Anorexia: A Disease of Doubling

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In his excellent paper, Svenaeus describes “the double experience of being plagued and depressed by the anorexia, but still being unable to give it up because it provides the only security, control, and identity that there is to have” (Svenaeus 2013, 88–9). This phrase ‘double experience’ is worth pondering. His analysis highlights the dialectical nature of a disease characterized by doubling, contradiction and paradox. Or paradoxes, we should say—let me enumerate some.

Thin Versus Fat

From the outside, an anorexic is often painfully, even dangerously, thin and underweight. This can be confirmed by others perceptually unless the body is well-hidden, and through medical examination. But inwardly the anorexic often sees herself as fat, her body disfigured by bulges and paunches. The DSM-IV-TR (American Psychiatric Association, 2000) diagnosis speaks of “an intense fear of gaining weight or becoming fat” coupled with “a misperception of one's weight and shape” often demonstrated in self-accounts (“Although Ruth was slim and petite, she felt fat and self-conscious...” [Halse et al. 2008, 127]).

Seeings Versus Being Seen

This paradox of mistaken self-identification depends on another dialectic—that of being both the looker and the looked at. Ruth mentioned above is described as “a cheerful, lively girl,” but “all this changed when she began dance classes. Ruth looked around the class and all she could see were ‘skinny’ girls” (Halse, Honey, and Boughtwood 2008, 127). Viewing exemplars of a cultural ideal of thinness, she turns her critical gaze upon her own body, becoming newly aware of its deficiencies. She is now the one ceaselessly being seen—by others, but also primarily by herself.

Control (Identity, Security) Versus Loss of Control (Identity, Security)

Svenaeus describes eloquently how the project of control initiated by the anorexic—control particularly over food and body, as the leading edge of a project of life-control—gives rise to a paradoxical loss of control. One falls victim to the voices of others, the rebellious body, the disease itself surfacing as a foreign persona or demonic presence. The individual’s use of dieting, exercise, and the like to exert control, to stabilize identity and security, lead precisely to a destabilization of these as the illness progresses.
“Femininity” Versus the Refusal of “Femininity”

Svenaeus (2013, 83) writes, “in a way what the anorexic girl is doing is exactly refusing to be a woman by living out cultural ideals of femininity (slenderness) to a point at which the body ceases to be female (cessation of menstruation and disappearance of female forms).” Here is another aspect of the paradoxical “double experience” characteristic of an anorexic. Usually, though not always, female, she enacts a paradoxical glorification/refusal of the idealized “female” body.

Healthy Lifestyle Versus Unhealthy (Potentially Deadly) Lifestyle

Ruth pursued her fitness campaign and quickly lost her puppy fat. Her parents, Beth and David, were proud of her determination to get fit and healthy and saw this as a positive lifestyle move, and Ruth revelled in the flurry of compliments from family and friends. (Halse et al. 2008, 127–28)

We see implied here a final paradox of anorexia—it is poised somewhere between the praiseworthy and the scandalous, an ideal of health and fitness in action—and a wasting disease. Where to draw the line is not always clear to parents, loved ones, and friends, and certainly not to the anorexic.

To speak thusly of anorexia as a disease of ‘double experience,’ of lived paradox, is not merely to sketch a structural analysis of characteristic features. It is also a way of suggesting the dialectical motives and mechanisms that cause the progression of the disease. For example, the anorexic, concerned about her potentially ‘out-of-control’ appetite and weight, clamps down on food and exercises obsessively. The body, now even hungrier, grows more insistent in its demands. The anorexic must then fight harder to suppress bodily urges. This can form a positive feedback loop, that ‘feeds on itself’ through the very refusal of the anorexic to feed herself.

Svenaeus not only shows the paradoxical tensions at the heart of anorexia, but also explores the preconditions of their possibility. Anorexia exposes existential and cultural tensions vis-à-vis our relation with our body and world.

Again, playing at being a commentator who systematizes—or at least enumerates—I will focus on four foundational preconditions for the ‘double-experiences’ of anorexia as outlined. I take it that these preconditions operate synergistically, building on and intensifying one another to yield the extremes of anorexic behavior.

Reversibility

Here I am using a term from Merleau-Ponty’s later work (The Visible and the Invisible, published posthumously) to describe the ambiguities and paradoxes inherent in embodied being. In his classic example borrowed from Husserl, my hand, insofar as it a part and power of an experiencing subject, is the ‘toucher’ of things. But this hand also and necessarily “takes its place among the things it touches, is in a sense one of them, opens finally upon a tangible being of which it is also a part” (Merleau-Ponty 1968, 133). The hand could not be the toucher unless it were also capable of being touched, an object in the material world. The lived body (corps propre) is thus both subject and object, toucher and touched, the looker and that which is seen by self and other. Merleau-Ponty, and other phenomenologists of embodiment, thus challenge the Cartesian division of ‘mind’ and ‘body,’ and even the Sartrean antinomy of ‘for-itself’ and the ‘in-itself,’ pure transcendence and immanence (Sartre 1943/1956). The lived body is characterized by an “intertwining,” a “chiasm,” between the subjective and objective poles (Merleau-Ponty 1968, 130–55). Between these roles there is a reversibility and close identity but it is an “identity-encompassing-difference” (Dillon 1988, 159). The power of sight—the eyes through which I regard the world—are not phenomenologically one and the same with the hazel-colored eyes I see in the mirror. There is a divergence. There is also a divergence when I encounter another. I know her as a subject like myself sharing a common world, but our perspectives diverge, and my body as experienced from within is not quite the same as that which she sees. This reversibility, this tension between the body as subject and object, and between one’s own gaze and that of others, is exposed, exaggerated, all but exploded, in anorexia.
For the anorexic seeks transcendence—to be an empowered subject with command over the body—and yet is motivated by, and cannot escape, the sense of being an immanent object. She seeks authority and independence, yet is trapped by the critical gaze of others, now internalized. The person looking at the mirror feels overwhelmed by the ‘fat’ body she is/has. The ‘reversibility’ of the lived body thus manifests in profound dis-ease.

THE LIMINALITY OF TEMPORALITY

For Carol, as quoted in Svenaeus’ article, “When I started developing I just hated it. Especially with being in ballet it was really hard because I felt really uncomfortable not wearing a bra but even having to start wearing bras was uncomfortable. I just hated the whole changing of my body” (Halse et al. 2008, 51–2). Such words remind us that the lived body is never a thing but a process, always in motion, changing breath to breath, moment to moment, year to year. At times, it goes through profound liminal states—thresholds of existential transition—for example, when dealing with illness, aging, and other dislocations. Puberty is such a liminal phase. One stands between the pre-adolescent body that was and a new embodiment—gawky, expanding, sexual, hormonal—with which one may be profoundly uneasy. Anorexia can thus also be viewed as a dis-ease of, or with, temporality—a deep discomfort with change. Again, this expresses itself in paradox. The anorexic may wish to stop or turn back the clock, cling to the pre-adolescent past. However, this leads to a preoccupation with futurity—‘I must lose weight, get rid of those lumps and bulges, get to the gym; I will do better . . . or will I?’ Clinging to the past, focused on accomplishing future goals, the present is constricted—for example, a meal eaten slowly, one bite at a time, each calorie meticulously counted. No wonder it is not fulfilling, leading to a hunger both physical and existential.

CULTURAL DOUBLE-MESSAGES AND DOUBLE-BINDS

Along with phenomenological doublings and tensions fundamental to the structure of the lived body, Svenaeus, and other authors like Bordo (2003), explore the cultural tensions that can give rise to anorexia. In one well-known formulation, Frye speaks of the ‘double bind’ as characteristic of the experience of oppressed people—for example, of women in a sexist culture:

If she is heterosexually active, a woman is open to censure and punishment for being loose, unprincipled or a whore. The ‘punishment’ comes in the form of criticism, snide and embarrassing remarks, being treated as an easy lay by men, scorn from her more restrained female friends. . . . On the other hand, if she refrains from heterosexual activity, she is fairly constantly harassed by men who try to persuade her into it and pressure her into it and pressure her to ‘relax’ and ‘let her hair down’; she is threatened with labels like ‘frigid,’ ‘uptight,’ ‘manhater’, ‘bitch,’ and ‘cocktease.’ (Frye 1983, 3)

In the face of this double-bind it is no wonder that an anorexic woman arrives at a ‘double-solution’—seeking to be slender (a cultural ideal of feminine beauty), while simultaneously refusing to advance across the threshold of puberty into the role of sexualized female.

There are other cultural double-messages and double-binds illuminated by the dis-ease of anorexia. For example, regarding sexuality in general, culture (at least in the United States) is torn between a valorization of pleasure—combining a post-Freudian hedonism and a commodification of sexuality—with a strict and prudish Puritanical heritage.

Focusing, as Marx does, on economic reality, one could say that society trains people to be self-disciplined workers, but also profligate consumers. We must be both, simultaneously, to feed the engines of expanding capitalism. Again, the anorexic lives out these double-messages in a bodily way; for example, with each bite she takes, each lap around the gym, she enacts the battle between the voracious consumer and the hard-working self-denier.

SYMPTOMATIC COMPROMISE FORMATION

The structural preconditions for the paradoxes of anorexia involve not only the phenomenology of the double-sided lived body, and cultural
double-messages, but also the psychic doubling that Freud describes as at the root of neurosis. In his analysis a neurotic symptom, like a dream, represents a compromise formation between divergent and often conflicting impulses (see Pulver 1999, 189–90, for a summary of Freud’s evolving thinking and writing on this topic). For example, anxiety attacks accompanying public speaking might represent the speaker’s urge for sexual and aggressive power (as he/she dominates the room) combined with the psychic demand to repress and punish that wish. The self-punishment enacted by the phobia may itself be pleasurable in a masochistic way. Again, the symptom incorporates, satisfies, and compromises between divergent or directly conflicting wishes.

We see this in anorexic behavior. It can involve a certain self-gratifying pleasure and power—feel my strength, as I diet and exercise!—combined with punishing self-denial. As mentioned, it can involve a compromise between the desire to achieve a cultural ideal of female attractiveness (slenderness) and to fiercely reject ‘feminine’ sexuality. Independence and self-assertion (‘don’t tell me what to eat’) may combine with dependence and neediness as the anorexic grows weaker and more childlike from a wasting disease. Such symptomatology can be painful, pathological, even deadly. However, it is difficult to let go of, like any neurotic symptom, because it constitutes such an ingenious ‘solution’ to conflicting demands both externally and internally generated.

Svenaeus does an excellent job of capturing the ‘double experience,’ the paradoxicality, embodied in anorexia. I have tried to clarify and probe the surface structures, and also the foundational preconditions—phenomenological, cultural, psychic—of such doublings. My hope, with Dr. Svenaeus, is that such analysis will not simply objectify those who are suffering from anorexia or make of them an ‘interesting case study’. Rather the goal is a sympathetic understanding of the existential challenges that can lead to this illness, and therefore suggest paths to holistic recovery.

References