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Understanding Anorexia

An Hermeneutic Approach as an Methodological Alternative for the Field of Contemporary Anorexia Research

Introduction

Theories of anorexia nervosa have mainly been dominated by psychiatry and concentrate upon its physiological aspects, both in diagnosis and treatment (see f. e. Andersen, Morse, and Santmyer 1986; Phal et al. 1985; Sharp and Freeman 1993; Theander 1970). This has led to a search for organic causes behind anorectic conditions, instead of seeing it as molded and shaped both by the individual and the socio-cultural context. It can be said also, that as a result of the Cartesian split between body and mind, the dominant diagnosis of anorexia has led to the inference that anorexia can be 'objectively' measured and cured. This "medicalisation" has been an impediment to a more complete conceptualisation of the experience of discipline and of the ascetic modes of action in anorexia. My intend is to approach anorexia as lived process. The focus is not in explaining what cause anorexia, but is centered on the contents of living experience as such. Thus, I propose a phenomenological approach to anorexia as a methodological alternative compared to the dominant medico-psychological approaches to anorexia of today.

I see that anorexia lies at the intersection between the biological and the social, making it an obvious topic for cultural investigation. My theoretical interest is to approach anorexia as a subject's meaningful way to make sense of her/his world¹. With the help of a phenomenological-hermeneutic approach to anorexia, my intention is to

¹ The name of my unpublished Master thesis in English is: "*Eating is needless*": *Anorexia as subjective and cultural Experience* (Puuronen 1996). I interviewed four anorectic women for my work. When I argue something about anorexia or an anorectic experience in this article my views are based on these interviews.

show how the “member’s perspective” is able to supplement the prevailing medico-psychological understanding of anorexia. The phenomenological approach to anorexia starts with subject lived experience. That is to say, that a phenomenological approach takes the experiences of the anorectic into account and is able to consider and situate them in the social, cultural and historical context in which they occur. Hermeneutically speaking anorexia is not so much an object, but it is about world orientation. Maurice Merleau-Ponty’s phenomenological theory of embodiment in his book: *“The Phenomenology of Perception”* 1962 will be crucial in my analysis of anorexia. Before I take a brief look at the contemporary anorexia research and specify my research attitudes in relation to them, let me say few words about Merleau-Ponty’s insights of the human embodiment.

Body or mind or the living body as self

Merleau-Ponty has developed a conception of human embodiment which attempted to overcome the duality between mind and body. For Merleau-Ponty the consciousness is embodied by itself. According to Merleau-Ponty it is not possible to talk about human perception without a theory “embodiment” as the “perspective” from which observation occurs. As he writes:

The world cannot be possessed as an object, but rather, it is a natural setting of, and field for, all my thoughts and all my explicit perceptions. Without this direct and pre-scientific experience of the world, without this primary perception, all the symbols of science would be meaningless. Perception is essentially pre-reflective²; it does not belong to the same category as the syntheses represented by judgement, acts or predictions. At the same time, this perception is no mere physiological faculty, it is intrinsically active and intentional. To move one’s body is to aim at

² Human intentionality, in Merleau-Ponty’s sense, grows from a pre-reflective level. According to Reuter, “the sense of Merleau-Ponty’s pre-reflective (or sometimes unreflective) resembles, to some extent, the psychoanalytic concept of the unconscious, but there are also important differences between those terms. The pre-reflective is not something “hidden in my unconscious” (Merleau-Ponty 1962: 381). We are aware of the pre-reflective, but this awareness is unreflected. Also, Merleau-Ponty’s concept of pre-reflective does not have the connotations of unconscious instincts or drives, which are connected to the psychoanalytic concept of the unconscious”. Reuter 1995: 3.

things through it. This means that the body is intentional, and intentionality is not primarily mental directedness, but a directed bodily posture (Merleau-Ponty 1962: viii, x, xi, 102, 139).

Subjectivity (qua sentience) and materiality (qua sensible being) are two sides of the same flesh for Merleau-Ponty: two aspects of the body-subject. The concept of the body-subject by Merleau-Ponty offers a level, in which subjectivity and materiality are united. Merleau-Ponty understands embodied subjectivity to be a strictly institutional and historical order. His "subject" is always already situated and de-centered in relation to a socio-historical world (Merleau-Ponty 1962; quoted in Crossley 1993: 4, 12). Further, according to Merleau-Ponty it is not possible to talk about human perception without a theory "embodiment" as the "perspective" from which observation occurs. In other words, our perception of everyday reality depends upon a "lived body". From this perspective, human beings can be seen to have a "dual nature": "*Leib*" and "*Körper*". *Leib* refers to the animated living body and *Körper* refers to the objective, exterior body (Merleau-Ponty 1962; quoted in Bendelow and Williams 1996: 147).

Contemporary anorexia research and research attitudes

There are two main perspectives on anorexia from a medical point of view: bio-medical and psychological and both of these approaches are subdivided. These perspectives usually consider anorexia as a psychiatric, object-like disease of a teenager girl. The main interest of psychological approaches has been to find an organic cause behind anorexia. However, if some phenomenon is a result caused by some other phenomenon, from the phenomenological point of view it cannot be asked what is the cause of this phenomenon before the phenomenon itself is understood. The dominant medical diagnosis of anorexia is concentrated mainly upon its purely physiological aspects. And it presupposes that anorexia can be 'objectively' measured and cured. Medical perspectives on anorexia are, however, also insufficient, mainly because biological and psychological explanations do not consider lived experiences in themselves. In relation to this the first research attitude is whether an anorectic subject and an attending physician have a real dialogue? Are treatment regimens of anorexia in hospitals able to reach and understand the real anorectic experience in itself? I will take a hospital treatment of anorectic patients as an example here. I will use a "thought experiment" on treat-

ment regimens of anorectic patients in hospitals as a way to make instantly clear what a phenomenological approach has to offer to dominant theories of anorexia. The focus here is in the concrete context — in the process of being anorectic — which gives discipline its meanings.

There is much research of anorexia also done from Cultural studies and Women's Studies points of views. Cultural studies and women's studies today have primarily approached anorexia on a discursive level. That is to say, that these perspectives have mainly been focused on the question of how cultural representations affect/are readable on the surface of the female body. The main statement of these approaches is that anorexia illustrates a protest against the representations of femininity in western culture. These perspectives on anorexia which start with representations are a very important analysis of anorexia, but which leave some pieces missing — namely the real experience itself. From a phenomenological point of view one has to concentrate first on the living anorectic experience in itself, and only when it is understood can it be compared to another cultural phenomenon. Thus the second research attitude is what is the anorectic experience in itself? How is anorexia understood as "subject-centered", but also discussed in terms of the broader cultural context at the same time? As mentioned above, anorexia research in cultural studies and women's studies today are only mainly dealing with the latter question, because of their primary textual approaches to anorexia. A phenomenological perspective by emphasizing the subject's lived experience can serve as an antidote in these approaches and as such it offers tools to do a cultural analysis of anorexia which starts from the individual's experiences rather than representations. It provides room for understanding also some of the empowering meanings attached to anorexia — meanings which go beyond the somewhat tired statements that anorectic girls are rebelling (against their mothers, femininity, etc.). Next I will turn to consider what a phenomenological approach to anorexia then has to offer to dominating theories of anorexia.

In this context, my aim is to consider the link between pollution and protection — that is, the anorectic protecting her/his body from polluting food. I have named this link an "axis of discipline", which first, has historical links, second, is continuous with the contemporary cultural climate and third, is subject-centered.

Self, self-control and controlled self

Approving the ambiguity of anorectic discipline

This section is focused on anorexia as a process in which one's living situation becomes one of discipline. Thus, I turn to consider how discipline is lived by an anorectic subject on the level of identity, which is not given from outside a person. In this context, I stress that it would be useful to see anorectic experience of discipline more as an ambiguous state of being — as a some kind of paradoxical identity (or self), in which an anorectic person perceives herself/himself as a master and a slave of discipline at the same time. The focus is on anorexia as a process in which one's life becomes a life of radical self-discipline. In this context, my aim is to consider the link between pollution and protection — that is, the anorectic protecting her/his body from polluting food. I have named this link an "axis of discipline". It has two dimensions, order and chaos. I will argue that there can be found both oppressing and empowering meanings in the process of being anorectic.

It is often noted by medical personnel and anorectic patients' parents that anorectics set themselves against the hospital treatment which has been given to them. Merleau-Ponty's phenomenological theory of embodiment can be very useful when trying to understand the two-dimensional resistance carried out by an anorectic subject. When an anorectic person is admitted to hospital she/he is often in very critical state. Her/his weight is usually so low that her/his life is in danger. Often there are no other choices available than to limit and minimize all kind of exercise and moving of the anorectic patient. In extreme cases a nasal hose is placed. At the same time an anorectic person is resisting the treatment given to her/him. In this acute situation, though treatment regimens are against an anorectic's own will, they are ethically argued under the circumstances. Treatment regimens are morally imperative for the sake of an anorectic person's life. But after the acute treatment of an anorectic person, more consideration is needed. What is this phenomenon really? What then is the acute treatment of it? When it is noted that anorectic persons set themselves against the hospital treatment, it has to be asked what it means. What is the sense of resistance carried out by an anorectic subject? There are three point in example: control, self-control and controlled self.

First, the conception of control is considered in relation to the agency of an anorectic subject. On treatment regimens in hospitals an interest is focused mainly on how much an anorectic is eating and

how much her/his body-weight will rise during her/his treatment. At the same time, I will stress, these are the same things that anorexia is about. An anorectic controls her eating and observes her weight all the time. Moreover one's whole existence in anorexia is full of limitations, denying and determining. It is to be supposed that a treatment in this form using the same punishing elements that anorectic control is about, rather than sustaining a process against anorexia, will sustain one's anorectic ways of thinking and anorectic patterns of acting. In this particular stage there are two wills against each other and they both consider anorexia an anorectic body as an object. It should be noted that an anorectic person is not senseless, nor a passive object of treatment, but an acting subject. She/he is a subject, who acts, who communicates and uses and creates meanings.

The second matter is self-control. One of my interviews was a 28-year-old woman, Leena. She has had anorexia for ten years. We talked about the body and she said, that: *I am not aware of my body, I don't know what my body is like, I don't know my body.* If this process is considered from the point of Merleau-Ponty's theory of embodiment, it can be seen, that the question is about alienation of one's own body. An anorectic body has here become alien to an experiencing anorectic subject, because it has become a senseless object for her/him. This protected anorectic body is perceived as an object of control. Leena has lived with anorectic denying and controlling for many years. I argue that during this process this anorectic woman has lost her direct contact to her own body. The body here is not anymore the "living body", "phenomenological body", that Merleau-Ponty describes, but it has become as the object-body to be controlled. Using Merleau-Ponty's ideas about embodiment, it can be said that there is no more a direct experience of one's own body. A pre-reflective contact to one's own body — a real self, is replaced with controlling I, with self-control. The self-control becomes as an end in it self.

Thirdly, we have to face the paradox of anorexia. Leena continues: *The body is something which is not allowed to exist, sometimes I wonder whether even I myself exist either.* I consider first the first part of Leena's sentence. From the phenomenological point of view we have to ask who doesn't allow. It is to be noted that Leena uses the passive form when she describes her relation to her own body. In this context, the one is alienated of her own will and moreover an anorectic body becomes like an outer reality to an experiencing subject. This one's own will is experienced as exterior to oneself. As my other informant, 15-year-old Anna said: *It is as if there were some kind of voice, which is ordering me not to eat.* If one no longer experi-

ences that she/he is a controlling I, but still, there surely is someone who is controlling one, the question is, who then is this controlling I, but which is no longer experienced as me?

We shall return to Leena's sentence and concentrate especially on its last part, ...*sometimes I wonder whether even I myself exist either.*" What is this controlling I which is perceived as exterior and not me, but which at the same time is an anorectic person's self? The paradox of anorexia is that one's own will is experienced as exterior, my will is not my will. Is that what Leena means when she asked *Whether even I myself exist either?* This experience of not existing is that one has lost her/his direct contact, experience of her/his own living body, of herself/himself, in the world. I have named this dilemma an "ambiguous living situation". That is, anorexia is about denying and that denying has double meaning in the anorectic condition. I deny and I am denied. An anorectic subject is simultaneously both the one who punishes and is punished, is simultaneously both a master and a slave of her own discipline.

I see that this perspective on anorexia opens the possibility to consider self-discipline and self-control also from the point of view of asceticism. If we take an anorectic discipline as in the sense of Merleau-Ponty more a matter of being-in-the-world, a matter in which one's life becomes the life of radical discipline, we are able to understand, that as such, discipline reorganizes one's lived space and time, one's relations with others and with oneself. Yet, at the same time from the perspective of comparative religion, there opens a door to approach the anorectic "axis of discipline" on the hermeneutic level, in which anorectic discipline gives rise to the quest for meaning, understanding and interpretation. In the long run, it would be fruitful to consider anorexia more as a paradoxical identity which can be understood than as a disease with some cause. There should be more concentration on how control is perceived as me, as identity, which is not given from an outside a person, but which constitutes mostly passively by acting inside an anorectic system of giving meanings. Next I turn to my second research attitude, to a cultural analysis which starts with the subjects' lived experiences.

A cultural analysis which starts with a subject's lived experience

I think, that anorexia is able to illustrate and reflect more widely our relation to our bodies as modern-day and some of the central threats

of our western culture at the same time. One crucial aspect in anorexia is to perceive one's own body as object.

It has been stated, that especially on the level of the body the surrounding contemporary culture and the world are perceived increasingly more alien. Artificial human relations in the net, having sex in virtual reality and the daily "interaction" with vending, food, candy, coin etc. machines just cannot be without any effect on one's sense of one's own body. Recently there has been discussion about chemical "additives", such as astro-colors in food. At the moment issues like gene-manipulated food, hormone meat and BSE are under discussion in Finland and in other European countries. In front of news about, for example, AIDS, ebola-virus and environmental pollution one may often be alarmed about one's own body and health. As Susan Bordo writes in her book: *"Unbearable Weight: Feminism, Western culture, and the Body,"* anorexia calls our attention to our modern fear of loss of control over our future (Bordo 1993: 139).

As mentioned above, one of my informants described her relation to her own body: *"I dont know my body."* Sociologist Chris Shilling writes that the question of what the body is, is a serious question of the present time also much largely — namely on the fields of science of medicine, gene-technology, plastic surgery and sports science. It is typical that we all are in confusion with our own bodies and the concept of the body nowadays (Shilling 1993: 3–4). I would like to add to this that through anorexia we are able to see perhaps even in too clear a way what is the end of a pursuit of full fitness and complete efficiency in our lives. It is somewhat paradoxical to perceive how the idealization of "healthful living" reaches perfection in anorexia.

Sociologist Morag MacSween considers the body as vehicle and environment in her book: *"Anorectic Bodies: A Feminist and Sociological Perspective on Anorexia nervosa."* She writes that the concept of the body is at the center of the "fitness boom" of the 1980s and 1990s and fitness boom has been taken up by capital, mass media and the state, and its market is expanding (MacSween 1993: 154). Sociologist Bryan S. Turner aptly calls this fitness boom of our times and its practices in his book: *"Body and Society: Explorations in Social Theory"* "forms of secular asceticism" or "calculating hedonism" and argues also that anorexia is one of them (Turner 1984: 201, 205). For Turner the healthy body is, "the basis of the good life." As he states, "we become fit for consumption and have a positive duty to be fit" (Turner 1984: 172, 221).

Therefore, it would be fruitful to consider anorexia more in how it is on the continuum of our "healthy living", rather than as deviant or outside of it, anorexia and overweight belong to the same health-

discourse. It is important to notice that this process of “not taking anything inside” in anorexia is far from being only “psycho-biological regression” or a “flight back into psycho-biological childhood” of a teen-ager girl alone (see e.g. Crisp 1974), but it constitutes more in relation to the social world at present. I am not saying that it is wrong to choose to live healthy, or that there is information available on what is good and bad for health. I would like to stress the idea that anorexia is not so much about either health or sickness, but rather ambiguously or contradictory about these both at the same time. It is important to notice that anorexia and overweight belong to the same health-discourse. We should have more conversation about what the contents of our health-concept is, what we mean by it. At the moment, from the anorexia point of view it seems to me that the reverse side of being as the best example of our health culture — concern with bodily health — is a self-destructive project. What should we think about this?

It is interesting to see that there are many other cultural phenomena of the same type as anorexia. However, from the phenomenological perspective it would not be appropriate to seek direct sameness for these phenomena. That would only cloud the uniqueness of an anorectic experience. If we mention other cultural phenomena in which elements central to anorexia are also included, still, an anorectic experience would not be derived from them. It has to be understood first what an anorectic experience is in itself, and only after this it can be considered how it is comparable to other cultural phenomena. There are two particularly useful feminist theorists from this perspective, Marion Young and Kathy Davis, whose works I have found relevant here. Young is a phenomenologist who draws upon Merleau-Ponty and de Beauvoir. She describes bodily phenomena which are full of tensions, like pregnancy, ball throwing and breast feeding (Young 1990). Davis deals with discourses and practices of the female beauty system in the context of cosmetic surgery in her book *Reshaping the Female Body, The Dilemma of Cosmetic Surgery* 1995. As distinct from the contemporary feminist scholarship analysis of cosmetic surgery Davis is able to deal with both willingness and with criticism towards cosmetic surgery stated by those women who have decided to have cosmetic surgery (Davis 1995: 54–64). Although Young and Davis do not apply their theoretical conceptions to anorexia, I have found their analysis interesting to compare to this context. Many of the points these theorists make resonate with what I am saying/intend to say about anorexia.

Summary

Anorexia is often seen as a paradoxical state both among medical personnel and ordinary people. This paradoxical feature of anorexia is often regarded as an obstacle for understanding anorexia. What about a shift of perspective from which we approach anorexia? Instead of considering paradoxical sides of anorexia as an impediment there is the possibility to recognize them as the most peculiar condition of anorexia. If we consider the body of an anorectic person as an intersection in which the subject's relationship to social reality will be materialized and verified, we are able to see first how accurate a picture of the dual meanings, double bindings and paradoxical commitments of our present culture and its relation to a woman's body anorexia will draw up. Also, because the fact is that anorexia is a predominantly "women's" illness we have to take in account that the construction of subjectivity and in this context the construction of a lived anorectic experience of discipline, is not a gender-neutral process.

I think that anorexia is able to illustrate and reflect more widely our relation to our bodies as modern-day and some of the central threats of our western culture at the same time. It can be said for example, that one aspect in anorexia is to perceive one's own body as object. Anorexia requires us to consider the concept of the body of nowadays in a more problematic way. There can be raised for example an anorectic way to perceive one's own body as a separated, pure territory without polluting food or/and as a sacred private domain which has to be protected with extreme self-discipline regimes. From the cultural studies point of view, it can be stated that this surely is what anorexia is about, and as such it is not so far away from all of our personal fears towards global threats, like AIDS, BSE, and pollution — namely one's wish to dress within a protection-film under the circumstances of our times. These phenomena belong to the same cultural discourse/reality.

Finally, if we consider anorexia not so much as disease, which is an attack on one's body, but as an identity, I think we are also able to make a shift in seeing the experience of discipline not so much as an symptom of anorexia, but as a condition that one lives with. According to Merleau-Ponty, the body that is sensitive and in deep communion with its environment is not the biological object-body that science describes but is the "living body" or the "phenomenological body". The body is sentient, that is born together with a certain existential environment. It does not just passively receive sense-data but has a unique sensitivity to its environs (Bigwood 1991: 61, 62; Reuter 1995:

23). It can be said that one's living situation in anorexia becomes one of a discipline, becomes one of a denying.

The hermeneutic-phenomenological approach as a methodological starting-point requires that the focus be kept tightly on the experiences of anorectic persons. As methods I have chosen to use essays and interviews. These narratives given by anorectic persons should provide the very basis for my analysis. A phenomenological approach asks what anorexia is of itself. It is able to reduce a phenomenon to itself by putting brackets around all kind of explanations of the phenomenon in question. A phenomenological approach is able to provide concrete insights for those who deal with anorexia in a more practical way — namely physicians, therapists, family members and friends. With the help of a hermeneutic-phenomenological approach for its part we are able to have a true dialogue with an anorectic person. What is anorexia in itself as lived reality? I ask this question of myself and my informants. I have presuppositions about anorexia and so does an anorectic person her/himself. The situation is the same when someone is tries to understand a foreign religion. What does this ritual means? In what way it is meaningful for a member of the religion/culture in question? Thus, my desire is to understand anorexia— which can be said is one's experienced world and from which the whole world is perceived — in relation to my own comprehension of world. Through dialogue we are able to have contact. The starting point is that what an anorectic person says has to be taken seriously. During the dialogue I have to ask many times what you meant by that, does it means this? Yes? No. Oh, I see, you meant it in that way! We try to find consensus, an informant and I — we are in a hermeneutic circle, which is never closed, but open for new discussions. Here I would like to end with Hans-Georg Gadamer's words:

...We must always look for the real meaning of an utterance... Speaking is not logical deduction; it is, in a way, overcoming the world, and it produces something one has to interpret by the context in the boldest sense. The context here is not only the words but the whole life context.

The context, of course, is never given in its full extend. So interpretation seems to me very demanding, and, of course, a field of philosophical and philological activity. I know just one instance in which the interpretation of speech is not an additional supplemental moment, and in which we go to the essence of the matter themselves: that is dialogue. In dialogue we are really interpreting. Speaking then is interpreting itself. It is the function of the dialogue that in saying or stating something a challenging rela-

tion with the other evolves, a response is provoked, and the response provides the interpretation of the other's interpretation. In this way we know (an old Platonic insight) that the real mode of givenness of speech starts with dialogue ... Gadamer 1984: 63

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