what you think.

DOCTOR: *(to KEN and BARBARA)* Could you guarantee no exercising for now?

KEN: We can't watch her 24/7 but we'd certainly make sure there's no jogging and swimming.

DOCTOR: *(to ELIZABETH)* No jogging. No swimming. How do you think you could handle that?

ELIZABETH: Piece of cake! Ah. *(quickly)* Crap! Better eat my words.

DOCTOR: *(amused)* That's a start and maybe we can move onto the solids after that.

ELIZABETH: *(angry)* I keep telling you that I won't have time to exercise anymore. Too much work to do. *(aside)* Got to get top marks and live up to everybody's expectations.

DOCTOR: There's also the mood swings. She's going to need to stay on her medication for longer. Are you going to be able to monitor that?

BARBARA: *(to ELIZABETH)* You would have to take your tablets.

ELIZABETH: Why wouldn't I? I like them. They suppress my appetite. *(She puts her hand over her mouth as she realises she shouldn't have made the last comment.)*

DOCTOR: That's not what I want to hear. We'll have to change the medication.

BARBARA: So she needs to stay in hospital longer?

DOCTOR: Exactly. I would like to see her more stable first.

ELIZABETH: I am stable. My weight is good. You said so yourself.

DOCTOR: Something's bothering me. It's jumped up too quickly.

He brings the scales over.

DOCTOR: Let's weigh you again.

ELIZABETH: Frickin' hell! You don't even believe the nurses anymore.

DOCTOR: Hop on, Beth. *(as she hesitates)* What are you worried about?

ELIZABETH: *(picking up her dressing gown and attempting to put it on)* It's freezing in here.

DOCTOR: Without the gown, please.

ELIZABETH reluctantly steps on the scales.

DOCTOR: Interesting. You've lost 3 kilos since 9 am.

ELIZABETH: *(furious)* That's ridiculous. They've changed the setting on the scales.

DOCTOR: Really? First time, I've heard that! No, the scales haven't changed, but you have. What have you done differently from this morning?

ELIZABETH: I'm no Wonder Woman. Just a large crap.

JACKIE: Spare us the details.

DOCTOR: Excuse me. I'm going to talk with the nurse. *(He exits)*

ELIZABETH: *(pleading with BARBARA)* Please, Mum. Please. Don't make me stay here another night. I hate it so much. I can't sleep properly. The girls say mean things and they keep me awake. They're always getting up in the middle of the night and if you think I exercise too much, you should see them! And they snore. I just can't stand it here any longer.

BARBARA: We'll see.

ELIZABETH: I promise I'll eat everything you put on my plate. I'll even eat the plate if that's what it takes. Just don't make me stay another day. *(to KEN)* Please, Dad. Please. I'll run away for good if you make me stay here. I swear I will.

The doctor returns.

DOCTOR: Just as I thought. It seems that Beth has a few tricks up her sleeves! And not just tricks. *(He picks up the dressing gown)* You were wearing this when you were weighed?

ELIZABETH nods. He checks the pockets and pulls out hospital food; such as, tubs of fruit.

BARBARA: Lizzie!

ELIZABETH: *(snapping)* Beth!

DOCTOR: These weigh at least 3 kilos.

ELIZABETH: *(furious)* I can't stay here another day. You've got to discharge me.

DOCTOR: That's out of the question now. You're showing the classic signs of your condition. If I had any doubts before, I certainly don't now.

ELIZABETH: *(screaming)* You can't hold me against my will. I can leave any time.

DOCTOR: Not if you're sectioned to a more secure ward.

ELIZABETH: No. You can't do that.

DOCTOR: I can and I will, Beth, if you don't cooperate. It's for your own good.

BARBARA: Be reasonable, Beth, and you can stay on this ward.

ELIZABETH: *(shouting)* Reasonable! I can't stand it here. I don't belong in a hospital! I'm not sick.

KEN: Calm down, Beth. You're going to make things worse. Prove that you can be trusted and you won't be taken anywhere.

ELIZABETH: *(after a pause)* You're right. You're absolutely right. I'm going to the dunny, if I'm allowed to ...

ELIZABETH exits.

BARBARA: How long will she need to be here?

DOCTOR: If she conforms to the re-feeding program and reaches a suitable weight, the tube will be taken out. If she can sustain her weight for at least a couple of weeks afterwards, we can discharge her, provided her vital body signs are normal.

BARBARA: What about counselling?

DOCTOR: Beth has been assigned to a counsellor. Counselling is more effective once the weight gets back to normal. One side effect of starvation is distorted thinking.

KEN: So, she's an anorexic? Is that your diagnosis?

DOCTOR: We prefer to say that she has anorexia.

KEN: Well, I don't prefer any of this! It's a bloody nightmare. And over something as trivial as losing weight.

DOCTOR: It's not just about losing weight. There's distortion in her thinking. When someone with anorexia looks in the mirror, she sees herself as fat. So, she continues to starve herself.

KEN: What will happen if she doesn't get the right treatment?

DOCTOR: Below a certain weight, the body starts to shut down non-essential functions in order to survive. That's why Beth has stopped menstruating. She has started growing body hair. Lanugo. It's like fur. Without body fat, it's the only way to keep warm. If her weight continues to drop, she will eventually collapse, like she did at school, and organs will start shutting down. In the worst case scenario—

KEN: (*upset*) That's not going to happen.

BARBARA: I don't get it. What's caused it? We may have made the occasional comment about weight but no more than any other family. And Jackie's fine!

JACKIE: Are you sure?

BARBARA: Don't you start. Why has she become so obsessed?

JACKIE: She's always been obsessed, Mum! Remember how hard she'd work to get the top mark.

DOCTOR: That's a good point. Perfectionism seems to be a factor. Control is another. Often, the patient feels that she has lost control of everything except for her weight. (*checking his watch*) Not back yet? (*to BARBARA*) Do you want to check on her?

BARBARA exits.

KEN: Barbara's always worried about her own weight. That's probably had an effect on Beth.

JACKIE: You're always telling Mum she needs to lose weight.

KEN: Hardly. She takes any comment to heart, even if it's a joke.

DOCTOR: I don't think it's productive to blame anyone. Underlying factors may make some people more prone than others.

BARBARA returns, in a state of high anxiety.

BARBARA: She's not there.

DOCTOR: I see.

He starts ringing a number and goes to the side to talk on the phone.

JACKIE: I didn't think she'd do it.

BARBARA: What do you mean? What did she say to you?

JACKIE: That she'd run away.

KEN: Why didn't you tell us?

JACKIE: I didn't think she'd be so stupid.

KEN: Jackie, it's not up to you to decide.

JACKIE: It's not my fault.

The doctor returns.

DOCTOR: It seems that she's left the hospital.

KEN: What do we do now?

DOCTOR: We wait. If you want to search for her, you can. They usually come back eventually. If not here, she'll go home.

BARBARA: (*panicky*) Come on, Ken. Let's go. We've got to find her.

JACKIE: (*unimpressed*) Thanks, Lizzie! Movies are off, then?

BARBARA: We didn't promise anything.

JACKIE: You never do.

Lights out.

SCENE FIVE

ELIZABETH and BEN are walking along the beach. She is wearing thick, baggy clothes that hide her shape.

BEN: Aren't you hot?

ELIZABETH: You used to think I was ...

BEN: You look the same. Are you putting on weight?

ELIZABETH: Don't you start.

BEN: I'm worried about you.

ELIZABETH: Me? Hammering yourself with all the shit you take?

BEN: It's harmless.

ELIZABETH: Yeah? Not the hydroponic form. All the good stuff's destroyed, according to my dad. As for the whisky ... old man's drink?

BEN: Everybody drinks, Eliza. You used to, before you started counting the calories.

ELIZABETH: Ecstasy ... What else?

BEN: My allowance got cut when my parents found out.

ELIZABETH: You must be freaking out.

BEN: You can talk.

ELIZABETH: Stuff 'em!

BEN: They were wild when you took off from hospital. As if we'd hide you!

ELIZABETH: It's a bloody hell-hole. And you didn't come to see me.

BEN: You weren't talking to me.

ELIZABETH: For good reason.

BEN: I'm glad you're talking now.

ELIZABETH: I was worried. Jackie said she saw you driving around with Shane. He's an idiot, Ben. He doesn't give a shit about anything.

BEN: So?

ELIZABETH: He's a shit driver. He's already had a couple of accidents and that girl was hurt, remember?

BEN: Are you my mother?

ELIZABETH: Ben! Seriously. You've changed.

BEN: So have you.

ELIZABETH: Yeah, but I still care. You don't give a shit about anything. Not even your work.

BEN: What's the point? To become my fucked-up dad.

ELIZABETH: Do you care about me?

BEN: Yeah, unfortunately.

ELIZABETH: What's that mean?

BEN: Care more than you do. You can't even be bothered feeding yourself.

ELIZABETH: You don't like fat girls. You've said so.

BEN: Bullshit. I'm not into skinny. Who gives, anyway? Feel like chucking it in.

ELIZABETH: What? Why?

BEN: What the hell? I could have stayed at home for this. *(pause)* Chucking it all in is different to giving up. Seeing the truth. Seeing it's frickin' hopeless.

ELIZABETH: Don't talk like that.

BEN: How would you like me to talk? *(putting on a 'posh' voice)* Miss Fane, would you like to come out and get intoxicated with me? Or would you prefer ... *(bogan voice)* Let's hit the piss, Eliza.

ELIZABETH: No thanks.

BEN: Still counting calories. Means more to you than keeping me company.

ELIZABETH: No!

BEN: You're going to end up back in hospital, girl.

ELIZABETH: I'm better.

He puts his arms around her.

BEN: Nuh! Don't feel better.

ELIZABETH: *(angry)* You're the one who's gonna end up in hospital.

BEN: Look. I had a bad day. That's all. My marks have been dropping and everybody's on my back. My parents don't normally give a shit what I'm up to, but now they're on my back, too. They just don't want to look bad in front of their friends if I bomb out. It's always about them. If it was about me, they wouldn't be breaking up.

ELIZABETH: Breaking up?

BEN: Divorce.

ELIZABETH: *(very worried)* No, Ben. That can't happen.

BEN: It can and it will. Mum's been making up crap about Dad. I think she just wants out. Dad thinks there's someone else.

ELIZABETH: *(under her breath)* Yeah.

BEN: *(confused)* Do you know something? *(she looks away)*

ELIZABETH: As if!

BEN: I overheard your parents talking the other day.

ELIZABETH: What about?

BEN: *(averting her eyes)* Mum's saying she's been unhappy for years.

ELIZABETH: Sorry.

BEN: What are you sorry about? At least your parents are fighting together ... for you, aren't they?

ELIZABETH: Not for me. About me. I don't know what's worse. Hospital or home. And I'm scared that if I get better, I mean, fatter, they'll—

BEN: Split up?

ELIZABETH: Yep.

BEN: You're not—no, that's ridiculous.

ELIZABETH looks at him, then away.

BEN: *(pause)* Dad's talking about heading north for a while.

ELIZABETH: You can't move now. What about your exams?

BEN: I don't want to sit them. I'm not going to get through anyway. What's the point?

ELIZABETH: You can't just cop out. You used to be—

BEN: You and me. Always top, but I was a bit topper!

ELIZABETH: Bullshit. Only once, in year 7.

BEN: Crap! What about year 8?

ELIZABETH: Weed's doing in your memory.

BEN: Seriously though—

ELIZABETH: Stay with your mum. Stay here.

BEN: I'd move out of home anyway next year. But they can't wait.
They're making me choose but how?

ELIZABETH: I used to think I'd choose Dad if mine split. Not anymore.

BEN: Why your dad?

ELIZABETH: He was like my hero. I wanted to do everything he did. Run. Surf.
Go boating. Play footy. I even tried golf.

BEN: Tomboy.

ELIZABETH: Totally. (*pause*) Dad wanted a boy. Jackie should've been Jack.
Big disappointment. Mum didn't mind. She wanted us to be little
models. Ugh. I thought it might help me get to where I wanna be.

BEN: Where's that?

ELIZABETH: Famous, of course.

BEN: For what?

ELIZABETH: For anything.

BEN: You can't be famous for anything. It has to be for something—

ELIZABETH: What planet you living on?

BEN: I thought you wanted to drop out of all that shit.

ELIZABETH: That's the thing, though. When everyone's pushing, pushing,
pushing me to get the better marks, to get the better job, I wanna
drop out. But a part of me wants to live in a flashy house, have a
flashy car, music blaring. It's like I'm two different people rolled
into one.

BEN: You need medication!

ELIZABETH: Don't you want both, too?

BEN: Not if Dad's up north and Mum's down south. No I don't want both, or anything much.

ELIZABETH: Come and live with us.

BEN: In your happy home? I don't think so.

They exchange knowing looks. Lights out.

SCENE SIX

Family therapy session. Spotlight on 5th frame, which is the one way glass window.

BARBARA, KEN, JACKIE, ELIZABETH and the THERAPIST are seated. The THERAPIST should be performed by the same actor who played the doctor. The THERAPIST is looking at the blank piece of paper from the hospital scene. Looks up at ELIZABETH.

THERAPIST: It's blank.

ELIZABETH: I couldn't do it.

THERAPIST: How come?

ELIZABETH: I might get it wrong.

THERAPIST: How can it be wrong? It's a handprint.

ELIZABETH: It wouldn't look right.

THERAPIST: Why is that important?

ELIZABETH looks away.

JACKIE: Liz ... Beth's always been like that. Little Miss Perfect.

ELIZABETH: I am not!

JACKIE: Are so! *(they giggle)* Straight A's. Perfect figure. Look at you.

ELIZABETH: You need glasses.

JACKIE: Always the centre of attention, wherever you go.

ELIZABETH: You've got it all wrong, Jackie. People don't notice me. I feel ... invisible.

JACKIE: *(puzzled)* You do?

ELIZABETH: My friends never text me. I never get asked to parties. It's like they're ashamed of being seen with me.

JACKIE: You've changed so much from the old carefree Eliza.

ELIZABETH: So they ignore me.

THERAPIST: Have you tried telling them how you feel?

ELIZABETH: Get real! They're not interested. All they talk about is who's going out with who and what they're wearing to the next party. I can't talk to anyone, anymore.

BARBARA: What about us?

ELIZABETH: *(to THERAPIST)* They never listen. Too caught up in their own shit, or they're on my back all the time. Eat this. Eat that. Stop exercising.

JACKIE: That's all they ever talk about now. It would be enough to put me off my food, and believe me, that's no easy feat!

THERAPIST: *(to ELIZABETH)* Would you eat if your parents stopped telling you?

ELIZABETH: *(pulls a face)* I've put on weight. Everyone should be happy!

THERAPIST: Are you happy?

ELIZABETH: Sure. Whoopy doo! I'm fat. Why wouldn't I be happy? I look gross!

THERAPIST: I don't see that at all. I see someone who's very, very thin.

ELIZABETH: You better get your eyes checked then. Anyway, they're more concerned about how they look *(pause)* in their friends' eyes.

BARBARA: That's nonsense.

ELIZABETH: Is it, Mum? I heard you saying to Jenna's mum that you've dropped everything for me. But you didn't take time off work when I was in hospital.

BARBARA: (*uncomfortable*) Your treatment costs money.

KEN: I cancelled golf last weekend to take Lizzie out on the boat.

ELIZABETH: Beth!

KEN: She went surfing instead.

ELIZABETH: You would have resented me for making you change your plans.

KEN: (*evasively*) I tried ...

ELIZABETH: You would have pretended.

KEN: The point is, I've tried very hard lately to work around you, Beth. And I don't think you're trying one bit.

THERAPIST: You mean that it feels like she's not trying?

KEN: (*snappy*) She isn't. She wants it all her own way.

ELIZABETH: (*getting up, agitated*) Bullshit, Dad. I'm never going to be right, if you're never wrong.

THERAPIST: (*to ELIZABETH*) Are you saying that your father needs to take some responsibility?

KEN: I'm not to blame for her problem.

THERAPIST: No one's blaming you. But we need to look at how we can change things in the future, what you can do to improve things.

KEN: I've already made changes.

THERAPIST: (*to ELIZABETH*) Is there anything you would like to see your father change?

ELIZABETH: (*snapping*) Everything! His attitude.

THERAPIST: Be more specific.

ELIZABETH: He's always blaming Mum and me.

KEN: (*getting angry*) It's not my problem. Barbara's always talking about how she and the girls look and how she needs to lose weight.

ELIZABETH: You don't listen.

KEN: I'm listening now.

ELIZABETH: (*desperately*) It's you and Mum. You're always cross at each other. You hide things from Mum and she knows you're hiding something and she gets mad at you. But sometimes I think you want her to get mad at you so you have a reason to leave.

ELIZABETH starts crying. BARBARA gets up and puts her arm around her.

THERAPIST: Maybe we should take a few minutes to think about what you are saying, Beth.

ELIZABETH: No! No more time. No more lies.

THERAPIST: (*to BARBARA*) Do you want to continue?

BARBARA: I want Beth to get better, whatever that entails.

ELIZABETH: I'm not sick. Goddamn it! I'm not frickin' sick! You still don't get it. You talk about *my* problem, not yours. You have a problem, too.

KEN: We have now.

ELIZABETH: (*increasingly upset*) There you go again. Blaming me. I am the problem. Like it was me who got it wrong all those years ago when I caught you (*suddenly stops*) ...

BARBARA: (*fearful*) Caught you? What is she talking about?

KEN averts her eyes.

BARBARA: (*to ELIZABETH*) What are you saying?

ELIZABETH: Let him tell you.

BARBARA: (*to KEN*) What is it?

ELIZABETH: *(to KEN)* Tell her. It's about time.

JACKIE: *(panicking)* That's not fair, Beth. It's over anyway.

BARBARA: *(to JACKIE)* What's over? What do you all know that I don't?

They freeze. ELIZABETH gets up and crosses to the fifth frame, the reflecting glass.

ELIZABETH: *(facing the frame)* Satisfied? You wanted us to talk.

ELIZABETH runs back to the first frame and becomes the ten-year-old girl again.

ELIZABETH: I love my family heaps! Especially Daddy, he's the best daddy in the world. I love it when we go out on the boat. Sometimes, he lets me steer. *(to the audience, excited, pretends to steer a boat)* With the wind. That's the trick. You go with the wind. Or is it against the wind? Which way do you go?

ELIZABETH runs back to the fifth frame.

ELIZABETH: *(adult ELIZABETH addressing THERAPIST)* Bring it all up?
(angry) Some things are better left submerged.

ELIZABETH runs back to the first frame and becomes the child.

ELIZABETH: Not a worry in the world. Everybody's happy. Mummy's happy because we're planning to move soon to a *huge* house. Mummy says we need lots of space. What do you do with space? You just fill it up. And then you need another bigger house. Ben's family have a big house. Lots of space. But they don't see each other anymore. May as well be ghosts ...

She returns to the fifth frame and the adult persona.

ELIZABETH: *(to the audience)* I like being a ghost. Ghosts don't need a body. They're not trapped inside a frame. They can drift here and there, always free. That's what I want to be. A free spirit.

ELIZABETH returns to the first frame and adopts the little girl's voice again.

ELIZABETH: I'm scared of ghosts, Mummy. Don't leave me alone. *(she starts screaming)* Don't leave me, Mummy. They're going to take me away.

She walks to the centre of the stage, her voice rises and returns to adult ELIZABETH slowly.

ELIZABETH: They'll stick needles in me. They'll put tubes down my throat. Don't let them. Please, Mummy. It hurts. *(to her frozen family)* It's humiliating. You don't have the right to say no. You're nothing. *(returning to the fifth frame, her voice rises in the following)* I hate it. Hate it. Hate it. Hate it. And I hate you for making me do this. I will never trust you again.

She crumbles to the floor, exhausted. Lights out.

SCENE SEVEN

ELIZABETH, as ELISABETTA, slowly sits up from a reclining position in the circle of light, centre stage. She rubs her eyes.

ELISABETTA: Mustn't do that again. I can't be caught napping. I must stay awake. Like You. You don't take time off. Too much work to be done. I scrub the floor, wash the windows, get rid of the cobwebs ... with my tongue. I will clean everything with my tongue ... but swallow nothing. It's been two years now. I have lived on thin air for two years. Am I thin enough? *(hearing an answer)* I am not governed by weaknesses in the flesh. I will be worthy of you, Dio mio. *(extending her hand to examine an invisible ring on her finger)* Stay with me, Dio mio. The devil has many friends. With your help I will prevail. Make me strong. Lead me from temptation. *(she begins crying and rolls around on the floor, then stops suddenly and sits up.)* I am so sorry, Dio mio, to give in. To let go. I won't do it again. *(she picks up the rope and self-flagellates.)* Please don't say I will never be worthy.

Lights fade as she continues to strike herself. End of scene.

SCENE EIGHT

ELIZABETH and KEN on stage, watching football together.

KEN: Half time.

ELIZABETH: Bloody good game.

KEN: We're giving them a run for their money, alright.

ELIZABETH: Hey Dad, after the game, why don't we go down the park like we used to and kick the footy around?

KEN: Classified as exercise.

ELIZABETH: Frickin' hell. It's just kicking a footy.

KEN: No exercise until you reach your target weight.

ELIZABETH: I won't tell Mum.

KEN: If she found out, she'd use it against me. She'd change the custody arrangement.

ELIZABETH: I swear I won't tell her.

KEN: (*relenting*) Well, okay maybe. Just for half an hour, mind you. That couldn't do too much harm, could it? When do you see the doctor?

ELIZABETH: Not for a month. They couldn't fit me in any earlier. Mum's mad about it. She thinks they should be checking me weekly.

KEN: It would be better if it was more frequent, Lizzie.

ELIZABETH: You're agreeing with Mum? That's a first.

KEN: It wasn't always like this.

ELIZABETH: Ever since I can remember.

KEN: We should have split up years ago. I thought it would be best for you and Jackie if we didn't.

ELIZABETH: When did your dad leave?

KEN: When I was twelve.

ELIZABETH: How come he never contacts us?

KEN: I guess he's moved on. (*pause*) I only saw him a few times after he left. Mum wanted to get away from him. (*pause*) I don't know where he is now.

ELIZABETH: Grandma never talks about him.

KEN: After a while, we almost forgot he existed. *(pause)* I don't want it to be like that for you and Jackie.

ELIZABETH: Don't expect me to say thanks for sticking around.

KEN: *(pause)* It's working out alright, isn't it? *(pause)* Now, you've got two families looking after you.

ELIZABETH: More like two half-families *not* looking after me.

KEN: You have to give Chrissie a go. She cares about you.

ELIZABETH: She cares about you, Dad. Loves you. I'm just baggage.

KEN: You're too harsh.

ELIZABETH: She broke up my family years ago. How the hell am I meant to feel about her?

KEN: It would have happened, anyway. Your mum and I just weren't compatible, that's all.

ELIZABETH: She was always there, in the background, waiting.

KEN: Because I encouraged her to be there.

ELIZABETH: Is that meant to make me feel better?

KEN: You can't blame Chrissie.

ELIZABETH: Fine, then I'll blame you.

KEN: No one's to blame. It's something that we don't have control over.

ELIZABETH: You assumed I had control.

KEN: Eating was the one thing you could control.

ELIZABETH: Only at the beginning. Then it took over and I didn't have control anymore. It's a voice in my head that won't leave me alone. Telling me not to eat or something terrible will happen.

KEN: Like starving to death?

ELIZABETH: You and Mum breaking up.

KEN: *(pause)* You weren't using your sickness to keep us together?

ELIZABETH: I'm not sick, Dad. *(pause)* And it's not something I do to manipulate others.

KEN: We're happier now, Beth.

ELIZABETH: Mum isn't. Jackie and I aren't. As for Ben—

KEN: You could try a bit harder.

ELIZABETH: Do you know how difficult it is for me to share this house with him, like we're brother and sister?

KEN: You could be more civil. He's trying.

ELIZABETH: And I'm not?

KEN: You get hostile.

ELIZABETH glares at him, then looks away.

KEN: Time to move on.

ELIZABETH: So you get to decide? What if I'm not ready to move on?

KEN: You'll be left behind.

ELIZABETH: Great choice!

KEN: It's the way of the world.

ELIZABETH: *Your* world. And I don't like it. *(pause)* I want to go back to Mum's.

KEN: She's expecting you tomorrow.

ELIZABETH: I don't care. I'm going now.

KEN: What about our footy?

ELIZABETH: I've moved on!

Lights dim. ELIZABETH remains on stage as the frames light up. KEN retreats.

SCENE NINE

As above.

ELIZABETH: I've moved on alright. Nothing gets to me. Nothing gets me. No one gets me. But that's okay, because I'm just a big, fat nothing!

She crosses to the second frame and looks through.

ELIZABETH: Family dinners. Over-rated. *(putting on her mother's voice)*
Lizzie, eat your dinner. Your room's a mess. Your life's a mess.
Got sick of being "Lizzie".

She removes the second frame and places it at the front of the stage, then crosses to the third frame.

ELIZABETH: Eliza, party girl. Eliza, not afraid to experiment.

She removes the third frame and places it on top of the second frame. Then crosses to the fourth frame.

ELIZABETH: A room with a view? Except that I didn't like what I saw. Parents expecting me to get on with everybody while they tore strips off each other. Kept them busy. They didn't notice me, and I was fine without them.

The fourth frame is placed on top of the third. She crosses to the fifth frame.

ELIZABETH: Beth. Cool Beth. Detached Beth. Then all that shit was dug up. It wasn't bad enough the first time. *(looking through the frame)* I know you are there. Studying me. Watching me. Waiting for me to slip up. Admit defeat. Give in. I am a case-study you will write about in a conference paper. *(adopting a professional voice)* Here is Elizabeth. At sixteen, weighing 29.6 kilos. *(her own voice)* 29.6 kilos and I managed to keep it there for months. *(increasing anxiety)* 32 kilos I was beside myself. How could I let myself go? Fat everywhere—hair, skin, bones. *(pause)* 2 kilos ruined my life. Fat, ugly and useless. *(pause, she starts hitting herself)* I just want to live my life without being told how I should live by people who've got no bloody idea how they should live!

ELIZABETH removes the fifth frame and leans it against the other frames. It will serve as the lid when she enters the "box" of frames later. She stands in front of the "box" that she has created, straightening them. She dons a satin gown.

ELIZABETH: I'm sick of dragging them around with me, wherever I go. They tell me how to look. How to live. How to be. Who I am. Lizzie. Eliza. Beth. I know who I am. I'm Elizabeth. *(adopting her mother's voice)* Here comes Elizabeth. Tall and lean and graceful in her evening dress. Who are you going to dance with tonight, Elizabeth? All eyes are on you. The world is yours. But do you know it? *(her own voice)* Yes, she does. But does everybody else? She was never good enough for them. She should be better, smarter, stronger, prettier. Couldn't they see the abyss inside?

ELIZABETH crosses to the sixth frame, tentatively. Lights should shift onto this frame so that it glows brightly but eerily.

ELIZABETH: No, Elizabeth, don't go there. You don't want to know what's behind that door. Back off, girl! Not one step closer.

She takes a couple of steps towards it, then retreats.

ELIZABETH: There's no going back once you open that door.

She runs back to the first frame, a little girl again.

ELIZABETH: Growing up sucks. Adults are always serious or silly. *(to the audience)* Do you know what the worst thing is? They tell us what to do all the time. Stop us from doing what we want. They say we have to wait. For what? Until we grow up? Until we don't care anymore?

Still the little girl, she takes down the first frame and places it with the others, before returning to the sixth frame, as if entranced.

ELIZABETH: I want to know it all. See everything. I don't want to spend my life locked up. I want to know what's behind the door. Every door.

She crosses to the sixth frame and tears off the cloth that has shrouded it from view. The audience does not see what's behind it. ELIZABETH screams and falls to the ground.

ELIZABETH: *(agitated. rising in intensity)* No! No! No!

Lights out.

SCENE TEN

ELIZABETH, as ELISABETTA, behind the sixth frame. She has her arms outstretched so that her body forms the shape of a cross.

ELISABETTA: The final punishment. The final lashing. You took everything. Now him. My confessor. Who else is there? *(pause)* Take me? *(pause)* Not yet? Still not worthy, Dio mio? Then, no wafer. No wine. Nothing shall pass these lips again. *(she collapses to the floor)* Ever.

SCENE ELEVEN

Funeral service. KEN, dressed as PASTOR, stands in front of a cross. ELIZABETH, still dressed as ELISABETTA, removes the sixth frame and completes the "box" of frames that is still on stage from Scene Nine. She then steps inside the box, sits on the edge, looking out. There should be the sense that ELIZABETH and ELISABETTA have merged into the one character.

PASTOR: We are gathered here to celebrate the life of ... *(his voice fades)*

ELIZABETH: Celebrate?

PASTOR: So much in such a short life ...

ELIZABETH: So much sin.

PASTOR: The Lord giveth and the Lord taketh.

ELIZABETH: You took. I gave. Nothing left.

PASTOR: If the Lord would do this for a sparrow, how much more would he do for you ... a human being? In the eyes of the Lord, you are worth much more than the life of a sparrow.

ELIZABETH: Huh! Me, worth more than a sparrow? *(Pause)* What do I have to do to make myself worthy of you. I have given up food. I have given up beverages. *(pause)* You don't think it was a sacrifice? You think I wanted to starve? *(pause)* You think starving made me strong? But I was weak. Like a tower of cards, I collapsed.

PASTOR: In the Lord, we shall find strength and comfort. Our young friend is with Him at last.

The next dialogue should be ambiguous. It should not be clear to whom ELIZABETH is referring.

ELIZABETH: I was the saint. I gave up everything. I proved to you how strong I could be. How disciplined. I rose above all bodily needs. But you took him ...

PASTOR: We cannot hope to understand the ways of the Lord. Why some are taken. Why some are left behind. We must have faith. We must trust.

ELIZABETH: I could not trust you. Like all men, you betrayed my trust.

PASTOR: It may appear, sometimes, that we are alone. That we have been abandoned. But the Lord is always with us. It is we who abandon Him.

ELIZABETH: I never abandoned you. It was you who abandoned me. I gave you everything. My love, my honour, my respect. You took it all and left me with nothing. But I still had my will and with that I made a strength out of my nothing. If I had nothing to choose, I could *choose* nothing. *Nothing* is my strength. I can control *nothing*.

PASTOR: Today, we say goodbye to one we knew and loved. Let us pray.

ELIZABETH: *(increasingly distressed)* Why did I sacrifice so much for you? I gave you everything. *(weeping)* And now I am left with nothing. I am nobody. No body.

PASTOR: Let us remember.

ELIZABETH: It's too painful to remember. Too painful to forget. Why did you leave me? You took the easy way. You left me to carry this—like weight around my neck. A dead weight.

She struggles to free herself from the "box" of frames but finds herself stuck.

ELIZABETH: How can I ever forgive you? How can I ever forgive ... me?

She collapses in the "box", sobbing. The PASTOR crosses to her and touches her on the shoulder. He exits. She looks up, confused. Then, reaches for the fifth frame. Curling inside the box, she covers herself and the "box" with this last frame. Lights fade. End of scene.

SCENE TWELVE

A coffee shop. BARBARA, ELIZABETH and JACKIE are reading the menu. BARBARA is dressed in red.

JACKIE: A tin of sardines? They've got to be joking.

BARBARA: It's gourmet.

JACKIE: It's bullshit.

BARBARA: Jackie! Shh! *(she looks around, worried)* You sound ignorant.

JACKIE: You sound bourgeois!

ELIZABETH: The portions are small.

JACKIE: Miniscule. I'm going to need two lunches.

BARBARA: Small is fashionable.

JACKIE: And it's not fashionable to be hungry?

BARBARA: People over-eat, *(hastily)* present company excluded, of course. They're just considering our health.

JACKIE: Their pockets, you mean.

BARBARA: Anymore of this and we'll go somewhere else.

ELIZABETH: *(glaring at JACKIE)* This is fine, Mum. *(studying the menu)* But what the hell is Jamon Serrano?

BARBARA: Ham. I had it last time.

JACKIE: What does it come with?

BARBARA: No, that's it. It doesn't come with anything.

ELIZABETH: *(to JACKIE)* You like ham.

JACKIE: I like ham with something.

BARBARA: It's all the rage in Spain. Very chic.

JACKIE: Can't we just go to Maccas? I'm not in a chic mood. I'm hungry.

BARBARA: We're here to celebrate the end of Beth's therapy.

ELIZABETH: *Our* therapy.

BARBARA: That's what I meant.

JACKIE: But we're not cured yet.

ELIZABETH: *(annoyed)* We're as cured as that plate of ham!

JACKIE: You're still counting calories.

ELIZABETH: I'm getting ready for my maths exam!

JACKIE: Yeah, right!

BARBARA: You can start counting my calories instead. I'm going to need to lose a few kilos if I'm going to start dating again.

JACKIE: We didn't need to hear that. *(pause)* They should admire the person, not the appearance.

BARBARA: True. True. But the appearance gets them to notice the person. *(to ELIZABETH)* What are you getting?

ELIZABETH: The caesar salad looks good.

BARBARA: Is that enough?

JACKIE: I order bread with my ham.

BARBARA: That's not on the menu, Jackie.

JACKIE: It is, or it's Maccas. Tell them it's the latest thing in Argentina. That should keep them happy.

ELIZABETH: Ben always had ham sandwiches for lunch.

JACKIE: *(tentatively)* That's what did it then.

BARBARA: Jackie!

ELIZABETH: It's alright, Mum. I can handle it. I think I can handle anything now, even her jokes.

JACKIE: (*impressed*) You've come a long way.

ELIZABETH: (*looking away*) From that far down, the only place is up. The choice became clear. Life or death. I chose life.

BARBARA: I'm glad that the therapy helped.

ELIZABETH: It gave me a voice.

JACKIE: I thought you had too many of those ... in your head.

ELIZABETH: I can tell them to shut up now. To leave me alone.

JACKIE: At least it's not just me, then!

BARBARA: So I can stop worrying?

ELIZABETH: You'll never stop worrying, Mum. It's what you do.

BARBARA: I can turn over a new leaf, too. Just like you.

ELIZABETH: Which reminds me, the trees are growing again. (*as BARBARA looks confused*) Outside our house.

BARBARA: Then I'll have a new view.

ELIZABETH: So you're not going to chop them down?

BARBARA: They'll only grow back again. What's the point?

ELIZABETH: And I thought you'd grown an environmental conscience!

JACKIE: (*to ELIZABETH*) We're talking about Mum, right?

BARBARA: We should order.

JACKIE: Nicely evaded.

BARBARA: You may make fun of me. But I have changed too.

JACKIE: How exactly? I know! You're going to redecorate the house? Get new curtains?

BARBARA: Actually, I thought I might go back to study.

ELIZABETH/
JACKIE: *(simultaneously)* What?

BARBARA: I could have gone further but I gave up on it. I thought I could rely on my good looks! Fat lot of good they did me!

JACKIE: That's random. So what are you going to study?

BARBARA: You. *(as they look horrified)* I'm thinking about teaching.

JACKIE: So you can teach people what you don't know!

ELIZABETH: Don't listen to her. It's great. We can be study buddies!

BARBARA: Your father won't see it in the same way but who cares what he thinks. *(pause)* Which reminds me, what time are you going over to his place?

JACKIE: It sucks over there. Nothing to do and all Chrissie ever talks about is Ben this and Ben that. It's awful.

ELIZABETH: I hate going there.

BARBARA: We went to a lot of trouble to work out a custody arrangement that would be fair to everyone.

JACKIE: Which means fair to no one.

BARBARA: You have to spend the weekend there. It's part of the agreement.

ELIZABETH: It's hardly an agreement, since we didn't agree!

BARBARA: You love your dad.

ELIZABETH: But I don't love Chrissie. *(pause)* Besides, she blames me.

BARBARA: There's nothing she can blame you for.

ELIZABETH: I know that now, but that's not what she thinks. She thinks that if I'd stayed with Ben ... *(pause)* As if we could still have been together ... I mean, it's gross. He became like my brother when she and Dad shacked up. *(pause)* They drove us apart. *(pause)* We couldn't talk about the one thing that was screwing us both up, in

case the other didn't know about it. *(pause. BARBARA looks confused)* We both knew, but didn't know that we both knew.

JACKIE: That makes a lot of sense.

BARBARA: *(to JACKIE)* And you knew too?

JACKIE: I kind of guessed.

BARBARA: I was the only one who didn't know, but that's how it goes.

JACKIE: We couldn't tell you.

BARBARA: I wouldn't have believed you anyway. Chrissie was my friend. *(pause, then to ELIZABETH)* If it makes you feel any better, I don't think Ben was the guy for you.

ELIZABETH: And you're an expert on relationships?

BARBARA: Hmm! *(pause)* So it's the jamon terror for you, Jackie?

ELIZABETH: And the caesarean salad for me. *(pause)* Maybe with a small piece of bread.

JACKIE: You don't need to worry about that. It will be small!

BARBARA: I might get the tin of sardines.

JACKIE: It's not really served in a tin, is it?

BARBARA: Of course. To show how fresh it is!

They look at her in disbelief. Lights fade. End of scene.

SCENE THIRTEEN

Lights come up to reveal ELIZABETH inside the box of frames, as in SCENE ELEVEN. She pushes the lid off and looks at the audience. Then, she begins the long and painful struggle to escape from the box. Finally, she stands up and tentatively, steps outside. She smiles at the audience. Lights fade out.

END OF PLAY