

**Eating Disorders Seen from a Bionic
Perspective: Developing a scale to measure
the family culture.**

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ABSTRACT

In the present study the author developed a hypothesis concerning the etiology of anorexia nervosa (AN). Based on Bion (1961)'s theory on groups, especially the *protomental system hypothesis*, he postulated that the cause of AN has to be sought in two sources: family dynamics, and an individual predisposition. That is, the author postulates that AN is the results of both 1) a rigid interaction between WG and baF, which leads to the frustration of dependency needs within the family, and 2) the anorectic's inability to bear this frustration owing to her/his dependency valency. The purpose of the present study is 1) proposing a new hypothesis concerning the etiology of the AN, and 2) developing a scale to measure the culture (WG and baF) of the anorectic family and test its reliability. The author developed thus a 43 item-scale (AFACS). The reliability was first tested and confirmed by the results of Cronbach's alpha. Then a factor analysis with varimax rotation was performed. It yielded 6 factors which could be interpreted in terms of WG (Factors 3 and 6) and baF activity (Factors 1, 2, 4 and 5). This study constitutes a starting point of a wide research program which will use the thus developed scale to test the hypothesis proposed by the author.

I. Introduction and definition

As a glance at human history would reveal, each epoch has its pathologies. Freud's time, for instance had neuroses; and we have, amongst others, Eating Disorders (ED). As discussed by Laurent (1998), eating disorders characterize western and developed societies, especially high and middle classes, to a point that 1 out of 200 youngsters under 25 is suffering from one of these pathologies. The increase in ED has reached a level where it

can not be ignored. In fact, there have been an increasing amount of research (Minuchin, et al., 1978; Johnson, 1987; Halmi, 1997) about ED which, given the limited scope of the present study, can not be reviewed here. I will therefore confine myself to a brief definition of what is meant by ED.

According to the DSM-IV (American Psychological Association), ED includes Anorexia Nervosa, Bulimia Nervosa, Overeating and related disorders. In the case of Anorexia Nervosa, the sufferer (anorectic) displays a pathological fear of gaining weight, and an insatiable desire to look slim or thin. Therefore, the anorectic indulges in an extremely strict diet, or food restriction, in order to satisfy this desire. Besides food restriction, the patient may resort also to excessive exercise and self-induced vomiting as a means of weight control. In the case of Bulimia Nervosa, a disorder which may coexist with Anorexia Nervosa, the sufferer exhibits a strong urge to overeat, and then vomit to purge oneself and limit the weight gained. Compulsive Overeating bears resemblance with Bulimia Nervosa, but without the self-induced vomiting. Which leads her to obesity and all the risks associated with it.

Moreover, ED comprises a number of clinical types. For instance, although ED strikes principally adolescent females, boys are not spared by these disorders. According to Laurent (1998), adolescent boys suffering from ED constitute about 10 percent of the patients. There is a risk that this boy's ED may evaluate into psychosis. The second clinical type of ED is the one observed before puberty, or during the latency period as defined in psychoanalysis. This pre-puberty type of ED may be reflect a serious personality disorder. Another clinical type is the one found among adults older than 25 years old. This is usually triggered, but not necessary caused, by a sudden relational experience, such as marriage, divorce, the birth of the first

child, and so on. The principal clinical characteristics of this type of ED are overt depressive moods, and a relative weak desire to get thin. There are also transitory types of ED which are characterized also by vomiting, food obsessions, and body image disorders.

In spite of their clinical differences, most of these types are also associated with other symptoms and pathological behaviors not necessary related to foods, such as kleptomania, anxiety, a sense of guilt, alcoholism, and hypochondriac complaints. Moreover, all these clinical types of ED lead to a wide variety of harmful psychological and physical consequences which have a major negative influence on the sufferer's social and professional life, and, in some cases, can lead to death if treatment is not initiated promptly. In the present study I will deal with only with the Anorexia Nervosa (AN).

II . Etiology of Anorexia Nervosa

What are the causes of AN? As shown by the literature (Minuchin et al., 1978; Selvini-Palazzoli, 1978), there are many and varied contributory factors, but no widely-accepted theory concerning the etiology of AN. Therefore, I will confine myself to the most widely-recognized psychological factors only. These factors can be classified into "Individual Factors", and "Family Factors".

1. Individual Factors

From a psychoanalytical perspective, it is believed that what characterises the sufferer's personality is an unconscious avoidance of genital sexuality, and sexualization of alimentary behavior and functions (Laurent, 1998). She exhibits an inability to assume her genital role, and accept the body transformations related to puberty. This corresponds to an identity problem. At the pre-conscious and conscious level, the anorectic is characterized by a

1) deep feeling of abandonment and despair, 2) dependency towards one's relatives and friends, and, at the same time, a need for autonomy. The paradox characterizing the patient resides in the fact that she relies on others, and blames them for her own dependency. This dependency is also reflected in her need to seek others' approbation love and evaluation (Chabreuil, 2001).

2. Family Factors

The family of the patient suffering from AN is generally described as exhibiting the following features. According to Minuchin et al. (1978), the family of the young anorectic are perceived as rather over-controlling, over-protective, rigid, strict, and often discouraging emotions and autonomy. While the family indulges to look "normal" and "perfect", it manages to get isolated from the rest of the community. Eating together is an important daily event. For the most important communication is made during the meals. One of the parents usually uses these meals as opportunities to sensitize the children to the couple problems, and seek their complicity and support. The family is depicted as characterized also by "enmeshment" between family members, and conflict avoidance.

The mother is depicted as a strong, rigid, unfriendly, cold, and sometimes tyrannic. On one hand, she usually avoids expressing positive feelings, and emotions. On the other hand, she frequently exhibits depressive moods and feelings. She tends to value and rationalize socially accepted and evaluated performance (success in study and work, for instance) more than personal and emotional expressions by her children. On the contrary, the father is generally introduced as being weak, psychologically, and sometimes even physically, absent, distant, dominated by his wife, and consequently unable to give proof of his authority. In some cases, he is depicted, on the contrary, as

too close with his anorectic daughter.

To summarize, AN is understood, as being the result of both individual and family disturbance or pathology, although the emphasis is, as shown in the literature, put more on the former than on the latter. In a few words, the widely accepted causes of AN are the patient's strong dependency on people around him (especially her/his family), a feeling of despair and abandonment, and emotional counterreaction to one's dependency. Unlike what is believed this counterdependency tendency does not contradict the initial dependency tendency. The author believes that these two tendencies are rather linked by a cause and effect relationship. The anorectic reacts counterdependently because, owing to greed, she feels that her dependency needs can never be satisfied. Counterdependency should be thus understood as an another expression of dependency. The logic reflected in this counterdependency reaction is "you are not taking sufficiently care of me, so, I don't like you, I don't want to deal with you".

Concerning the family pathology it is widely described using such criteria as rigidity, strictness, overprotection, tendency to attach a considerable value to performance as valued by others, perfection and success, enmeshment, conflict-avoidance, and loyalty to the family. With the exception of the systemic approach (Minuchin et al., 1987), most of the theories concerning the etiology of AN tend, as mentioned above, to focus on only one of the two aetiological aspects namely, personality or family.

Therefore, in the present study I will, based on clinical research, and Bion's theory on groups, attempt to integrate these two aspects, and propose a wholistic hypothesis which takes in consideration both the anorectic and her/his family as a whole group, in order to understand the causes underlying AN.

III. Anorexia Nervosa From a Group Perspective

The basic idea of the present hypothesis is that the family can be conceived of as a group. Like in any group, the family members are bonded together in an interdependent, symbolic, tacit, and collusive link or nexus. It is in this nexus that the family-group members interact, share commonly-held beliefs and unconscious fantasies, and create the family-group and its representation. Now that I have postulate that family is a group, let us discuss what Bion has to say about the group.

1. Bion's Basic Group Concepts

According to Bion (1961), any group has a basic task that the group members has gathered to perform. When engaged in this task, the group's mental activity comprises two mental "states" or, to use Bion's terminology, two "Groups", namely the *Work Group*, and the *Basic Assumption Group*. The term *Group* here "embraces only mental activity of a particular kind, not the people who indulge in it" (p. 144).

Work Group (WG): It refers to a mental activity characterized by awareness of and ability to think rationally about the basic task. The other characteristics of the WG are mutual acceptance and tolerance of each other, *cooperation* and awareness of each member's role in the group task. The use of scientific methods for a better accomplishment of the task, and awareness of time and development are also other aspects inherent in WG. A group engaged in WG activity is therefore always in touch with reality, and able to learn from experience.

Basic Assumption Group (baG): According to Bion (1961), although WG activity is indispensable for the group's existence and development, it is often "obstructed, diverted, and on some occasion, assisted by" (p. 146) the other

kind of mental activity, namely the Basic Assumption Group (baG) with which it coexists. Unlike WG, the baG refers to a number of mentality activities or "groups" which have in common "the attribute of powerful emotional drives". At first sight these groups seem uncomprehensible and chaotic, if one does not grasp the logic, or the basic assumptions reflected in them. Bion found that these groups are the result of three distinct basic assumptions shared by the group members, which he named *basic assumption of dependency* (baD), *basic assumption of fight/flight* (baF), and *basic assumption of pairing* (baP). When activated, these basic assumptions will be reflected in all the group activity aspects (leadership style, group organization, planning, etc.).

Unlike the WG, the baG will prevent the group from functioning effectively and rationally, and will drive it away from the basic task and reality to fantasy. The leader of the WG will indulge to maintain contact with reality, but the baG leader will lead the group away from it. Unlike the WG, the baG does not take into consideration both time and development. Impatience and intolerance of differences characterizes it. The baG is spontaneous instinctive and requires no specific training; the only requirement one needs to participate in the baG is having the right *valency*. Bion defined valency as "the capacity of the individual for instatenuous combination with other individuals in an established pattern of behaviour" (p. 175), such as the baG.

There are as much valency types as baG types; to each baG type corresponds a valency type. When a given baG is operative, only those with the valency corresponding to it will be willing to contribute to, and therefore maintain it. For instance, if the prevailing baG is of a baD type then it is the members with dependency valency who will contribute most to the group mental activity. Let us next discuss what characterizes each of the three basic

assumption groups (baD, baF, baP) adumbrated by Bion.

In the case of the baD group the assumption shared by the group members is a belief that 1) the outside world is unfriendly and cold, 2) the group "is met in order to be sustained by a leader on whom it depends for nourishment, material and spiritual, and protection" (Bion, 1961; p.147). The leader, which may be a person, a book or a set of beliefs, is thus idealized; the group here behaves "as if" the latter is omnipotent and omniscient and themselves immature, helpless and unable to function without the leader. Depression and guilt prevail in the baD group. There is also a little overt lateral (between members) interaction, with each member believing he/she has an exclusive relationship with the leader. In terms of time conception, this group is oriented towards the past, and relies on history, the group's history.

The baF group functions under the assumption that the group has met to fight or flee someone or something perceived as a threat to the group's preservation. Therefore action and leadership are indispensable in the baF group. The group activity is characterized by feelings of anger, hate, suspicion, criticism, verbal aggression, passive resistance towards the out-group and in-group scapegoats (persons, groups), and withdrawal. In the baF group the importance of the individual is secondary compared with that of the whole group. The individual may be thus sacrificed for the group survival. As discussed by Kernberg (1980) the baF group "cannot tolerate any opposition to the ideology shared by the majority" (p.213), which leads often to antagonist subgroups.. The leader of the baF group is expected to 1) be able to recognize the danger and the enemies, real and fantasied ones; 2) be devoted to the preservation and protection of the group from these enemies, 3) demonstrate one's own and promote courage and self-sacrifice in the members for the benefit of the whole group. More than the two other baG, the

baF does not tolerate deviance from the group; deviance is experienced as a threat to the group survival. The conception of time characterizing the baF group is limited to the present, or the here-and-now.

The commonly shared assumption in the baP group is that survival and preservation of the group depends on whether the group is able of self-reproduction by "giving birth" to a new, and as yet unborn leader, or a Messiah. Therefore, when the group is under the influence of the baP group, it behaves "as if" it has met for reproduction. The task of conceiving the Messiah-leader is usually assigned to two members of the group or a pair. The group will then focus its mental activity on this pair, hoping that their magic "sexual" union will give birth to the hoped-for-Messiah which will save the group from anxieties and fears of annihilation associated with the baF and baD groups. The hoped-for-Messiah need not to be a person; it can be an idea, a plan, a proposal, a new science or method, an utopia, etc.,.

While in this mental state, the group atmosphere is thus pervaded by an air of hopeful expectation, euphoria, optimism, intimacy and tolerance towards each other. However this climate will soon deteriorate if the pair takes the function assigned to it too seriously by attempting to provide the group with a Messiah. The real aim in the baP group is not the Messiah itself, but the "messianic hope", that is the unrealized hope for a Messiah. The thus born Messiah will inevitably fail in his salvation task, and will be consequently destroyed, leaving the group facing their anxieties and fears without hope. For, as put by Bion (1961) "only by remaining a hope does hope exist" (p. 151).

2. On the WG and baG relationship

As mentioned above, WG and baG constitute two contradictory mental

activities (or "groups") the group displays when performing its basic task. However, this does not mean that these two groups exclude each other. On the contrary, unlike other group theorists (e.g., Bales et al., 1979) who have stated the twofold-characteristic of group activity, Bion (1961) suggests that these two groups always coexist. He argued that the WG always coexists with only one of the three groups described above at one time. Inferring from Bion's work, the author (Hafsi, 1999; 2003) has described their coexistence in terms of three different relationships, namely, completion relationship, inhibition relationship, and "conspiracy" relationship.

In the case of a completion relationship, the baG is used to further strengthen WG activity. That is, the WG makes use of the baG with which it coexists by neutralizing or containing, in a bionic meaning of the term, its (baG's) behavioral component and canalizing its spirit or psychic component into the group activity. For example, when the WG coexists with baD group, and the group focus is on the basic task, the member's dependent behavior will be contained and only the spirit of the baD will be used to carry out the task. This containing and canalization of the psychic component of the baD is performed by what Bion calls the "specialized work group" (SWG), which is a function of the WG. According to Bion (1961) there are as much SWG types as baG, with each SWG type specializing in the containment of one baG. This kind of WG-baG relationship depicts a normal or a non-pathologic group functioning.

The inhibition relationship corresponds to a type of WG-baG relationship wherein the baG takes over the WG, inhibits, and pervades the whole group activity. The group is therefore unable to mobilize its energy for the basic task, will put a large amount of this energy at the service of the baG, and consequently will be unable to function normally and develop. This condition

describes what is usually meant by a group under the influence of a baG.

Bion (1961) used the term "conspiracy" to depict a relationship where WG and the baG are rigidly linked and interweaved to a point that the two other baG are suppressed and denied any free expression. For instance, if it is the baF that is expressed with WG, then the baD and baP will be suppressed and denied by the group. It is "as if" these two baG (baD and baP) have become "victims of a conspiracy between the sophisticated group (WG) and the operating basic assumption (baF)" (p. 102), writes Bion.

3. The proto-mental system hypothesis

If the WG can coexist and function with only one baG, what will happen to the two other baG which, as a result of the WG-baG conspiracy, are made inoperant? To answer this question Bion (1961) postulates the existence of a proto-mental space or system which "transcends experience" (p. 101) and where physical and mental phenomena are not differentiated. The two inoperative baG are thus kept suppressed in this proto-mental system (PMS) as proto-mental, undifferentiated, that is, neither physical nor mental, phenomena. This matrix comprises thus prototypes of the three baG (baD, baF, baP). These undifferentiated proto-mental phenomena will constitute, writes Bion, a "matrix" from which flow the emotions characterizing the baG. These repressed phenomenon will be expressed either in form of physical or psychical diseases due to their undifferentiated nature. The nature of the disease observed depends on the nature of the protomental phenomenon. If, for instance, the protomental phenomenon being expressed is of a dependent nature, the disease will be related to dependency; and if the expressed phenomenon reflects fight/flight then the disease will be related to fight/flight. This applies also to the pairing protomental phenomena.

According to Bion (1961), these diseases manifest themselves in the individual in form of physical, mental or psychosomatic symptoms, syndroms and diseases, "but its is clear that it is the group rather than the individual that is stricken" (p.102). In other words, these individual diseases spring from the individual PMS which is a part or "a function of the group 's PMS, and must therefore be studied in the group (p.103)".

4. The hypothesis of the present study

Based on Bion's PMS hypothesis, the author developed a new hypothesis concerning the etiology of AN. After a close examination of the available literature concerning the individual and family factors related to AN, the author classified them into 10 categories, namely 1) parents conflict, 2) conflict evasion, 3) vague inter-generation boundary, 4) excessive interference in the members' private life, 5) rigid parents, 6) severe parents, 7) Importance of family harmony, 8) loyalty to family, 9) Importance of performance (study, work), and 10) expectancy towards family members.

These groups of factors where then, based on Bion's group theory, reinterpreted in terms of WG (9 and 10) and fight/flight baG (1 to 8). Therefore, the authors postulates, as mentioned above, that AN is the result of 1) a family environment characterized by a rigid coexistence and interaction between WG and baF, 2) a consequent intolerance towards and repression of dependency, and 3) the anorectic's dependency valency. That is, the anorectic's family displays the characteristics of a group wherein only WG and baF are allowed to be expressed, and the other two baG are not tolerated, devaluated, strictly and strongly repressed in the protomental system. As a result, owing to her dependency valency the anorectic member will not be able to endure this family atmosphere, and experience frustration. Her

frustrated protomental needs for dependency will unconsciously lead her to seek satisfaction by displaying anorectic symptoms, or AN. This mental disease is thus the result of the patient's dependency valency and her attempt to satisfy, at the same time, her own protomental dependency needs and those of the whole family as a group. Thanks to the sickness of one of its members, the family-group will thus be able to display tolerance towards dependency or baD, and consequently satisfy its protomental dependency needs through identification to this sick member.

To summarize, the author developed the following two complementary hypotheses, namely the hypothesis that 1) the anorectic's family culture or atmosphere is characterized by a rigid coexistence of WG and baF, a lack of tolerance towards dependency; and the hypothesis that 2) the anorectic's valency is of a dependency type.

The present study is a part of a research program conducted to test empirically these two hypotheses. The aim here is to develop a scale to measure the level of the family's WG and baF, and test its validity. This scale will be later used in further studies to test the first hypothesis of the present study. Let us now describe the methodological aspects of the present study.

METHOD

Participants: A number of 235 undergraduates students (Female=113, male=113; unspecified=9) belonging to two different universities (University A, N=115; University B, N=120) participated in the study. In the case of University A, it was the author who personally distributed the questionnaire and collected the data during his psychology lecture. Regarding University B, both the questionnaire distribution and data collection were done by one of

the author's colleague lecturing at that university. In both universities, the students responded to the questionnaire as a requirement for the credit of "psychology-course".

Scale: As revealed by the large body of literature concerning AN, there is a wide agreement among clinicians concerning the factors characterizing anorectic's family. However, there are practically no widely-used scales to measure these factors, or the anorectic family culture or atmosphere.

Therefore, starting from a rough classification in 10 categories of the factors described above, the author developed a scale, referred to here as the Anorectic Family Culture Scale (AFACS). This 5-point scale (ranging from 1= strongly agree to 5=strongly disagree) comprises a number of 46 items.

Procedure: The scale was distributed to the participants and were asked to fill it during the class hour. The items were read by a graduate student in the case of University A, and by the lecturer in the second university (B). This method allows us to gather the maximum number of data at one time; one does not need to wait for every participant until he/she finishes, for all the participants are supposed to finish filling up the questionnaire (scale) at the same time.

RESULTS

A reliability test was first performed for the scale. The results revealed a Cronbach's alpha of .7782, demonstrating thus the reliability of the present scale (AFACS). The basic statistics (means and standard deviances) for each of the 43 items constituting the AFACS are indicated in Table 1.

Table 1. Basic Statistics For the Scale Items

Items	Means	SD	Items	Means	SD
Q1	3.51	1.16	Q24	3.31	.96
Q2	2.66	1.11	Q25	3.45	1.18
Q3	2.91	1.10	Q26	3.10	1.16
Q4	2.73	1.14	Q27	3.57	1.28
Q5	3.47	1.10	Q28	3.37	1.16
Q6	3.46	1.02	Q29	3.77	1.01
Q7	3.51	1.18	Q30	3.55	1.28
Q8	3.30	.95	Q31	3.73	1.09
Q9	2.59	.95	Q32	3.30	1.26
Q10	2.70	1.07	Q33	2.79	1.04
Q11	2.28	1.19	Q34	3.40	1.03
Q12	2.97	1.20	Q35	3.33	1.02
Q13	3.52	1.05	Q37	2.82	1.03
Q14	2.93	1.07	Q38	3.03	1.10
Q15	3.24	1.12	Q39	3.11	.96
Q16	4.00	.88	Q41	3.13	1.08
Q17	3.23	1.30	Q42	2.92	.98
Q18	3.77	1.05	Q43	2.77	1.01
Q20	2.87	1.12	Q44	2.74	.92
Q21	3.36	1.06	Q45	3.39	1.05
Q22	3.71	1.09	Q46	3.63	.99
Q23	3.22	1.12			

Table 3. Factor Analysis With the Scale Items Translated literally from the Japanese

Factor 1: Excessive Family Cohesiveness							
Q13.	個人のもは皆のものとする。 Personal belongings are considered as the whole family's ones.	0.62	-0.11	5.76	-0.11	-8.05	0.11
Q31.	家族で一緒に遊びに行く。 Family travels together	0.20	-0.12	-5.94	0.24	0.20	-0.19
Q12.	親子は友達のような感じである。 Parents and Children behave like friends with each other	0.61	-0.11	-2.45	-3.48	-6.22	-0.24
Q11.	誰の部屋にでも許可無く自由に入出入りできる雰囲気がある。 Members enter each other's room without asking for permission	0.58	-5.30	1.43	0.16	-0.13	-0.15
Q32.	家族の調和を大切に。 Family harmony is highly evaluated	0.57	-0.20	5.96	0.43	0.11	-4.85
Q30.	行事は必ず家族皆で参加する。 Family events are attended by the whole family	0.56	3.01	2.52	0.14	0.38	-7.15
Q10.	家族は常に明るい雰囲気を作ろうとする。 There is a tendency in the family to create a cheerful atmosphere	0.52	-0.18	7.32	0.32	0.10	2.88
Q5.	家族は話し合いを好まない方である Family members do not like talking	-0.49	0.13	-4.84	-0.47	-2.17	0.28
Q35.	家族は何よりも優先的に考えられている。 Members should give priority to family over anything	0.47	-4.10	-3.48	-5.10	0.10	0.22
Q33.	子どもは家族の人に対してウソをついてはいけない。 Children are not expected to lie to the parents	0.44	-2.54	2.30	5.13	0.39	0.11
Q6.	家族はお互いに必要以上に興味を持たない。 Family members have excessive interest in each other	-0.43	-5.16	-0.19	-0.30	-7.07	0.13
Factor 2: Family Rigidity							
Q19.	親は自分の考えを変えようとしなない。 Parents do not try to change their opinions	-7.27	0.69	4.66	-0.15	-3.21	0.17
Q22.	親には柔軟性が無い。 Parents are not flexible	-0.14	0.62	5.28	-0.23	4.03	0.22
Q21.	理由に関係無く両親はよく怒る。 Parents often get angry without a clear reason	-0.19	0.61	0.20	-0.23	0.17	8.69

Table 3. (Continued)

Q1.	家族内で喧嘩が多い。	-0.24	0.59	0.10	-0.30	-3.24	-1.37
	Fight in the family						
Q23.	親は何があっても、決めた事を実行する。	0.13	0.58	0.20	0.19	0.11	0.22
	Parents always try to put into action their decisions						
Q24.	親は理由を聞かずに怒る事がある。	-0.20	0.55	0.18	-0.21	0.25	0.11
	Parents often get angry towards the children before asking them for reasons						
Q27.	親の言う事は絶対であると親は思っている。	-7.02	0.50	0.18	-0.15	0.44	0.24
	Parents believe that what they say is absolute.						
Q9.	家族は皆、自分の意見を主張している事が多い。	8.51	0.48	4.03	1.44	-5.94	-0.21
	Each one in the Family tries often to stick to his/her opinion						
Q17.	親は常に電話の相手を知りたがる。	9.43	0.32	0.26	-0.19	0.19	0.23
	Parents want always to know to whom the child is speaking on the telephone						
	Factor 3: Expectancy for Performance						
Q40.	親は子どもの将来に期待している。	0.11	-1.83	0.82	2.80	-4.80	6.73
	Parents have plans for the children future						
Q38.	親からの子どもに対する期待が大まい。	-9.47	0.13	0.77	-9.89	0.10	-1.01
	Parents have a great expectation towards the children						
Q39.	親は子どもの教育に関心を持っている。	4.69	1.07	0.66	0.14	0.21	0.11
	Parents are very involved in the children education						
Q41.	親は子どもの将来について考えを持っている。	9.17	0.16	0.65	0.30	3.91	7.74
	Parents have a great expectation concerning the children future						
Q20.	親は子どもに対して理想が高い。	-0.14	0.36	0.65	-9.56	0.10	-0.11
	Parents have high expectation towards the children						
Q42.	親は子どもの成績を非常に重視する。	-6.05	0.20	0.55	-4.15	0.28	0.23
	Parents attach considerable importance to the children's school grades						
Q43.	親は子どもを過剰に評価している。	0.12	-5.32	0.40	-0.20	0.26	0.27
	Parents overevaluate the children						
	Factor 4: Conflict Evasion Tendency						
Q3.	両親は尊敬し合っている。	0.10	-0.26	1.55	0.85	9.49	4.80
	Parents respect each other						
Q2.	両親はお互いを支持し合っている。	0.12	-0.22	5.08	0.84	-3.37	-4.75
	Parents support each other						

Table 3. (Continued)

Q4.	両親はお互いの立場(気持ち)を理解し合っている。 Parents understand each other's position	0.11	-0.18	5.83	0.81	-9.42	2.80
Q7.	家族は問題について話をする機会を持つとうとしない。 Family members avoid talking about problems	-0.44	9.83	-5.24	-0.48	-7.93	0.26
Factor 5: Parents Severity							
Q15.	子どもは親に対して礼儀正しく振舞う事を期待されている。 Parents expect the Children to be polite towards them	-6.10	-0.15	0.27	5.70	0.70	-6.51
Q26.	両親は門限に関してうるさい。 Parents are very strict about the time the children should get home	-0.13	0.21	4.02	-2.85	0.64	7.37
Q14.	子どもは親に対して挨拶を交わすことが期待されている。 Parents expect the Children to salute them	0.13	-0.25	0.18	-2.64	0.53	-0.12
Q25.	両親はしつけに関してうるさい。 Parents are very strict in terms of children discipline	-7.03	0.29	0.32	7.08	0.52	-2.17
Q28.	子どもは親に従わなければならない。 Children should obey their parents at any cost	0.13	0.27	-0.10	1.96	0.52	8.67
Q34.	親は子どものウソを絶対に許さない。 Parents do not tolerate the children lies	0.31	0.17	0.11	-8.02	0.47	-5.48
Q18.	家族の中で隠し事をしてはいけない感じがある。 Family members are not expected to hide things from each other	0.33	0.16	9.16	0.10	0.45	0.37
Q16.	家族では秘密を持つてはいけない。 Family members are not expected to keep secrets	0.38	-0.13	-2.51	6.86	0.44	0.32
Q29.	食事は皆が集まってから食べる。 Meals are taken altogether	0.32	-0.13	0.18	8.13	0.41	-0.18
Factor 6: Work Group Tendency							
Q8.	家族は各自の意見に妥協している場合が多い。 Family members often support each other's ideas	-0.19	-0.13	-6.87	-0.26	-6.90	0.50
Q37.	皆は時間にとらわれている。 Family members are always under the pressure of time	-6.83	0.13	0.24	4.27	3.79	0.48
Q36.	親は仕事人間である。 Parents are work-centered	-2.54	0.13	0.14	-4.68	3.28	0.48

Moreover, to examine the structure of the scale, a factor analysis with varimax rotation was performed. The results yielded 6 different factors. As indicated in Table 1, the first factor comprises 11 items concerning family cohesion; therefore it was named "Excessive Family Cohesiveness". Constituted by 9 items related to rigidity, the second factor was identified as "Family Rigidity". The next factor (Factor 3), comprising 7 items, reflects the family's tendency to expect performance and success from the children and make plans for their future. Therefore, it was interpreted as a factor measuring "Expectancy for Performance". Factor 4 comprised 4 items reflecting a family tendency to evade conflicts, and was named "Conflict Evasion Tendency". The fifth factor (Factor 5) includes 9 items measuring the parents' severity towards their children; it was therefore identified as "Parents Severity". Finally, the last factor (Factor 6) comprises 3 items reflecting the family's tendency to support each member's idea's and be work-centered, that is, giving higher priority to work. These positive attitudes towards the individual member and work constitute, as discussed above, an important characteristic of the work group. Therefore this factor was identified as measuring "Work Group Tendency". The Crombach's alpha for each factor was as follows: Factor 1=.58, Factor 2=.81, Factor 3=.82, Factor 4=.48, Factor 5=.75, Factor 6=.62.

DISCUSSION

In the present study the author developed a hypothesis concerning the etiology of anorexia nervosa (AN). Based on Bion (1961)'s theory on group, especially the protomental system hypothesis, he postulated that the cause of AN has to be sought in two sources: family dynamics, and an individual

predisposition. Concerning the family dynamics, the author argued that AN is the result of a family culture or atmosphere characterized by a rigid coexistence of WG and baF mental activity, and consequently a negative perception of dependency. This WG-baF family culture or atmosphere is such that the family members dependency needs are frustrated and confined to what Bion call a protomental existence. Of course, this family culture alone is not sufficient to stir anorectic symptoms in every child of the family. The author argued that the child or children who will display AN need to have strong needs for dependency, or, in Bion's terms, a dependency valency. To reformulate this hypothesis differently, it was postulated that AN is the results of both 1) a rigid interaction between WG and baF, which leads to the frustration of dependency and pairing needs within the family, and 2) the anorectic's inability to bear this frustration owing to her/his dependency valency.

The present study is a part of a wide research program; its purpose here is, besides proposing the above-mentioned hypothesis, developing a scale to measure the culture (WG and baF) of the anorectic family and test its reliability. The author developed thus a 46-items scale (AFACS) whose reliability was first tested and confirmed by the results of Crombach's alpha. Moreover, a factor analysis with varimax rotation yielded 6 factors which could be interpreted in terms of WG (Factors 3 and 6) and baF activity (Factors 1, 2, 4 and 5).

Finally, the task which remains to be carried out is to use this scale to conduct an empirical study in order to test the hypothesis discussed above. Depending on the results, this empirical study would lead to a new perception and understanding of the causes of AN, and therefore a switch from an etiology centered principally on the anorectic personality to an etiology

centered on dynamics of the anorectic family as a whole group.

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