

# Crossroads

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The purpose of this journal is to involve students in the creative process of a journal as well as for them to gain professional experience publishing their honor theses and projects.

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## EDITOR'S NOTE

*Crossroads* is an interdisciplinary, undergraduate research journal published by the Honors School at Monmouth University. The contributors are Junior and Senior Honors thesis students whose work has been chosen by the Honors Council as representing the most original, thoroughly researched, and effectively argued theses in their fields.

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Effects of Ocean Acidification on Predator Avoidance Behavior in Larval  
*Fundulus heteroclitus*

Nicole Starinsky

**Abstract**

Global atmospheric carbon dioxide (CO<sub>2</sub>) increased above normal levels in the 20th century, and is expected to continue to rise for the foreseeable future. The world's oceans have taken up approximately 50% of the additional CO<sub>2</sub>, mitigating effects of global warming to some extent. However, excess CO<sub>2</sub> in the world's oceans is causing acidification due to an imbalance in the CO<sub>2</sub>-carbonate buffering system, leading to an increase in available H<sup>+</sup> ions and a concomitant decrease in pH. Increase of CO<sub>2</sub> in seawater drives the CO<sub>2</sub>-carbonate system to increase the concentration of hydrogen ions in the water, decreasing pH and the bioavailability of calcium carbonate (CaCO<sub>3</sub>). CaCO<sub>3</sub> is typically bioavailable in marine systems as aragonite and is utilized by marine organisms (e.g. coccolithophores, mollusks, fishes) for production of biological structures (e.g. tests/coccoliths, shells, otoliths). Fish otoliths are important in maintaining balance, so any changes in otolith macrostructure may affect fish movement and, ultimately, ability to avoid predation. This research examined the effects of ocean acidification on biodeposition of CaCO<sub>3</sub> in larval fish (*Fundulus heteroclitus*). Larvae were exposed to different pH (6, 6.5, 7, 7.5, 8) and temperature (22 and 27°C) treatments. Behavioral analyses were conducted to examine effects on predator avoidance. Results indicate that pH and temperature do not have an effect on gross predator avoidance behavior, but certain characteristics of larval behavior may be affected by ocean acidification.

# ROSENBLUM

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## SYNTHESIS OF A POTENTIAL ANTIBACTERIAL FOR GRAM-POSITIVE AND GRAM-NEGATIVE LEVEL II RESISTANT BACTERIA

Jared Rosenblum

### Abstract

**Background:** Each year, 99,000 deaths occur due to preventable infection acquired during hospital stays. These deaths incur \$8.1 billion in unnecessary healthcare costs. As a result, a premium has been placed on devising a single effective treatment to combat antibiotic resistant bacteria. Previous work measured the antibiotic properties of essential plant oil components and determined that highly reactive compounds inhibited gram-positive bacteria, while more stable compounds combated gram-negative bacteria (Rosenblum et al, NJAS, 2010). An evaluation of the effect of citral on catalase activity would help to clarify the combination of functional groups from methyl salicylate (wintergreen) and citral (lemongrass) to create a compound with molecular features of both the highly-reactive and stable compounds: potentially a single, effective antibiotic against both gram-negative and gram-positive antibiotic resistant bacteria.

**Methods:** Geraniol and citral are tested as potential substrates for the enzyme, catalase, using a phase transfer catalyst, aliquot 336, in an indicator assay. The assay is based on the absorbance (500 nm) of hydrogen peroxide, against true time zero points without hydrogen peroxide degradation. Chemical synthesis is used to prepare a new substance via a directed aldol condensation of methyl-5-acetylsalicylate with 6-methyl-5-hepten-2-one using lithium diisopropylamide (LDA) followed by dehydration of the initially formed intermediate.

**Results and Discussion:** No significant change was observed in catalase activity in the presence of citral, a highly reactive compound, indicating that an antibacterial effective on gram-positive and gram-negative bacteria would possess functional groups with varying stability, thus warranting synthesis. Synthesis and analysis by thin layer chromatography (TLC), infrared spectroscopy (IR), and nuclear magnetic resonance (NMR) demonstrated a failed phenol protection reaction, probably due to lack of reactivity of the phenolic group in the starting material. As an alternative, the aldol

condensation was run directly on the starting compound using two equivalents of LDA. This yielded a mixture of products, one of which containing the functional groups present in both starting materials. Dehydration is expected to give the desired new compound with potential antibacterial activity.

**Conclusion:** Catalase activity assays confirmed that highly reactive compounds are ineffective at inhibiting some gram-negative level II resistant bacteria while they maintain efficacy against some gram-positive bacteria. The molecular features of citral and methyl salicylate, when combined, appear to gain added stability and reactivity due to resonance stabilization. Measurement of zones of inhibition on *Campylobacter jejuni* and *Salmonella enterica* (both gram-negative resistant bacteria) and *Clostridium difficile* (gram positive resistant bacterium) will reveal the antibacterial efficacy of this compound. The synthesis of a new compound combining structural features of citral and methyl salicylate may confirm a new approach for finding potential antibacterial agents with greater efficacy and stability than the starting materials.

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“You’re an American Girl You Love Your Life. You Believe You Have Chosen It.”

American Culture in the Novels of Joyce Carol Oates

Gabrielle Antonello

Throughout her work, Joyce Carol Oates provides a stage for the many cultural and historical changes that occurred in 20<sup>th</sup> century American life and their effect on the American consciousness, particularly women. During the mid-century, the United States experienced transformative social and economic forces that greatly affected the nation’s cultural values and identity. Political movements for women’s rights, civil rights, and gay liberation increased the diversity of the American identity and were catalysts for a reevaluation of what it means to be American. Simultaneously, developments in industrial capitalism, through new means of production and distribution, changed the nature of consumerism and entertainment in America. These changes expanded the traditional vision of the American character while also limiting the nature of the American experience. Through the novels *Black Water*, *Blonde*, and *My Sister, My Love*, this paper will explore these changes as well as effects they have had on women’s lives. Although Oates often focuses on individuals or individual families, her characters are emblematic of American culture and values, and the conflicts that arise because of them.

The desire for material success along with growing consumerism in America encouraged industries like film, entertainment, and advertising to exploit girls like Kelly Kelleher, Norma Jeane Baker, and Bliss Rampike for their own advantage. The struggle with changing values leads to feelings of disorder, isolation, obsession, internal conflict, and ontological anxiety for Oates’ characters. In these three novels, Oates employs similar character types, literary techniques, and themes to analyze contemporary social ills that marginalize and victimize women and young girls. They are forced to navigate the tension between the restricting values of mid-century America and the increasingly liberal values of the 1960s. Despite significant advancement, social, familial, religious, and personal constraints remain, while new pressures develop to manipulate the appearance, behavior, and desires of girls and women.

The blending of fiction and reality is present throughout Oates' work, notably in the three novels discussed here; as she notes in the essay "American Literary Culture," "all art is both personal and autobiographical, and at the same time social, political, historical. The artist is the self-conscious conduit between the world within and the world without." It is impossible for a writer to divorce herself completely from the influence of her social and historical environment and, thus, these influences are inevitably reflected in the work she produces. Oates discusses the impact of history on the fiction writing process further in an essay for *The New York Times*, "Why Is Your Writing So Violent," noting "the serious writer bears witness... restructures 'reality' in the service of his or her art...but reality is always the foundation." It is the role of the writer to explore "the complexity of the world, its evils as well as its goods."

Essays such as this reveal the extent to which Oates has been influenced by both recent American history and the events of her own past. Although literally untrue, fiction provides societies with a poetic history and a means of exploring the social conflicts and moral questions that it experiences. Oates expressed this explicitly in her National Book Award acceptance speech in 1970, explaining her fascination with mid-century American obsessions that lead to "a confusion of love and money, of the categories of public and private experience, of a demonic urge I sense all around me, an urge to violence...an urge to self-annihilation, suicide." These themes remain present in Oates' psyche thirty years later with the publication of *Black Water*, *Blonde* and *My Sister, My Love*, in which her characters battle both violence and self-destructive tendencies as they attempt to gain acceptance, self-worth, and unified personal identity.

Each of the three novels explored in this paper is significantly, and not always subtly, based on real events that have dominated American media culture. *Black Water* re-imagines the death of Mary Jo Kopechne, who drowned in a car accident after a reportedly inebriated Senator Kennedy, crashed the vehicle into the water. The tragic and mysterious death of Marilyn Monroe at the young age of thirty-six after a difficult and abusive childhood and film career informs Oates' novel *Blonde*. Finally, the death of young JonBenét Ramsey and her controversial career as an actress and beauty queen are the source for *My Sister, My Love*. All three of Oates' works deal with sexual violence against female victims, and explore incidents in which the exact nature of the events remain disputed and controversial.

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within American culture. Each case provides multiple explanations for the death of these three women, something Oates utilizes in her retelling of their stories. This ambiguity extends beyond the mystery regarding her characters' deaths to explore the moral ambiguity between right and wrong and the conflation of reality with the imagined.

This fusion of fact and fiction has garnered criticism, and, in fact, is often the primary reason for negative reviews of Oates' work. Sarah Churchwell in her analysis of works on Marilyn Monroe and Michiko Kakutani's *New York Times Book Reviews* of both *Black Water* and *Blonde* are highly critical of this aspect of Oates' writing. Kakutani and Churchwell both contend that the novels are exploitative and voyeuristic. This analysis, however, ignores the fact that the fusion of fact and fiction is one of the dominant themes of *Blonde*, as well as many of her other novels. By conflating facts, Oates is able to explore the nature of truth and the ambiguity often found between the clash of reality with imagined "reality," particularly with the increase of film, television, and other visual media within society. This aspect of Oates' writing is defended by Horeck in her article "Lost Girls" and by Sharon Oard Warner in her article "The Fairest in the Land," both of which examine the nonfiction elements of *Black Water* and *Blonde* extensively.

In the 20<sup>th</sup> century, social values of community, self-sacrifice, and industriousness began to shift toward an emphasis on the individual, self-reliance, and material success. This emphasis on the self has led to an emotional and psychological disconnect between people and a longing for a reestablishment or substitution for that loss. In an essay discussing the poetry of Sylvia Plath, "The Death Throes of Romance," Oates analyzes this phenomenon which she refers to as "I-ness," an antiquated Renaissance ideal in which "the 'I' that is declared an enemy of all others cannot identify with anyone or anything, since even nature – or especially nature – is antagonistic to it" (118-119). She describes this American characteristic as a "pathology" that is no longer beneficial for the advancement of human civilization. It promotes the success of the individual 'I' at the expense of collective well-being, encouraging a dehumanizing view of others in which they are frequently exploited as a means to an end. The innocence of Oates' characters within a society of competition and self-interest is the ultimate tragedy of their short lives. In all three novels, the destructive consequences of this mentality is made abundantly clear, as each character unsuccessfully fights against these forces.

This ideal has led to the isolation and anxiety that plague Norma Jeane throughout the novel, a feeling that is evident within a number of other characters as well. In this society of isolation, it becomes impossible for genuine human connections and empathy to develop. Almost everyone Norma Jeane is in contact with throughout her life is primarily concerned with their own welfare and is willing to use, manipulate, and abuse others in order to fulfill their own desires. Whether it is financial gain or sexual satisfaction, she is consistently disregarding her own needs in order to fulfill those of others, primarily, men. The effect of this is similarly evident in the experiences of Kelly Kelleher. Kelly is constantly trying to please others, her parents, her friends, and her lovers; she is taught to put the needs of others before her own within a society that is not prepared to acknowledge her own needs in return. The many references to advertisements and beauty enhancers in both novels reveal the superficiality of not only romantic relationships, but also human interaction more generally. Interactions become a performance in which concern is primarily placed on the presentation of the physical self.

Perhaps most explicitly, the Rampike parents epitomize this notion of “I-ness” that Oates discusses; they are concerned entirely with their own desires and advancements, completely ignoring those of others. Their self-absorption prevents them from acknowledging the needs of each other and their children. It prevents them from developing empathy or otherwise identifying with the suffering of others. Bix, in particular, promotes a social Darwinist worldview, in which people must fend for themselves and only the strongest survive. Clearly, this mindset has a detrimental effect on their mental health and that of their children. Their obsession with personal socioeconomic success within the context of the American dream compels them to abuse their children in pursuit of it. Bliss and Skyler, as well as their mother Betsey, all develop nervous habits, drug addictions, and are plagued by feelings of loneliness and anxiety. Both children, the most vulnerable members of society, are left psychologically, emotionally, and physically damaged by their parents’ lack of empathy. The effect on Bix Rampike is far more subtle than on the women and children of the novel; however, it is obvious that while he has garnered social and economic success and the sexual attention of women, he has developed no close personal relationships. He remains as isolated from human companionship as the rest of his family.

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The public fascination with actual events in the lives of famous individuals' and the ensuing media spectacle that has resulted from these unduly publicized events is also a concern for Oates. The pervasiveness of the media images is something she frequently represents in her novels through explicit references and visual literary techniques. Media becomes an alienating force for individuals in Oates' novels, frequently contributing to the characters' isolation from family and society. Not only are these messages alienating, but they also contribute to the confusion between reality and the fictional world. These themes are explored in Brenda Daly's essay, "The Art of Democracy: Photography in the novels of Joyce Carol Oates," in which she explores certain elements of Oates' photographic writing style. "Photographic techniques akin to deep focus and photomontage," she argues, "promote a greater awareness of our collective identity" while her "wide-angle vision invites readers to consider themselves in relationship to society" (458). In doing so, Oates is able to combat the isolation and individualism she views as detrimental to American society. This is discussed from a more cinematic perspective in Marilyn C. Wesley's "Reverence, Rape, Resistance: Joyce Carol Oates and Feminist Film Theory," in which she compares Oates' literary techniques with feminist film criticism, particularly in the portrayal of violence, sexuality, and the female body.

The dominating theory of feminist film criticism is the idea of the "male gaze," a theory developed by Laura Mulvey in her essay "Visual Pleasure and Narrative Cinema." Considered "the founding document of psychoanalytic feminist film theory," Mulvey's 1975 essay describes the division between the active male protagonist, the "bearer of the look," and the passive female image (Modleski 58, Mulvey 62). This division perpetuates the idea of the dominance of the male sex while encouraging female spectators to self-objectification through the internalization of the gaze. As Wesley argues, Oates' short story "The Girl," "epitomizes the ideology of classic cinema and enables us to see the effect of the gendered perspective of that gaze in action" (77). The effect of this phenomenon is similarly evident in the characters of Kelly, Norma Jeane, and Bliss. The behavior of all three is motivated by the reactions and perceived reactions of the men in their environment. All three dress and are dressed by others to be looked at by men and to conform to a male's ideal image of femininity. Mulvey also utilizes psychoanalysis to understand the ways in which cinema satisfies and fascinates. She uses the Freudian idea of *scopophilia*, or the pleasure derived from looking, to understand this drive. This pleasure,

Mulvey argues, derives from the ability to view people as objects and, crucially, the power that comes with that ability. The men in Oates novels project their power over women through their gaze, and women acquiesce to that control, sometimes by force, through their adoption of hegemonic femininity.

During the same period as Mulvey, Molly Haskell's *From Reverence to Rape: The Treatment of Women in the Movie* and Marjorie Rosen's *Popcorn Venue: Women, Movies, and the American Dream* were published. Rather than a psychoanalytic interpretation of film and women's roles in it, Haskell and Rosen provide a sociological approach that analyzes female characters within the context of their social history. They both come to similar conclusions regarding the passivity of female characters as Mulvey; however, they are more concerned with social stereotypes, arguing that the limited roles for women in film have a negative impact on female spectators and perpetuate ideas of female inferiority. Marilyn Monroe's cinematic roles were especially narrow, all of them depicting a sexy, innocent, dimwitted blonde-haired woman who provides unintentional comedy and compels the actions of the male protagonist. Bliss is similarly forced into sexualizing costumes that evoke images of female sexual archetypes, including a Vegas showgirl and a Swiss milkmaid. All three primary female characters are compelled by social forces, including media and film representations, to adopt a role of passivity and deference to the men they encounter.

The growth of visual media within American culture is also evident in Oates' work. The proliferation of performative media with the growth of film, the burgeoning of television networks and the increase of televisions in homes in the 1950s had a significant effect on both social interactions and the identity construction of individuals. Media images, particularly film and advertising, have affected the values and behavior of individuals in society; Oates emphasizes this particularly in her female protagonists, Kelly Kelleher and Norma Jeane Baker/Marilyn Monroe, but also with *My Sister, My Love* narrator, Skyler Rampike and his murdered sister, Bliss. She often utilizes photographic and cinematic imagery to explore the effect such images have on individuals and society. Such imagery creates a recurring motif throughout both novels, as the film and advertising industries play an important role in the ultimate demise of the characters.

In addition, because of the confusion between performance and sincerity, there is a constant conflation of reality and fantasy in the lives of Oates'

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characters. There exists both a desire and fear to discover one's true nature and the veracity of reality. The protagonists experience confusion over their perceptions of the world. They often confuse real events with the imagined, and the imagined with reality. They deny that which makes them uncomfortable or causes emotional anxiety. Kelly refuses to acknowledge that the Senator will not return for her and does not attempt to save her from the sinking car wreck. For Norma Jeane, instances of sexual and physical exploitation are often forgotten or blamed on "Marilyn," as if performed by another being entirely. Bliss reacts similarly to confusing situations, denying responsibility for behaviors that upset her parents. In addition, Skyler is prompted by the incessant and accusatory media coverage surrounding the mystery of Bliss' death and the insinuations of his mother to wonder whether he killed his own sister. The possibility haunts him and leaves him psychologically unbalanced.

## 1. *Black Water*

Although a quarter of the size of Oates' epic novels, *Blonde* or *My Sister, My Love*, the novella *Black Water* explores with similar depth and complexity issues regarding American cultural and political ideals, the influence of media images, hegemonic gender roles, isolation, control, and self-identity. Barely 150 pages and covering only a single day, through flashbacks to events which occurred earlier in the evening as well as to Kelly's young adult life and childhood, Oates is able to explore Kelly's psyche and the cultural forces that have contributed to her death. Oates reinforces Kelly's confusion and the subsequent irrationality that have invaded her mind with rapid and uncontrolled thoughts. Turbulent and only loosely related, these last thoughts reveal the stream of consciousness within Kelly's mind and the environmental influences on her psyche. These past memories come like waves, with little warning, mimicking the sudden onslaught of black water that is constantly filling Kelly's mouth and lungs with increasing desperation. The waves, like her memories, are "churning...as if alive, and angry" (11). These memories consume her final moments as deeply as the water.

Within this tragic, personal story of a young woman whose life is ending too soon, Oates is able to explore not only the predictable theme of death, but also issues of identity and American culture. Kelly is a product of her familial, social, political, and educational environments, all of which have encouraged in her ideas of hegemonic femininity. She has internalized this role, adopting a timid, modest behavior and desiring the approval of authority

figures. In short, Kelly is a “good girl,” an “American girl.” Kelly receives messages from family, friends, and media regarding how she should act, particularly in relation to men. As her mother tells her, “no man will tolerate being made a fool of by any woman no matter how truthfully she speaks no matter how he loves her” (99). Kelly is taught to disregard her own feelings and logic in deference to men and the male ego. It is clear from the beginning of the novel that this is a view she has internalized, “if I don’t do as he asks there won’t be a later” (7). Kelly is timid, wanting only to please The Senator and never to offend him. Even when discussing politics, a topic on which she is particularly passionate and knowledgeable, Kelly’s responses are self-censored for fear of offending The Senator or losing his interest. “Do *not* bring the subject up” she tells herself in reference to an honors thesis she completed on The Senator’s politics (13). When such topics do arise, she tells “The Senator what it was most about his ideas that excited her” and worries about expressing a view that might be contrary to The Senator’s (137).

Moreover, Oates describes their participation in the conversations of the evening in stark contrast to one another. Kelly is described as “listening attentively,” asking questions that boost the Senator’s ego (107). When contributing her thoughts she does so “cautiously,” “self-consciously.” When she does contradict The Senator, it is described as “unlike her to be so bold, so flirtatious” (108). The last neutralizes the contradictory nature of her response, for it is only in flirting, within an appropriately feminine context, that she challenges the Senator’s proclamation that man is a political animal (108). A typical alpha male, The Senator, in contrast, dominates the conversation, both when alone with Kelly and when engaging a group of party guests. He talks “vehemently” and with “bared teeth” (106-107). With Kelly, he is “stern” and “reproachful,” treating her often as if she were a child (100). Although there is a thirty-year age difference between the two, Kelly is nevertheless an adult woman, although she is rarely treated as one. The Senator controls the conversations and the situations, leading Kelly wherever he wants her to go, physically in the Toyota and intellectually in their conversations.

Additionally, Kelly conforms to the physical ideals of this ideology as much as she is able; she paints her nails, wears attractive, feminine clothing, and maintains a petite figure, the latter of which is often contrasted with The Senator’s large, imposing physical body. Her “small-boned hand” is

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“vigorously shaken in [The Senator’s] big gregarious hand” (13). She has “thin fair skin that was too thin, too fair” that makes her prone to skin allergies and rashes (14). She further conforms to the physical image of femininity by adopting the clothes, beauty regimens, and lifestyle to maintain her “beauty.” Conforming to normative standards is important above all else, something Kelly learns at an early age. Born with a defect in one eye, Kelly’s parents, primarily her father, are concerned more so with Kelly’s ability to fit into society than the physical functioning of her eyes. “The other kids will tease her,” Artie Kelleher argues, “they’ll think she’s a freak” (23). He cannot abide this “abnormality” and insists on surgery after which “the girl, [was], as all outer signs indicated, normal” (24).

The social and political ideals of her father are particularly influential in Kelly’s life. He is tall, charismatic, and domineering. As she drowns, Kelly recalls her father, notably his aggressive driving so similar to The Senator and the raging political arguments she had had with him. Highly educated and of an affluent status, he demands perfection in all aspects of his life, economic, family, and social. He is concerned with appearances and achieving the American dream of success. The male dominance he exhibits is ingrained in Kelly; despite wanting to turn down the Toyota’s “frantic air conditioner,” Kelly does not, remembering “one thing Artie Keller did not appreciate was a passenger fiddling with his dashboard” (91). Further, Artie supports conservative Republican politics, a subject of great contention between him and Kelly, who has cultivated a liberal perspective. Despite their seeming political opposition, Oates makes clear that there are more similarities than differences between The Senator and Artie Kelleher. To these men, “there *is* nothing not political” (91).

As she struggles to remain conscious and free herself from the sinking Toyota, advertisements and messages play relentlessly in her mind, imploring her to “look your best and give your ALL” and to buy products that can help her do that, such as perfume, swimsuits, clothes, acne solutions, and other beauty products (52). In Kelly’s death, Oates is able to convey the damaging aspects of this ideology on women, which culminates in Kelly’s destruction. She is bombarded with messages and images that prescribe appropriate feminine dress and behavior, usually conceived in relationship to what men want from women. Hair, skin, and appearance must be flawless and Kelly’s mind is filled with cosmetic advice from fashion magazines and advertisements on how to improve these aspects of herself. The tunic she

wears promises to make her look “smart, versatile, and SEXY” (86). The presence of these images suggests that media has unconsciously saturated the mind. In her fading mind, they bleed seamlessly into her own life and experiences: “They were new acquaintances, virtual strangers. Yet, what immediate rapport!” (32). Oates places these statements between a scene of Kelly and The Senator driving and an advertisement for perfume that featured a couple, indicating that it can feasibly refer to either relationship. Further, these images inform Kelly’s behavior with The Senator, her hopes, desires, and perceptions. Kelly may not be fully conscious of the extent to which these media influences have become ingrained in American society, but as Oates shows, they are constantly, relentlessly in her head.

These advertisements and media images present women with a false sense of confidence and control, something Kelly, and women more generally, are seeking. They suggest that use of their products will result in irresistible beauty and sexual appeal and, thus, romantic love. The copy for the perfume OPIUM reads, “It will drive you mad it will drive him mad” (32). Although they preach a message of self-improvement, the underlying message is that no woman is good enough; all women need tanning products, acne medication, makeup, hair products, and body-enhancing clothes in order to *“look your best and give your ALL”* (52). The numerous references to *Glamour* magazine’s horoscopes serve a similar function. They encourage Kelly to “demand YOUR wishes and get YOUR own way!” (13). Such messages are structured in such a way that it seems as though Kelly, and women in general, are making free choices and cultivating real desires. Kelly and the reader are repeatedly bombarded with the message “You love the life you’ve lived, you’re an American girl. You believe you have chosen it” (152). She is told that she loves it and that she has chosen it, but in reality, the cultural messages that surround her are constantly compelling her to conform to a particular image. Superficially empowering, the message ultimately fails when it becomes clear that social and cultural messages have inextricably linked Kelly’s desires with the desires of men. With The Senator, Kelly cannot distinguish her own urges from his, for “since girlhood...Kelly Kelleher has always felt, not her own, but the other’s, the male’s desire” (115). Women, then, may pursue their desires only as they fit within the heteronormative framework that prioritizes heterosexual male desire. Perhaps most telling, is Kelly’s attempts “to discipline herself to maintain rigorous control” through anorexia (51). She desires control over her physical body, a control she does not feel she has naturally, but the only

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way she can conceive of is through withholding nourishment and decreasing her physical presence. When these pressures inevitably prove impossible to fulfill, Kelly blames herself, punishes herself.

Social messages of appropriate behavior cultivate performativity and a disconnect between appearances and reality for the characters in the novel. Even as she dies, Kelly imagines how she will retell the story of her night with The Senator and her near-death: “*he turned out to be really warm, really nice, not at all condescending*, Kelly Kelleher began to compose her account of that memorable Fourth of July...*speak to us as if we were, not just equals, but old friends*” (39). This account is in stark contrast to the reality of The Senator’s interactions with Kelly and the other guests of the party. He is crude, arrogant, and self-absorbed, often angrily disregarding her suggestions. Life is a performance, “how crucial” writes Oates, “for us to rehearse the future, in words” (83). In conceiving of reality in this way, Kelly cannot imagine dying, only a heroic, rescue that she will recount to a captive audience: “Oh, yes I know it’s a miracle if you believe in miracles” (84). She further suggests her submissive behavior is largely a calculated performance, obviously guided by the messages of ideal femininity she receives. After the crash she recalls her behavior at the party and recognizes it to be a “performance as a self not herself: *not Kelly Kelleher really*” (48). Although removed from the literal performative roles Marilyn and Bliss fill, it is clear that Kelly is influenced by the same compulsion to remove herself from reality through a carefully constructed performance. In doing so, she removes her true self from conflicting or anxious situations, adopting a confident and rehearsed veneer.

In her essay, “In Olden Times, When Wishing Was Having” Oates addresses the fairytale genre and its cultural significance on the fantasies and desires of women. She argues the nature of women’s desires and fantasies have influenced both classic and contemporary fairytales. The themes that dominate these tales are similarly prevalent in the cultural messages provided by the media, particularly the importance of extreme youth and beauty and the portrayal of men in heroic roles. Within *Black Water*, Oates utilizes a number of fairy tale themes, techniques and traditions in order to reimagine them from “the woman’s (victim’s) perspective” in which “the romance of fairy tales is an illusion” (110). Although she fights to stay alive in the sinking car, she continues in blind faith to believe The Senator “would come back to save her” (69). She is so convinced that she often hallucinates his

return: “She could hear him, suddenly...tugging at the door on the driver’s side of the car, making the car rock with his strength” (123). Kelly’s imagined rescues emphasize his courage, physical potency, and robustness. He braves the harsh waters to save helpless Kelly, “the one he had chosen” (44). This conception of herself as special because The Senator, the powerful man, has chosen her, further reinforces the romantic fantasy of the evening. In this fantasy world, the lovely heroine is saved by the princely male; however, Oates proves this an unattainable illusion and a destroyer of Kelly’s own power.

Sharon Oard Warner’s essay on the topic, “The Fairest in the Land: *Blonde* and *Black Water*, the Nonfiction Novels of Joyce Carol Oates,” analyzes the subtle references to traditional fairy tales in *Black Water*. She notes in particular the inverted allusions to the Grimms’ version of Cinderella. The Senator’s clothes are “covered ‘in filthy black muck’ that calls to mind the ash-covered frock of Cinderella” (Warner 522). Further, The Senator “flee[s] on foot one shoe on, one shoe off” having lost his shoe escaping the sinking Toyota as Cinderella flees the prince’s ball (*Black Water* 145, Warner 522). As she is dying, Kelly is embarrassed to imagine the reaction of Buffy and her girlfriends who, Warner argues, “[bring] to mind that Disney version of Cinderella with its bevy of cackling stepsisters” (522). Through such insinuations, Oates “subverts original models” and presents “the Kellys” of the book’s dedication with an ominous warning (“In Olden Times” 110; “The Fairest” 523).

In analyzing the negative influence of media representations on women, Oates also adopts cinematic and photographic elements in her writing style. Wesley references a number of these techniques in her article, “Reverence, Rape, Resistance: Joyce Carol Oates and Feminist Film Theory” in reference to the short story “The Girl.” Among them, she mentions “fragmentary narrative, flash-backs, and freeze-frames” as well as the notion as “visual entities” and objects of the male gaze, common concepts within feminist film criticism (76-77). *Black Water* epitomizes this use of fragmentary narrative and flashbacks that Wesley discusses. Oates switches with little warning both time and point of view throughout the narrative. She shifts from scenes within the sinking Toyota to scenes from earlier in the evening and throughout Kelly’s young adult life. Such quick cuts are reminiscent of cinematic montage. Brenda Daly explores similar stylistic aspects of Oates’ writing in her essay “The Art of Democracy: Photography in the Novels of

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Joyce Carol Oates/Rosamond Smith.” She describes a number of photographic techniques, including deep focus, double exposure, and photomontage that Oates’ uses in her writing. The growing presence of photographic images in society is detrimental to psychological health as well as physically dangerous, particularly to young women. By implementing such techniques, Oates reinforces the ubiquity of these photographic and film images within American society.

Similarly, Oates utilizes dual or mirror images in order to both illustrate the conflicted nature of her characters’ identities as well as to create a sense of interdependence and universality within her characters’ experiences. Daly refers to these dualities as “multiple doublings, or twinnings” that suggest “the kinship of all human beings regardless of their social locations” (463). In *Black Water*, this is most evident in the character of Lisa who is herself a twin while also serving as a mirror image for Kelly. Like Kelly, Lisa suffered a near death after attempting to end her own life; Kelly and her peers fear Lisa and becoming like her. As she is dying, Kelly recalls Lisa’s experience and sees herself within it. Her own imagined rescue merges with her memory of Lisa’s; “Why it isn’t Lisa’s life,” she thinks, “it’s simply—life seeing how it was draining away in her like water down a sink” (112). Although she, like the other women, resists seeing herself in Lisa, Kelly is ultimately unsuccessful and dies.

Throughout the novel, Oates uses generic, representational labels in place of names that universalize her characters. This use of labeling is an indication of the archetypal narrative Oates is trying to achieve and reinforces the fairy tale images in the novel (Horeck 26). The man Kelly leaves the fourth of July party with is referred to only as The Senator for the entirety of the novel. His name is superfluous compared to the minutely detailed description of his physical characteristics, manner, and behavior. Oates describes him as “a big man: six feet four inches tall, weighing perhaps two hundred fifteen pounds” with muscular arms, a “forceful probing tongue” (55), and hands that engulfed her “small-boned” one, “squeezing it just perceptibly too hard unconsciously as men do” (45). Within both the third person and Kelly’s first person point-of-view, Oates inserts remarks of The Senator’s physical, masculine presence.

Kelly, in contrast, is given several names and several labels. Her given name, *Elizabeth Anne Kelleher*, is used infrequently and never when she is being addressed by other characters. Rather family and friends use *Lizabeth*

or, most frequently, *Kelly*, a diminutive childhood nickname. In addition, she is referred to by universalizing terms such as “little girl,” “the girl,” “American girl,” and “Scorpio.” The first three are obviously infantilizing, referring to an adult, twenty-six (a number referenced several times) year old woman as a girl. Scorpio is similarly negative in its connotation with trivial, female-centered interest, astrology. Although they infantilize her, they also universalize her experience and characteristics. Kelly could be any “American girl;” as Oates states in an interview, Kelly is a composite of idealistic students she has taught in her role as a professor (Horeck 26). Jacqueline Bradley, in her essay on *Black Water*, notes the significance of The Senator’s use of Kelly’s name as well as when he does not use it. He does not use her name during intellectual conversations, using instead terms like “dear;” however, when responding in impatience he makes clear use of her name (Bradley 50). While driving, in response to her timid suggestions that they may be lost, he tells her “I said don’t worry, Kelly!” and “This is a shortcut, Kelly” (Oates 25, 62; Bradley 50). These instances are clearly examples of condescension, which Bradley notes, even Kelly notices his tone changed “as if speaking to a very young child, or to a drunken woman, slowly” (Bradley 50; Oates 62). Kelly, in contrast, “had no name that sprang naturally and spontaneously to her lips” for The Senator (Oates 27; Bradley 51). He is only referred to, both aloud and in her mind as The Senator, a figure of political importance and authority.

## 2. *Blonde*

Although grounded in this sense of reality and the extensive research she conducted before undertaking the epic narrative, Oates takes certain liberties with many of the well-documented events of Marilyn’s life. Notably, she condenses various individuals and events, including Monroe’s numerous foster homes, lovers, abortions, suicide attempts, and screen performances, replacing them with “only a selected, symbolic few” (*Blonde* vii). These changes allow Oates to focus on the figurative importance of the events, rather than the literal accuracy of them. As she explains in an interview with Greg Johnson for the *Atlantic Journal-Constitution*, the novel seeks to convey poetic or spiritual truth “by selecting incidents, images, representative figures from the life.” In doing so, Oates is able to explore in Marilyn both the good and bad qualities of the American character and its responses to the increasingly artificial aspects of human society.

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In addition to this abridgement of events, Oates employs a number of cinematic techniques and references that provide both a structural framework for the novel and increase its symbolic significance. Although the majority of the direct references to Marilyn's films and iconic film scenes are obvious, Oates uses a number of less obvious techniques to evoke the feeling of cinema in the novel. Oates' largely stream of consciousness prose allows for the inclusion of many cinematic techniques into the narrative structure of the novel, among them montage, quick cuts, close ups, and flashes both backward and forward in time. The addition of the shifting narrative point of view and the inclusion of journal excerpts and poetry further the dramatic effect. Oates alternates frequently between focusing intently on a single incident in Monroe's life and presenting a larger, more abstract picture. In addition, she shifts constantly between the two sides of the actress, the beautiful, friendly, intelligent poet and the insecure, promiscuous, self-destructive woman. Occasionally, Oates mentions these techniques directly, revealing just how deeply Norma Jeane has synthesized real life and fictional films in her own mind.

One notable instance occurs when Oates dramatizes the filming of Monroe's iconic skirt-blowing scene in *The Seven-Year Itch*. She describes Monroe's excruciating pain as she stands "legs apart, in spike-heeled white sandals so steep and so tight they've permanently disfigured her smallest toes, for hours" while men watch the event, "men in a pack. Men through whom, massed, sexual desire passes like an agitated wave through water" (473). Oates describes the anger of the Ex-Athlete as he watches Monroe's public display of sexuality and imagines her apologizing, until suddenly "the white lights are extinguished and the men-with-no-faces are gone and as in a cinematic quick cut they're alone together...and then she'll back away from him begging" (473-474). Such jumps from one scene not only maintain the cinematic motif of the novel, but also accentuate the instability of Marilyn's own mind. She often cannot recall accurately events of the past; there are gaps in her memory just as there would be cuts in the action of a film.

After Marilyn's marriage to the Ex-Athlete, Oates again explicitly utilizes a cinematic technique. "After the Wedding: A Montage," presents a long stream of consciousness chapter that shifts rapidly through time and space reflecting on different events in Norma Jeane's life. The chapter detailing the relationship of Marilyn and The Playwright, "The Playwright and the Blonde Actress: The Seduction" is filled with similarly quick movements between

scenes that together provide a montage of their relationship. The chapter includes sections ranging from short interludes to three-page descriptions as well as insightful conversations between the two that are only loosely connected. The chapter is a nonlinear chronicle of their relationship, flashing both forward and back from just before their first meeting until the end of their marriage. It begins with a short intimate conversation and ends with the Playwright still married to his first wife; in between, it focuses on images from their relationship, its beginning, middle, and end. By presenting their relationship in such a disjointed narrative, Oates emphasizes the disjointed nature of Norma's own mind and her discontinuous understanding of time.

Along with the narrative structure, Oates utilizes cinema and its effect on society as a recurring theme and motif in the novel. The proliferation of performative media with the growth of film, the growth of television networks, and the increase of televisions in homes in the 1950s has a significant effect on both social interactions and the identity construction of individuals. From the opening pages of the book, the influence of film and media on the characters and their view of the world are readily apparent. The characters are constantly performing roles, even when not in front of a camera or on a stage, especially Norma Jeane and her mother Gladys. Norma interprets every situation, especially those that cause her high stress levels, as if it were occurring on film, in front of an audience. She searches for cues and constantly attempts to fulfill the expectations of others. Because of this confusion between performance and sincerity, there is a constant conflation of reality and fantasy in her life; it begins with the novel's first chapter "The Kiss," which emphasizes just how thoroughly the two are intertwined in the mind of Norma Jeane who seems to be at once performing on the screen and witnessing the performance. This theme is present continuously and, as the novel progresses, is particularly strong in situations where Norma Jeane feels great anxiety or pain. She lives her life as if she were watching it in a theater, as "there is no meaning to life apart from the movie story" (10). She tries to live out the fairy tales she views on screen through the roles she adopts and the parts she plays in films; however, in doing so, she only experiences the negative consequences of them.

This split in personal identity first occurs in Norma Jeane with the introduction of her Magic Friend in the mirror. Already at a very young age, she has begun to separate her physical self from her intellectual, emotional being. She notes that "as soon as I was big enough to see" she learned

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“mirror looking” and discovered her “Magic Friend” in which “there was a purity. Never did I experience my face and body from the inside (where there was numbness like sleep), only through the mirror, where there was a sharpness and clarity” (30). The mirror serves to distance Norma Jeane from both other people and her own self. It represents her physical, sexual self and desires, an image she learns to project easily but that does not always agree with her emotional and intellectual self. Due to her mental illness, Gladys has difficulty relating to her young daughter and learns “to perceive her through the mirror,” smiling at her through the reflection and not meeting her eyes (30). The Magic Friend becomes the precursor to Norma Jeane’s construction and adoption of numerous roles throughout her life.

As she becomes more famous in the film industry, Norma Jeane is referred to less often by her given name. Instead, she is known as Marilyn Monroe, the moniker created by male agents of The Studio and as simply “The Blonde Actress,” as if she were a separate entity from the Norma Jean introduced at the beginning of the novel. The two Studio executives brand Norma with the infamous name because of its “sexy murmurous sound,” effectively changing her identity without bothering to acquire her consent. Thus, “Marilyn Monroe” becomes an archetypal figure with Norma Jeane often referring to her as a separate person and The Playwright referring to “Marilyn” only in quotation marks. The name is also often presented by Oates in capital letters, further suggesting “Marilyn” to be an object or product rather than a person. Further, she sees herself as “The Beggar Maid,” a title that reinforces the fairy tale quality of the labeling as well as the self-loathing that often plagues Marilyn. She does not believe herself worthy of the attention her newfound stardom provides, although she is constantly willing to do almost anything to receive it. By considering herself in terms of archetypal film characters, Norma Jeane emphasizes her interchangeability, her lack of personhood, and the pervasive nature of the myths perpetuated in film and media. The Blonde Actress could be anyone, so too the Fair Princess. While they reinforce the mythic, fable-like quality of the novel, these generic titles also reveal Norma Jeane’s perception of the world. Isolated, she longs for the realization of the fairy tales that unfold on the screen; she sees herself as the Beggar Maid, the Fair Princess in disguise, waiting to be rescued by the Dark Prince. While different men are constantly entering her life, none can rescue her from the prison she has created in her mind, most do not even try.

This tendency to distance through labeling is especially prevalent when she finds herself in uncomfortable or vulnerable positions. During her rendezvous with The President, she “could not recall how she’d gotten to this place, who’d brought her here. Was it Marilyn? But why did Marilyn do such things? Or was it a movie scene?” (707). Prior to this, when discussing her past sexual experiences with The Playwright, she again blames Marilyn: “...with Mr. Pearlman...was just something that happened. Like a...present to him, to thank him? Like... ‘Marilyn Monroe’? For a few minutes?” (506). Her encounters with Pearlman were as Marilyn, “it was only just for the scene,” a performance (508). In fact, “her entire life’s an act, like breathing” (294). By perceiving these distressing situations as “scenes” in a movie acted out by someone else, Norma Jeane is able to distance herself from the reality of the situation. It allows her to “determine a new scene. Just by moving from one space to another onstage you can establish a new scene. By force of your will” (447). She applies these cinematic principles to her interactions with people in reality; in doing so, she avoids facing the full consequences of her actions and avoids having to examine her own character and response to the situations. She prefers, instead, to adopt personas for which those around her provide the lines and cues than to establish her own voice.

Norma Jeane seems frightened at the prospect of discovering her true self, wanting instead to please others, to be what they want and expect of her. Conversations between her and The Playwright are particularly revealing in this regard. She questions him, “But...what’d that be? What I’m really like?” (505). When he responds simply, “Just yourself,” she remarks tellingly, “But that isn’t enough, is it?... I need to be an actress because being myself isn’t enough” (506). Her lack of positive attention as a child, her inability to develop adequate self-esteem, and the impact of the unattainable standards perpetuated by cinematic fantasies have resulted in an unrealistic understanding of reality. This disconnect only increases as the image she projects to the world is less and less like her true self. “Her problem” Oates writes, “wasn’t that she was a dumb blonde, it was that she wasn’t a blonde and she wasn’t dumb” (232). The hyper-sexualized “Marilyn Monroe” is in complete opposition to “the eager hopeful young girl” who was Norma Jeane (237). Norma Jeane understands that this transformation has objectified her, made her a product sold to the public, but she cannot distinguish the artificial desire this attracts and true love: “I was not a tramp or a slut. Yet there was the wish to perceive me that way. For I could not be sold any other way I guess. And I saw that I must be sold. For then I would be desired, and I

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would be loved” (225). Norma’s wish for acceptance and love is the main motivating factor of almost all of her actions throughout the novel and she is willing to sacrifice any aspect of herself in order to achieve it.

Constructing Marilyn is not only an abstract concern; Oates provides long detailed passages describing the clothes, make-up, and beauty routine Norma Jeane must adopt in order to be Marilyn. She must be “conjured” by Whitey, Monroe’s makeup artist, who labors with “pastes & powders & pencils & tubes of color” (635). “Many arduous-tedious hours” are necessary “to prepare the Blonde actress” for her performances, both on screen and in public (416). Oates constantly reinforces the tedium of creating Marilyn by emphasizing the amount of time her hair and makeup take: over an hour, five hours, six hours and forty minutes (347,417, 629). Often she or her makeup artist are compelled to wipe off their efforts and begin again in order to reach perfection. This process allows Norma Jeane to hide behind “the ceramic Marilyn mask” sculpted by “her makeup man Whitey” (482). If she is to be seen publicly, Norma could not leave “the privacy & sanctuary of her house” without first having Marilyn’s makeup applied (625). It is only in this mask, however, that she is recognized. Without the proper make-up and clothing, Marilyn ceases to exist; “She was no one” (499). Constantly degraded, Norma Jeane initially resents her beauty and the attention it garners, afraid it “might be confused with ‘her’” (589). Her physical appearance is a tool, but not something she associates with her true sense of self because she is never taught to appreciate it. Puberty is a physically painful experience for Norma that results in her being sent away by her jealous foster mother. She is “trapped in this blond mannequin with a face,” that she does not seem to understand fully, trapped by the expectations of her beauty, in a persona she despises (616). In this superficial industry, however, only her beauty matters, only her beauty is seen by the public. Despite this initial bitterness, as her beauty begins to fade, Norma Jeane clings to Marilyn like she never had before, “Please come. Please! Don’t abandon me,” Norma begs of Marilyn as she ages (558). Although her beauty has been a tremendous burden, she has a great fear of losing what she perceives to be her only quality of value, the only thing worth loving about her.

Oates utilizes this archetypal labeling for several other characters in the novel, notably two of Marilyn’s husbands. Her second and third husbands are referred to only as The Ex-Athlete and The Playwright. While these designations may distance the characters from the reality of Monroe’s life

and, as Michiko Kakutani contends in her review of the book, portray them as stereotypes, they also have the effect of accentuating the mythic nature of novel. The use of such vague monikers emphasizes how such labels become a part of individual identities. As the Ex-Athlete explains to Norma, despite being retired, the sport “was still his life, always it would be his life, his identity” (399). The Playwright also experiences the overwhelming pull of his vocation to define his life and his sense of self. Although he contends, “No play is a playwright’s life,” ultimately, “he’d written a play, and the play had become his life” (493, 494). He actively encourages the comparison, calling Norma Jeane “Magda” after the protagonist in his play, and, in doing so, creates yet another persona for his young wife to navigate. There is a certain reliance on these labels by the characters, not only to project an imagine to the world, but to understand themselves.

The obsession and paranoia in *Blonde* is further accentuated through numerous references to the Cold War and the ensuing panic over communism. This is particularly relevant as Senator McCarthy’s House Committee on Un-American activities targeted many individuals in the entertainment industry, and Arthur Miller was one of the more high profile cases due largely to his refusal to cooperate with the investigation. McCarthy’s efforts often led to the unemployment, destruction of careers, and sometimes the imprisonment of those he targeted. Oates’ allusions to this unfortunate aspect of the 1950s serve to heighten the already paranoid tone of the novel. Oates presents a picture of a complacent America, obsessed with communism and content to allow the government and its agencies to pursue aggressively individuals with little cause or evidence, for “where there is an innocent citizenry there will be nothing to hide” (532). The character known only as The Sharpshooter embodies the sinister forces of McCarthyism and the unchecked power of the government in the guise of servicing “Justice, Decency, and Morality” (317). He is a sinister, robotic figure that makes “no moral judgments in his meticulous notes (532). Although not prominent or crucial to the plot of the novel, the inclusion of such references increases the appearance of historic accuracy. It enhances the atmosphere of the novel and helps to explain the nature of the society that has shaped Norma.

Despite her premature death, or perhaps because of it, Marilyn Monroe has become an iconic figure in American culture. Although an intimate portrait of one of America’s most iconic figures, *Blonde* also manages to present a

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universal picture of the changing American character of the mid-century and the psychological turmoil that it caused. As Oates suggests in a later short story entitled “Three Girls,” “Marilyn Monroe had entered history, and there was no escape from it. Her films, her photos. Her face, her figure, her name. To enter history is to be abducted spiritually, with no way back” (276). In recreating Marilyn Monroe’s life, Oates not only provides a new perspective on an iconic American figure, but also explores the uniquely American social and environmental factors that led to both her creation and demise. The importance of objects, of accumulating possessions and fulfilling preordained social roles have become intrinsic to American identity and, in Oates’ view, detrimental to individual spiritual and psychological health. The split sense of self Norma Jeane experiences is emblematic of the increasing division between inner and outer life. Believing that selling her external self will garner her the love and appreciation she craves, Norma Jeane conforms to the demands of The Studio, forfeiting her integrity in the process. The external pressures on Norma Jeane’s psyche are too strong to allow her to construct a secure sense of herself. Norma’s struggle with these cultural pressures is symbolic of the universal struggle of American women to navigate the conflicting expectations of society while establishing a stable sense of self.

### 3. *My Sister, My Love*

Like *Black Water* and *Blonde*, *My Sister, My Love* is a fictional retelling of a tragic and iconic event in American history. The murder of JonBenét Ramsey, the young beauty queen on whom Oates bases her novel, remains an unsolved crime surrounded by immense and heated controversy. This allows Oates to construct a suspenseful narrative that explores the potential causes of the young girl’s death; however, she is primarily concerned with JonBenét’s “symbolic presence in contemporary American consciousness” and the response of the public and the media to the incident (*New York Review of Books* 1999).

*My Sister, My Love* differs from the two previous novels in two obvious ways: Skyler Rampike, the novel’s narrator, is male and the main characters, Skyler and his sister Bliss, are children. Skyler may be nineteen as he retells his family’s history, but the majority of the tale occurs before he reaches the age of ten, and he remains in many ways a child. The death of his sister and the manipulation of his parents stunted his emotional and psychological development, and he remains trapped in the mindset of his nine-year-old self. Skyler, like his sister Bliss, is never given the opportunity or independence to

develop a healthy identity apart from the one constructed by his parents, leaving him vulnerable and insecure into his late teenage years. His experience, however, demonstrates that ruthless American individualism is equally detrimental to young boys as it is to young girls and women.

Despite these differences, *My Sister, My Love* maintains many of the same themes of the previous novels; the damaging forces in American society have only escalated, expanding more directly to the lives of children. The ubiquitous media and consumer culture that exploited Marilyn Monroe and Kelly Kelleher take on an even greater significance in the form of “Tabloid Hell” and the same dichotomous notions of femininity and masculinity continue to govern the behavior of the developing children. The Rampikes are an affluent white Republican family whose commitment to these ideals and the individualism, competition, and obsession that result from them prove to be the downfall of their children. They create an isolated existence built on superficiality and an obsession with youth, beauty, and success. Although striving for acceptance, these values ultimately isolate them from each other and their privileged community.

Bliss Rampike is, in many ways, a reincarnation of Marilyn Monroe. Although only six when she meets her tragic death, Bliss’ short life is dominated by the same exploitative media industry, hegemonic feminine ideals, medical exploitation, and parental abuse. Perhaps the most obvious similarity between the two characters is their carefully constructed image of feminine beauty and sexuality. An image constructed primarily by others. The construction and sexualization of the adult Norma Jeane in the form of Marilyn are disturbing, but the situation becomes even more frightening as the same process is applied to a toddler, almost thirty years later. Bliss’ mother is eager to have her young daughter, only four when she begins to participate in ice-skating competitions, conform to the glamour displayed by other child performers. She applies makeup to Bliss’ face frequently and with little care for the child’s comfort. The language used to describe this process often mirrors Marilyn’s: Bliss is forced into a “cosmetic-mask Mummy has applied to her face like putty” (169). Her hair is “lightened with harsh-smelling chemicals that made her eyes sting and her nose run” and sprinkled with “stardust” (162, 186). This same chemical odor accosts Marilyn’s senses after bleaching her hair and continues to permeate her skin even months later. Bliss’ elaborate skating outfits also reinforce her sexualized image. Lace, sequins, and exposed “panties” are prominent

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features in all of her costumes: “sexy black lace and taffeta” and “glittering white sequins and filmy white feathers...and crimson-lace panties teasingly visible beneath” (144, 235). Forcing the adult Marilyn into similarly revealing and uncomfortable costumes may be exploitative, but the process is distinctly disturbing when applied to a young girl who not yet feels nor understands such sexual desires.

Ultimately, this process results in Bliss being “made up in artful mimicry of a ceramic doll-face with a small pink ‘kissable’ rosebud mouth” (115). The doll imagery is particularly prevalent and affecting in reference to both Bliss and Marilyn. Bliss is described as a “mechanical doll,” an “ingeniously lifelike animated doll” with, on many occasions, a “doll-smile” (162, 210, 287). Similarly, Marilyn is described often as having a “doll face” and being dressed up “like a big doll” (263). This motif reinforces the lack of agency of both characters; their social position as a small child and a female actor within a film studio, leave both of them powerless and dependent on the will of others. In using such words and phrasings, the perpetrators of such violence further assert their dominance and control. It also serves to dehumanize them in the eyes of both their audiences and those who control them; no longer people, they are pieces of property, tools for the economic and social gain of others.

The similarities between Bliss and Marilyn are not merely physical, however; both feel compelled to please others, to desire love, and both are prone to misinterpret love. Even at four, Bliss recognizes that the love her mother gives her is conditional, “Why don’t you love me all the time Mummy,” she wonders sadly (86). She wants to please Betsey so she will be “the Warm-Mummy...the Mummy-who-loves-Edna Louise” (86). At an early age, she realizes that her behavior affects her mother’s moods and tries not to garner her hate or indifference. Bliss begs her mother to make her pretty “like you make yourself, Mummy” and stifles her pain as her skin and hair are doused in chemicals and her small body strains to perform the complicated skating routines (88). She also cherishes the attention she receives from “fans:” “Do all these people love me, Mummy?” she asks “wistfully” (146). Like Marilyn, she mistakes her impersonal connection with the audience, in which they have only a superficial knowledge of her, for love.

This similarity exposes important aspects about both characters. Although not unexpected in a young child, Marilyn’s dependence on approval reveals

the extent to which she has been emotionally and psychologically infantilized. Further, it reveals the extent to which sexism in the media increased over the second half of the 20th century and continues to dominate society in the new millennium. The psychological turmoil that plagues the adult Marilyn is already developing in the young Bliss at five and six years old. The abuse and manipulation of an adult woman by uncaring corporate executives in the film industry have progressed to the most vulnerable in society, children.

One of the most eerie aspects in a comparison of these characters is their forced name change, and the symbolic transformation it has on their identity. Both Marilyn and Bliss have their names changed by others, those who have power over them, without their consultation. The arrogance of this act, in both instances, further reveals the two characters' lack of agency. The opinion of Norma Jeane and Edna Louise is never consulted, nor is it ever even a concern. Once again, they are conceptualized as property, subject to the whims of those who control them. Even their original names themselves are similar; both are referred to by two first names with a similar syllabic structure and old-fashioned ring: Norma Jeane and Edna Louise. This is further reinforced in the revelation that Bliss was named after her paternal grandmother. The change in name suggests a symbolic transformation from ordinary to icon and reveals a newfound purpose. Marilyn Monroe, of course, becomes the Studio's sexy bombshell while the name "Bliss" suggests both an angelic quality and that the young ice skater's new talent is intended to bring great joy to her family, at least by her mother. As Betsey argues passionately with her husband, the name change is a divine message of Bliss' destiny; however, the superficiality of the name is evident as Bix angrily suggests it is a name for a "sexpot pop star" (97).

The medical and drug industries play an important role in shaping the lives of Marilyn and Bliss. Human conditions are increasingly medicalized in American society; gender, sexuality, aging, pregnancy and childbirth, all of these fundamental aspects of human life are pathologized. Increasingly drugs and surgery are also used as enhancements to construct society's ideal of physical beauty. The medical industry, pharmaceutical companies, and advertisers compel individuals to conform to a particular image and to treat or cure any nonconformity or evidence of imperfection. In doing so, not conforming to an image becomes an illness to be "cured" and the constructed image becomes the ideal for physical health. The doctors in both novels use

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their position of authority to exploit the vulnerable. Marilyn's anxiety and "nerves" are only temporarily quelled by mental fugue induced by sleep medication and painkillers, only to return with greater intensity. Early in her life, Marilyn is given strong painkillers to alleviate the pain of her menstruation, leading to the dependence she develops later in life. Hired by The Studio executives who control so much of Marilyn's life, the objective of many of her doctors is to increase Marilyn's powerlessness and compliance with their demands. She is also prescribed drugs to "help [her] sleep & calm [her] nerves" (683). "We all have 'nerves'" Marilyn declares of herself and her fellow actors; it is never explicitly recognized, however, that The Studio and the isolating nature of fame have a significant role in the development of these "nerves."

Bliss manifests similar "nerves" that warrant dozens of doctors, diagnoses, and drugs. She constantly fidgets, "pulling at her hair," "scratching herself inside her clothes," and sucking on her fingers (87). These behaviors infuriate and embarrass Betsey, but none more so than Bliss' habit of bedwetting and "worse-than-bed-wetting," as Skyler calls it, "bed-fouling" (171-172). Often she claims not to remember being a "bad girl" or else she claims to have no control over her body. It "was my jumpy leg made me do it, Mummy. Not *me*," she pleads (174). The sexualization of her young body has clearly led to feelings of shame, anxiety, and disassociation. She does not view her body, so strictly controlled by her mother, as a part of herself. It is something separate and beyond her control, "something was making me, not *me*" she tells Skyler of her frequent sleepwalking and bed-wetting (171). In this way, she abdicates responsibility and the consequences of these actions. This dissociative behavior is similar to that exhibited by Marilyn who also often separates the actions of "Marilyn" from those of "Norma Jeane" in stressful and emotionally confusing situations.

These behaviors develop in response to the pressures and abuse Bliss suffers at home, but they are augmented by the excessive medications and "supplements" she is forced to consume. Bliss sees several neurologists, psychologists, and therapists, as well as a pediatric-nutritionist, a sports-pediatrician, and a pediatric orthodontist all of whom recommend numerous prescription drugs. She is given injections of a half dozen different vitamins and growth supplements along with painkillers, antidepressants, anticonvulsive drugs, dietary supplements, and a drug to treat C.A.A.D (Compulsive Anti-Authority Disorder), a disorder created by Oates. Despite

reassurances from the doctors, the drugs make her “head heavy” and her stomach “queasy” (186). Their multitude of diagnoses and the accompanying drugs only aggravated the mental anxiety that prompted their initial consultation. It is clear from both Bliss and Skyler’s various diagnoses that doctors are developing these conditions to explain every behavior that displeases the Rampike parents from nervous twitching to acts of defiance. The doctors are driven by a desire for economic gain rather than the health and well-being of their patients.

Like Bliss, Skyler is also heavily medicated for the psychological problems he is believed to suffer. Doctors diagnose him with dozens of real and imagined ailments, including ADD (Attention Deficit Disorder), PDD (Premature Depression Disorder), CAS (Chronic Anxiety Syndrome), and HSR (High Suicide Risk). This abuse is one of the novel’s many indications that it is not just girls and women who suffer from growing consumerism and the commodification of health; male children are also susceptible to the same cultural messages and negligent healthcare professionals. Skyler is given medication to silence him and to make him forget; it distorts his memories and perceptions of reality. As a result, he often finds himself in a “sepia drug-haze;” thus, it becomes impossible for Skyler to distinguish the effects of Bliss’ death and his abusive childhood from the mind-altering drugs he is given (416).

Media play an equally prominent role in *My Sister, My Love* as they do in *Black Water* and *Blonde*. In addition to the advertising and cinematic images that dominate *Black Water* and *Blonde*, *My Sister, My Love* is saturated with a new form of media, the tabloid. It prompts Skyler to create the term “Tabloid Hell” which becomes a state of being for Skyler and the Rampikes and others similarly assailed by the callous and unrepentant tabloid reporters. This new media form is preoccupied with scandal and documenting, with little concern for accuracy and an unending enthusiasm, the details of another’s glory and shame. The Rampikes are enmeshed in the news media, both television and print, and this fact forces them to change the way they act and, perhaps more crucially, how they interact with others. Media fosters isolation, mistrust, and an obsession that is damaging to their personal mental health as well as their relationships with others. The novel exposes the “TV camera-crew vans, journalists and photographers, brash emissaries from the ‘media world’” and their “terrible power to expose, humiliate, vilify” (370). They share responsibility with Bix and Betsey Rampike in the exploitation of

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Bliss; although not the direct cause of her death, “the insatiable news media, a ‘howling pack’ of hyenas, jackals, and vultures” helped create and facilitate the cultural conditions in which her treatment was viewed acceptable, even encouraged (426).

Media references pervade Skyler’s retelling of his early childhood and his sister’s tragic death, illustrating how fully they have been ingrained in his consciousness and his understanding of reality. The nonlinear narrative is supplemented by quotes from news reports of the Rampike family, obviously accounts Skyler has committed to memory. In describing his narrative approach he describes himself using the language of the tabloids, saying it will be “appropriate to the ‘survivor’ who abandoned his six-year-old sister to her “fate” sometime in the “wee hours” of the morning” (4). The language is accusatory, particularly as it is in reference to a nine-year-old boy who could not be expected to protect his younger sister from whatever caused her death. Further, he imagines the public reactions to his potential decisions in the form of news headlines. While considering his own suicide, he invents the headline: “LONGTIME SUSPECT IN SISTER’S DEATH IMMOLATES SELF” (12). He does not consider the personal consequences of the action, merely how it will change the public’s perception of Bliss’ death and the Rampike family.

The Rampike parents perform a crucial role in causing their children’s psychological and emotional problems. Yet, it is important to remember that they too are a product of a media-saturated culture that strictly prescribes the behavior of men and women. Their appearance and behavior create, in a number of ways, a caricature of prescribed femininity and masculinity. Their embodiment of these roles is not only detrimental to their impressionable children, but also to their own mental health, which is consistently unstable. Bliss and Skyler internalize the roles modeled by their parents and feel shame and emotional turmoil when they do not embody them appropriately.

Betsey Rampike’s primary concern throughout the entirety of the novel is to gain social acceptance among the wealthy, pretentious families of their Fair Hills, New Jersey community. She adopts, as much as she is able, the dominant conception of femininity within this wealthy white society. Once a skilled young ice skater, an injury ultimately ruined Betsey’s hopes of competing at a higher level. She remembers her youth with bitter regret and pushes her children to fulfill her own fantasies. As she ages, she is greatly influenced by cultural messages regarding youth and beauty. Insecure in her

aging body, she tries to cling through youthful clothing, makeup, and hairstyles to a life she no longer lives. She wears “stylish” clothes that Skyler sees “displayed on anorexic-adolescent-girl models” (33-34). In addition, the “mask” of makeup that covers Bliss’ face is equally prominent on Betsey whose ubiquitous “crimson lips” appear ingrained in Skyler’s memory.

In addition to her clothes and makeup, she acts in deference to men, particularly her husband, and often adopts a flirtatious manner when conversing with men. Skyler describes one aspect of her as “sexy-pleading-vehement Mummy” and she often laughs “in a throaty-sexy way” (171, 252). This sexy persona is not only reserved for men; however, it has become so rooted in her sense of self that she often uses it when interacting alone with her children. Her entire identity and self-worth are dependent on the maintenance of this sexualized feminine persona. Further, Betsey’s need for love is the same need that Marilyn displayed and her daughter later manifests. Society teaches women that their self-worth is dependent on the desire others, particularly men, feel for them. All three have internalized this idea and can find no personal or spiritual contentment with this mindset. It fosters a hollow existence that cannot be filled, no matter how hard they attempt to conform to the perceived ideal.

It is perhaps an understatement to say that Betsey lives vicariously through Bliss; in her daughter, Betsey has created a miniature of herself through which she tries to relive and improve her own youth. Skyler recalls that she “dressed Bliss as a doll-like replica of Betsey Rampike” (161). Bliss is merely a doll, a tool through which Betsey simultaneously achieves redemption and renewed social prestige. In her mind, Bliss’ achievements are her own achievements; this is evident throughout the novel as Betsey continuously includes herself when discussing Bliss’ success. “They love ‘Bliss Rampike,’” she says of the many people cheering in the stands, “they are *our ‘fans’*” (146). She further includes herself when discussing the grueling work the young child has undertaken in practice, “how hard we’ve all been working for the Royale Ice Capades competition” (200). In doing so, she ingratiates herself into Bliss’ accomplishments, viewing them as her own.

Although proud of the recognition Bliss brings to the family, Betsey is also plagued by jealousy of her daughter. She acts with indifference and even hostility toward Bliss. “Your face is bony and your eyes are too small and so

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strange, and stark," she tells her daughter (88). Bliss internalizes her mother's neuroses and models many of her behaviors. While playing with a doll she has tellingly named Edna Louise, she admonishes, "Next time we will work harder, and we will pray harder, and Jesus will see to it that we are number one" (142-143). The scene is eerily reminiscent of Betsey's own interactions with Bliss, during which she often pressures her to work harder and invokes Jesus to legitimize their efforts. Scenes such as this one indicate the damage already suffered by Bliss' psyche and allude to the potential continuation of an abusive cycle if Bliss were to live into adulthood.

Bix similarly performs a very gendered persona and is reminiscent of previous alpha males in Oates' canon, most notably in her fictional portrayal of the Kennedys in both *Blonde* and *Black Water*. He is physically large and imposing, frequently frightening his children. "Daddy was big...Daddy loomed, Daddy towered" recalls Skyler, "big-Daddy Bix Rampike radiated charisma" (62, 491). As a former college football player, he embodies perhaps the epitome of American masculinity. Further, his heterosexuality is never in doubt, as insinuations of his infidelities are numerous. His large and charismatic presence is in many ways a fusion of The Senator with the Republican politics of Kelly's father. Further, he is the primary decision-maker in the Rampike household, and he never lets the wishes of his wife or children override his own desires. Frequently out of the state or country, he ignores the pleas of his wife to come home and assist in her aggressive social climbing. As Betsey tells the children, "that his family is worthy of his love must be proven to [Bix] again, and again" (200). He is as influential as any media representation in portraying the appropriate masculine behavior to his son. This is the image of masculinity that Skyler is encouraged to model even though at nine years old and younger, it is practically impossible for him to portray the same virility and potency as his father.

In the previous two novels, socially prescribed masculinity is only presented as a problem in that it contributes to the physical and emotional abuse of women. Oates continues this theme in *My Sister, My Love*, in which masculine desires and expectations constrain the behavior of the female characters. *My Sister, My Love* deviates from the previous two novels, however, and, for the first time, Oates conveys the equally damaging effects it has on the development of young boys. Skyler Rampike is constantly receiving messages, often conflicting ones, from his parents, peers, and the

media dictating the appropriate behavior of a man. These messages not only conflict with each other, but also conflict with Skyler's own needs and desires. He is simultaneously infantilized by his mother as her "little man," her companion, and her ice skating legacy. This contributes to the conflict he feels in performing the masculine behaviors his father demands, ultimately making him unable to fulfill the expectations of either parent. Like his sister, Skyler has also internalized the childhood desire to please, especially to please his parents. He becomes jealous of his younger sister and the attention she receives, initially pleading for attention, even negative attention.

Unlike Bliss, however, Skyler's own desires and need to rebel overpower his need to please. Bliss supplants Skyler as the favored child, the child who brings the family recognition and glory. This facilitates Skyler's failure within the eyes of his parents, but also enables him to escape their abuse and control. Once their attention is focused on Bliss, Skyler is able to experience a measure of independence from the malignant family dynamic that Bliss is never able to overcome. Despite this, however, it is clear that the effects of his childhood continue to plague him, even after he leaves the Rampike home. The experiences of his youth have penetrated his psyche and he remains unable to release completely from the influence of his parents abuse.

Through the tragic lives of these two children, Oates presents a haunting and scathing examination of American cultural values. It is often described by reviewers as a dark comedy or "postmodernist satire" (*My Sister, My Love* 569). In her review of the novel for *The New York Times*, Sarah Churchwell calls it "a satire of the rapacity and venality of American upper middle class." Although certainly there are elements of satire within the novel, most notably and effectively in the portrayal of the carnivorous media, it is not sufficiently humorous to mitigate the powerful and painful images of abuse found throughout. The elements of satire function primarily as a way for Skyler to distance himself from the pain he has experienced. It facilitates his retelling, but does not undercut the plausibility of Oates' reimagining or its undeniable horror.

It is a difficult novel for several reasons, not least of which is the horrifying atrocities inflicted on innocent children. In addition, Oates utilizes a number of post-modern techniques in conceptualizing Skyler's unstable narrative memoir. Perhaps most notably, Oates includes a 55-page novella, also written by Skyler, within the novel. In addition, a multitude of footnotes, malapropisms, self-reflections, handwritten sections, and blacked out text are

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also used throughout the novel. The difficulty of the novel is furthered by the selfishness that dominates the actions of the Rampike parents and American culture more generally. Most distressing, however, are the horrifying atrocities perpetrated on innocent children, Bliss and Skyler Rampike.

## 4. Conclusion

In the rapidly changing 20th century, women occupied a paradoxical reality in which they gained tremendous economic and political power, but only within a system of consumerism whose culture and advertising continue to objectify women. Changes in America's economy, both in production and distribution, had a radical effect on the values of the country. Due to the nation's new reliance on the purchase of goods and services, an obsession with materialism, individualism, and self-reliance emerged as dominant ideals in society. Consumerism incentivized self-interest and emphasized free will and autonomy; however, as Oates demonstrates, society conditions men and women to exert their will only within an appropriately heteronormative framework.

In all three of these novels, and much of her other fictional work, Oates uses the female body as the stage on which the repercussions of these cultural changes are enacted. As Oates argues in an interview about *My Sister, My Love* with Greg Johnson, "the exploitation of a young child by her mother" is "emblematic of such exploitation generally in our time." The lives and deaths of Kelly Kelleher and Norma Jeane Baker are equally emblematic of such exploitative forces. Additionally, each of these characters is symbolic of the universal struggle of American women to construct a stable identity within conflicting societal expectations and the restrictions of normative gender roles. Oates' concern is not with providing triumphant female figures, but in revealing and critiquing the structural institutions that perpetuate their inferiority and victimization. Social, economic, political, and familial forces all work together to legitimize and preserve hegemonic gender roles and the supremacy of white men within society.

In creating these tragic, symbolic characters, Oates has received extensive criticism for what is considered a reinforcement of women as submissive victims. The multitude of tragic female figures in her work and the lack of prosperous female role models are considered by such critics to facilitate a

perception of women as naturally weak. Christine Atkins has written extensively about the use of “rape scripts,” or the “prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists” that perpetuate ideas regarding the inferiority of women (433). She argues Oates “dangerously suggests that the story of sexual violence is an archetypal one for teenage girls and grown women” and “fails to question that all women’s experience of sexual violence is similar” (436-437). Such experiences may not necessarily include the physical act of rape, but can instead manifest in situations where men have complete social, economic, and emotional control over women and young girls. Other reviewers of her work, including Churchwell and Kakutani, argue Oates’ fiction actively exploits women in its utilization of true events with historical and cultural significance.

Presenting negative and submissive images of women, however, is not inherently opposed to feminist concerns. In portraying tragic figures, Oates is able to reveal expertly the structural forces and cultural ideals that oppress women. As Tanya Horeck argues, “Oates’ willingness to consider the intimate relationship between negativity and female desire” is an important aspect of her work because of “the feminist aesthetics of violence it offers” (29). She further quotes feminist film critic Suzy Gordon who argues, “Negativity is not an obstacle for feminism to overcome, but instead a type of revelation, alerting us to the impossibility of a feminist politics without the destructiveness which would disturb most intimate desires (qtd. in Horeck 29). While some may wish to deny the violent reality faced by many women in American society, Oates confronts it directly, forcing her readers, sometimes unwillingly, to do the same.

*Black Water, Blonde*, and *My Sister, My Love* were published over a span of almost twenty years and cover almost fifty years of American history; however, the themes of violence, obsession, antipathy, and pathological narcissism that Oates explores only continue to escalate as the country progresses. American society systematically neglects and exploits its most vulnerable members; children, the nation’s future, suffer most horrifically. Henry Louis Gates Jr. has remarked, “A future archaeologist equipped only with [Oates’] oeuvre could easily piece together the whole of postwar America” (“Murder She Wrote” 547). Far more than a mere chronicle of American history, however, Oates’ work serves as an uncomfortable reflection of American cultural and moral decay, and a warning against the perpetuation of these maladaptive ideals. Although her novels suggest

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America's current course can only lead to demise, the opportunity for restoration remains. As Oates herself has written, "Society is a living organism ceaselessly defining itself, shifting its boundaries, taking shape from the future no less than from the past" ("American Literary Culture"). The challenges appear insurmountable, yet as Oates asks "is not the alteration of a single reader's consciousness, however subtly, an act toward changing the world?" (American Literary Culture).

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# **KLIMENT**

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Penny Wise and Pound Foolish: Health Coverage for Eating Disorders  
Across States

Ali Kliment

## **Abstract**

This paper examines why some states require insurance coverage of eating disorders and other states avoid such mandates. Research suggests that a limited number of insurance companies will adequately cover and treat eating disorder patients. Therefore, this study uses both a Spearman's rho correlation and a logistic regression in order to determine what aspects of a state appear to correlate with that state's decision to mandate or not to mandate insurance coverage of eating disorders. The Spearman's rho correlation indicated that the following three independent variables: *percentage of female legislators, personal per capita income and percentage of the population with a bachelor's degree or more*, strongly correlated with those states that did mandate insurance coverage. This finding suggests that wealthier, more educated states with a higher percentage of female state legislators are more likely to mandate insurance coverage of eating disorders. The logistic regression suggested that the independent variables which proved to be significant include: *state ideology, percentage of female legislators, and percentage of the population with a bachelor's degree or more*. This finding strengthens the first finding in the sense that it also indicates that more educated states with a higher percentage of female state legislators are more likely to mandate insurance coverage of eating disorders (while incorporating a liberal aspect).

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**I. INTRODUCTION**

Why do some states require insurance companies to cover eating disorders while other states avoid such mandates? Insurance coverage of eating disorders is a growing part of American healthcare, which has recently become an important and controversial national agenda issue. On September 9, 2009, President Barrack Obama addressed the United States Congress with his new health care reform proposal. Obama stated that his health care plan would meet the following three goals: (1) provide more stability to those people who have health insurance; (2) provide health insurance to those Americans who do not have it; and (3) slow the growth of the costs of health care for American businesses, families and the government. According to Obama, “it’s a plan that asks everyone to take responsibility for meeting his challenge-not just government, not just insurance companies, but everybody including employers and individuals.”<sup>1</sup> Within this plan, Americans who have health insurance through their jobs, Medicare, Medicaid or Veterans Affairs are given the option of keeping their current health insurance coverage or opting to change to another plan if an improvement is desired. It will also be against the law for insurance companies to deny coverage because of preexisting conditions-thus, they will not be able to drop coverage when people become ill or provide less coverage when financial assistance is needed most. In addition, health insurance companies will no longer be able to place a maximum amount of coverage (cap) that a person will be able to receive in a given year or lifetime. Because President Obama feels that no one in America should be in debt as a result of falling ill, there will be a limit on how much people can be charged for out-of-pocket expenses. Insurance companies throughout the fifty states will be required to cover preventive care and routine checkups, providing more security and stability to those Americans who already have health insurance because additional important medical practices will be covered.<sup>2</sup>

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<sup>1</sup> The White House Office of the Press Secretary. (2009, September 9). *the White House: President Barrack Obama*.

Retrieved February 6, 2010, from Whitehouse.gov:  
<http://www.whitehouse.gov>

<sup>2</sup> The White House Office of the Press Secretary. (2009, September 9). *the White House: President Barrack Obama*.

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Although 32 million people are to be covered by 2014, for those individuals who still do not have health insurance, President Obama promises that this new plan will offer affordable choices. If an American is to lose or change his/her job, he/she will still be able to receive health insurance coverage, beyond current COBRA rules. If an American is to begin a small business, they will be able to receive coverage. The way that this will work is through the creation of a “new insurance exchange—a marketplace where individuals and small businesses will be able to shop for health insurance at competitive prices. Insurance companies will have an incentive to participate in this exchange because it lets them compete for millions of new customers. As one big group, these customers will have greater leverage to bargain with the insurance companies for better prices and quality coverage”<sup>3</sup>. Pertaining to individuals and small businesses that cannot afford the lower-priced insurance coverage that has become available through this plan, tax credits will be provided based upon that business or individual’s need. President Obama sees these important provisions beginning in 2014 and during the transition period, those Americans who are not able to receive insurance because of their preexisting medical conditions will be offered low-cost coverage that will protect them against financial devastation (by the government).<sup>4</sup>

President Obama asserts that under this new plan, all individuals will be required to carry basic health insurance, along with businesses being required to either offer their workers health care or provide money to help

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Retrieved February 6, 2010, from Whitehouse.gov:

<http://www.whitehouse.gov>

<sup>3</sup> The White House Office of the Press Secretary. (2009, September 9). *the White House: President Barrack Obama*.

Retrieved February 6, 2010, from Whitehouse.gov:  
<http://www.whitehouse.gov>

<sup>4</sup> The White House Office of the Press Secretary. (2009, September 9). *the White House: President Barrack Obama*.

Retrieved February 6, 2010, from Whitehouse.gov:  
<http://www.whitehouse.gov>

cover the cost of their workers. Obama includes emergency room visits being paid by the American people in order to prevent individuals and companies from choosing not to purchase health insurance coverage (because these businesses and individuals end up costing the rest of the country money when they act in such a manner). "...unless everybody does their part, many of the insurance reforms we seek—especially requiring insurance companies to cover preexisting conditions—just can't be achieved."<sup>5</sup> Those who cannot afford coverage will be taken into consideration and exempt from these requirements, but President Obama argues that large businesses and Americans who can afford coverage cannot be allowed to avoid the responsibility of purchasing health insurance for themselves or their employees. This is addressed in the plan through the establishment of individual mandates, requiring people and small businesses who can afford insurance to get insurance.

The health care bill, passed on March 22, 2010, mentions that Americans should no longer have to face financial ruin as a result of health insurance policies that will not cover those who become ill. But what about mental illnesses? Are those Americans who suffer from an eating disorder included within the parameters of the newly passed health care bill? There has been research which indicated that eating disorder patients are actually punished for getting treatment and taking the first steps in the healing process because once they show signs of improvement, insurance funding is taken from them and they do not have the finances to pay for additional treatment on their own. What is worse is that this approach taken by insurance companies does not save money at all. Therefore, the purpose of this paper is to establish whether eating disorders are adequately covered within the American healthcare system and to explore why some states mandate insurance coverage of eating disorders while others do not. The Americans with Disabilities Act (1990) will be studied in order to explore whether or not policymakers include mental illness within legislation and how such illnesses are defined within statutes. The dependent variable in this study will be each of the 50 states, after they are classified as either one that mandates insurance

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<sup>5</sup> The White House Office of the Press Secretary. (2009, September 9). *the White House: President Barrack Obama*.

Retrieved February 6, 2010, from Whitehouse.gov:  
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companies to cover eating disorders or one that does not. This study then uses the Spearman's rho correlation in order to determine whether there is a correlation between states that do mandate insurance coverage and the following independent variables: *education, personal per capita income, percentage of female legislators, rural population percentage, median age, percentage of current drug users, GDP by Health Care and Social Assistance, and non-Hispanic Caucasian population percentage*. It is hypothesized that states which mandate insurance companies to cover eating disorders are more likely to have higher educational levels, higher personal per capita incomes, higher percentages of female legislators, lower rural population percentages, lower median ages, higher percentages of drug users, higher GDP by Health Care and Social Assistance and higher non-Hispanic Caucasian population percentages. This finding will then be expanded upon through use of a logistic regression, in order to determine whether there is a similar finding to that concluded from the first model. The logistic regression model will incorporate the following independent variables: *education, personal per capita income, percentage of female legislators, median age, GDP by Health Care and Social Assistance, non-Hispanic Caucasian population percentage, and partisanship*, all from the year 2008. It is hypothesized that states which mandate insurance companies to cover eating disorders will have higher educational levels, higher personal per capita incomes, higher percentages of female legislators, lower median ages, higher GDP by Health Care and Social Assistance, higher non-Hispanic Caucasian population percentages and will be more liberal.

## **II. LITERATURE REVIEW**

Research in this study will be conducted in order to: (1) determine how mental illnesses are defined within American public policy, (2) understand the realities of eating disorders and their severities and consequences, and (3) determine what factors correlate to a state's decision to mandate insurance coverage of eating disorders. Research regarding Americans with disabilities found that the United States has witnessed a change in the status of those with disabilities over the past thirty years, where they are becoming more represented in the fabric of American life. It has been argued that a social movement, beginning in the 1970s, formed into both a political and social force, altering the way in which individuals with disabilities are viewed throughout America. This movement's most famous achievement came in the form of the Americans with Disabilities Act (1990);

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also referred to as the “civil rights act for individuals with disabilities”.<sup>6</sup> According to the currently amended Americans with Disabilities Act (1990), “the term ‘disability’ suggests (a) a physical or mental impairment that substantially limits one or more major life activities of such individual; (b) a record of such an impairment; or (c) being regarded as having such an impairment.” Major life activities are also explained as including, “but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.”<sup>7</sup>

## **DEFINING MENTAL ILLNESS IN PUBLIC POLICY**

As mental illnesses, specifically eating disorders, are increasingly affecting more Americans every year, the knowledge and understanding that the majority of Americans have regarding such illnesses is minimal. Unless one is personally suffering from or dealing with an eating disorder, the complexities and severities of the main part of the illness are not fully conceptualized. The symptoms and consequences that result from mental illnesses are what bring the severe obstacles of the disorders to the attention of the public and especially those experts who both research and help treat mental illness. Mental illness is an extremely broad category of disorders, involving different levels of severity and different manifestations depending upon the illness. As more research is conducted regarding mental illnesses and eating disorders, experts in the field are able to gather a clearer articulation of the concepts of mental disorder and mental health. In order to design and pass legislation dealing with eating disorders and their insurance coverage and treatment requirements, policymakers must also be able to define what is meant by the term eating disorder.

Legislative acts and policies classifying mental illnesses have changed throughout history. The federal government entered into the mental

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<sup>6</sup> DeJong, G., Palsbo, S. E., Beatty, P. W., Jones, G. C., Kroll, T., & Neri, M. T. (2002). The

Organization and Financing of Health Services for Persons with Disabilities. *The Milbank Quarterly*, 261-301.

<sup>7</sup> U.S. Department of Justice. (2010, February 10). *ADA Home Page*. Retrieved February 25, 2010, from Americans with Disabilities Act: <http://www.ada.gov/>.

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health arena by enacting the National Mental Health Act of 1946 and creating the National Institute of Mental Health (NIMH) in 1949. The Joint Commission on Mental Illness and Health (1955-1961) focused on the problems that individuals with mental disorders faced and in 1963, the Community Mental Health Centers (CMHC) policy was implemented to produce radical changes in mental health policy. Medicare and Medicaid were then passed in the year 1965 as a way to deal with mental illness throughout America. Jimmy Carter took the attention of mental health to a new level by creating the President's Commission on Mental Health (PCMH) in 1977.<sup>8</sup> President Carter's passage of the Mental Health Systems Act in 1980 "established chronic mental illness and concern for the least well off as the principal focus of mental health policy. The legislation called for a partnership between federal and state government to develop and administer community support services for this target population. This act also recommended a substantial appropriation of new resources for the expansion of community support programs as well as support for the CMHCs."<sup>9</sup> This legislative act stood until President Ronald Reagan later reversed the policy through the creation of the Omnibus Budget Reconciliation Act of 1981.<sup>10</sup>

Throughout the 1990s, mental health issues made news headlines because Congress promoted research leading to an increased understanding of how the brain works. Health Care for Communities (HCC) was created as a tool to provide information and data regarding mental health issues. Adequacy of insurance benefits and quality of service care for individuals with mental disorders became a concern throughout America and led to states and the federal government requiring equal coverage for physical and mental health conditions. In a time when scientific research was producing significant advances in treating mental illnesses, policymakers attempted to create parity

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<sup>8</sup> Grob, G. N. (2005). Public Policy and Mental Illnesses: Jimmy Carter's Presidential Commission on Mental Health. *The Milbank Quarterly*, 425-456.

<sup>9</sup> Goldman, Howard H. (1999). The Obligation of Mental Health Services to the Least Well Off.

*Psychiatric Services*, 659-663.

<sup>10</sup> Grob, G. N. (2005). Public Policy and Mental Illnesses: Jimmy Carter's Presidential Commission on Mental Health. *The Milbank Quarterly*, 425-456.

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laws requiring insurance companies to cover mental health care.<sup>11</sup> But have these parity laws proven to be successful? Are those Americans suffering from mental illnesses, specifically eating disorders, able to receive the treatment they need and deserve?

### **Americans with Disabilities**

The U.S. Census Bureau estimated that in 2001, 52.6 million Americans suffered from a disability as defined by the Americans with Disabilities Act (1990). According to DeJong, Palsbo, Beatty, Jones, Kroll and Neri (2002), people who are forced to live with disabilities fall behind the general population in many areas of American life-health care being one of the most significant areas. Despite people with disabilities being the largest group of health care users, researchers have found that individuals with disabilities report facing barriers in their ability to access health care. “Despite the enormous stake that people with disabilities have in the health care system, health plans and health service providers remain ill equipped to meet their needs”.<sup>12</sup> DeJong, Palsbo, Beatty, Jones, Kroll and Neri (2002) cited Anderson and Knickman’s findings that Medicare provides the least coverage and Medicaid provides the best coverage among public and private payers for many of the services that individuals with disabilities are likely to need (which can be seen as a positive because of the fact that the newly passed health care bill expands Medicaid to 15 million more people). The problem with individuals with disabilities is that their higher health care needs lead to higher out-of-pocket expenses, especially if they participate in Medicare or an employer-sponsored plan, leading to individuals with disabilities having difficulty obtaining necessary services. Their study found that most primary care physicians are not adequately prepared to address the health care needs

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<sup>11</sup> RAND Health. (2000). Retrieved February 6, 2010, from Research Highlights: Are people with Mental Illness Getting the Help They Need?:

[http://www.rand.org/pubs/research\\_briefs/RB4533/index1.html](http://www.rand.org/pubs/research_briefs/RB4533/index1.html)

<sup>12</sup> DeJong, G., Palsbo, S. E., Beatty, P. W., Jones, G. C., Kroll, T., & Neri, M. T. (2002). The Organization and Financing of Health Services for Persons with Disabilities. *The Milbank Quarterly*, 261-301.

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of individuals with disabilities, partly because they see so few persons with any one disabling condition in their practices.<sup>13</sup>

Research suggests that the influence people with disabilities had in health policies began to change in the 1990s. DeJong, Palsbo, Beatty, Jones, Kroll and Neri (2002) cited the following events as ones that aided the disabled community of America: “the 1993-1994 health care reform debate, the physician-assisted suicide debate, and the rise of managed care and capitated payment, especially in the Medicaid program on which many depended”.<sup>14</sup> As a result of these changes, the disabled community is more organized and represented in major health policy debates, allowing them to be better prepared to address health services.<sup>15</sup>

## **The Americans with Disabilities Act (1990)**

The Americans with Disabilities Act (1990) provides health care providers and employers with a definition and thus guidelines regarding the criteria an individual must meet in order to be able to claim a disability within American society. While most people automatically think of physical limitations and injuries as the main requirement for the diagnosis of having a disability, the Americans with Disabilities Act (1990) clearly states that mental impairment is also a disability. In understanding that a majority of the research conducted regarding individual disabilities concentrates on physical impairments and limitations, those with mental illnesses will face the same, if not more, inadequacies in terms of health care coverage and services. According to the Center for Psychiatric Rehabilitation (2009), the concept of

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<sup>13</sup> DeJong, G., Palsbo, S. E., Beatty, P. W., Jones, G. C., Kroll, T., & Neri, M. T. (2002). The

Organization and Financing of Health Services for Persons with Disabilities. *The Milbank Quarterly*, 261-301.

<sup>14</sup> DeJong, G., Palsbo, S. E., Beatty, P. W., Jones, G. C., Kroll, T., & Neri, M. T. (2002). The

Organization and Financing of Health Services for Persons with Disabilities. *The Milbank Quarterly*, 261-301.

<sup>15</sup> DeJong, G., Palsbo, S. E., Beatty, P. W., Jones, G. C., Kroll, T., & Neri, M. T. (2002). The

Organization and Financing of Health Services for Persons with Disabilities. *The Milbank Quarterly*, 261-301.

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mental illness includes a variety of mental and emotional conditions. As aforementioned, mental illness is included within the ADA, under the term mental impairment, and is considered by researchers and psychiatric experts to be different from other mental impairments such as organic brain damage, mental retardation, and learning disabilities. When a mental illness significantly interferes with the performance of major life activities-working, communicating, and learning-it is referred to as a psychiatric disability. Mental illnesses can be experienced over long periods of time and the type, intensity and duration of the illness and thus its symptoms will vary from one person to another and one illness to another. Research by the Center for Psychiatric Rehabilitation also found that mental illnesses do not always follow a specific pattern and therefore serious manifestations of symptoms are difficult to predict. Symptoms of mental illness can be controlled through the use of psychotherapy and/or medication, but remission is often experienced. Depending upon the severity of the mental illness and the treatment the patient has received, certain individuals will continue to face episodes that require treatment, while others may recover to the point where they no longer need help managing themselves and their lives. As a result, some people experiencing a mental illness will not need support, others may need support occasionally, and others may require continual treatment and support in order to remain productive.<sup>16</sup> The Americans with Disabilities Act (1990) was a major achievement for the disabled population of America, but as research suggests, more information and investigation is required in order to significantly address the inadequacies that individuals with disabilities are forced to face regarding American health care services and insurance coverage.

### **Self-Labeling of Patients with Mental Illnesses**

In conducting a study regarding self-labeling of patients who have been diagnosed with mental illnesses, researchers Estroff, Lachicotte, Illingworth and Johnston (1991) cite historian Michael MacDonald in explaining mental illness as “the most solitary of afflictions to the people who experience it; but the most social of maladies to those who observe its effects.” Mental

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<sup>16</sup> Center for Psychiatric Rehabilitation (n.d.). (2009). *bu.edu*. Retrieved February 25, 2010, from

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<http://www.bu.edu>

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illnesses can be described as hallucinations that become the realities of those who suffer from them, greatly impacting their daily lives. These researchers assert that mental illness is invisible and unknowable to others until the symptoms of the illness become so apparent and prevalent that those around the mentally ill begin to notice abnormalities in their thinking processes and lifestyles. Estroff, Lachicotte, Illingworth and Johnston (1991) explain the process a mentally ill individual experiences in figuring out they are mentally ill through two dimensions: (1) the patient acknowledges the inner experience of cognitive problems and (2) the patient withdrawals from social relations as a result of this recognition. In studying 169 patients, these researchers discovered that a majority of the mentally ill deny any mental impairment and reject the idea of labeling themselves as mentally ill. Rejection of mental illness becomes important to individuals who are deemed to suffer from mental disorders, influencing researchers to spend time on the conception those considered to be mentally ill have of themselves and their identity. They established the term “normalizing talk” to explain one way in which mentally ill individuals deal with or reject their diagnosis. “The main aims of normalizing talk are to dispute the assignation of illness and to recategorize either the condition as commonly occurring or the person as nonpathological”.<sup>17</sup> An example of a normalizing statement is a quote of one of the 169 patients this study interviewed: “I’m a normal, healthy person. Psychiatrists don’t know enough to treat people”.<sup>18</sup> In addition, Estroff, Lachicotte, Illingworth and Johnston (1991) make references to “illness-identity statements,” which involve self-representations including symptoms or illness, descriptions of symptoms as objects that are separate from the individual, labeling statements made by the individual and others, and statements indicating the individual admits he/she has a mental disorder. An example of an illness-identity statement is as follows: “I have mood swings

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<sup>17</sup> Estroff, S. E., Lachicotte, W. S., Illingworth, C. L., & Johnston, A. (1991). Everybody's Got a

Little Mental Illness: Accounts of Illness and Self among People with Severe, Persistent Mental Illness. *Medical Anthropology Quarterly*, 331-369.

<sup>18</sup> Estroff, S. E., Lachicotte, W. S., Illingworth, C. L., & Johnston, A. (1991). Everybody's Got a

Little Mental Illness: Accounts of Illness and Self among People with Severe, Persistent Mental Illness. *Medical Anthropology Quarterly*, 331-369.

and a lot of confusion...A dissociative disorder is the problem”<sup>19</sup>. The difficulties that psychiatrists, physicians, and policymakers face in defining mental illness is clearly revealed by the fact that as the term applies to them, different mentally ill patients have different meanings that they attach to “mentally ill”. Labels are viewed to be negative in the sense that patients may not agree with clinicians regarding the nature, extent and presence of their illness. Those individuals who will not self-label are found to lack insight because they deny that they are ill and resist treatment. Such denial, or lack of insight, is found to be problematic because research indicates it will obstruct both treatment and recovery but is also viewed as an indicator that the illness is present. Labels can also be positive by providing relief and clarification for individuals who are confused by the symptoms they experience and therefore allowing them to explain some of the troubles they face in life.

Mental illness has been controversial and confusing throughout American society because the concept is hard to understand and define. As explained through the research by Estroff, Lachicotte, Illingworth and Johnston (1991), people who are clearly diagnosed as being mentally ill often times will deny their symptoms and illness and create their own definitions of the term ‘mentally ill’. But just because mental illnesses are difficult to understand, define and often times denied does not mean that they do not impose severe consequences upon the lives of those individuals who suffer from them, nor does it mean that they are not deserving of extended research and adequate health care services and insurance coverage. Provided that eating disorders are relatively new in the academic, psychiatric and medical fields, this paper will explore the realities of eating disorders and the health care services and coverage they are provided as a way to examine how adequately mental illnesses are treated.

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<sup>19</sup> Estroff, S. E., Lachicotte, W. S., Illingworth, C. L., & Johnston, A. (1991). Everybody's Got a

Little Mental Illness: Accounts of Illness and Self among People with Severe, Persistent Mental Illness. *Medical Anthropology Quarterly*, 331-369.

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## **REALITIES AND SEVERITIES OF EATING DISORDERS**

Researchers have found that eating disorders are the deadliest of all mental illnesses. As stated by Lynn Grefe (2006), the executive director of the National Eating Disorder Association, “most mental illnesses deal with the neck up, if you’ll forgive me. But eating disorders deal with the top of your head all the way down to the toes because they ravage your body.”<sup>20</sup> Eating disorders have been and continue to be a serious cause of morbidity and mortality in children, adolescents, and young adults. According to studies conducted by Rome and Ellen (2003), eating disorders are real, complex, life-threatening mental conditions that have serious consequences for health, productivity and relationships and they are not just a “phase” or something that people “catch” for a period of time, there is no doubt that people struggling with an eating disorder need to seek professional help. The earlier a person with an eating disorder seeks treatment, the greater the likelihood of physical and emotional recovery.<sup>21</sup>

### **Prevalence and Background**

The Academy for Eating Disorders produced research indicating that the prevalence of eating disorders over the last 30 to 40 years has increased. Eating disorders are long-term illnesses, marked by extremes and characterized by a persistent pattern of dysfunctional eating or dieting behavior. These eating patterns are often associated with significant emotional, social, and physical distress.<sup>22</sup> Eating disorders are real, treatable medical illnesses with complex underlying psychological and biological causes. Eating disorders are often found to co-exist with other psychiatric disorders such as anxiety disorders, depression, or substance abuse. Eating

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<sup>20</sup> Dakss, Brian. *CBSNEWS.com*. October 4, 2006.  
(accessed January 11, 2010).

<sup>21</sup> National Eating Disorder Association. *Health Consequences of Eating Disorders*. 2005.  
<http://www.nationaleatingdisorders.org> (accessed January 11, 2010).

<sup>22</sup> Academy for Eating Disorders. *About Eating Disorders*.  
(accessed January 11, 2010)

disorders become present when a person experiences severe disturbances in eating behavior, such as extreme reduction of food intake or extreme overeating, or feelings of extreme distress or concern about body weight or shape. The National Institute of Health has asserted that a person with an eating disorder may begin by simply eating smaller or larger amounts of food than usual, but at some point, the urge to eat less or more will fall outside of the individual's control. Eating disorders are very complex, and despite the scientific research that has been done to understand them, the biological, behavioral and social foundations of these illnesses remain vague. The two main types of eating disorders are anorexia nervosa and bulimia nervosa. A third category is known as "eating disorders not otherwise specified (EDNOS)," which includes several deviations of eating disorders. Most of these disorders are similar to anorexia or bulimia, but include slightly different characteristics. Binge-eating disorder, which has recently received additional research and medical attention, is one type of EDNOS.<sup>23</sup>

The Renfrew Center Foundation has found that only 10 percent of men and women with eating disorders obtain treatment and nearly 80 percent of women who do receive treatment for their eating disorder do not get the intensity of treatment needed in order to remain in recovery. Unfortunately, the research conducted by the Renfrew Center Foundation clearly corresponds to the fact that the Alliance for Eating Disorder Awareness has found that at least 50,000 individuals will die as a direct result of their eating disorder.<sup>24</sup> Eating disorders frequently appear during adolescence or young adulthood, but some reports have determined that they can develop during childhood or later in adulthood. Women and girls have been found to be much more likely than males to develop an eating disorder, but men and boys now account for an estimated 5 to 15 percent of patients with anorexia or bulimia and an estimated 35 percent of those with binge-eating disorder.<sup>25</sup>

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<sup>23</sup> National Institutes of Health. *National Institute of Mental Health*. June 12, 2009.

<http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml> (accessed January 11, 2010).

<sup>24</sup> *Disordered Eating*. 2009. <http://www.disordered-eating.co.uk/eating-disorders-statistics/eating-disorders-statistics-us.html> (accessed January 11, 2010).

<sup>25</sup> National Institutes of Health. *National Institute of Mental Health*. June 12, 2009.

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As mentioned above, people can develop eating disorders at all ages, but most experience the onset of their disorder at an earlier age. According to the National Association of Anorexia Nervosa and Associated Disorders, 10 percent of people report the onset of their eating disorder at 10 years or younger, 33 percent between 11 and 15 years of age, and 43 percent between the ages of 16-20. The length of time that those with eating disorders suffer from the illness also varies; unfortunately this duration of time is typically much longer than most people would believe. The National Association of Anorexia Nervosa and Associated Disorders reported that 77 percent of people state the duration of their eating disorder to be 1-15 years, 30 percent from 1-5 years, 31 percent from 6-10 years and only 50 percent of people report being cured.<sup>26</sup> The above mentioned statistics and information speak for themselves in revealing how prevalent and destructive eating disorders actually have been, can be and continue to become throughout the United States. The research conducted by the National Association of Anorexia Nervosa and Associated Disorders influenced this study in choosing median age as an independent variable, where it was hypothesized that states with lower median ages would be more likely to mandate insurance coverage because there would be a larger population of younger residents.

## **Causes**

In their studies, Rome and Ellen (2003) found that a multiplicity of factors have been considered important in causing eating disorders. Interest has focused on the contribution of environmental and social factors, psychological predisposition, biological vulnerability and genetic predisposition.<sup>27</sup> One of the most potent risk factors is female gender, where research shows that more than 90 percent of those who have eating disorders

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<http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml> (accessed January 11, 2010).

<sup>26</sup> *Disordered Eating*. 2009. <http://www.disordered-eating.co.uk/eating-disorders-statistics/eating-disorders-statistics-us.html> (accessed January 11, 2010).

<sup>27</sup> Rome, Ellen S., et al. "Children and Adolescents With Eating Disorders: The State of the Art."

*Official Journal of the American Academy of Pediatrics*, 2003: 98-108.

are women between the ages of 12 and 25.<sup>28</sup> This statistic influenced the inclusion of female legislators as an independent variable in order to determine whether or not states with more female legislators would be more apt to address such a female-dominated illness. Also, members of certain ethnic groups, such as Asians, Native Americans, and African Americans appear less likely to have eating disorders than other ethnic groups. Given this research, the independent variable of non-Hispanic Caucasian was chosen in order to reveal whether or not a correlation would be found between states that mandate coverage of eating disorders and states with high non-Hispanic Caucasian populations. Reports of anorexia nervosa (AN) and bulimia nervosa (BN) are more common in developed nations where food is abundant and women correlate attractiveness with thinness.<sup>29</sup> This research links to this study's independent variable of personal per capita income in the sense that it is hypothesized that wealthier states will be more apt to require insurance coverage of eating disorders. Several factors focusing on weight or shape have been found to increase risk for eating disorders, including higher body mass index, concerns about weight, and a history of dieting.<sup>30</sup> Dieting continues to be a common entry point into the development of eating disorders and not surprisingly, socio-cultural and environmental factors as they relate to ideal body shape are thought to play an important role in causing eating disorders.<sup>31</sup> According to Sheila Lintott (2003), the average

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<sup>28</sup> United States Department of Health and Human Services Administration-Substance Abuse and Mental Health Services. *SAMHSA'S National Mental Health Information Center*.  
(accessed January 11, 2010).

<sup>29</sup> Rome, Ellen S., et al. "Children and Adolescents With Eating Disorders: The State of the Art." *Official Journal of the American Academy of Pediatrics*, 2003: 98-108.

<sup>30</sup> Academy for Eating Disorders. *About Eating Disorders*.  
(accessed January 11, 2010)

<sup>31</sup> Rome, Ellen S., et al. "Children and Adolescents With Eating Disorders: The State of the Art." *Official Journal of the American Academy of Pediatrics*, 2003: 98-108.

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American woman is preoccupied, if not obsessed, with thinness because American women are conditioned to see thin as beautiful. As a result, the constant pursuit of thinness is an acceptable goal in American society. Provided that societal pressures to be thin are great within the United States, research has found that the number of women suffering from eating disorders has greatly increased. While there is no doubt that a majority of American women desire to be beautiful and thus thin, Lintott's study of women with eating disorders has found that individuals suffering from such illnesses take this ideal to an extreme.

....at some point the ordinary attempt to lose weight may be transformed into something much more severe, perilous, and seemingly endless. The diet begins with a desire to improve one's physical self; the eating disorder that grows out of this attempt focuses not on the improvement of one's physical self but on the ability to overcome the physical self by an act of will. Whereas a diet usually has a specific goal, say, to lose ten pounds, an eating disorder becomes a way of life. The eating disorder is not so much a means to an end but an end in itself...’an eating disorder ceases to be about any one thing. It stops being about your family, or your culture...it becomes a crusade...It is a shortcut to something many women without an eating disorder have gotten: respect and power’.<sup>32</sup>

Researchers have found that despite how little a patient may weigh, the individual’s weight is never low enough. The goal of an eating disorder is perfection and therefore an individual suffering from such a disorder will always find something wrong with their appearance and their weight, forcing the individual to continue their eating disorder behaviors-whether they are restricting, purging, taking laxatives, using diet pills, over-exercising or a combination. The mindset of an individual suffering from an eating disorder greatly differs from that of an American woman who desires to be thin,

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<sup>32</sup> Lintott, S. (2003). Sublime Hunger: A Consideration of Eating Disorders beyond Beauty.

*Hypatia* , 65-86.

leading researchers to a better understanding of how psychological these disorders are.

A history of psychiatric problems, such as depression, anxiety, or substance use also increases the risk of eating disorders, along with certain problems in childhood such as sexual abuse and childhood eating difficulties.<sup>33</sup> Clinical and population studies of women have consistently demonstrated an increased association between depression and eating disorders, making depression an underlying condition for the development of such an illness.<sup>34</sup> For both anorexia nervosa and bulimia nervosa, behavior genetic studies have determined that there is a substantial genetic effect for the responsibility of these disorders. “Some gene candidates have been found to be associated with anorexia nervosa and bulimia nervosa, although this research remains relatively inconclusive in terms of genetic effects. There are also numerous studies indicating that certain brain chemicals, such as serotonin, may be abnormal in eating disordered individuals.”<sup>35</sup> According to Pamela M. Prah (2006), research now suggests that genetics may play a larger role than previously thought. Research is now indicating that people may be born with a predisposition to developing an eating disorder.<sup>36</sup> As aforementioned, eating disorders are extremely complex and difficult to understand and cure because of the variety of ways they manifest themselves in different individuals. These variations and complexities create a challenge for those in the medical and mental health profession, where the causes of eating disorders and the factors that create more risk of developing such illnesses also vary from biological to psychological to cultural. Research indicates that addressing the currently known causes and risk factors is important to

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<sup>33</sup> Academy for Eating Disorders. *About Eating Disorders*.

<sup>34</sup> Rome, Ellen S., et al. "Children and Adolescents With Eating Disorders: The State of the Art."

*Official Journal of the American Academy of Pediatrics*, 2003: 98-108.

<sup>35</sup> Academy for Eating Disorders. *About Eating Disorders*.  
(accessed January 11, 2010)

<sup>36</sup> Prah, P. M. (2006). Eating Disorders: Is Societal Pressure to be thin to blame? *CQ Researcher* .

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help victims recover, and prevent possible future victims, just as is seen with the treatment, prevention and cures of physical illnesses.

## **Anorexia Nervosa**

One of the two main and the most well-known of eating disorders is anorexia nervosa. As stated by the National Institute of Health, “anorexia nervosa is characterized by emaciation, a relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight, a distortion of body image and intense fear of gaining weight, a lack of menstruation among girls and women, and extremely disturbed eating behavior.”<sup>37</sup> Research conducted by the Academy for Eating Disorders has highlighted that individuals with anorexia nervosa are unable or unwilling to maintain a body weight that is normal or expected for their age and height. While there is no boundary that is able to divide “normal” body weight from a body weight that is “too low”, most clinicians will use 85 percent of normal weight as a reasonable guide to determine whether or not a patient is at a healthy weight.<sup>38</sup> As with all eating disorders, anorexia nervosa will manifest itself differently in different people, but there are common symptoms and behaviors that eating disorder experts find throughout; those similarities helping to classify people who use anorexic behaviors. Some people with anorexia nervosa lose weight by exercising excessively, some by dieting, and others lose weight by self-induced vomiting, or misusing laxatives, enemas or diuretics. Many people with anorexia see themselves as overweight, even when they are clearly malnourished and starving themselves. For those with anorexia nervosa, food, eating and weight control become obsessions, where a person with anorexia typically weighs herself or himself repeatedly and will develop unusual eating habits such as avoiding food and meals, carefully choosing and portioning food, weighing food, counting the calories of everything he or

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<sup>37</sup> National Institutes of Health. *National Institute of Mental Health*. June 12, 2009.

<http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml> (accessed January 11, 2010).

<sup>38</sup> Academy for Eating Disorders. *About Eating Disorders*.

(accessed January 11, 2010)

she eats and eating only small quantities of particular foods.<sup>39</sup> Concerns about weight and perceived appearance have a powerful influence on the individual's self-evaluation. The seriousness of the weight loss and its health implications is usually minimized, if not denied, by the individual.<sup>40</sup> According to Lintott (2003), those suffering from anorexia do not lack an appetite, but are in fact painfully aware of their natural desire for food and fight to control and deny the feelings of hunger all day, every day. "Without an appetite and an awareness of her hunger, she would lose the defining feature of her life. Her ultimate goal may be the complete triumph over appetite, but, because she is, after all, a human being, the hunger remains. Moreover, without her appetite, her attempts to triumph over it would be meaningless and empty".<sup>41</sup> Some who have anorexia recover with treatment after only one episode, while others eventually recover after some relapses. Still others have a more chronic form of anorexia, in which their health deteriorates over many years as they continuously battle the illness.<sup>42</sup> The diagnosis of anorexia nervosa includes two subtypes of the disorder that describe two behavioral patterns. Individuals with the restricting type of anorexia nervosa maintain their low body weight by restricting food intake and, possibly, by exercise. Individuals with the purging type will restrict their food intake as well, but also regularly engage in purging behaviors such as self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

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<sup>39</sup> National Institutes of Health. *National Institute of Mental Health*. June 12, 2009.

<http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml> (accessed January 11, 2010).

<sup>40</sup> Academy for Eating Disorders. *About Eating Disorders*.  
(accessed January 11, 2010)

<sup>41</sup> Lintott, S. (2003). Sublime Hunger: A Consideration of Eating Disorders beyond Beauty.

*Hypatia* , 65-86.

<sup>42</sup> National Institutes of Health. *National Institute of Mental Health*. June 12, 2009.

<http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml> (accessed January 11, 2010).

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The longer a person has anorexia nervosa, the more likely they are to binge and purge.<sup>43</sup>

Medical experts have asserted that because of anorexia nervosa's cycle of self-starvation, the body is denied the essential nutrients it needs to function normally. Thus, the body is forced to slow down all of its processes in an effort to conserve energy, resulting in serious medical consequences. These health consequences include: an abnormally slow heart rate and low blood pressure, which means the heart muscle is changing; the risk for heart failure rising as the heart rate and blood pressure levels sink; a reduction of bone density which results in dry, brittle bones; muscle loss and weakness; severe dehydration, which can create kidney failure; fainting, fatigue and overall weakness; dry hair and skin and the growth of a downy layer of hair called lanugo all over the body in an effort to keep the body warm.<sup>44</sup> The most common complications associated with anorexia nervosa, which lead to death, are electrolyte imbalances and cardiac arrest. Many people with anorexia also have coexisting psychiatric and physical illnesses, including depression, anxiety, obsessive behavior, substance abuse, cardiovascular and neurological complications, and impaired physical development. These coexisting illnesses help to explain how anorexia nervosa can also lead to death by suicide.<sup>45</sup> Those individuals who use drugs to stimulate vomiting, bowel movements, or urination are also at high risk for heart failure. Starvation can also lead to heart failure, as well as brain damage.<sup>46</sup>

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<sup>43</sup> Academy for Eating Disorders. *About Eating Disorders*.  
(accessed January 11, 2010)

<sup>44</sup> National Eating Disorder Association. *Health Consequences of Eating Disorders*. 2005.

<http://www.nationaleatingdisorders.org> (accessed January 11, 2010).

<sup>45</sup> National Institutes of Health. *National Institute of Mental Health*. June 12, 2009.

<http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml> (accessed January 11, 2010).

<sup>46</sup> United States Department of Health and Human Services Administration-Substance Abuse and

**Bulimia Nervosa**

The second main eating disorder is known as bulimia nervosa. As articulated by the National Institute of Health, “bulimia nervosa is characterized by recurrent and frequent episodes of eating unusually large amounts of food and feeling a lack of control over the eating. This binge-eating is followed by a type of behavior that compensates for the binge, such as purging (by vomiting, excessive use of laxatives or diuretics), fasting and/or excessive exercise.”<sup>47</sup> Eating an excessive amount of food in a single episode and almost immediately ridding oneself of the food in fear of weight gain is known as the “binge/purge” cycle.<sup>48</sup> In studying and researching bulimia, the National Institute of Health has found that there can be considerable variation in the nature of the overeating but the typical episode of overeating involves the consumption of an amount of food that, under normal circumstances, would be considered excessive. The individual’s experience with bulimia nervosa is dominated by a sense of lack of control over eating. This is why binge eating is followed by behaviors that will help to “undo” the consequences of eating too much. Deep concerns about weight and shape are also characteristic of individuals with bulimia nervosa. In contrast to anorexia nervosa, people with bulimia nervosa can fall within the normal weight range for their age, but like people with anorexia nervosa, they often fear gaining weight, want desperately to lose weight, and are extremely

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Mental Health Services. *SAMHSA'S National Mental Health Information Center.*

(accessed January 11, 2010).

<sup>47</sup> National Institutes of Health. *National Institute of Mental Health.* June 12, 2009.

<http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml> (accessed January 11, 2010).

<sup>48</sup> United States Department of Health and Human Services Administration-Substance Abuse and

Mental Health Services. *SAMHSA'S National Mental Health Information Center.*

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unhappy with their body size and shape.<sup>49</sup> Self-evaluation is based upon the individual's poor perceptions of his or her body image and these perceptions lead the individual to use eating disorder behaviors.<sup>50</sup> Usually, bulimic behavior is accompanied by feelings of shame or disgust and therefore is done secretly. The binging and purging cycle usually repeats several times per week. Similar to anorexia, people with bulimia often have coexisting psychological illnesses, such as depression, anxiety and/or substance abuse problems.<sup>51</sup> As with anorexia nervosa, there are two subtypes of bulimia nervosa. The purging type describes individuals who regularly compensate for the binge eating with self-induced vomiting or through use of laxatives, diuretics or enemas. The non-purging type describes individuals who compensate by excessive exercising or dietary fasting. There are cases where individuals will meet criteria for both anorexia nervosa and bulimia nervosa and in such situations, only the diagnosis of anorexia nervosa, binge-eating/purging type is given.<sup>52</sup> It may appear as though anorexia nervosa and bulimia nervosa both have the same two types of their specific disorder, but there are in fact differences. The anorexic who purges does not typically do so on a habitual basis like the bulimic, but only in situations where he/she was so starved that he/she gave into his/her natural desires for food and finds purging to be the sole solution to ridding himself/herself of the calories. The bulimic may attempt to rid himself/herself of his/her consumed calories through anorexic behaviors (such as restriction and exercise), but they typically will use these behaviors only after a binge and purging remains the most common behavior used.

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<sup>49</sup> National Institutes of Health. *National Institute of Mental Health*. June 12, 2009.

<http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml> (accessed January 11, 2010).

<sup>50</sup> Academy for Eating Disorders. *About Eating Disorders*.  
(accessed January 11, 2010)

<sup>51</sup> National Institutes of Health. *National Institute of Mental Health*. June 12, 2009.

<http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml> (accessed January 11, 2010).

<sup>52</sup> Academy for Eating Disorders. *About Eating Disorders*.  
(accessed January 11, 2010)

According to the National Eating Disorder Association, the recurrent binge-and-purge cycles of bulimia can affect the entire digestive system and can lead to electrolyte and chemical imbalances in the body that affect the heart and the function of other major organs. Some of the health consequences of bulimia nervosa include: electrolyte imbalances that can lead to irregular heartbeats and possibly heart failure and death (electrolyte imbalances being caused by dehydration and loss of potassium, sodium and chloride from the body as a result of purging behaviors). Potential for gastric rupture during periods of bingeing; inflammation and possible rupture of the esophagus from frequent vomiting; chronic irregular bowel movements and constipation as a result of laxative abuse; peptic ulcers and pancreatitis are also possible as a result of bulimia nervosa.<sup>53</sup> Chronically inflamed and sore throat, swollen glands in the neck and below the jaw, worn tooth enamel and increasingly sensitive and decaying teeth as a result of exposure to stomach acids, gastrointestinal reflux disorder, intestinal distress and irritation from laxative abuse, kidney problems from diuretic use and severe dehydration from purging of fluids can also result.<sup>54</sup> It has been found that approximately 50 percent of bulimic individuals recover, 30 percent improve somewhat, and 20 percent continue to meet full criteria for bulimia nervosa. Long-term follow-up studies suggest that only 10 percent of bulimic individuals continue to fully meet diagnostic criteria after 10 years of the illness.<sup>55</sup>

### **Quality of Life for Eating Disorder Victims**

Research by S.M. de la Rie, G. Noordenbos, and E.F. van Furth (2005) has indicated that eating disorders lead to mental, physical and social impairments and poor quality of life. The previously mentioned authors have

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<sup>53</sup> National Eating Disorder Association. *Health Consequences of Eating Disorders*. 2005.

<http://www.nationaleatingdisorders.org> (accessed January 11, 2010).

<sup>54</sup> National Institutes of Health. *National Institute of Mental Health*. June 12, 2009.

<http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml> (accessed January 11, 2010).

<sup>55</sup> Academy for Eating Disorders. *About Eating Disorders*.  
(accessed January 11, 2010)

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conducted studies comparing the quality of life of patients suffering from eating disorders and former eating disorder patients with the quality of life of a normal reference group and have found that eating disorder patients have reported significantly poorer quality of life than a normal reference group. S.M. de la Rie, G. Noordenbos, and E.F. van Furth (2005) cited physical impairment and medical complications found in eating disorder patients to be a result of disturbed eating behavior and abnormal compensatory behavior. Cognitive impairments found amongst these individuals include preoccupation with weight and shape, food, body dissatisfaction, depression and social anxiety, and low self-esteem. Social impairments indicated to be caused by eating disorders involve: disrupted family life, difficulties in social adjustment, educational and occupational impairments, and interpersonal problems. They cited research regarding the recovery of individuals from anorexia nervosa which found that 46.9 percent of anorexia nervosa patients recover from the disorder, 33.5 percent partially recover, 20.8 percent will develop a chronic disorder and 5 percent eventually die. While treatment is found to help the recovery rate of individuals with eating disorders significantly, eating disorder patients remain more impaired in all areas than those of the general population even after two years of treatment. Padierna, Quintana, Arostegui, Gonzalez, and Horcajo (2002) also conducted a study regarding the quality of life of individuals with eating disorders, and in examining 131 patients who were receiving treatment for purgative anorexia, restrictive anorexia, and bulimia nervosa and their results were very similar to those of S.M. de la Rie, G. Noordenbos, and E.F. van Furth (2005)- individuals suffering from eating disorders are more dysfunctional than the general population in the following categories of life: physical functioning, bodily pain, general health, social functioning, mental health, role emotional, and vitality (liveliness).

## **Treatment and Prevention: Early Detection**

In their work regarding eating disorders and their treatment, Rome and Ellen (2003) discovered that there are three main areas of treatment and prevention that have been found to lead to positive outcomes. These three areas involve early detection, early intervention, and restoration of body weight. The first area, early detection, is extremely important because of the fact that evidence suggests that the longer an individual suffers from an eating disorder, the harder it is for that individual to recover, thus indicating the importance of insurance coverage. Eating disorders must be diagnosed early in the illness

in order for treatment to be as successful as possible because by the time a formal diagnosis is made, the patient is already suffering from serious biological, psychological and social problems. Rome and Ellen (2003) argued that prevention of eating disorders partially rests on the primary care clinician recognizing and addressing early risk factors, screening patients that appear to be at risk of an eating disorder and providing punctual and efficient interventions to patients that are identified with disordered eating. The dramatic number of young girls that present an obsessive concern about fitness and health, weight loss, and significant food restriction is alarming and while not all of these patients may meet the required criteria for the two main eating disorders, they may suffer from disordered eating or be diagnosed with an ED-NOS. According to work by Rome and Ellen (2003), disordered eating, which is not recognized as an eating disorder directly because the individual will not meet the physical standards established for eating disorders, still represents a serious risk to health and well-being. In some cases, disordered eating is the early presentation of what will eventually evolve into a full-scale eating disorder; in others, disordered eating is relatively stagnant and does not progress into a complete eating disorder. The diagnosis of ED-NOS should never be considered undeserving of aggressive treatment. Rather, disordered eating and ED-NOS represent a chance to become involved in a potentially life-threatening process at an early phase that may be more open to treatment. Failure to meet the strict criteria for anorexia nervosa or bulimia nervosa should never deter a clinician from offering early and complete intervention. When symptoms of disordered eating are recognized, an interview should follow. This interview should establish the presence or absence of criteria of eating disorders including: fear of weight gain, loss of weight, fat phobia, purging behaviors, restrictive eating patterns, preoccupation with food, a distorted body image, menstrual irregularity, and out-of-control eating. Assessment becomes more difficult when patients with disordered eating or eating disorders are unable to accurately or truthfully describe their behavior, making additional information from family and friends both helpful and revealing. Research has indicated that other information that can help support the diagnosis of an eating disorder includes: ritualized eating habits, desire to eat alone, a limitation of food choices, excessive chewing of gum or ice, recent vegetarianism, and/or excessive fluid intake. Rarely will an adolescent complain about an eating disorder. A psychosocial and medical history is to be taken, along with the performance of a physical examination, when an eating disorder is suspected. When an eating disorder has become a concern,

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a return visit in one month or less for an additional physical examination is important, even if the patient's current weight is healthy. Follow-up visits are extremely important in order to monitor unhealthy weight fluctuations because eating disorders are more easily remedied with early detection. The patient who clearly has an eating disorder should be seen back within one to two weeks, with an initial treatment plan in place. The treatment plan is a work in progress that will be evaluated by all who are involved in helping the patient with the purpose of setting specific goals for the patient and thus providing progress in the patient's eating-related thoughts and behaviors.<sup>56</sup>

## **Treatment and Prevention: Early Intervention**

Rome and Ellen's (2003) work advocates for intervention occurring at the first signs and symptoms of disordered eating. Once an eating disorder is recognized, families must be willing to seek treatment. The earlier the intervention, the more likely the patient will recover. Typically, expert help should be sought-especially if patients are not progressing properly. Although it may be ideal to have a formal eating disorder treatment team, a primary care physician who is willing to find and communicate regularly with a nutritionist and therapist can do much to bring about progress in a patient. Research suggests that the primary care giver should have much of the knowledge and skills necessary, and, by teaming with a nutritionist and therapist, the patient can be treated effectively. The nutritionist should be familiar with the significant calories necessary for weight restoration plus normal growth needs. The nutritionist must be firm and flexible in creating a food plan with the patient and in teaching that plan to both the patient and the patient's parents/guardians. The nutritionist must also be able to confront the patient when excessive purging, exercise, or lack of adequate food intake is suspected. A therapist must understand teenage developmental issues and eating disorders along with having experience working with children, adolescents, and their families. The therapist can advise the physician and nutritionist on strategies to utilize because he/she has a better understanding of the context of the eating disorder. The responsibility of the primary physician is to monitor the patient's medical status through frequent visits

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<sup>56</sup> Rome, Ellen S., et al. "Children and Adolescents With Eating Disorders: The State of the Art."

*Official Journal of the American Academy of Pediatrics*, 2003: 98-108.

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(this will include patient history, physical examination, weight, vital signs, and laboratory evaluation as needed). “Health education regarding the role of dietary fats, the need of adequate nutrient intake and the restoration of menses to assure reaching optimal bone mineral density, the effects of starvation on the metabolic rate and the heart, gastrointestinal tract, and brain can be provided by the physician.”<sup>57</sup> The physician can explain the health effects and consequences of the eating disorder to both the patient and his/her family. All members of the patient’s care team must communicate on a regular basis, supporting and consulting one another before making significant changes to the plan. All members of the team can use presented opportunities to challenge the assumptions, beliefs, myths and attitudes held by the patient (which are keeping the patient ill). For example, the physician and/or nutritionist can encourage the patient to experiment for one week and eat the entire food plan in order to help them discover what will really happen to his/her body in order to show that his/her worst fears will not occur in reality.<sup>58</sup> The therapist and nutritionist are both needed to treat the psychological issues related to the eating disorder and to reduce or eliminate behaviors or thoughts that lead to disordered eating. Unfortunately, no specific psychotherapy appears to be consistently effective for treating individuals with eating disorders.<sup>59</sup>

### **Treatment and Prevention: Weight Restoration**

Research by Rome and Ellen (2003) has indicated that weight loss should be explored in-depth for the methods used, intentionality, and any resulting symptoms of damaged health. Physical examinations of those with

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<sup>57</sup> Rome, Ellen S., et al. "Children and Adolescents With Eating Disorders: The State of the Art."

*Official Journal of the American Academy of Pediatrics*, 2003: 98-108.

<sup>58</sup> Rome, Ellen S., et al. "Children and Adolescents With Eating Disorders: The State of the Art."

*Official Journal of the American Academy of Pediatrics*, 2003: 98-108.

<sup>59</sup> National Institutes of Health. *National Institute of Mental Health*. June 12, 2009.

<http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml> (accessed January 11, 2010).

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eating disorders may be normal; however, a number of clues may be discovered if they are sought out. "Medical complications may be serious, irreversible, and even fatal. Every organ system may be adversely affected by malnutrition and weight loss. Of particular concern are short-term vital sign abnormalities and cardiac dysfunction; longer-term concerns include menstrual abnormalities and osteoporosis."<sup>60</sup> Purging may result in severe abnormalities in electrolytes. This is why weight restoration is vital. Several studies indicate that weight restoration for patients with eating disorders helps to facilitate the recovery process. Early dismissal from the hospital, when a patient is below a healthy weight, predicts poorer outcomes.<sup>61</sup> Weight restoration typically takes place simultaneously to psychotherapy. The mental and emotional issues that the patient is dealing with are what cause the abnormal eating behaviors and thus the physical consequences. Therefore, both must be addressed. Once a person is physically stable, treatment will involve individual psychotherapy and possibly family therapy during which parents help their child learn to eat and maintain healthy eating habits.

Research suggests that eating disorders have become more pervasive and serious and as a result are requiring more physical and psychological attention. Therapists, such as Deborah J. Kuehnel, LCSW (2008), express the pressure and struggles they face regarding the number of doctor and emergency room visits they request as a result of the severity of the health consequences their patients are facing because of these mental illnesses. All of these requests must be completed on an out-patient basis because many patients do not meet the criteria set forth by most insurance companies in order to be admitted into the hospital. Specialists in eating disorders are now finding that insurance companies are not allowing for appropriate treatment. Delays for patients to be accepted into residential programs are not due to waiting lists, but to the insurance companies' criteria and denial of services.

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<sup>60</sup> Rome, Ellen S., et al. "Children and Adolescents With Eating Disorders: The State of the Art."

*Official Journal of the American Academy of Pediatrics*, 2003: 98-108.

<sup>61</sup> Rome, Ellen S., et al. "Children and Adolescents With Eating Disorders: The State of the Art."

*Official Journal of the American Academy of Pediatrics*, 2003: 98-108.

Most patients do not have the money to be able to afford outright the cost of the necessary treatment facilities and therefore patients are forced to fight the insurance companies at the same time they are fighting for their lives. Many insurance companies will check-in with eating disorder treatment facilities almost daily and as soon as they hear that there is progress in a patient, they refuse further payment and disrupt the treatment altogether.<sup>62</sup>

### **Lack of Coverage and Adequate Treatment Opportunities**

Anorexia is the deadliest psychological disease known today. Though bulimia and anorexia are defined as psychological diseases, insurance companies give and withhold treatment based on physiological criteria such as weight, blood pressure and electrolyte balance. Young women still inflicted by self-hate are removed from treatment centers because insurance companies decide they no longer constitute “medical necessity”. Although these women may have gained some necessary weight back as a result of supervised meals, their mind and hearts remain half-changed. Before the rise of cost-conscious, managed-care insurance, the average stay at Renfrew was seven to nine weeks; today the usual stay is only two to four. A recent survey by the National Association of Anorexia Nervosa and Associated Disorders and Glamour magazine of 109 top eating disorder experts in the nation found 100 percent to believe that some of their patients suffered relapses in their conditions as a direct or indirect consequence of insurance coverage limits. Women just beginning to respond to their treatment, to be honest about their pasts and their problems, to make healthy and self-motivated choices are yanked from the safety of the Renfrew Center before any of these changes can become permanent. These patients are actually being punished for taking the first steps in the process of healing. What is worse is that this approach taken by insurance companies is not even saving the insurance companies money. Dr. Janell Mensinger (2006), an expert in eating disorders, explains, “The sad thing about this situation, which happens all of the time, is that everyone gets hurt in the end. The harm to the patient is obvious, but there is harm and financial burden to the system as well as a

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<sup>62</sup> Kuehnel, Deborah J. *Health Place: America's Mental Health Channel*. November 28, 2008.

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result of such ignorance. The research is clear that the longer the individual has the disease, the more difficult and expensive it is to recover.”<sup>63</sup> This assertion is supported by a study done by Willard G. Manning and Kenneth B. Wells (1992) regarding mental health status measures having significant effects on both inpatient and outpatient medical use. In their study of the effects of psychological distress on medical services, Manning and Wells (1992) found that the increased use of medical care by psychologically distressed people was largely due to the distress they were dealing with and associated physical health problems. Research with regards to mental illnesses in general and specifically eating disorders has found that the longer the mental illness/psychological distress continues, the more treatment the individual will require. If insurance companies deny individuals with mental illnesses treatment for both their physical and psychological issues, their need of medical services will continue and become even more costly for the individual, insurance company, treatment facility, and society in general.<sup>64</sup>

## **Treatment Programs and Insurance Coverage**

The best eating disorder treatment programs are multidisciplinary, therefore involving multiple stages over time and becoming very expensive. Moreover, because treatment involves multiple care providers and because severe cases may require longer-term care, sooner or later clinicians may find that their patients’ insurance company is either denying payments or instructing them to follow an incomplete, inferior alternative to treatment. For financial reasons, health insurance companies have had a subjective division of medical and psychiatric benefits. Although coverage is often initially medical, it usually shifts to the less expensive and more time-limited psychiatric benefits in an effort to lessen spending. When to make this transition remains unclear because eating disorders require both psychological and medical treatment. The insurance issues for individuals with eating disorders are not unlike those that affect the entire population of

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<sup>63</sup> Martin, Courtney E. *The Huffington Post*. November 14, 2006.

[http://www.huffingtonpost.com/courtney-e-martin-/insurance-companies-guilt\\_b\\_34045.html](http://www.huffingtonpost.com/courtney-e-martin-/insurance-companies-guilt_b_34045.html) (accessed January 11, 2010).

<sup>64</sup> Manning, W. G., & Wells, K. B. (1992). The Effects of Psychological Distress and

Psychological Well-Being on Use of Medical Services. *Medical Care*, 34(5), 541-553.

adolescents and young adults. Many have no insurance because they no longer are eligible for their family plan. Most are underinsured, either lacking or having minimal mental health benefits. Experts within the field of eating disorders have found that the situation has reached an alarming level, resulting in reduction and/or closure of services provided by eating disorder programs. This pressures to delay or forego needed admissions, advancing dismissals and delivering crisis oriented treatment as opposed to focusing on rehabilitation and recovery. There are three basic barriers that may prevent treatment for adolescents with eating disorders: eligibility, scope of benefits or copayment and deductibles.<sup>65</sup>

One major reason why many adolescents and young adult patients are not eligible for coverage relates to many insurance groups reducing the age up to which patients can continue under parental insurance. Although the new health care bill has now made it a law that individuals may remain under their parents' health insurance until they reach 26 years of age, eating disorders are still prevalent amongst people in their late 20s. This lack of insurance occurs at the same time that partial or temporary employment in this age group is very high and affordability of insurance is limited. Although it is easier for college students to remain on their parents' insurance, they can only remain enrolled as long as they are in school. Therefore, if the eating disorder becomes severe and they have to leave college, they will lose their health insurance at the time they need it most.<sup>66</sup>

In many health plans, the scope of benefits for treatment of eating disorders is negligible. "For instance, use of diagnostic-related groupings places additional obstacles for adequate hospitalizations. The diagnostic-related grouping for malnutrition is for three to four days. Needless to say, an inappropriately low discharge weight during a short stay has a much higher

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<sup>65</sup> Rome, Ellen S., et al. "Children and Adolescents With Eating Disorders: The State of the Art."

*Official Journal of the American Academy of Pediatrics*, 2003: 98-108.

<sup>66</sup> Rome, Ellen S., et al. "Children and Adolescents With Eating Disorders: The State of the Art."

*Official Journal of the American Academy of Pediatrics*, 2003: 98-108.

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chance of ending in clinical deterioration.”<sup>67</sup> Even those patients who have 30 days of hospitalization in their health plans are not definitely granted that time, as the reviews that are done every few days may demand patient discharge the moment he/she begin to restore weight (without taking into account other therapeutic issues). In addition, a limitation of the number of outpatient visits to physicians and therapists is common. This trend is even more common when it involves the need for simultaneous therapy approaches (such as is the case with individual, group, and/or family therapy). A number of related problems have been repeatedly identified:

“designation of an adolescent medicine hospitalization as “psychiatric” as opposed to “medical,” followed by denial of payment or acceptance of only the first couple of days for medical stabilization with denial for the remaining days of nutritional rehabilitation; denial because the patient should have been admitted for a lower level of care—the disclaimer phenomenon: insurers often state disclaimers at time of inpatient or partial hospital care, or just because days are certified does not mean that they will be paid by insurance; clinicians and family act in good faith, but have no assurance that care will be reimbursed; unfavorable reimbursement for outpatient or inpatient medical encounters if the diagnostic code includes a psychiatric diagnosis such as AN (anorexia nervosa).”<sup>68</sup>

Copayments and deductibles present issues that relate to the increasing out-of-pocket expenses for those services that are covered. These expenses may be extremely high if hospitalization is required. Many companies establish lifetime coverage or forms of limiting payments of care. “An indirect way in which this limited setting affects the care of patients with eating disorders is a structure of inequitable payment for different types of care, emphasizing rewards for technical procedures rather than anticipatory guidance or counseling. Thus, to the very visible nonreimbursed services, one needs to

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<sup>67</sup> Rome, Ellen S., et al. "Children and Adolescents With Eating Disorders: The State of the Art."

*Official Journal of the American Academy of Pediatrics*, 2003: 98-108.

<sup>68</sup> Rome, Ellen S., et al. "Children and Adolescents With Eating Disorders: The State of the Art."

*Official Journal of the American Academy of Pediatrics*, 2003: 98-108.

add the more subtle destructive influence of low reimbursement rates for psychological services rendered by clinicians; the net result is that fewer qualified persons are able to continue the care for adolescents and young adults with eating disorders. At the end, patients will suffer and health care costs will nonetheless increase since eventually, with the advent of complications such as osteoporosis, care will eventually have to be delivered at a higher price, under a different diagnosis, and over a longer period of time.<sup>69</sup> According to research conducted by Prah (2006), insurers argue that they are offering the benefits that employers request and are able to afford. Blue Cross-Blue Shield Association asserts that people often blame the insurance company for not offering particular benefits, but the insurers do not have a choice because every benefit is negotiated by the insurance company and the employer.<sup>70</sup> This may reach a point where the patient will wait out behavioral treatment because they know that once insurance coverage is denied, there is nothing they can do to him/her. Therefore, insurance company policies and attitudes regarding eating disorder patients and treatment can unfortunately reinforce the obsessive, addictive part of the eating disordered patient.<sup>71</sup>

### III. METHODOLOGY

This study began by classifying each of the 50 states as either one that mandated insurance companies to cover eating disorders (represented by the number 1) or one that has not mandated insurance companies to cover eating disorders (represented by the number 0). The coding of the 50 states with this dichotomous, dependent variable will be present within both methodological models incorporated within the study- the Spearman's rho correlation and logistic regression. The most recent research used to conduct

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<sup>69</sup> Rome, Ellen S., et al. "Children and Adolescents With Eating Disorders: The State of the Art."

*Official Journal of the American Academy of Pediatrics*, 2003: 98-108.

<sup>70</sup> Prah, P. M. (2006). Eating Disorders: Is Societal Pressure to be thin to blame? *CQ Researcher*.

<sup>71</sup> Rome, Ellen S., et al. "Children and Adolescents With Eating Disorders: The State of the Art."

*Official Journal of the American Academy of Pediatrics*, 2003: 98-108.

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the Spearman's rho correlation indicated that there were 17 states that did mandate insurance coverage. The Spearman rho correlation reveals the magnitude and direction of the association between two variables that are on a ratio or interval scale. This correlation was chosen for this specific study because of the fact that the dependent variable is ordinal (ordered into 0 and 1). Any coefficient above 0.5 is considered a fairly strong relationship, with a coefficient above 0.6 or 0.7 being a very strong relationship. A 0.35 or 0.4 coefficient suggests a moderate relationship. The purpose of using this correlation is to determine whether or not there is a strong correlation between the dependent variable and the chosen independent variables. The independent variables include: *education, personal per capita income, percentage of female legislators, rural population percentage, median age, percentage of current drug users, GDP by Health Care and Social Assistance, and non-Hispanic Caucasian population percentage.* It is hypothesized that states that mandate insurance companies to cover eating disorders are more likely to have higher educational levels, higher personal per capita incomes, higher percentages of female legislators, lower rural population percentages, lower median ages, higher percentages of drug users, higher GDP by Health Care and Social Assistance and higher non-Hispanic Caucasian population percentages. Depending upon the specific variable, the data for the independent variables of this model were taken from the U.S. Census Bureau and *The Almanac of American Politics*.

The logistic regression model was conducted in order to methodologically advance this study. Each of the 50 states were again classified as explained in the Spearman's rho correlation model, with more recent research indicating that there were 22 states that mandated insurance coverage. The base of this model came from dividing 28 into 50 because research showed that 28 out of the 50 states did not have legislation mandating insurance coverage of eating disorders. From this, it is established that one has a 56% probability of guessing correctly that a state does not mandate insurance coverage of eating disorders. This probability percentage is then used for comparison for each of the independent variables incorporated within the logistic regression-the independent variables that produce higher percentages than the base probability of 56% will prove to have stronger predictive values and therefore be significant variables. The following independent variables, information for all being taken from the year 2008, were incorporated: *ideology, percentage of female legislators, median age, personal per capita income, education, non-Hispanic Caucasian population percentage, and*

*GDP by Health Care and Social Assistance.* Through the addition of each of these independent variables, the probability that one will correctly predict whether or not a state will mandate insurance coverage of eating disorders should increase. Depending upon the specific variable, the data for the independent variables was taken from the U.S. Census Bureau, the *Cook Political Report*, and the *Center for American Women and Politics* from Rutgers University.

### **Dependent Variable**

For the Spearman's rho correlation, the information incorporated came from research by Charlotte Triggs, indicating that by 2008 there were 17 states requiring insurance companies to cover eating disorders equally to other mental illnesses. These 17 states include: California, Colorado, Connecticut, Delaware, Georgia, Illinois, Maine, Maryland, Massachusetts, Minnesota, New Jersey, New York, North Dakota, Rhode Island, Vermont, Washington, and West Virginia. The logistic regression model incorporated research by the National Eating Disorders Association (as compiled by Lara Gregorio), which indicated that by 2009 there were 22 states that required eating disorder parity. These 22 states include: Oregon, Illinois, California, Minnesota, Arkansas, Massachusetts, Vermont, West Virginia, Connecticut, Delaware, Missouri, Georgia, New Hampshire, Maine, Kentucky, Maryland, Utah, Colorado, New York, North Carolina, Washington, and Indiana. Each of the aforementioned states, for their respective model, was coded as a 1 and the remainder of the 50 states were coded as a 0. Research did suggest that a selection of states provided some type of insurance requirements for mental illnesses, depending upon diagnosis, specific limitations, or insurance company and therefore those states were provided a 0 because they did not completely require insurance coverage of eating disorders.

### **Independent Variables**

#### **Education**

The state educational attainment variable was coded according to the percentage of residents who have earned a bachelor's degree or higher by the calendar year of 2007 according to the U.S. Census Bureau. It is hypothesized that those states with higher percentages of residents with bachelor's degrees will have more residents suffering from eating disorders and therefore they will be more apt to mandate insurance companies to cover

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the treatment of such mental illnesses. This hypothesis was based upon Lintott's (2003) research, citing that stress and desire for perfection are common influences in the development of eating disorders. More enlightened populations are thought to be more likely to understand the severity of eating disorders and therefore the importance of treatment coverage.

## **Personal per Capita Income**

According to the U.S. Census Bureau, "personal income is the current income received by persons from all sources minus their personal contributions for government social insurance. Classified as 'persons' are individuals (including owners of unincorporated firms), non-profit institutions, private trust funds, and private noninsured welfare funds."<sup>72</sup> This independent variable is taken from 2008 and is represented in current dollars as indicated. According to Rome and Ellen (2003), reports of anorexia nervosa (AN) and bulimia nervosa (BN) are more common in developed nations where food is abundant and women correlate attractiveness with thinness. As a result of this research, this study hypothesizes that the states with the highest personal per capita income will have a larger population of individuals living with eating disorders and therefore will be more apt to mandate insurance coverage of these illnesses.

## **Percentage of Female Legislators**

Regarding the Spearman's rho correlation, this independent variable is taken from the National Conference of State Legislators, representing the percentage of female legislators per state. Because all of the information used in the logistic regression needed to be from the year 2008, the logistic regression model used information from the *Center for American Women and Politics*, representing the percentage of female legislators per state in the year 2008. According to multiple eating disorder researchers, including the National Institute of Health, eating disorders affect females much more than

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<sup>72</sup> U.S. Census Bureau. (2009). Statistical Abstract of the United States: 2010 (129th Edition)

males and therefore it is the supposition of this study that female legislators will be more apt to address eating disorders in legislation than males. Additionally, in her work entitled *Do Women in Local, State, and National Legislative Bodies Matter? A Definitive Yes Proves Three Decades of Research by Political Scientists*, Karen O'Connor articulated that women are more likely to pursue a legislative agenda in children, education and health care than men.<sup>73</sup> As a result of the cited research, this study hypothesized that for both models, states with higher percentages of female legislators will be more likely to mandate insurance coverage of eating disorders.

### **Median Age**

For the Spearman's rho correlation, official April 1, 1990 Census figures are used, while the logistic regression incorporated information published by the U.S. Census Bureau in the year 2008, both having the independent variable of median age represent the average age of the residents of each state. Research by the Renfrew Center Foundation and the Alliance for Eating Disorder Awareness has found that eating disorders frequently appear during adolescence or young adulthood. According to the National Association of Anorexia Nervosa and Associated Disorders, 10 percent of people report the onset of their eating disorder at 10 years or younger, 33 percent between 11 and 15 years of age, and 43 percent between the ages of 16-20. This study hypothesizes that those states with the lowest median ages will have the most individuals suffering from eating disorders and therefore require the most insurance attention and coverage.

### **GDP by Health Care and Social Assistance**

This study believes that states generating more money through health care and social assistance institutions will have a greater likelihood of requiring insurance companies to cover eating disorders because of the fact that they have more individuals involved in such institutions and thus more

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<sup>73</sup> O'Connor, K. *Do Women in Local, State, and National Legislative Bodies Matter? A Definitive Yes Proves Three Decades of Research by political Scientists*.

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focus and financial stability will be found within the health care aspect of government and society. The U.S. Census Bureau articulated that the “gross domestic product by industry is defined as an industry’s gross output (which consists of sales or receipts and other operating income, commodity taxes, and inventory change) minus its intermediate inputs (which consists of energy, raw materials, semi-finished goods, and services that are purchased from domestic industries or from foreign sources)... The estimates by industry are available in current dollars and are derived from the estimates of gross domestic income, which consists of three components—the compensation of employees, gross operating surplus, and taxes on production and imports, less subsidies.<sup>74</sup> This independent variable is in the billions of dollars, so Alabama’s 12.3 represents 12, 300, 000,000.

## **Non-Hispanic Caucasian Population Percentage**

The concept of race, as used by the U.S. Census Bureau (2008), reflects self-identification by people according to the race or races with which they believe they most closely identify. The non-Hispanic Caucasian race category incorporates individuals who answered the race census question by reporting that they identify partially or entirely with the Caucasian population of society. This study hypothesizes that a correlation will be found between those states that mandate insurance coverage of eating disorders and those states that have the highest non-Hispanic Caucasian populations. This hypothesis was made based upon the research that has been conducted by eating disorder experts indicating that eating disorders predominately affect Caucasian females. Specifically, Rome and Ellen (2003) found that members of certain ethnic groups, such as Asians, Native Americans, and African Americans appear less likely to have eating disorders than other ethnic groups.

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<sup>74</sup> U.S. Census Bureau. (2009). Statistical Abstract of the United States: 2010 (129th Edition)

Washington, DC. <http://www.census.gov>

**Percentage of Current Drug Users**

Drug use, as an independent variable only in the Spearman's rho correlation, includes the estimated percentage of current users of any illicit drug within each of the 50 states. Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used without medical purposes. Current users are those persons 12 years old and over who had drugs at least once within a month prior to the National Survey on Drug Use and Health. According to research conducted by the Academy for Eating Disorders, eating disorders are often found to co-exist with other psychiatric disorders such as anxiety disorders, depression, or substance abuse. Thus, it is hypothesized that those states found to have a higher number of current drug users will have a higher number of individuals suffering from eating disorders and therefore have more need for insurance coverage of eating disorders.

**Rural Population Percentage**

Rural population, as an independent variable only for the Spearman's rho correlation, is taken from The Almanac of American Politics 2000. This variable represents the percentage of the population of each state that resides in what constitutes a rural area. This study posits that states with higher urban populations tend to be more politically aligned with the Democratic Party and that states with higher rural populations tend to be more politically aligned with the Republican Party. The Republicans generally oppose regulation and believe the United States should increase the number of insurance companies while Democrats are more likely to mandate coverage of certain insurance companies, arguing that an increase in the number of insurance companies would create multiple companies, of which none are providing adequate coverage. Therefore, this study hypothesizes that Democratic states would be more apt to regulate insurance companies and therefore states with lower rural populations will strongly correlate to states that mandate insurance coverage.

**State Ideology**

The independent variable of ideology was the Partisan Voting Index for the year 2008. This variable was taken from the *Cook Political Report* and was only used in the logistic regression. It is hypothesized that the more liberal a state is, the more apt that state will be to mandate insurance

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coverage of eating disorders because of the liberal-democratic tendency to advocate for regulation and providing the people with control over industry.

## **IV. FINDINGS**

The number of states recognized as taking the initiative to mandate that the insurance companies within their jurisdictions cover the treatment of eating disorders differed between the two models incorporated as a result of more recent research. When the Spearman's rho correlation was conducted, the most recent research indicated that 17 states mandated coverage, while 22 states were indicated as mandating coverage when the logistic regression was conducted. The Spearman's rho correlation found that *education, percentage of female legislators, and personal per capita income* had the strongest relationships with mandating eating disorder coverage. Out of these three independent variables, *education* had the strongest correlation with *personal per capita income* and *the percentage of female legislators*, also creating significant correlations. The remainder of the independent variables used in the Spearman's rho correlation did not produce strong or even moderate correlations with mandating eating disorder coverage. It is important to note that the three independent variables found to have the strongest relationship also relate to one another ("co-vary"), leading one to believe that since *education* produced the strongest correlation and its correlation with both *the percentage of female legislators* and *income* is strong as well, higher educated states will be more likely to elect female legislators. It appears that among these three variables, *education* (which is educational attainment defined as the percentage of the population with a college degree or greater) has the most predictive power, because it has the strongest correlation coefficient.

The logistic regression model found that *education, percentage of female legislators* and *state ideology* produced the strongest probabilities for predicting whether or not a state would mandate eating disorder coverage. Out of these three independent variables, *education* and *the percentage of female legislators* had the highest probability percentages, with *state ideology* producing a fairly significant probability percentage. These figures indicate that *education, the percentage of female legislators*, and *ideology* significantly increase one's probability of correctly predicting whether or not a state will mandate insurance coverage of eating disorders. The remainder

of the independent variables used in the logistic regression did not improve the predicted value of the model, indicating that the information included as a result of these variables does not significantly increase one's chance of predicting whether or not a state will or will not mandate insurance coverage of eating disorders.

It is important to note that while all *education*, *the percentage of female legislators*, and *state ideology* can be used to predict whether a state will mandate coverage, the logistic regression model shows that the variables are correlated with one another and therefore each variable was only significant when added as a single independent variable. This issue of multicollinearity can be explained through the correlation between *education*, *percentage of female legislators*, and *state ideology* where states with a higher *percentage of female legislators* tend to be more liberal and have a higher educational attainment (while the model indicates that these independent variables are correlated, one must keep in mind that this is a general explanation and there are specific instances when *state ideology* and *percentage of female legislators* may not be correlated. For example: Arizona has a large amount of female legislators but is a conservative state). In addition to this issue of multicollinearity, there were statistical limitations because the unit of analysis is the state and therefore there are only 50 cases. It is also important to address that *personal per capita income* was found to be significant in the first model, the Spearman's rho correlation, but was not found to be significant in the logistic regression model. A potential reason for this finding is that *education* and *personal per capita income* were highly correlated in the first model and that is why *personal per capita income* was found to be significant-this high correlation led to a false positive because *education* was the truly significant variable. The correlations found amongst all of the variables included within the Spearman's rho correlation are presented in the first table located below. The numbers included within the table represent the correlation coefficients of the correlations between each of the variables. Coverage is the dependent variable of the Spearman's rho correlation, representing those states that do mandate insurance coverage of eating disorders. The second table below is for the logistic regression model, incorporating the predictive values of each of the independent variables, the independent variables' increase from the base model, and the percentages of correctly identifying states that do and do not mandate insurance coverage for the three significant variables.

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## Spearman's Rho Correlations

	Coverage	Median Age	Personal per capita income	Education	Non-Hispanic Caucasian Pop. %	% Female Legislators	Rural Pop. %	Drug Users	Health GDP
Coverage	1.000	.203	.475*	.588*	.069	.367*	-.221	.180	.143
Median Age	.203	1.000	.220	.155	.438*	.073	.185	.097	-.105
Personal Per Capita Income	.475*	.220	1.000	.710*	-.028	.404*	-.481*	.205	.174
Education	.588*	.155	.710*	1.000	.067	.633*	-.455*	.229	.185
Caucasian Pop. %	.069	.438*	-.028	.067	1.000	.148	.363*	.137	-.390*
% Female Legislators	.367*	.073	.404*	.633*	.148	1.000	-.408*	.410*	.053

Rural Pop. %	-.221	.185	-.481*	- .455*	.363*	-.408*	1.000	-.109	- .451*
Drug Users	.180	.097	.205	.229	.137	.410*	-.109	1.000	-.118
Health GDP	.143	- .105	.174	.185	- .390*	.053	-.451*	-.118	1.000

\*Correlation is significant

### Logistic Regression Predictive Values

Independent Variables	Predictive Value	Increase from Base Model	Correctly Identify With States that Do Not Mandate	Correctly Identify With States that Do Mandate
Ideology	64%	8%	71%	55%
Percentage of Female Legislators	70%	14%	79%	59%
Education	70%	14%	82%	55%

\*The base model (probability of correctly predicting whether or not a state will mandate insurance coverage of eating disorders) is 56%.

\*The independent variables of *median age, personal per capita income, non-Hispanic Caucasian Percentage, and GDP Health Care and Social Assistance* were not found to significantly improve the predictive value.

### Education

For the Spearman's rho correlation, educational attainment per state was the independent variable that produced the strongest correlation with states that mandated insurance coverage of eating disorders. The correlation coefficient

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for *education* was a .588, indicating a strong relationship. *Education* also had a strong correlation with *the percentage of female legislators* and *personal per capita income*, the correlation coefficients being .633 and .710 respectively. Given that *personal per capita income* typically correlates strongly with education, it is suggested that *education* is the driving force amongst these three variables (more educated states are more likely to be wealthy and elect female legislators). For the logistic regression model, educational attainment per state, along with *percentage of female legislators*, was the independent variable that produced the highest predictive value regarding whether or not a state will mandate insurance coverage of eating disorders. The predictive value for *education* was 70%, with a 14% increase from the base model.

The logistic regression finding supports the strong correlation that was produced between *education* and a state's decision to mandate insurance coverage of eating disorders (from the first model-the Spearman's rho correlation). Therefore, the combination of these findings strongly supports this study's hypothesis and previous research which indicated that eating disorders are more prevalent in societies that are more industrialized. These findings also support research conducted by Lintott (2003) in the sense that Lintott (2003) cited stress and desire for perfection to be common influences in the development of eating disorders and those individuals achieving higher educational attainment will be more likely to be perfectionists and thus will be more likely to suffer from eating disorders. Therefore, these findings reveal that those states with higher educational attainment will be more apt to mandate insurance coverage of eating disorders because more of their residents will suffer from eating disorders as a result of the stress and perfectionist tendencies associated with education.

## **Percentage of Female Legislators**

In the Spearman's rho correlation, the correlation coefficient for *the percentage of female legislators* was fairly strong at .367. Additionally, the logistic regression model found that along with *education*, *percentage of female legislators* was the independent variable that produced the highest predictive value regarding whether or not a state will mandate insurance coverage of eating disorders. The predictive value for *percentage of female legislators* was 70%, with a 14% increase from the base model. In the first model-Spearman's rho correlation-it was recognized that this independent variable has a strong correlation with *education* and therefore there was a

possibility that the only reason it was found to be significant was its correlation with *education* (the correlation coefficient between these two variables being .633). Given that the logistic regression model also found this variable to be significant, one is led to believe that the percentage of female legislators per state does have a significant impact upon a state's decision to mandate insurance coverage of eating disorders. Acknowledging that the logistic regression model incorporates a different data set, more recent information regarding the percentage of female legislators per state, information from a different source and different limitations from those of the Spearman's rho correlation, this finding establishes a stronger conclusion that states with more female legislators will be more apt to mandate insurance coverage of eating disorders.

### **State Ideology**

*State ideology*, only being incorporated in the logistic regression model, presented the third highest predictive value of the selected independent variables. The predictive value for *state ideology* was 64%, with an 8% increase from the base model. Although this variable was not included within the Spearman's rho correlation, it did support the study's hypothesis that more liberal states would be more apt to mandate insurance coverage of eating disorders because of their tendency to support regulation.

### **Personal per Capita Income**

In the Spearman's rho correlation, *personal per capita income* produced a correlation coefficient of .475, creating the second strongest relationship with mandating eating disorder coverage of the selected independent variables, but the predictive values that it produced in the logistic regression were not significant. The Spearman's rho correlation did show that *personal per capita income* has a strong correlation to *education* and therefore it is believed that this strong correlation led to the variable being significant in the Spearman's rho correlation but not the logistic regression model—*education* is most likely the driving force amongst these two variables (more educated states are more likely to be wealthy) and therefore *personal per capita income* did not prove to be significant in the logistic regression model because its correlation in the Spearman's rho correlation was a false positive.

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## **Median Age**

Based upon previous research conducted by the Renfrew Center Foundation and the Alliance for Eating Disorder Awareness, suggesting that eating disorders frequently appear during adolescence or young adulthood, this study hypothesized that the lower a state's median age, the more likely that state would be to mandate coverage of eating disorders. The correlation coefficient between *median age* and the dependent variable in the Spearman's rho correlation was .203, which reveals that there is not much of a relationship between *median age* and states that mandate insurance coverage of eating disorders. For the logistic regression model, *median age* also proved to be insignificant and therefore this finding corroborates the correlation produced in the Spearman's rho correlation. Although this finding appears to oppose a majority of eating disorder research, indicating that a majority of individuals suffering from eating disorders are within the age group of 11 and 20 years of age, the variance between states regarding this independent variable was not significant enough to reveal a strong finding either way. Along with having a small variance, an explanation for this finding can be that states with younger median ages may have more residents that suffer from eating disorders but given the secretive nature of the disorder, eating disorder awareness may not be strong enough to create legislation that mandates insurance companies to cover eating disorder treatment.

## **GDP by Health Care and Social Assistance**

While this study predicted that the more money a state generated through Health Care and Social Assistance institutions, the more likely states would be to mandate insurance coverage of eating disorders, this study's findings do not support this hypothesis. With a correlation coefficient of .143, the Spearman's rho correlation suggests that there is no relationship between the dependent variable and *GDP by Health Care and Social Assistance*. The logistic regression also found this variable to be insignificant. While it would make sense that states with more individuals who are involved in Health Care and Social Assistance institutions would be more likely to have mandates on insurance policies regarding illnesses such as eating disorders, this finding can also be explained by understanding that physical illnesses are diagnosed much easier and more frequently than mental illnesses, thus explaining why insurance companies provide much more coverage of physical impairments,

and therefore the money generated within these institutions may mainly come from the coverage and treatment of physical injuries and conditions.

### **Non-Hispanic Caucasian Population Percentage**

Given the fact that eating disorder experts state that eating disorders predominantly affect Caucasian females-research conducted by Rome and Ellen (2003) found that members of certain ethnic groups, such as Asians, Native Americans, and African Americans appear less likely to have eating disorders than other ethnic groups- it was hypothesized that states with higher percentages of Caucasian residents would have more individuals suffering from eating disorders and therefore would be more likely to mandate insurance companies to cover the treatment of eating disorders. The findings of this study do not support this research, where the correlation coefficient for *non-Hispanic Caucasian population percentage* in the Spearman's rho correlation model was .069. This coefficient indicates that this independent variable had the weakest relationship with the study's dependent variable. This finding was corroborated by the finding that this variable was also insignificant in the logistic regression model. In assessing this finding and comparing it to previous research, this study suggests that the use of this variable did not provide much of a chance for a correlation to be revealed because of the fact that each state had a significant percentage of its population to consider themselves white. Research shows that eating disorders affect the white population much more than any other race or ethnicity in America, but such a large majority of the American population is white that it can be speculated that this variable is not likely to lead policymakers to incorporate eating disorders within insurance policies.

### **Percentage of Current Drug Users**

This study hypothesized that states with higher percentages of drug users would in fact be more likely to mandate insurance coverage because of research that indicates eating disorders often coincide with substance abuse. After using the Spearman's rho correlation, this study found that there is not much of a correlation between these two variables, as the correlation coefficient was .180. While this finding did not support this study's hypothesis, one possible explanation could be that drug abuse is a much wider and more commonly known and understood medical issue, and

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therefore states may choose to place more focus upon drug rehabilitation centers and the coverage of such treatment than the insurance coverage of a frequently misunderstood mental illness. This variable was not incorporated in the logistic regression model.

## **Rural Population Percentage**

This independent variable was only used in the Spearman's rho correlation, and the correlation coefficient for *rural population (%)* was -.221. The negative for this coefficient represents the fact that as the percentage of rural population decreases, the relationship with states that mandate insurance coverage of eating disorders increases. This study hypothesized that the more rural a state was, the less likely it would be to mandate insurance coverage of eating disorders because of the tendency for rural states to be dominantly Republican. This independent variable was not statistically significant.

## **V. CONCLUSION**

After using a Spearman's rho correlation, this study found that a state's decision to mandate the insurance coverage of eating disorders strongly correlates with a state's *educational attainment, personal per capita income* and *percentage of female legislators*. This study then incorporated a logistic regression model, which found *education, state ideology, and percentage of female legislators* to be significant independent variables in determining whether a state will mandate insurance coverage of eating disorders. Both models did have limitations, but the combination of both models in this study allowed all limitations to be addressed. Regarding the Spearman's rho correlation, the model compares the relationship between two variables rather than analyzing the impact of a number of independent variables at the same time. Also, the data compared was from different years, meaning that no control variables (states that do not have legislation mandating insurance coverage of eating disorders) could be introduced. In the logistic regression, each variable was only significant when added as a single independent variable rather than adding all of the independent variables at the same time. Additionally, the issue of multicollinearity presents itself in the logistic regression because several of the independent variables are correlated. This correlation can be found amongst the independent variables that proved to be significant, where states with higher levels of education are more likely to have a higher percentage of female legislators.

Despite both the Spearman's rho correlation model and the logistic regression model having limitations, each model was able to adequately address the limitations of the other, therefore ensuring there were not any negative impacts from each model's independent limitations. The logistic regression model included a different data set (it added the independent variable of *ideology* and eliminated *rural population percentage* and *percentage of drug users*), with different limitations (each of the independent variables had to be incorporated separately because of the correlations present and statistical limitations-because only 50 cases represented the entire population), yet the findings of the logistic regression model were similar to those of the Spearman's rho correlation model, strengthening the conclusion that *education* and *percentage of female legislators* are both influential factors in a state's decision to mandate insurance companies cover eating disorders.

Dr. Thomas R. Insel, Director of the National Institute of Mental Health (2009), argues that eating disorders are brain disorders that can be cured with appropriate mental and physical treatments, but insurance companies argue that there are no "standards" established for the treatment of eating disorders and this lack of medical protocol and certainty provides them with the authority to determine whether or not a recommended treatment is prudent. Research has indicated that insurance companies will typically cover the cost of treating physical symptoms such as heart failure, kidney failure, rupture of the esophagus, ulcers and high blood pressure but treatments that address the mental health of the patient-thus, the root causes of the disorder-are not generally covered, or are only partially covered. Studies by medical experts reveal that if anorexia, bulimia, and binge-eating disorders are not treated early, they often progress until the physical effects are too disabling for a full recovery. At that point, many sufferers require the most expensive medical treatments. Dealing with the underlying problem-the eating disorder itself-first would increase the possibility of recovery and could actually prove to be more cost-effective for insurance companies. Most physicians recommend many more treatment sessions than the average insurance company will cover. Insurance companies consider an eating disorder more "severe" by the

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number of times it recurs, but the fact of the matter is that absence of early mental treatment will often lead to relapse.<sup>75</sup>

In understanding the research conducted regarding the patients and treatment of eating disorders, it becomes apparent that treatment is necessary if an individual suffering from an eating disorder desires the possibility of recovery. If insurance companies are not going to take it upon themselves to include eating disorders within their policies, thus covering the treatment costs of these illnesses, then the responsibility will be placed upon the states to mandate that insurance companies cover eating disorders. The harsh reality regarding eating disorders is that they are in fact life-threatening mental illnesses and that millions of people throughout the United States are suffering from them. In a majority of states, insurance companies are being given the power to determine which individuals suffering from such mentally and physically damaging illnesses deserve treatment and how much treatment they will be provided. This must change. If The United States truly wants to take a stand against eating disorders and begin to make a difference in the prevention and treatment of these mental illnesses, states must begin requiring insurance companies to include eating disorders within their coverage policies. The findings of this study can help to jump-start additional research in this area, where other independent variables and factors must be examined in order to determine why some states have decided to mandate coverage of eating disorders (with a majority of them choosing not to) in order to figure out ways to help those states that have not mandated coverage pass such necessary legislation. Taking into account that eating disorders have the ability to damage and or ruin an individual's life in two different manners-mentally and physically,-while physical illnesses only affect individuals physically, providing more assistance to those dealing with such debilitating illnesses appears as though it should be mandated by all states instead of those with higher educational attainment and percentages of female legislators.

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<sup>75</sup> Manning, Holly Anne. *National Organization for Women*. 2009.

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Gendered language about sport in social networking: does it exist?

A blog content analysis among runners

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### **Abstract**

This research project used a grounded theory content analysis to analyze how runners do gender in their communication styles in blogs. West and Zimmerman's (1987) concept of doing gender offered a theoretical framework to the research question by analyzing gender as a product of social interaction. The researcher expanded the theory of doing gender to the online world, contending that although the audience may be unseen, the interaction is still taking place and gender is being done in certain ways. The researcher chose 10 male and 10 female blogs and analyzed postings by counting instances of specific language devices defined as typically feminine and typically masculine. Findings suggest that both men and women do gender "inappropriately" and "appropriately" in certain instances. The most significant findings suggest that men tended to use competitive language surrounding individual times in comparison to other runners, while women tended to be more focused on their personal achievement. Men were also more likely to be promoted by outside sponsorship, host contests, and promote goods through their blogs over women. Women seemed to be more likely to use exclamation points or emoticons in their blog and post titles, representing a great expression of emotion in their communication style.

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## Rationale/Introduction

“Gender is not a ‘thing’ that one possesses, but rather a set of activities that one *does*” (Kimmel, 2008, p.122). Looking at this definition, one cannot define gender as one, concrete, fixed label. Rather, as Kimmel says, gender is “a product of our interactions with others” (2008, p. 122). From the day we are born, we are socialized into knowing, believing, and recreating the way men and women are *supposed* to behave according to particular gender roles. These gender roles are “traits, behaviors and attitudes that our culture defines as ‘masculine’ or ‘feminine’” (Kimmel, 2008, p. 3). For instance, most young boys are given cars to play with while most little girls are given dolls. From this moment, the givers of these toys are communicating what is masculine (cars= speed, power, danger) and what is feminine (dolls= delicate, require nurturing, relating to the family) directly onto the children. West and Zimmerman contend that the way we act out our gender involves a series of “socially guided perceptual, interactional, and micropolitical activities that cast particular pursuits as expressions of masculine and feminine ‘natures,’” such as the example above (1987, p.126). In other words, we are taught particular gender roles at birth and continue to act out and perpetuate our prescribed “masculinity” or “femininity” through our interactions with others.

Gender roles are imposed and upheld by the very culture in which they are found. In addition to individuals, institutions send gendered messages of socially defined ideas of masculinity and femininity. For instance, in the institution of sport, ice-skating is considered a feminine sport because it is highly related to image appeal, delicacy, and grace. In contrast, a sport such as football is considered masculine because of the aggression, power, and strength that is associated with the game. Athletes who attempt to cross gender boundaries in these sports are often viewed as defiant of the status quo. Gender roles become a very real fixture of life because they are reinforced through different social institutions such as the family, school, church, media, sport and work. As Kimmel says, “We are not necessarily born different: We become different through this process of socialization” (2008, p. 3).

Gender roles guide the way we interact with one another, what clothes we wear, what jobs we pursue, and much more. The roles that we act out feel so inherent that we often believe that they can be attributed to nature. On the contrary, as Goffman states, “it is for membership sorting that biology

provides a neat and tidy device; the contingencies and response that seem so naturally to follow along the same lines are a consequence of social organization” (1977, p.330). In essence, sex is the way society assigns gender to individuals. This gender assignment incorporates a particular set of guiding principles and ways of life (gender roles), therefore providing society with an organizational mechanism.

So why does any of this matter? Gender is important for us because it shapes how we frame our actions and structure our location in society (Lorber, 1994a). Gender is a social structure (others include race, class, and sexuality) that allows us to dole out certain (scarce) rewards and resources (Lorber, 1994a). Gender puts men above women and other male minorities regardless of race and class; therefore what men do is valued more highly than what women and men of non-white descent do (Lorber, 1994a). As Fensternmaker and West state, “those few unremarkable actors in everyday interactions are responsible for the force of history, the exercise of institutional power, and enduring social structures” (as cited in Kitzinger, 2009, p. 97). Those “actors” are the people who run our schools, are our bosses at work, and are the leaders of our communities. They distribute rewards, resources, and benefits in unequal ways. They exercise power and make important decisions that shape many people’s lives. When a particular set of principles such as gender scripts (socially constructed gendered collections of attitudes, behaviors, and characteristics) guide our everyday lives, interactions, and careers, they are pertinent when discussing the inequalities of the past, present, and future of society. Ridgeway notes that even in regards to a task that is irrelevant to gender, people tend to “implicitly treat it [gender] as relevant unless challenged” and “form higher performance expectations for the men than for the women” (1988, pp.191-192). Gender is an ever-present and unfair set of guidelines that shapes our society.

Because gender is so deeply embedded in society, it is no surprise that much research has been devoted to gender’s intersection with communication. In the field of computer-mediated communication, Herring and colleagues have extensively researched how gender interacts with the blogosphere—which consists of “modified webpages containing individual entries displayed in reverse chronological sequence” (Herring, Kouper, Scheidt, & Wright, 2004, para. 1). Herring and colleagues conducted a content analysis of 357 randomly sampled blogs and found a connection between men and filter-type /k-log blogs, which are information-based blogs with links to world events

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and online news. They found that the blogs of adult, white males are often discussed more in the public sphere (such as in media and news) because of the notion that the well-informed, white, wealthy, male members of society are more educated and worthy of discussion. The researchers drew this conclusion from a content analysis of 16 articles about blogs from mainstream news sources during 2002-2003, who almost unanimously referred to men when citing or discussing blogs.

Furthermore, research conducted by Ekdale, Namkoong, Fung, and Perlmutter (2010) about the motivations for popular American political bloggers, included a sample of the most widely read political blogs. The sample consisted of 46 men and 16 women. The numbers do not lie—women are underrepresented in the predominantly masculine arena of politics, much like what Herring and colleagues found. In addition, 54 of the 62 bloggers self-identified as Caucasian, reinforcing the racial separation that is also present in blogs.

West and Zimmerman’s “Doing Gender” (1987) offers a theoretical framework to my upcoming question about gender and computer-mediated communication. The purpose of their theoretical piece is to “advance a new understanding of gender as a routine accomplishment embedded in everyday interaction” (p. 125). In other words, West and Zimmerman view gender as something that is performed. They believe that although individuals are capable of “doing gender,” they do so in relation to particular situations. “Rather than as a property of individuals, we conceive of gender as an emergent feature of social situations: both as an outcome and as a rationale for various social arrangements and as a means of legitimating one of the most fundamental divisions of society” (p.126). In effect, West and Zimmerman believe that gender is the product of human interaction and is constantly being re-created and reinforced through social settings. For the purposes of my research, I will expand West and Zimmerman’s theory so that it applies to blogs. In the Internet age, to keep doing gender relevant, one must consider that while blog postings may not have an immediate interaction with another human, the interaction still exists. Even though one may not see the particular audience one is interacting with, we cannot deny the existence of that audience. Therefore, social interaction is still taking place; the exchange has just shifted mediums. The expansion of West and Zimmerman’s theory will help this research and future research begin to

unlock the ways in which we “do gender” with an invisible audience, which is why I have chosen to focus on language devices.

Lorber (1994b) gives a good example of how we “do gender” in everyday situations. She recounted how she saw fathers with their children on the subways of New York City and noticed that people often stare approvingly at these fathers. Although it is becoming increasingly common for men to take care of their children, Lorber notices that onlookers see this as still a relatively novel idea. She argues that both the modern fathers and the onlookers are doing gender—the men are taking on a typically feminine role of caretaking and the fellow subway users are overtly recognizing it.

Using the expanded definition of “doing gender” and the particular social situation of computer-mediated communication, I will investigate whether or not women and men perform their prescribed gender roles through language expressed over the Internet. As a college student who grew up in the computer age, I have seen the evolution of the computer from the clunky PC, to the laptop computer, to handheld smart phones. As a communication major, I have acknowledged that computer-mediated communication studies have become the backbone of person-to-person exchange. The Internet has opened the door to establishing relationships. Chat rooms, instant messaging, e-mailing, online dating sites, and blogs are all avenues for new means of social interaction. In each of these online realms, a specific culture is adopted with its own practices, etiquette, and language—much like how we, as socially defined men and women, develop our own practices to navigate society. As a student athlete, I have a particularly strong relationship with a gendered institution—*sport*. Sport has been my stress reliever, my social network, and my avenue to college. And so this is how I arrived at my research question:

RQ: How do runners “do gender” in their communication styles in online blogs?

This paper will the review literature surrounding gender and communication, specifically computer-mediated communication, and explore if there is linguistic evidence of “doing gender” in the sports blogosphere.

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## Literature Review

Gender and communication theorists alike have long researched the question of whether or not men and women communicate—whether written, spoken, or through computer technology—*differently*. Tannen (2009) says that women seek human connection and therefore develop a communication style that coincides with that connection. Tannen says that women talk more in private conversations rather than in a public lecture-style situation. She also claims that when women listen to a speaker, they often send cues of approval like head-nodding or use phrases like “uh-huh” or “yes,” indicating they are engaged in the conversation, stimulating human connection. Women also tend to ask questions to create bonds with others and use “tag questions” (“Right?” or “Do you agree?” or “Do you know what I mean?”) to divert potential disagreement (Tannen, 2009). Female language style can also be characterized by greater self-disclosure, expression of emotions and we-references (Savicki, Kelley, & Oesterreich, 1998). Lerner (1985) suggests women also avoid overt expressions of anger in intimate relationships because of “feared consequences of rejection and loss of the relationship” (as cited in Fehr, Baldwin, Collins, Patterson, & Benditt, 1999, p. 309).

On the other hand, Tannen argues, men are mainly concerned with their ranking in society (2009). Tannen says that when men communicate they are “working hard to preserve their independence as they jockey for position on a hierarchy of competitive accomplishment” (2009, p. 432). In doing so, men develop a communication style that is very lecture-like. They tell stories that develop what Tannen calls a “can-you-top-this” attitude (Tannen, 2009, p. 433). Men are also more comfortable with conflict in speech because of the competitive nature in maintaining higher status (Tannen, 2009). In addition, Lerner (1985) argues that men, opposed to women, are “rewarded for expressing anger directly” (as cited in Fehr et. al, 1999, p. 309).

Tannen’s theories about genderlect styles offer distinctive types of communication approaches for men and women. People communicate with each other constantly—verbally, orally, or written. The language chosen by men and women in conversation is a representation and perpetuation of gender if Tannen’s claims are true. Therefore, in any type of communication the conclusion can be drawn that we are, in West and Zimmerman’s words, “doing gender.” We are communicating in such a way and in particular situations that gender is observed, recognized, reacted to, and reinforced. We are essentially performing gender in communicating with one another.

Many studies support Tannen's claims that men and women communicate quite differently. Adrianson's research offers an interesting perspective on face-to-face communication. This study gave groups of participant's two problems to be solved that had "ambiguous" answers (Adrianson, 2009, p.71). Adrianson's aim was to determine if "gender would influence communication equality, social relations, and communicative processes" (Adrianson, 2009, p. 71). The participants in each group described their perceptions of the other participants in the group on thirteen 7-point bipolar adjective scores. Adjectives included words such as creative, interesting, tolerant, attentive, social, etc. Statistical analysis revealed that in face-to-face communication, females' perceptions of other communicators were more positive, opposed to males' perceptions (Adrianson, 2009). These findings overlap with Tannen's idea that women are often more encouraging and positive when engaging in conversation to develop connections with other people.

Computer-mediated communication offers a new and interesting platform for theorists and researchers to discuss the intersection of gender and communication styles. Studies in the field of computer-mediated communication have shown that gender affects the way men and women communicate. Waseleski (2006) analyzed exclamations in messages posted to two library and information science electronic discussion groups. The researcher found that women were more likely to use exclamations over males. This finding coincides with Tannen's claim that women are often more expressive and therefore would use more exclamation points to connect with the other conversationalist. However, the results should be taken with caution because the majority of professionals in library and information science jobs are female to begin with, as disclosed by Waseleski.

Herring, a well-known researcher in the field of gender relations and computer-mediated communication, delivered an address that summarized her observations of subscription-based electronic discussion lists. Herring contends that females adopt a supportive and attenuative approach. "Expressions of appreciation, thanking, and community-building activities" are types of supportive communication styles (Herring, 1994, para.9). "Hedging and expressions of doubt, apologizing, asking questions, and contributing ideas in the form of suggestions" are classified as attenuative practices (Herring, 1994, para. 9). In contrast, Herring found the male style is "characterized by adversariality: put-downs, strong, often contentious

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assertions, lengthy and/or frequent postings, self-promotion, and sarcasm” (Herring, 1994, para. 7). Herring’s observations relate closely to Tannen’s genderlect styles. Both researchers found that women often use language that promotes connection, often asking questions and using language that provides encouragement. In addition, Herring and Tannen found that men often use language to promote themselves in order to establish rank. The lengthy, frequent postings that Herring describes are very similar to Tannen’s idea of a lecture-like communication style.

Taking a closer look at computer-mediated communication, focusing on the blogging realm, research has shown varied results as to whether or not gender influences communication styles, social perceptions, overall popularity of blogs, motivations, and much more. Blogs have become an avenue for social interaction, and consist of communication connections such as “hyperlinks from one blog to another, mentions of other blogs and bloggers in entries posted to weblogs, and comments posted in response to other bloggers entries” (Herring, Kouper, Scheidt, Paolillo, Tyworth, Welsch, Wright, & Yu, 2005, p. 1).

Pedersen and Macafee (2007) conducted a study about gender differences in British blogging practices. They found that the cause of the lower popularity of women bloggers may be due to their more personal content and orientation towards the social aspect of blogging as well as lesser technical proficiency. On the other hand, males’ emphasis on external events rather than personal interests tends to draw in more readers when using a search engine. Trammell, Tarkowski, Hofmokl, and Saap (2006) analyzed Polish bloggers using content analysis. Their analysis revealed that females “exhibited social interaction motivations more than males” (p.712). “Females provided a record of the day, discussed a memory, and communicated feelings or thoughts more often than males. Conversely, males discussed hobbies or interests more often than females” (p. 712). Both of these blog studies contend that women tend to personalize their blogs and communicate feelings more, whereas men tend to draw on factual information such as outside events. Again, this is showing the female’s orientation toward connection with others and the male’s orientation towards talking about their own interests to improve rank.

Blog research in the political arena has revealed interesting data along gendered lines. Harp and Tremayne (2006) conducted a study of political blogs and found that women were noticeably underrepresented. They

contend that two principles, growth and preferential attachment, may be working against women in the blogosphere. In regards to growth, Harp and Tremayne say “Original players in any network have an advantage: the longer you have been around, the more links you are likely to acquire” (p.258). Preferential attachment is a process in which a quantity is distributed among a number of people based on how much they already have, so that those who are already wealthy in the particular quantity receive more than those who are not. Referring to preferential attachment, the researchers argue that “Old patterns of power and assumptions about the way politics should be played may be responsible in part for inequity in hyperlink patterns” (Harp & Tremayne, 2006, p. 258). The system of links that Harp and Tremayne refer to is the way in which bloggers gain credibility and influence. Preferential attachment comes into play because the more people know about you, the more links you have on their blogs, the more exposure you get, and the more credible you become. However, if women do not have as much exposure in political blogs, they are less likely to gain exposure, and therefore will remain in the margins.

Despite the above research, there is also evidence that gender has little to no effect on communication styles. Stokoe and Smithson (2001) argue that women and men’s communication styles should not be generalized into fixed categories. Sterkel (1988) analyzed writing styles in business communication at Colorado State University. The participants in this study wrote a persuasive request, a collection letter, or sales letter based on a randomly assigned case. Sterkel found no significant differences between males and females on 20 language dimensions—number of sentences, number of words, number of courtesy words, number of contractions, etc. Based on Tannen’s genderlect styles, one would think that women would use more courtesy words to avoid conflict, but that was not the case in this study. However, the professional style of business writing may create less variety in word choice thus lessening gender difference in language.

Some studies suggest that other factors besides gender must be considered when analyzing speech patterns among men and women. Janssen and Murachver (2004) studied the influence of gender and *discussion topic* in the written language of male and female undergraduate students. Students wrote about three topics—their ideal partner (female topic), how to throw a party (gender neutral topic), and views on genetic engineering (male topic). They found the topic of discussion played the largest role in the language used,

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rather than biological or social gender. They flagged particular linguistic devices, and concluded that a typically masculine topic, genetic engineering in this case, elicited masculine-type language. They also found that a typically female topic, the ideal partner, elicited female-type language. This research concluded that both women and men use similar language devices when speaking on the same topic, regardless of the gender of the person having the discussion.

Freed and Greenwood (1996) found that individual linguistic characters cannot be generalized without considering the particular context they occur in. They analyzed conversations between four female and four male pairs of friends and looked of the stereotypically female language phrase “you know,” and the stereotypical female usage of questions in conversation. After counting the uses of each phrase, they also compared it with three types of talk: spontaneous talk, considered talk, and collaborative talk. They, like Janssen and Murachver, concluded that that the type of talk and subject matter is what determines speech patterns, not the gender of the individual. Palomares (2009) analyzed stereotypically female tentative language (e.g., sort of, probably, might, kinda) in e-mail exchanges between males and females on “gendered topics.” Sports and cars were considered masculine, shopping and fashion were considered feminine, and restaurants were considered gender neutral. Palomares found that masculine topics yielded more tentative language used by women. Men were more tentative when discussing feminine topics. This study again revealed that the *topic* chosen affected how women and men use tentative language rather than *gender*.

Interestingly, there is even research that suggests computer-mediated communication rids the user of any gender constraints and therefore language does not take a specific form. Rellstab (2007) analyzed Swiss internet relay chats across three different channels—a hip-hop channel, a Christian channel, and a channel called chatlounge (a forum for meeting people, flirting, and finding a partner). Relstab concluded that although the chatters do act within the normal definitions of masculinity and femininity at times, they also disrupt the conventional attitude towards these conceptions by switching gender roles in certain instances. He deems this switching of roles as “queering”—for they destabilize stabilized notions of gender and sexuality (p. 780).

Gender and its relation to language has been a back-and-forth argument among researchers. Some evidence has shown that men and women

communicate differently, while other studies have revealed men and women communicate similarly. However, when speaking about gender and its relation to sport, the research is clear. Sport and gender have a complex, but very present relation to each other.

Sport is an arena that has historically provided a forum to display powerlessness, strength, and aggression—all of which are often related to masculine behavior. Messner concluded, through extensive interviews with former male athletes, that organized sport is a “gendered institution” (1990, p. 438). Messner states that the very nature of sport as a gendered institution imparts a specific set of codes that adhere to masculinity and femininity (1990). Messner adds that sport is also a “gendering institution” (1990, p. 438). Sport helps to “construct the current gender order” (Messner, 1990, p. 438). Part of this construction, Messner adds, is accomplished through the “masculinizing of male bodies and minds” (1990, p.438).

Mean and Kassing (2008) note that “Understanding the nature of sporting discourse as powerful and gendered brings into relief what is at stake within the action and practices that comprise sport, and why it may be merely convenient to suggest that empowerment and progress have occurred when little has changed substantively” (p.127). Mean and Kassing raise an important point in saying that although it seems like female athletes have gained substantial ground in the sports arena, such as improvements with Title IX and the increase of women involved in sports, much attention needs to be paid to the actual manifestations of this progress. In analyzing 20 interviews with professional female athletes, Mean and Kassing reported that in spite of increased participation of female athletes, “U.S. professional women athletes’ identity construction remains subject to traditional gendered hegemony requiring the negotiation of heterosexuality and femininity” (p. 141). They found that although women are getting more opportunities to compete, the deeply embedded notions of gender in society hold them to a different standard than their male counterparts. Male gender roles are completely in line with sport—powerful, strong, and competitive—but when a woman exercises these qualities she is seen as different and compromising her gender role. Women are often subject to explaining themselves and reaffirming their heterosexuality and femininity to still conform to the gender roles of society because they are pursuing sport, a generally masculine activity. Messner (1988) agrees that the advances that women have made in joining the sports arena express a tremendous achievement for equality in

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society, but he contends that this progress is “within historical limits and constraints imposed by a consumption-oriented corporate capitalism and men’s continued attempts to retain power and privilege over women” (p.207). He believes that female success in sport is surrounded by an image that is still appealing to men, which in turn allows men to continue to exercise control over women. For instance, female athletes are often in magazines when they are in staged photo shoots, not in the middle of action. This allows a male, capitalistic society to view women as people who happen to be athletes, instead of athletes who happen to be women, thus reaffirming the idea that women are still subordinate to men because they are women first.

So, does this continued gendering of sport affect men and women’s communication styles? When analyzing communication differences among male and female team sport athletes, Sullivan (2004) found no apparent sex differences in “respect to the frequency of exchange of any of the communication resources—acceptance, positive conflict, negative conflict, and distinctiveness” (p.125). It is important to note that Sullivan used gender-neutral sports or sports often played by both sexes to control for an equal amount of males and females represented. He also chose gender-neutral sports to reduce instances of hyper-masculine language that may be found in male-dominated football or hyper-feminine language used in female-dominated gymnastics. In doing so, this study disregarded sports that have a deep attachment to gender identity and instead focused on those sports that have made progress in equal representation, allowing for a comparative study.

Some empirical evidence suggests that men and women communicate differently, while other studies reveal that men and women communicate in similar ways. Tannen (2009) says that females have a particular style that seeks human connection, while males develop a style that evokes status. Herring (1994) has suggested that in online communication, women adopt a supportive and attentuative approach, while males develop an adversarial approach. However, Janssen and Murachver (2004), Freed and Greenwood (1996), and Palomares (2009), all contend that areas such as topic of discussion and the context of discussion are influencing factors in communication, not necessarily the gender of the individuals. Throwing sport into the mix, Sullivan (2004) found no apparent differences in communication such as acceptance, positive conflict, negative conflict, and distinctiveness.

Analyzing how bloggers “do gender” in the sports blogosphere will add a unique perspective to the fields of communication, sport studies, gender studies, and sociology. If this research can identify that sport is a gendered institution through the language that men and women use, we can begin to look at how and why this is so. This research can enhance the fields of sports studies and communication if it can help determine how particular sport cultures (runners, in this instance) communicate with one another. This provides future implications for successful communication among athletes. Gender studies scholars and sociologists can use this research to illustrate how and if gender shapes sport by looking at the language used in blogs regarding sport. Overall, this study presents an interesting and unique addition to the fields of communication and gender studies. Because the literature has conflicting results about the affects of gender on communication, with especially limited research in the blogging arena, this study can offer interesting commentary on the relatively untouched subject matter.

### **Methodology**

This research analyzes blogging practices through a grounded theory content analysis using West and Zimmerman’s framework of “doing gender.” The study investigates whether or not the interaction on particular blogs reveals linguistic evidence of perpetuating and reinforcing the gender roles previously mentioned. West and Zimmerman identify “doing gender” as the product of a series of social situations, and so I chose to look at the blogosphere as the social situation for analysis, the particular variable being language used. I chose a grounded theory content analysis because I did not focus on a particular hypothesis, but rather began with a general area of study so that what is relevant to the area could emerge (Strauss & Corbin, 1990). Strauss and Corbin (1990) describe the grounded theory approach as a qualitative method that uses a “systematic set of procedures to develop an inductively derived grounded theory about a phenomenon” (p. 24). This approach is beneficial because instead of a “set of numbers” or a “group of loosely tied themes,” these findings will represent “theoretical formulation of the reality under investigation” (Strauss & Corbin, 1990, p. 24). The study seeks to uncover an understanding of blogs that will attempt to make sense of whether or not males and females “do gender” through their online communication styles.

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For this study, I collected data through the blog directory blogcatalog.com. Blogcatalog.com is a social networking service that allows members to submit their blogs and create unique personal profiles online in order to find and communicate with other bloggers. The blogcatalog.com services are hosted in the U.S. I chose this blogging site because it directed me to personal blogs with no advertising, thus ensuring no special interests. It was important to capture the voices of everyday people, with no specific authoritative stance on the subject matter, in order to gain access to a more conversational style. Under the blog category section, I chose sport because it was the particular topic that I am interested in learning about. I selected a gender-neutral sport, running, to ensure a relatively equal number of male and female commentators in the blogs. After reading through the list of sports blog subjects, the topic of “running” yielded the most equal number of both male and female response.

For the purposes of this research, I analyzed 10 male and 10 female blogs for communication styles defined by Tannen (2009), Herring (1994) and Waseleski (2006) to decipher whether or not these bloggers “do gender” in their online accounts. I chose to work with only 20 blogs because of the time limit and the resources available to me. Nineteen pages of running blogs were initially provided when searching “running” under the blog categories. For a random sample, I selected every third blog for analysis, starting with the third blog on page one.

Next, I applied a series of criteria to each selected blog. I borrowed a content analysis method used by Pedersen and Macafee (2007) of recording blog characteristics. These included postings within the last year, at least 10 postings in total, gender of the author, and equal number of male and female blogs. For example, if any of the selected blogs failed to meet the above mentioned criteria, I skipped over them. In addition, once the 10 male blog quota was fulfilled, I selected the third next blog until the female quota was fulfilled. These methods were chosen in order to ensure timeliness, to make certain there was ample amount of posts to analyze, and to guarantee both genders could be equally represented. The sample is not representative of the overall population, however, for there were not enough bloggers being analyzed. In addition, this sample is only an analysis of the sport of running, not of the entire institution of sport.

I think that this sampling method best suits my study because rather than beginning by researching and developing a hypothesis, I will collect my own

data and code particular language as either feminine or masculine. Then, I will draw my own conclusions based upon the literature reviewed and what the data yields in order to answer my research question:

RQ: How do runners “do gender” in their communication styles in online blogs?

I used Tannen’s (2009), Herring’s (1994), and Waseleski’s (2006) gender communication themes to analyze the blog postings. In particular, recorded typically female use of tag questions (Right? Do you agree? Do you know what I mean? What do you think?), “we” references, expressions of emotion (“happy,” “sad,” “angry,” “I felt,” “feeling,” “excited,” “disappointed”) and expressions of appreciation (“thank you’s,” “I appreciate it,” “gratitude”). I also employed Waseleski’s (2006) idea of the gendered use of exclamation points by examining whether or not they occur in the blog title or post title. In addition, I added “emoticons” to this stipulation, which are symbols used to represent emotion including :) (happy face) and :( (sad face). I recorded the use of emoticons in the blog titles and post titles. Although I did not find any relevant scholarly research on the use of emoticons, drawing on Tannen’s (2009) and Herring’s (1994) claims of greater use of emotional language for females, I extracted these particular language devices and group them into emotional language for their usage is solely for the purpose of expressing emotion.

I also recorded the male use of language that sparks controversy or competition. For example, in the blog posts I recorded competitive speech (Talking about training, beating others, times, upcoming races) vs. language of leisure (talking about “doing it for fun,” “doing it for myself,” “training to lose weight”). I also recorded “put-downs,” or language used to diminish a fellow runner or other people. I recorded language that supports self-promotion (“To know more about me..” “To learn more,” “Follow me,” “Contact me,” or any language that promotes the author him/herself). I also monitored the use of sarcasm in the postings.

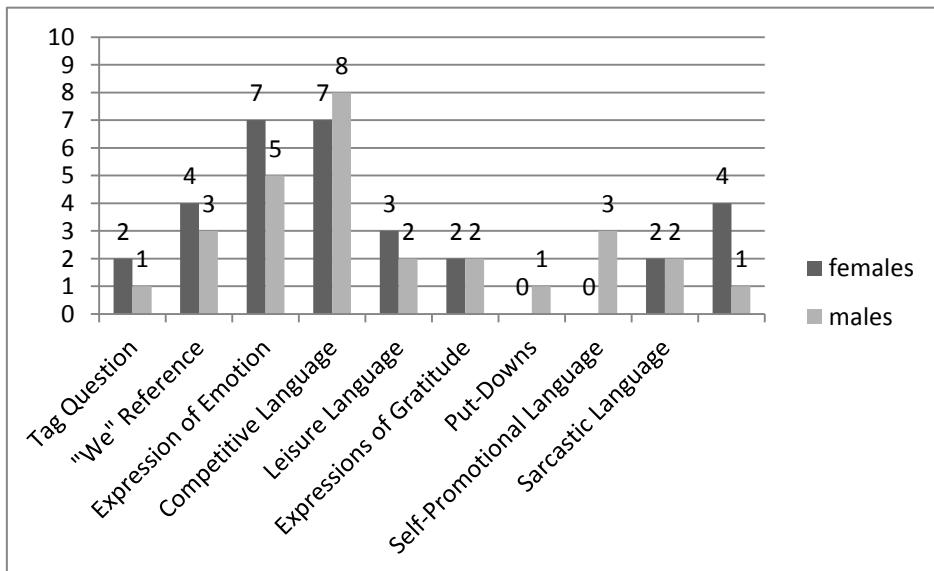
## **Results and Discussion**

My analysis revealed that seven of ten female bloggers employed language that signified running for competition. Eight of ten males used language that

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signified running for competition. This means that three female bloggers employed language that signified running for leisure, while two males employed this language. Five of ten male bloggers used words that were expressive of emotion such as “feel,” “feeling,” “happy,” “felt,” and “disappointment.” Seven of ten female bloggers used expressions of emotion such as “felt,” “feel,” “excited,” “feeling.” Four of ten females used “we” references, while three of ten males used the language device. One male blogger used a tag question: “What are your thoughts?” compared to two female bloggers who used “I guess it is good race practice, right?” and “Is it me or is that really stingy?” None of the females had language regarding self-promotion, yet three male bloggers told the reader to follow or read their latest installments. Only one male used exclamation points or emoticons in the blog title or post title, compared to four females who used exclamation points or emoticons. Two male bloggers and two female bloggers used expressions of “thank you” or gratitude. One male used language to “put down” another, while two females and two males employed sarcasm. See Figure 1.



**Figure 1**

While the sample size for this study was not large enough to make general conclusions, the results spark several areas of discussion. Tannen (2009) stated that women seek human connection in their communication styles, and therefore develop more self-disclosing expressions of emotion. If this assumption is correct, female bloggers would “do gender” by using emotional language which I have previously defined. Eight of ten females did in fact use expressions of emotion. For example, in the blog “My Little Running Adventure” the author stated (emphasis added):

*“I’m so **excited** because 2 of my running friends (Diane & Patti) signed up for Marine Corps! This will be their 1st marathon and I’m so **excited** that we get to do it all together!!”*

“Reluctant Runner” stated:

*“I don’t **feel** I’ve put enough effort into training but I guess this is just my default setting*

*when it comes to long runs.”*

“Planet Ynnep Running” said:

*“I was pretty darn pleased with how I **felt**!!”*

*“So very **happy** I was able to support in some way!”*

However, this language was not solely characteristic of the female bloggers. A total of five male bloggers also incorporated emotional expressions. For example:

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“An Ultra Runners Blog” stated:

*“I could feel the skin tingling on my back. That feeling of anticipation,*

*kind of like jumping from a cliff to a lake far below.”*

“Runblogger” said:

*“I had moments where I felt like I was flying, and I had moments where seemingly*

*all of the muscles between my knees and my hips were screaming at me in unison.”*

*“.. and I was feeling really good so I turned on the jets for a bit”*

*“Above is a happy runner, and one who has a feeling he will be doing this again...”*

Although females were slightly more likely to use emotional language, there is much evidence here to show that men, too, use their running blogs as emotional outlets and to possibly seek out connections with their audience. Drawing the conclusion that women “do gender” in blogs by using more emotional language than men may not be an accurate assumption.

Herring (1994) found that male communication style is characterized by adversariality (put-downs, self-promotion, and sarcasm), which are language choices used to promote oneself in order to establish rank. The language devices I recorded that coincide with the “adversariality” style of communicating are: competitive language (mentioning of training, beating others, times, upcoming races), put-downs, self-promotion, and sarcasm. If Herring’s findings about the male communication style are correct, male bloggers would “do gender” by using competitive language, put-downs, self-promotion, and sarcasm.

My data show that both the male and female bloggers use competitive language. Seven females used the competitive language previously defined as the mentioning of training, beating others, times, or upcoming races. “My Little Running Adventure” stated:

*“We spent the past few days creating **training** schedules because we also have a **half marathon** in 9 weeks! Yikes! Better get moving!”*

Another female blogger, who writes “The Adventures of Runningbear,” stated:

*“I also sneaked another **race** on Sunday, the **Trimpell 20** for a bit more **marathon** paced **training**.”*

“Reluctant Runner” wrote:

*“On Sunday I’ll be running the **marathon** which kicked off my **marathon** running career – the **Peninsula Marathon**.”*

Eight males used competitive language, only one more than the females. Here are several examples of the male blog entries using competitive language:

“Run Bulldog Run” wrote:

*“Turns out I was **beaten** by a **sub-2:30** marathon runner, Michael Dixon, who crushed the old **HAT course** record, and super-talented Alex Barth; an experienced ultra guy and previous*

***HAT** winner. Definitely think I can live with that....”*

“DaneGer Zone” wrote:

*“During the **race**, around mile 10 or so, Terry would pass me and run a **1:24:38** to my **1:25:52**.”*

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“Slow White Guy” stated:

*“I’ve run 4 straight sub-20 5k’s, and I don’t think I’m done yet. Last week, I ran 19:20 at the **Battle of Mobile Bay 5k** for my current PR.”*

Although males were slightly more likely to use competitive language, there is much evidence here to suggest that women, too, use their running blogs as outlets of their competitive nature. To say that men “do gender” in blogs by using more competitive language would not be an accurate assumption. However, there is evidence in the data that men tend to be more focused on their own times and other competitors’ times, whereas women were more invested in their personal training experience. In this sense, Tannen’s and Herring’s claims about the male communication style being oriented towards positioning themselves in higher in the societal hierarchy are somewhat relevant. By the male bloggers focusing on their specific times, and comparing themselves to other male runners, they are in essence comparing their masculinity, power, strength, and endurance to another person (usually a male). Many of the male bloggers who used this type of language mentioned the need for harder training and their desires to beat others only increased, thus reaffirming Tannen’s claim that when men communicate they are “working hard to preserve their independence as they jockey for position on a hierarchy of competitive accomplishment” (2009, p. 432). Those males who record their times in relation to others are in fact “doing gender” as defined by Tannen’s definitions of male communication styles.

Herring’s (1994) contention that men communicate with a style characterized by adversariality was measured in this study by recording the usage of put-downs, self-promotion, and sarcasm. Put-downs were fairly uncommon among all the bloggers, with only one male using language to diminish a fellow runner or other people. “Another Mile” wrote:

*“20 :02 isn’t a crazy fast 5K time - I’m a little surprised he was only beat by nine out of 768 runners. I mean come on, he’s wearing a bear suit!”*

In this instance, “Another Mile” is putting down runners in a 5K race for not beating another runner who was in a bear suit. Herring says that men often use this type of put-down language in order to position themselves in a higher status. In this instance, “Another Mile” is “doing gender” through his language choice of detracting from one group of people to gain prestige for himself. However, with only one blogger using a put-down, it cannot be surmised that this is characteristic of most male communication styles and that females do not also use this type of language.

Sarcasm, another one of Herring’s language devices claimed as a male communication style, was employed by two males and two females. A female blogger, “Shut Up and Run!” made a comment in reference to the title of her blog post (“Eating for Two”) that employed a sarcastic tone:

*“No, not that kind of two. Two hours, you fools. Gotcha.”*

A male blogger, “Another Mile” wrote:

*“Actually, he’s probably slower than your average bear (depending on the distance), but he is faster than the average runner.”*

The sarcasm language device was particularly difficult to measure because it was dependent upon my interpretation of what sarcastic comments were, particularly as sarcasm often is detected in the tone of voice used, which is more easily discerned in oral rather than written language. Therefore, this particular variable cannot be extrapolated to any type of speech patterns of men and women. As far as “doing gender” is concerned, it is too difficult to ascertain due to the subjective nature of the variable.

Self-promoting language was also a communication style identified as characteristically male. For the purposes of this study, self-promoting language was defined as using phrases like: “To know more about me..” “To learn more,” “Follow me,” “Contact me,” or any language that promotes the author him/herself. No females exhibited self-promoting language, while three males used such language. “26.2 Quest” wrote:

*“Follow my blog at any of the following for one entry each.*

*Facebook Fanpage*

*Google Friend Connect*

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*RSS Reader or Email*

*Twitter”*

“DaneGer Zone” wrote:

*“My latest installment of “Running Matters” is now up and ready for reading on Blue Ridge Outdoors Magazine’s website. (Click the Title below!)”*

“RunnerDude” wrote:

*“I enjoyed each shoe so much that they each receive 5 Dudes out of 5 Dudes on the RunnerDude Rating Scale.”*

According to the blog entries, these three men tended to be promoting more products, hosting contests, and writing for other outlets. They promoted their other social networks, other writing outlets, and “RunnerDude” even got sent shoes to try out and write about on his blog. “26.2 Quest” was hosting a contest to win a Sony Walkman. By promoting other products, contests, and publications, these bloggers are in fact promoting themselves. They are showing their audience that they are influential and powerful enough to get corporate sponsorship or interest. Self-promoting language yielded some of the most interesting results. Men in this study were more likely than women to be recognized by other companies and outlets with commercial interests in the men’s personal blogs. Men, are in fact “doing gender” through their promotional language and revealing their authority and power in doing so.

Herring (1994), Tannen (2009), and Waseleski (2006) made several contributions to female language styles. Herring’s idea that women adopt a supportive approach coincides with expressions of appreciation and thanking as supportive communication styles. I recorded expressions of appreciation such as “thanks” “thank you” and “gratitude.” Two males and two females employed expressions of appreciation in their blog posts. “No Meat Athlete,” a male blogger, wrote:

*“Oh yeah, and one more... thanks, Yoga Gurl”*

Another male blogger, “Run to the Finish” wrote:

*“Chris' family was eminently hospitable, and I owe his wife a huge debt of gratitude for allowing me to fill his house with running talk for a day.”*

Female blogger, “Shut Up and Run!” wrote:

*“Thanks again for your input.”*

Female blogger, “Planet Ynnep Run,” blogged:

*“Thank you all for joining me!”*

*“Thank you from the bottom of my heart!”*

Both men and women employed appreciative language devices. Based on Herring’s claims, it cannot be said that these expressions are “doing gender” specifically in a female way. In fact, in this particular instance, the men challenge traditional gender roles. Men do gender, according to West and Zimmerman, in a “gender inappropriate” way by using language that is seen as characteristically feminine. I cannot say whether or not this is a conscious challenge of traditional gender roles. But it is interesting to note that in several instances, men are doing gender as a visible accomplishment that is gender inappropriate. The language men use in certain instances, like the use of expressions of gratitude, goes against the traditional definitions of gendered communication.

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Tag questions and we-references are both female styles of communication as defined by Tannen. Tannen says that women seek human connection and therefore develop a communication style that seek out that connection. Women tend to ask questions to create bonds with others. Questions such as “Right?” “Do you agree?” “Do you know what I mean?” and “What do you think?” are types of tag questions that seek out answers, thus stimulating a connection with the audience. Two females used tag questions, while one male employed the device. “Geek Turned Athlete,” a female blogger, wrote:

*“I guess it is good race practice, right?”*

“3:10 Marathon,” a male blogger, wrote:

***“What are your thoughts?”***

It seems as though a larger sample size may shed more light on whether or not the use of tag questions is a typically male or female language device. Only one more female than male used tag questions, and only three bloggers in total used them. In any case, the bloggers are not necessarily “doing gender” in a discrete and obvious way.

The we-reference is also described as a feminine language style that helps create a sense of community and connection. Four females and three males used we-references in their blog postings. Female blogger, “My Little Running Adventure” wrote:

*“This will be their 1st marathon and I'm so excited that we get to do it all together!!”*

Female blogger, “Planet Yneppe Running” blogged:

*“We met at the Redondo Beach Pier at 5:30pm. This was going to be a sunset run!! We had 4 runners, 3 walkers, 1 dog and 3 ‘cheerleaders.’”*

Male blogger “Run Bulldog Run” wrote:

*“We were off and running, charging across the field towards the entrance road where we’d run a short out and back before making our way onto the trail.”*

As noted earlier, Tannen described we-references as a typically female language device; however, three males also used we-references in their blog postings. Therefore, “doing gender” cannot be specifically defined by the we-reference in this case.

Waseleski’s research showed that women were more likely to use exclamation points in discussion groups. This finding coincides with Tannen’s claim that women are often more expressive and therefore use exclamation points to connect and elicit emotion out of their audience. I also chose to record any use of emoticons in this case, for emoticons are also used to express emotion much like the exclamation point. Exclamation points and emoticons were only analyzed in the blog name and post name, which are the first instances the “audience” uses to get to know the blogger. Four females and one male used exclamation points or emoticons in their blog names or post titles. “My Little Running Adventure” named her post “Super excited!!” “The Adventures of Runningbear” titled her post “Sunshine!” “See Corey Run” named her post “You Know You’re a Runner When...Hey, I Resemble That Remark! :)” The blog “Shut Up and Run!” has an exclamation point in its very title. The one male who incorporated an exclamation point was “RunnerDude” who named his post “Saucony Shoe Review and Contest!” Through this language device, it is evident that females were more likely to use this type of expressive punctuation in their communication style. Although it is not *only* a characteristically female punctuation usage, women are in fact more likely in this case. They are in essence “doing gender” by using punctuation that represents a more emotional conversation style.

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## **Conclusions**

Both men and women employ all types of language devices, whether those devices are characteristically male or characteristically female. One gender may be more likely to use a specific device over the other, but this sample size was too small to make a generalization about the way men and women communicate. However, this research did shed light on several areas of interest. Men tended to use competitive language surrounding individual times in comparison to others, while women tended to be more focused on their personal achievement. Also, men were more likely to be promoted by outside sponsorship, host contests, and promote goods through their blogs over women. In addition, women seem to be more likely to use exclamation points or emoticons in their blog titles and post titles, representing a greater expression of emotion in their communication style.

## **Limitations**

The major limitation of this study was the sample size. In order to get a more accurate portrayal of how men and women are communicating in blogs, future research should include a larger-scale study. In addition, the method of content analysis introduces some limitations in that the language devices were recorded by only one researcher, and although the constructs of the study were operationalized, the work is limited in that a survey of these bloggers would have provided a more direct means of establishing and understanding the specific genre of blog (i.e. personal diary, work-out diary, etc.) which may affect the language chosen. A survey would have also helped to understand the blogger's motivations, which may have offered additional insight into the gendered nature surrounding the authors' reasons for running. Also, a more unbiased coding technique could be used by having another person other than the primary researcher record the data. Additionally, I only analyzed one blog posting (the most current one) from each blogger, which captures only a fraction of the language devices used by the authors. Because I only used one posting, one cannot generalize these findings across a greater population of bloggers. Future studies should also incorporate a more diverse group of people instead of just concentrating on a certain group, like I did with runners.

**Future Research**

Future research should look at comments under postings to analyze the interactional quality of “doing gender” in the classic definition. However, to keep “doing gender” relevant to blogs in general, more research should also be done with the expanded definition (application to an invisible audience) to shed light on the communication styles of more diverse groups of people besides just male/female. Future research should also analyze appearance-based language among bloggers, for that is an area that I took notice of while recording my data. Females tended to use running as a weight-loss, appearance-based activity, while males tended to use running as a competitive outlet. A study that analyzes the motivations of runners would also shed light on gender differences. In addition, an in-depth look at the motivations of runners may also shed light on the motivations of runners like running for a cause vs. running for personal reasons. In my data collection, I noticed that more women than men were running for a foundation or running to raise money as opposed to the male bloggers who were running for personal gain. Through my research and future research, investigations such as these will provide empirical evidence of how men and women are perpetuating gendered culture in blogs. My research also provides an additional dimension to feminist ethnologists’ concept of doing gender. By researching gender interactions in a virtual blogging world, the definition of doing gender is expanded to include an interaction that may occur between the communicator and an unseen audience. In a traditional sense, doing gender refers to interactional work that is seen. My research expands that traditional definition to the online world by concluding that gender interactions still take place in the online world, regardless if the audience is seen or not.

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