DE GRUYTER

Author Metadata Approval Sheet

Dear author,
Please check and complete carefully the author metadata listed below by using the editable fields in the right column. Please make sure to submit your annotations and corrections in English.

Thanks for your kind cooperation, De Gruyter

Journal-Name: Text & Talk
Article-DOI: https://doi.org/10.1515/text-2019-0132
Article-Title: Working with gender in psychotherapy: A discursive analysis of psychotherapy sessions with women suffering from bulimia

Bitte vervollständigen/ Please complete	Author Meta Data		Bitte ändern/To be changed
	Author 1		
	Surname	Pawelczyk	
	First Name	Joanna	
	Corresponding	yes	
	E-Mail	pasia@wa.amu.edu.pl	
	Affiliation 1	Faculty of English, Adam Mickiewicz University in Poznań, Poland, Ul. Grunwaldzka 6, 60-780 Poznan, Poland	
	Institution 1	Faculty of English, Adam	

Bitte vervollständigen/ Please complete	Author Meta Data		Bitte ändern/To be changed
		Mickiewicz University in Poznań, Poland	
	Department 1		
	City 1	Poznan	
	Country 1	Poland	
	Author 2		
	Surname	Faccio	
	First Name	Elena	
	Corresponding	no	
	E-Mail	elena.faccio@unipd.it	
	Affiliation 1	Department of Philosophy, Sociology, Education and Applied Psychology, University of Padua, Via Venezia, 14, 35131 Padua, Italy	
	Institution 1	University of Padua	
	Department 1	Department of Philosophy, Sociology, Education and Applied Psychology	

DE GRUYTER

Bitte vervollständigen/ Please complete	Author Meta Data		Bitte ändern/To be changed
	City 1	Padua	
	Country 1	Italy	
	Author 3		
	Surname	Talarczyk	
	First Name	Małgorzata	
	Corresponding	no	
	E-Mail	talarczyk@psycholog-ambulatorium.pl	
	Affiliation 1	Klinika Psychiatrii Dzieci i Młodzieży, Poznan University of Medical Science, Ul. Szpitalna 27/33, 60-572 Poznan, Poland	
	Institution 1	Klinika Psychiatrii Dzieci i Młodzieży, Poznan University of Medical Science	
	Department 1		
	City 1	Poznan	
	Country 1	Poland	

DE GRUYTER

Checked and receipted ☐ **Date:** _____

Author Query Form

Journal: text

Article Number: text-2019-0132

Dear Author,

Please check your proof carefully and mark all corrections at the appropriate place in the proof.

Queries and/or remarks

[Q1]	Please confirm that the forename(s) and surname(s) have been identified correctly, and please carefully verify the spelling of all authors' names.
[Q2]	As per De Gruyter policy, no author list changes are permitted after acceptance of an article. The De Gruyter production team is instructed to enforce this policy during the production/proofing process.
[Q3]	Please check the corresponding author's details.
[Q4]	References Bray (1996), Burns (2009), Malson (2009) and Orbach (1986) are present in the reference list but not cited in the text. Please cite them in the text or alternatively delete the reference from the list.
[Q5]	Please provide DOI for the reference Hall and Gough (2012), if available.

Joanna Pawelczyk*, Elena Faccio and Małgorzata Talarczyk

Working with gender in psychotherapy: A discursive analysis of psychotherapy sessions with women suffering from bulimia

https://doi.org/10.1515/text-2019-0132

Abstract: Sociocultural factors are recognized as among the causes of eating disorders (EDs) in general and bulimia in particular. The social constructions of gender constitute a key factor among these causes and bulimia can then be construed as a response to a failure to meet the social (dominant and normative) expectations of what it means to be a woman, as females remain the majority of people suffering from EDs. This article – informed by a critical feminist perspective – uses the micro-analytic frameworks of conversation analysis and membership categorization analysis to qualitatively examine relevant extracts of three psychotherapy sessions with women suffering from bulimia. The audio-recorded sessions represent systemic and social constructionist therapies and were originally conducted in Polish and Italian. The analysis focuses on how gender and gendered propositions are invoked by the therapist and/or the patient and further worked with in the subsequent turns. The contents of gendered propositions will be identified as well as whether, and if so how, they are interactionally deconstructed in the local context of the interaction. The analysis demonstrates how the female patients rely on categorization work around gender in addressing their own issues. The findings call for therapists' greater awareness and reflexivity as to their interactional handling of gender in view of patients' individual experiences.

Keywords: gender, psychotherapy, qualitative, bulimia, conversation analysis, membership, categorization analysis, critical feminism

***Corresponding author: Joanna Pawelczyk**, Faculty of English, Adam Mickiewicz University in Poznań, Poland, Ul. Grunwaldzka 6, 60-780 Poznan, Poland, E-mail: pasia@wa.amu.edu.pl
Elena Faccio, Department of Philosophy, Sociology, Education and Applied Psychology, University of Padua, Via Venezia, 14, 35131 Padua, Italy, E-mail: elena.faccio@unipd.it
Małgorzata Talarczyk, Klinika Psychiatrii Dzieci i Młodzieży, Poznan University of Medical Science, Ul. Szpitalna 27/33, 60-572 Poznan, Poland, E-mail: talarczyk@psycholog-ambulatorium.pl

1 Introduction

Bulimia is one of the many disorders on a continuum of eating-related disorders (EDs) and statistically one of the most common categories of pathologised eating (Malson and Burns 2009), being twice as common as anorexia nervosa (Ogden 2010: 226). In terms of clinical description, it is characterized by cycles of binging and purging. Statistics show that about 70% of bulimia patients recover, while "10% stay fully symptomatic" (Ogden 2010: 230). Although bulimia and other EDs are described as biopsychosocial problems and thus "recognized as multifactorial in origin" (Culbert et al. 2015; Holmes 2018: 542), psychiatric and medical discourses prevail in the treatment of EDs.

The majority of people suffering from EDs, including bulimia, are women (Moulding 2009), although EDs in general are becoming more common among boys and men (Maine and Bunnell 2008). According to Ogden (2010) between 1 and 2% of the female population suffer from bulimia nervosa. However, full data on the number of women suffering from bulimia may not be fully available as many keep their disorder secret, so that even their closest family and friends are not aware of their ongoing struggle (Broussard 2005).

This paper examines how one key aspect of culture (Stokoe 2012a), i.e., gender, is interactionally invoked and sequentially managed in psychotherapeutic interactions with women suffering from bulimia. Unlike the important recent contributions by Holmes (2016, 2018), it does not examine the reports of practitioners (Holmes 2018) or patients (Holmes 2016; see also Brooks et al. 1998; Poulsen et al. 2010) as to how they perceive or have experienced the role and use of sociocultural perspectives in treatment. It instead takes the ethnomethodological micro-perspective of conversation analysis and membership categorization analysis to scrutinize authentic therapeutic interactions between female psychotherapists and female patients. The analysis seeks to answer the following research questions:

1. How do gender and gendered propositions 'creep' (Hopper and LeBaron 1998) into the therapeutic dialogue with women suffering from bulimia?
2. How do psychotherapists orient to the proffered gender/gendered propositions? Are they interactionally pursued and explored, do they become an object of repair, i.e., extensive corrective work, or are they (interactionally) ignored?
3. What is the content of gendered propositions in view of their emergence in the context of psychotherapy sessions with women suffering from bulimia?

The paper opens with a discussion of gender and gender propositions as sociocultural aspects of EDs and their relevance and use in psychotherapeutic work. This is followed by a presentation of data and analytical apparatus. An analysis of

three relevant extended excerpts of psychotherapy sessions is then offered. The paper closes with a discussion followed by concluding remarks.

2 Literature review

2.1 Gendered propositions as culture

Holmes et al. (2017: 2) discuss how sociocultural perspectives have predominantly focused "on the idealization of thinness in women," in particular as portrayed in and by the media (see also Bordo 1993: 54; Knapton 2013; Levine and Smolak 2014; Malson and Burns 2009: 1), and "the stigmatization of body fat in Western cultures" (Holmes et al. 2017: 2; see also Holmes 2018). This points to a tendency to reduce the role of culture in popular media and medical discourse on the development and maintenance of EDs to the media, diet and fashion industries (Holmes 2016). The media contexts, however, are not the only sites of disseminating and explicitly, but also implicitly, socializing women into the kind of appearance and behavior that is expected of them and ultimately (socially) valued.

The sociocultural aspects of bulimia, as operationalized in this paper, refer to the commonsensical understandings of femininity and masculinity. These gendered propositions consist of certain normative assumptions, expectations and beliefs concerning women and men as well as the relations between them. They constitute commonsense knowledge about how men and women *are*, which is understood as fixed and unchangeable and derives from categorial assumptions. Gendered propositions comprise aspects of culture (see Stokoe 2012a) that are typically assumed to be 'uncapturable', but *within* and *by* which EDs are defined and judged in contemporary Western societies (see Malson and Burns 2009: 74). Gendered propositions are thereby expressions of hegemonic constructs of gender. They have the regulatory function of socializing women and men to function in society as mutually exclusive social categories and concurrently take on the function of "rigid regulatory frame" (Butler 1990: 33). Gendered propositions typically construct femininity by referring to emotionality, maternity, other-centeredness, deviousness, slyness, unworthiness, and "bitchiness", while masculinity entails rationality, competitiveness, power, emotional control and independence (Fitzsimons 2002: 152, 103).

2.2 Discursive research on gender and EDs

The extant discursive research on the role of gender and gendered discourses within health interventions (e.g., psychotherapy) has mostly relied on interviews to examine

patients' experiences of treatment, practitioners' experiences of treating EDs and the role of family and cultural messages in the development of EDs (e.g., Broussard 2005; Holmes 2016, 2018; Holmes et al. 2017; Malson et al. 2004; Poulsen et al. 2010). Thus previous research mostly reports on what practitioners and patients think they do ("talk-in-theory", Stokoe 2012a), rather than on what they actually do ("talk-in practice", Stokoe 2012a). Brooks et al. (1998), for example, in their study of accounts of experiences of bulimia by 10 women and one man identified five dominant ways of narrating experiences of the illness, among them "women as victims of social stereotypes." Moulding (2009), on the basis of her interviews with male and female psychiatrists and nurses, concluded that psychiatry uncritically reproduces gendered discourses within the treatment. On the other hand, Guilfoyle's (2001) analysis offered a unique glimpse into his own therapy session with a woman suffering from bulimia to examine "the discursive production of a psychologized bulimic subject" (p. 151). More specifically, he examined how the patient's construction of bulimia as a gendered issue was formulated by the therapist as an act of resistance to treatment.

As observed by critical feminist work (see Holmes 2016) – that views EDs as emerging in social, cultural, political and historical contexts (Nasser and Malson 2009: 74) – the aspects of culture relating to the relationship between EDs and cultural constructions of femininity tend not to receive adequate attention in actual therapy work (Holmes et al. 2017). This is quite paradoxical in view of the fact that qualitative feminist research has demonstrated the need for women patients to address and explore the relationships between the social constructions of femininity and their experience of EDs (Holmes 2016, 2018). Feminist approaches "see the aetiology, symptoms and the very nature of EDs as inextricably imbricated within discursive constructions of Western femininity" (Holmes et al. 2017: 9). Psychotherapy provides an adequate space for such exploration of patients' experiences as well as a site for sense-making in the company of the therapist.

2.3 Microanalysis of psychotherapeutic interaction

The micro-analytical approaches to examining psychotherapeutic interaction allow us to document how such exploration is progressively accomplished but also momentarily thwarted, repaired, resumed or terminated. Through sequential actions such as the therapist's formulations of the patient's problems, interpretations and extensions and the patient's agreement and/or resistance to them, the experiences that patients bring to psychotherapy "get recognized and modified, and through them, the participants' understandings regarding their experiences meet, get transformed or depart" (Voutilainen and Peräkylä 2014: 21). Psychotherapeutic conversation thus allows for a (re-)negotiation of various aspects of the patient's

experiences, and talk-in-interaction becomes a vehicle for interventions that progressively lead to a transformation of these experiences (Peräkylä 2019). By applying micro-analytical lenses to psychotherapeutic interactions between women patients suffering from bulimia and their female therapists, we are able to capture the sequential moments of therapeutic conversations when gender and gendered propositions are invoked and topicalized, as well as their various interactional trajectories, including (re-)negotiation of their thematic content.

3 Data and methodology

The data used in the study comes from three audio-recorded therapy sessions with three young women suffering from bulimia. Extract 1 and 2 represent a form of systemic therapy that incorporates aspects of social constructionism and feminist trends while Extract 3 represents a socio-constructionist approach. The therapist in all three extracts was a woman. The patients consented to the recording of the session for the purpose of the therapist's supervision work and further use for the purpose of scholarly research. The extended extracts analyzed below were selected for the reoccurrence of the phenomena they represent in the larger corpus comprising interactions between female therapists and women suffering from EDs. The close micro-level analysis of the interactional details of the scrutinized psychotherapeutic conversations justifies the number of selected extracts.

The recorded sessions were transcribed by the first author (Extracts 1 and 2) and the second author (Extract 3), based on modified Jeffersonian transcription notation (see Appendix A; Jefferson 2004; see also Hepburn and Bolden 2017). The analyzed extracts are English translations of the Polish (Extract 1 and 2) and Italian (Extract 3) originals (see Appendix B). The translation was done by the first author (Extracts 1 and 2) and the second author (Extract 3). The analysis is based on the original Polish and Italian recorded data and the corresponding transcripts (Thomassen 2009: 86; Sarangi 2010: 400). In the process of translation – as part of the analysis of the original talk and interactions – we have followed Schegloff (2002: 263) in remaining "sensitive to the details and nuance in comparable English language interactions as revealed by extant literature." This was a means of securing the validity of analytical claims and ensuing findings (Nikander 2008).

The study applies the ethnomethodological approaches of conversation analysis (CA) and membership categorization analysis (MCA) (Hester and Eglin 1997; Sacks 1992; Stokoe 2012b) to examine how gender as member's category and gendered propositions are invoked in therapy sessions and further worked with in subsequent turns. The analysis also looks into the contents of gendered propositions as invoked in the specific context of psychotherapy with women suffering from bulimia.

The analytical focus of CA lies in identifying the structure and sequences of social actions that participants progressively build in their turns at talk (Stokoe 2012b). CA-oriented research has shown that the smooth progression of interactions is contingent on joint understanding, which is implicitly built by next turns of talk. Importantly for the analysis presented below "it is by means of talk-in-interaction that specific meanings are negotiated, and the participants' reasoning, assumptions and beliefs are rendered visible" (Ostermann 2017: 351).

While CA's focus is on the sequential aspects of social interaction, MCA's interest is in categorial aspects, yet each informs the other (Hester and Eglin 1997: 2; Stokoe 2012b, c) and both approaches rely on participants' categories (Benwell and Stokoe 2006). MCA allows us to identify how interactants produce and use categories to describe and make sense of events (Baker 2001: 783). Categories are inference-rich, i.e., they store "a great deal of the knowledge that members of a society have about the society" (Sacks 1992: 40–41). They come to be associated with specific actions (category-bound activities) and characteristics (predicates) (Hall et al. 2012). As Stokoe (2012b: 290) explicates: "speakers invoke categories and generate category-bound features in the course of accomplishing a particular action". MCA allows us to capture 'culture', understood in the current paper as the participants' (invoked) commonsensical assumptions concerning the collective category of gender and more specifically the activities, predicates and more generally descriptions bound to the categories of women and men.

Following the claim posited by Ostermann (2017: 350; see also Stokoe 2012b), combining CA and MCA in analyzing the micro-level of interactions "affords privileged insight into the workings of the world at large", including the identification of commonsensical gendered propositions that constitute part of culture.

What follows is a close micro-level analysis of therapist-patient interactions.

4 Data analysis

Three extended data extracts are examined below with a focus on how gender and gendered propositions are invoked in the therapy sessions, their content, and how they are further interactionally managed.

4.1 Invoking gender and gendered propositions

The session under scrutiny in Extract 1 is the second meeting between the therapist and the patient. The therapist (lines 01–02) topicalizes the patient's mentionable from the previous session that her partner is not aware of her illness. The

therapist's turn in line 02 ends with 'right', whose rising intonation seeks the patient's confirmation and possibly further account.

Extract 1

01	T:	when we were talking last time you said tha:t
02		your partner doesn't know about bulimia ↑right=
03	P:	=doesn't know about bulimia still doesn't know
04		>I just don't know if if< this doesn't seem to
05		be ok but (1.0) at this point I'd like to (.)
06		make an attempt at getting better and I believe
07		I'll be successful and and in time (.) maybe when
08		I get over it, I will tell him
09	T:	(2.0) mhm mhm and why do you think it's not ok?
10	P:	(2.0) >I don't know whether he is able to
11		understand it< in the sense: of such eating
12		problems of women this and that you know
13		I don't know whether it's something
14		he'd be able to understand (.) >generally it
15		seems to me that< most men uhm well are not
16		able to understand (1.0) these problems
17		of ours=
18	T:	=that's right, most men don't understand
19		bulimic disorders especially because from
20		their perspective they are (.) irrational
21		because how in the rational terms right?
22		I often talk with the partners, husbands
23		or fathers of the ill women and they ask
24		a question how can you overeat and then
25		get rid of it right? That is irrational (.)
26		but my que:stion whether your partner knows
27		does not imply that he should know (.) I have
28		many patients who have not told their partners
29		or husbands that they are ill and this is
30		an individual choice of every woman sometimes
31		one prefers to reveal it sometimes they don't
32		so:
33	P:	//I'm afraid I'm afraid that this potential
34		interpretation that these are irrational problems
35		will undermine my confidence that I will get better=
36	T:	=mhm
37	P:	I'm afraid that at this stage it could have

38 such an influence
39 T: what do you mean?
40 P: that it will weaken my motivation because
41 this lack of men's understanding of this
42 kind of problem

The therapist's query in lines 01–02 invokes gender, which becomes relevant for this part of the therapeutic exchange. The query is oriented to by the patient with a 'no-gap-no-overlap' response (lines 03–08). In the first part of her response, the patient echoes the therapist's phrase 'doesn't know about bulimia' and self-repairs it by adducing that her partner continues to be unaware of her illness. In lines 04–05, the patient begins making an account of the lack of her partner's awareness of her bulimia. The account starts off with an epistemic downgrade ('I just don't know') and repetition ('if if') as well as the patient's mitigated acknowledgment of possible unfairness of the situation ('this doesn't seem to be ok'). The patient ends the account with a hedged promise that her partner will be informed about her illness once she has recovered from it (lines 07–08).

The therapist, however, does not consider the account to be complete. Following a two-second pause and the acknowledgement markers ('mhm'), the therapist continues probing into why the patient thinks it is not ok that her partner does not know about her bulimia. Following a two-second pause, the patient orients to the query, this time proffering that her partner might not be able to comprehend the situation (lines 10–11). This general projection offered by the patient gets further elaborated in lines 11–12. The patient's categorization of bulimia from the perspective of men, i.e., as women's trivial problem ('such eating problems of women this and that'), is presented as the reason why her partner will not be able to understand the problem and thus should not be informed about it. This part of the patient's account ends with the common knowledge component 'you know' (Stokoe 2012b), which attempts to build intersubjectivity between the interlocutors by constructing this "categorial knowledge as shared" (Stokoe 2012b: 293), so that there is no need for its further unpacking.

The patient's proffered phrase 'such eating problems of women this and that you know' also demonstrates how the patient attempts to draw on category-sharing with the therapist to seek her understanding and approval. In lines 13–14 the patient echoes the thought of her partner as an individual man ('he') who might not be able to understand the severity and seriousness of her illness. Following a mini-pause (line 14), however, the patient invokes the category 'men' and its category-bound activity to further account for why her partner, belonging to the category of men, should not be informed about her illness. We can observe here how, in the course of accomplishing an account-giving (Stokoe 2012b), the focus is

shifted from the partner as an individual man to a collective category 'men' who tend not to understand women's problems.

The gendered proposition that 'men are not able to understand women's problems' is epistemically downgraded with 'generally' and the evidential verb 'seems', as well as some hesitance 'uhm' and the discourse marker 'well'. Interestingly, however, in invoking the gendered proposition as an explication and support of her decision, the patient again seeks the therapist's alliance as a woman in this interactional project. This can be seen in ending the proposition with the phrase 'these problems of ours', where the possessive pronoun ('ours') refers to the category-sharing of the patient and the therapist. Even though the local topical focus is on EDs, the gloss 'these problems' can be approached as including more than disordered eating issues and may be indexical of any problems related to being a woman that the patient and the therapist, being both female, should be familiar with.

What interests us now is how the therapist orients to the gendered proposition that has been proffered by the patient and her invoking of category-sharing with the therapist. As Stokoe (2012b: 291) states, "if a category-bound feature formulation 'works', that is, does not become the object of repair, then it works on the basis that speakers share category knowledge." It may be assumed, however, that in view of the local context of the interaction, the therapist may want to attempt to challenge the proposition and confront the patient for the purpose of doing therapy work. The therapist, however, immediately orients to the patient's proposition by proffering overt agreement (line 18) yet narrowing the patient's 'these problems' to 'eating disorders' and further justifies the invoked commosensical gendered proposition (lines 19–20). The therapist's contribution in lines 18–25 draws a stark division between the categories 'men' and 'women' by repeating the patient's 'most men don't understand', using the phrase 'their perspective' and the rhetorical questions (lines 21, 25). The patient's invoking of category-sharing with the therapist (lines 10–17) to seek affiliation is not sustained by the therapist and rejected overall in the further sequences of the interaction.

The therapist's contribution in lines 25–32 is interrupted by the patient in line 33 who, in preempting the therapist's upcoming query, proffers her justification of not informing her partner about the illness. In this emotional turn, marked by the projection of distress ('I'm afraid', 'I'm afraid', line 33), the blame is put on 'irrational problems', again, on the category 'men', who may interpret EDs as irrational problems, rather than on an individual man, i.e. the patient's partner. The therapist proffers a continuer (line 36), thus giving the floor to the patient to continue her contribution. The patient is asked by the therapist for further elaboration of her claim (line 39). In her explanation, the woman again invokes the gendered proposition of 'men not understanding this kind of problem' (lines 41–42) to account for the fact that her male partner is not aware of her daily struggle with bulimia.

Extract 1 has shown how gender is invoked by the therapist into the ongoing dialogue based on the patient's mentionable and pursued in subsequent turns by the therapist and the patient. It also demonstrated how the patient attempted to seek the therapist's understanding of her actions by drawing on category-sharing, i.e., the fact that both the patient and therapist are females. The patient, in accomplishing her account as to why her partner does not know about her illness, relied on the categorization work culminating in proffering the gendered (commonsensical) proposition whose content is: 'men are not able to understand women's problems'. The invoking of the category 'men' and the accompanying categorization work allowed the patient to assign responsibility of not informing her partner about her illness to the all-encompassing category 'men'. The therapist, however, did not attempt to challenge the proffered gendered proposition but accepted it as common cultural knowledge regardless of the specific local context in which the interaction was taking place. The therapist reproduced the gendered proposition proffered by the patient and contested the patient's invoked category-sharing.

4.2 Negotiating gendered propositions

Extract 2 is the sixth meeting (the psychotherapeutic process used consists of 10 meetings) and it presents an exchange between a woman suffering from bulimia and the female therapist, in which the topical focus is placed on the question of the behavior and thoughts of women suffering from bulimia.

Extract 2

01	P:	so they never aim at such types of women with
02		a shapely bottom and bust but at the figure of
03		people who just look like they suffer from anorexia
04	T:	so even then when >since when you mentioned Monica
05		Belluci< you said that men find her attractive we
06		don't know if men find very skinny models attractive
07		or not but for such a woman (.) who would like
08		to have bulimia whether whether she will be liked
09		or not would be secondary ↑right it's important
10		that she is content with her appearance (1.0)
11		even very thin (.) do I understand it correctly?
12	P:	yes yes but this is uhm the sphere of men is
13		not trivial either=
14	T:	=mhm
15	P:	such a person I mean I saw it I saw it by myself
16		I felt unhappy ↑right I felt unloved and I felt

17 unloved 'cause I was too fat so to find someone
18 I have to lose weight it it was such a thinking
19 process so I think that here seeking this uh uh
20 admiration in men's eyes is also (.) is also
21 significant it is not that a woman loses weight
22 just for herself because it is even said that
23 women do not dress up just for themselves
24 but for other women I also thought this way
25 but well (.) this is important I think I mean that
26 we women often seek the confirmation of our
27 attractiveness exactly in men's eyes ↑right if
28 we they are attracted to us, if we are attractive
29 T: and could you reformulate this 'we women' into
30 P: //I
31 T: into I (1.0) I (.) a woman=
32 P: =I a woman=
33 T: =seek
34 P: mhm well I seek somewhere this confirmation
35 of my attractiveness well yes (.) in men
36 T: are there any other thoughts except for
37 seeking being slim or skinny or thinking that
38 she is unhappy with her appearance that a woman
39 who would like to have bulimia should have?

In lines 01–03, the patient starts her contribution with 'so', offering/producing a gist of her views on the topic under discussion. The contribution is devoid of reference to the patient's subjective experience and is produced without any markers of speech disturbance, mitigation or hedging devices, thus indexing relative ease with which the patient offers her perspective.

The therapist, in lines 04–11, seeks the patient's confirmation that what matters to a woman suffering from bulimia is her own satisfaction with the way she looks, thus further invoking gender. The therapist – seeking the patient's response – downgrades her professional authority in the local interactional context by using the patient's mentionable 'Monica Belucci' (lines 04, 05), 'right' with rising intonation (line 09) and the phrase 'do I understand it correctly' (line 11).

The patient orients to the therapist's query with an upgraded agreement ('yes, yes') followed by adducing a new yet contrasting element to what the therapist has proffered in lines 04–11. The contrast is discursively marked with 'but', followed by some disturbance in the speech ('this is uhm'; line 12). By invoking the category 'men' in lines 12–13, the patient begins to embark on categorization work around

'women' and 'men' in the context of EDs. The therapist's continuer (line 14) displays her understanding of the formulations and indicates that the patient is given the conversational floor to proffer her thoughts.

The patient's contribution starts with a general reference 'such a person' (line 15), followed by a shift to her individual experience as marked by the repetition of 'I saw it' and 'myself'. In fact, the whole contribution in lines 15–28 is a mix of general versus personal references. By referring to her personal experience, the patient discloses how the appearance of being fat is connected to feeling unworthy of being loved (see Woolhouse and Day 2015) and, as a result, weight loss is necessary to be able to find a partner. In the midst of her disclosure, the patient uses 'right' (line 16) with rising intonation, thus seeking the therapist's understanding and acceptance of what she is offering.

The second part of the patient's disclosure, comprising gendered propositions, starts with 'so' (line 19) and can be summarized as 'women seek admiration in men's eyes'. The proposition is hedged, however, with some speech disfluency before 'admiration' (line 20) and a mini-pause following the reference to its significance (line 20). It is interesting how the patient refers to 'men's admiration' with 'this' (line 19), thus indexing the cultural recognizability of the proposition.

The next proposition proffered by the patient projects that 'women do not lose weight for themselves' (lines 21–22) and neither do they 'dress up for themselves' (line 23). The patient initially frames the propositions as common cultural knowledge by saying 'it is even said that' (line 22), yet toward the end of the first part of her disclosure reframes it as her own personal experience with 'I also thought this way' (line 24).

In lines 25–28 the patient echoes and extends her gendered proposition from line 20. The extension starts with 'but' and the discourse marker 'well' (line 25) and is further framed as significant by relying on such expressions as 'this is important' (line 25) and 'I think', 'I mean' (line 25). Interestingly, this time, the patient puts her own subjective experience as belonging to the category 'women', discursively marking this inclusion with the pronoun 'we' ('we women', line 26) and the possessive 'our' (line 26). Concurrently, by using the items 'we women' and 'our' the patient attempts to build affiliation with the therapist, with whom she shares membership in the category of women. According to the patient's proffered proposition, 'we women often seek the confirmation of our attractiveness exactly in men's eyes' (lines 26–27). The term 'exactly' echoes the previously invoked proposition while the rising intonation on 'right' (line 27) seeks the therapist's recognition of the proposition. Although the proffered proposition is seemingly culturally recognizable, the patient further elaborates it (line 27–28), thus demonstrating its salience in the context of EDs.

The therapist, in line 29, begins formulating a request to the patient to change the plural pronoun 'we' used in her account. Thus the practitioner does not sustain

the patient's invoked category-sharing. The request is completed by the patient herself (line 30). The patient's 'I' is repeated by the therapist who further adds 'a woman', thus validating her request. The patient orients to the request with a 'no gap-no-overlap' type of response (line 32); yet she is further prompted by the therapist (line 33) to produce a statement.

The requested change from the plural 'we' to the singular 'I' poses a difficulty to the patient as evident in the interactional packaging of her reformulation (lines 34–35). The patient starts the reformulation with a minimal acknowledgment marker 'mhm', followed by a discourse marker 'well', which together index that problematic content is about to be produced (Bolden 2015). Furthermore, the final item of the patient's reformulation, i.e., 'in men', is preceded, again, with a discourse marker 'well' and a mini-pause, further demonstrating the emotional difficulty of the patient in translating the commonsensical assumption into her own personal experience. There is, however, no further work that is initiated by the therapist on the various gendered propositions proffered by the patient and, instead, a new thematic thread is being introduced by the therapist (lines 36–39).

Extract 2 has demonstrated how – amidst the exchange on the topic of thoughts and behavior of women suffering from bulimia – the patient invoked the category 'men' (lines 12–13), which functioned as a resource to offer a number of relevant gendered propositions. These propositions construct the woman suffering from bulimia as agentless and other-centered, or rather, men-centered. The therapist offered the conversational space to the woman to give her full account of such relevance and further facilitated the patient's translation of the proffered categorial (gendered propositions) into the personal (subjective experience). Just as in Extract 1, however, the female therapist did not align with the female patient's invoking of category-sharing.

4.3 Sustaining category-sharing

The session scrutinized in Extract 3 is the fifth meeting between the patient and the therapist (the psychotherapeutic process used consists of twelve meetings). Prior to the exchange presented below, the patient was talking about the difficult and edgy relationship with her father.

Extract 3

01	P:	I'm not sure anymore I want to have a person
02		by my side after the last boyfriend I've had (.)
03	T:	why are you saying this?
04	P:	because (.) I really have firsthand experience
05		that men are superficial (.) they don't understand
06		when we are actually serious about ourselves,

07 when we say that we don't like how we look,
08 they don't get how serious that can be (.)
09 they will probably say 'come on, you are okay!'
10 or 'you look fine!'
11 T: do you think that 'you are ok' is not enough
12 for us?
13 P: definitely NO they don't understand
14 sometimes when they really need to listen
15 to us and understand us (.)
16 many times after you start talking with men,
17 they start talking about themselves or something
18 else <u>not</u> because they want to hurt us but because
19 they don't understand that we actually nee:d
20 their attention (.) even if they think that we are
21 saying something stupid if we want to share
22 it with them it is because we think it is
23 important or we really want to share it with them (.)
24 T: they don't understand the need for attention
25 we have they just live for themselves (.)
26 P: they improve their self-estee:m with certain
27 ↑performances the weights raised in the gym,
28 the number of goals, the kilometers of run
29 but they <u>cannot</u> understand that (.) a woman's
30 self-estee:m is in their eyes
31 T: you are very clear in expressing your thoughts (.)
32 our self-esteem is in the eyes of others
33 and this complicates things a lot (.)

In lines 01–02, the category 'men' is invoked indirectly as part of a category inference where 'boyfriend' (line 02) implies men. This becomes evident in line 05, where the patient, upon being prompted by the therapist, accounts for her claim projected in lines 01–02 and uses the term 'men'. In her account, however, the woman does not relate to what possibly went wrong in her last relationship. The patient (lines 04–10), pointing to her subjective experience, makes a series of categorial formulations about men in relation and opposition to women. According to the gendered proposition proffered by the patient, 'men don't understand women', an echo of what the patient in Extract 1 offered. Additionally, men as a category are superficial and insensitive to women's needs (lines 07–10). Going categorial, the patient uses the inclusive form 'we' to refer to the category 'women' (which includes the female therapist as well) and concurrently places herself in it.

Contrastively, the pronoun 'they' is used to refer to the category 'men'. Similar to Extract 1, the patient's subjective experience concerning her negative experiences of relationships with men is not construed as a problem of the individual man, but is rather attributed to the all-encompassing category 'men'.

The therapist (lines 11–12) makes the first attempt at what can be described as deconstructing the patient's categorial contribution proffered in lines 04–10. The therapist continues the categorial division into men and women by posing a question which includes 'us', i.e. overtly placing herself in the category 'women'. This can be construed as an affiliative move on the part of the therapist that further prompts the patient to continue her formulations. It also demonstrates the therapist's sustaining of the category-sharing with the patient, who extensively relied on the pronoun 'we' (lines 04–10).

The patient strongly reacts to the therapist's question (line 13) and continues her categorial formulations regarding men and women (lines 14–23). The gendered proposition, 'men not understanding women', is again echoed. The patient's categorial formulations can be referred to as 'a discourse of gender difference' (Sunderland 2004) where men's inattention to women's needs and their focus on themselves – as proffered by the patient – are attributed to men's failure to understand women.

The therapist co-constructs the patient's formulation by echoing category-bound features and characteristics proffered by the patient (lines 24–25) and thus encourages her to continue building her interactional project. The patient offers more category-bound description in lines 26–30, which ends with a formulation also proffered by the patient in Extract 2, i.e., 'a woman's self-esteem is in men's eyes'. This formulation is echoed, yet subtly modified by the therapist ('our self-esteem is in the eyes of others'; line 32), as the possessive 'our' indexes alignment with the patient and thus with the category 'women'. 'Men's eyes' is replaced by 'the eyes of others', indicating women's general inclination to seek self-esteem in other people rather than in themselves.

Extract 3 has shown how gender and the category 'men' were invoked by the patient as an account of why she considers staying single. The therapist oriented to the emerging category work by encouraging the patient to continue her topical focus, which took the form of categorial formulations, and sustaining the patient's invoked category-sharing. The therapist also co-constructed the emerging formulations by asking questions and echoing the patient's category-bound descriptions. Thus both the therapist and the patient were collaboratively pursuing the theme of 'not needing men' as invoked by the patient in lines 01–02. The patient's proffered gendered propositions construct 'men as not being able to understand women's needs' (see also Extract 1), 'being inattentive to women's needs' and 'focused on themselves'. Also, as proffered by the patient in Extract 2, 'women seek their self-esteem in men's eyes'. The therapist's interactional behavior prodded the patient to continue the categorial work, yet it did not

facilitate the refocusing of the patient's narrative on her subjective experience as relevant to the proffered categorization.

5 Discussion

This qualitative study has demonstrated how gender and gendered propositions, i.e., hegemonic assumptions, expectations and beliefs concerning women and men, are invoked and further sequentially managed in actual therapy sessions with women suffering from bulimia. Following Stokoe (2012b), the paper offers an insight into 'talk-in-practice' rather than into 'talk-in-theory' typically generated by research on sociocultural aspects of EDs. It also foregrounds the voices of women suffering from bulimia, a complex eating disorder in which the experience of illness in enmeshed in various gender-specific cultural norms and dilemmas.

A number of gendered propositions were identified in the analyzed extracts that are of particular relevance to women suffering from bulimia, such as:

1. Men are not able to understand women's problems (Extract 1, 3)
2. Women seek admiration in men's eyes (Extract 2)
3. Women do not lose weight for themselves (Extract 2)
4. Women do not dress up for themselves (Extract 2)
5. Men are not able to understand women's needs (Extract 3)
6. Women's self-esteem is in men's eyes (Extract 3)

As the analysis demonstrated, these propositions were given off in the midst of accomplishing particular interactional tasks, such as accounting for keeping an illness secret from a loved one or asserting category-sharing with the therapist in specific interactional contexts. Nevertheless, such propositions tend to be internalized by women suffering from bulimia and, as advocated by critical feminist work, there is a need in therapy work to deconstruct their symbolic (albeit general) meaning as related and relevant to the individual patient's experience. Such deconstruction can reveal women patients' own understanding of the prevailing dominant gendered propositions and their relevance to these patients' own development and further struggle with bulimia.

The three extended extracts discussed above showcase how gender 'creeps into talk' (Hopper and LeBaron 1998) and becomes relevant to the ensuing therapeutic dialogue. In Extract 1, talk around gender was indirectly invoked by the therapist's reference to the patient's mentionable from the previous session. Gender, in particular the category 'women', was part of the topical focus of the session presented in Extract 2. It was invoked by the therapist and further taken up by the patient who also relied on the category 'men' to describe the experiences related to suffering from bulimia. In Extract 3, gender was indirectly invoked via the patient's

reference to her boyfriend and further pursued by the therapist who sustained the patient's invoked category-sharing. Although the three extracts differ in the therapist's orientation to the invoked gender/gendered proposition(s), they demonstrate the therapist's crucial role in how talk around gender is interactionally managed, i.e., whether certain gendered propositions become the object of therapeutic work.

Overall, the micro-analysis of the three extracts showed how women suffering from bulimia rely on categorial work around gender to account for their choices and potential decisions regarding their individual personal relationships (in particular Extracts 1 and 3). The patient in Extract 2 used the category 'men' as a resource to proffer a number of gendered propositions relating to women suffering from bulimia and then – prodded by the therapist – related these propositions to her own subjective experience.

Our close micro-analysis calls for therapists' greater sensitivity and self-reflexivity in their therapeutic work around gender. Psychotherapists – as voices of authority in the therapeutic dyad – should avoid transforming social categorizations into factual statements (see Extract 1, lines 18–20). Rather, therapists, at some points of individual therapies, should consider challenging patients' use of categorial work to allow them to account for their own choices and decisions. This is to say that patients should be encouraged to translate the relevance of the proffered commonsensical assumptions into their own personal experience (see Extract 2 lines 29–35). The therapist's indication of category-sharing with the patient (see Extract 3) builds alignment between interlocutors, yet, again, it does not encourage the patient to relate the categorial statements to her subjective experience.

6 Concluding remarks

By applying the ethnomethodological frameworks of conversation analysis and membership categorization analysis to therapy data, we have been able to identify how therapists and patients build their interactions on each other's contributions, and in particular how they orient to the invoked collective category 'gender'. The analysis revealed that women patients suffering from bulimia typically frame their private individual issues related to the illness in terms of category-related problems. Such framing may prevent them from addressing and ultimately exploring their subjective experiences of 'living' with bulimia. The categorization should become locally recognized by the therapist and become a starting point for accessing and exploring the patient's individual experiences as related and/or relevant to the proffered categorial statements. This is to say that negotiation of gender categories should become an integral part of therapy work with women suffering from bulimia.

Combining 'talk-in-theory' (involving patients' and practitioners' perspectives) with 'talk-in practice' findings (involving qualitative analyses conducted by discourse practitioners) may offer new avenues to understanding patients' needs and expectations regarding work around gender issues. This, in turn, may progressively lead to better treatment results of both women and men suffering from EDs.

In closing we would like to identify some limitations of the current study. As an in-depth qualitative study, we looked into three therapy sessions with three women. More actual therapy data needs to be analysed to verify whether the identified patterns can also be found across other ED therapy data sets. In particular, it would be of relevance to look into psychotherapies that do not explicitly incorporate the social constructionist and/or feminist perspectives in the treatment of women suffering from bulimia. These potential drawbacks point to the necessity of carrying out more qualitative research to gain a better understanding as to how gender emerges and is further worked with in psychotherapy with women suffering from bulimia.

Appendix A: Transcription conventions

P	patient
T	therapist
.?	punctuation for intonation
↑	rising intonation
↓	falling intonation
::	elongation of the sound
(3)	timing in seconds
(.)	a pause of less than a second
HERE	increase in volume
H̲ere	increase in emphasis
>here<	faster speech
<here>	slower speech
//	interruption
=	neither gap nor overlap in talk; *latch*.

Appendix B: Original data in Polish (Extracts 1 and 2) and in Italian (Extract 3)

Extract 1	01	T:	kiedy rozmawiałyśmy ostatnim razem powiedziała pani że:
	02		pani partner nie wie o bulimii ↑prawda=
	03	P:	=nie wie o bulimii cały czas nie wie
	04		nie wiem właśnie czy czy to nie wydaje się
	05		być ok ale (1.0) na razie chciałabym (.)
	06		podjąć tę próbę żeby się z tego wyleczyć i wierzę

07 że mi się to uda i z czasem (.) może kiedy
08 już potem jak to będzie za mną, powiem mu
09 T: (2.0) mhm mhm a dlaczego myśli pani że to jest nie ok?
10 P: (2.0) >nie wiem czy on byłby w stanie to
11 zrozumieć< w sensie: takie problemy żywieniowe
12 kobiet tego
13 nie wiem czy to jest coś co
14 on byłby w stanie zrozumieć (.) >w ogóle
15 wydaje mi się że< większość mężczyzn yy no nie
16 jest w stanie zrozumieć (1.0) tych
17 naszych problemów=
18 T: =to prawda, większość mężczyzn nie rozumie
19 zaburzeń bulimicznych zwłaszcza ponieważ z
20 ich perspektywy one są (.) irracjonalne
21 no bo jak w racjonalny sposób prawda?
22 często rozmawiam z partnerami, mężami
23 lub ojcami chorych kobiet i oni zadają
24 pytanie jak można się objeść a potem
25 pozbyć się tego ↑tak to jest irracjonalne (.)
26 ale moje py:tanie czy pani partner wie
27 nie miało oznaczać że powinien wiedzieć (.) mam
28 wiele pacjentek które nie powiedziały swoim partnerom
29 czy mężom że są chore i to jestt
30 indywidualny wybór każdej kobiety czasami
31 ktoś woli powiedzieć czasami nie
32 tak więc:
33 P: //boję się boję się że to potencjalne
34 odbieranie że to są irracjonalne problemy
35 zaburzy moją pewność, że ja pokonam tę chorobę=
36 T: =mhm
37 P: boję się że na tym etapie to mogłoby mieć
38 taki wpływ
39 T: to znaczy?
40 P: że osłabi moja motywację bo
41 właśnie ten brak zrozumienia ze strony mężczyzn tego
42 rodzaju problemu

Extract 2 01 P: czyli one nigdy nie dążą do tego typu kobiet ze
02 zgrabnym tyłkiem i biustem ale do figury ludzi
03 którzy po prostu wyglądają jakby cierpieli na anoreksję

04 T: czyli to nawet wtedy >bo tak jak pani wspomniała o Monice
05 Belluci< powiedziała pani że ona podoba się mężczyznom
06 nie wiemy czy bardzo chude modelki podobają się
mężczyznom
07 czy nie ale dla takiej kobiety (.) która chciałaby
08 mieć bulimię to to czy się będzie podobać
09 czy nie byłoby drugorzędne ↑tak ważne
10 żeby ona była zadowolona ze swojego wyglądu (1.0)
11 nawet chudego (.) dobrze to rozumiem?
12 P: tak tak ale to jest yy sfera mężczyzn
13 też nie jest obojętna=
14 T: =mhm
15 P: taka osoba znaczy ja widziałam ja widziałam po sobie ja się
16 czułam nieszczęśliwa ↑tak czułam się niekochana a czułam
17 się niekochana bo byłam za gruba tak więc żeby sobie kogoś
18 znaleźć to muszę schudnąć to to był taki proces myślenia
19 więc myślę że tutaj też szukanie tego yy yy
20 podziwu w oczach mężczyzny też jest (.) też jest
21 znaczące to nie jest tylko że kobieta chudnie
22 tylko dla samej siebie bo nawet tak często się mówi że
23 kobiety nawet nie stroją się dla samych siebie
24 tylko dla innych kobiet ja też tak o sobie myślałam
25 ale no (.) to jest ważne myślę znaczy
26 my kobiety często szukamy gdzieś tej akceptacji naszej
27 atrakcyjności właśnie w oczach mężczyzn ↑tak czy
28 się im podobamy, czy jesteśmy atrakcyjne
29 T: a mogłaby pani to 'my kobiety' przeformułować na
30 P: //ja
31 T: na ja (1.0) ja (.) kobieta=
32 P: =ja kobieta=
33 T: =szukam
34 P: mhm no szukam gdzieś tego potwierdzenia
35 swojej atrakcyjności tak no (.) w mężczyznach
36 T: czy jeszcze jakieś myśli poza
37 dążeniem do szczupłości lub chudości i poza myśleniem o tym
38 że jest się niezadowoloną z własnej sylwetki które kobieta
39 która chciałaby mieć bulimię powinna uruchamiać?

Extract 3 01 P: Non sono più sicura di volere ancora una persona
02 al mio fianco dopo l'ultimo ragazzo che ho avuto (.)

03 T: perchè dici così?
04 P: perchè (.) ho avuto esperienza diretta
05 che gli uomini sono superficiali (.) loro non capiscono
06 quanto siamo serie
07 quando diciamo che non ci piaciamo,
08 non capiscono quanto sia seria la cosa (.)
09 probabilmente ci direbbero: 'dai che vai bene così!'
10 o 'hai un bell'aspetto!'
11 T: pensi che 'dai che vai bene così!' non sia abbastanza
12 per noi?
13 P: assolutamente NO, loro non capiscono
14 quando devono ascoltarci davvero
15 e provare a comprendere (.) tante
16 volte, dopo aver solo iniziato a parlare con gli uomini,
17 loro cominciano a parlare di se stessi o di qualcos'altro
18 non perchè vogliono farti del male ma perchè
19 non capiscono di cosa tu abbia davvero bisogno:
20 della loro attenzione (.) anche se pensano
21 che stiamo dicendo qualcosa di stupido, ma lo vogliamo
22 condividere con loro, è perchè lo riteniamo importante
23 o perchè lo vogliamo condividere davvero con loro (.)
24 T: non capiscono il bisogno di attenzione
25 che abbiamo, vivono solo per se stessi (.)
26 P: loro aumentano la loro autostima con certe
27 ↑performances: I pesi alzati in palestra,
28 il numero dei goal, I chilometri di corsa
29 ma non possono capire che (.) l'autostima
30 di una donna è nei loro occhi
31 T: sei molto chiara nell'esprimere i tuoi pensieri (.)
32 la nostra autostima e negli occhi altrui
33 e questo complica un sacco le cose (.)

References

Baker, Carolyn D. 2001. Ethnomethodological analyses of interviews. In Jaber F. Gubrium & James A. Holstein (eds.), *Handbook of interview research: Context & method*, 777–796. Thousand Oaks: Sage.

Benwell, Bethan & Elizabeth Stokoe. 2006. *Discourse and identity*. Edinburgh: Edinburgh University Press.

Bolden, Galina B. 2015. Discourse markers. In Karen Tracy (ed.), *The international encyclopedia of language and social interaction*, 1–7. Chichester: Wiley Blackwell and The International Communication Association.

Bordo, Susan. 1993. *Unbearable weight: Feminism, Western culture and the body*. Berkeley: University of California Press.

Bray, Abigail. 1996. The anorexic body: Reading disorders. *Cultural Studies* 10(3). 413–429.

Brooks, Anna, Amanda LeCouteur & Julie Hepworth.1998. Accounts of experiences of bulimia. A discourse analytic study. *International Journal of Eating Disorders* 24(2). 193–205.

Broussard, Brenda B. 2005. Women's experiences of bulimia nervosa. *Journal of Advanced Nursing* 49(1). 43–50.

Burns, Maree. 2009. Bodies as (im)material? Bulimia and body image discourse. In Helen Malson & Maree Burns (eds.), *Critical feminist approaches to eating dis/orders*, 124–134. Sussex: Routledge.

Butler, Judith. 1990. *Gender trouble: Feminism and the subversion of gender identity*. New York: Routledge.

Culbert, Kristen, Sarah Racine & Kelly Klump. 2015. What we have learned about the causes of eating disorders – A synthesis of sociocultural, psychological, and biological research. *The Journal of Child Psychology and Psychiatry* 56(11). 1141–1164.

Fitzsimons, Annette. 2002. *Gender as a verb: Gender segregation at work*. Aldershot: Ashgate.

Guilfoyle, Michael. 2001. Problematizing psychotherapy: The discursive production of a bulimic. *Culture & Psychology* 7(2). 151–179.

Hall, Mathew, Brendan Gough, Sarah Seymour-Smith & Susan Hansen. 2012. On-line constructions of metrosexuality and masculinities: A membership categorization analysis. *Gender and Language* 6(2). 379–403.

Hepburn, Alexa & Galina B. Bolden. 2017. *Transcribing for social research*. London: Sage.

Hester, Stephen & Peter Eglin. 1997. Membership categorization analysis: An introduction. In Stephen Hester & Peter Eglin (eds.), *Culture in action. Studies in membership categorization analysis*, 1–23. Washington, D.C.: International Institute for Ethnomethodology and Conversation Analysis & University Press of America.

Holmes, Su. 2018. The role of sociocultural perspectives in eating disorder treatment: A study of health professionals. *Health* 22(6). 541–557.

Holmes, Su, Sarah Drake, Kelsey Odgers & Jon Wilson. 2017. Feminist approaches to anorexia nervosa: A qualitative study of a treatment group. *Journal of Eating Disorders* 5(36). 1–15.

Holmes, Su. 2016. 'Blindness to the obvious?': Treatment experiences and feminist approaches to eating disorders. *Feminism and Psychology* 26(4). 464–486.

Hopper, Robert & Curtis LeBaron. 1998. How gender creeps into talk. *Research on Language and Social Interaction* 31(1). 59–74.

Jefferson, Gail. 2004. Glossary of transcript symbols with an introduction. In Gene H. Lerner (ed.), *Conversation analysis: Studies from the first generation*, 13–23. Amsterdam: John Benjamins.

Knapton, Olivia. 2013. Pro-anorexia: Extensions of ingrained concepts. *Discourse & Society* 24(4). 461–477.

Levine, Michael P. & Linda, Smolak. 2014. Paradigm clash in the field of eating disorders: A critical examination of the biopsychiatric model from a sociocultural perspective. *Advances in Eating Disorders* 2(2). 158–170.

Maine, Margo & Douglas Bunnell. 2008. How do the principles of the feminist, relational model apply to treatment of men with eating disorders and related issues? Eating disorders. *The Journal of Treatment and Prevention* 16(2). 187–192.

Malson, Helen, Mark Finn, Janet Treasure, Simon Clarke. 2004. Constructing 'the eating disordered patient': A discourse analysis of accounts of treatment experiences. *Journal of Community and Applied Social Psychology* 14. 473–489.

Malson, Helen. 2009. Appearing to disappear: Postmodern femininities and self-starved subjectivities. In Helen Malson & Maree Burns (eds.), *Critical feminist approaches to eating dis/orders*, 135–145. Sussex: Routledge.

Malson, Helen & Maree Burns. 2009. Re-theorising the slash of dis-order: An introduction to critical feminist approaches to eating dis/orders. In Helen Malson & Maree Burns (eds.), *Critical feminist approaches to eating dis/orders*, 1–6. Sussex: Routledge.

Moulding, Nicole. 2009. The anorexic as femme fatale: Reproducing gender through the father/psychiatrist – daughter/patient relationship. In Helen Malson & Maree Burns (eds.), *Critical feminist approaches to eating dis/orders*, 172–184. Sussex: Routledge.

Nasser, Mervat & Malson, Helen. 2009. Beyond western dis/orders: Thinness and self-starvation of other-ed women. In Helen Malson & Maree Burns (eds.), *Critical feminist approaches to eating dis/orders*, 172–184. Sussex: Routledge.

Nikander, Pirjo. 2008. Working with transcripts and translated data. *Qualitative Research in Psychology* 5(3). 225–231.

Ogden, Jane. 2010. *The psychology of eating: From healthy to disordered behavior*, 2nd edn. Malden: Wiley-Blackwell.

Orbach, Susan. 1986. *Hunger strike: The anorectic's struggle as a metaphor for our age*. London: Faber & Faber.

Ostermann, Ana Cristina. 2017. 'No mam. You are heterosexual.' Whose language? Whose sexuality? *Journal of SocioLinguistics* 21(3). 348–370.

Peräkylä, Anssi. 2019. Conversation analysis and psychotherapy: Identifying transformative sequences. *Research on Language and Social Interaction* 52(3). 257-280.

Poulsen, Stig, Susanne Lunn & Charlotte Sandros. 2010. Client experience of psychodynamic psychotherapy for bulimia nervosa: An interview study. *Psychotherapy Theory, Research, Practice, Training* 47(4). 469–483.

Sacks, Harvey. 1992. *Lectures on conversation*. 2 vols. Oxford: Blackwell.

Schegloff, Emanuel. 2002. Reflection on research on telephone conversation: Issues of cross-cultural scope and scholarly exchange, interactional import and consequences. In K. K. Luke & Theodossia Soula Pavlidou (eds.), *Telephone calls: Unity and diversity in conversational structure across languages and cultures*, 249–281. Amsterdam: John Benajmins.

Stokoe, Elizabeth. 2012a. *The systematics of social interaction*. Inaugural lecture, Loughborough University.

Stokoe, Elizabeth. 2012b. Moving forward with membership categorization analysis: Methods for systematic analysis. *Discourse Studies* 14(3). 277–303.

Stokoe, Elizabeth. 2012c. 'You know how men are': Description, categorization and common knowledge in the anatomy of a categorial practice. *Gender and Language* 6(1). 233–255.

Sarangi, Srikant. 2010. Practising discourse analysis in healthcare settings. In Ivy Bourgeault, Robert Dingwall & Ray de Vries (eds.), *The SAGE handbook of qualitative research in health research*, 397–416. London: Sage.

Sunderland, Jane. 2004. *Gendered discourses*. Basingstoke: Palgrave.

Thomassen, Gøril. 2009. The role of role-play in medical education: Managing activity ambiguities in simulated consultations between medical students and patients. *Communication & Medicine* 6(1). 83–93.

Voutilainen, Liisa & Anssi Peräkylä. 2014. Therapeutic conversation. In: Jan Ola Östmann & Jef Verschueren (eds.), *Handbook of pragmatics*, Amsterdam/Philadelphia: John Benjamins. https://doi.org/10.1075/hop.18.the1.

Woolhouse, Maxine & Katy Day. 2015. Food, eating and 'eating disorders': Analysing adolescents' discourse. In Michelle O'Reilly & Jessica Lester (eds.), *The Palgrave handbook of child mental health*, 422–437. Basingstoke: Palgrave.

Supplementary Material: The online version of this article offers supplementary material (https://doi.org/10.1515/text-2019-0132).

Bionotes

Joanna Pawelczyk
Faculty of English, Adam Mickiewicz University in Poznań, Poland, Ul. Grunwaldzka 6, 60-780 Poznan, Poland
pasia@wa.amu.edu.pl
Joanna Pawelczyk is Associate Professor of Sociolinguistics at the Faculty of English, Adam Mickiewicz University in Poznań. Her main research interests are in the area of language, discourse and gender and discourses and practice of psychotherapy.

Elena Faccio
Department of Philosophy, Sociology, Education and Applied Psychology, University of Padua, Via Venezia, 14, 35131 Padua, Italy
elena.faccio@unipd.it
Elena Faccio is Associate Professor in Clinical Psychology in the Department of Philosophy, Sociology, Pedagogy and Applied Psychology (FISPPA) at the University of Padua. She is also a psychotherapist interested in investigating change in psychotherapy as well as relevance of language in the process of constructing and negotiating meanings in psychotherapy.

Małgorzata Talarczyk
Klinika Psychiatrii Dzieci i Młodzieży, Poznan University of Medical Science, Ul. Szpitalna 27/33, 60-572 Poznan, Poland
talarczyk@psycholog-ambulatorium.pl
Małgorzata Talarczyk holds a Ph.D. in clinical psychology. Her doctoral dissertation was devoted to eating disorders. She has earned a certificate to conduct systemic therapy and has published extensively on eating disorders.