



Exploring Eating Behaviour in Boarding School Graduates: A Qualitative Exploration of the Development of Disordered Eating Behaviour

Alexandra Priestner

A thesis submitted for the Doctorate in Clinical Psychology

Doctorate in Clinical Psychology (DClinPsych)

University of Essex

School of Health & Social Care

2019 Cohort

Submission Date: 5th April 2022

Corrections submitted: 4th August 2022

Word Count: 39, 400 words

Information throughout this doctoral thesis has been anonymised to ensure no participant or identifiable information is available. All identifiable information has been redacted or changed to maintain anonymity of the participants.

Abstract

Background: British boarding schools have recently attracted research interest on the impact of being raised away from home, and the influence this may have on an individual's development. There is currently little evidence around the development of eating behaviour, and disordered eating patterns in those who attended boarding school.

Aim: This study intends to explore experiences of attending boarding school, and the influence of this on disordered eating behaviour development. It also considers other contributing factors towards disordered eating behaviour(s) including societal, peer and familial influences. It provides a novel, in-depth analysis utilising qualitative methodology to contribute to the existing literature around boarding schools.

Method: Thematic analysis was employed to explore the experiences of boarding school attendees and reflect on their eating behaviour(s). Seventeen participants participated in semi-structured interviews and shared their stories.

Results: Six themes and 16 subthemes were constructed from the dataset: (1) Disrupted Identities; Not Knowing Where I Belong; (2) Internal Scripts; (3) Too Much Control, Too Little Choice; (4) Learning to Survive Without a Parental Figure or Personalised Guidance; (5) Inescapable Judgements: The Disadvantage of Living at School; (6) Learning from Positive Experiences.

Conclusion: Food is an integral part of the boarding experience. Many participants used food to cope with feelings of abandonment and distress experienced during boarding school.

Disordered eating behaviours were used to enable self-regulation and management of challenging feelings. Behaviours compounded at boarding school resulted in lifelong difficulties around eating for many of the participants into adulthood.

Clinical Implications: This study highlighted the importance of open dialogue around mental health difficulties and the challenges associated with attending boarding school. Allowing for choices around food was noted to be important, alongside employing intuitive eating practices. Furthermore, addressing, and challenging societal expectations and beliefs around ‘ideal body types’ and educating individuals on health opposed to ‘thinness’ is important and supporting individuals to foster a healthy relationship with food starts with developing a more balanced perception of food, rather than viewing with a dichotomous lens.

Keywords: Boarding school, eating behaviours, disordered eating, society, familial influences.

Declaration

I can confirm that this thesis is an original piece of work conducted by the author. It was completed and submitted as a requirement of my Clinical Psychology Doctorate at the University of Essex. It was checked prior to submission by my three supervisors and has not been submitted for any other academic award.

Alexandra Priestner

17.03.2022

Acknowledgements

Firstly, I want to thank the incredible and brave women who kindly shared their stories with me. I have learnt so much from each of you. Without their generosity the project would not have been possible.

Secondly, to my supportive and passionate supervisors, Professor Penny Cavenagh, Professor Susan McPherson and Professor Jane Ogden for their ongoing guidance and dedication to the project. They have enabled me to refine my research skills and managed to contain my anxieties, so thank you.

Stephen, you have managed to keep me sane and grounded throughout the whole process. I am not sure how you did this, but your calm nature and constant support have enabled me to get to this point today. Thank you for reminding me to take breaks, drink coffee and spend time with those important to me.

Finally, my family. Thank you again not just for the support of my thesis, but the support of my whole doctorate and journey to get onto clinical training. I couldn't have done it without you. A special mention to my Mum - thank you for dedicating your precious time to checking my grammar and reading through my entire thesis - you are a hero to me.

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1 Introduction Chapter

“There is something liberating, too, about being transported into the kind of surrogate family which boarding school represents, where the relationships are less intense, and the boundaries are perhaps more clearly defined” J. K. Rowling

The British boarding school is a setting which has attracted researchers to explore the experiences of boarding school graduates and investigate how attending boarding school may have influenced these individuals throughout their lives. Through the experiences of those who have attended boarding school, the current project aims to explore the ways which boarding environment may have influenced the development of eating behaviour and disordered eating. This chapter will first review the potential impact of attending boarding school. It will then consider the development of eating behaviour within the contexts of the familial setting and the school environment. Finally, it will explore the ways in which boarding school could contribute towards disordered eating.

1.1 Background

1.1.1 Historical Review of English Boarding Schools

Classic British boarding schools (BS) were implemented during the expansion of the British Empire, whereby children could be raised and educated inculcating values of British culture (Jones, 2016). ‘Boarding School’ refers to an establishment where children reside whilst receiving their education during term time and individuals are provided with “room and board”, referring to being allocated a place to sleep alongside being provided with meals. There are several options in relation to ‘boarding’ including full-term where children reside at school for the entire school year, termly boarders where they return home each academic term, weekly boarders who go home at weekends and flexi-boarders who may stay at school for 1-2 days but can return home to their families. “Boarders”, referring to children who reside full time at school, may attend boarding school from the age of

seven until they are eighteen years old. Some pre-prep schools state they can take younger children as day students, these students can be aged five, with some as young as two years old (UK Boarding Schools, 2018).

The Independent Schools Council census and report found that there were 65,345 boarding pupils in 2021 at any point in the academic year (ISC, 2021). It reported that there had been a more recent shift in boarding patterns, with more individuals opting for ‘flexi boarding’ meaning they could spend more time at home with their families. 17.9% of boarders reported being flexi or weekly boarders which had increased from 15.7% in 2016. The report also stated that 28,910 of the pupils attending BS were individuals whose parents reside overseas. In the UK there are 1,364 private schools. These include 1,086 co-education schools, 166 all-girls’ schools and 122 all-boy’s schools. Of this number, 891 were day schools where pupils would return home after receiving their education and the remaining 473 were full-time boarding schools (ISC, 2021).

The experience of individuals who board differs greatly to individuals who attend day school and return home to their parents each day. Boarders spend a significant amount of time away from the family home, which entails socialising more regularly with their peers and/or staff members (Suud, Chaer & Setiawan, 2020). As a result, they are typically subjected to more regulations and routines than day students, dictating how they spend free time, when and where they are permitted to eat and when they can leave the school premises (Fisher, Frazer & Murray, 1984). The boarding staff are required to take on a pastoral care role providing behavioural boundaries, but also responding to the emotional or practical needs of the students outside the classroom environment (Hodges, Sheffield & Ralph, 2013).

1.1.2 The Benefits of Boarding

Whilst boarding schools exist cross-culturally, the British boarding system has been around for over 1,000 years, providing ‘high quality education’ which is typically funded by parents. In some cases, places at boarding schools are funded by the state or Armed Forces Federation (Army Families Federation, 2021). During the colonial expansion of the British Empire, sending children to boarding school became popular to ensure that children were educated within British ideals, and to provide a stable environment for children whose parents may not have a permanent base (Butler, 2021). In British culture, boarding schools are considered an ‘elite’ educational pathway, and that privileged individuals attend (Cosslett, 2019).

Reasons for sending children to BS may differ greatly among households, and often children themselves are left to identify why their parents sent them to BS. One factor promoted by boarding schools is to improve a child’s independence, motivation and maturity (Martin et al, 2014). Some of the reasons include parental choice or tradition, work-related challenges, or parental location. Some parents may have attended boarding school themselves and consider it to be a positive experience, affording them greater academic opportunities and a chance to engage with extracurricular arenas such as sports, music, and business studies. Some parents may work long hours or away from home, therefore sending their children to boarding school provides care and activities (Hodges, et al, 2013). Others may live overseas due to working for the government, Armed Forces or regular changes of postings, therefore a stable base and education can appear preferable and beneficial for their children. Others may choose to send their children due to ‘disobedience’ or ‘difficult behaviour’ at home (Power et al, 2003). BS have often been associated with privilege and wealth and creating additional opportunities for access to

elite educational systems such as Oxford and Cambridge universities or facilitating connections with high powered institutions within the UK (Barr et al, 2008).

1.2 Literature Review of Psychological Impact of Attending Boarding School

The research base for the psychological impacts on children who have attended BS is increasing, but currently limited (Martin et al, 2014). A review of the literature highlighted several areas which will be discussed in more detail. They included papers discussing ‘boarding school syndrome’ or ‘boarding school survivors’, emotional suppression and encapsulation of the self, attachment related distress, trauma and dissonance around privilege.

1.2.1 Boarding School Syndrome and Boarding School Survivors

Much of the literature focuses on ‘Boarding School Syndrome’ which pertains to the experiences of trauma and psychological distress, following attendance at boarding school (Schaverien, 2004). Schaverien (2011) highlighted challenges faced by individuals who attended boarding school from a young age, mainly severance of attachment to their primary caregiver which resulted in difficulties with later relationship formation.

Psychological difficulties are also witnessed within this group, and individuals report problems with self-esteem and worth, self-reliance or controlling behaviours, relationship difficulties, depression and anxiety and perfectionist tendencies. Schaverien (2004; 2011; 2015) describes the wide-reaching impact of these difficulties as they interfere with many areas of an individual’s life and well-being and describes how they are not currently recognised or acknowledged within psychology or mental health.

Nick Duffell (2012) a psychotherapist coined the term ‘boarding school survivor’ and was integral in establishing a network to support those who were struggling psychologically following their attendance at boarding school. Duffell (2000; 2018) recognised several similarities between boarding school attendees in terms of their psychological profiles and how they respond to stress, emotion, and significant life events. The author described how attendees needed to suppress their emotions within the boarding environment to survive and avoid bullying cultures.

1.2.2 Emotional Suppression and Encapsulation of the Self

BS has been presented as ‘character building’ and as a method to ‘promote independence’ as children are socialised and raised away from the family unit and within an academic environment (Armstrong, 1990). Individuals are also cited to have greater opportunities to develop their tolerance of others and individuality (Bass, 2014; BSA, 2007). Furthermore, BS has been noted to benefit children by removing them from negative parenting or challenging home environments (Scott & Langhorne, 2012). Duffell (2000) describes the culture and attitudes which are developed and encouraged within the BS environment and the narrative of developing a “stiff upper lip”, dismissing emotions felt and encouraging attendees to ‘get on with it’. Additionally, this protective shield serves a function to protect against unmanageable feelings around being sent to boarding school, and they may develop a ‘boarding identity’ in order to hide their true feelings and self to survive the experience (Duffell, 2012).

Alongside this, individuals describe the constant socialisation as a difficulty, and they describe “moulding” or attempting to ‘fit in’ to avoid being separated from the group. This need to be included and liked by others appears to be amplified within a boarding school

environment, as the children do not go home where they are often ‘prioritised’ by their parents and treated as an individual. It has been described as challenging by being ‘one of many’ and may result in individuals attending BS feeling unimportant (Duffell, 2012).

Partridge (2007) describes BS as an “institutional, emotional desert” where you are separated from your parents and family, left to develop independence from a young age. Feelings of homesickness and a lack of individualised care and attention may emerge when a child arrives at boarding school (Duffell, 2000), however a child may not be able to use their innate behaviours to elicit care. Openly showing emotions may bring unwanted attention or demonstrate ‘weakness’ something which is to be avoided within the boarding environment (Laughton et al, 2021). Furthermore, it highlights emotions to others they too are attempting to hide; therefore, they are discouraged or punitive towards displays of emotion (Duffell & Basset, 2016).

As an attempt to survive the boarding environment, the institution encourages positive statements around the experience which protects the institution from challenge but has a detrimental impact on the child causing them to deny and bury emotions. This can lead to disenfranchised grief, as it is denied by others but felt by the child, therefore the child has no option other than to also deny grief or emotions (Corr, 1999). This dismissive attitude has been suggested to have a detrimental impact on individuals. Former boarders have described deficits in their ability to show emotion due to a “defensive and protective encapsulation of the sense of self” as a consequence of not having their needs met at an early age (Duffell & Basset, 2016).

1.2.3 Attachment-Related Distress and Trauma

Schaverien (2004) describes the sense of social control and abuse associated with attendance at boarding school. She feels the rupture of attachment triggers significant trauma in the child, which may be further compounded by emotional invalidation and potentially abusive scenarios. The true identity of the child may become hidden as they attempt to cope with the distress experienced within the boarding school environment. As they are not adequately supported to develop their own sense of identity and may not feel able to disclose distress to anyone through fear of repudiation, this may lead to a significant trauma and result in lifelong difficulties for the child.

Boarding school results in a momentous lifestyle change for children, and as result family attachments are ruptured and broken (Duffell & Bassett, 2016). This early rupture may lead to long-term psychological issues and difficulties forming and maintaining relationships in later life (Schaverien, 2011). Due to the rapid separation from the parents, often children don't have an opportunity to prepare or adjust to the transition, resulting in them feeling abandoned, alone and confused. Without a parental figure, children are left to become 'self-sufficient' but without adequate guidance and support in doing so, therefore they attempt to numb the pain felt through any means accessible to them (Lauryn, 2012). This may impact developmental processes and how these children go onto develop relationships, they will not have learnt how to show love and affection, and this might be difficult for them in future relationships as they might develop fears around being abandoned, therefore shut themselves off from investing in others (Simpson, 2018).

The staff at the schools are often described as "strict" or "not maternal" therefore the children are unable to seek care or a sense of safety from the adults in their close vicinity (Lauryn,

2012; Schaverien, 2011). Attempts to seek care from these figures is often met with invalidation, confirming the children's beliefs that there is no help to be sought and solidifies the need to be self-reliant. Without an opportunity to develop a secondary attachment figure, the child may detach from relationships built to protect themselves from further hurt or pain which can continue into later life (Schaverien, 2011).

1.2.4 Dissonance Around Privilege

Boarding schools' factor into the class system within the UK (Little et al, 2005). Whilst these schools offer great facilities and opportunities for those attending, the discourse around privilege can be problematic for many reasons. One being that this discourages the boarders, parents or the institutions from raising concerns which may occur during ones boarding experience, as it is seen as 'special', and individuals are perceived as lucky to attend. Additionally, some assume that boarding schools may be specially for the upper classes, however some individuals attend due to scholarships or other means and may not have the financial support from their families. This can cause difficulties in terms of funding activities at school and provide an opportunity for judgement or potentially classism or bullying within the institution.

The discourse pertaining to privilege has been suggested to negatively impact former boarders, as they felt they could not state their true feelings about BS due to the narrative about it being "good for them" (Schaverien, 2004). Individuals have reported feeling isolated at boarding school, and feeling they have no outlet to express these feelings due to dissonance around being informed they are "lucky" to attend boarding school, but not feeling this way (Duffell, 2018). As a defensive strategy to this isolation, individuals may form a

guard against others and avoid hurt, by not sharing their true feelings. They have been reported to mask their emotions to survive (Duffell, 2000).

1.2.5 Limitations of the Literature on Boarding Schools and Psychological Distress

At present, the majority of British literature focuses on case studies or reports from practitioners who have worked with ‘boarding school survivors’ within a therapeutic setting (Duffell, 2000, 2016; Schaverien, 2004, 2011, 2015). These reflections often depict a negative portrayal of the boarding experience, stating significant impact and influence on emotional development, resulting in lifelong difficulties for the attendees (Mander et al, 2015). Whilst these explanations thicken the narrative and outline the challenges in relation to boarding, they lack scientific rigour. Often the papers signify the personal experience of the author, the patients witnessed by the author in clinical practice or through the voices of individuals they have met. Whilst these are worthwhile and provide a deep insight into their experiences, they maybe more open to biases and may not represent a more general picture. The methodological outline is not often reported in these papers, and it is unclear which methodology has been followed.

1.3 Psychological Explanations of Boarding School Distress

1.3.1 Attachment Theory

The key psychological framework pertinent to understanding the impact of boarding school is attachment and the potential impact of separation on the development of the child. Bowlby (1958) was interested in exploring the distress experienced by children when they were separated from their primary caregivers. He found that the relationships were founded on behavioural principles to increase the chance of survival through various methods (Bowlby, 1973). The attachment with the primary caregiver serves the function of

keeping the child close to the mother, both in proximity but also emotionally (Fonagy & Target, 2002). Whilst this process is thought to be innate, it appears that attachment strategies are also learnt by the infant in response to the behaviour of the primary caregiver (Fonagy et al, 1995). The main principle states that attentive and responsive caregivers are more likely to produce securely attached infants, as the child feels contained and safe. This enables the individual to explore their environment and own emotional world, allowing for learning to occur. Furthermore, attachment strategies developed within an individual's childhood environment have major implications for how individuals learn to act in close interpersonal relationships (Stein et al, 2002).

Through interactions with primary caregivers, a base for personality development is established, allowing individuals to explore close relationships, learn about social acceptance and learn how to cope with rejection. Learning around of roles within relationships occurs and understanding around an individual's own psychological state, alongside interpretation of others which emerges through relational interactions (Fonagy & Target, 2002).

Ainsworth (1993) described three main attachment styles which were later expanded to four attachment patterns of attachment: secure, anxious, ambivalent and disorganised (Bretherton, 1992). Dependent upon the age an individual begins boarding, the attachment with their primary caregivers may alter or shift, affecting how the individual responds to others (Groh et al, 2014). In a unfamiliar situation, children with an avoidant attachment style know not to seek help as they will not be comforted by their caregivers (Ainsworth et al, 1978). They have learnt that to show distress causes their primary caregivers to withdraw, and comfort is not gained. This appears to be mirrored in some children who

have attended BS, as they too have learnt that emotions are unwelcome, and they are not comforted when displaying these. Therefore, to fit into the BS milieu, the child is required to adjust their personality and mask emotions, to guard against 'failure' and 'weakness' (Palmer, 2006).

Research has highlighted similar characteristics in individuals who have attended BS due to an irrevocable loss of early attachment, leading to later difficulties in forming and maintaining relationships (Schaverien, 2011, 2015). Children may feel abandoned by being sent to BS and the resulting early severance from their primary caregivers, which can have a detrimental effect on future attachments (Schaverien, 2004).

This may have differing implications dependant on the age an individual is first sent to boarding school. Infancy and early childhood attachment ranged from birth to six years old, where the child uses the primary caregiver as a secure base and returns to the parent(s) after exploring their world for comfort or soothing (Ainsworth, 1989). During the latency stage of attachment, where the child is aged seven to 12 years old, the focus is on availability of their attachment figure. Whilst these children can tolerate periods of separation from their primary caregiver to attend school, an assurance their caregiver can be easily sought if needed is important to the child feeling 'held' and secure within the relationship. Finally, focusing on adolescence attachment, from 13 to 17 years of age, literature suggest that whilst the importance of peer related attachment increases, there is still a strong desire and need for parental attachment through this stage (Oldfield et al, 2018). This indicates that a severance in attachment may be felt despite the age of attendance at boarding school, but that it may impact different factors within relationship formation.

Adolescence is a crucial age for the development of personality, and there is a gradual move towards independence during these years (Eccles, 1999). This converses between closeness and need for organisation of emotions and challenges by the parental figures, to separation and a development of the individuality of the teenager (Erikson, 1956; Steinberg & Morris, 2001). It is important for the caregivers to be emotionally available, but also provide a setting where the separateness can occur, without this feeling threatening or punitive.

Alongside this, former boarders reported learning to suppress their emotions as emotional needs were not met, even when they were disclosed (Poynting & Donaldson, 2005). This mirrors the ‘shutting down’ in terms of an avoidant ambivalent attachment style where the infant learns they will not be comforted if displaying outwardly emotional behaviours, and therefore learns to be quiet and mask their emotion. It has been suggested that if emotional expression and regulation is not learned in early childhood, individuals develop a ‘strategy’ to keep themselves safe by dismissing emotions, in order to protect their more vulnerable parts (Palmer, 2006).

Nurturing relationships are essential for enabling learning, effective brain development and social functioning (Nelson et al, 2013). Emotional competence and self-regulation serve as a base for academic, personal, and social success, alongside positive mental health (Housman, 2017). This suggests a need for effective early childhood educational systems which are aware of the critical stages within the attachment model, to promote healthy regulation of emotions.

1.3.2 Evolutionary Theory

Considering an evolutionary perspective, an individual's idea of themselves is based on group membership within a social setting (Tajfel and Turner, 1986). Residing within a group is an inevitable aspect of human development, affiliating with the group by conforming to the group's norms, helps an individual to develop their self-esteem (Vugt & Schaller, 2008; Dunbar, 2010). Humans have developed adaptive psychological strategies to manage group dynamics, as being a part of a group is critical for survival and reproduction (Buss, 2019).

In the boarding environment, children from as young as five years old are required to live in a group setting with their peers. Duffle (2000) described a desire to belong and to be cared about, and that humans have a profound need to belong. In boarding school, belonging is determined by the peer group, as opposed to the family, as those are the individual whom the child spends most time with. Therefore, to be within the group becomes highly important, and individuals might find themselves changing or altering themselves to 'fit in' and avoid conflict (Baumeister et al, 2000).

1.3.3 Social Learning Theory

Social learning theory considers the interaction of cognitive and environmental factors, and how the interplay between these influences human behaviour through imitating the behaviours, attitudes, and emotions of others (Bandura, 1977). Children model their behaviour from observing others and use these observed behaviours to act and fit in with the group. Influential 'models' are witnessed by children, these are typically parents, friends and teachers at school. Within the boarding environment, dependant on the age of attendance, children may be less influenced by their parents, and more influenced by their peers. Children may imitate behaviour that is observed and are more likely to respond to

behaviour in relation to reward and punishment. Alongside evolutionary theory, this would suggest that the children within the boarding environment may want to fit in with the group to avoid persecution and may do so through identification which involves adopting target behaviours witnessed by a child in another.

Education polices tend to focus mainly on the development of cognitive skills, negating social development (Giroux & Penna, 1979). It is important for children to experience initiated and directed social experiences, to develop their skills to become ‘socially competent adults’ (Pellis & Pellis, 2007). It has been suggested that ‘play’ is a key area where children may develop these skills. This tends to be facilitated at break times within schools, or by an individual’s parents or with siblings (Smith & Pellegrini, 2008). Research suggests that opportunities for collaborative play has reduced, due children being unable to play unsupervised due to risk (Stephenson, 2003). Moreover, physically active pursuits tend to involve ‘adult-directed’ activities leading to an ‘institutionalisation of children’s leisure activities’ (Corsaro, 1997). Within the rigid structures of the boarding environment, opportunities for play may be reduced further. Boarders may again be directed to cognitive pursuits as opposed to ‘deep’ interactive play, and social interactions may suffer as a result (Whitebread et al, 2009).

Furthermore, considering learning from play, or the potential lack of this within the boarding environment, it is important to consider the influence of being raised within a social environment, mainly amongst peers. Considering the boarding environment, it has been suggested that expression of emotion is dismissed and invalidated, and conforming to the group rewarded, therefore, the social environment may have a direct influence on the attendee’s formation of their personality and behaviours.

1.3.4 Summary of Psychological Theories of Boarding

It will be important to consider these psychological theories in relation to attendance at boarding school when considering eating behaviour development. As discussed, these theories provide an explanation for how behaviour may be shaped and formed, and the impact this may have on a child's development. Each of the theories above may have a direct or indirect influence on how an individual develops their eating behaviour within the boarding environment.

1.4 Development of Eating Behaviours and Theoretical Considerations

1.4.1 Basic Mechanisms of Learning how to Eat

Initially, babies are fed by a primary caregiver which is an important aspect of bonding and helps to create a sense of safety and containment (Else-Quest et al, 2003). In the first few months of life, baby's nutritional intake often depends on breast milk or formulas, but following a few months, this is no longer enough to meet a growing child's nutritional needs (Skuse & Reilly, 2013). Weaning involves introducing additional foods into the infants' diet which would include foods consistent with the family and culture (Schwartz et al, 2011). Introduction of weaning foods will influence the development of healthy food related habits in later life and the reduction of diet-related challenges (Birch & Ventura, 2009).

It has been evidenced that eating behaviour develops in childhood and is modified by environmental and food-related experiences (DeCosta et al, 2017). Dietary and eating habits learned in childhood typically persist throughout adulthood. It is therefore important to understand how these may develop, to reduce the impact of potential negative eating behaviours (Kelder et al, 1994). Whilst most individuals are raised within familial settings,

some individuals are raised within institutional settings including boarding schools, therefore this may influence or shape how an individual responds to food.

In early childhood, boys and girls demonstrate similar eating patterns and have similar compositions in terms of lean body mass and fat (Johnston, 1985). Research suggests gender differences in eating behaviour don't surface until adolescence (Rolls et al, 1991). Adolescent females' menstrual cycle triggers hormone changes, resulting in an increase in body fat in comparison to their male counterparts (Todd et al, 2015). This often influences food intake and selection, resulting in an increase in weight, or craving more calorific foods (Wade, 1975).

As boys and men tend to have a greater body weight and metabolic rate, they require a higher energy intake than females, and this disparity has been shown to be highest during adolescence (Rolls et al, 1991). Adolescence is also known to be a time where food preferences may alter, a stage where young people spend time in educational settings (Caine-Bish & Scheule, 2009). Boys have been shown eat more foods higher in fat, salt, and sugar, whereas females tend to choose more vegetables. These differences have been shown to relate to health beliefs, and body image preferences (George & Krondi, 1983). With females' body fat increasing, and a societal belief that 'to be thin is to be desired', this may pertain to why females make lower calorie choices in their adolescent years.

1.4.2 Defining Terms

Within the context of the current project, several terms will be utilised to describe and explain different types of eating behaviours. These refer to different patterns of behaviour(s) individuals may use to manage or control their eating, or how an individual may view food

and eating. Whilst these can be seen on a spectrum of severity, the impact on the individual is also considered through, and discussions about, impact on quality of life. There are now many different forms of eating disorders including orthorexia, PICA and rumination disorder, and but the most highly reported will be categorised and explained below (BEAT, 2021).

1.4.3 Eating Behaviour

This refers to how an individual consumes food and is one of the main areas for exploration within this research. Eating behaviour represents a complex interaction between psychological, social, genetic, and physiological determinants. These factors may influence how much one consumes, what one prefers and how one selects food (Grimm & Steinle, 2011). It is important to understand what drives eating behaviour, as there has been a growing epidemic of obesity and disordered eating behaviours within the Western world, which results in a strain on resources to treat related conditions (Scott & Johnstone, 2012). Eating behaviour development will be discussed in more detail below.

1.4.4 Disordered Eating Behaviour (DEB)

This term is used to describe a range of irregular eating behaviours which may not qualify for a diagnosis of a specific eating disorder (Ortega-Luyando et al, 2015). This may include weight fluctuations and specific and rigid rules and routines surrounding food and exercise. Significant guilt or shame around food consumption may also occur, leading to compensatory behaviours in relation to consuming food, or over exercising (Panão & Carraça, 2020). A preoccupation with food may develop, subsequently linked to body image and weight, resulting in an individual feeling out of control around food. Compulsive eating habits, or any difficulties or preoccupations around food, may cause physical, emotional, or psychological harm to an individual (Surrey, 1985).

DEBs are seen as a more ‘descriptive’ category and many individuals who experience disordered eating patterns do not fully understand the impact this could have on their physical and/or mental health. In mainstream media, the majority of focus is around diagnosable eating disorders, therefore the impact of disordered eating can be minimised. However, this disordered eating can have a detrimental impact on an individual’s quality of life. To receive treatment for eating difficulties in England, you typically need to meet criteria for a ‘diagnosable eating disorder’ which individuals struggling with disordered eating patterns would not often meet (National Eating Disorders Association, 2019). This results in individuals being unable to receive treatment which is funded by the National Health Service (NHS) and may contribute to a narrative that their behaviours are “okay” or “not harmful”.

However, disordered eating presents a serious health concern. A person may not exhibit the ‘classic’ symptoms associated with eating disorders, resulting in these DEB’s being missed or going unnoticed. There is also potential for disordered eating patterns to progress and become more severe, meaning an individual may go on to develop an ‘eating disorder’ as a result of disordered eating (Keel et al, 1997). It has also been suggested that DEBs have a comorbidity with adverse physical health and psychological outcomes including depression or weight gain, which may subsequently result in negative mental health outcomes (Tabler & Utz, 2015).

In DSM-5, a category of “other specified feeding or eating disorder” (OSFED) has been introduced which encompasses atypical anorexia, subthreshold BN and BED, and includes all other disordered eating patterns (Jenkins et al, 2021). Again, this category has limitations due to strict criteria within the DSM, and it has been proposed that relaxing the criteria to include the complexities of disordered eating behaviours would be better. However, due to the

current organisation of the NHS, this may pose problems when individuals attempt to seek treatment within eating disordered services.

1.4.5 Eating Disorders (EDs)

Eating disorders often develop in adolescence and are characterised by ‘abnormal’ eating behaviours and negative self-image, defined within the DSM-5 (Berkman et al, 2007).

Anorexia Nervosa (AN) and Bulimia Nervosa (BN) are the predominant eating disorders diagnosed. It is suggested that these develop due to sociocultural factors including pressure from peers, family dynamics such as enmeshment and/or perceived criticism, low self-esteem, or dissatisfaction with one’s body (Polivy & Herman, 2002).

Evidence currently suggests that EDs develop as an interaction between environmental and genetic factors (Goodman et al, 2014). Stressful familial environments increase the likelihood for an ED or DEB to develop, and lack of support or abuse during early childhood are major risk factors in ED development (Campbell et al, 2011). Females are more likely than males to have a diagnosis of an ED, and they are also more likely to engage in DEBs (Santos et al , 2007). Grogan (2006) suggests that this may be related to societal pressure around ‘thinness’ which more often affects females. However, negative body image has been shown to correlate with ED development across genders (Grogan, 2016). This difference may also relate to stigma around reporting DEB and ED, as males may be less likely to disclose DEB and less likely to seek help (Weltzin et al, 2012).

1.4.6 Obesity and Binge Eating Disorders

Alongside diagnosable eating disorders, there has also been a rise in childhood obesity which involves DEBs in relation to overeating. This can have long-term health

consequences for the individual (Must & Strauss, 1999). Obesity relates to a condition where a person has a high proportion of body fat which may have an adverse effect on health (Wyatt et al, 2006). Sometimes an individual may develop a binge eating disorder, which involves eating a large amount of food over a short period of time (Waller, 2002). Individuals may also hide how much they are consuming, and experience psychological distress following a bingeing episode (Colles et al, 2008). Whilst some individuals become obese as a consequence of a slower and more gradual consumption of food, individuals with binge eating disorder may gain weight as a result of this disorder (De Zwaan, 2001).

1.5 Psychological Influences on Disordered Eating Behaviour Development

Perfectionism, compliancy, and impaired autonomy have been linked as traits associated with eating disorder aetiology (Rothenberg, 1986). Obsessive personality traits are also closely associated with disordered eating behaviours (Goodwin et al, 2011). Low self-esteem may also be a precursor to disordered eating behaviour, as an individual may attempt to change their eating behaviours to alter their appearance, believing they will feel more fulfilled if their body shape changes (Brechan & Kvalem, 2015). This may also be linked to the societal belief that thinness equates to success.

1.5.1 Familial Influence of Disordered Eating Behaviour Development

Parents often provide the environment where eating practices develop, and research suggests that parents' eating behaviours strongly influence the development of children's feeding practices (Scaglioni et al, 2008). In line with Social Learning Theory (Bandura, 1977), research suggests that learning and modelling from parental practices is important in the development of eating attitudes and behaviour in children (Brown & Ogden, 2004). Alongside this, parental attitudes have a direct impact on eating behaviours as they are responsible for the food that is provided and served within the household, therefore

impacting a child's preferences or habitual response to food (Wardle, 1995). These are often also influenced by socio-demographic factors including individual factors and influences from the wider system (Neumark-Sztainer et al, 1999).

Controlling food intake has been shown to have a negative impact on food preference and eating behaviour (Brown & Ogden, 2004). It appears that exerting a high level of control over either 'forbidden foods' which are typically those foods perceived as 'unhealthy' or high in fat or calories, tends to create a preference for the 'forbidden food' (Scaglioni et al, 2008). Alongside this, offering food-based rewards also triggers a negative response towards the target food, and a preference for foods which are seen to be 'unhealthy' by the parents or caregivers (Birch & Anzman-Frasca, 2011). Consequentially, parents who exhibit greater control over their child's diet, record their children consuming a greater number of snack food in later life (Birch, 1999).

Research suggests that mothers' encouragement of weight loss is linked to restrained eating practices. It has been shown that parents who are preoccupied with their own weight and eating habits, increase the risk of their offspring developing problematic eating behaviours (Cutting et al, 1999; Francis et al, 2001). Often, parents who indicate a greater level of control over their child's eating behaviour report a higher level of bodily dissatisfaction (Brown & Ogden, 2004). It has been suggested that children of mothers who have a negative view of their own bodies, and focus on diet and restriction, are themselves more likely to report body dissatisfaction (Shunk & Birch, 2004).

However, parental modelling of 'healthy' food relationships has been shown to be influential and result in long-term positive food relationships (Brown & Ogden, 2004).

This social modelling of ‘healthy attitudes towards food’ is more influential than other methods of altering food behaviour, including attempting to control or reward with food (Webber et al, 2009). This is important as it is often overlooked, with parents often opting for other methods to alter their children’s eating habits, mainly control, restriction or reward.

1.5.2 School and Disordered Eating Behaviour Development

School tends to shape a child’s development through socialisation with peers and the pressure and focus on achievement (Kindermann, 2016). It is suggested dietary habits developed in childhood persist into adulthood, it is interesting to consider the potential influence schooling may have on this development. Formal education typically places value on competency and performance, reinforced through the expectation of achieving high grades (Yamamoto & Holloway, 2010). If individuals feel they are not meeting this demand, their anxiety might increase, and consequently they may use other methods to control anxiety such as restriction of food (Polivy, 1996).

One study reports the pressure to achieve as an influencing factor for eating disorder development, as several participants reported having lost weight in order to gain recognition from teachers and educators (Evans et al, 2004). This research also found this may be linked perfectionism, which may be developed further through this style of schooling due to a ‘never attainable, perfect academic state’. The pursuit of perfectionism through this schooling culture may lead to dissonance and the development of anxiety (Keel & Forney, 2013). This could also link to a desire to ‘fit in’ and be liked by others, which was reported to be centred around ‘thin being good’, ‘fat being bad’ and to avoid bullying by maintaining a lower weight.

Research suggests that disordered eating attitudes tend to develop between 12-18 years and appeared to increase in severity over adolescence (Jones et al, 2001). Body image and eating problems are more heavily reported among young girls, but recent reports have shown an increase in young males reporting these difficulties (McCreary and Sasse, 2000). A reduction in stigma in mental health in males could explain the rise in these conditions, as younger males may feel more able to disclose difficulties. As the previous research suggests adolescence is a time where these behaviours may develop in women, this will be focused upon by exploring how boarders found food and eating whilst at school.

1.5.3 Societal Influences on Disordered Eating Behaviour

A distinction in the way men and women feel about their bodies appears to exist within Western society (Furnham et al, 2002). The ideal of a 'perfect' body shape suggests subliminal messages that achievement and success is gained through being thin, resulting in a pressure to conform to the societal ideal (Bedford & Johnson, 2006; Kirk et al, 2001). As a result, women tend to be dissatisfied with their bodies feeling overweight and may be more likely to engage in 'disordered eating behaviours' (DEBs) (Jones et al, 2001; Furnham et al, 1997). Being overweight has been linked with social isolation in children, and as women mature, they tend to gain fat, leading to body dissatisfaction (Caspi et al, 2006). These cultural and social factors may lead to a 'fear of fatness' in some individuals, resulting in engagement of DEBs (Katzman & Lee, 1997).

Disordered eating behaviours (DEBs) were more consistently reported by adolescent girls than boys, and by adolescents rather than their parents (Bartholdy et al, 2017). There appears to be a sex-related difference in reporting of DEBs by mid-adolescence, which

may correlate with when gender stereotypes develop. Alternatively, the willingness to report DEBs in adolescent boys may have led to these findings due to a lack of recognition of these behaviours in males, or stigma surrounding these difficulties (Lee-Win et al, 2016). Furthermore, adolescent boys may engage in exercise behaviours to compensate their diet which appear to be ‘socially acceptable’ in terms of gender in society (Stanford & McCabe, 2005).

Alongside gender differences in terms of body dissatisfaction, it has been suggested there is a correlation between a desire for thinness and social class (Dornbusch et al, 1984). Girls from higher income families were more likely to express a desire for thinness. Anorexia Nervosa (AN) and Bulimia Nervosa (BN) have been shown to be most common in upper-class and middle-class women from developed countries (Rolls et al, 1991). Individuals who identify with the belief that thinness pertains to attractiveness and success are more likely to develop disordered eating behaviours (Pelletier & Dion, 2007). However, more recent research attempts to refute the findings that eating disorders are more prevalent in the upper classes and suggests that there is an increase in socioeconomic groups affected by these disorders (Steiner & Lock, 1998).

1.6 Boarding School and Eating Behaviour

Currently there is limited research specifically exploring eating behaviour in boarding school alumni or attendees. Development of DEBs within schools may impact a student’s academic and social development. Early detection and intervention may reduce the impact such difficulties may have on the young person. This highlights the importance of research into this area, and how appropriate training, education, and support to school staff, may aid prevention and early intervention to support individuals with their eating behaviour.

However, potential barriers may impede on this notion such as time pressures, psychological understanding and challenges of discussing the topic with children and parents (Knightsmith et al, 2013).

1.6.1 Stressors at School

Disordered eating behaviours tend to emerge in school aged children. Demanding curriculums alongside high standards of performance may lead to an atmosphere of competition and stress within schools, without room for failure (Cookson & Persell, 1985).

It has been suggested that additional factors may exist for boarders including homesickness, academic pressure, and a lack of parental support (Fisher et al, 1986).

Women boarders were more likely to display symptoms of anxiety and stress compared to their male counterparts (Wahab et al, 2013). Social pressure, social competence and body image were described to be factors which may result in symptoms of anxiety (Fincham et al, 2008).

Research has shown increased stress to be an antecedent to eating disorder symptomology (Rosen et al, 1993). Stress can influence an individual's appetite regulation, cause an individual to become preoccupied with their body image and possibly increase the likelihood of an individual using maladaptive coping mechanisms such as over or under eating (Shatford & Evans, 1986). It is suggested that psychological difficulties in childhood and adolescence may increase vulnerability to eating disturbances and concern with appearance, however, it is difficult to determine causation within the studies (Striegel-Moore et al, 1986).

It has been reported that school matrons report a high level of disordered eating behaviours in BS's (Stewart et al, 1994). They found that 68% of the matrons surveyed had seen a pupil

with Anorexia Nervosa (AN) or Bulimia Nervosa (BN). They found that this tended to be more prevalent in all-girl boarding schools. However, one-fifth of all-boy schools reported at least one eating disorder within their pupils. There have been many changes in schooling since this study including the development of smart phones and social media platforms, it would be interesting to explore these factors in relation to eating disorder development.

1.6.2 Extracurricular Pursuits within the Boarding Environment

Boarders are encouraged to participate in sporting pursuits whilst at school, and a debate exists around whether sport is protective or a risk factor, for DEBs (Goodwin et al, 2016). Within 'lean' sporting pursuits, a link with disordered eating exists when comparing to non-lean athlete groups (Sundgot-Borgen, 1993). This may relate to a need to monitor and focus on weight, leading to an increase in DEBs. When a link has been identified, this highlights societal pressures, but also specific sporting factors including coach pressure, a focus on body size and the items worn to compete (Patel et al, 2003). However, the literature remains inconclusive as some studies suggest that body dissatisfaction was greater in individuals not involved in sport. Therefore, sport may provide a protective alternative body image for adolescents to obtain, rather than the western 'thin ideal' (Zucker et al, 1999). This will be explored and reflected upon within the current research project.

1.6.3 The Social Element of Boarding School

Friends play a crucial role in the boarders' lives, as their parents are not readily available. As these relationships with peers become highly important, the importance placed on close interpersonal relationships acts as a threat to psychological well-being (LaGreca and Lopez, 1998). There is also a lack of privacy within the boarding environment where students would be required to change or undress in front of their peers, leaving space for

additional body related judgements or observations from others. This could lead to an increased pressure to have a 'desirable' or 'good' body as determined by social norms. In addition, if attending a co-educational school then this observation may be further complicated around attraction to others and becoming desirable to others through adolescence.

Individuals who board are often around peers and adults in positions of authority, as opposed to being raised by their parents. It has been suggested that individuals who attend BS may have disrupted attachments with their primary caregivers, leading to an insecure attachment style (Troisi et al, 2006). Research has shown that early attachment separation, and development of an insecure attachment style, has links with the development of disordered eating patterns (Troisi et al, 2006). Attachment insecurity could contribute to the development of disordered eating behaviours due to difficulties in affect regulation and reflective functioning (Tasca & Balfour, 2014). Many papers suggest that the most influential factor for healthy eating behaviour is modelling, and this is typically conducted by parents. It would be interesting to explore the effect of modelling from peers, or adults in authority on the development of eating behaviours and attitudes in individuals who have attended boarding schools.

1.6.4 Structure and Routine at Boarding School

Finally, the structure of the day within a boarding school is centred around mealtimes and a set, defined schedule. To maintain order within the school, there is reliance on strict routines which repeated daily. This includes having defined times where food is served in the dining room, or where snacks are available. Often, the children are required to attend these prescriptive mealtimes and would be required to eat the food on offer, despite any

preferences they may have. Furthermore, the dining halls can be an environment for social interaction, or social judgement and dominant group behaviour.

1.7 Meta-Synthesis of the Qualitative Research on the Experiences of School on Eating Behaviour Development and Body Image Conceptualisation

The current literature within the British BS arena is limited, often derived from thesis projects which have not yet been peer reviewed, from personal accounts of attendance at boarding school or from reflections of working therapeutically with individuals who attended these institutions. Whilst these offer valuable insights into how individuals may have been impacted or influenced because of their experiences; further research is needed to ensure academic rigour of the research.

Due to a lack of research on eating behaviour within boarding schools, a meta-synthesis will be conducted reviewing the current research pertaining to eating behaviour and disordered eating development within state schools. This will be commented upon and compared to the experiences of the participants in this study who attended boarding school. This may reveal similarities between state schools and boarding schools considering eating behaviour development and potential highlight differences which will be explored in more depth throughout this study. The aim of the meta-synthesis is to explore participants views about how their eating behaviour was shaped by their school environment.

1.7.1 Method of Meta-Synthesis

1.7.1.1 Design. A thematic meta-synthesis was conducted to provide a comprehensive review of the data and analyse the results from the studies (Mohammed et al, 2016). This utilised the three-stage approach: coding the data, development of ‘descriptive

themes’ and finally, generating ‘analytical themes’. The descriptive themes provide insight into what the primary studies found and suggested, whereas ‘analytic themes’ attribute meaning and generate further explanations or hypotheses (Thomas & Harden, 2008).

1.7.1.2 Inclusion and Exclusion Strategy. The inclusion criteria ensured studies were qualitative in methodology, exploring experiences as school, contained interviews, included children and adolescents’ views, and considered disordered eating, eating behaviour and/or obesity related interventions. The exclusion criteria ensured studies were in English, and excluded studies looking at parenting style, intervention or views on their child’s eating at school. Questionnaire based studies were also excluded.

1.7.2 Search Strategy and Selection

A database search was conducted in January 2022, using Medline, PsychINFO, CINAHL and PsychARTICLES to identify published articles. The initial search identified 2,705 papers, 35 of which met the search criteria. A hand search was also performed using the reference lists of the identified papers to ensure relevant papers were not overlooked (Vassar et al, 2016). An additional 3 papers were found by hand searching the reference lists, of which 2 met criteria. Solely searching electronically can reduce the sensitivity of the search leading to a potential for missed research (Yoshii et al, 2009). A total of 7 met the specific criteria (see Figure 1 for PRISMA flow diagram). The identified papers used interviews and rigorous analysis to collate data.

The following search terms were used. Diagnostic terms were required to retrieve an adequate number of papers as they were referred to as such within the research arena. More general eating terms were used as an attempt to encompass all eating behaviour development, whether this was reported as ‘disordered’ or functional. The search attempted to explore

general eating behaviour within schools, including choices, intake and how food was perceived. The outcome is highlighted below:

“eating disorders” OR “anorexia*” OR “bulimia*” OR “disordered eating” OR “binge eating disorder” OR “eating habits” OR “eating disorders in adolescents” OR “eating behaviour” OR “eating habits” OR “food choice” OR “diet” OR “food intake” OR “food consumption” OR “diet” OR “nutrition” AND “school”.

1.7.3 Quality Appraisal

To critically evaluate the quality of the selected papers, the Critical Appraisal Skills Programme checklist (CASP) was utilised (Critical Appraisal Skills Programme, 2019). This tool enables appraisal of the strengths and limitations of the methodology, considering if the findings are meaningful (Long et al, 2020). The research papers identified were judged on rigour, methodology and credibility. Utilising the tool, the researcher identified seven papers deemed a good quality as they outlined their methodology, ethical considerations and presented strengths and limitations. The participant, researcher relationship was considered in some papers but not all, these were still included as they met all other criteria.

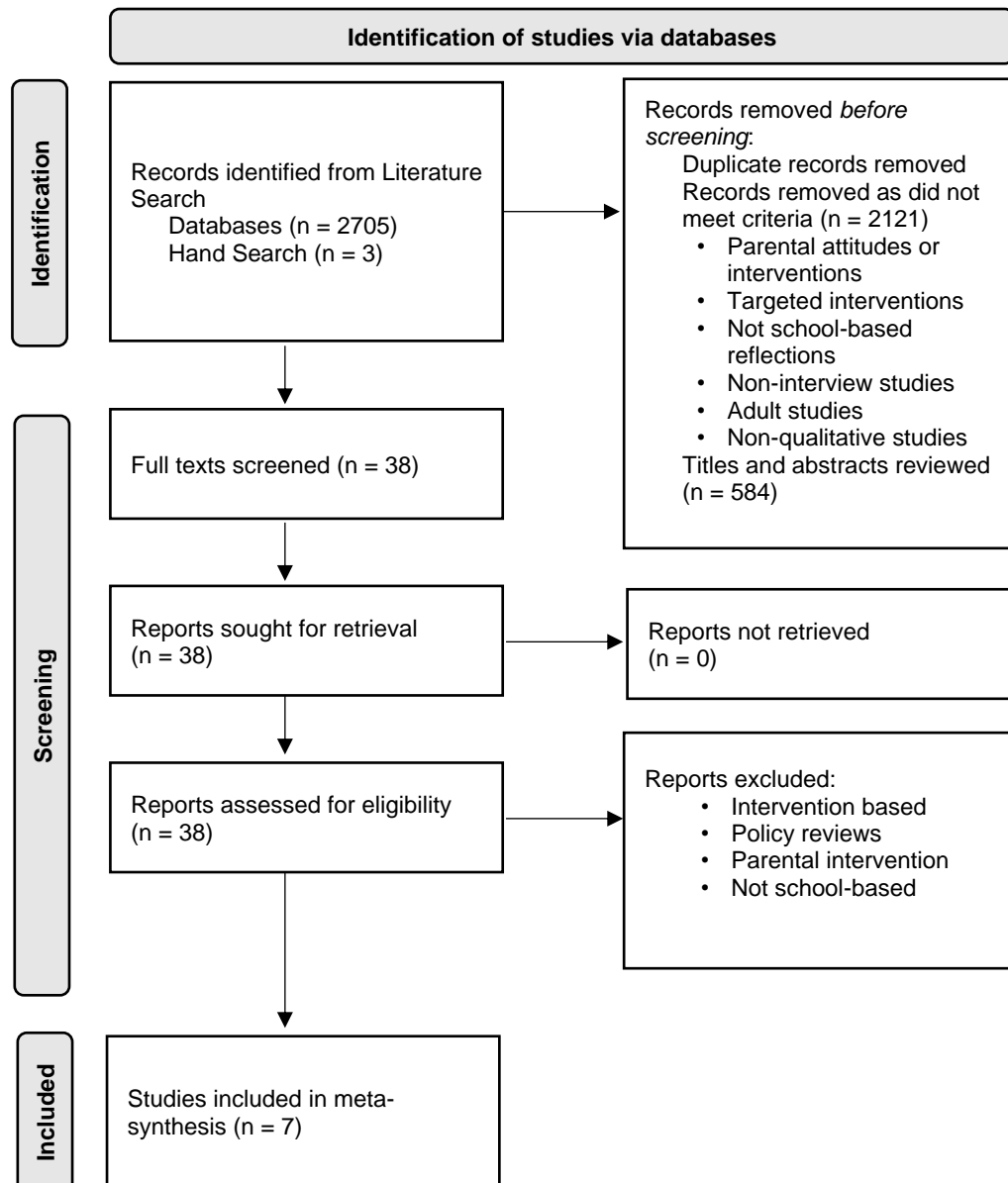
Figure 1*PRISMA flow chart depicting search and selection procedure*

Table 1*Summary of the Included Studies and Their Main Characteristics*

Author	Country	Participants	Area of Exploration	Data Collection	Methodology	Findings
Osowski et al, 2011	Sweden	<ul style="list-style-type: none"> • Kitchen staff (n = 6) • Primary school children (aged 10-11 years). • 29 girls • 23 boys 	Construction of knowledge regarding meals and food at school	<ul style="list-style-type: none"> • Observation • Focus Group Interviews 	Thematic analysis	Dichotomous descriptions of food, healthy vs unhealthy. Children felt separate from adults in the canteen due to the rules. Children enjoyed telling stories around food experiences.
Cliff & Wright, 2010	Australia	<ul style="list-style-type: none"> • Catholic Private School teacher • 2 focus groups with year 10 students • 15-16 year old students 	Exploring obesity discourse and eating disorders in schools	<ul style="list-style-type: none"> • Interviews - three time points 	Discourse analysis	Within the gendered and classed setting, it was presumed the girls were at greater risk for developing disordered eating, rather than becoming obese. Discussions around the “slim ideals”.
Horta et al, 2013	Portugal	<ul style="list-style-type: none"> • 36 children • 21 parents • Age, not specified 	Marketing and food preferences of school children. Understanding acceptance of school meals	<ul style="list-style-type: none"> • Focus Groups with children and parents • Direct observations • Interviews 	Thematic content analysis	Reflections on food choice and preference at primary school. Students disliked most school dinners, leading to a preference for snacks. Snack choices were influenced by social status and avoidance of school meals.
Bauer et al, 2004	USA	<ul style="list-style-type: none"> • 26 students from 7th and 8th grade • 23 staff members 	Exploration of the physical and social school environment and how this	<ul style="list-style-type: none"> • Focus groups (7 with students, 3 with staff) 	Grounded theory	Barriers to physical exercise include competitive environments, bullying and feeling safe. Barriers for eating healthy were also highlighted, including non-nutritious snacks being

			influences nutrition and physical activity	<ul style="list-style-type: none"> Interviews (10 individual interviews with staff) 		readily available, limited lunchtimes, inedible meals and weight concerns.
Holman et al, 2013	Canada	<ul style="list-style-type: none"> 49 girls, 6 focus groups 43 boys, 6 focus groups 12-14 year old students 	Interpretation of how social interactions influence individual behaviours in relation to body image	<ul style="list-style-type: none"> Focus groups 	Discourse analysis	Focus on how body-based harassment alters an individual's perception of themselves, including impacting self-esteem. This might influence eating behaviour and exercise behaviour. Noted that exercise might become dichotomous, either over exercising or avoiding exercise due to judgement.
Stead et al, 2011	England	<ul style="list-style-type: none"> 80 participants, male and females but spilt into homogenous groups 13-15 year old students 	Exploring the meanings and values young people attach to food choices, in school and peer contexts	<ul style="list-style-type: none"> 12 focus groups 	Grounded theory	Main findings were related to social judgements around food choices at school. Focus on the symbolic aspect of food and the values placed on food choice. Discussions around 'cool' food choices and avoiding bullying by conforming to the group in relation to eating behaviour.
Brindal et al, 2011	Australia	<ul style="list-style-type: none"> 28 children aged 5-9 years old. 15 girls 13 boys 	Describing children's perceptions of healthy vs. unhealthy eating	<ul style="list-style-type: none"> Focus groups 	Narrative analysis	Children often perceive themselves to be healthy when eating fruit and exercising. If they ate 'junk food' they felt unhealthy, felt these judgements came from family, teachers, and public health.

1.7.4 Data, Extraction, Synthesis, and Interpretation

Thematic synthesis allows a deeper level of analysis by exploring the overlap and similar concepts of studies, but allowing further analytical scope (Thomas & Harden, 2008). To synthesise the studies, the papers were initially read and reviewed to become familiar with the data, then coded 'line-by-line' to begin to develop descriptive themes. The initial codes were copied into Microsoft Excel to begin to organise these into patterns from the data. Following this, analytical themes were developed considering the societal and cultural concepts which were not considered within some papers explicitly, but added insight and information, pertinent to the review question (Britten et al, 2002). The studies were then compared and contrasted using Excel to determine which themes were evident within the papers (see Table 2).

1.8 Results of Meta-Synthesis

The characteristics of the selected papers included in the meta-synthesis are now discussed. The papers included a diverse range of participants from children and adolescents with age ranges from 5 to 16 years old, to a range of staff members including teachers and kitchen staff. Some included the views of the parents. The focus of the studies presented was how the children and adolescents conceptualised food and exercise within the schooling environment. The studies reviewed also focused on different areas of interest but were similar in their methodology.

The thematic synthesis aimed to interpret the literature depicting children and adolescents' experiences of schooling, and the influence this may have had on eating behaviour development and how they conceptualised their body image. The findings are discussed below. Three core themes were developed: weight-related control to avoid bullying or harassment, dichotomous attitudes towards food and exercise, and the sociality of food.

Table 2*Cross comparison of themes between studies*

Themes	Osowski et al, 2011	Cliff & Wright, 2010	Horta et al, 2013	Bauer et al, 2004	Holman et al, 2013	Stead et al, 2011	Brindal et al, 2011
Theme One: Weight-related Control to Avoid Harassment	*	*	*	*	*	*	
Societal Narratives Around Attractiveness and Appearance		*		*	*	*	
Bullying as a Barrier to Healthy Habit Formation	*	*		*	*	*	
Theme Two: Dichotomous Attitudes Towards Food and Exercise	*	*	*	*	*	*	*
Polarised views of health and exercise	*	*		*	*	*	*
Confusing and contradictive messages around health	*	*	*	*	*	*	*
Theme Three: Sociality of Food	*	*	*	*	*	*	*
Conforming and belonging; forming an identity at school	*	*	*	*	*	*	*
Gender hierarchies			*	*	*	*	*
Making a choice	*	*	*	*	*	*	*

1.8.1 Theme One: Weight-related Control to Avoid Harassment

The synthesis of the literature identified that bullying or harassment were important drivers in shaping the children and adolescents' eating behaviours and exercise routines. Six of the seven studies commented upon the impact of bullying within schools, and how this may

influence an individual's eating behaviour (Osowski et al, 2011; Cliff & Wright, 2010; Horta et al, 2013; Bauer et al, 2004; Holman et al, 2013; Stead et al, 2011).

1.8.1.1 Societal Narratives Around Attractiveness and Appearance. This theme encompassed discussions around social narratives which emerged within the papers about appearance and thinness was highly valued. The papers commented upon the 'slim ideals' which were normalised and 'institutionalised' within the culture at school, and the papers discussed understanding bodies and appearance through the social and cultural context (Cliff & Wright, 2010; Bauer et al, 2004; Holman et al, 2013; Stead et al, 2011). These concepts were indicated within comments made by the young people in the studies, but they often did not comment on where they had learnt such beliefs about attractiveness.

Many of the studies highlighted that 'being fat' was something to be feared and avoided. This has been shown to be reinforced during schooling, as those who have the 'desired' body shape are less likely to become a victim of bullying, and more likely to be validated and recognised by teachers and individuals in positions of authority (Cliff & Wright, 2010; Bauer et al, 2004; Holman et al, 2013; Stead et al, 2011). The negative connotation of fat was commented upon by Cliff & Wright (2010) and the girls depicted overweight individuals as "lazy, neglectful and lacking in self-control". This narrative was shared within other studies and reports of negative comments about being overweight was made by staff members and peers (Bauer et al, 2004).

Some papers commented upon the judgement experienced towards women about their bodies, and how the body may be a tool to reinforce gender differences maintaining hegemonic masculinity (Holman et al, 2013). Much of the narrative around 'fat' was

considered in terms of “a societal pressure to conform” and being liked by peers, it appeared this belief was reinforced at school as individuals who did not conform to the thin ideal experienced harassment and bullying.

1.8.1.2 Bullying as a Barrier to Healthy Habit Formation. The studies highlighted bullying as a significant factor in the development of disordered eating and exercising behaviours (Cliff & Wright, 2010; Bauer et al, 2004; Holman et al, 2013; Stead et al, 2011). Teasing and bullying in relation to exercise was commented upon, some studies reported individuals found it hard to engage in physical education due to gender norms, physical ability and being overweight which may lead to bullying (Bauer et al, 2004; Holman et al, 2013). Bauer et al (2004) found that the staff members also made negative comments to students in P.E. “regarding some students’ athletic abilities”, leading to the students not wanting to engage or avoiding P.E. classes.

The impact of being sexually objectified was discussed in depth by Holman et al (2013). The societal discourse around weight and appearance was commented upon as a form of social control towards females. The paper provided suggestions that body-based harassment through verbal or physical means could lead to an increase in disordered eating behaviours. The individuals may attempt to restrict their diet to avoid further persecution or engage in excessive exercise to control their weight. Furthermore, the paper suggests that individuals may feel fearful to engage in exercise at school, as this is an arena where they are likely to be judged on their appearance, therefore women may avoid physical education leading to them changing their eating habits to maintain a low weight, rather than engaging in healthier habits such as combining a nutritious diet with exercise.

In Stead et al's (2011) study, the participants shared reflections about wanting to be popular and liked by peers, and in the context of the study that meant eating 'unhealthy foods' and "junk foods". However, they reported that being obese was undesirable and would lead to bullying and someone being 'singled out' or ridiculed. Despite these contradictory beliefs towards eating 'junk food', they wanted to be known and represented as slim but 'unhealthy'. This contradictory narrative seemed to be important in terms of social standing and popularity, and reports of disordered eating patterns emerged so individuals would be seen to be popular from their food choices, but not become overweight which would be a social risk.

1.8.2 Theme Two: Dichotomous Attitudes Towards Food and Exercise

All the papers discussed concepts of health in absolute terms, outlining polarised views (Owowski et al, 2011; Cliff & Wright, 2010; Horta et al, 2013; Bauer et al, 2004; Holman et al, 2013; Stead et al, 2011, Brindal et al, 2011).

1.8.2.1 Polarised Views of Health and Exercise. The papers either described foods and exercise habits as 'healthy' and 'good' or 'unhealthy' and 'bad'. Terms such as 'junk food' was used to describe foods categorised as 'unhealthy' and it appeared that higher calorie or higher fat content in food lead to individuals labelling these foods as such. Similarly, individuals appeared to be labelled, or label others in similar terms as either 'fat' or 'thin' or 'healthy' or 'unhealthy' (Cliff & Wright, 2010; Bauer et al, 2004; Holman et al, 2013; Stead et al, 2011).

Brindal et al's (2012) paper provided evidence that children as young as five years old have developed a sense of 'healthiness' and elaborates on the avenues of learning which had informed their beliefs. They found that younger children generally perceive themselves to be 'healthy' and these perceptions were based on fruit and vegetable intake, alongside being

‘active’ or going outdoors. They shared that being ‘unhealthy’ meant being sedentary and consuming ‘junk foods’. The study comments that due to the children’s developmental stage, they may have difficulties processing holistic concepts such as the linear nature of health and diet, however, it appears this challenge continues through other age ranges and individuals continue to perceive health in polarised or absolute terms. Discussions around a ‘balanced diet’ still tended to include restriction or avoidance of higher calorie foods, and they were often reported to coincide with feelings of guilt on consumption (Cliff & Wright, 2010).

Some studies suggested that conforming to the polarised view of health vs unhealthy can lead to an increase in disordered eating behaviours, or towards a preference to ‘junk foods’. Stead et al (2011) and Osowski et al (2012) found that young people tend to choose foods based on an emotional and social response, rather than considering the health benefits. Whilst they continued to hold polarised views, they focused on choosing items which were deemed popular or social and these tended to be higher calorie foods or snacks. They also found that children wanted to be different than adults, and often being ‘healthy’ at that age was perceived as ‘uncool’. This was in the context of the school environment where they were judged and observed by peers, both studies commented this may have been different within the home environment and a lack of additional information around this was a limitation of the studies.

1.8.2.2 Confusing and Contradictive Messages Around Health. Some studies reported that the young people were provided with confusing messages around diet and exercise at school, and often the advice was contradictory (Cliff & Wright, 2010). When considering the obesity epidemic narrative, it was commented that this cements ‘fear of fat’ in individuals and it was suggested could lead towards the opposite challenges in individuals taking on disordered eating patterns to avoid becoming overweight. Whilst these individuals

were told to ‘eat in moderation’ or to ‘celebrate their bodies’ they were also warned against being overweight.

Furthermore, children are encouraged to eat healthily and exercise, but it was reported in Bauer et al (2004) study that there are many barriers towards this within the school environment. They reported encouragement to maintain a healthy diet but reported the school meals were ‘greasy’ and ‘unhealthy’. They also had access to non-nutritious snacks and the children reported they did not have time to eat a healthier lunch, resulting in them resorting to snacking in the day as this was portable and quicker to consume.

Barriers to engaging in safe and enjoyable exercise were also commented upon and children were informed to engage in exercise as part of a healthy diet. Exercise was discussed as something which could ‘counteract’ food consumption that was deemed unhealthy and over exercising was dictated within some studies (Holman et al, 2013; Cliff & Wright, 2010). Additionally, gender or weight-based bullying may restrict individuals from engaging in exercise at school (Bauer et al, 2004; Holman et al, 2013). Therefore, these discourse around health become contradictory and complex and individuals felt that there was a disconnect between the messages provided to students about healthy nutrition and the constraints of the school environments.

1.8.3 Theme Three: The Sociality of Food

All the studies commented upon the social aspect of food and shared the importance of food as more than something that provides energy (Owowski et al, 2011; Cliff & Wright, 2010; Horta et al, 2013; Bauer et al, 2004; Holman et al, 2013; Stead et al, 2011, Brindal et al, 2011). Some commented upon the social and emotional role of food, and how this is important in adolescence in relation to identity formation and conforming to a social group

(Holman et al, 2013). Food is thought of as a sociocultural product, and food choices are linked to concerns around identity, image, and status (Stead et al, 2011).

1.8.3.1 Conforming and Belonging; Forming an Identity at School. The importance of belonging to a social group to avoid bullying and harassment was commented upon in several studies, and this included discussions around identity formation at school (Stead et al, 2011). Adolescence is a time of transition and moving towards formation of a personal identity, the papers discussed this within the context of food choice and how these choices mirror those within the social group (Horta et al, 2013). Brindal et al's (2012) noted that children would alter their responses to fit with the social group when discussing food, a reflection shared by other studies included in the review (Horta et al, 2013; Osowski et al, 2011). This highlights how early the desire to conform may develop, and the need to remain within the social group.

Children and adolescents spend a great deal of time at school, and some would eat two meals within school hours. Food choices help to create an image and identity and can be used to judge others (Stead et al, 2013). Osowski et al (2011) noted that social belonging appeared important when eating and the students in the study appeared to change their narratives to fit the social group around them within the focus groups. They commented how social groups appeared to form around mealtimes and how the students sat in gender and age groups.

1.8.3.2 Gender Hierarchies. This subtheme focuses on the link between eating and exercise behaviour development and gender, alongside the impact this may have on disordered eating habits. Several papers cited gender norms and stereotypes within young people and the influence this may have on development of eating behaviour (Osowski et al,

2011; Holman et al, 2013; Bauer et al, 2004). This was additionally discussed in relation to exercise, and how this tended to be something which boys were encouraged to partake in. Girls reported experiencing bullying if they engaged in sporting pursuits, especially if the sport did not match preconceived gender stereotypes. The social risk of this was deemed too high by some individuals and they opted out of sporting activities and reportedly engaged in more disordered eating behaviours.

Body-based harassment was commented upon in depth by Holman et al (2013) as a reinforcing characteristic towards disordered eating development. This was discussed in the context of society and gender and how negative comments about individuals' bodies in sports could lead to either a drop out in participation or in opposition for someone to become a 'pathological exerciser'. The notion of a 'female body' and body-based harassment was further commented upon as something which legitimises domination over women. As a result of body-based harassment, women learn their body is a 'problem' or something to be 'fixed' then they may withdraw from school or extracurricular events, perpetuating powerlessness but maintaining males being in social control. The notion of an appropriate and attractive woman's form appears to be a narrative which cross-culturally occurs in most the studies discussed, and Holman et al (2013) present a view of why this narrative continues to permeate society.

1.8.3.3 Making a Choice. One aspect which was important in the social and emotional aspect of eating behaviour was being able to choose (Owowski et al, 2011; Cliff & Wright, 2010; Horta et al, 2013; Bauer et al, 2004; Holman et al, 2013; Stead et al, 2011, Brindal et al, 2011). Some papers discussed the joy from selecting snacks or eating out with friends, allowing individuals to develop their social identity. Snacks and eating out were also

discussed in more depth in Oswoki et al (2011) as these reportedly brought joy and social belonging to the group. Eating out of school symbolised a higher social position and could be linked to economic means (Horta et al, 2013). This was also reported within Stead et al (2013) study who commented on a narrative around social class and belonging. Anxiety was reported amongst individuals from a lower social class and individuals tended to distance themselves from a 'poor identity'. This was seen through food choices and selecting branded products and snacks to consume at school.

Conversely, Holman et al (2013), found that choices can be negatively influenced due to social status and wanting to belong. It was discussed that some choices may lead to individuals attempting to alter their weight through unhealthy practices to conform and fit into the 'ideal norm shape'. The paper suggests the choices made in schools by young girls construct male privilege and gender differences by them feeling pressured to fit the feminine body ideal created within society and achieve this through over exercising or disordered eating behaviours.

1.8.4 Discussion of Meta-Synthesis

The synthesis of the seven qualitative studies demonstrated some similar concepts across the studies, resulting in themes being identified and discussed: weight related control to avoid harassment and bullying, dichotomous attitudes towards food and exercise and the sociality of food. There were few papers on the topic which upheld methodological rigour, some papers did not outline their processes or analytical stance. Therefore, one limitation in relation to the meta-synthesis was the availability of high-qualities papers on the topic. The papers all tended to focus on a limited number of schools, which provides a deep analysis of those particular students but may not be representative of different areas of the countries.

There was only one paper found which examined food related beliefs within the UK schooling system, the majority of other papers were from overseas. This UK based paper did outline the limitations to their study as it was conducted in the North of England (Stead et al, 2012). They commented that regionally students differ in relation to food preferences and beliefs, and it would be interesting to research the variance which may occur within and across regions.

The results highlighted the complexity within the interplay of factors which contribute to eating behaviour development. The nature of schooling practice appears to shape an individual's relationship with food, and children may learn from peers to model their eating behaviours. It is challenging to dissect the familial influences and school and peer influences. Therefore, when creating or considering school-based interventions, consideration of the social desirability needs to be considered. Additionally, bullying or harassment practices were reported to have a substantial impact on body image formation and disordered eating behaviours.

1.8.5 Limitations of Previous Research

The literature review further highlighted a lack of rigorous research into eating behaviour development within boarding school, and to consider some of the complex influences within the school environment, the literature was reviewed within state schools. This suggested several factors which would also occur within the boarding environment but leaves many unexplored questions. Whilst eating disorder literature is vast, exploring this within the school environment is relatively limited. It is important to contemplate the complexity around altering food preferences within a school environment, as children are influenced at multiple levels, and individual behaviour is also shaped by the social environment one resides within (Townsend & Foster, 2013).

As individuals exist and survive in multiple contexts, and each context may have differing rules, structures and beliefs, it is hard to determine or outline what may be the defining factor for disordered eating practices to develop. As qualitative research is not around identifying causation, more exploring the individual's interpretation of their knowledge and experiences, it will be interesting to uncover what participants believe has influenced their eating habits. Therefore, a holistic approach needs to be implemented in exploring children's eating habits. This should include an understanding of an individual's class background, parental influences, and practices, alongside the systemic and social influences of the schooling environment and dining arenas. Exploring these factors within the BS environment will be the focus of the current study.

1.9 Rationale for the Present Study

The research base for the psychological effect(s) on children who have attended BS from a young age is relatively limited (Martin et al, 2016). The current proposal aims to explore the impact or influence boarding school may have on eating behaviour and attitudes towards food and the individuals' bodies in women. Due to research identifying gender differences in food choice and body image or dieting practices, only women will be recruited in the current project to explore their experiences in more depth (Wardle et al, 2004; Striegel-Moore et al, 2009). Employing a qualitative approach, the project aims to explore the experiences of women who attended boarding school, focusing on their interpretation of how these experiences may have influenced their eating behaviours and how they view food and eating. The questions will draw on exploring their sense of self, focusing on eating behaviour. It is clinically important to explore this phenomenon further, as this could help shape boarding practices if it provides evidence of difficulties or problematic eating behaviours in these individuals.

The current project aims to explore and comment on a range of individuals with varying age of attendance at boarding school. The boarding school regime has been altered and changed over the years, however it will be interesting to explore the influence of these changes on the participants experiences, and whether a reduction in the harsh regimes previously experienced by boarders has had a positive impact on eating behaviour development, as people are allowed more choice or variation in their diets. The availability of additional snacks over the past years will also be of interest, to explore how this was received and understood by boarders. Whilst this will provide much variation in peoples experiences, as this is novel and the first step in exploring eating behaviour at boarding school, a wide scope and lens is thought to be of benefit.

This study set out to explore the experiences of adults who had attended boarding school as children; specifically, how they feel their experiences at school influenced their eating behaviour (while at school and as an adult) and what if anything was the role of family relationships in this context.

1.10 COVID-19 and Eating Behaviour

Whilst the current thesis project was being undertaken, a global pandemic arose which directly impacted the world, and resulted in a need to control and contain the virus. The general approach was to place countries into lockdown, restricting the movement of people, meaning more time was spend within the home. Traumatic events may impact an individual's mental health and the COVID-19 pandemic has created uncertainty and isolation, which may exacerbate existing mental health difficulties (Brooks et al, 2020). As this project cannot be completed in a vacuum, consideration of the impact of COVID-19

will be commented upon and considered within analysis and conversations with participants.

Whilst the long-term current impact of COVID-19 is unknown, it is suggested there may be a substantial impact on healthy eating and physical activity (Pearl, 2020). At the start of the pandemic there were food shortages, meaning individuals may not have been able to buy their preferred or fresh foods which may have led to a reliance on unhealthy foods or an increased restriction on eating behaviour (Tan et al, 2020). There may be links between the pandemic, boarding school and also restrictive food practices as the pandemic required individuals to follow rigid rules and guidance, which may trigger memories of the BS environment where individuals reported feeling they had little freedom. Isolation or quarantine may have triggered feelings of anxiety, a lack of control and feelings of loneliness. This again may mirror the experiences from BS or that of individuals who experience DEBs.

Conversely, individuals spending more time at home may have resulted in additional barriers to weight management due to challenges with motivation or control around food (Robinson et al, 2020). Boredom and depressive symptoms may have also triggered individuals to consume more calories within lockdowns and to move or exercise less (Robinson et al, 2021). Whilst these are currently hypotheses, they will be considered and reflected upon throughout the project. Ongoing research into the COVID-19 pandemic is likely to continue to occur.

2 Methods Chapter

2.1 Chapter Summary

This chapter summarises the epistemological stance of the research, alongside detailing and explaining the recruitment, procedure, data collection and analysis of the current research. Ethical considerations and the projective plan for dissemination will also be included and discussed.

2.2 Qualitative vs. Quantitative Approaches

The debate around qualitative and quantitative methodologies has been longstanding within psychological research (Hedrick, 1994). Important distinctions can be drawn focusing on the different philosophies and epistemologies of the two approaches, opposed to focusing primarily on the methodological position (Bryman, 1984). Positivist epistemology would state that ‘observable evidence’ is the only technique of scientific finding which could be seen as ‘*factual*’, therefore allowing researchers to make legitimate knowledge claims (Adams et al, 2005). Broadly defined, quantitative research is an empirical examination of a social or human phenomenon or examining a theory of variable which is measured with numbers and analysed utilising statistical methods (Cresswell, 1994). Quantitative research is often seen as more highly regarded within mainstream social sciences (Denzin & Lincoln, 2000).

Quantitative research is informed by objectivist epistemology and measures social behaviours in what is assumed to be a fixed reality, therefore draws on measuring causal relationships between variables based on *a priori* theories (Yilmaz, 2013). A guiding principle includes the research being distant from the phenomena studied to maintain objectivity, and the subjects studied are viewed as independent and separate (Riger, 2002). Conversely, qualitative

research is founded in constructivist epistemology exploring and examining socially constructed ever-changing realities which are context sensitive, flexible, holistic and descriptive (Ford & Adams-Webber, 1992). Thus said, the research is advised to develop an empathetic bond with the participants studied, and reflective and reflexive diaries are encouraged (Darawsheh & Stanley, 2014).

Qualitative research focuses on collating extensive data in a 'naturalistic' setting to gain insight into variables which could not be measured utilising a different methodology (Gay & Airasain, 2000). This relies on the epistemological assumption that social and human factors are complex and difficult to narrow into isolated variables to measure and assess with statistics (Schommer-Aikins, 2004). This method focuses on inductive and interpretive approaches to study individuals to interpret meaning relating to individuals' experiences (Cresswell, 2007; Miles & Huberman, 1994). Qualitative research encourages an in-depth study of the individual's experiences and the meaning they have attached to this and how they have made sense of the world around them (Chase, 2003).

Nonetheless, qualitative research can allow for a unique theoretical and methodological framework which draws upon the rich and in-depth, personal experiences of individuals which can be reviewed in methods quantitative research is unable to achieve (Denzin & Lincoln, 2000). Those who conform with the social constructivism notion of reality suggest that the role of a researcher is to understand the multifaceted layers of meaning and knowledge, within a particular context (Walker, 2015). Thus, this methodology allows for creativity and flexibility to explore paradigms which have not previously been explored, enabling clinical integrity and usability (Trainor & Graue, 2013).

2.3 Epistemology and Ontology

A vital consideration when undertaking qualitative research relates to the researcher considering the theoretical and philosophical position from which the research will be completed, thus considering the viewpoint of the researcher in relation to their ontological and epistemological position (DeGialdino, 2009). This section reflects on the differing positions researchers may take, and the considerations undertaken to select the philosophical standpoint for the current research.

2.3.1 *Ontological Assumptions*

Ontology is defined as “the study of being” (Crotty, 2003) and relates to the world and reality which is being reviewed and investigated through research. Two paradigms exist within this, and these are generally perceived on a continuum from *realism* to *relativism* (Burr, 1998).

When considering the study of humans and human behaviour, the scientific view has been contested due to the shift in context from the natural to the social world (Robson, 2002).

Studying people and social environments is multifarious and it is difficult to control for variance and bias when attempting to measure this (Samuelson & Church, 2015). Individuals who align with a realist viewpoint believe knowledge is ‘fact based’ and ‘value free’ therefore relies heavily on control and predictions (Dixon-Román & Gergen, 2013).

Conversely, individuals who confer with a relativism viewpoint stipulate knowledge, and production of such, relates closely to the societal and cultural context of one’s own experiences, founded within multiple layers of ‘reality’. Relativism highlights the perception that humans are conscious and decisive and are in control of creating their own social reality (Robson, 2002). Therefore, within qualitative research, the researcher assumes that the world

is variable and changeable, populated with individuals who are free to have their own thoughts, interpretations and meaning making structures (Ahmed, 2008).

Between these two polarised positions lies critical realism which stipulates the world and knowledge of individuals cannot be identical, as their realities are experienced within cultural constructs (Archer et al, 2013). If knowledge and reality are linked, then one without the other holds little meaning, and research is a human focused act which is entwined with social processes (Bhaskar, 1978). A critical realist approach is deemed most relevant when researching eating behaviour within the social context of boarding schools, as the individual's experiences, and the meaning attached to these, is of primary interest, whilst considering the environment in which this was constructed.

2.3.2 *Epistemological Assumptions*

The philosophical position represents how the researcher views *knowledge*, and how this knowledge is accessed. The debate exists between whether knowledge is *created*; through a relativist viewpoint, or whether this is something which is *accessed*, which aligns with the realist position (Proctor, 1998). Therefore, again this exists on a continuum ranging from representation to subjective positioning (Cohen & Crabtree, 2006). Positivists suggest observation and reason provide the best environment for understanding behaviour, meaning that the researchers do not have an influence in relation to obtaining knowledge, therefore an objective reality can be measured through observing (Arghode, 2012). Conversely, subjective epistemology would suggest that there are multifaceted realities and the researcher's beliefs, and value system may influence the interpretation of the experiences which are shared within the research process (Roots, 2007). If knowledge is created utilising social interaction, then understanding participants' experiences would require a flexible and transactional process

between researcher and participant (Ponterotto, 2005). Due to the influence of individual experiences on 'reality', gaining knowledge of the world and furthering understanding of human processes is thought by subjective epistemology to be conducted through introspection, and this is the epistemology adopted for the current research.

This study utilised a qualitative methodology, to explore and describe the processes shared by the participants, rather than predict behaviour or experiences. In the researcher's opinion, there is scope in the literature for researching this concept from a constructionist epistemology relating to the complex and nuanced experiences that individuals have through their upbringing when attending boarding school. These experiences are considered by society to be 'privileged and desirable', which conflicts with the narratives shared in previous research by boarding school attendees. The research questions were focused on food and eating behaviour development in relation to boarding school experiences, and the meaning and sense the participants made of the development of this. Furthermore, this approach enabled personal introspection of the researcher and the role played in the co-construction of the stories shared.

2.4 Self-Reflexive Statement

In line with co-construction and the ontological and epistemological stance of the research, self-reflexivity is deemed important within qualitative research (Mortari, 2015). The reflective and reflexive processes allow for an understanding of how the researcher's personal values, beliefs and choices may impact on the research process, and how this could influence interpretation of the narratives shared (Janesick, 2015). Reflexivity is thought to reduce the risk of allowing 'prejudices' to guide interpretation and the research (Finlay,

2003). The next section will be written in first person narrative to highlight my current position and beliefs in relation to the research.

I am a 30-year-old, white British woman and I did not attend boarding school but I have experienced some challenges and difficulties in relation to eating and the relationship to my body. I became increasingly curious about the experiences of individuals who attended boarding school as several of my friends had attended boarding schools and reported this being a contributing factor to the development of their eating behaviour. Alongside this, I witnessed the distress and difficulties a previous partner had in relation to his boarding experiences, and how difficult he found it to make and maintain relationships. Considering this, I should reflect on my initial prejudices as I too considered boarding to be a privileged position and felt strongly that I would not send my future children to boarding school due to the lack of maternal and paternal influences on your child, and the potential for disrupted attachments.

Eating behaviour has long interested me. During my school years I formed a challenging relationship with food and dieting behaviours, at times restricting my intake drastically, resulting in substantial weight loss. Food was categorised for me in terms of ‘bad’ and ‘good’, and it got to a stage where all foods except fruit and vegetables were consider ‘bad’. My journey studying psychology helped me to feel more content in myself, and I was able to develop a healthier relationship with food in my late 20’s. Personally, I saw the impact this difficult relationship with food had on my life, and I am interested in exploring the reasons why disordered eating practices emerge and develop. I can now understand where my own disordered eating practices developed and feel schooling played a significant part in this. I attended a state school but faced pressure to achieve from teachers and to be top of the class.

Whilst I hold my experiences around difficulties with food and eating in mind, I did not attend boarding school allowing me to stay more emotionally distant from this aspect of the research. Therefore, my knowledge of eating difficulties may have allowed me to be privy to certain aspects which may have been previously overlooked. I reflected throughout the project on my assumptions around boarding schools, and I have endeavoured to address this topic from a balanced approach. I am conscious of how my assumptions may have guided my questioning within the topic guide of the structured interviews, and how this may have influenced or impacted my appraisals of the data collated from the participants.

Reflecting on the parameters of the project I would like to acknowledge my own position as a researcher. I feel interested about the boarding institution, and feel it holds merit in terms of education and academic opportunities. I firmly believe that research can enable us to learn about our current practices in order to continue to develop and improve the services that we deliver, and ensure we are acting in the best interests of individuals using our services. Furthermore, the experiences discussed and disclosed within the project do not exist within a vacuum, and a child is shaped by experience pre and post birth. Therefore, some of the difficulties experienced may have pre-existed boarding school and may have been established within the family unit or through other various experiences.

2.5 Research Methodology

Qualitative research methodology was selected for its flexibility and exploratory nature to explore the development of eating behaviour and disordered eating within the context of boarding schools (Elliott & Timulak, 2005).

2.6 Thematic Analysis

Thematic analysis (TA) is useful for categorising, analysing, and reporting themes within a dataset, allowing for a range of epistemologies and research questions (Braun & Clarke, 2006; Clarke & Braun, 2017). TA's flexible approach means this can be applied to a range of research paradigms which emphasise the importance of the active role of the researcher within the process (Holmqvist & Frisén, 2012). If methodological rigour is sustained, TA can produce reflective and insightful findings which can further the understanding relating to a particular construct (Clarke et al, 2015). King (2004) argues that TA is useful for exploring the perspectives of different participants and allows for identifying similar and differing themes. Thematic analysis was deemed to be most appropriate considering its epistemological flexibility and relativist position (Braun & Clarke, 2006; Braun & Clarke, 2013).

TA is useful in identifying codes and themes both within and across datasets in relation to lived experience, allowing for reflection and introspection towards understanding what the participant feels, thinks, and does in relation to the topic (Terry et al, 2017). This methodology is also beneficial when exploring a dataset which has not previously been studied, the inductive approach allows for exploration in relation to understanding participants' experiences (Holmqvist & Frisén, 2012). Using inductive or 'bottom-up' processes allows for the themes to be data driven through the process of coding the data without attempting to fit this within a specific area or topic (Braun & Clarke, 2012). Whilst under the opinion that research cannot exist without some bias and that the researchers' epistemological position may influence the research, self-reflection and reflexive is important to consider the position the research may have when attempting to use an inductive approach.

2.7 Participants

There is rich debate about the recommended 'sample size' to use within qualitative research methodology which challenges whether it is more detrimental to have a 'small' or 'large' sample (Malterud et al, 2015). Research has suggested that the larger the sample the greater the risk of failing to do justice to the complexity and nuance found within the dataset (Braun & Clarke, 2016). However, some believe it is important to select and study a smaller number of unique cases to ensure in-depth understanding of the individuals' experiences is established (Yilmaz, 2013).

In line with the epistemology and philosophical stance of the research, and in line with the methodology selected, and the aim was to recruit between 15-20 participants. This number is between the minimum number suggested for thematic analysis (10 participants) and the higher number of 30 participants. The researcher was conscious to allow enough time for full immersion in the data to occur within the scheduled timeline. The importance will be placed on conceptualisation of what the themes drawn from the data represent, and how and why they are seen to be significant.

A purposeful sampling technique was employed, selecting information-rich cases to study the proposed phenomenon in detail, therefore enabling learning and exploration founded in individuals' experiences, opposed to empirical generalisations (Suri, 2011). This was required in the current project as deliberate selection was required in relation to boarding school attendance and self-proclaimed issues with food or eating behaviours. The sampling allowed participants to provide informed consent, and they were sent the information sheet prior to this.

2.7.1 Inclusion and Exclusion Criteria

The majority of previous research focuses on women and eating behaviour. Current literature shows gender differences in food acceptance and eating-related compensation and that the societal emphasis on dieting varies across genders (Keller et al, 2019).

Therefore, the current study focused on recruiting women who attended boarding school to explore how these eating behaviours manifests within women.

Participants were required to be over 18 years old, there was no upper age limit for participants. It is suggested food preferences and behaviour are altered and develop between 5-13 years old therefore the age of attendance will be recorded and considered (Birch et al, 2007). This will include considering the difference in experience due to age of attendance. As the project was exploratory in nature, the years in boarding school was altered at the start of recruitment to include individuals who had attended boarding school for two years, rather than the original proposed 3 years. The individuals coming forward felt their attendance of two years had an impact on their eating behaviour and due to the open and explorative stance of the project we wanted to hear the stories.

Participants were asked to contact the researcher if they felt they currently or previously had difficulties with their relationship with food and eating behaviour(s). This could be in reference to difficulties prior to school, at school or post schooling. The specific nature of ‘difficulties’ was not highlighted, as the research wanted to include disordered eating behaviours such as over and under eating, and any eating behaviours the participants felt had impacted their wellbeing and life experiences. This could include feeling overly controlled or anxious around mealtimes.

Individuals with current severe mental health difficulties who were current receiving psychiatric care were excluded so as not to interfere with their current treatment.

Individuals with fluctuating mental health difficulties were considered for inclusion in the research, but a risk assessment would have been conducted by the primary researcher in such instances. This would have been assessed on a case-by-case basis with supervision from the lead supervisor. If the research is felt to be challenging, triggering, or destabilising for the individual, they will not be included in the research.

2.7.2 Recruitment Procedure

Due to the global COVID-19 pandemic, it was decided that the semi-structured interviews would be conducted over Zoom, or virtual platforms, which increased the scope of the research. Thus, meaning all the boarding schools within the UK could be contacted, so the research was not restricted to regions accessible by the researcher. The initial recruitment strategy involved contacting boarding schools in UK by email who had women boarders, including co-education schools. A copy of the information sheet (see Appendix 1) and the poster (see Appendix 2) was included, and they were asked if they would be happy to circulate the research project as part of their alumni newsletters. Thirty-seven boarding schools were contacted (21 all female schools and 16 co-education schools).

Unfortunately, no boarding schools in the UK were willing to assist with the research project citing various reasons, resulting in a poor response rate. This was interesting as one boarding school stated they felt the research would “open a can of worms” and the other said “our boarders wouldn’t be interested”. After receiving various messages which coincided with this, alternative recruitment strategies were utilised.

The organisations 'Boarding School Concern' and 'Boarding School Survivors' were contacted, and they agreed to share the poster and information sheet in their newsletter. Alongside this, I contacted various authors who had written books about boarding school experiences, and they kindly assisted by circulating the research to individuals they knew, including colleagues involved in research. Five participants were recruited via this method. The boarding school research network was also utilised, contacting individuals who were researching the topic as part of their doctoral studies, and they recommended certain avenues whom had been helpful previously. The poster was shared on various social media platforms including LinkedIn, Facebook and Call for Participants. Nine participants were recruited via these methods.

Those interested were invited to contact the researcher via email or telephone. Participants were informed of the COVID-19 protocol for reducing non-essential face to face contact. The interviews were recorded using an encrypted Dictaphone and the files were stored in a locked folder.

Following this initial contact, the researcher discussed their boarding school attendance in relation to their age of attendance and duration and sent a copy of the consent form to the potential participants (see Appendix 3). Following receipt of the electronically signed consent form, an interview was arranged with the participant and a link to a password protected Zoom meeting was sent via email.

Snowball sampling was also utilised through individuals who had participated in the project, the final three participants were recruited via this method (Sadler et al, 2010). The researcher was conscious of recruiting individuals who have both positive and negative

experiences of boarding school to attempt to collate a non-biased view of these experiences. They were asked whether they could circulate the information to individual they had attending school with or knew of who had also attended boarding school. To gather a non-biased sample, effort was made to source individuals using various methods to gather reflections from individuals who had both positive, negative and neutral experiences at boarding school, hence initially reaching out to the boarding schools. However, due to the reluctance, avenues which tended to bias towards people who had negative experiences of boarding school were utilised, and this was considered and reflected on within the results section. Facebook, Twitter and LinkedIn were utilised, and the research poster was shared on several occasions, on several platforms.

2.8 Research Design

2.8.1 Data Collection

Seventeen interviews took place over Zoom due to the COVID-19 pandemic. An interview guide was utilised, highlighting 4 main areas for discussion which focused on eating behaviour(s) and eating experiences across different time periods; before boarding school, at boarding school, post boarding school and reflections on the interview process (see Appendix 4). The interview guide was designed by the lead researcher to direct the interview whilst facilitating an open narrative with the participant. This method was deemed preferable as it allowed for more free narrative from the participant, and the interview was guided but fluid. This in-depth manner of ascertaining information allowed for a broader agenda covering key time points within the individual's life, the wording and questions varied between interviews, depending on what the participant disclosed.

Each section contained questions which prompted the participant to discuss their food related behaviours at each time point and reflect on the impact and influence of their schooling on this. Alongside this, space was provided for reflection on the interview process, and participants were invited to add anything further they felt was pertinent to discuss. The aim and structure of the interview guide was to steer the individuals to discuss how their eating behaviour developed throughout their lives and reflect on the impact boarding had on this. Open-ended prompts were also used by the interviewer to allow for elaboration, this was to facilitate discussion and the aim was to minimise any potential bias from the researcher (DeJonckheere, & Vaughn, 2019).

The interviews were conducted over Zoom due to the COVID-19 pandemic in line with university policy and procedure for avoidance of “non-essential” face-to-face meetings. The researcher scheduled interviews slots for 90 minutes, but the interviews tended to take 60 minutes. Interviews were audio recorded using an encrypted Dictaphone to enable transcription and analysis. Following the interview, the participant was invited to ask the researcher any questions they may have about the research process. During the reflection section, the wellbeing of the participant was assessed asking questions such as “how do you feel as we draw to the close of the interview?” and “Do you think the conversation today has brought up any memories - How have you found that?”. Participants were verbally debriefed and reminded they could contact the researcher should anything come up for them following the interview, and participants requested to be kept informed about the research process.

2.8.2 Data Analysis

Braun & Clarke’s (2021) process will be used to allow for methodological integrity. TA is important and useful when research seeks to use interpretation, providing a systematic

approach to analysing the data (Kuckartz, 2019). As the current research approach into eating behaviours and boarding school is relatively nuanced, thematic analysis is useful to lead towards appropriate or relevant explanations for the participants behaviour, actions, and reflections (Hatch, 2002). The narratives around food and eating behaviour in relation to the social narrative around boarding school was explored, also considering the lifespan of the individual prior and post boarding. Therefore, it was felt to be relevant and appropriate to encompass these wider cultural influences within the interpretation when considering and constructing the themes from within and across the datasets.

2.8.3 *Six-phase Approach to Thematic Analysis*

Braun & Clarke (2016) provide a framework for thematic analysis which has six overarching principles which are recursively followed, moving back and forth throughout the phases to develop and analysis the data. To ensure immersion throughout the data collection process and to allow for familiarisation, the primary researcher conducted all the interviews and analysed the dataset. Transcription is seen as an “*interpretative act*” where the meaning and interpretation starts to arise, therefore was also completed by the primary researcher (Lapadat & Lindsay, 1999; Riessman, 1993). Alongside this, a reflective diary was kept by the researcher summarising initial thoughts throughout the interviews and the transcription process.

The transcripts were then read and re-read whilst annotating for line-by-line coding and highlighting important quotes or aspects (Moen, 2006). After the transcripts were completed, initial codes were produced from the data directly annotating the scripts. These *codes* relate to ‘raw data’ which involves organising and sectioning the data into meaningful sets (Tuckett, 2005). This process involved both sematic (i.e., what specifically

was said) and latent (i.e., interpreting meaning and underlying assumptions of the sematic codes) processes. Each code was transferred to Microsoft Excel spreadsheet displaying all participants and the corresponding codes (see Appendix 5). The researcher aimed to categorise the entire dataset to ensure the breadth and depth of the research process (Nowell et al, 2017). These initial categories and recurring patterns were considered, and similarities and differences within and between the datasets considered. Using the Excel spreadsheet, the researcher cut and pasted the codes from each participant into a document and consolidated these repeating or differing patterns into overarching areas (see Appendix 8). Sub-themes or codes were discarded or linked to another similar heading if they did not possess enough supporting data. Similar concepts were collated and grouped, considering the research questions to identify the initial themes and subthemes. Finally, the transcripts were re-read considering the themes and research questions.

The themes were reviewed ensuring there were clear differences between themes (Braun & Clarke, 2016). For each theme, the evidence and collated quotes were reviewed ensuring that they are coherent and fit within the criteria of the proposed theme. They were then checked in relation to the entire dataset, considering the individual themes but also in reference to the data set as an entirety, this also helped to identify any ‘missing themes’ from the original analysis.

2.9 Ethical Considerations

Ethical approval was established from the University of Essex Faculty of Science and Health Ethics Committee prior to recruitment and data collection and standardised ethical guidelines and procedures were adhered to (see Appendix 6). Final ethical approval was

granted on 2nd July 2020 (see Appendix 7). Participant safety and well-being is paramount and was considered throughout the research process.

2.9.1 Informed Consent

Full informed consent was collected from all participants utilising a written consent form prior to the interview (see Appendix 3). This involved informing participants about the nature of the research and that they are free to withdraw from the research without any consequence (Oates et al, 2021). This was emailed to participants alongside the information sheet prior to arranging their semi-structured interview. Participants were encouraged to contact the researcher if they had any questions about the nature of the research after reading the information sheet, they were also invited to ask questions prior to the interview commencing over Zoom. The interviews were arranged when the consent form had been completed and emailed to the researcher, this was electronically completed in most circumstances due to remote working. Participants either electronically signed the consent form, or hand-signed and scanned these in. Verbal consent was gained at the start of the interview and the researcher checked that they were happy to be audio recorded for the purpose of transcription.

2.9.2 Confidentiality and Anonymity

To ensure confidentiality was maintained, any identifiable information was altered or removed following the original interview. Participants were each allocated a participation number at point of interview, only the researcher had access to their full names. Interview transcripts were anonymised ensuring identifiable characteristics were removed included naming of schools and family members. The recruitment log was password-protected, and the audio-recordings and transcripts were stored on an encrypted laptop. Audio-recordings

were deleted from the encrypted Dictaphone following upload to the laptop. Transcription of the original recordings were solely conducted by the primary researcher; pseudonyms were allocated to participants for the final write-up.

Participants were aware that only the researcher and supervisors would have access to the transcripts during the data analysis, and that extracts may be included in the write-up, but these would be utilising the pseudonyms and not identifiable to the participant.

2.9.3 Interviewing

Due to the COVID-19 global pandemic guidance stating that non-essential meetings or interviews should be conducted utilising remote means, the interviews were conducted over Zoom to ensure participant and research safety and minimise the risk of spreading the virus (University of Essex, 2020). Interviewing participants can induce anxiety, therefore time was spent at the start of the interview to develop an empathetic and safe environment and to allow rapport to form (Kvale, 1983). It was not felt by the researcher or the participants that the virtual means restricted this, as we used videoconferencing software which enabled both parties to read verbal and visual cues (Gray et al, 2020). The researcher drew upon skills developed over the course of clinical psychology training including paraphrasing, an empathetic and warm nature and the ability to form good therapeutic relationships.

At the start of the interview, participants were read a statement which highlighted what would happen in the interview, and again invited to ask any further questions. Some participants following the interview requested to be kept in contact in relation to the research process and would like to be informed of any outcomes or findings. Participants

were also reminded they could contact the researcher if they felt any distress following the interview. Individuals were also informed they had the right to withdraw without penalty, however, once their interviews have been transcribed and analysis completed, they will no longer be able to withdraw their information.

2.9.4 Participant Safety Issues

The topic of researcher was one which evoked an emotional response in participants, as the majority had a negative experience of boarding school which had continued to impact them throughout their adult life. Some of the participants became visibly upset during the interview and the researcher checked-in whether they would like to continue the process. They were reminded they had the choice not to answer any questions which were upsetting, and they could take a break at any time. Clinical judgement and skills were utilised, and reflection and empathy demonstrated by the researcher. Towards the end of the interview, time was allocated for reflection of the interview process, and a discussion around the process of the interview was facilitated (see Appendix 4). This included a verbal debrief with the researcher whereby participants were invited to ask any questions about next steps and the research process.

Participants were reminded of the duty of care and the confidentiality clause, where if they were to express a risk of harm to themselves or others, then the appropriate authorities may need to be informed (e.g. GP) to ensure the safety of the participant and others. If this were to occur, the researcher would endeavour to consult the participant prior to this to establish a safety plan and to inform them that they would be contacting the appropriate agencies. This did not occur throughout the interviews, and no ethical issues were encountered.

2.10 Audit and Supervision

To ensure transparency of the process, a reflective diary was completed throughout the project to reflect on personal views, experiences or assumptions which may have interfered with the analysis process (Braun & Clark, 2016). This included reflecting on one's own knowledge and positions which may influence the entire research process, including collecting data (Rettke et al, 2018). It was beneficial to note down any transference or personal feelings which arose at the time of interview, as this provided insight into any personal biases or prejudices which may be held. This diary enabled an open dialogue with the research and supervisors, and to bring in alternative perspectives or ideas.

2.11 Dissemination

All participants requested to be informed of the research findings, and a summary will be completed and sent to participants following completion of the research. The summary will also be provided to those who supported recruitment to the project, including the boarding school concerns and survivor's network. The research will be written up to be published into a book chapter in 'The Trunk in the Hall' to be published in 2023 (Eds Cavenagh, McPherson & Ogden).

3 Results Section

3.1 Chapter Summary

This chapter summarises the results from this study which produced 6 overall themes and 17 subthemes. The demographic information will be presented to contextualise the narrative of the participants' stories. The themes and subthemes will then be presented, and evidence provided using quotes extracted from the transcripts.

3.2 Demographic Information

Seventeen participants who felt they had some complexities or difficulties with eating behaviour(s) during their lifetime, and had attended boarding school, participated in the research study. Participants self-reported their food-related difficulties which varied in impact, complexity, and duration between the participants. Thirteen participants shared they struggled with 'disordered eating behaviours' which were either pertaining to restriction, or restriction and bingeing patterns. Most participants reported their difficulties to be lifelong and debilitating. Only two participants managed to find relief from these difficulties as they progressed through life. Two participants had specific targeted treatment for diagnosed eating disorders: AN and BN. Two of the participants shared they felt they did not have 'disordered eating behaviours' but that they were 'controlled' in relation to eating and felt anxious around obtaining food. However, they reported their eating patterns to be healthy overall.

The ages of the participants ranged from 19 to 73 years old, and the participants were all women. The mean of years of boarding school attendance for the participants was 6.5 years, with a median of 7 years. The range of the age of attendance started from 6 years old, to 16 years old, with a mean starting age of 10.4 years old. Sixteen participants attended all-girls boarding schools with one participant attending a co-educational boarding school.

Table 3*Demographic Information of Participants*

Participant Number	Participant Pseudonym	Age	Age started BS	Years in BS
P1	Sophie	73	Aged 7	10 years
P2	Emily	46	Aged 16	2 years
P3	Isabelle	63	Aged 6	10 years
P4	Evelyn	49	Aged 11	7 years
P5	Charlotte	42	Aged 12	7 years
P6	Alice	43	Aged 12	7 years
P7	Violet	43	Aged 11	8 years
P8	Imogen	26	Aged 11	5 years
P9	Christina	25	Aged 9	7 years
P10	Harriet	19	Aged 16	2 years
P11	Rose	52	Aged 16	2 years
P12	Mabel	19	Aged 6	9 years
P13	Anna	60	Aged 12	5 years
P14	Gracie	70	Aged 9	10 years
P15	Ruby	66	Aged 8	8 years
P16	Amelia	46	Aged 7	9 years
P17	Maisie	38	Aged 7	4 years

The ages of the participants, the years they spent at boarding school and the ages they started attending varied greatly in the current study. As this was the first piece of research specifically exploring eating behaviour development within the boarding school setting, a

wide variety of experiences was required to learn more about the individual experiences. The context of when people attended school was also discussed within the interviews and shared, as some of the older participants attended post war time and some of the younger participants reported positive changes in practice which is discussed further in the discussion chapter. Despite the variation in length of time the participants attended boarding school, they felt the impact of attending had been significant and challenging for differing reasons.

3.3 Overview of Findings

Table 4 below summarises the themes and subthemes identified utilising thematic analysis by Braun and Clark (2012). These themes and sub-themes are then presented in Table 5, which highlights the participants who identified with these themes. These themes and subthemes are presented in detail below, using quote extracts from the participants' transcripts.

Table 4

Outline of the Overall Themes and Subthemes

Theme name	Subtheme
Disrupted Identities: Not Knowing Where I Belong	<ul style="list-style-type: none"> • Challenging Family Dynamics • Abandonment and Attachment Disruption: Food as a Substitute for Comfort or Love • Directing the Pain Inwardly
Internal Scripts	<ul style="list-style-type: none"> • Family Scripts • Peer and Societal Influences • Food is Forbidden or Restricted; Therefore, I Want it More
Too Much Control, Too Little Choice	<ul style="list-style-type: none"> • A Lean Towards Authoritarianism • Gaining a Sense of Control and Choice • Lasting Challenges with Autonomy

Learning How to Survive Without a Parental Figure or Personalised Guidance	<ul style="list-style-type: none"> • The Development of Disordered Eating Behaviours: An Attempt to Gain Control • Escape, Dissociation, and Rebellion • Emotional Expression is Unsafe
Inescapable Judgements: The Disadvantage of Living at School	<ul style="list-style-type: none"> • Constant Competition and Comparisons • Conforming to the Norm • Secretive Eating Patterns: Finally, Something of my Own
Learning from Positive Experiences	<ul style="list-style-type: none"> • Modelling a Healthy Relationship with Food • The Benefits of Boarding on Eating Behaviour

Whilst the women in the study shared similar experiences which fit into the themes summarised above, and highlighted in the table below, they were all different and individual, and drew on these individual experiences to explain and narrate their stories. Some women described being sponsored to attend school, resulting in bullying behaviour around their social class and affordability. Some women described being naturally sporty and feeling this was protective against some of the bullying behaviour, others described the opposite. Some women described their family background as transient and constantly moving location, resulting in them going to boarding school for ‘stability’. Interestingly, despite these varied experiences between participants, they reported similar experiences whilst at boarding school, and described practices which appeared to be entrenched. To maintain anonymity of the participants, this will not be directly highlighted within the quotation section of the results but has been considered and thought about in depth throughout the discussion chapter.

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Table 5*Cross-comparison of participants by theme and subtheme*

Participant Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Theme 1: Disrupted Identities; Not Knowing Where I Belong	*	*	*	*	*		*	*	*	*	*		*	*	*	*	*
Challenging Family Dynamics	*			*	*		*		*	*			*	*	*	*	*
Abandonment and Attachment Disruption [wounds]	*	*	*	*	*			*	*	*	*		*	*	*	*	*
Directing the Pain Inwardly	*	*		*	*				*	*	*		*	*	*	*	*
Theme 2: Beliefs and narratives around eating and appearance	*	*			*	*	*	*	*	*	*	*	*	*	*	*	*
Family Scripts		*			*	*	*	*	*	*	*	*	*	*	*		*
Peer and Societal Influences	*	*			*	*	*	*	*	*		*	*	*	*	*	*
Food is Forbidden or Restricted; Therefore, I Want it More	*				*					*	*		*		*		*
Theme 3: Too Much Control, Too Little Choice	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
A Lean Towards Authoritarianism	*		*	*			*	*	*	*	*		*	*	*	*	*
Gaining a Sense of Control and Choice	*	*	*		*	*	*	*	*	*	*	*	*	*	*	*	*
Lasting Challenges with Autonomy		*		*				*	*	*	*	*	*		*	*	*
Theme 4: Learning how to Survive Without a Parental Figure or Personalised Guidance	*	*	*	*	*		*	*	*	*	*		*	*	*	*	*
Food as a Substitute for Comfort or Love	*			*	*			*			*		*			*	*
The Development of Disordered Eating Behaviours: An Attempt to Gain Control		*		*	*		*		*	*				*		*	
Escape, Dissonance, and Rebellion	*	*	*	*	*		*	*	*	*	*		*	*	*	*	*

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Theme 5: Inescapable Judgements: The Disadvantage of Living at School	* * * * * * * * * * * * * * * *
Constant Competition and Comparisons	? * * * * * * * * * * * * * *
Conforming to the Norm	* * * * * * * * * * * * * *
Secretive Eating Patterns; Finally, Something of my Own	* * * * * * * * * * * * * *
Theme 6: Emotional Expression is Unsafe	* * * * * * * * * * * * * *
Inner Conflict with No Outlet	* * * * * * * * * * * * * *
Where is the Love: How do I Seek Comfort When There Isn't Any?	* * * * * * * * * * * * * *
Theme 7: Learning from Positive Experiences	* * * *
Modelling a Healthy Relationship with Food	* *
The Benefits of Boarding on Eating Behaviour	* *

3.4 Theme 1: Disrupted Identities: Not Knowing Where I Belong

Participants were encouraged to share experiences prior to their boarding school attendance where they disclosed certain family dynamics and experiences from early childhood. Some participants shared that at times it was difficult to discuss ‘*home*’ due to a transient lifestyle where the family moved often. Many shared they had a ‘*nomadic lifestyle*’ prior to boarding school, and often moved educational settings or countries. Boarding school was offered as a stable base for individuals to access education, in order that their parents could continue to move locations without their children also being disrupted. This theme fits closely with the attachment principles discussed in relation to attendance at boarding school, and how these disrupted attachments may impact eating behaviour or self-esteem. Many participants shared experiences of broken attachments following attendance or feeling distant from their families.

3.4.1 Challenging Family Dynamics

Participants discussed feeling unwanted by their parents, or feeling their parents struggled to care for them in ways they needed, perhaps because parents had been to BS themselves.

“...by the time I came along I think my dad was very happy with their life together and urm, probably even less ready for parenting and my mum loved having me when I was a baby, and then as I got older and developed a personality, she found that quite difficult”. (Charlotte)

They also shared that their parents found it difficult to be emotionally supportive and suppression of emotions was often encouraged within the family home, as well as in the boarding school environment. Alongside this, there appeared to be pressure put on

outward appearances including bodily appearance, an experience some participants shared was mirrored within boarding school itself.

“My dad was always quite distant, he is very much like ‘don’t show emotion’ showing emotion is a sign of weakness, they are very focused on outward appearances, they are very focused on status, very much about money and it is very much about getting the very best academic results you can. We used to be close early on, my mum is one of those people who loves really young babies, so I probably had a fantastic attachment, but when I was no longer a baby she kinda’ loses interest”. (Christina)

Some participants felt that attending boarding school may have been better than staying within the family home, but understandably this was a difficult concept for them as they didn’t feel comfortable at boarding school either.

“Urm, well, put it this way, sometimes I used to think I was glad I used to go to BS and I didn’t live with them all the time, it was a very cold, hard, emotional, emotionless”. (Gracie)

“It’s difficult for me to answer because I wasn’t happy at home either and I didn’t feel special at home either, so urm, it’s a bit of a kind of double edged sword, which, which was better for me in that situation, and maybe, urm, maybe it would have been better for me to be at boarding school at home for 7 years with my parents as my parents don’t have the emotional intelligence to be able to, they just, they were never going to be able to parent me with the kind of kindness that I

craved, and urm, they are, they mean well but, urm, they , they just weren't cut out to be parents and urm, so maybe it's better that I was at boarding school but it still sucks". (Charlotte)

Additionally, some of the beliefs held within the family pertained to body image and appearance which was projected onto the participants from an early age, altering their eating behaviours. These dynamics were often directed at the participants by their mothers, but in at least three cases, fathers held strong appearance related beliefs.

"I think she was aspiring to this, this image, that was partly her, partly the family that she wanted, she, something in her head, I don't know quite what it was, but she wanted, it was just, we didn't go that many places or anything, but she had this idea of what she wanted her family to be and somehow felt that I spoiled that". (Anna)

"...for the next year my weight was going up and down a lot as I was restricting myself then my dad was restricting me even more, but then I binged and gained the weight back, then I lost my period, around the Berlin trip, yeah". (Harriet)

3.4.2 Abandonment and Attachment Disruption: Food as a Substitute for Comfort or Love

Many participants reported feeling abandoned, lost and alone due to their boarding school attendance. This linked to confusion around their identity and to food-related experiences.

"Yeah, I, I felt abandoned, I mean, I presume, I ought to say, I didn't get myself there, but, you know, to say one was abandoned you would think somebody had

taken me there and left me there, but I was abandoned although I had, what an odd dynamic but yeah". (Anna)

Participants also spoke of feeling distant towards their parents because of these feelings of abandonment.

"I unfortunately it really fractured the relationship with my parents as well, I went away at 9, came out at 18 and was like "oh hi guys". (Amelia)

Despite these feelings of abandonment, participants reported supressing their emotions due to fear of bullying, or invalidation of their feelings.

"I felt, abandoned, urm, I felt, really, really angry, urm, and yet, none of it, showed. I learned to, completely, shut it down, because, as soon as there was any expression of emotion you got teased for it, and now I understand those that did the teasing and the bullying had gone through exactly the same thing themselves and had learnt to shut it down themselves, and then the whole cycle of the bully the bystander". (Anna)

Furthermore, participants reported that despite these feelings they were unable to ask for help, or if they did seek help, their feelings were dismissed. Therefore, they learned to suppress their emotions as a method of coping.

"I think I was angry at them but didn't express it, depressed but didn't express it, I struggled but didn't know even how to ask for help, there was no help offered, so

it, I felt a bit numbed by the experience I think as I did not know where to go, I didn't know how to get out of that stuckness". (Isabelle)

The feelings of abandonment extend to not feeling loved or cared for by their parents, and confusion around why they had been sent away to school. Despite all participants understanding the reasons for being sent away, they still reported feeling affected by this, and querying the rationale provided by their parents. Some reported that tuck may have indicated their parents cared for them.

"Yeah, yeah, even if you sent you child off to school with a tuck box and a pair of, I know it sounds tripe but it kind of suggests somebody gives a shit, when you don't have that you kind of think mmm, does that mean they don't, I don't understand?". (Isabelle)

Many participants shared how food had become an important part of their boarding experience as it provided something they felt boarding school was lacking, and that was warmth, comfort, and love.

"There was a real deficit for pleasure and love urm, and so I started to reach out for stuff which could provide me with some, some elements of love, you know, when somebody gives you food that's usually love, so I think that it deprived me of urm, love basically, urm of love and to a large extent care" (Sophie)

"I think there's something that's very kind of, urm, I think the kind of lack of nourishment I had through my childhood, it's like the total opposite, like what's the most indigestible kind of, rich, urm, like I love pork scratching, again I hate

admitting it, but there is something like they satisfy you, they are salty, they are rich, I know they are disgusting but there is something that is, they are potent”
(Evelyn)

For others, food was one thing they could rely on when they felt unable to rely on others, or felt they had no-one to comfort them when required.

“It [food] was reliable and you could take it away for yourself and that’s how it was for me”. (Sophie)

3.4.3 Directing the Pain Inwardly

As a result of these difficult concepts and feelings, some participants described the pain and trauma of these early attachment wounds being directed internally, resulting in them having poor self-esteem or feelings of worth. This was further exacerbated by experiences at boarding school and having no safe base to gain comfort.

“I can’t think of anything good it has done for me, it has given me defences which is useful I guess, it has certainly, this is nothing to do with eating but it certainly stopped me being creative as I am always so critical as I am so judgemental about myself and about other people and I regret that, urm, and urm, it stopped me trying, trying new things I tend to hang on to what I know I think that’s come from there as well, that’s not food but it is all part of it”. (Sophie)

The collective nature of boarding school also resulted in further difficulties around identity formation and self-worth, as participants did not report feeling seen or valued as a person.

“I, I think it’s extremely traumatic not to have anyone, interested just in you when you are growing up. The whole purpose of, you know, the whole guiding principle for the teaching staff and the house mistresses was to treat everyone equally, and all children need to feel special, it’s totally, oxymoronic, you can’t feel special at boarding school, and everyone needs to”. (Charlotte)

Some participants commented on the pain of boarding and seeking pleasure and happiness from sweets and tuck. They reflected on this resulting in difficulties in later life, including alcohol dependence or weight problems.

“I think it was purely comfort there was no reward about it, it was something that I knew, it was instant pleasure and instant, a bit of instant happiness was what it was, I think in many ways it paved the way for the alcoholism later, like “just eat this marshmallow and you’ll feel better” like kind of thing you know” (Sophie)

Finally, because of these experiences, which stem from an original starting point prior to boarding school and continue to be replicated whilst at school, these feelings of worthlessness were shared between many participants, due to a feeling that they do not belong.

“I am much saner now than I used to be but I feel this all comes from a lack of feel, lack of feeling right, you know we have a saying “feeling less than”, not just from AA you feel less than always, in my case I attached this to my appearance and that originally came from, urm, from, from the food”. (Sophie)

3.5 Theme 2: Internal Scripts

In the second theme, participants described how they had developed beliefs about appearance, and the impact these had on their own lives and opinions of themselves. They shared that they had formed beliefs around what success or achievement represented, and many of these beliefs were centred around image and weight. Furthermore, they had developed beliefs around food and diet. This shaped how they came to view their bodies, but also shaped their eating behaviour(s). These beliefs were formed initially within the family home, but often compounded by the boarding experience.

3.5.1 Family Scripts

Many participants shared the messages they had received from their parents around eating, and recounted negative views their parents voiced throughout their childhood about people who were overweight.

“My father was weight conscious, he was, he’s lean and strong, very fit, he weighs, he’s quite proud to say he weighs the same as he did on his wedding day, so he’s got a strong physique. He’s sort of controlled, and I think he equates being, well, I think he equates being overweight with being unattractive, but also with being slightly weak”. (Emily)

Discussions were also held around conflicting views held in households, which were confusing for the participants. They described receiving strong messages around not being overweight due to social repercussions.

“I think he attributes the kind of turnaround in his life in large parts to not being fat anymore, for him being fat is an absolute disaster, social disaster, he met my mum when he was slim. My mum when they met was absolutely a rake, that’s what he calls her, and urm, he has very strong feelings about fat, so while there was a massive celebration of eating and food in our family, urm, and it was literally our bread and butter ... [R: Yeah] ...urm, there was also a strong push away from becoming fat or eating too much so I was very aware of that conflict. (Charlotte)

“Like if someone’s fat then they would say “you don’t want to end up like that” or laugh at them, or even watching TV you would point out who is the fattest person and say ‘oh gosh I would kill myself I looked like that’. (Christina)

Some participants also recalled that their parents making direct comments about their appearance and weight had a detrimental impact on their self-esteem or thoughts about their bodies throughout their lives.

“...then my dad, he was visiting me and we went for a run one day and he was really big on me getting a lot of physical activity because I was “fat” and he was like “oh my gosh you are really fat you need to lose weight ASAP” and he was like mad at me, as I was wearing shorts and he could see the fat”. (Harriet)

“You’re fat” she was blunt, to the point “you’re fat, you need to lose weight” actually, part of our relationship got quite toxic about my weight until I was diagnosed with a brain tumour”. (Maisie)

For some participants these messages received initially from their parents, but then exacerbated by boarding experiences, had a detrimental effect on their self-esteem and worth.

“Oh demoralising, so demoralising. I think having got the idea that I was fat, that, that, it was sort of like well I am fat, so, that’s who I am, I am fat, I can remember urm, you know, when I, first had, the boys who were interested, I, I couldn’t believe that they were, and it was sort of like, well, why would you be interested because I am just a fat lump of lard”. (Anna)

Conversely, some participants reported food being readily available at home and eating being encouraged. They felt this also had implications for how they learnt to eat and found it difficult to self-regulate in their lives.

“The other thing was that there was no limit, we could eat as much as we wanted, it was quite rich a lot of the food, and because he was drinking and drank as much as he wanted I think there was this kind of unlimited, there was, I’ve never heard myself say “oh that’s a little bit rich” I am used to very overly rich food”. (Evelyn)

3.5.2 *Peer and Societal Influences*

Aside from parental influences on their eating behaviours, many participants spoke about food and eating becoming an issue or topic of discussion as they moved through their boarding school years. Some shared that they witnessed disordered eating behaviours, and at times engaged in these, as a dieting culture began to emerge during their teenage years.

“The problem, the challenge was that loads of us had gained weight whilst we went to boarding school, our bodies, and you are a teenager as well, our bodies, well our bodies got bigger, so that combined with the general aesthetic pressure to be slim” (Emily)

Participants spoke of a radical shift in attitudes towards food and eating. They spoke about initially food being desirable and a form of popularity, but then it switching to become something to be avoided due to a change in ideals.

“Then food became something to be resisted, it became cool not to eat, it became kind of it became very cool to be thin”. (Charlotte)

Some participants spoke about comparisons about their bodies and how they would assess and judge their appearances and weight.

“[...] and I remember being like god that’s really weird, I don’t even understand why we are talking about this, but it was a really big deal, we used to like lie down and see if anything like flopped, like if any skin like moved or whatever, so I

went from this like, gentle place to this like, competitive, like how does your body look". (Amelia)

Many participants spoke about the 'danger' of being overweight, or that individuals who did not conform to the societal ideal may be bullied.

"I remember fat girls getting [R: mmm] teased, urr, that you know, you, I can't remember what exactly, but I remember it wasn't cool, it wasn't safe to be fat". (Isabelle)

"...if you weren't sporty and you ate quite a lot of food, you were bullied, people really teased you, and I remember the, the first year and people were going on the apple diet, people were just eating apples, we were like 12/13 really, really young, then food became this battle ground". (Amelia)

For one participant, witnessing disordered eating patterns or compensatory behaviours was protective. However, she felt the people without food related difficulties were in the minority.

"Honestly there were only a handful of us who just, who were fine with food and the majority of people were messing around, I don't mean messing around in a, I am not trying to throw, I mean they had issues with food". (Alice)

For most participants, these difficulties with food and eating were lifelong had a detrimental effect on their lives.

“You think after all these years, you know 50 years later, it wouldn’t still influence, but it’s almost like an indoctrination isn’t it”. (Ruby)

3.5.3 Food is Forbidden or Restricted; Therefore, I Want it More

Linked to this theme of food related narratives and restrictive eating patterns, is the notion that if a food is withheld, it becomes more desirable. Many participants shared memories of not being allowed ‘treats’ or sweets which in turn made them seek these out when they did become available.

“I think food became a bit forbidden, urm, naughty, urm illicit rebellion, urm I remember being at countless little kids’ parties and no parents around, or not my parents and other peoples’ parents didn’t give a shit about how many crisps I had eaten so it was like the opportunity was there, the gloves are off”. (Charlotte)

Some participants spoke about the temptation of seeing things they desired but being told they were not allowed to consume the items.

“Treats were, sort of like, the, be all and end all, all you really, really wanted was that treat, and also, so that was from BS, so also at home my parents were very strict about what we could and couldn’t have at home, that also did it, my mum did very strange things so she would buy stuff but you weren’t allowed to eat it, or drink it, my sister and I laugh about this now, mum would buy full fat coke and put it in the fridge but we weren’t allowed it. So, it would sit there like a beacon of, we want this, really want it but we aren’t allowed to touch it”. (Maisie)

The concept of tuck and treats being outside of the rules increased their desirability and value, therefore, participants described needing or desiring them more.

“I think after boarding school and maybe that’s why I eat so much sweet stuff now, I think because I got away from the rules and structure I think it was like a bit of a, I guess if you have been rigidly told in your head that ‘if you have any pocket money then you go into town on a Wednesday and by yourself some sweets’ so then what I was let loose I would just buy sweets all the time, so I guess there was that, I probably definitely bought that more frequently”. (Imogen)

The importance of the sweets as something for you to own was highlighted by one participant who shared a story which she felt ashamed to disclose.

“I have got a really horrible story I could tell you which might be very useful for the study but it’s very shaming which was the tuck shop were we got this tiny bit of sweetness was so important to me, that I was in the queue one day and there was this fire door and it shut on my friends thumb and it severed her thumb, pretty much, and I stayed in the queue as it was more important to me to get the sweets”. (Evelyn)

Some participants discussed the comfort, but also a sense of ‘freedom’ gained from sweets or tuck, as this was independent from the rules of boarding school.

“I definitely see food as like a, a comfort like a stress relief, like comfort, stress relief and reward, so a lot of opportunity for a lot of eating, and I think I definitely

get a part of that from my mum, but I also think that boarding school and the relationship with tuck and things also shapes it, and it's kind of like, if you eat something sweet and sugary then it's like outside of those rigid structures which I grew to really dislike so I think that's definitely a part of it". (Imogen)

Participants often spoke about their personal possessions or treats being regulated at boarding school, and that at times food was taken from them, in essence 'disappearing'. This created a fear in some individuals, as they worried that any food they had would disappear.

"I couldn't really rationalise why I did that, but it was in case they disappeared, it goes back to, when you have them you eat them, otherwise you will lose them. It's that logical part of your brain that goes "you are an adult now you don't need to do that, it's not going to disappear if you put them in the cupboard". (Maisie)

Furthermore, the importance placed on meals and the regulation and routine which surrounded them, created a sense of importance for food, therefore increasing its desirability.

*"I think it was a mixture of two things with us, it was a treat but also it was a function, it was, it was a big function in the day, which you said we had like 6 times and then snack from the tuck shop and things *laughs* if you think of 8 years of that, it is almost like being indoctrinated that food is very important, in my parents' life food wasn't that important". (Ruby)*

These learned beliefs at boarding school, and within the family environment, had a significant impact on some participants. This created a strong desire and need to eat and consume food.

“Seriously, its only now, it’s only now I look back and think, why I have such a fractured relationship with food, I love food, I hate food, I find it really difficult to stop if there’s cake in the house, I, I constantly think about food, that is the truth, its overwhelming and problematic”. (Amelia)

3.6 Theme 3: Too Much Control, Too Little Choice

The third theme was closely related to food behaviour development, and experiences of eating at boarding school. Many participants discussed feeling overly controlled and restricted at boarding school, both generally, and in relation to food and eating. They described strict routines, and that they had little autonomy and choice within the boarding school environment.

3.6.1 A Lean Towards Authoritarianism

This subtheme relates to experiences described by the participants around enforcement of obedience at the expense of freedom of choice.

“...but they just brushed it aside and just pushed me forwards, I didn’t even want to go to Cambridge, it was very directive then, that was part of the school atmosphere that you felt quite powerless actually”. (Sophie)

Some participants felt that the school wanted to suppress their natural personality, wanting them all to be similar in nature and attitude. At times, this may have driven some individuals to rebel against this system.

“[...] and they were nasty, they wanted to control you and they didn’t, they didn’t, urm, accommodate anybody, stepping out of line or having a different character or spirit or whatever, there was one, there was one box you had to fit in and if you didn’t they would literally do anything to make it happen, and I haven’t got a good personality for that sort of thing”. (Isabelle)

“I, really struggled with the rigidity of the rules and urm, the inability to kind of be yourself, you know, it was a sausage factory, we were all pushed in one way you know, you didn’t have the ability to debate what was happening to you”. (Amelia)

Many participants reflected on experiencing similar strict routines at home which persisted in boarding school to a greater extreme.

“Well, we had these routines at home, so it was quite regimented in a way, but I guess, I guess it’s that lack of freedom, and I was a real reader, and I used to just read and read and read, and I couldn’t do that at BS, you would have to, stupid things like you had to change into what they called ‘mufti’ at teatime, and I couldn’t be bothered, I didn’t mind being in my school uniform, it didn’t bother me, but you would get into real trouble if you didn’t change, so there were lots of what felt like petty rules, a lot of petty rules”. (Violet)

In relation to food, participants described having no choice or control over what they were served. Many described being forced to finish their plates, which may lead to food aversions.

“A lot of it was, you just had to eat it all, whether you liked it or not, I have a lot of food aversions, as I was forced to eat things that were quite nasty or badly cooked”. (Maisie)

Conversely, one participant described experiencing choices at boarding school which they found positive and useful.

“I think it was positive overall because, urm, you get a large selection that you wouldn't have if you were cooking for yourself, and you, yeah, I think that is the main positive”. (Mabel)

3.6.2 Gaining a Sense of Control and Choice

Many participants discussed the few things you could choose within the boarding school environment, and these tended to be food related. They spoke about finally being able to make some choices in relation to tuck and toast.

“I suppose it's about, urm, it became maybe a sort of, urr, what you could chose and what you had no choice over, you would have no choice over the dinners and what was going to be put in front of you each day but you would have choice of what you bought in the tuck shop, or what you had when you went out to the urm,

when you went out on Saturday when you could go out for a coffee, or what you brought back for your tuck”. (Rose)

“Mmm, it sort of fell into two camps, because we were sort of denied food, cause some people [...] when we got older we were allowed toast, finally when we were 16, and that was a big thing, then I got really fat as I ate like 16 pieces of toast a day with sugar on, but then people started going different ways, some people, diet coke came in and some people would have diet coke, and yeah, there was much more awareness and some people started exercising” (Violet)

Many participants described food being used as a tool for popularity, and to control other behaviours. This was at times projected by the staff at the school, but also within peer groups and between years.

“You then have got the prefect who, at any house, whoever it is, who is allocating the food on the basis of, who they like, or who they think has behaved well, on top of “oh you have been a really good girl today so here we go, I’ll give you another dollop of this, its, it’s a very, urm, manipulative way of, of, dealing with people”. (Anna)

Therefore, importance is placed on both being popular, but also being allocated and allowed food.

“Everyone knew this, it was like common ground. So, you could feed, so 4 people got corners, so maybe another 10 or 15 people got edge, then everyone else got

middle, which was shit. So, it was this huge thing you know, who gets the corners of the birthday girls' cake and urm, it was a big deal for everyone not just me, like everyone was quite interested in that, like it was a symbol, it wasn't just about the cake being nice it was a statement, a public statement about who I prefer, like who are my favourite three or four people". (Charlotte)

However, it was difficult for some participants as they felt restricted by the lack of choice around food.

"[...] not having the choice, not being able to choose a piece of fruit, or just to choose a salad, or whatever, to match your own hunger and your own needs, you are given the food, it is just presented to you, and that is it, you know". (Amelia).

Some participants then discussed how it was difficult to learn how to self-regulate the new choices, as they hadn't learnt how to manage choices from an early age.

"...then I started having the choice, then hoarding food, and even now, I would be a secret eater given half the chance, I will buy loads of chocolate, and I am ashamed about it, I wouldn't want the judgement I wouldn't want anyone to mention it, like I hide the wrappers. (Amelia)

"I would go off and find a café where I could have fried stuff, and you know I could have whatever I wanted and nobody would say "no you can't have that",

it was a kind of pleasure seeking rather than just food I think, but I think that's probably the case with a lot of people with that" (Sophie)

Some participants also disclosed attempting to regain a form of control by using food and eating behaviours.

"There was kind of control stuff, there was one thing that I didn't mention which was, on two occasions I felt that I was very unhappy about the food and the fatness and what have you, and I decided I was going to stop eating, I don't really know what was in my head, I don't know, I really don't know, I don't know if I though "I am going to stop eating for a week" or whatever but I, I did, I stopped eating and it did actually cause them some, they did start taking some notice, urm, and urm, I did drink but I did stop eating for quite a long while [...]It was horrible. I think I was trying to get some sort of control". (Anna)

3.6.3 Lasting Challenges with Autonomy

The final subtheme within this theme relates to difficulties the participants discussed following their attendance at boarding school, and the difficulties they faced when being less restricted and able to make their own choices.

"I found it hard to structure my time as everything had been done for me, urm, whereas I think otherwise it was like "what do I do? There is nothing to do" like how do I know, every minute is planned, everything is quite structured whereas you don't have that. You can do whatever you want, there's no one telling you what to do anymore". (Christina)

Some participants described serious challenges with the new lack of routine, as this felt very different from their previous experiences, or how they had been raised and socialised.

“...at that stage the eating disorder got a lot worse because of the complete lack of structure, so more freedom, more time, urm, much looser you know, you chose how and when you were fed or eat, more pressure and none of the underlying causes, looked at or resolved in any way, so that continuing the same, and then a whole load more pressure on top, so by the end of university it was chronic”
(Emily).

Some participants voiced that their experience of being restricted at boarding school lead to fear when they left boarding school around the new sense of freedom.

“Yeah, so you just don’t know what to do there are too many choices and it is completely overwhelming” *(Christina).*

3.7 Theme 4: Learning how to Survive Without a Parental Figure or Personalised Guidance

Many participants discussed the ways they learned to cope with the difficulties described that were due to the boarding environment. For many individuals, food became a way to manage their difficult feelings and became a form of comfort or love, which was lacking within the boarding environment.

3.7.1 The Development of Disordered Eating Behaviours: An Attempt to Gain Control

Some participants discussed disordered eating patterns which started at boarding school.

These were often related to emotions or an attempt to cope or manage difficult thoughts or emotions.

“I needed a way of expressing my anger and rage through that behaviour, and it, and it was, it became entrenched as a way of coping, so anytime I was at work, or urm, in a relationship or had a disagreement or had a friction with my boss or just had any urm, examined assumption popped into my head about myself or my life, my response to that was to eat” (Emily)

Most participants described switching between restriction and overeating and finding this difficult to regulate. This switching of food behaviours coincided with negative thoughts about their appearances and worth.

“I couldn’t stop restricting myself, and then I went from a restricting phase to a more, binge phase, and I was eating more, and I developed a really unhealthy sugar addiction where I would have dessert every day after lunch which was not healthy and I gained weight but I was back to my original weight”. (Harriet)

Some participants described an attempt to escape feeling pressurised and felt their disordered eating behaviours had facilitated a reduction in that pressure.

“...then I had an excuse for not being perfect, like if I don’t get a perfect score in the exam then I could be like well it’s not entirely my fault, I am underweight my

nutrition isn't perfect, and I wouldn't be like comparing to anyone, I used it to be self-handicapping, there was so much pressure to succeed and I didn't think that I could do it. I wasn't always the best, like, I don't know, like I was always in the top ¼ but I was never top". (Christina)

Some participants shared that they used disordered eating behaviours as a method to cope with the emotional difficulties they were experiencing at school.

"I saw it as a way of not gaining weight and underpinning all of that was the desire to be slimmer, I had gained weight, I didn't like it, I saw it as part of some of my weakness, I equated it with being weak, and that, and being unhappy, all of which I wanted to fix and suppress and get on with it, and that was one strand of it, was an unhappiness with the way that I looked, urm, so it was a desire to not gain weight but be able to indulge at the same time". (Emily).

3.7.2 Escape, Dissociation, and Rebellion

Alongside food related coping mechanisms, many participants shared other ways they attempted to cope and survive at boarding school. For some individuals this still included food, and food as an escape from the everyday.

"The last couple of years were really bad and tainted like it was bad and tainted in my boarding house like when I got to go to dinner it was like an escape and I got to see the boys and stuff who were nice and friendly and I never really thought about that before, like it was actually like a safe space for me". (Imogen)

For others, they spent time daydreaming or ‘dissociating’ to cope with their difficult feelings.

“I wasn’t like that when I was 11 when I went to boarding school, I was sort of at the bottom of the stack, and I was, you know, there was nobody, slowly went into myself, dissociating, spent, huge amount of time, in my head and in other spaces, in storyland in my head, looking out of the window and make up stories about the little woodland creatures in the grass, I was not there, I was dissociating, as it was all too bad”. (Anna)

For many, they described rebelling against the oppressive system of boarding school and attributed their rebellion to the rules and regulations and wanting to regain control.

“So, I rebelled quite badly, I went into started smoking, drinking and started being like a proper teenager and left some of that bollocks behind”. (Amelia)

“If boarding school taught me anything it was how to be rebellious.” (Isabelle)

Others spoke about feeling conflicted in relation to how they were attempting to cope, developing a mask to hide their difficulties, and then rebelling outside of the structures.

“I definitely lost confidence whilst at BS and became a lot quieter, a lot it was weird I have like two personalities, like an in boarding school which was a shell of a person trying to fit in like a lot quieter, then I have an outside of boarding school where I was just trying to like rebel from, I think the structure and

everything I would go to house parties and get drunk and do whatever I wanted so I definitely had two very conflicting sides”. (Imogen).

For some of the participants, their food-related behaviours were part of a rebellion, either against societal pressure around appearance, or around the oppressive systems.

“The bulimic behaviour itself was a kind of anarchic, two fingers up at the world type of behaviour, everyone can fuck off at the point in time”. (Emily)

“So, the eating and the times I’ve been overweight, urm, in my life, that in a sense has been kind of rebellion, but its more comfort eating”. (Charlotte)

3.7.3 Emotional Expression is Unsafe

For many participants, the belief that it is unsafe to show emotions was initially developed in childhood within the family home, but then amplified by their boarding school experiences. Many participants shared about the nature of the school and described an invalidating environment free of compassion. They shared it was difficult to be raised in that environment as emotions were dismissed, shut down or minimised.

“You have to, when you are thrown into boarding school at the age of 9 you can’t just clap, clap, or cry so you have to function and keep going [...] when you have a problem, there is nobody to turn to, nobody to give you a hug, nobody to cheer you up or discuss it with really”. (Gracie)

The lack of emotional expression appeared to extend to fun and laughter for some individuals as well as dismissal of sadness or difficult feelings.

“School was enclosed, cold, urm, there was no laughter, there was no, I never remember laughing at all, there was no joking, no laughter, no pleasure to be had really so, oh yes I missed school almost at a molecular, I missed home at a molecular level all the time”. (Sophie).

The cold environment perceived by participants extended to the foods that were provided to them. Many spoke about associations prior to boarding school around food and care, which was not present in the boarding environment.

“Just the delivery of the food was as unfriendly as the environment if you know what I mean, it was food” (Isabelle).

They reported that the pastoral care felt functional opposed to caring, and this extended to the delivery of the meals and food at boarding school. Some participants made associations with food as function, due to the lack of love and care served.

“Yeah that kind of total, being surrounded by meaningful relationships I suppose that went, and also that it was quite, boarding school was quite a cold British place, you know that, the teachers, the house, the woman who was in charge of the house had not a shot of warmth in her body, no warmth whatsoever, she was just there to make sure we went to meals and she was a very unemotional woman” (Emily).

Some participants described developing defences around hurt or harm by restricting their dependence on other people, as they had learned at boarding school they could not depend on others.

“So it makes you and island by yourself no matter how many people are around you, at the end of the day, so I have had to relearn as a, after years of therapy, I have had to relearn to depend on people and need people, it’s not something that comes naturally to me, to me I’m, its more natural for me to be on my own, I know that story, it’s not so scary, there are too many variables if you depend on people”. (Isabelle)

Many participants also shared experiences of feeling that emotions pertained to weakness or asking for help also meant you were weak. Independence was strongly encouraged at boarding school, and individuals were required to fend for themselves. This resulted in ongoing challenges for some, as they were unable to voice the difficulties they were experiencing in relation to food.

“[...] like when people leave BS, they have this kind of, “I don’t need anybody mentality”, but they did, they did need help, of course they needed help with all sorts of things, but it’s like if I show weakness, if I put my hand up and say I need help then someone will judge me, and that’s a really bad combination I think”. (Amelia)

3.8 Theme 5: Inescapable Judgements: The Disadvantage of Living at School

Some participants shared that they felt unable to escape the judgements of others whilst at boarding school, as they were always surrounded by people. They described feeling that they

had no privacy and felt observed by others constantly which was challenging. Some individuals developed coping mechanisms to deal with this constant judgement, and for some these judgements pertained to their eating behaviour and appearance.

3.8.1 Constant Competition and Comparisons

Many participants shared experiences of living within a competitive environment and feeling that they needed to compare themselves to others around them. They described competition around many different things including food and how little food individuals were eating, sports, romantic relationships, friendships and popularity.

“I think it was overwhelmingly pretty negative to be honest, in terms of people were watching you quite a lot and your peers were watching you quite a lot and the fat kids were teased and bullied, and if you had pudding or whatever then people were looking at you [...] so it was super competitive in terms of everything, academic, sport, food, fashion, urm, yeah and I really didn’t fit in, in any of that, sport was my thing, but I was not cool, I was never pretty, I didn’t have a boyfriend for ages, I really struggled with most of the competition element”. (Amelia)

“So there used to be a manners system, so you would be watched to see how you were eating your food, so there was this manners system and you either went up or down the grades [...] And the bottom was, I think the bottom was something like a piglet, and then the top was a royal guest [...] there was almost like a competition element to sitting nicely and eating the food you were given”. (Amelia)

Some participants shared how food turned into a competition as individuals moved through boarding school. Initially in relation to eating, then later changing to how little food individuals were eating.

“At the beginning we were obsessed with food. The tuck boxes and tuck was a huge, huge thing. So, I remember going to the school suppliers and picking out my tuck box, I had never heard of tuck, and urm, I mean now it’s just an insane idea that you would send kids off with a box of snacks urm, I mean it’s just another way that they can feel competitive with each other and judge each other. I had no self-control, I wanted to eat it all in day one and urm, you know in a way this is meant to last you till you go home next time”. (Charlotte)

“Yeah, it was almost sort of like a, competitive thing, between the girls, you know, “I have had two of my meals as shakes” you know”. (Alice)

Alongside competition, many participants described feeling judged on their appearance at boarding school, including around their weight.

“I guess with boarding school there was a lot of looks comparisons, so I think though I had food as an escape or a safe place I am definitely aware for lots of other people that was not the case, like lots of comments on trying to be skinny or trying to eat less but I guess I wasn’t in that mix of people, whether that’s good or bad I don’t know”. (Imogen)

This judgement felt amplified at boarding school due to the lack of privacy, and lack of opportunity to be alone or spend time in their own company. They were required to change clothing in front of other people resulting in more regular body related judgements.

“Like and then your teachers would watch you get changed and it’s not a great environment and I don’t know if that happens at other schools, and I found that really difficult as it’s like you are constantly being judged, I used to try and get changed behind the curtains and people would be like “oh come on, come on out” and it was really intrusive, there’s no privacy whatsoever”. (Christina)

“[...] the lack of freedom still, it was just so stifling, I mean you would be locked up in your house and the weekends there was just nothing to do, I wasn’t sporty or active and I didn’t do the sort of extracurricular stuff so I just remember sort of walking around, wishing the day away really, it’s pretty, urm yeah I found that lack of privacy and the lack of ability to explore your own things really depressing really but I am sure if I had been sporty it would have been completely different”. (Violet)

3.8.2 Conforming to the Norm

As the participants were unable to leave the environment that bullying behaviour occurred within, they reported developing strategies to cope such as learning to conform or to ‘fit in’ to avoid being ostracised. This meant developing a boarding school ‘self’ to present to others.

“I think boarding school, is a particularly bad environment for how they treat people who don’t conform, you see people who are kind of outliers and they don’t

have an easy time of BS at all so you see if I fit in and say the same things then I'll be okay". (Imogen)

Some participants spoke about a fear or concern around not being liked or thought of as a good person which stemmed from the boarding environment, and trying to fit in. This also related to popularity and being rewarded or manipulated with food.

"Yeah, you know I, there is something inside of me that needs to be, urr, thought of as being an okay person, so I can't normally withstand it if, people thinking that somehow, I am, I am not doing an okay job, that I am lesser than, it is dependent, I won't get as good slice of the cake". (Anna).

Some participants shared that they attempted to conform by dieting, and their eating behaviour changed at boarding school as a consequence of attempts to be similar to others.

"I think by starting to diet because I was trying to fit in with other people, was probably my biggest fall down, and my sister was the same, and both of us have yo-yo-ed all of our lives, from then". (Ruby)

Many participants discussed their sense of identity at boarding school, and the importance of being liked or popular, or noticed by adults. This linked to a feeling that they did not belong anywhere, or became unsure of how they were able to fit in.

“So, I didn’t feel like I fitted in, but that was, I absolutely knew that that was my fault ... [R: Right.] ... and I needed to learn the ropes and adapt and work out what made someone popular”. (Charlotte)

“I was very naughty, I was in trouble all the time, so probably I got recognised or validated, I got a lot of attention, I suspect part of it was about that, I think the other part was finding stupid rules just so stupid, I don’t think it was a cry for help kind of naughty, but I think I found a way to sort of find an identity there that was alright”. (Violet)

Finally, this extended to the notion of feeling part of the ‘collective’, with no individual focus on them. Participants shared they felt the lack of ‘family’ type relationships at boarding school, which they connected to the lack of affection demonstrated in the preparation or delivery of food.

“I suppose the connection that I have made is around that feeling of feeling, food just feeling so unloving, you just, just nothing tailored or family, just, this mass produced and just, and sometimes that’s what school did feel like, you were just this kind of thing, and I hadn’t sort of registered that connection really.” (Violet).

“It wasn’t a pleasurable thing, we never learned how to prepare it or what it meant, or how to give it in a loving way”. (Isabelle)

3.8.3 *Secretive Eating Patterns: Finally, Something of my Own*

Many participants shared that because of the constant observation and feeling judged and watched around mealtimes, they developed a secretive way of eating where they felt free of judgement from others.

“Yeah, and I could eat in private, and no one would see me eat if, cause I couldn’t take my plate from the dining room to my room, but the tuck shop I could shove it in my pocket, no one would see it and I would get into my room and what I would do was put the wrappers in the bin in the bathroom, so, the cleaning lady emptied my bin they wouldn’t see the wrappers, as it would be in the bathroom”. (Maisie)

Additionally, some participants shared about the secretive nature of their disordered eating patterns which developed at boarding school.

“They weren’t quite so secretive probably about it, whereas for me, my, my outward face was balanced, happy, got on fine, had friends, managed okay, so that was an utterly hidden, urm, part of it and that was the illness itself, the illness itself was based on its secrecy”. (Emily)

“I had that encouraged at such a young age, that you weren’t allowed them, you had to hide them if you had them, at my state school, they had a chocolate bar, bar, so wagon wheels and clubs and penguins were 10p each, so I would take a pound into school and get 10 of them, and eat 10 of them in a day, and hide all the wrappers and mum would know nothing of it, because if no one saw me eat it, did it actually happen?”. (Maisie)

This subtheme also relates to a lack of privacy. Food became another element where participants were judged and observed, therefore, wanting to be alone whilst eating to avoid this judgement and be separate from the collective nature of boarding school, became very important for some participants.

“Eating was one of those things where everybody judged all the time, and, it, it yeah, you were, you were out in the open in terms that you had to sit at these tables and eat, therefore people watching you could watch you and talk about it”.
(**Amelia**)

“It’s quiet and its alone [tuck and treats], it is much more satisfying than eating a meal, I can’t tell you why, but it is”. (**Anna**)

Some shared that despite trying to avoid the beliefs around dieting and disordered eating behaviours, they felt influenced by these, and compensated by eating in secrecy away from judgement.

“I did my best to ignore it to be perfectly honest, but I think subconsciously it went in, as after, and I don’t know how far we are going with this, but, I went to uni and I became quite a secret eater, I used to like hoard food, and, and literally go to a shop and buy loads of food that I had never been allowed up until that point.” (**Amelia**)

This difficulty for some participants extended past boarding school. Many provided examples of how they felt, and how they had continued to eat in secret.

“I also had, had a terrible relationship with food, I have now had a gastric sleeve operation and I’ve lost 10 stone, but the mental, food issues haven’t gone away, so the physical, I can no longer have massive meals and that’s that, but do you know what I would rather do, I would rather miss that meal and have the snacks, because it hasn’t sorted out my brain, my brain has the same issues it has always had, eating in secret, eating the sweet things, hiding things, it’s still got that”.

(Maisie)

Many also described links between food being forbidden or not allowed, and the development of their secretive eating behaviours.

*“I think there’s still a kind of glee in me around sweets, and around being able to choose what I want and have it, as it was, because it became such a taboo, urm, what else *pauses*. I don’t know what else around diet, I have a real sweet tooth, I don’t know if that’s connected, I like puddings, I like really rich stuff which I can’t eat now”.* *(Evelyn)*

3.9 Theme 6: Learning from Positive Experiences

Whilst most participants disclosed difficulties pertaining to their food and eating behaviour at boarding school or within the family home, three participants shared experiences which had been protective, and enabled them to develop some healthier food-related behaviours and to feel more content with their bodies.

3.9.1 *Modelling a Healthy Relationship with Food*

Some participants shared positive experiences of food and eating in relation to their home environments. They felt they had been able to develop a healthier relationship with food as a result of this.

“I think it was just super relaxed you know, you, food was there to be enjoyed, give you energy, urm, I did lots of sports so urm, and the food mum made was always very healthy, I remember actually she would pick us up from school and after I had been running, she would have snacks in the car but I wasn’t allowed to have ‘normal crisps’ they used to be this sort of healthy, she used to go to this organic health food shop and they had something called Hedgehog crisps”.
(Violet).

The importance of being able to choose and make healthy choices for yourself was highlighted by some participants. This enabled them to better self-regulate when it came to food and eating.

*“I think so, she always used to, there was always fruit available, there was always a choice of vegetables, that was it, she never put the vegetables on our plates, the meat and fish and potato’s or rice or whatever we would go up and help ourselves to vegetables, but I quite liked having, going to other people’s houses and they would put a whole lot of cooked carrots on your plate and you’d be like *made a face*, so I really liked the control that we had over that, but you had to have something healthy but you can chose what it is, so I think yes, that was ingrained pretty early on.”* *(Violet).*

3.9.2 *The Benefits of Boarding on Eating Behaviour*

Some participants shared the protective nature of seeing other people develop difficulties in relation to their eating. They described how this had put aspects they may have struggled with, into perspective for them.

“Yeah and it was really scary seeing this one girl who urm, she had to leave school for a bit, she came back, she was never the same, she was so much fun in the first two years and that all just went, and I remember thinking, associating that with, and thinking that’s really awful, and also thinking of we knew that her mum suffered from anorexia as well, and I remember thinking oh well at least my mum doesn’t so at least that won’t affect me”. (Alice)

One positive shared by some participants was that dining was a time where social interaction was encouraged. Whilst this was not conveyed across the board with participants as most found the food environments to be stressful and judgemental, some did share positive memories revolving around food shared with peers.

“I guess it’s also the times when you are in classes and things it’s not so sociable but mealtimes is when you socialise so again you fit in, make friends, you are all making toast, it was a very, I guess, food was always like an exciting chaotic environment, everyone is there, there is so much going so I guess, you get a lot of social feedback from eating like if you weren’t eating the only ways you would be able to do that would be to go and hide in the loo and then obviously you would miss out on so much social interaction, so I guess social”. (Imogen).

“I remember cutting a Victoria sponge which cost us 40p in half and [name redacted] put one half in her mouth and I put the other half in my mouth then we were in hysterics and because we breathed in all the crumbs, and I remember being sick in the, because I had eaten so much sweet stuff I threw up in the sink, that was just, I remember thinking this is really weird, like midnight feast is one thing but the fact that they called them ‘binges’ or ‘last night binge, last night binge’ was, it’s really bizarre”. (Alice)

4 Discussion Chapter

4.1 Chapter Summary

This chapter presents the discussion regarding the results from the research. The overall findings will initially be presented and discussed. The results will then be examined in relation to the research questions, literature presented and dominant psychological theories. The strengths and limitations of the current study will be considered and reflected upon, finishing with a reflexive account from the researcher. Recommendations for future research projects will then also be considered.

4.2 Summary of Findings

The findings will be considered in relation to the research aim to explore the experiences of adults who had attended boarding school as children; focusing on their interpretation of how experiences of school influenced their eating practices (both at school and into adulthood) and if the role of the family had any influence on eating behaviour development.

Initially, participants shared experiences of living within the family home and relationships they had with parents or caregivers during this period. They shared differing experiences of how food and eating behaviour were viewed and discussed within the home. Some described food being plentiful and accessible and being encouraged to eat and indulge by their parents. Others described a restrictive environment, where they felt overly controlled in relation to being able to eat within the familial environment. Their initial experiences of eating at home understandably influenced how they experienced eating at boarding school. This will be commented upon throughout the chapter.

Following attendance at BS, some participants shared their experience of food at boarding school being similar to their experience of eating at home. Most described the boarding environment, specifically around food, as overly regulated and controlled and felt a strict daily routine was enforced. In contrast to the restriction and control around mealtimes, many participants described ‘treats’ or ‘tuck’ as plentiful and flexible, and something separate to the strict routines. This appeared to create a confusing narrative around the desirability of specific types of food within the boarding school environment.

Alongside eating practices and behaviours within the home and boarding school, participants described school as being an environment where they felt constantly observed and judged by staff and peers. For some, this judgment was a continuation of the judgement regarding appearance they received from families, meaning there was no escape from this. Due to the boarding environment being ‘inescapable’ and allowing for little privacy, these constant appearance related judgements impacted eating behaviour for some participants, either pertaining to the development of secretive eating patterns, or leading to restrictive eating.

Furthermore, the lack of choice and autonomy at boarding school in relation to food, but also daily living, was discussed. Participants described an inability to self-regulate hunger or diet as they were unable to learn how to do this from a young age. Choice, or an intuitive eating style was not accessible to them due to a lack guidance from appropriate adults, or access to food. This led to difficulties for some participants when the routine of boarding school ceased, and they were left to decide when and what to eat. This had implications for some participants’ weight and their relationships with their bodies, and consequentially, self-esteem.

For some of the women, the pain of attending boarding school was described through the lens of attachment difficulties. They felt a sense they did not belong anywhere. Some sought the comfort and love which was lacking at school, within food and treats. The pain they felt was at times directed internally, impacting their self-worth and how they viewed themselves. To protect themselves against these feelings, some participants turned to food. This was perceived as a reliable source of comfort and love that was not accessible at school or within the family home.

A common narrative discussed in boarding school literature is the suppression of emotions at boarding school (Duffell, 2000; Duffell & Basset, 2016; Schaverien, 2011, 2015). This was mentioned often by the women in the current research project. Again, this was reflected on in terms of attempting to seek support and guidance, and this being dismissed or invalidated by the school staff members or the participant's peers. Many shared that if you were to show emotions, you were likely to be bullied or ostracised which is to be avoided within the boarding environment. Therefore, the participants described attempting to null or suppress emotions using food as an outlet. For some, food became the primary source of joy and happiness where this was not forthcoming from other avenues at school. This emotional suppression had lasting consequences for individuals seeking help for their eating difficulties post school. Several of the participants shared they had never sought help due to the stigma they experienced at school in relation to mental health difficulties or emotional expression.

Finally, some participants described experiences of witnessing their parents having a healthy relationship with food which appeared to be a protective factor throughout their boarding school experience. Those who were provided with more choices at mealtimes also reported a

more positive experience of boarding school in relation to eating, and shared that they felt they had a healthy relationship with food upon leaving the boarding environment. The results will now be discussed in more detail in relation to the specific overall themes.

4.3 Disrupted Identities: Not Knowing Where I Belong

This theme related mostly to the question around the impact of boarding school and home life in relation to future eating behaviour(s). Whilst participants didn't directly link their difficult attachments and their confusion around their identity in this theme to their food-related difficulties, it linked closely to their sense of self-worth and negative beliefs about themselves. These participants shared they later used food as a method to control these difficult feelings, or to cope with difficult emotions and beliefs. Therefore, their attachment-related difficulties had an impact on their relationship with their bodies and body image, which influenced their food-related behaviours.

The participants spoke about differing family narratives in relation to food consumption prior to attending boarding school. Some participants described food as plentiful within the home environment, where food was something to be celebrated and enjoyed. Some of these individuals received conflicting messages around food, as it was framed as something to be relished, but conversely, the narrative was also around success correlating to slimness. These beliefs were difficult for some of the participants to rationalise, and some developed compensatory strategies to cope with this dissonance such as bulimia, over-exercising, self-hate or punishment in other forms.

Other participants reported food being perceived as '*forbidden*' or restricted within the family home. They described their families placing high importance on body image and the image of

a perfect family; therefore, food and weight was a focus of contention and restriction. Some participants shared experiences of their parents' removing food from their plates when they perceived they had eaten enough, hiding or disallowing snacks or treats, and encouraging their children to exercise to compensate for eating. These participants described feeling confused around their identities and oscillating between overeating and undereating and restriction.

The sense of abandonment shared by most participants influenced their food related behaviours. Some participants shared they had not made such connections whilst at school, however, whilst reflecting after leaving education they could recognise patterns they developed due to a sense of loss. One participant described "*feeling less than*" which she attached to her appearance related beliefs. Recent research suggests that negative early life experiences combined with disordered eating, body dissatisfaction and internalising beauty ideals may disrupt how an individual's identity is formed (Vartanian et al, 2018). The current project appears to concur with this literature, suggesting this disruption from secure attachment and feelings of abandonment may influence body satisfaction and consequently, eating patterns and behaviours.

Some women described turning to food in these instances to seek comfort as they found food a reliable source of 'love'. The desire to seek 'comforting' foods such as treats and tuck in these times was high. Some participants described eating these foods to fill a void caused by lack of positive individualised attention and comfort from a parental figure. It has been shown that in chronically stressed rodents, they seek calorie-dense "comfort" foods, and this finding has been replicated within the human population (Tomiyaya et al, 2011).

Consequently, the high stressed female group within this experiment reported higher BMI's and eating more after stressful events.

Research by Harlow & Zimmermann (1958) found monkeys valued comfort, warmth, and affection from their primary caregiver above food. In this study, the participants described seeking comfort and warmth, but as they were unable to obtain this from their primary caregiver, they found an alternative method of soothing their distress through comforting foods. Some participants described accessing the warmth they desired through puddings with custard, or comfort through calorie dense foods such as cakes, chocolate, and sweets.

The disruption in attachment experienced by the participants influenced foods they selected and their eating behaviours. As they did not feel special or cared for individually, they developed difficulties with self-esteem as they were unable to organise these feelings with their primary caregivers. That said, some individuals reported that relationships with their parents were challenging prior to attending boarding school and did not equate these difficulties solely with attendance. They felt their attachment would have been insecure regardless of their attendance, and this poses the question whether attachment difficulties are a driver of disordered eating behaviour development in these cases.

4.4 Internal Scripts

A critical element of the participants' food-related behaviours and experiences was influenced by beliefs they held about appearance, body image and achievement. For some participants, these beliefs were formed within the family home from their parents. Many described strong beliefs within the family around success and achievement related to the societal expectation of thinness or a desirable body image. Some participants shared experiences of hearing their parents speak negatively about individuals who did not conform

to the 'thin' ideal within western society, therefore feeling they were unsuccessful. This provides links to the concept that parental eating practices and aesthetic beliefs directly influence their children's eating practices (Scaglioni et al, 2008). Therefore, these beliefs may have been formed within the familial environment and further compounded by the boarding school comparisons.

Some participants shared their families or parents attributed their own success to when they became 'thin' or lost weight, placing high value on body image and appearance. Parents who display body dissatisfaction or discuss weight or dieting practices within the family home, have been shown to demonstrate more controlling behaviours over their children's eating practices. Consequently, those children are more likely to develop a challenging relationship with food (Cutting et al, 1999; Francis et al, 2001). The women shared experiences where this occurred within their families and stated they felt overly restricted, and as a result, developed unhealthy eating patterns.

For others, these appearance related beliefs were shaped and developed at boarding school due to constant comparisons and judgements of others within the boarding environment. All but one participant attended all-girl schools which may be relevant in relation to appearance-related comparisons. They shared that during their teenage years attitudes towards food and eating shifted, and changed from food being desired and sought after, to food becoming something to be avoided. This related directly to the participants' appearance and research suggests body dissatisfaction increases with age, and in adolescent girls, is a risk factor in development of problematic eating practices (Flannery-Schroeder & Chrisler 1996, Ricciardelli & McCabe 2001).

Due to a pervasive need to be accepted and liked within the boarding environment to avoid judgement, participants described conforming with, or mirroring, their peers' behaviours to fit in with the milieu. This was interesting when reflecting on the literature which suggested that during adolescence, attitudes towards appearance and food-related behaviours shift as individuals start to navigate social boundaries and 'being liked' (Rees et al, 2011). These narratives appeared powerful enough to influence and shape eating practices within the boarding environment. This links to the concept around conforming to social norms and ideals to avoid becoming ostracised from the group (Eder, 1995; Bucholtz, 2002). Research suggests that weight control is influenced by the body sizes of school peers. This highlights the importance of social comparison(s) in shaping food and weight related decisions (Mueller et al, 2010). This was evident in the experiences of participants who stated they wanted to conform to fit in. This conformity related to their appearance and eating habits.

Alongside the need to fit in, the female form became more powerful, and bodily comparisons started to manifest within the boarding environment. Participants discussed checking their bodies and comparing with peers within their dorm rooms. It appeared that the 'ideal' body shape was slim or thin, conforming with societal influences in the western world. More recently, there has been a societal move towards 'body positivity' and embracing all body types (Sastre, 2016; Lazuka et al, 2020). However, the stigma around bodies which do not conform to this 'western ideal' still appears to be evident in the younger participants, and moreover, there is discussion this movement does not include individuals from marginalized groups (Dalessandro, 2016; Orgad & Gill, 2021).

Social facilitation is described as an increase in performance because of others' presence (Triplett, 1898). However, this has been reportedly determined as more complex than the

initial hypothesis. In relation to eating behaviour, it has been found that individuals tend to consume more in the company of peers, than they would alone (De Castro & Brewer, 1992). Conversely, this reduces if individuals are in the company of people they do not know or are unfamiliar with (Clendenen et al, 1994). When reflecting on the boarding environment, this might shift or alter depending on the dining environment and how comfortable individuals feel within this setting. Some participants shared fears of eating in front of others in the dining hall, where others shared fond memories of this.

It has been found that children eating with unfamiliar peers ate less than those eating with familiar peers (Salvy et al, 2009). Additionally, this differs even more when factoring in weight status. Those who were overweight tended to moderate their intake more if they were with unfamiliar individuals, than those of a healthy weight (Salvy et al, 2009). These overweight children were also reported to consume more when alone, identifying an association with being overweight and social stigma (Salvy et al, 2012). This relates to the experiences of some of the boarders who described limiting their intake within the dining hall environment, but then increasing their intake when alone, describing a tendency to ‘secret eat’.

4.5 Too Much Control, Too Little Choice

An aspect shared by the participants were the strict routines and rules they felt governed by whilst attending boarding school. Many reported being restricted and controlled in many forms at school, including how free time was spent and what preferences they were allowed in relation to food and eating. Some found these strict routines difficult and anxiety provoking. It has been suggested that anxiety during mealtimes can lead to food avoidance and weight loss (Vanzhula et al, 2020). Whilst this was felt in some women who began to

heavily restrict their dietary intake, others felt that anxiety around mealtimes, alongside the controlling nature of BS, led them to desire calorie dense snacks and consequently gained weight.

The restriction of choice at mealtimes was suggested to influence some of the participants' preferences toward sweets and tuck as they symbolised freedom and choice. Some participants reflected that they still do not enjoy mealtimes as they see them as restrictive and dull, but place higher value on pudding, treats or snacks. This value upon food extended to popularity, and many described occasions when food or treats were used to exchange or bargain with. This concept also exists within state schools, however, the inescapability of the boarding environment may further exacerbate this value (Bauer et al, 2004; Stead et al, 2011). Participants shared memories where food was used as a tool for popularity, i.e., being invited for toast, midnight feasts or comparisons around what was in one's tuck box. They shared the incongruence of these concepts as they felt pressure to be thin to fit in, but then also wanted to attend and overindulge when invited to social events involving food.

Many participants shared they had very little choice in what they were offered at mealtimes and being instructed to finish what was on their plate before they were permitted to leave the dining hall. This was a highly distressing experience for many of the participants and they explained the food they were forced to finish was inedible at times. This led to food aversions in some participants, and avoidance of several food groups (Batsell et al, 2002). However, the younger participants did not share the experience of having to finish their plate of food, and reported more choices at mealtimes. This appeared to be a positive change within the boarding school system, and is commented upon within the final theme.

For some women, not learning to regulate their hunger and food preferences due to restrictive choices, had a lasting impact on their food-related behaviours. This led to a tendency to overeat in some individuals, as they hadn't learned to recognise when they were sated or developed the ability to decline certain foods. Additionally, several participants described struggling with autonomy after leaving boarding school. They described feeling lost, as they no longer had the routine they had become accustomed to. The lack of structure in their lives became problematic for some individuals, and they used food or disordered eating behaviours to manage, or cope with, these feelings. Some developed strategies such as maintaining a strict routine for themselves, becoming highly planned with their mealtimes. Others described feeling out of control, resulting in periods of overeating and bingeing.

4.6 Learning how to Survive Without a Parental Figure or Personalised Guidance

Many participants shared challenges of being raised in an environment without a parent or guardian. They shared that the focus on the collective, rather than on them as an individual, was challenging, as they felt no-one was there to care for them or to make them feel special. This lack of individualised attention may have led to some participants restricting their eating as this forced pastoral care to take notice, and they were often moved to sit with adults or observed more closely. Some individuals described completely stopping eating for a period to feel noticed by staff members and potentially by their parents.

Conversely, some participants described a sense of freedom over their eating behaviour as they were no longer restricted by their parents. They described both a joy and fear at this ability to be unregulated in relation to snacks, treats and sweets. As previously discussed, restriction of palatable foods can increase the craving and desirability of these foods (Polivy et al, 2005). Due to a lack of opportunity to learn how to self-regulate with calorie dense

foods, when they were provided with an opportunity to seek treats without judgement from their parents, some individuals described being unable to stop, or a sense of frenzied excitement around treats. This led to a tendency toward overeating, and a lifelong struggle with their weight and dieting behaviours. Many of these participants described a sense of addiction to sweet treats they felt stemmed from, or started at school.

Some participants described feeling empty or numb. They were unable to disclose difficulties to a parental figure, therefore suppressed or buried these feelings. Research suggests that individuals who describe feelings of numbness or emptiness are at greater risk of developing eating disorders or depression (Stein et al, 2020). It has been suggested that social connectedness may drive these feelings of emptiness (Cho & Mehta, 2015), and participants described feeling lonely, or disconnected from others within the boarding school environment.

Participants described food as escapism around their emotions and difficulties at school, as they were unable to disclose worries to their parents. Some participants described using food to escape their difficult feelings and spoke fondly of tuck shops and sweet treats as a small form of happiness within their week. They described a deficit in acknowledgement of emotions at boarding school from staff and peers, where they were often disregarded and dismissed. Exploration and validation of emotions was not experienced by many of the participants, resulting in them having ongoing difficulties with this following boarding school.

Literature suggests that having emotions received and validated by caregivers or adults is an important aspect of healthy emotional development (Bion, 1962). Furthermore, witnessing

parental emotional regulation is beneficial as it provides a model for children in organising their own emotions, demonstrating how to process them in an adaptive and useful manner (Hajal & Paley, 2020). If this process is disrupted, or a child receives adverse responses to emotions, they may learn to suppress or withdraw, attempting to manage and organise their emotions alone (Shaver & Mikulincer, 2007). Children may learn to keep quiet to avoid persecution and learn that emotions are unacceptable. The participants' experience around avoidance of emotions appeared to be congruent with the pre-existing literature around lack of emotional expression within the boarding school environment (Duffell, 2000, 2016; Schaverien, 2015).

It has been suggested that emotional dysregulation is a factor relating to eating disorder symptoms and excessive exercise in adolescents (Sander et al, 2021). Research states that exercise and eating difficulties may be used as coping mechanisms to aid emotional suppression in adolescents. Increased body dissatisfaction is also linked with suppression of emotions and increases in eating disorder symptomology (Geller et al, 2000; Hayaki et al, 2002). Therefore, the emotional suppression that the participants from the current research describe, may result in an increased risk of disordered eating behaviour patterns. This is congruent with some of the participants' experiences, where they used food as a method of coping with overwhelming emotions.

Furthermore, the absence of parental guidance resulted in some individuals resorting to rebellion. Some participants described a sense of rebellion around food practices as they were not overly observed by their parental figures. One participant described gaining weight as an act of rebellion as they felt judged in relation to their appearance and conforming to western body ideals. Some research suggests that disordered eating patterns may be an act of rebellion

against models of femininity and subservience towards the patriarchy (Richter, 2001). As discussed, participants described feeling overly controlled and regulated within the boarding environment, therefore regaining control over their eating habits may be a radical form of diverting these narratives.

4.7 Inescapable Judgements: The Disadvantage of Living at School

Another aspect discussed by participants was the difficulty of living at school and being constantly surrounded by others. Some described feeling continually observed by others, stating they experienced very little privacy at school. This included observation within the dining hall and when consuming food, observation within their living quarters, when changing for sports or in their houses. Some felt that due to this constant observation, they felt self-conscious about the amount they were eating or how their bodies looked when changing. Some shared they actively avoided the dining hall due to the level of observation and fears around perceived judgement.

For individuals who attend day or state schools, they are usually able to return to the familial home at the end of the day, where they may be able to offload challenges they have experienced, and discuss these with caregivers. They may also be able to eat in a more private environment, with less people. For boarders, they described every mealtime and aspect of their day being spent surrounded by others and reported the distress this caused. Some described having their eating habits compared to their peers and commented upon by staff. This may have increased anxiety around eating within the dining hall.

Many shared they learnt eating patterns from others at school and described a competitive nature around restrictive eating patterns. Participants described a shift in patterns as they moved through their schooling, with the initial emphasis on over consumption, shifting to

reducing consumption as they progressed to adolescence. Dieting behaviours appeared to emerge during adolescence. Some described this being used as an additional form of competition between peers. Previous research suggests that friendships groups may have an influence over body image concerns and dieting practices (Paxton et al, 1999). It is suggested that highly weight conscious groups presented a subculture which may alter dieting practices and body image satisfaction. This was evident in some of the participants as they described 'learning' disordered eating behaviours from others within their boarding houses. One participant shared their group was not preoccupied with dieting and weight which appeared to be a protective factor, however, she reported witnessing disordered eating behaviours such as Bulimia and Anorexia within her boarding house.

As a result of constant observation, many participants described developing a secretive eating pattern where they would conceal their food consumption from others, and endeavour to eat alone. There appeared to be two main explanations for this behaviour. One referred to seeing sweet treats as the only aspect which was independent from the collective nature of boarding school, therefore something of the participant's own choosing. They wanted to keep this separate and private, as they were unable to have privacy in other areas of their lives. Tuck and treats became the only aspect of their experience which was solely theirs, and something they could call their own. Some participants described feeling devastated when these treats were shared out, as they felt their possessions were being shared without their permission.

The second explanation referred to escaping judgement from others, hiding their eating patterns due to embarrassment or shame. Some participants described hiding their eating from others as they felt judged on how much, or what, they were consuming. Some of these patterns were reported to persist beyond boarding school into their adult lives. Some

described restricting their eating in front of others where they felt judged, for example in the dining hall, then eating lots of treats in private. For some individuals, this had a significant impact on their life, either in weight increase requiring surgery or intervention, or being diagnosed with Bulimia Nervosa.

4.8 Learning from Positive Experiences

The final theme, shared by three participants, was in relation to positive experiences of boarding on eating behaviour development. Whilst this was minimally discussed, it was important, as it highlighted areas for guidance and recommendations on how to improve and develop practices within the boarding environment.

For these women, the ability to choose food items helped them to develop self-regulatory practices in relation to food consumption. These individuals viewed food as a relaxed and less stressful experience which reduced its desirability and were able to become ‘restrained eaters’ (Papies et al, 2008). They tended to view food as ‘fuel’ and to provide energy and they spoke less of dieting and body image concerns (Hartman-Boyce et al, 2018). However, they did still speak of levels of control or restriction around eating and tended to attempt to maintain a ‘healthy’ diet. Additionally, witnessing others struggle with their eating was protective for some individuals. These individuals appeared to have developed an adaptive relationship with food prior to boarding, within the family environment. Therefore, they were less influenced by disordered eating practices as those who had challenges with eating or their body image prior to school.

Finally, one participant shared they enjoyed the social aspect of dining and food at school, and that food was something to be enjoyed. Whilst she did feel this was mostly positive, she shared that she had developed self-disclosed, unhealthy habits at boarding school such as

filling time with snacks and tuck. She reported feeling panicked if her mealtimes or snacks were unplanned, and she felt the desirability of treats and tuck had been established in the boarding environment.

4.9 Clinical Implications

4.9.1 Fostering the Development of Positive Food Behaviours in Boarding Schools

The importance of modelling healthy food-related behaviours was evident in the current research project. The few women who were able to develop healthy practices with food shared they had witnessed their parents and caregivers considering food as something to be consumed, enjoyed, but not over emphasised. Therefore, a shift in the narrative of how food may be discussed and regarded could be beneficial. Rather than focusing on ‘good’ or ‘bad’ foods, a shift towards intuitive eating practices, where you listen to what your body may require at that moment, and eating foods in moderation, may be helpful. Intuitive eating is based on the principle you eat when hungry, stop when full, and don’t restrict types of food, unless for medical or physical health reasons (Van Dyke & Drinkwater, 2012). This form of eating has demonstrated positive outcomes in physical health measures such as blood pressure, better psychological health, and a reduction in disordered eating practices.

As suggested by the current project, restriction of particular food types, or shaming practices in relation to weight or food intake, appear to have a detrimental impact on an individual’s psychological wellbeing. Moreover, participants also reported difficulties with maintaining a lower weight, or body shape they would feel content or happy with. These struggles impacted various aspects of the participants’ lives including personal relationships, career and lifestyle choices. Offering several choices to attempt to avoid food aversions and moving away from a narrative of ‘finishing what is on your plate’ would be beneficial. Moving away from

restrictive practices, and towards a narrative around nourishment and intuitive eating patterns, may help individuals develop a healthier relationship with food and have a positive influence on their self-esteem or how they view themselves.

More recently, orthorexia or an obsession with healthy or green eating has become more prevalent in populations who take an active interest in body image and health (Turner & Lefevre, 2017). Therefore, care needs to be exerted not to bypass one form of disordered eating and transform into another (Dunn & Bratman, 2016). Orthorexia Nervosa describes a condition characterised by a restrictive diet, avoiding foods labelled as unhealthy or ‘unclean’ (Koven & Abry, 2015). This appears to be currently classified as avoidant/restrictive food intake disorder (ARFID) within the 5th revision of the DSM-5 (Hay, 2020) and can have drastic consequences on an individual’s wellbeing and lifestyle. This condition would need to be considered when attempting to influence boarders’ healthy lifestyles. Employing a narrative around intuitive eating rather than encouraging restriction would be recommended, as over restriction can lead to negative outcomes.

One aspect most participants shared was a lack of support at school if they did have a difficulty or problem. They shared that mental health was dismissed or invalidated, as the school functions as a business, and they did not want to turn out “bad products” (quote from Participant 9). The need to destigmatise mental health within the general population, but also the boarding population, is of paramount importance, as early identification and support has positive outcomes for recovery (McClelland et al, 2018; Bauer et al, 2013). It would be recommended that a designated person should be positioned in boarding schools who has mental health training to identify and support females within boarding school with healthy eating behaviour development. The person would also be responsible for signposting and

assist individuals should they have problems or difficulties due to their mental health or eating difficulties.

Practically, this shift would require training and intervention for staff at the boarding school to adjust their perspectives. Alongside this, it may require correcting or helping students to reframe negative beliefs they have previously developed about their bodies, eating and dieting their home environments, as familial beliefs tend to strongly influence beliefs a child develops. This could be included in the curriculum, alongside other mental health conversations, as an attempt to open the narrative and destigmatise these difficulties.

4.9.2 Impact of Attachment Difficulties of Boarding School Attendees

The findings of the current project suggest that the difficulties associated with attachment related traumas, as a consequence of attending boarding school, have a negative impact on food related behaviours. Learning to seek comfort which is lacking at school, from reliable food-based objects also appears to impact an individual's food-related behaviours.

Alternatively, individuals may also seek to control their difficult feelings of abandonment through food, either overeating to compensate, or under eating and restrictive eating practices.

It seems this group of women felt dismissed, unheard, and alone when disclosing potential challenges and difficulties at boarding school. This developed into a further silencing effect. Recent research demonstrates that mental health difficulties among school aged children has increased dramatically due to the COVID-19 pandemic, specifically in relation to eating disorders (NHS Digital, 2021). This needs urgent attention given the risk within school age girls, and within the boarding environment this would rest on staff identifying potential

warning signs or indicators (Sadler et al, 2017). The numbers of children with possible eating problems have increased since the 2017 NHS digital report from 6.7% to 13% in 11 to 16 year olds and from 44.6% to 58.2% in 17 to 19 year olds. The latter percentage suggests an incredibly high level of eating difficulties within the teenage and school-age population. It has been highlighted in the current project the lifelong and debilitating impact of eating difficulties in the women in the study, suggesting how important early detection and treatment could be to prevent this.

Difficulties because of attending boarding school also appear to be dismissed within societal discourses, further perpetuating difficulties these individuals may face or continue to experience. Therefore, an openness to discussing these challenges and increasing awareness of these problems is encouraged and emphasised. If individuals feel heard, listened to, and supported, this may help to understand and repair some of the attachment damage sustained. They may then be able to develop a healthier relationship firstly with themselves, and secondly with food and eating.

4.9.3 Implications for Education and Future Boarding

This project highlights the importance of recognising and acknowledging emotional needs of children within the boarding environment, providing adequate and appropriate support, and assisting them to manage their feelings. This is important in relation to their eating behaviour development, which can subsequently influence their emotional development and wellbeing. Academic outcomes may also be impacted as a result. A distressed child, or one lacking in adequate nutrition may not perform well due to reduced concentration, retention of new information and ongoing implications on cognitive and social function (Leitch, 2017). These findings are discussed in the context of women; therefore, they cannot be extrapolated to

boys who board. Further research on the impact of boy's eating behaviour at boarding school would be interesting and recommended.

Through the current research, the importance of treating boarders as individuals has been highlighted. The collective nature of boarding school may lead to a loss in sense of identity, having negative consequences on an individual's self-esteem. One way to foster a child's identity could be to have a named staff member who is dedicated to learning about the child. This could be done per boarding house. Discussions around cultural identity, preferences and family backgrounds would be beneficial. Alongside this, knowledge of any challenges they have faced prior to attending boarding school, within the transition, or at boarding school could inform/guide this support. The aim would be to provide an open and safe space to discuss anything the children felt personally relevant at that time. Teacher-student relationships are vital to success within school (Van Ryzin, 2010) and can serve as a secondary attachment figure which can have positive developmental outcomes (Martin & Dowson, 2009).

Attachment aware schools could help to understand children's behaviour within the context of childhood experiences and traumas, and transform current practice (Rose et al, 2019). Rather than dismissing or silencing the individuals' experiences at boarding school, acknowledging distress, and allowing space and time to process difficulties could be beneficial (Mortari, 2011). Facilitation of conversations around emotions may initially feel difficult for staff members or parents. However, if they can 'be with' the child in distress, the child will learn emotions can be tolerated and will generally be soothed, and eventually learn to self-soothe and regulate their emotions. Conversely, dismissing or ignoring emotions does

not cause these to be eradicated, rather buried, emerging through psychological or emotional distress.

A focus on mental health and well-being within schools is of paramount importance. The epidemic of mental health difficulties in children and young people is of increasing concern, and many of these children in need do not receive adequate care (Cooper & Hornby, 2018). Within schools, children experience several risk factors such as bullying, isolation and academic pressure, which may increase the likelihood of them developing mental health difficulties. Professionals working with school-aged children require appropriate training on theory, research, and interventions to maximise positive mental health and methods to support students with challenges they face. With boarders, this is especially important as school staff are the main individuals involved in their care. Trauma informed classrooms may improve the happiness of young people, allowing scope for personal and identity-based development (Cavanaugh, 2016).

Transition to the boarding environment was mentioned by all participants as a difficult period in their lives. They found the abrupt change challenging and described being met with emotional invalidation around their difficulties. A strategy to combat these challenges would be a more gradual transition to boarding, starting with day visits, and moving towards overnight stays. Again, an open and transparent environment may help with the difficulty of this transition, rather than denial that this is an emotional upheaval for the boarders. If a gradual transition is not possible for practical reasons such as parents being overseas, then conversations and emotional support with this would be the next best option. Furthermore, an explanation of the process, or what is expected of the boarder, may also be helpful. In the current research, the denial of distress appears to be more problematic than the difficulties

they were initially facing. This creates poor self-esteem, self-doubt and a reduction in the likelihood individuals will seek help in the future, consequently causing them to feel isolated within their distress.

4.10 Societal Issues: Social, Political, Economic, and Power Challenges

Boarding schools are viewed as an integral part of British culture and have long been considered an elite educational environment for children. As they are perceived in wider society as prestigious institutions, they need to uphold this image. This reduces the likelihood they would acknowledge any negative repercussions from attendance at their schools. Furthermore, to admit to, or acknowledge any negative implications may leave them open to reparations or lawsuits, as seen by abuse within the Catholic Church which has become more widely discussed and reported upon.

Boarding schools can provide further academic and extra-curricular activities for their attendees, including additional opportunities after leaving school in terms of progression to university or the workplace. As the schools require fees, the BS's want to ensure they are providing a premium service to justify these fees. This may have consequences in relation to acknowledgement of distress, emotional deprivation or difficulties experienced within the boarding population. The boarding school system would be opposed to recognising any psychological distress experienced by children in their care, and parents may remove their child if they felt school was a contributing factor to this distress.

Additionally, parents may not wish to consider that an environment they fund may cause harm to their child and they may experience guilt or shameful feelings consequently.

Likewise, schools may not be able to highlight emotional difficulties which may have

occurred prior to boarding school, through fear of the parent removing the child from the institution, as this may have financial consequences. Therefore, both parties appear stuck in denial and dismissing any psychological distress. To combat this, an acknowledgment that distress and emotions are valid and normal from both parties could be beneficial. How to proceed once this has been brought to conscious awareness would be the next barrier. If both parties accept distress may be experienced because of boarding, due to separation from the primary caregiver, then interventions can be put in place to support children with this.

These challenges offer explanation for the ongoing nature of these difficulties within the boarding environment, and why these may not be addressed by these institutions. This provides further insight into why boarding schools were reluctant to accept or assist with this research project, and why they dismissed any claims that the research could be beneficial to improving practice. Furthermore, when a problem is highlighted and acknowledged, this requires action to be taken which could be costly and time consuming. Shifts in current practice and changes within organisational culture are difficult to achieve and require commitment from all parties. However, cultural shifts are possible. The first step is acknowledgement and accepting responsibility, which is challenging to undertake.

4.11 Further Research

This study focused on the experiences of women who have self-disclosed eating difficulties and who have attended boarding school. This research highlighted the importance of the formative environment of the home, with an attachment focused lens on the eating difficulties which emerged, and how these eating difficulties progressed and were compounded following attendance at boarding school. One aspect the participants shared was the distress experienced at boarding school, and how this was silenced and dismissed. This also related

from separation from their attachment figures as they had no outlet for their emotional difficulties and felt isolated in these. Future research could involve exploring whether acknowledgement of difficulties and open dialogue could have a positive impact on the development of healthy eating behaviours. This would involve many systems including the family, school and the boarders being able to speak honestly about difficulties which may emerge, thus destigmatising the concept of trauma following boarding school. Males could also be interviewed to determine any differences, or perhaps research exploring the experiences of day students and boarders, and the impact this may have on eating behaviour development.

Additionally, the concept of secondary attachment formation could be explored, to determine if this positively influences an individual's identity formation and their eating behaviours. This would require a longitudinal study where boarders would be allocated a specific individual at the school who would be responsible for attending to psychological wellbeing and lending support with the child's emotions. This could be measured via quantitative or qualitative methods. It would also be interesting to focus on additional aspects which emerged during this study, for example, comfort seeking behaviours, self-esteem, competitive nature of the environment and the impact on relationships both at school and post school.

One aspect touched on briefly by some participants was that of social media. Social media is readily used and accessed by most individuals today, particularly young people. It would be interesting to research the impact of this within the boarding environment. Some of the participants interviewed did not have mobile phones at boarding school, which is in stark contrast to today, where most people have a mobile phone and constant access to the internet.

Social media can be both positive and detrimental to mental health and body image. Its impact could be researched within the boarding environment.

More generally, the COVID-19 pandemic has had an understandable impact on various aspects of life and mental health difficulties are increasing as a consequence (Vindegaard & Benros, 2020). This includes a higher prevalence of eating difficulties, and further struggles for those who had disordered eating patterns prior to the pandemic. Whilst this area appears to be gaining further research traction, additional research could be conducted to explore the impact of this on boarding school graduates or attendees. Some participants in the current study briefly touched on this topic and shared that lockdown was challenging for them due to the lack of structure and routine, and they noticed their eating difficulties re-emerged or became more problematic during this time. Additionally, spending more time at home has provided an opportunity for individuals to reflect and re-evaluate certain aspects of their lives. Some participants commented they had noticed difficulties with their eating with more time to think since the pandemic began.

Finally, the concept of disordered eating behaviours and the impact these have on an individual's quality of life is of interest. The nature of the NHS in England currently requires individuals to have a diagnosis to seek and receive care and treatment for mental health difficulties. Individuals who do not meet criteria for diagnosable eating disorders are unable to access NHS support. Research could be conducted into the impact general disordered eating has on various areas of life, helping to shift the narrative away from a medical and diagnostic model of treatment, towards helping those whose eating difficulties have a drastic impact on their daily living. Whilst there are understandable barriers to this treatment model, as the NHS is already oversubscribed and waiting lists are long, this could reduce the stigma

and shame some individuals experience in believing their eating difficulties are ‘not severe enough’ to warrant support.

4.12 Strengths and Limitations

The strengths and limitations of the methodology and theoretical implications will be discussed and reflected upon.

4.12.1 Strengths of the Research

The methodological approach enabled an in-depth exploration of participants’ stories and narratives of their boarding school experiences. The flexibility of the approach allowed expansion and further probing questions to be asked to enrich the narrative shared, thus exploring experiences at a deeper level. The focus on food and eating behaviours allowed the participants to consider their boarding experience from a different perspective. Many commented they hadn’t realised, or made links around, their eating difficulties and their experiences at boarding school prior to this research.

This provides further knowledge in relation to the importance of healthy eating practices within the schooling environment. It emphasises the importance of choice, education, and open dialogue around difficulties that individuals may be experiencing. Additionally, it prompted further thought and reflections around the separation of children from their caregivers, and the impact this has on both attachment and relationships, but also, interestingly, on eating patterns and behaviours. This may further inform educational practices, pastoral care within boarding schools and Government policies in this area.

The process of completing doctoral level research required stringent ethical procedures and university processes and upholding scientific rigour through the methodology, literature review and meta-synthesis. Providing a reflective account throughout the process of research enabled the researcher to address biases, and to remain as neutral as possible within the context of life experiences. The sample size enabled a spectrum of experiences to emerge and was in line with Braun and Clarke's (2014) recommendations to undertaking a thematic analysis approach.

4.12.2 Limitations

Purposeful sampling was employed to ensure the phenomenon of disordered eating behaviour could be explored within the boarding school environment. The level or impact of 'disordered eating' was open and left to interpretation by the participant, in that if they felt it was problematic or caused them difficulties, it was included as a 'disordered eating pattern'. However, this could be viewed as a limitation as it potentially biases the sample towards individuals who had a negative experience of boarding school. Therefore, this would provide a one-sided argument and miss the positives, or benefits, of attending boarding school. Nonetheless, some participants, despite having a mostly negative experience, did provide insights into what was helpful about their attendance. These participants described aspects they found useful in relation to eating patterns, which informs recommendations for future policies and procedures.

The research focused on the female experience of attending boarding school in relation to eating, therefore the male or alternative views cannot be inferred from the project. Whilst this was purposeful, it would be interesting to explore the potential similarities and differences of eating behaviour development in male and females following attendance at boarding school.

Furthermore, the participants were mainly white British, therefore voices from other diverse backgrounds have not been heard. As many of the individuals attending boarding schools are overseas students, it feels this perspective is lacking from the current research project.

Furthermore, the age range of participants was large, allowing for exploration of many different time eras of boarding which was interesting. However, this meant there was variation in the experience(s) individuals were reporting. Participants also attended boarding school for a varied amount of time, ranging from 2 years to 10 years. However, it did not appear that the duration of attending altered the impact on eating behaviours, as some individuals who attended for 2 years reported a similar level of distress to individuals who attended for 10 years. This is speculative due to the qualitative nature of the research but was an interesting observation from the project.

Finally, in relation to selection of participants, a snowballing method was utilised alongside opportunity recruitment where participants elected to participate by contacting the researcher. This may have again biased the sample as they had an interest in the research topic. However, their interest appeared positive as they had knowledge and expertise in the area researched by the project. As generalisability is not an objective for this research, readers may be able to make associations or recognise similar patterns or experiences to those described by the participants, by drawing upon their own experiences. Having said this, not all themes or reflections may resonate with all readers. However, this is not the aim of this research project.

Much of the existing research commented on stress and eating patterns, and how stress has a detrimental impact on disordered eating patterns (Rosen et al, 1993; Shatford & Evans, 1986;

Wahab et al, 2013). It was hypothesised that the academic pressure of school, mainly boarding school, may have a negative impact on eating behaviours. However, the participants in this study did not appear to link academic stress and eating difficulties. This may have been influenced by how the questionnaire was structured, not allowing scope for discussions of that nature. Perhaps participants did not make those links between stress and disordered eating patterns.

Rather than discussing academic stress, participants tended to focus on stress from other areas such as peer pressures, parental pressures or feeling abandoned or 'less than'. Whilst this is highly stressful and appeared to have a detrimental influence and link with disordered eating patterns, it did not appear that academic pressure factored as highly as these other difficulties. One participant did discuss the pressure put upon them to attend a prestigious university to read a subject they did not wish to, and when this did not happen, this influenced their negative sense of self and failure. It could be argued this may have had an influence on how they viewed themselves in terms of appearance, and subsequently influenced eating, but this was not discussed in that context.

4.13 Reflective Account

Throughout the research project I became more aware of unconscious biases I may also hold in relation to appearance and weight. I too am a casualty of the societal pressures to look a certain way, eat in a certain fashion and to place value on success and achievement. I had to be highly aware of this in relation to disordered eating behaviours as I started to reflect on some disordered eating behaviours I may also indulge in. I believe this personal understanding of eating difficulties helped me to create a therapeutic and non-judgemental space for the participants to explore their own feelings around eating. I was able to pose

questions about food or eating behaviours which may have been missed without these personal experiences. I was conscious not to allow these experiences to cloud my judgement and I attempted to be aware of this throughout the process.

I battled at times with feeling guilt around researching the boarding school environment. I felt I should be producing research to help individuals who may be financially struggling to provide for their children, or for individuals of a lower socio-economic background who tend to be the individuals we typically work with in the NHS and in my clinical practice. I noticed that this dilemma meant I too may have held classist beliefs about boarding school being a privilege, despite the reading and research I had completed around the topic. I was surprised by this due to my passion for the subject and the area. My awareness and conscious beliefs seemed to be in direct conflict with this unconscious bias, as I firmly believe being raised in a loving home and spending those fundamental years with direct and specific attention is of paramount importance to enable a child to grow and develop their identity.

When I started the project, I did make links in my mind with children in care's experiences of being parented and raised, and those who go to boarding school. One of the participants directly commented on this idea stating, 'but my parents had to pay for that privilege'. I endeavour to be more conscious and aware of these potential biases as I move forward with my clinical career. I hope to bring these experiences and this new understanding to my colleagues also.

I believe now, more than ever, that what a child needs is to feel special, wanted, loved, and to receive touch and affection. Children need to feel safe and secure. It is less about having

everything, or material possessions, but having that safe base to return too so they can flourish and grow.

4.14 Conclusion

Exploring the experiences of attending boarding school in relation to the development of eating behaviour was the main aim of the study. This involved consideration of the setting, events prior to attending boarding school within the family home, at boarding school and post boarding school, considering their ongoing impact and influences. Thematic analysis was used to gain a deeper insight into the data, and to draw out reoccurring themes. This project provides a novel contribution to add to the growing literature on the effect of attending boarding school by providing in-depth scientific analysis, focusing on the participants' narratives and experiences. In summary, the participants shared experiences of feeling abandoned and alone at boarding school which had detrimental influences on the development of their eating behaviour(s). Many found ways to cope with the distress they experienced through disordered eating behaviours, attempting to self-regulate and manage their difficult feelings. The behaviours compounded at boarding school had lifelong influences on the participants' eating behaviours, many admitting to continuing with disordered eating patterns into adulthood.

The clinical implications of the study highlight a need for the acknowledgement of distress and trauma experienced by boarding school attendees because of attachment related difficulties. These can have far reaching and drastic consequences for the individuals involved. Public awareness of these difficulties would help to reduce societal preconceptions and judgement of boarding school attendees as privileged and underserving of clinical assistance. These preconceptions can reduce the likelihood of this client group seeking

support, due to the stigma and shame they may experience. This study provides further insight into the development of disordered eating behaviours, and the impact these have on an individual's quality of life. This provides further support and evidence that disordered eating behaviours can trigger serious mental health difficulties, and should be treated and acknowledged, rather than dismissed, mirroring experiences the participants had at boarding school. Finally, the study further emphasises the impact of separation from caregivers and the importance of psychologically informed, and attachment focused models of care within all institutions, including the care system and the education system.

5 References

Adams, J., Keane, W., & Dutton, M. (2005). *The politics of method in the human sciences: Positivism and its epistemological others*. Duke University Press.

Ahmed, A. (2008). Ontological, Epistemological and Methodological Assumptions: Qualitative versus Quantitative. Online Submission.

Ainsworth, M. S. (1989). Attachments beyond infancy. *American psychologist*, 44(4), 709.

Ainsworth, M. S. (1993). Attachment as related to mother-infant interaction. *Advances in infancy research*.

Ainsworth, M. D., Blehar, M., Waters, E., & Wall, S. (1978). Patterns of attachment.

American Psychological Association. (2016). Revision of Ethical Standard 3.04 of the "Ethical Principles of Psychologists and Code of Conduct" (2002, as amended 2010). *The American Psychologist*, 71(9), 900.

Archer, M., Bhaskar, R., Collier, A., Lawson, T., & Norrie, A. (Eds.). (2013). Critical realism: Essential readings. *Routledge*.

Arghode, V. (2012). Qualitative and Quantitative Research: Paradigmatic Differences. *Global Education Journal*, 2012(4).

Armstrong, C. F. (1990). On the making of good men: Character-building in the New

England boarding schools. *The high status track: Studies of elite schools and stratification*, 3-24.

Army Families Federation. (2021, July 13). Boarding. <https://aff.org.uk/advice/education-childcare/boarding/>

Bandura, A. (1997). The anatomy of stages of change. *American journal of health promotion: AJHP*, 12(1), 8-10.

Batsell Jr, W. R., Brown, A. S., Ansfield, M. E., & Paschall, G. Y. (2002). "You will eat all of that!": A retrospective analysis of forced consumption episodes. *Appetite*, 38(3), 211-219.

Bauer, K. W., Yang, Y. W., & Austin, S. B. (2004). "How can we stay healthy when you're throwing all of this in front of us?" Findings from focus groups and interviews in middle schools on environmental influences on nutrition and physical activity. *Health Education & Behavior*, 31(1), 34-46.

Bauer, S., Papezova, H., Chereches, R., Caselli, G., McLoughlin, O., Szumska, I., van Furth, E., Ozer, F. and Moessner, M., (2013). Advances in the prevention and early intervention of eating disorders: The potential of Internet-delivered approaches. *Mental Health & Prevention*, 1(1), pp.26-32.

Barr, A., Gillard, J., Firth, V., Scrymgour, M., Welford, R., Lomax-Smith, J., Bartlett, D.,

- Pike, B. and Constable, E., (2008). *Melbourne declaration on educational goals for young Australians*. Ministerial Council on Education, Employment, Training and Youth Affairs. PO Box 202 Carlton South Victoria, 3053, Australia.
- Bartholdy, S., Allen, K., Hodsoll, J., O'Daly, O.G., Campbell, I.C., Banaschewski, T., Bokde, A.L., Bromberg, U., Büchel, C., Quinlan, E.B. and Conrod, P.J., (2017). Identifying disordered eating behaviours in adolescents: how do parent and adolescent reports differ by sex and age?. *European child & adolescent psychiatry*, 26(6), pp.691-701.
- Bass, L. R. (2014). Boarding schools and capital benefits: Implications for urban school reform. *The journal of educational research*, 107(1), 16-35.
- Baumeister, R. F., Dale, K. L., & Muraven, M. (2000). Volition and belongingness: Social movements, volition, self-esteem, and the need to belong. *Self, identity, and social movements*, 13, 230-242.
- BEAT. (2021). Types of Eating Disorder. <https://www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/>
- Bedford, J. L., & Johnson, C. S. (2006). Societal influences on body image dissatisfaction in younger and older women. *Journal of Women & Aging*, 18(1), 41-55.
- Berkman, N. D., Lohr, K. N., & Bulik, C. M. (2007). Outcomes of eating disorders: a

systematic review of the literature. *international Journal of Eating disorders*, 40(4), 293-309.

Bhaskar, R. (2013). *A realist theory of science*. Routledge.

Birch, L. L. (1999). Development of food preferences. *Annual review of nutrition*, 19(1), 41-62.

Birch, L. L., & Anzman-Frasca, S. (2011). Learning to prefer the familiar in obesogenic environments. *Early Nutrition: Impact on Short-and Long-Term Health*, 68, 187-199.

Birch, L., Savage, J. S., & Ventura, A. (2007). Influences on the development of children's eating behaviours: from infancy to adolescence. *Canadian journal of dietetic practice and research: a publication of Dietitians of Canada= Revue canadienne de la pratique et de la recherche en dietetique: une publication des Dietetistes du Canada*, 68(1), s1.

Birch, L. L., & Ventura, A. K. (2009). Preventing childhood obesity: what works?. *International journal of obesity*, 33(1), S74-S81.

Bion, W. R. (1962). The psycho-analytic study of thinking. *International journal of psycho-analysis*, 43, 306-310.

Boarding Schools Association [BSA]. (2007). Making a difference: The impact of boarding

on young people's lives. Boarding Briefing Paper No 19. London: The Boarding Schools' Association.

Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psychoanalysis*, 39, 350-371. 5/6 Bowlby J. (1969). *Attachment. Attachment and loss: Vol. 1. Loss*. New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss: Volume II: Separation, anxiety and anger*. In *Attachment and loss: Volume II: Separation, anxiety and anger* (pp. 1-429). London: The Hogarth press and the institute of psycho-analysis.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

Braun, V., & Clarke, V. (2021). Thematic analysis. *Analysing qualitative data in psychology*. London: Sage Publications Ltd, 128-47.

Brechan, I., & Kvaalem, I. L. (2015). Relationship between body dissatisfaction and disordered eating: Mediating role of self-esteem and depression. *Eating behaviors*, 17, 49-58.

Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental psychology*, 28(5), 759.

Brindal, E., Hendrie, G., Thompson, K., & Blunden, S. (2012). How do Australian junior

primary school children perceive the concepts of “healthy” and “unhealthy”? *Health Education*.

Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The lancet*, 395(10227), 912-920.

Brown, R., & Ogden, J. (2004). Children’s eating attitudes and behaviour: a study of the modelling and control theories of parental influence. *Health education research*, 19(3), 261-271.

Bryman, A. (1984). The debate about quantitative and qualitative research: a question of method or epistemology?. *British journal of Sociology*, 75-92.

Bucholtz, M. (2002). Mimi Nichter, Fat talk: What girls and their parents say about dieting. Cambridge, MA: Harvard University Press. *Language in Society*, 31(5), 811-815.

Burr, V. (1998). Overview: Realism, relativism, social constructionism and discourse. *Social constructionism, discourse and realism*, 13-26.

Buss, D. M. (2019). *Evolutionary psychology: The new science of the mind*. Routledge.

Butler, T. (2021). 10 Benefits of Attending a UK Boarding School. Wycliffe College. <https://www.wycliffe.co.uk/boarding/10-benefits-of-attending-a-uk-boarding-school/>

- Cavanaugh, B. (2016). Trauma-informed classrooms and schools. *Beyond Behavior*, 25(2), 41-46.
- Caine-Bish, N. L., & Scheule, B. (2009). Gender differences in food preferences of school-aged children and adolescents. *Journal of School Health*, 79(11), 532-540.
- Campbell, I. C., Mill, J., Uher, R., & Schmidt, U. (2011). Eating disorders, gene–environment interactions and epigenetics. *Neuroscience & Biobehavioral Reviews*, 35(3), 784-793.
- Caspi, A., Harrington, H., Moffitt, T. E., Milne, B. J., & Poulton, R. (2006). Socially isolated children 20 years later: risk of cardiovascular disease. *Archives of pediatrics & adolescent medicine*, 160(8), 805-811.
- Critical Appraisal Skills Programme (2019). CASP: Systematic Review Checklist.
- Chase, S. E. (2003). Learning to listen: Narrative principles in a qualitative research methods course.
- Cho, H., & Mehta, R. (2015). Feeling Empty? Comfort-Seeking and Finding Meaning Through Consumption. *ACR Asia-Pacific Advances*.
- Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The psychologist*, 26(2).

- Clarke, V., & Braun, V. (2017) Thematic analysis, *The Journal of Positive Psychology*, 12:3, 297-298, DOI: 10.1080/17439760.2016.1262613
- Clarke, V., Braun, V., & Hayfield, N. (2015). Thematic analysis. *Qualitative psychology: A practical guide to research methods*, 222, 248.
- Clendenen, V. I., Herman, C. P., & Polivy, J. (1994). Social facilitation of eating among friends and strangers. *Appetite*, 23(1), 1-13.
- Cliff, K., & Wright, J. (2010). Confusing and contradictory: Considering obesity discourse and eating disorders as they shape body pedagogies in HPE. *Sport, Education and Society*, 15(2), 221-233.
- Cohen, D., & Crabtree, B. (2006). Qualitative research guidelines project.
- Colles, S. L., Dixon, J. B., & O'Brien, P. E. (2008). Loss of control is central to psychological disturbance associated with binge eating disorder. *Obesity*, 16(3), 608-614.
- Cooke, A., Smith, D., & Booth, A. (2012). Beyond PICO: the SPIDER tool for qualitative evidence synthesis. *Qualitative health research*, 22(10), 1435-1443.
- Cookson, P. W., Jr., & Persell, C. H. (1985). Preparing for power: America's elite boarding schools. New York: Basic Books.
- Cooper, P., & Hornby, G. (2018). Facing the challenges to mental health and well-being in

schools. *Pastoral Care in Education*, 36(3), 173-175.

Corsaro, W.A. (1997). *The sociology of childhood*. Thousand Oaks, CA: Pine Forge Press.

Cosslett, R. L. (2019). Britain is still ruled by a privately educated elite.

Let's end this culture of deference. *The Guardian*.

<https://www.theguardian.com/commentisfree/2019/jun/25/britain-ruled-private-educated-people-culture-deference>. Received August 2020.

Cresswell, J. W. (1994). *Research design qualitative and quantitative approaches*. Sage Publications.

Cresswell, J. W. (2007) *Qualitative Inquiry and Research Design: choosing among five traditions* (2nd edition) (Thousand Oaks, Sage).

Crotty, M. (2003): *The Foundations of Social Research: Meaning and Perspectives in the Research Process*, London: Sage Publications, 3rd edition, 10.

Cutting, T. M., Fisher, J. O., Grimm-Thomas, K., & Birch, L. L. (1999). Like mother, like daughter: familial patterns of overweight are mediated by mothers' dietary disinhibition. *The American journal of clinical nutrition*, 69(4), 608-613.

Dalessandro, A. (2016). 15 definitions of body positivity straight from influencers & activists. *Bustle. com*, 19.

Darawsheh, W., & Stanley, M. (2014). Reflexivity in research: Promoting rigour, reliability and validity in qualitative research. *International Journal of Therapy and Rehabilitation*, 21(12), 560-568.

De Castro, J. M., & Brewer, E. M. (1992). The amount eaten in meals by humans is a power function of the number of people present. *Physiology & behavior*, 51(1), 121-125.

DeCosta, P., Møller, P., Frøst, M. B., & Olsen, A. (2017). Changing children's eating behaviour-A review of experimental research. *Appetite*, 113, 327-357.

DeGialdino, I. V. (2009, May). Ontological and epistemological foundations of qualitative research. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* (Vol. 10, No. 2).

DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family Medicine and Community Health*, 7(2).

Denzin, N. K., & Lincoln, Y. S. (2000). Methods of collecting and analysing empirical materials. *Handbook of qualitative research*, 2, 710-813.

De Zwaan, M. (2001). Binge eating disorder and obesity. *International Journal of Obesity*, 25(1), S51-S55.

- Dixon-Román, E. J., & Gergen, K. J. (2013). Epistemology in measurement: Paradigms and practices. *Vol. Princeton NJ: The Gordon Commission.*
- Dornbusch, S. M., Carlsmith, J. M., Duncan, P. D., Gross, R. T., Martin, J. A., Ritter, P. L., & Siegel-Gorelick, B. (1984). Sexual maturation, social class, and the desire to be thin among adolescent females. *Journal of Developmental and Behavioral Pediatrics.*
- Duffell, N. (2000). The making of them: The British attitude to children and the boarding school system. Lone Arrow Press.
- Duffell, N. (2012). Boarding school syndrome. *British Journal of Psychotherapy*, 28(3), 389-389.
- Duffell, N. (2018). Born to run: wounded leaders and boarding school survivors. In *The Political Self* (pp. 117-140). Routledge.
- Duffell, N., & Basset, T. (2016). *Trauma, Abandonment and Privilege: A guide to therapeutic work with boarding school survivors.* Routledge.
- Dunbar, R. I. (2010). The social role of touch in humans and primates: behavioural function and neurobiological mechanisms. *Neuroscience & Biobehavioral Reviews*, 34(2), 260-268.
- Dunn, T. M., & Bratman, S. (2016). On orthorexia nervosa: A review of the literature and proposed diagnostic criteria. *Eating behaviors*, 21, 11-17.

- Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. *The Sage handbook of qualitative research in psychology*, 179, 194.
- Eccles, J. S. (1999). The development of children ages 6 to 14. *The future of children*, 30-44.
- Eder, D. (1995). *School talk: Gender and adolescent culture*. Rutgers University Press, Livingston Campus, Building 4161, PO Box 5062, New Brunswick, NJ 08903
- Else-Quest, N. M., Hyde, J. S., & Clark, R. (2003). Breastfeeding, bonding, and the mother-infant relationship. *Merrill-Palmer Quarterly (1982-)*, 495-517.
- Erikson, E. H. (1956). The problem of ego identity. *Journal of the American Psychoanalytic Association*, 4(1), 56-121.
- Evans, J., Rich, E., & Holroyd, R. (2004). Disordered eating and disordered schooling: what schools do to middle class girls. *British journal of sociology of education*, 25(2), 123-142.
- Fincham D., Schickerling J., Temane M., et al. (2008) Exploratory and confirmatory factor analysis of the multidimensional anxiety scale for children among adolescents in the Cape Town metropole of South Africa. *Depress Anxiety*. 25, 147–148.
- Finlay, L. (2003). The reflexive journey: mapping multiple routes. *Reflexivity: A practical guide for researchers in health and social sciences*, 3-20.

- Fisher, S., Frazer, N., & Murray, K. (1984). The transition from home to boarding school: A diary-style analysis of the problems and worries of boarding school pupils. *Journal of Environmental Psychology*, 4(3), 211-221.
- Fisher, S., Frazer, N., & Murray, K. (1986). Homesickness and health in boarding school children. *Journal of Environmental Psychology*, 6(1), 35-47.
- Flannery-Schroeder, E. C., & Chrisler, J. C. (1996). Body esteem, eating attitudes, and gender-role orientation in three age groups of children. *Current Psychology*, 15(3), 235-248.
- Fonagy, P., & Target, M. (2002). Early intervention and the development of self-regulation. *Psychoanalytic Inquiry*, 22(3), 307-335.
- Fonagy, P., Steele, M., Steele, H., Leigh, T., Kennedy, R., Mattoon, G., & Target, M. (1995). The predictive validity of Mary Main's Adult Attachment Interview: A psychoanalytic and developmental perspective on the transgenerational transmission of attachment and borderline states. *Attachment theory: Social, developmental and clinical perspectives*, 233-278.
- Ford, K. M., & Adams-Webber, J. R. (1992). Knowledge acquisition and constructivist epistemology. In *The psychology of expertise* (pp. 121-136). Springer, New York.
- Francis, L. A., Hofer, S. M., & Birch, L. L. (2001). Predictors of maternal child-feeding style: maternal and child characteristics. *Appetite*, 37(3), 231-243.

- Furnham, A., Badmin, N., & Sneade, I. (2002). Body image dissatisfaction: Gender differences in eating attitudes, self-esteem, and reasons for exercise. *The Journal of psychology*, 136(6), 581-596.
- Furnham, A., Tan, T., & McManus, C. (1997). Waist-to-hip ratio and preferences for body shape: A replication and extension. *Personality and Individual Differences*, 22(4), 539-549.
- Gay, L., & Airasian, P. (2000). Educational research: An introduction.
- Geller, J., Cockell, S. J., Hewitt, P. L., Goldner, E. M., & Flett, G. L. (2000). Inhibited expression of negative emotions and interpersonal orientation in anorexia nervosa. *International Journal of Eating Disorders*, 28(1), 8-19.
- George, R. S., & Kronl, M. (1983). Perceptions and food use of adolescent boys and girls. *Nutrition and Behavior*, 1, 115-125
- Giroux, H. A., & Penna, A. N. (1979). Social education in the classroom: The dynamics of the hidden curriculum. *Theory & Research in Social Education*, 7(1), 21-42.
- Goodman, A., Heshmati, A., Malki, N., & Koupil, I. (2014). Associations between birth characteristics and eating disorders across the life course: findings from 2 million males and females born in Sweden, 1975–1998. *American journal of epidemiology*, 179(7), 852-863.

- Goodwin, H., Haycraft, E., & Meyer, C. (2016). Disordered eating, compulsive exercise, and sport participation in a UK adolescent sample. *European Eating Disorders Review*, 24(4), 304-309.
- Goodwin, H., Haycraft, E., Taranis, L., & Meyer, C. (2011). Psychometric evaluation of the Compulsive Exercise Test (CET) in an adolescent population: Links with eating psychopathology. *European Eating Disorders Review*, 19, 269-279.
- Gray, L. M., Wong-Wylie, G., Rempel, G. R., & Cook, K. (2020). Expanding qualitative research interviewing strategies: Zoom video communications. *The Qualitative Report*, 25(5), 1292-1301.
- Grimm, E. R., & Steinle, N. I. (2011). Genetics of eating behavior: established and emerging concepts. *Nutrition reviews*, 69(1), 52-60.
- Grogan, S. (2006). Body image and health: Contemporary perspectives. *Journal of health psychology*, 11(4), 523-530.
- Grogan, S. (2016). *Body image: Understanding body dissatisfaction in men, women and children*. Routledge.
- Groh, A. M., Roisman, G. I., Booth-LaForce, C., Fraley, R. C., Owen, M. T., Cox, M. J., & Burchinal, M. R. (2014). IV. Stability of attachment security from infancy to late adolescence. *Monographs of the Society for Research in Child Development*, 79, 51–66.

- Hajal, N. J., & Paley, B. (2020). Parental emotion and emotion regulation: A critical target of study for research and intervention to promote child emotion socialization. *Developmental Psychology*, 56(3), 403.
- Harlow, H. F., & Zimmermann, R. R. (1958). The development of affectional responses in infant monkeys. *Proceedings of the American Philosophical Society*, 102(5), 501-509.
- Hartmann-Boyce, J., Nourse, R., Boylan, A. M., Jebb, S. A., & Aveyard, P. (2018). Experiences of reframing during self-directed weight loss and weight loss maintenance: systematic review of qualitative studies. *Applied Psychology: Health and Well-Being*, 10(2), 309-329.
- Hatch, J. A. (2002). *Doing qualitative research in education settings*. Suny Press.
- Hay, P. (2020). Current approach to eating disorders: a clinical update. *Internal medicine journal*, 50(1), 24-29.
- Hayaki, J., Friedman, M. A., & Brownell, K. D. (2002). Emotional expression and body dissatisfaction. *International Journal of Eating Disorders*, 31(1), 57-62.
- Hedrick, T. E. (1994). The quantitative-qualitative debate: Possibilities for integration. *New directions for program evaluation*, 1994(61), 45-52.
- Hodges, J., Sheffield, J., & Ralph, A. (2013). Home away from home? Boarding in Australian schools. *Australian Journal of Education*, 57(1), 32-47.

Holmqvist, K., & Frisén, A. (2012). "I bet they aren't that perfect in reality": Appearance ideals viewed from the perspective of adolescents with a positive body image. *Body Image*, 9, 388–395.

Holman, M. J., Johnson, J., & Lucier, M. K. (2013). Sticks and stones: the multifarious effects of body-based harassment on young girls' healthy lifestyle choices. *Sport, Education and Society*, 18(4), 527-549.

Horta, B.L., Bas, A., Bhargava, S.K., Fall, C.H., Feranil, A., de Kadt, J., Martorell, R., Richter, L.M., Stein, A.D., Victora, C.G. and COHORTS group, (2013). Infant feeding and school attainment in five cohorts from low-and middle-income countries. *PLoS One*, 8(8), p.e71548.

Housman, D. K. (2017). The importance of emotional competence and self-regulation from birth: A case for the evidence-based emotional cognitive social early learning approach. *International Journal of Child Care and Education Policy*, 11(1), 1-19.

ISC Census and Annual Report (2021). <https://www.isc.co.uk/media/7496/iscensus2021final.pdf>

Janesick, V. J. (2015). "Stretching" exercises for qualitative researchers. Sage Publications.

Jenkins, Z. M., Mancuso, S. G., Phillipou, A., & Castle, D. J. (2021). What is OSFED? The predicament of classifying 'other' eating disorders. *BJPsych open*, 7(5).

- Johnston, F. E. (1985). Health implications of childhood obesity. *Annals of Internal Medicine*, 103(6_Part_2), 1068-1072.
- Jones, J. M., Bennett, S., Olmsted, M. P., Lawson, M. L., & Rodin, G. (2001). Disordered eating attitudes and behaviours in teenaged girls: a school-based study. *Cmaj*, 165(5), 547-552.
- Jones, K. (2016). *Education in Britain: 1944 to the present*. John Wiley & Sons.
- Katzman, M. A., & Lee, S. (1997). Beyond body image: The integration of feminist and transcultural theories in the understanding of self starvation. *International Journal of Eating Disorders*, 22(4), 385-394.
- Keel, P. K., Fulkerson, J. A., & Leon, G. R. (1997). Disordered eating precursors in pre-and early adolescent girls and boys. *Journal of Youth and Adolescence*, 26(2), 203-216.
- Kelder, S. H., Perry, C. L., Klepp, K. I., & Lytle, L. L. (1994). Longitudinal tracking of adolescent smoking, physical activity, and food choice behaviors. *American journal of public health*, 84(7), 1121-1126.
- Keller, K. L., Kling, S. M., Fuchs, B., Pearce, A. L., Reigh, N. A., Masterson, T., & Hickok, K. (2019). A biopsychosocial model of sex differences in children's eating behaviors. *Nutrients*, 11(3), 682.
- Kindermann, T. A. (2016). Peer group influences on students' academic

motivation. *Handbook of social influences in school contexts: Social-emotional, motivation, and cognitive outcomes*, 31-47.

Kirk, G., Singh, K., & Getz, H. (2001). Risk of eating disorders among female college athletes and nonathletes. *Journal of College Counseling*, 4(2), 122-132.

King, N. (2004). 21——Using Templates in the Thematic Analysis of Text——. *Essential guide to qualitative methods in organizational research*, 256.

Knightsmith, P., Treasure, J., & Schmidt, U. (2013). Spotting and supporting eating disorders in school: recommendations from school staff. *Health Education Research*, 28(6), 1004-1013.

Koven, N. S., & Abry, A. W. (2015). The clinical basis of orthorexia nervosa: emerging perspectives. *Neuropsychiatric disease and treatment*, 11, 385.

Kuckartz, U. (2019). Qualitative text analysis: A systematic approach. In *Compendium for early career researchers in mathematics education* (pp. 181-197). Springer, Cham.

Kvale, S. (1983). The qualitative research interview. *Journal of phenomenological psychology*, 14(1-2), 171-196.

La Greca, A. M., & Lopez, N. (1998). Social anxiety among adolescents: Linkages with peer relations and friendships. *Journal of abnormal child psychology*, 26(2), 83-94.

Laughton, M., Paech-Ujejski, A., & Patterson, A. (2021). *Men's Accounts of Boarding School: Sent Away*. Routledge.

Lapadat, J. C., & Lindsay, A. C. (1999). Transcription in research and practice: From standardization of technique to interpretive positionings. *Qualitative inquiry*, 5(1), 64-86.

Laurnyn, S. S. (2012). *The meaning of adolescent attachment in a male boarding school: an interpretative phenomenological analysis* (Doctoral dissertation, University of Kent).

Lazuka, R. F., Wick, M. R., Keel, P. K., & Harriger, J. A. (2020). Are we there yet? Progress in depicting diverse images of beauty in Instagram's body positivity movement. *Body image*, 34, 85-93.

Leitch, L. (2017). Action steps using ACEs and trauma-informed care: a resilience model. *Health & justice*, 5(1), 1-10.

Lee-Winn, A. E., Reinblatt, S. P., Mojtabai, R., & Mendelson, T. (2016). Gender and racial/ethnic differences in binge eating symptoms in a nationally representative sample of adolescents in the United States. *Eating behaviors*, 22, 27-33.

Little, M. Kohm, A. Thompson, R. (2005). "The impact of residential placement on child development: research and policy implications". *International Journal of Social Welfare*; 14, 200-209.

Long, R. (2019). House of Commons Library: briefing paper: number 07972, 28 June 2019: Independent schools (England).

Long, H. A., French, D. P., & Brooks, J. M. (2020). Optimising the value of the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis. *Research Methods in Medicine & Health Sciences*, 1(1), 31-42.

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: guided by information power. *Qualitative health research*, 26(13), 1753-1760.

Mander, D. J., Lester, L., & Cross, D. (2015). The social and emotional well-being and mental health implications for adolescents transitioning to secondary boarding school. *International Journal of Child and Adolescent Health*, 8(2), 131.

Martin, A. J., & Dowson, M. (2009). Interpersonal relationships, motivation, engagement, and achievement: Yields for theory, current issues, and educational practice. *Review of educational research*, 79(1), 327-365.

Martin, A. J., Papworth, B., Ginns, P., & Liem, G. A. D. (2014). Boarding school, academic motivation and engagement, and psychological well-being: A large-scale investigation. *American Educational Research Journal*, 51(5), 1007-1049.

Martin, A. J., Papworth, B., Ginns, P., and Malmberg, L.-E. (2016). Motivation, engagement,

- and social 'climate': An international study of boarding schools. *J. Educ. Psychol.* 108, 772–787.
- McClelland, J., Hodson, J., Brown, A., Lang, K., Boysen, E., Flynn, M., Mountford, V.A., Glennon, D. and Schmidt, U., (2018). A pilot evaluation of a novel first episode and rapid early intervention service for eating disorders (FREED). *European Eating Disorders Review*, 26(2), pp.129-140.
- McCreary, D. R., & Sasse, D. K. (2000). An exploration of the drive for muscularity in adolescent boys and girls. *Journal of American college health*, 48(6), 297-304.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Sage.
- Moen, T. (2006). Reflections on the narrative research approach. *International Journal of Qualitative Methods*, 5(4), 56-69.
- Mohammed, M. A., Moles, R. J., & Chen, T. F. (2016). Medication-related burden and patients' lived experience with medicine: a systematic review and metasynthesis of qualitative studies. *BMJ open*, 6(2), e010035.
- Mortari, L. (2011). Thinking silently in the woods: Listening to children speaking about emotion. *European Early Childhood Education Research Journal*, 19(3), 345-356.

- Mortari, L. (2015). Reflectivity in research practice: An overview of different perspectives. *International Journal of Qualitative Methods*, 14(5), 1609406915618045.
- Mueller, A. S., Pearson, J., Muller, C., Frank, K., & Turner, A. (2010). Sizing up peers: Adolescent girls' weight control and social comparison in the school context. *Journal of health and social behavior*, 51(1), 64-78.
- Must, A., & Strauss, R. S. (1999). Risks and consequences of childhood and adolescent obesity. *International journal of obesity*, 23(2), S2-S11.
- National Eating Disorders Association. (2019, August 22). Eating Disorder Myths. <https://www.nationaleatingdisorders.org/toolkit/parent-toolkit/eating-disorder-myths>
- Nelson, H., Kendall, G., & Shields, L. (2013). Children's social/emotional characteristics at entry to school nurses. *The Journal of Child Health Care*, 17, 317–331
- Neumark-Sztainer, D., Story, M., Perry, C., & Casey, M. A. (1999). Factors influencing food choices of adolescents: findings from focus-group discussions with adolescents. *Journal of the American dietetic association*, 99(8), 929-937.
- NHS Digital. (2021, September). *Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey*. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey>

- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International journal of qualitative methods*, 16(1), 1609406917733847.
- Oates, J., Carpenter, D., Fisher, M., Goodson, S., Hannah, B., Kwiatowski, R., Prutton, K., Reeves, D. and Wainwright, T. (2021, April). BPS Code of Human Research Ethics. British Psychological Society.
- Oldfield, J., Stevenson, A., Ortiz, E., & Haley, B. (2018). Promoting or suppressing resilience to mental health outcomes in at risk young people: The role of parental and peer attachment and school connectedness. *Journal of adolescence*, 64, 13-22.
- Orgad, S., & Gill, R. (2021). *Confidence Culture*. Duke University Press.
- Ortega-Luyando, M., Alvarez-Rayón, G., Garner, D. M., Amaya-Hernández, A., Bautista-Díaz, M. L., & Mancilla-Díaz, J. M. (2015). Systematic review of disordered eating behaviors: Methodological considerations for epidemiological research. *Revista mexicana de trastornos alimentarios*, 6(1), 51-63.
- Osowski, C. P., Göransson, H., & Fjellström, C. (2012). Children's understanding of food and meals in the foodscape at school. *International Journal of Consumer Studies*, 36(1), 54-60.
- Palmer, J. (2006). Boarding School: a place of privilege or sanctioned persecution?. *Self & Society*, 33(5), 27-36.

- Partridge, S. (2007). Trauma at the threshold: an eight-year-old goes to boarding school. *Attachment, 1*(3), 310-312.
- Panão, I., & Carraça, E. V. (2020). Effects of exercise motivations on body image and eating habits/behaviours: A systematic review. *Nutrition & Dietetics, 77*(1), 41-59.
- Papies, E. K., Stroebe, W., & Aarts, H. (2008). Healthy cognition: Processes of self-regulatory success in restrained eating. *Personality and Social Psychology Bulletin, 34*(9), 1290-1300.
- Patel, D. R., Greydanus, D. E., Pratt, H. D., & Phillips, E. L. (2003). Eating disorders in adolescent athletes. *Journal of Adolescent Research, 18*(3), 280-296.
- Paxton, S. J., Schutz, H. K., Wertheim, E. H., & Muir, S. L. (1999). Friendship clique and peer influences on body image concerns, dietary restraint, extreme weight-loss behaviors, and binge eating in adolescent girls. *Journal of abnormal psychology, 108*(2), 255.
- Pearl, R. L. (2020). Weight stigma and the “Quarantine-15”. *Obesity (Silver Spring, Md.), 28*(7), 1180.
- Pelletier, L. G., & Dion, S. C. (2007). An examination of general and specific motivational mechanisms for the relations between body dissatisfaction and eating behaviors. *Journal of social and clinical psychology, 26*(3), 303-333.

- Pellis, S. M., & Pellis, V. C. (2007). Rough-and-tumble play and the development of the social brain. *Current directions in psychological science*, 16(2), 95-98.
- Polivy, J. (1996). Psychological consequences of food restriction. *Journal of the American dietetic association*, 96(6), 589-592.
- Polivy, J., & Herman, C. P. (2002). Causes of eating disorders. *Annual review of psychology*, 53(1), 187-213.
- Polivy, J., Coleman, J., & Herman, C. P. (2005). The effect of deprivation on food cravings and eating behavior in restrained and unrestrained eaters. *International Journal of Eating Disorders*, 38(4), 301-309.
- Ponterotto, J. G. (2005). Qualitative research in counselling psychology: A primer on research paradigms and philosophy of science. *Journal of counselling*
- Power, S., Edwards, T., & Wigfall, V. (2003). *Education and the middle class*. McGraw-Hill Education (UK).
- Poynting, S., & Donaldson, M. (2005). Snakes and leaders: Hegemonic masculinity in ruling-class boys' boarding schools. *Men and masculinities*, 7(4), 325-346.
- Proctor, J. D. (1998). The social construction of nature: Relativist accusations, pragmatist and

critical realist responses. *Annals of the Association of American Geographers*, 88(3), 352-376.

Rees, R., Oliver, K., Woodman, J., & Thomas, J. (2011). The views of young children in the UK about obesity, body size, shape and weight: a systematic review. *BMC public health*, 11(1), 1-12.

Rettke, H., Pretto, M., Spichiger, E., Frei, I. A., & Spirig, R. (2018). Using reflexive thinking to establish rigor in qualitative research. *Nursing Research*, 67(6), 490-497.

Ricciardelli, L. A., & McCabe, M. P. (2001). Children's body image concerns and eating disturbance: A review of the literature. *Clinical psychology review*, 21(3), 325-344.

Richter, J. S. (2001). Eating disorders and sexuality. *Eating disorders in women and children. Prevention, stress management and treatment*, 201-210.

Riessman, C. K. (1993). *Narrative analysis* (Vol. 30). Sage.

Riger, S. (2002). Epistemological debates, feminist voices: Science, social values, and the study of women.

Robson, C. (2002). Real world research: A resource for social scientists and practitioner-researchers (Vol. 2). Oxford: Blackwell.

Robinson, E., Boyland, E., Chisholm, A., Harrold, J., Maloney, N.G., Marty, L., Mead, B.R.,

- Noonan, R. and Hardman, C.A., 2021. Obesity, eating behavior and physical activity during COVID-19 lockdown: A study of UK adults. *Appetite*, 156, p.104853.
- Rolls, B. J., Fedoroff, I. C., & Guthrie, J. F. (1991). Gender differences in eating behavior and body weight regulation. *Health Psychology*, 10(2), 133.
- Roots, E. (2007). Making connections: The relationship between epistemology and research methods. *Australian Community Psychologist*, 19(1).
- Rose, J., McGuire-Snieckus, R., Gilbert, L., & McInnes, K. (2019). Attachment aware schools: The impact of a targeted and collaborative intervention. *Pastoral Care in Education*, 37(2), 162-184.
- Rosen, J. C., Compas, B. E., & Tacy, B. (1993). The relation among stress, psychological symptoms, and eating disorder symptoms: A prospective analysis. *International Journal of Eating Disorders*, 14(2), 153-162.
- Rothenberg, A. (1986). Eating disorders as a modern obsessive compulsive syndrome. *Psychiatry: Interpersonal and Biological Processes*, 49, 45-53.
- Tomiyama, A. J., Dallman, M. F., & Epel, E. S. (2011). Comfort food is comforting to those most stressed: evidence of the chronic stress response network in high stress women. *Psychoneuroendocrinology*, 36(10), 1513-1519.

- Sadler, G. R., Lee, H. C., Lim, R. S. H., & Fullerton, J. (2010). Recruitment of hard-to-reach population subgroups via adaptations of the snowball sampling strategy. *Nursing & health sciences*, 12(3), 369-374.
- Sadler, K., Vizard, T., Ford, T., Marchesell, F., Pearce, N., Mandalia, D., Davis, J., Brodie, E., Forbes, N., Goodman, A. and Goodman, R., (2018). *Mental health of children and young people in England, 2017*.
- Salvy, S. J., de la Haye, K., Bowker, J. C., & Hermans, R. C. (2012). Influence of peers and friends on children's and adolescents' eating and activity behaviors. *Physiology & behavior*, 106(3), 369-378.
- Salvy, S. J., Howard, M., Read, M., & Mele, E. (2009). The presence of friends increases food intake in youth. *The American journal of clinical nutrition*, 90(2), 282-287.
- Samuelson, P. L., & Church, I. M. (2015). When cognition turns vicious: Heuristics and biases in light of virtue epistemology. *Philosophical Psychology*, 28(8), 1095-1113.
- Sander, J., Moessner, M., & Bauer, S. (2021). Depression, anxiety and eating disorder-related impairment: moderators in female adolescents and young adults. *International journal of environmental research and public health*, 18(5), 2779.
- Santos, M., Richards, C. S., & Bleckley, M. K. (2007). Comorbidity between depression and disordered eating in adolescents. *Eating behaviors*, 8(4), 440-449.
- Sastre, A. (2016). Towards a radical body positive: Reading the online body positive

movement.

Scaglioni, S., Salvioni, M., & Galimberti, C. (2008). Influence of parental attitudes in the development of children eating behaviour. *British journal of nutrition*, 99(S1), S22-S25.

Schaverien, J. (2004). Boarding school: the trauma of the 'privileged' child. *Journal of Analytical Psychology*, 49(5), 683-705.

Schaverien, J. (2011). Boarding school syndrome: Broken attachments a hidden trauma. *British Journal of Psychotherapy*, 27(2), 138-155.

Schaverien, J. (2015). *Boarding School Syndrome: The psychological trauma of the 'privileged' child*. Routledge.

Schommer-Aikins, M. (2004). Explaining the epistemological belief system: Introducing the embedded systemic model and coordinated research approach. *Educational psychologist*, 39(1), 19-29.

Schwartz, C., Scholtens, P. A., Lalanne, A., Weenen, H., & Nicklaus, S. (2011). Development of healthy eating habits early in life. Review of recent evidence and selected guidelines. *Appetite*, 57(3), 796-807.

Scott, C., & Johnstone, A. M. (2012). Stress and eating behaviour: implications for obesity. *Obesity facts*, 5(2), 277-287.

- Scott, D., & Langhorne, A. (2012). Believing in Native girls: Characteristics from a baseline assessment. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*, 19, 15–36.
- Shaver, P. R., & Mikulincer, M. (2007). Adult attachment strategies and the regulation of emotion. *Handbook of emotion regulation*, 446, 465.
- Shatford, L. A., & Evans, D. R. (1986). Bulimia as a manifestation of the stress process: A LISREL causal modelling analysis. *International Journal of Eating Disorders*, 5(3), 451-473.
- Shunk, J. A., & Birch, L. L. (2004). Girls at risk for overweight at age 5 are at risk for dietary restraint, disinhibited overeating, weight concerns, and greater weight gain from 5 to 9 years. *Journal of the American Dietetic Association*, 104(7), 1120-1126.
- Simpson, N. (Ed.). (2018). *Finding Our Way Home: Women's Accounts of Being Sent to Boarding School*. Routledge.
- Skuse, D., & Reilly, S. (2013). The management of infant feeding problems. In *Childhood feeding problems and adolescent eating disorders* (pp. 51-101). Routledge.
- Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British journal of pain*, 9(1), 41-42.
- Smith, P. K., & Pellegrini, A. (2008). Learning through play. *Encyclopedia on early*

childhood development, 24(8), 61.

Stanford, J. N., & McCabe, M. P. (2005). Sociocultural influences on adolescent boys' body image and body change strategies. *Body Image*, 2(2), 105-113.

Stein, H., Koontz, A.D., Fonagy, P., Allen, J.G., Fultz, J., Brethour Jr, J.R., Allen, D. and Evans, R.B., (2002) Adult attachment: What are the underlying dimensions?. *Psychology and Psychotherapy: Theory, Research and Practice*, 75(1), pp.77-91.

Stein, D., Keller, S., Ifergan, I. S., Shilton, T., Toledano, A., Pelleg, M. T., & Witztum, E. (2020). Extreme risk-taking behaviors in patients with eating disorders. *Frontiers in psychiatry*, 11, 89.

Steiner, H., & Lock, J. (1998). Anorexia nervosa and bulimia nervosa in children and adolescents: A review of the past 10 years. *Journal of the American academy of child & adolescent psychiatry*, 37(4), 352-359.

Steinberg, L., & Morris, A. S. (2001). Adolescent development. *Annual review of psychology*, 52(1), 83-110.

Stead, M., McDermott, L., MacKintosh, A. M., & Adamson, A. (2011). Why healthy eating is bad for young people's health: Identity, belonging and food. *Social science & medicine*, 72(7), 1131-1139.

- Stephenson, A. (2003) Physical Risk-taking: dangerous or endangered?, *Early Years*, 23 (1), 35-43
- Stewart, M., Troop, N., Todd, G., & Treasure, J. (1994). Eating disorders in boarding schools: A survey of school matrons. *European Eating Disorders Review*, 2(2), 106-113.
- Strauss, A., & Corbin, J. (1994). Grounded theory methodology. *Handbook of qualitative research*, 17(1), 273-285.
- Striegel-Moore, R. H., Silberstein, L. R., & Rodin, J. (1986). Toward an understanding of risk factors for bulimia. *American psychologist*, 41(3), 246.
- Striegel-Moore, R. H., Rosselli, F., Perrin, N., DeBar, L., Wilson, G. T., May, A., & Kraemer, H. C. (2009). Gender difference in the prevalence of eating disorder symptoms. *International Journal of Eating Disorders*, 42(5), 471-474.
- Sundgot-Borgen, J. (1993). Prevalence of eating disorders in elite female athletes. *International Journal of Sport Nutrition and Exercise Metabolism*, 3(1), 29-40.
- Suri, H. (2011). Purposeful sampling in qualitative research synthesis. *Qualitative research journal*, 11(2), 63.
- Surrey, J. L. (1985). *Eating patterns as a reflection of women's development*. Stone Center

for Developmental Services and Studies, Wellesley College.

Suud, F. M., Chaer, M. T., & Setiawan, W. (2020). Implementation educational psychology theories at traditional boarding school in Aceh. *Journal of Critical Reviews*, 7(9), 371-377.

Tabler, J., & Utz, R. L. (2015). The influence of adolescent eating disorders or disordered eating behaviors on socioeconomic achievement in early adulthood. *International Journal of Eating Disorders*, 48(6), 622-632.

Tajfel, H., and Turner, J. C. (1986). "The social identity theory of intergroup behavior," in *Psychology of intergroup relation*, eds S. Worchel and W. G. Austin (New Jersey, NJ: Hall Publishers), 7–24.

Tasca, G. A., & Balfour, L. (2014). Attachment and eating disorders: A review of current research. *International Journal of Eating Disorders*, 47(7), 710-717.

Tan, M., He, F. J., & MacGregor, G. A. (2020). Obesity and covid-19: the role of the food industry. *bmj*, 369.

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. The Sage handbook of qualitative research in psychology, 17-37.

Todd, A. S., Street, S. J., Ziviani, J., Byrne, N. M., & Hills, A. P. (2015). Overweight and

obese adolescent girls: the importance of promoting sensible eating and activity behaviors from the start of the adolescent period. *International journal of environmental research and public health*, 12(2), 2306-2329.

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC medical research methodology*, 8(1), 1-10.

Townsend, N., & Foster, C. (2013). Developing and applying a socio-ecological model to the promotion of healthy eating in the school. *Public health nutrition*, 16(6), 1101-1108.

Trainor, A., & Graue, E. (Eds.). (2013). Reviewing qualitative research in the social sciences. Routledge.

Triplett, N. (1898). The dynamogenic factors in pacemaking and competition. *The American journal of psychology*, 9(4), 507-533.

Troisi, A., Di Lorenzo, G., Alcini, S., Nanni, R. C., Di Pasquale, C., & Siracusano, A. (2006). Body dissatisfaction in women with eating disorders: Relationship to early separation anxiety and insecure attachment. *Psychosomatic Medicine*, 68(3), 449-453.

Tuckett, A. G. (2005). Applying thematic analysis theory to practice: A researcher's experience. *Contemporary nurse*, 19(1-2), 75-87.

Turner, P. G., & Lefevre, C. E. (2017). Instagram use is linked to increased symptoms of orthorexia nervosa. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, 22(2), 277-284.

UK Boarding Schools. (2018, April 17). UK Boarding Schools.

<https://www.ukboardingschools.com/prepschools>

University of Essex (2020) <https://www.essex.ac.uk/student/postgraduate-research/supporting-your-research>. Retrieved from URL

Van Dyke, N., & Drinkwater, E. J. (2014). Review article relationships between intuitive eating and health indicators: literature review. *Public health nutrition*, 17(8), 1757-1766.

Van Ryzin, M. (2010). Secondary school advisors as mentors and secondary attachment figures. *Journal of Community Psychology*, 38(2), 131-154.

Van Vugt, M., & Schaller, M. (2008). Evolutionary approaches to group dynamics: An introduction. *Group Dynamics: Theory, Research, and Practice*, 12(1), 1.

Vartanian, L. R., Hayward, L. E., Smyth, J. M., Paxton, S. J., & Touyz, S. W. (2018). Risk and resiliency factors related to body dissatisfaction and disordered eating: The identity disruption model. *International Journal of Eating Disorders*, 51(4), 322-330.

Vassar, M., Atakpo, P., & Kash, M. J. (2016). Manual search approaches used by systematic reviewers in dermatology. *Journal of the Medical Library Association: JMLA*, 104(4), 302.

- Vanzhula, I.A., Sala, M., Christian, C., Hunt, R.A., Keshishian, A.C., Wong, V.Z., Ernst, S., Spoor, S.P. and Levinson, C.A., (2020). Avoidance coping during mealtimes predicts higher eating disorder symptoms. *International Journal of Eating Disorders*, 53(4), pp.625-630.
- Vindegaard, N., & Benros, M. E. (2020). COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. *Brain, behavior, and immunity*, 89, 531-542.
- Wade, G. W. (1975). Some effects of ovarian hormones on food intake and body weight in female rats. *Journal of Comparative Physiological Psychology*, 88, 183-193.
- Wahab, S., Rahman, F. N. A., Wan Hasan, W. M. H., Zamani, I. Z., Arbaiei, N. C., Khor, S. L., & Nawi, A. M. (2013). Stressors in secondary boarding school students: Association with stress, anxiety and depressive symptoms. *Asia-Pacific Psychiatry*, 5, 82-89.
- Walker, C. A. (2015). Social constructionism and qualitative research. *Journal of Theory Construction and Testing*, 19(2), 37.
- Waller, G. (2002). The psychology of binge eating. *Eating disorders and obesity: A comprehensive handbook*, 2, 98-102.
- Wardle, J. (1995) Parental influences on children's diets. *Proceedings of the Nutrition Society*, 54, 747-758.

Wardle, J., Haase, A. M., Steptoe, A., Nillapun, M., Jonwutiwes, K., & Bellisie, F. (2004).

Gender differences in food choice: the contribution of health beliefs and dieting. *Annals of behavioral medicine*, 27(2), 107-116.

Webber, L., Hill, C., Saxton, J., Van Jaarsveld, C. H. M., & Wardle, J. (2009). Eating

behaviour and weight in children. *International journal of obesity*, 33(1), 21-28.

Weltzin, T. E., Cornella-Carlson, T., Fitzpatrick, M. E., Kennington, B., Bean, P., &

Jefferies, C. (2012). Treatment issues and outcomes for males with eating disorders. *Eating disorders*, 20(5), 444-459.

Whitebread, D., Coltman, P., Jameson, H., & Lander, R. (2009). Play, cognition and self-

regulation: What exactly are children learning when they learn through play? *Educational and Child Psychology*, 26(2), 40.

Wyatt, S. B., Winters, K. P., & Dubbert, P. M. (2006). Overweight and obesity: prevalence,

consequences, and causes of a growing public health problem. *The American journal of the medical sciences*, 331(4), 166-174.

Yamamoto, Y., & Holloway, S. D. (2010). Parental expectations and children's academic

performance in sociocultural context. *Educational Psychology Review*, 22(3), 189-214.

- Yilmaz, K. (2013). Comparison of quantitative and qualitative research traditions: Epistemological, theoretical, and methodological differences. *European journal of education*, 48(2), 311-325.
- Yoshii, A., Plaut, D. A., McGraw, K. A., Anderson, M. J., & Wellik, K. E. (2009). Analysis of the reporting of search strategies in Cochrane systematic reviews. *Journal of the Medical Library Association: JMLA*, 97(1), 21.
- Zucker, N. L., Womble, L. G., Mlliamson, D. A., & Perrin, L. A. (1999). Protective factors for eating disorders in female college athletes. *Eating Disorders*, 7(3), 207-218.

6 Appendices

Appendix 1 - Information Sheet



Participant Information Sheet

Title of Research: Exploring Eating Behaviour in Boarding School Graduates: A Qualitative Exploration of the Development of Disordered Eating Behaviour

Invitation paragraph

My name is Alexandra Priestner and I am a Trainee Clinical Psychologist undertaking my Clinical Psychology Doctorate at the University of Essex. I would like to invite you to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve.

Please take time to read the following information carefully.

What is the purpose of the study?

The purpose of the research study is to explore the experiences of individuals who have attended boarding school. The research will focus on the individual's experiences prior to school within the family setting, during school including reflections on experiences in relation to food and eating behaviours.

Research has indicated that individuals develop food and eating behaviours in various different ways, and the current research aims to uncover what influence boarding school may have had on this. The research is interested to explore whether you believe boarding school may have had a positive or negative influence on the development of your food or eating behaviour.

The current research project is being run in relation to a Clinical Psychology Doctoral programme, and the research will be written to form my thesis. The results of the research are expected to be published following completion and disseminated to aid and advise current practice within boarding schools.

Why have I been invited to participate?

You have been invited to participate as you attended boarding school during childhood and feel this has influenced your food and eating behaviour(s). The research aims to interview from 15-20 participants to gain a rich and meaningful picture of the effect of boarding schools on individuals.

Inclusion Criteria: Participants must be over 18 years old and have attended a private boarding school for at least two years. Participants will be required to have started attending between 5-13 years, as it is suggested food preferences and behaviour are altered and develop within these time periods. Alongside this, participants must feel that boarding school had an influence on the development of their eating patterns and behaviours.



Exclusion Criteria: Individuals with current severe mental health difficulties whom are current receiving psychiatric care would be excluded as not to interfere with their current treatment. Individuals with fluctuating mental health difficulties will be considered for inclusion in the research, but a risk assessment will be conducted by the primary researcher. This will be assessed on a case by case basis with supervision from the lead supervisor. If the research is felt to be challenging, triggering or destabilising for the individual, they will be unable to participate.

There are no expected risks associated with participation, however the nature of the process could be distressing for some individuals. If it is deemed unsuitable for you to participate at the present time, it may be possible to reassess at a later date. Participant safety is of upmost importance. If it is apparent the research may destabilise your condition, then you will be unable to participate in the research on this occasion.

Do I have to take part?

Participating in this research project is completely voluntary. It is up to you to decide whether or not you wish to take part in this research study. If you do decide to take part you will be asked to provide written consent. You are free to withdraw at any time, without giving a reason, without penalty.

If you should wish to withdraw, you can contact the researcher directly. If you should withdraw prior to analysis, expected to be conducted in 2021, your data and responses can be removed and destroyed if you wish. However, if you chose to withdraw following analysis your information will be unable to be revoked as it will be impossible to differential as it will be anonymised. Therefore, it will not be possible to identify the data in order to withdraw this. Withdrawal of data is therefore possible up to the point of anonymisation.

What will happen to me if I take part?

If you chose to take part, you will be invited to conduct your interview over videoconferencing software due to the COVID-19 pandemic. At present, current government guidance recommends non-essential meetings to be conducted over videoconferencing. Until it is safe to conduct non-essential meetings in a face-to-face format, all research will be conducted via videoconferencing software. This is to ensure the participants and researchers safety. When this guidance is lifted or changed, and the risk reduced, you may be offered to complete your interview face-to-face at the University of Essex. However, to ensure accessibility to research and to reduce travel time and costs, the option for videoconferencing will remain available.

You will be seen by Alexandra Priestner who will conduct a semi-structured interview. This interview will contain questions which focus on your opinions and enable you to reflect on your experiences. The interviewer may ask additional prompt questions to assist with your answers if expansion is necessary. The interview is expected to last from 60-90 minutes. You will be able to take breaks whenever necessary and your well-being and comfort is of paramount importance. Should you wish to not answer a question, this is also permitted with



no consequence and the researcher will move onto the next question. Demographic information will also be collected at the start of the semi-structured interview.

Following the interview, you will be allowed to ask any questions you may have about the research or the semi-structured interview. The researcher will provide a verbal debrief to check how you are feeling, and to ensure you are not distressed by the content. A written debrief sheet will also be provided which will highlight the purpose of the research and contain the contact details of the research team, and the next steps.

Should the research cause you distress, signposting information will be available for appropriate and relevant services. This will include signposting to your local IAPT for example in Essex this would include Therapy for You (<https://www.therapyforyou.co.uk/contact>). If it is evident you require secondary mental health services, you will be advised to contact your GP or a referral to your local crisis service can be completed. It is not expected that the research will cause distress, but your well-being is important.

It is expected that data will be collected in one session, however if you should wish to complete the questionnaire over two visits, this may be able to be facilitated. The semi-structured interviews will be audio recorded to enable transcription and analysis. These recordings will only be accessed by the researcher and will be recorded using an encrypted Dictaphone.

Data will be anonymised, and it will not be possible to identify yourself following data analysis. Direct quotes may be used in analysis and in the results write-up, but again it will not be possible to identify participants from these extracts.

What are the possible disadvantages and risks of taking part?

It is not expected that there will be any risk or disadvantage to participating in the current research study. However, if your early or school experiences were difficult it may trigger some distress thinking about these in a formal research setting. The questions are designed to be open to ensure honest reflections, but this could give way to information being discussed which could be potentially difficult in nature.

Alongside this, reflecting on experiences can be difficult for individuals and trigger unexpected emotion. The researcher is trained to ensure individuals feel comfortable, safe, and will be able to signpost if they experience any additional distress following the interview.

The research will be kept confidential, meaning that the participants will be unable to be identified throughout and following the interview. However, if any information received indicates risk of harm to the participant, or others then confidentiality may need to be breached in order to ensure safety. If this were to occur, wherever possible a discussion would be conducted with the participant prior to this occurring.

**What are the possible benefits of taking part?**

Whilst there are no overt benefits to participating in the current research for the participant, it is felt that it is highly important to research this topic to further our current understanding of the topic. Therefore, participation would aid in furthering this understanding and you would be able to assist with advancements of knowledge in expanding the research base.

Alongside this, it may be beneficial for individuals to reflect on their previous experiences of attending boarding school. All participants who take part in the research will be asked and offered an opportunity to have a copy of the final paper to help with their understanding.

Participants will also be provided with travel and parking expenses to help cover the costs of participation.

What information will be collected?

Qualitative information will be collated from the semi-structured interview which will be transcribed by the primary researcher. This will only be seen and heard by the researcher and following transcription all data will be anonymised. The data will be analysed by the primary research where themes will be identified.

Will my information be kept confidential?

Information provided by participants will be kept confidential within legal limitations during and after the research study. If during the course of the research, a participant will disclose information that leads the primary researcher to believe that they or others are at risk of harm, the primary researcher has a duty of care to inform an appropriate authority. If this were to occur, the primary research would always attempt to discuss this first with the participant.

Information and data will be kept secure utilising password protected documents, PC's and the Dictaphone will be encrypted, requiring a passcode to listen to the files. Data will be stored on OneDrive in order to store this securely to avoid the risk of losing data.

Only the primary researcher will have access to the original data collected through the original interviews. Following this the information will be anonymised and participants will not be identifiable. The research team will have access to the anonymised data as the transcripts will be required to be double coded to ensure integrity of analysis.

Paper consent forms will be scanned, and the paper copied will be destroyed as per the University of Essex policy. The scanned copies will be kept within a secure file and password protected. The data will be stored for a period of ten years post completion of the project adhering to the University's Research Data Management Policy.

**What is the legal basis for using the data and who is the Data Controller?**

GDPR states that consent must be freely-given, specific, informed and unambiguous – given by a statement or a clear affirmative action. The University's guidance on patient information sheets and consent forms has been followed to ensure the research is GDPR compliant. The Data Controller for the current project will be the University of Essex and the contact will be Sara Stock, University Information Assurance Manager (dpo@essex.ac.uk).

What should I do if I want to take part?

Should you wish to take part in the current research study, please contact Alexandra Priestner via email at ap19386@essex.ac.uk. If you require contact via telephone, please phone the University of Essex, Health and Social Care department on 01206 872854 and ask for Alexandra Priestner. Recruitment for the project is expected to be completed by January 2021, therefore please enquire prior to this date. It may be possible this deadline would be extended if additional participants are required.

What will happen to the results of the research study?

It is expected that the results of the study will be published into a journal article therefore will be available in the public domain. As previous stated, you will not be identifiable from the results of the research and all published and reported findings will be anonymised. Alongside this, it is expected that the results will be presented at a research conference organised by the University of Essex to collate the recent research on boarding schools.

The results of the research will also be used in the primary researchers' (Alexandra Priestner) thesis which again will be accessible by the public and stored in the University of Essex library. This will be in book format and will potentially also be stored online in PDF format.

Following completion of the research, a copy of the findings will be available to each participant and if requested, these will be automatically emailed on PDF to the participants.

Who is funding the research?

The research is funded by the University of Essex, Doctoral Clinical Psychology Programme. There are no financial gains to the University or the researcher from this research project.

Who has reviewed the study?

Ethical approval has been granted internally by the Humanities, Science and Health, or Social Sciences Ethics Sub-Committee at the University of Essex or the University of Essex Ethics Committee. Should you require further information please contact them on 01206 874144.

**Concerns and Complaints**

If you have any concerns about any aspect of the study or you have a complaint, in the first instance please contact the principal investigator of the project, Alexandra Priestner, using the contact details below.

If are still concerned, you think your complaint has not been addressed to your satisfaction or you feel that you cannot approach the principal investigator, please contact the departmental lead supervisor in the department responsible for this project, Dr Penny Cavenagh details below.

If you are still not satisfied, please contact the University's Research Governance and Planning Manager, Sarah Manning-Press (e-mail sarahm@essex.ac.uk). Please include the ERAMS reference which can be found at the foot of this page.

Name of the Researcher/Research Team Members

Primary researcher: Alexandra Priestner (Trainee Clinical Psychologist) department of Health and Social Care at the University of Essex.

Email: ap19386@essex.ac.uk

Lead Supervisor: Professor Penny Cavenagh, Honorary Professor in Health and Human Sciences at the University of Essex.

Email: p.cavenagh@uos.ac.uk

Secondary Supervisor: Dr Susan McPherson (Senior Lecturer) department of Health and Social Care at the University of Essex.

Email: smcpher@essex.ac.uk

Appendix 2 - Poster

Exploring Eating Behaviour in Boarding School Graduates



Did you board between the ages of 5-18 years old?

Has food or eating behaviour(s) been a problem for you in your life?

The current project aims to explore the experiences and reflections of females whom attended boarding school for a minimum of three years. The primary focus will be on eating behaviour, attitudes towards food utilising a qualitative method will deepen the understanding how eating behaviour is shaped and formed.

Participants will complete a semi-structured interview which will be conducted over videoconferencing facilities to ensure accessibility to research, focusing on questions around food behaviours and attitudes and reflections about their own eating behaviour(s).

This project is exploratory and conducted from an unbiased and neutral stance.

If you are interested and would like additional information, please contact Alexandra Priestner (Trainee Clinical Psychologist) on the email below.

Email: ap19386@essex.ac.uk

Appendix 3 – Consent Form



Consent Form

Title of the Project: Exploring Eating Behaviour in Boarding School Graduates: A Qualitative Exploration of the Development of Disordered Eating Behaviour

Research Team: Alexandra Priestner (Trainee Clinical Psychologist), Dr Susan McPherson & Professor Penny Cavenagh (Research Supervisors).

Please initial box

1. I confirm that I have read and understand the Information Sheet dated 04/05/2020 for the above study. I have had an opportunity to consider the information, ask questions and have had these questions answered satisfactorily.
 2. I understand that my participation is voluntary and that I am free to withdraw from the project at any time without giving any reason and without penalty. I understand that any data collected up to the point of my withdrawal e.g. will be destroyed; however once the data has been anonymised it cannot be withdrawn as it can no longer be identified.
 3. I consent to follow the protocol identified in the information sheet. I will complete the complete the semi-structured interview to the best of my ability.
 4. I understand that the identifiable data provided will be securely stored and accessible only to the members of the research team directly involved in the project, and that confidentiality will be maintained.
 5. I understand that my fully anonymised data will be used for transcription and analysis and direct quotes may be included in the final write-up, but these will not contain any identifiable information. The research is expected to be published following completion.
- Please see information sheet Version 2, 04/05/2020.
6. I understand that the data collected about me will be used to support other research in the future, and may be shared anonymously with other researchers.

7. I give permission for the anonymised transcriptions that I provided to be deposited in the University of Essex database so they can be available for future research and learning activities by other individuals.

☐

8. I agree to take part in the above study.

☐

Participant Name

Date

Participant Signature

Researcher Name

Date

Researcher Signature

Appendix 4 – Interview Guide



Semi-Structured Questionnaire

Topic Guide

Statement to read to all participants: Please answer all questions to the best of your ability. Please ask for clarity if you do not understand a question or would like a question to be repeated. If you should want a break, or you feel that you would like to stop the interview for today and continue at another time, please inform the interviewer.

The interviewer will ask you to reflect on your experiences, opinions and views following your attendance at boarding school. Please answer honestly and openly. The interview contains 20 questions, but the interviewer may ask you additional prompt questions to allow for elaboration on your answers. There are no right or wrong answers and please don't hesitate to ask if you feel confused by a question or would like more information. All data will be anonymised following the interview and will not be identifiable to you. |

Demographic Information:

Age:

Gender:

Ethnicity:

Years at boarding school (dates):

Boarding school attended?

Age of attending:

Siblings at boarding school?

Did you board at weekends?

Topic 1: Background information/before boarding school

(First question important to be non-threatening and to establish rapport. Present status, easier and close ended)

1. Who was in the family home during your upbringing? Can you describe those relationships to me?

Prompts: Supportive, emotionally available, able to be honest?



2. What was the narrative about food during your upbringing before going to boarding school?

Prompts: Did you eat dinners together as a family? Was food a treat or reward? How much conversation about food occurred? Was food readily available?

3. Did your family talk about dieting? Did your family talk about calorie control? What influence did this have on your thoughts about food?

Prompts: How often? What do you remember? What sort of conversations occurred?

4. Why do you think you attended boarding school?

Prompts: What sense have you made of that?



Topic 2: Boarding School

5. What happened when you first got to boarding school? How did you feel about the transition? Did you miss home?

Prompts: What was this like for you? What narrative to you tell about these experiences?

6. What was the narrative about food at boarding school? How did the staff discuss food?

Prompts:

7. What messages were received from your peers? How did you discuss food and eating behaviours with them?

Prompts: Was it a positive or negative experience? Do any particular memories stand out for you?



8. Did anyone express concern about your eating behaviours? If so, what did they express?

Prompts: What sense did you make of this? Why do you believe they were concerned? How did their concern make you feel?

9. How was food served at school?

Prompts: Did you feel well-fed, over-fed by the staff?

10. Do you perceive your boarding experience as positive or negative? Please can you expand on that?

Prompts: What was positive/negative about that? How does it feel to look back on that now? How was it at the time? What sense did you make of that?



11. How do you think that attending boarding school influenced your food related behaviours?

Prompts: If so, how do you believe it influenced the behaviours, and why do you feel that boarding school was related to this change?

12. What (if anything) do you believe shaped how you view and eat food?

Prompts: If so, how do you believe it influenced the behaviours, and why do you feel that (participants word) was related to this change?

Topic 3: After boarding school

13. Did you notice, or did anyone around you notice or comment on your food or eating behaviours?

Prompts: What did they say? What was mentioned? How was it for someone to mention that to you?



14. Did you notice any changes in yourself following boarding school?

Prompts: If so, what changes?

15. Did you notice any changes in yourself following boarding school in relation to your food or eating behaviours? Talk to me about any changes following transition?

Prompts: If so, what changes?

Topic 4: Reflections on the interview

16. Have you thought about these concepts before today? If yes, what have you thought about prior to today?

Prompts: Why do you feel you have thought about that? Do you think today has changed how you previously thought about things?



17. Do you think that the conversation today has brought up any memories?

Prompts: How have you found that?

18. How do you feel as we draw to the close of the interview?

Prompts:

19. Was there anything you wished you had been asked? Is there anything else you wish was covered?

Prompts:

20. Finally, is there anything else you feel would be important or interesting to add about food or eating behaviours, or about your boarding school experience?

Prompts:



Thank you for your participation.

We will now go through the debrief form and you are welcome to ask any questions about the interview or research process.

Appendix 5 – Example of Coding Process in Mircrosfot Excel

50%

View

Zoom

Add Category

Insert

Table

Chart

Text

Shape

Media

Comment

Collaborate

Format

Organ

Recruitment

Thematic Analysis

+

ALL Participants

<

Appendix 6 - Ethical Approval from the University of Essex**Ethics ETH1920-1268: Miss Alexandra Priestner**

Date Created	14 Apr 2020
Date Submitted	21 Jun 2020
Date of last resubmission	01 Jul 2020
Academic Staff	Miss Alexandra Priestner
Category	Postgraduate Research Student
Supervisor	Dr Susan Mcpherson
Project	Exploring Eating Behaviour in Boarding School Graduates: A Qualitative Exploration of the Development of Disordered Eating Behaviour
Faculty	Science and Health
Department	Health and Social Care
Current status	Signed off under Annex B

Ethics application**Project overview****Title of project**

Exploring Eating Behaviour in Boarding School Graduates: A Qualitative Exploration of the Development of Disordered Eating Behaviour

Do you object to the title of your project being published?

No

Applicant(s)

[Miss Alexandra Priestner](#)

Supervisor(s)

[Dr Susan Mcpherson](#)

Proposed start date of research

03 Aug 2020

Expected end date

27 Dec 2021

Will this project be externally funded?

No

Will the research involve human participants?

Yes

Will the research use collected or generated personal data?

Yes

Will the research involve the use of animals?

No

Will any of the research take place outside the UK?

No

Project details

Brief outline of project

The current proposal aims to explore the experiences and reflections of individuals who attended boarding school for a minimum of three years. The primary focus will be on eating behaviour, attitudes towards food, and the influence BS may have on the development of this. The sample will be recruited by the primary researcher attending conferences and canvassing events for individuals who have attended boarding schools, utilising an opt-in method. Alongside this, websites for boarding school survivors or graduates will be utilised to disseminate information about the project in quarterly newsletters.

Utilising a qualitative method will deepen the understanding of whether eating attitudes and behaviours are shaped by boarding school practice, or the impact this may have on individuals. Participants will complete a semi-structured interview focusing on questions around food behaviours and attitudes and reflections about their own eating behaviour(s).

Research project proposal

Participant details

Who are the potential participants?

The majority of previous research focuses on females and eating behaviour. Current literature shows sex differences in food acceptance and eating-related compensation and that the societal emphasis on dieting varies across genders (Keller et al 2019). Therefore, the current study will recruit females who have attended boarding schools, who believe they have difficulties with their relationship with food and eating behaviour. Participants must be over 18 years old and have attended a private boarding school for at least three years. They will be required to have started attending between 5-13 years, as it is suggested food preferences and behaviour are altered and develop within these time periods (Birch, Savage & Ventura, 2007).

How will they be recruited?

The organisation 'Boarding Concern: Boarding School Survivors' will be utilised and the information sheet will be circulated via their mailing list to graduates (Boarding Concern, 2020). Boarding schools in Essex will be contacted to request that a poster with details of the research to be circulated to their alumni mailing list. Facebook, Twitter and LinkedIn will be explored as potential recruitment sites. It is important to gain insight from individuals whom had both positive and negative experiences at boarding school, in order to ensure the research is non-biased so the researcher will utilise a snowball sampling method utilising BS alumni. Nick Duffie has also been contacted to ascertain if he has any individuals who might like to participate in the research (Duffie, 2000).

Recruiting materials**Will participants be paid or reimbursed?**

Yes

If yes, how will they be paid?

Participants will be reimbursed for travel or parking expenses when required. However, at present the interview will take place over videoconferencing facilities due to the COVID-19 pandemic.

Participants will be invited to participate in the research via telephone or videoconferencing to increase accessibility to research and to reduce research costs. This will be facilitated over Zoom.us or Microsoft Teams.

Travel tickets, mileage or parking will be paid into the participants' bank account. Receipts will be requested and submitted to the University.

How much will the participants be paid?

£ 0

Could potential participants be considered to be vulnerable (e.g. children, mentally ill)?

Yes

If yes, please explain how the participants could be considered vulnerable and why vulnerable participants are necessary for the research.

Individuals will have self-disclosed difficulties with food and eating behaviours. This may have a negative impact on their daily functioning and well-being. They may be vulnerable to the development of mental health difficulties due to their experiences. The researcher is currently undertaking a clinical psychology doctorate and has experience in working with individuals with mental health difficulties. The research has an awareness of the referral processes within EPUT to mental health services and IAPT, and will encourage the participant to seek help from their GP should this be appropriate.

Could potential participants be considered to feel obliged to take part in the research?

No

If yes, please explain how the participants could feel obliged and why they are still necessary for the research.**Will the research involve individuals below the age of 18 or individuals of 18 years and over with a limited capacity to give informed consent?**

No

Is a DBS Check Required?

No

If yes, has the DBS check been completed?

No

If a DBS check is not required, please explain why.

Informed consent

How will consent be obtained?

Written

If consent will be obtained in writing, please attach an example of written consent for approval.

If consent will be obtained orally, please explain why.

Please upload a copy of the script that will be used to obtain oral consent.

If no script is available to upload please explain why.

Who will be obtaining and recording consent?

Alexandra Priestner will be obtaining and recording the consent. This will be electronically signed by the individuals as the semi-structured interviews are to be conducted over videoconferencing due to the COVID-19 pandemic. These will be password protected and stored in a locked folder.

Please indicate at what stage in the data collection process consent will be obtained.

At the point of semi-structured interview. The information sheet will be discussed again with the participant and they will be reminded of their rights, including right to withdraw from the research.

If consent will not be obtained, explain why.

Please attach a participant information sheet.

Have you reviewed the information provided by the REO on participant information and consent?

Yes

Confidentiality and anonymity

Will you be maintaining the confidentiality and anonymity of participants whose personal data will be used in your research?

Yes

If yes, describe the arrangements for maintaining anonymity and confidentiality.

At the point of the semi-structured interview, the participant will be given a participation number. All identifiable information will be removed from the transcript in order to keep the participants' anonymity. They may be referred to by a pseudonym in the thesis write-up, or by their participant number when discussing themes.

If you are not maintaining anonymity and confidentiality, please explain your reasons for not doing so.

Data access, storage and security

Describe the arrangements for storing and maintaining the security of any personal data collected as part of the project.

Information and data will be kept secure utilising password-protected documents, PC's and the Dictaphone will be encrypted, requiring a passcode to listen to the files. Data will be stored on OneDrive in order to store this securely to avoid the risk of losing data.

Only the primary researcher will have access to the original data collected through the original interviews. Following this the information will be anonymised and participants will not be identifiable. The research team will have access to the anonymised data as the transcripts will be required to be double coded to ensure integrity of analysis.

Paper consent forms will be scanned, and the paper copied will be destroyed as per the University of Essex policy. The scanned copies will be kept within a secure file and password protected. The data will be stored for a period of ten years post completion of the project adhering to the University's Research Data Management Policy.

Please provide details of all those who will have access to the data.

Alexandra Priestner will have access to the original data. Dr Susan McPhearson and Dr Penny Cavenagh will have access to the anonymised data.

Risk and risk management

Are there any potential risks (e.g. physical, psychological, social, legal or economic) to participants or subjects associated with the proposed research?

Yes

If yes, please provide full details and explain what risk management procedures will be put in place to minimise the risks.

It is not expected that there will be any risk or disadvantage to participating in the current research study. However, if your early or school experiences were difficult it may trigger some distress thinking about these in a formal research setting. The questions are designed to be open to ensure honest reflections, but this could give way to information being discussed which could be potentially difficult in nature.

Alongside this, reflecting on experiences can be difficult for individuals and trigger unexpected emotion. The researcher is trained to ensure individuals feel comfortable, safe, and will be able to signpost if they experience any additional distress following the interview.

Signposting information will be available for Therapy for You (or your local IAPT) provider e.g. <https://www.therapyforyou.co.uk/>. Participants will also be encouraged to contact their GP should secondary mental health services feel appropriate.

Are there any potential risks (e.g. physical, psychological, social, legal or economic) to the researchers working on the proposed research?

Yes

If yes, please provide full details and explain what risk management procedures will be put in place to minimise the risks.

These risks are minimal but if an individual were to feel upset or become overwhelmed discussing their difficulties, it could be possible this could have a psychological impact on the researcher. The researcher is currently undertaking a clinical psychology doctorate so is used to hearing about and working with individuals in distress. The researcher will seek advice or supervision should they feel overwhelmed or affected by any of the interviews.

Are there any potential reputational risks to the University as a consequence of undertaking this proposal?

Yes

If yes, please provide full details and explain what risk management procedures will be put in place to minimise the risks.

Minimal risk - the research is conducted in association with the University of Essex and the logo will be used on the participant facing documents. The researcher will act in line with University policy and guidance when conducting research and the complains and concerns information has been provided on the participant information sheet.

Risk Assessment documents

Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of the reviewer(s) of your application?

Appendix 7 - Final Ethical Approval

Statements: Ethics ETH1920-1268: Miss Alexandra Priestner

Camille Cronin confirmed on 02 Jul 2020, 21:40:

Please confirm you agree with the following statements:

- I have reviewed this project and consider the methodological/technical aspects of the proposal to be appropriate to the tasks proposed.
 - I consider that the investigator(s) has/have the necessary qualifications, experience and facilities to conduct the research set out in this application, and to deal with any emergencies and contingencies that may arise.
- ✓ I confirm I have read and agree with all the statements above.

Appendix 8 – Thematic Analysis Process

Further reduction of codes to categories

Attachment related codes/abandonment

Participants who ____ for codes/theme: **ALL**

Feeling abandoned, lost and alone
 No-one is looking out for me
 Difficulties with identity formation or knowing self
 Ongoing difficulties with relationships [preference to be alone]
 Family dynamics and attachment
 Feeling unwanted by parents
 Sense of belonging (or not)
 Abusive familial experiences

Can lead to...?

Poor self-esteem

1, 4, 10, 11

Self-blame, self-hate, self-doubt
 Poor self-esteem and self-worth
 Feelings of failure

Rules, regulation, and control [lack of control]

1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 (all but p4)

Governed by rules, order, and structure
 Powerlessness and suppression (Challenges with authority)
 Life is organised and structured for you
 Constant monitoring and regulation

No choice(s)

1, 9, 11, 13, 16

Lack of choice to elicit control [?]
 Profound difficulties with the environment
 Forced to eat/food aversions
 Didn't receive education about eating healthily

OR

Gaining a sense of control and choice at school (6, 12, 10, 11)

Leads to...

Struggles with self-regulation
 Inner conflict
 Controlling with food to manage anxiety [14]
 Lack of structure is challenging following BS/feeling ill prepared for life

Coping mechanism codes [conformity/fitting in]

1, 3, 4, 5, 7, 8, 9, 13, 15, 16

Avoidance of emotions
 Coping with food behaviours
 Wanting to escape
 Developing independence
 Acts of rebellion
 Eating to reduce stress
 Escaping the pressure to succeed
 Need to **conform** to survive (bullying)

Dieting and disordered eating behaviour (could go with coping?)

Difficulties eating when overwhelmed or stressed [emotional]
 Vicious cycles with food [restriction vs. overeating]
 Punishment following “bad food”
 Dieting culture emerges [witnessed in schools]
 Controlled eating patterns
 Anxiety around not eating
 Conflicting messages around food and exercise
 Radical switching of food attitudes
 Dissonance around experiences

Food as a comfort [secrecy]

1, 2, 4, 5, 8, 11, 13, 15, 17

Food as a comfort or form of love [or lack of]
 Food fills time
 Food as a constant [reliable]
 Learning to cope
 Social aspect of food
 Secretive eating patterns, finally something of your own

Food is forbidden, becomes desirable [linked to control]

Food is forbidden or disappears
 Food becomes desirable
 Need for instant gratification

Positive experiences – what can we learn about what works?

Positive experiences of other families
 Home as a safe base
 Modelling healthy food relationship
 Valuing independence
 Active lifestyle, food is fuel

Judgemental and competitive environments [constantly observed, no privacy, no focused attention]

Judgement(s) and competition around appearance
 Constant observation of eating behaviours [but no help?]
 Class divide, judgements, and comparisons
 No privacy or time to be alone
 As part of the collective - no focused attention on you
 Competitive nature
 Power, authority and pecking order (food)
 Shame around eating [linked to guilt or “bad food narrative”]

Appearance related codes

Participants who _ for codes/theme: 1, 2, 4, 5, 6, 9, 10, 11, 12, 13, 14, 15, 15, 17 [not 3, 7, 8]

Always performing never relaxed
 Appearance is important and valued
 Beliefs and narrative around food
 Beliefs around dieting behaviours
 Beliefs and values around thinness
 Body image difficulties and self-esteem issues
 Focus on image and appearance
 Fear of judgement and criticism about appearance
 Parental or societal influences

Nature of mass, no love, controlling

Mass produced; no love served
 Inedible meals [treats become more desirable]
 Forced to finish food leading to aversions [control?]
 Unable to be your own person
 Cold, unloving environments
 Food is functional

Emotional suppression codes [silencing nature, no help when asked - “privilege”]

1, 2, 4, 5, 8, 9, 10, 11, 13, 14, 16

Emotional suppression [it is not safe to show emotions]
 Coping with others' emotions
 No emotional nourishment
 Food used to soothe emotions
 Silencing nature - prevented people asking for help
 Inner conflict with no outlet
 Pain and trauma of BS