The Body as Alien, Unhomelike, and Uncanny: Some Further Clarifications

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I want to thank the commentators for bringing the phenomenological analysis of anorexia that I attempted in my article yet some steps further. Phenomenology of illness is a young field and in the case of anorexia there remains much to be said and done. ‘Capturing the “double experience,” the paradoxicality embodied in anorexia,’ was exactly my aim and I am grateful to Drew Leder for bringing home many of my points in such an explicit and systematic manner (Leder 2013, 94). Dr. Leder’s study The Absent Body, published already in 1990, is one of the earliest and most important attempts to understand the ways of the body in illness from a phenomenological perspective, an attempt that has been central to my own understanding, not least in the present article (Leder 1990). I am also thankful to Katherine Morris for pointing toward some potential misunderstandings of and unclear distinctions in my analysis of anorexia that force me to be more explicit on exactly how I intend the phenomenology of the body uncanny in anorexia to be read.

As I write in the article: “Anorexia nervosa is a psychiatric disorder that appears to be closely related to the identity of the person suffering from it” (Svenaeus 2013, 81). And it is closely related to identity in a manner that highlights the way a person’s body represents the most fundamental being-at-home, and, at the same time, potential not-being-at-home, of the person in question. This double experience of the own-body is characteristic of human embodiment as such, as Richard Zaner points out in the book I quote from in the article (Zaner 1981). The not-being-at-home with the body can make itself known at any time—through fatigue, hunger, thirst, pain, itches—but is intensified and brought to the point of being a major nuisance in various forms of illnesses, as I have tried to analyze elsewhere (e.g., Svenaeus 2011). The way I understand Zaner’s phenomenological analysis of the body uncanny (in the quote and in the rest of his book), it is intended to get hold of this alien nature of embodiment which makes itself known when the body displays needs and idiosyncrasies that I do not control or is able to influence: “If there is a sense in which my own-body is intimately mine, there is furthermore, an equally decisive sense in which I belong to it—
which I am at its disposal or mercy, if you will,” as he puts it (Zaner 1981, 52). Uncanniness is simply a further intensified quality of this potential unhomelike-alien nature of being embodied, as I read and understand him. The experience of the own-body as uncanny is a fearful and horrifying experience because it reveals a not-being-at-home that is hidden at the very nucleus of our most intimate being-at-home: the body.

That the German etymology of unheimlich (uncanny) points toward unheimisch (unhomelike) is a point made by both Sigmund Freud and Martin Heidegger in attempting to understand (among other things) the nature of existential anxiety (Svenaeus 2000). However, neither of these philosophers gets hold of the central relevance of the lived body for the understanding of the uncanny. For Freud, the source of the foreign at the heart of my home being is that which he names the unconscious, and for Heidegger the source is that which he names the openness (and concealment) of Being as such. The strength of the analyses found in Zaner (1981) and Leder (1990) is the localization of the source of alienness—uncanniness in the domains of the lived body. This is also where my understanding of anorexia begins and I think this focus on the lived body represents a fresh start for anorexia research in which other features characteristic of the disorder (I mention some of them in the article) can be anchored.

My body is not the only thing that can be uncanny; the bodies of other persons can also appear in an uncanny way to me. However, it appears that the shining through of the uncanny is always linked to the body in the sense that we do not find things that are non alive uncanny. If we do, this is precisely because we find these dead things—corpses—to preserve a lifelike quality. The other way we can find a body of another person uncanny is if we in the process of encountering it suddenly start to think that it might actually be dead (ghosts, automates), as Freud beautifully illustrates in his essay on the uncanny in analyzing E. T. A. Hoffmann’s horror stories (Freud 1919/1959).

The way we establish relationships to other persons in looking at them and talking to them, and, especially, in being looked upon and judged by them, is central for understanding the process of falling ill with anorexia, as I try to make clear in the article. As Dr. Morris points out, this way of being objectified by others, in being looked upon and internalizing this gaze à la Sartre, is not really a way of finding one’s body uncanny. It is a way of being alienated from the own-body as a thing seen and evaluated from an outside perspective. What is important for my phenomenological analysis of anorexia, however, is that this unhomelike appearance of the own-body will soon take on an uncanny quality in the process of starvation and over exercise engaged in by the anorexic girl exactly to make the body more homelike. This uncanniness will also be felt by the spectators, although in a different manner than from the inside perspective, when the body of the anorexic girl begins to look like a corpse. The ghost-like appearance of the voice of anorexia telling the anorexic girl that she is too fat and must not eat represents yet a step in this dialectic of the body uncanny. Exactly what is talking—the disorder or the body itself—and in what sense it is “talking” is certainly not entirely clear, but what I wanted to point out in the article was how this phenomenon perfectly fits the pattern of finding one’s body alien-uncanny in the process of falling ill with anorexia and increasingly being overtaken by the illness.

A feature that both Leder and Morris highlight, and rightly so, is the way in which the body changes of puberty become integrated in the experiences characteristic of anorexia. The way the body changes in puberty, as concerns its shape, hair growth, menstruation, and so on, can be truly uncanny, because the body brings a new identity that is initially foreign and beyond the control of the person. The embodied moods that are brought on by these bodily changes, in a direct chemical way by hormones, and in an indirect way when the person perceives and reflects upon the body changes, are siblings of existential anxiety and other fundamental moods highlighted by Freud and Heidegger. They are powerful moods in need of some kind of personal understanding if not to be acted out in destructive and sometimes even deadly manners. This personal understanding can be informed by political as well as medical models of anorexia, but it must always be anchored in the
realm of lived body to get at the heart of what anorexia nervosa really is. The advantage of the phenomenological approach is its starting point exactly in the domains of lived experience. To understand the ways of the lived body we must approach human experience as a being-in-the-world made possible by biological processes. Anorexia nervosa is not either a cultural or a biological disorder. It is both.

References