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**Redefining the normal relationship to the
body through the study of psychopathology:
the borderline case of anorexia nervosa**

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*Redefining the normal
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the study of psychopathology:
the borderline case of anorexia
nervosa*

French Summary:

Notre travail de thèse porte sur l'analyse des rapports entre le normal et le pathologique à la lumière d'un trouble du comportement alimentaire : l'anorexie mentale. Nous cherchons conjointement à élaborer un modèle d'intelligibilité de l'anorexie mentale, et à déterminer ce que ce modèle nous enseigne du rapport *normal* et sain au corps. La normalité relève-t-elle d'une différence de nature ou de degré avec l'état psychopathologique ? Le critère de la normalité peut-il être saisi dans l'expérience antérieure au développement du trouble chez le sujet anorexique ? Peut-il être recherché dans une norme sociale extérieure au sujet ? Nous avançons que le critère de la normalité ne peut être découvert que de manière immanente, au cœur de l'expérience pathologique et de celle de la rémission. C'est donc à la conceptualisation de ces dernières que nous avons dû nous consacrer.

Notre travail comprend la conceptualisation de l'anorexie mentale comme d'une forme de production aliénée de la subjectivité dans le contexte sociologique déterminé de l'individualisme moderne. Nous nous appuyons premièrement sur les travaux de Dorothee Legrand, qui, à partir de la notion phénoménologique de « conscience de soi corporelle », voient dans l'anorexie mentale une rupture des liens typiquement complémentaires entre le corps-comme-sujet (le corps vécu depuis une perspective interne) et le corps-comme-objet (le corps visé, perçu extérieurement, mais aussi en tant qu'il partage une matérialité commune avec d'autres objets). Le sujet anorexique est celui qui, d'après cette conceptualité, cherche à transformer, de manière contrôlée, son corps-objet, afin d'en faire une matérialisation ou expression de sa subjectivité. Paradoxalement, l'amaigrissement et même la « négation » du corps-objet sont « auto-constitutives » en ce sens qu'elles contribuent à exprimer et consolider la subjectivité. Le sujet anorexique s'affirme à travers la modification contrôlée de son corps-objet : il fait de la dimension *objective* de son corps une sorte de miroir de sa subjectivité. Il peut alors, à partir de cette extériorisation maîtrisée, rechercher la validation de sa condition de sujet par d'autres sujets.

C'est parce que le vécu du corps-sujet est trop faible chez la personne anorexique, et celui du corps-objet hypertrophié, qu'elle tente de contrôler le corps-objet pour en faire un support externe doué d'une capacité expressive du *soi* et par suite une attestation de sa propre existence. Nous pouvons alors comprendre l'anorexie mentale dans une perspective hégélienne : le sujet anorexique « travaille » son corps pour y apposer le « sceau » de son intériorité, les déterminations de sa conscience. Ce faisant, il arrache à la matérialité brute du corps son caractère d'étrangeté et peut s'y reconnaître ; de même, il peut, à l'issue de son travail, obtenir des autres sujets une reconnaissance. Nous pensons cependant que ce modèle n'épuise pas la compréhension de l'anorexie mentale.

Selon nous, l'anorexie mentale relève plutôt d'une stratégie à composante addictive par laquelle, tout à la fois, le sujet tente de devenir un *individu* performant sur la scène sociale, et échappe à une réelle expression de sa subjectivité. Nous pensons que le « soi » du sujet anorexique est une notion opaque pour lui, dont les contours sont mal définis, et qu'il ne peut par suite extérioriser les composantes de ce « soi » dans le corps-objet. Comment le pourrait-il, en effet, s'il ne se connaît pas réellement lui-même ? Nous avançons ainsi que l'anorexie mentale procède d'une angoisse fondamentale : celle de l'indétermination de la subjectivité, notamment en raison de la prévalence de l'alexithymie dans la personnalité. Or, cette indétermination subjective interne coexiste, dans les sociétés occidentales modernes, avec l'injonction, intensément ressentie par les sujets anorexiques perfectionnistes, d'être « quelqu'un » – c'est-à-dire de devenir un individu accompli et d'obtenir à ce titre une validation sociale. Enfin, comme le mettent en évidence les travaux de Hilde Bruch, les personnes anorexiques souffrent d'un « sentiment d'inefficacité » intrinsèque, qui les persuade qu'elles ne sont pas réellement capables d'atteindre l'autonomie et d'avoir une incidence positive sur le monde extérieur par leurs efforts. L'amaigrissement joue alors un triple rôle : (a) il délivre une identité de substitution (sorte de « faux-self ») à la personne anorexique qui ne parvient pas à savoir *qui* elle est, (b) il permet, *via* cette identité substitutive, d'apparaître comme un individu ultra-performant dont les qualités de discipline et de réussite sont saluées par les autres, (c) il privilégie le rapport immédiat au corps et échappe aux difficultés propres à d'autres formes d'accomplissement individuel, comme le travail, qui mettent le sujet en relation avec une réalité *extérieure* potentiellement aléatoire et immaîtrisable. Le corps, lui, est *a priori* directement soumis à la volonté du sujet.

À l'issue de nos analyses, nous pouvons mettre en évidence les articulations nodales de la rémission, qui relèvent de l'acquisition d'une réelle autonomie par le sujet. Celle-ci est indissociable (1) d'une capacité à connaître et à discerner ses états émotionnels internes et à développer une notion immanente du « soi » qui n'est alors plus indexée sur des indices externes ; et (2) corrélativement, d'une aptitude à démêler les signaux inhérents au corps et à atteindre une forme corporelle dont la norme est donnée par le corps lui-même. Quand le corps n'est plus chargé de symboliser une subjectivité dont les notions internes sont trop faibles voire inexistantes (alexithymie et faible sentiment intrinsèque du soi), il peut alors obéir à des normes qui lui sont propres, ce qui constitue le critère du rapport sain au corps. Le rapport pathologique au corps est ainsi celui qui instrumentalise le corps pour en faire la preuve externe compensatoire d'une subjectivité vécue comme inexistante et discontinue ; le rapport sain au corps est celui, qui affranchi de cette finalité d'être le marqueur externe de la subjectivité, peut se régler sur ses propres besoins.

Mots-clefs : anorexie mentale, boulimie, trouble du comportement alimentaire, addiction, image du corps, subjectivité, conscience de soi corporelle, normal, pathologique, psychopathologie, alexithymie, autonomie.

"Redefining normality in relationship to one's body through psychopathology analysis: a study of the borderline case of anorexia nervosa."

Summary

Our research focuses on analysing the relationship between normality and pathology in light of an eating disorder: anorexia nervosa. Our aim is twofold: achieving a better understanding of anorexia nervosa, whilst also assessing how this clearer view can help us grasp what constitutes a normal healthy relationship to one's body. Does normality differ in degree or in essence from this psychopathological condition? Can normality be extrapolated from the patient's previous experience before the onset of anorexia? Can it be found in the social norm outside of the patient? We argue that the criterion of normality can only emerge and emanate from the heart of the pathological experience and its subsequent recovery. We were therefore compelled to focus our study on a definition of the latter two .

Our research includes a conceptual definition of anorexia nervosa as an alienated by-product of subjectivity within the determined sociological context of modern individualism. We base our study on the findings of Dorothée Legrand who, starting from the phenomenological notion of "bodily self-consciousness", reaches a vision of anorexia nervosa as a rupture of the typical relationship between the "body-as-subject" (the body perceived from the inside) and the "body-as-object" (the body perceived and targeted from the outside, as sharing its existence with other external objects). According to this definition, an anorexic patient seeks to transform, in a controlled fashion, her own object-body in order to turn it into a material expression of her subjectivity. Paradoxically, losing weight and becoming thin, even to the point of reaching a negation of the object-body, are inherent parts of the process insofar as they contribute to expressing and consolidating the patient's subjectivity. The anorexic patient's self-affirmation is achieved through the controlled modification of her object-body: she uses her objective dimension as a mirror of her own subjectivity. She is then able, from that exteriorised controlled manifestation, to seek self-recognition from others.

The fact that the awareness of the subject-body is too weak in an anorexic patient, as opposed to an overpowering object-body, leads her into trying to control the object-body in an attempt to turn it into an external prop for expressing her inner self, and thus bearing witness to her own existence. This allows us to understand anorexia nervosa in a Hegelian perspective: the anorexic patient works on her body, so as to stamp it with the seal of her own inner self, determined by her own conscience. This enables her to escape the estrangement of her own raw material body and allows her to inhabit a body she recognizes as her own; the workings on her body will also allow her to achieve self-recognition from others. However, this definition does not cover the full extent of anorexia nervosa.

In our opinion, anorexia nervosa appears to be a partly addictive strategy through which the patient attempts to become a socially integrated individual, whilst avoiding a true expression of her inner subjective "self". We think that the anorexic patient's notion of self is opaque and ill-defined, hence hard to exteriorize within the object-body. Indeed, how could she express something she does not fully grasp (or maybe, rather, "experience")? We suggest that anorexia

nervosa stems from a fundamental anxiety: that of an undetermined subjectivity, due notably to a predominance of alexithymia in the personality. Interestingly, this lack of subjective self-awareness coexists in our modern western society with a pressure, keenly felt by perfectionist anorexics, to be "someone", i.e. , to become an accomplished individual and be granted social recognition as such. Lastly, as revealed by Hilde Bruch's work, anorexic people intrinsically suffer from a feeling of "inefficiency", which makes them convinced they are not really capable of leading autonomous lives and to have a positive impact on the outside world despite their efforts. Achieving thinness therefore brings three outcomes: (a) it provides a substitute identity (a kind of "fake self") to the anorexic person unable to find out who she is, (b) it allows them, through this substituted identity, to appear like a highly performing individual, admired by others for their self-discipline and high achievement, (c) it allows an immediate relationship to their body and provides an escape from other personal achievement demands, such as work, which confront them with an *external* reality potentially uncontrollable and unpredictable. On the opposite, the body is perceived as ultimately self-controlled.

Our analyses lead to an understanding of the key stages of recovery, which depend on the patient gaining real autonomy. This autonomy can only be achieved firstly through a capacity by the patient to identify and understand her own inner emotions and develop an immanent "self" awareness, no longer dependent on external parameters, and secondly through an ability to understand signals inherent to her own body and achieve a body shape adapted to the body itself. When the body is no longer forced to be the symbol of a subjectivity based on a weak or non-existent self-awareness (alexithymia), it can then fulfill its own individual norms. This is the criterion of a healthy and normal relationship to one's body. Thus, a pathological state is that of a body being used as physical proof and compensation for a subjectivity experienced as non-existent and ill defined; whereas a healthy relationship to one's body is one which follows its own needs, freed from the coercion to be the externalised marker of a subjective state of confusion.

Keywords: anorexia nervosa, bulimia, eating disorders, body image, addiction, recovery, subjectivity, self-awareness, autonomy, alexithymia, psychopathology.

Redefining the normal relationship to the body through the study of psychopathology: the borderline case of anorexia nervosa

"But since I was not sure of anything, since I was waiting for every moment for a new confirmation of my existence, since there was nothing that was in my real possession, unquestionable, exclusive and determined by me alone without equivocation [...], I began to doubt also that which was closest to me, my own body."

(Franz Kafka, *Letter to the father*)

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Introduction: the nature of the relationship between normal and pathological

"In Comte's thought, interest is directed from the pathological to the normal, for the purpose of speculatively determining the laws of the normal [...]"¹

¹ Georges Canguilhem, *Le normal et le pathologique*, Paris, PUF, 1966, 11th edition "Quadrige", 3rd printing, 2011, I, "Introduction to the problem", p. 14.

"We hear it in Renan: "Sleep, madness, delirium, somnambulism, hallucination offer to individual psychology a much more advantageous field of experience than the regular state. For the phenomena which, in this state, are as if effaced by their tenuousness, appear in extraordinary crises in a more sensitive manner by their exaggeration [...]". [...]"²

"Quoting a long passage on health and disease from the Lessons on Animal Heat (1), Nietzsche prefaces it with the following reflection: "The value of all morbid states consists in this, that they show under a magnifying glass certain conditions which, although normal, are hardly visible in the normal state." (The Will to Power, §533, tr. Bianquis, N.R.F., I, 364)."³

The aim of our study is to investigate the "normal" relationship to the body through the conceptualization of pathological experience, and more specifically that of anorexia nervosa, sometimes coupled with bulimia accompanied by vomiting. In doing so, we first consider the pathological experience as an "exaggeration" that would make the constitutive aspects of

² Ibid, p. 15.

³ Ibid, p. 16.

normality appear in large print. This expression - "pathological exaggeration" - is intended to suggest that the pathological is wholly or partly an exacerbation of tendencies inherent in the normal itself. However, by deepening the analysis, we notice that two hypotheses can be considered:

- 1) The pathological is an exaggeration of tendencies internal to the normal itself - there would be a difference in degree between the two states;

- 2) The normal intrinsically possesses the condition of its own rupture - there would be here a difference of nature.

According to the second idea, the normal would contain the possibility of its own vulnerability. There would thus be a difference in nature, as well as the preservation of a constitutive link between the normal and the pathological, and consequently the possibility of interrogating the former in the light of the latter. We believe that, in the specific case of anorexia nervosa, the two options are not necessarily mutually exclusive. This is the basis of the complexity of this psychopathology.

Eating disorders have a borderline status that seems to place them at the crossroads of socially considered normal and pathological behaviours. Indeed, anorexia nervosa does not immediately seem to result from an alteration of consciousness, of the exercise of judgment and of willpower. Weight loss is rationally organized around food rituals and draconian restrictions in order to obtain a certain number of benefits that the subject believes are associated with thinness - an idea that finds a more general cultural echo that is not indifferent in the development and perpetuation of the disorder, even if it cannot be a *sufficient* criterion.

Anorexia nervosa is thus characterized by attitudes and ways of thinking that are far from immediately appearing as a form of madness or *delusional* discourse: the discourse on the advantages of thinness, particularly among women and in well-to-do social circles, is prevalent; moreover, it tends to be generalized to the whole of society. In the same way, a behavior of self-control, as is the one of the anorexic who watches her food consumption and manages to honor the objectives she has set, is a socially valued behavior and perceived as the guarantor of individual success.

On the face of it, then, everything in the psychological and behavioral arsenal of anorexia nervosa, unlike, for example, bulimia nervosa (as a stand-alone diagnostic syndrome, not as a symptom associated with prevalent anorexia nervosa), cannot be immediately medicalized and pathologized by social observers. This fact appears in the testimonies of many anorexic people who were applauded and encouraged for a long time in their behavior - which was however *qualitatively* equal to the one that was later held to be unreasonable and insane - before arousing the concern of the entourage. We could compare, in this situation, the anorexic subject to Tellenbach's "*Typus melancholicus*, which by its taste for order and its extreme demands on itself is socially valued and even "hypernormal" but is nonetheless the very condition for the occurrence of melancholia"⁴ , mentioned by Arthur Tatossian in his *Phenomenology of Psychoses*⁵ . The analogy is limited insofar as the *typus melancholicus* is of the order of the personality predisposing to the melancholic depression whereas we evoke *already* anorexic behaviors, but here also it is that for which the young anorexic women are valued - their socially aestheticized thinness; the virtues of discipline and self-control, of temperance and frugality, readily attached to this thinness in the common judgment - which corresponds, in the intimacy (i.e. in the space escaping the social glance), to radically self-destructive behaviors. In other words, they are behaviors of self-maltreatment, both psychological and bodily, which give rise to an image or appearance of hyper-adaptation and hyper-performance that others sometimes go so far as to expressly envy. Anorexics are aware of this "jealousy" which they reinterpret as a sign of their own superiority but also of high functionality. We could thus say that anorexic subjects do not feel so much "normal" as "hypernormal": far from seeing themselves, and being

⁴ Arthur Tatossian, *La Phénoménologie Des Psychoses*, Paris, L'art Du Comprendre, 1997 , p. 19.

⁵ Ibid.

socially perceived, as deviant or dysfunctional, they can maintain themselves for a long time in the belief (and social judgment encourages them to do so) that they are *more fit* than average. There is thus an inversion, or again: there is not pathologization but idealization, in a first time (variable but relatively long), of anorexic symptoms.

It is indeed remarkable that the concern is always late, associated with a particularly spectacular loss of weight giving anorexic subjects a cadaveric appearance. It seems that below this level, the signs of the disease are undetectable and in any case not perceived as problematic. It is *once* a dramatically low weight is reached that the other symptoms of the disease appear as symptoms or disturbing behaviours: the fact of skipping meals and thus disrupting the family's eating patterns, the fact of disrupting the course of meals by having inappropriate attitudes such as cutting the food into small pieces that are finally folded up at the corner of the plate, and more generally all the lies and acts of concealment that can only appear as such from the moment when the subject seems *visibly* committed to a mortifying process.

Thus, it is not so much the decision to lose weight, nor the very principle of dietary restriction, that is shocking, as *the excess* and the (now noticeable) lack of (temporal) end to these behaviors and processes; and the sign of this excess is an exaggerated weight loss to the point of all outside observers agreeing on its unhealthy and unsightly character. From this point of view, we could say that the retroactive and late diagnosis of anorexia nervosa corroborates the criteria of Arthur Tatossian's definition of the "object of psychopathology"⁶ : it is not "the simple deviation of behavior, that is to say deviant behavior"⁷ , that can constitute such an object, because "any behavior is potentially present in the human being"⁸ . But what "characterizes the healthy being is that he can prevent *the autonomization* or the *temporal persistence* of the deviant behavior

⁶ Arthur Tatossian, *La Phénoménologie Des Psychoses*, *op. cit.* , p. 19. See also on this subject : Maël Lemoine, " La définition des " troubles mentaux ". Brève introduction à une question fondamentale de la philosophie de la psychiatrie contemporaine ", *L'enseignement philosophique*, vol. 62e année, no. 2, 2012, pp. 58-70.

⁷ Ibid.

⁸ Ibid.

and not the absence of its potentiality nor of its incidental realization"⁹ . What is psychopathological, and which in this case arouses the concern of relatives, is the recurrence of a deviant behaviour, its autonomization, its ritualization and its persistence over time, but not the fact that it is virtually contained within a personality or even that it occurs sporadically. Occasional vomiting, temporary use of laxatives and diuretics to lose weight are not enough to diagnose anorexia nervosa: the rapid reversibility of these behaviours would be, according to Arthur Tatossian's definition, a sign of mental health. Psychopathology, and here more precisely the eating disorder, begins with the hardening and temporal persistence of deviant eating practices, their progressively rigid and obsessive aspect, compulsive and then finally incoercible. Indeed, "deviant behavior *can* be abnormal but insofar as the person who presents it *cannot* not present it"¹⁰ : mental illness is inseparable from the tipping point beyond which the behaviors have become autonomous and irrepressible, even though the subject could initially consider them as his volitions. Any anorexic subject, when he or she finally overcomes the denial surrounding his or her condition and its seriousness, recognizes that he or she is "sick" by the very fact that his or her behaviors are *stronger than he or she is*. Anorexia nervosa, which he or she first experienced as a control strategy, now controls *him or her* and seems to be a machine that has gone haywire.

Thus, we are studying a psychopathology that is retroactively pathologized only from the extreme outcome that her behaviors produce. Only then - once the anorexic girl has fallen below 35kg and is hospitalized - are the rationality of her motivations and beliefs behind her desire to lose weight questioned. Only then does the question arise of a "premorbid" personality that predisposed the subject to attribute an inordinately positive value to thinness, or even to attribute to the latter a magical power - in a superstitious way of thinking - of solving all existential and identity problems (which burst out par excellence at puberty). Thus, when we ask what could, from the psychopathological experience, enlighten us on the "normal" relationship to the body, we owe it to ourselves to make two precisions:

⁹ Ibid.

¹⁰ Ibid.

- 1) At a distance from the definition that we have quoted, from Arthur Tatossian, of the object of psychopathology as recurrence and incompressible systematization of deviant behavior, the psychopathological experience is not limited, according to us, to the course of anorexia nervosa itself, from the decision to lose weight to its implementation, with passage in many cases from a purely restrictive anorexia to an anorexia coupled with bulimia associated with vomiting. The disordered relationship to the body, which we could say "primary" (pre-existing to the disease), and which itself makes the anorexic experience *possible*, is included in what we call "pathological". It will be a question for us to elucidate the different dimensions of this relationship to the body, which settles in childhood and adolescence, and explains why only certain young women develop anorexia nervosa while all are, in principle, exposed to social injunctions to be thin. It should be noted that the "primary" relationship to the body undergoes potential alterations when it is "invested" in the anorexic process, which itself tends to generate new norms. It will thus be necessary for us to describe these alterations;

- 2) The "normality" of the relationship to the body that we want to determine cannot be limited to what is socially held to be "normal", so much so that we see that the borders between female behaviors considered desirable and "pathological" anorexic behaviors are tenuous. Even if, as we have said, the anorexic process is *retroactively* qualified as "pathological" in the light of excessive weight loss, and one could then be tempted to radically distinguish between restrictive female behaviours that do not lead to mortifying weight loss and restrictive female behaviours that would be always-already mortifying and anorexic (but perceived retrospectively as such), the difference in nature between the two cases is not so easy. Here, we must take into account two data that complicate the scope of the study:
 - a) Anorexia nervosa is not limited to the *obviously* shocking and excessive cases of weight loss, but embraces a much more heterogeneous and diverse experience. The model of the young woman weighing 33kg does not cover *all* anorexic experiences,

far from it, and anorexic subjects are the first to suffer from their feeling of illegitimacy when they do not conform to this extreme case which seems to "justify" medical care and the status of "sick". This is one reason why young women with anorexia (and sometimes bulimia) underestimate the severity of their condition and delay seeking medical attention. Marya Hornbacher reports in her autobiographical novel *Wasted* about her years of anorexia nervosa that the doctors themselves (or the nurses) were able to belittle patients whose weight was not spectacularly low: "you're not *that* sick"¹¹. However, we will endeavour to show that weight is not an indicator of the severity of the illness and that anorexic experiences are much more disparate and differentiated than we think, some being precisely at the limit of social behaviours considered "normal";

- b) As a corollary, many female behaviours considered normal and socially encouraged are what we could call "proto" anorexic forms and are in any case on the margins of psychopathology, with more or less high possibilities of slippage according to the psychological complexion of the subjects. The fact is that, if the modern western social model cannot, for reasons that we will explain, be considered as a triggering factor of the disease or even as an absolutely necessary criterion of the latter, the fact remains that the disease, having become much more visible - as a media theme or as an object of discussion among young women - resembles a "trap" into which vulnerable subjects would be *even more likely* to fall by mimetic reaction¹².

¹¹ "I mentally beg the doctor not to say, looking at my chart, Well, you don't *look* anorexic. He says it. They always say it. Unless you are so emaciated that you can barely walk, people don't think you "look" anorexic." [I mentally beg the doctor not to say, when he looks at my charts, Well, you don't *look* anorexic. He does. They always do. Unless you are so emaciated that you can barely walk, people don't think you 'look' anorexic.] In Marya Hornbacher, *Wasted. A Memoir of Anorexia and Bulimia*; New York: Flamingo, 1998, p. 242. We translate.

¹² Hilde Bruch writes: "Today, most patients have read or heard about anorexia nervosa before or after becoming ill. [... In the past, the illness was a lonely girl who felt she had found her own way to salvation. Now it is more of a group reaction. See *The golden cage. The enigma of anorexia nervosa*, trans. Anne Rivière, Coll. Perspectives critiques, Presses Universitaires de France, Paris, 1979 [1978], p. 11. See

Finally, it should be noted that socially understood "normality", which makes weight a theme, if not obsessive, then at least excessively recurrent among women, is one of the parameters that make the process of remission extremely complex and perilous. Indeed, anorexic subjects in recovery must, at the same time as they learn to eat and to modify the beliefs with which they reason and with which they identify, and inseparably from this effort, learn to guard against the discourses that constantly surround women's weight. The latter can be the cause of relapse, since the anorexic subject starts to think again that his or her practices are in line with what is expected of women and considered more generally as the only way to succeed and be valued.

Thus, we will have to consider the pathological experience as encompassing aspects of the "premorbid" personality that already engage a quite singular relationship to the body, in particular by showing that the body is very early perceived as something external to oneself that one does not really possess; and to determine conceptually the bases of a "normal" relationship to the body emancipated from the criteria of social normality. Indeed, the notion of "normality" that we intend to release from the pathological experience is *at the same time* a normality of which we will see that the anorexic subject, not only does not find the criterion in the social life, but does not have any experience even previous to the illness. It is a normality which can appear, *for the anorexic subject himself*, only as derived from the anorexic experience - this last one being loaded with teachings.

Finally, let us specify that, if we extend the notion of the "pathological" to certain dimensions of the lived experience - and of the premorbid personality - prior to the anorexia nervosa itself, we still make a distinction in nature between these two elements. Indeed, if the relationship to the body can be described as unstable and precarious well before the entry into the anorexic process, it remains that the latter introduces a *rupture* in the course of the experience, by

also R. Sidella, "Anoressia e mimesi secondo René Girard"; *Rivista Internazionale di Filosofia e Psicologia*, 2011; 2(1), pp. 66-73.

generating, as we have said, its own norms. These new standards, which are generated *in and by* the anorexic experience once installed, have an ambivalent status. They are at the same time what leads the subject into compulsions and behavioral cycles that he or she no longer seems to control - this is the *addictive* dimension of eating disorders, which appears in the repetition of acts that were initially purely voluntary and not experienced as forced -, and are at the same time generators of such a chaos in the subject's life - by their destructive aspect - that they can awaken in him or her a powerful desire for remission that may push him or her to seek a new normalcy and health. It will thus be a question of studying two movements inseparably:

- The one by which anorexia nervosa is part of the *continuity* of the previous experience lived and within which the subject was still considered as "healthy" and "normal";
- The one by which anorexia nervosa *breaks* with the previous experience by generating new norms of functioning, both bodily and in terms of modes of thought.

Thus, there would be simultaneously rupture and continuity in the anorexic experience: difference of degrees and difference of nature as for the previous experience. But, we said it, the previous experience is not worth standard of health. We will have thus, during our study, three major plans of analysis:

1. The phase prior to the development of anorexia nervosa, of which we will have to describe the determining and proto-pathological aspects, even already pathological;
2. Anorexia nervosa *stricto sensu*, of which we will try to conceptualize the main articulations and the diversity of experiences;
3. The normality of the relationship to the body and to oneself towards which the process of remission tends, whose norm is neither social nor anterior to the disease, and which

we would like to define.

Finally, we would like to specify that, in the process of remission where the subject gradually puts at a distance not only his former eating behaviors but also the thought patterns and emotional mechanisms that underlie them, he undergoes an authentic reorganization of his personality. As we have said, the normality to which he aspires is not a return to a situation prior to the illness where he would have been balanced. Now, the fact that there is no determined reference, empirical (past) or even ideal (theoretical), is experienced for a long time in a problematic way for the convalescent subject who despairs of being able to settle durably in a post-disease state that will seem desirable and livable. Remission is characterized by a disconcerting feeling of precariousness, instability and indeterminacy. In this respect, it presents a twofold challenge: both to bear the irreducible part of indeterminacy that existence entails (in this sense, the situation of remission does not have to be overcome; it is exemplary) and to find a new economy of functioning in which the subject will feel stabilized and capable of leading his or her life (in this sense, the situation of remission is experimental, provisional, and progressively bears fruit, allowing one to reach a better state).

A particular difficulty arises during the remission phase, which lasts on average 5 to 10 years: which of the anorexic person's character traits can he or she keep and which ones must be transformed in order not to persevere in a deleterious affective and cognitive complexion and a relationship with the body? What is troubling for the anorexic subject is to notice that he cannot entirely renounce certain tendencies or existential attitudes, and to act as if the personality attached to the period of anorexia nervosa was unilaterally pathological. In reality, certain dispositions of this personality are not *intrinsically* bad and it would be a kind of paranoid reasoning to want to dismiss them with the idea that, by association or contiguity, they would have the power to degenerate again into psychopathological form. Consequently, a major stake of the remission is the overcoming of the addictive mode of thought in "all or nothing" from which the anorexic subject struggles to get rid of, even when he has managed to abolish the eating symptoms of his disorder. Is it necessary to revoke "all" the previous personality, and to operate a metamorphosis by profoundly modifying all the beliefs with which the subject identified himself; or can remission preserve certain aspects of identity by re-evaluating them and inscribing them in new boundaries where they are counterbalanced by new perspectives?

The possibility of personality plasticity in the remission process is thus a problem that we will have to explore.

Thus, we could reformulate the main object of our research in the form of the following series of questions: How can we understand the normal relationship to the body through the psychopathological case of anorexia nervosa? What is the limit beyond which certain components of the personality become pathogenic? Do remission and normality engage a complete re-evaluation of the personality, with the aim of a metamorphosis of the latter; or do they aim at inserting within certain limits existential beliefs and attitudes which, without these limitations, in other words by *excess*, would degenerate into mental illness? Is anorexia nervosa the result of beliefs pushed to extreme levels where they become rigid and superstitious whereas they possess a background of rationality and coherence, and can be virtuous under certain conditions; or are these beliefs linked to the pathological state intrinsically problematic?

Chapter 1: State of knowledge and working method

I - Clinic of anorexia nervosa and definitional elements

a) Semiology

When interviewed by researchers, a young woman with anorexia presented herself as follows:

"I've been depressed all my life. I have no self-esteem. I hate myself. I don't think I'm good enough. I don't think I can match my brother's accomplishments. I don't tell anyone how I feel. I punish myself a lot. I don't feel I have any positive qualities even though people tell me I have a lot of them. I talk to myself a lot, it's like a ritual, for example every time I eat or do something wrong, I tell myself I hate myself repeatedly. I put myself through the wringer by sleeping and eating very little. I have to constantly work and get busy. When I am at school or out and about in public, I act completely different and no one suspects that I am depressed. My parents have only just realized that no one knows anything about me. I don't know. I think I'm just not good at anything. That's it."¹³

¹³ Bers, S. A., Blatt, S. J., & Dolinsky, A. (2004). The sense of self in anorexia nervosa. A psychoanalytically informed method for studying self-representation. *Journal of American Psychoanalytic Association*, 52, 1241-1242; p. 306: "I've been depressed all my life. I have no self-esteem. I hate myself. I don't think I'm good enough. I don't think I can meet up to my brother's achievements. I don't tell anyone how I'm feeling. I punish myself a lot. I don't feel I have any good qualities even though people tell me I have a lot. I talk to myself a lot, like a repeated ritual, like whenever I eat or do something wrong, I say I hate myself over and over again. I drive myself very hard with little sleep and little food. I have to keep working and doing things. When I'm out in school and out in public, I act totally different and no one knows I'm depressed. My parents just found out that nobody knows anything about me. I don't know. I don't think I'm good at anything. That's it". Quoted by Dorothée Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their disintegration in anorexia nervosa"; *Neuropsychologia*, 2010, p. 727. We translate.

Before coming to the conceptual exploration of this testimony and its different aspects, let us specify the clinical signs of the diagnosis of anorexia nervosa. This diagnosis is made according to the "triad of anorexia, emaciation and amenorrhea"¹⁴ .

As we write in our article, "Anorexia nervosa: a fatigue of not being oneself?"¹⁵ , "anorexia - from the Greek *anorexia*, derived, with the prefix *an* privative, from *orexis* ("desire, appetite"), and literally meaning "absence of appetite" - constitutes an independent diagnostic syndrome as *anorexia nervosa*, and is not a simple loss of appetite attached to an organic disease or psychopathological syndrome (e.g., hysteria or depression)"¹⁶ :

"[...] [Following] the integration of fasting practices into the sphere of medical competence, anorexia moves, in the last third of the nineteenth century, from the status of a symptom of various diseases, particularly organic ones, to that of a diagnostic or symptomatic entity."¹⁷

¹⁴ Amandine Turcq in *Cognitive specificities of anorexia nervosa. Human Medicine and Pathology*. 2016. ffdumas-01473629 , p. 38.

¹⁵ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

¹⁶ Ibid.

¹⁷ Muriel Darmon, *Devenir anorexique*, Une approche sociologique, Editions La Découverte, Paris, 2003, 2008; p. 24. Quoted in: Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021. See also E. Shorter, "The first great increase in anorexia nervosa", *Journal of Social History*, n° 21, 1987.

We write, "when anorexia intervenes as a symptom in organic or psychiatric conditions, "the patients complain about this loss of weight or show themselves indifferent to it; they certainly do not take any pride in it as is the case of true anorexics"¹⁸ .

Anorexia nervosa involves deliberate, purposeful food restriction *without loss of appetite* and active resistance to normally (or even intensely) felt hunger"¹⁹ :

"Although food intake is markedly reduced, it is not because of a lack of appetite or less interest in food. On the contrary, these girls are terribly preoccupied with food and eating, but they regard self-privacy and discipline as the supreme virtues, and they condemn the gratification of their needs and desires as a shameful habit of self-indulgence."²⁰

Thus, it is not a question of an absence of appetite, but, one could say, of the opposite: anorexic girls choose to fight against a hunger that they experience in a shameful way, as if it were a voracity or a guilty sensual desire. There is thus a clear moral positioning: the subject must not give in to his or her needs and desires - these two planes being moreover little distinguished, as if desire constantly encroached on need. Also the frequentation of an anorexic is surprising at first by the omnipresence of the theme of food, the obnubilating character of this one - Hilde Bruch speaks about an "enormous interest for food"²¹ -, which we will see that it is at least as much the consequence of the prolonged fasting as a trait which pre-exists this last one. In the

¹⁸ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 19.

¹⁹ Margaux Merand and Maël Lemoine, "L'anorexie mentale: une fatigue de ne pas être soi?", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021. See also A. Failler, "Appetizing Loss: Anorexia as an Experiment in Living," *Eating Disorders*, 2006; 14: 99-107.

²⁰ Hilde Bruch, *The Riddle of Anorexia*, *op. cit.* , p. 8. Quoted in: Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²¹ *Ibid*, p. 17.

weight loss phase that marks the beginning of anorexia nervosa, however, hunger subsides under the effect of repeated restrictions:

"Even if there is an allegation of inappetence or gastralgia, the persistence of the sensation of hunger is usual, at least in the beginning. This sensation of hunger is sometimes sought as such, as a tension that gives feelings of elation and greater contact with the body thus mastered, subjected to the will. [...] In the course of evolution, the sensation of hunger tends to be restricted, as in any regular insufficiency of intake."²²

The anorexic subject practices food restriction as much out of a desire to lose weight as out of phobic anxiety about gaining weight²³, self-esteem being closely associated with physical appearance²⁴. Anorexia nervosa frequently begins with one or the other of these two scenarios:

- An initial diet that escalates into an eating disorder (ED);
- Initial, involuntary weight loss that continues into TCA.

It is common for anorexia nervosa to appear in young girls who have previously experienced repeated dissatisfaction with their weight as well as with short-term diets. Anorexia nervosa breaks with prolonged frustration and dissatisfaction with the body, and builds on a "natural" tendency to see the body as fat and imperfect. As the disorder and weight loss progress, the latter becomes "technicized" and the diet becomes meticulously regulated, with the gradual

²² Bernard Brusset, *Psychopathology of anorexia nervosa*, ed. Dunot, Coll. " Psychismes ", Paris, 2009 ; pp. 15-16.

²³ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* p. 16: "Anorexics do not suffer from a lack of appetite, but from a panic fear of gaining weight".

²⁴ American Psychiatric Association, *DSM-5, Diagnostic and Statistical Manual of Mental Disorders*, see criterion C for anorexia nervosa: "excessive influence of weight or body shape on self-esteem".

avoidance of certain foods (too rich, fatty, sweet, etc.) that are definitively forbidden, and the ritualization of a food intake that is extremely standardized in quantity and quality. At the same time, obsessive and delusional thoughts associated with food and weight gain develop: fear that water or toothpaste will make you fat, or the application of a moisturizing lip balm, etc. :

"I won't even lick a postage stamp, you never know with calories." ²⁵

Meals "in society", with friends or in a family context, become very problematic and the anorexic subject becomes accustomed to mythomania and concealment of his or her eating practices, which he or she knows are contrary to the "norm" but which he or she does not characterize as "pathological". Denial of the illness is a component of the diagnosis in a large majority of cases, at least in the early stages of the development of the CAT²⁶ .

Weight loss is defined as "an initial loss of 15% of expected weight (theoretical weight for age and height) or a BMI (body mass index) of less than 17.5 g/m² " ²⁷ , with the DSM-5 specifying different "degrees of severity" according to BMI:

Slight	BMI ≥ 17 kg/m ²
Moderate	BMI 16-16.99 kg/m ²
Severe	BMI 15-15.99 kg/m ²
Extreme	BMI < 15 kg/m ²

²⁵ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 15.

²⁶ "Denial of the disorder is almost systematic at the outset, which makes it difficult to identify, leads to a delay in treatment and raises the question of adherence to care", Amandine Turcq, *op. cit.* , p. 38.

²⁷ Amandine Turcq, *The cognitive specificities of anorexia nervosa. Human medicine and pathology op. cit.* , p. 37.

The weight loss is reflected in a "fat melting"²⁸ as well as an "amyotrophy"²⁹ making the body regress towards a prepubescent appearance by suppressing the forms linked to femininity. The weight loss is either displayed or hidden under loose clothing. It should be noted that the association of anorexia nervosa with a specific BMI is not without consequences on the greater or lesser feeling of legitimacy that anorexic subjects may have as such, and on their ability to admit the illness and the need to seek medical help. As anorexia nervosa tips over into bulimia nervosa (episodes or crises of bulimia on a background of persistent anorexia) - associated or not with purging techniques - in 20 to 50% of the cases³⁰, the weight is likely to vary greatly and does not allow, on its own, to diagnose anorexia nervosa or not. Pathological psychological representations as well as dysregulated eating behaviours (of the anorexic type) are frequently associated with apparently healthy or even overweight bodies. In this sense, a low BMI may help determine the urgency of medical care and hospitalization, but is neither absolutely necessary nor sufficient to diagnose anorexia nervosa. A critical note written by a patient with anorexia about the DSM-5 makes the following comment

"In my opinion, the DSM does not capture the underlying drivers of anorexia. I think the most self-destructive behaviors are a form of self-medication, and I'm very aware that my anxiety was greatly, greatly reduced when I was engaged in my eating disorder. Everything seemed peaceful and calm when my brain was just counting calories. For me, remission is about learning to manage anxiety in a healthy way. This has very little to do with enjoying Dove's advertising campaigns ["The Dove Campaign for Real Beauty," which aestheticizes and valorizes different body types and female bodies in its advertising images]. Yes, there are days when I "feel fat," but that basically translates into "I feel stressed." Somehow these two ideas got mixed up in my head [...], but that doesn't mean that the driving force for me is to get thin; the goal is to be calm, and thinness is the result."³¹

²⁸ Ibid.

²⁹ Ibid.

³⁰ <https://www.inserm.fr/information-en-sante/dossiers-information/anorexie-mentale>

³¹ C. Arnold, "Thoughts on DSM-5: Anorexia"; *ED Bites*, <http://ed-bites.blogspot.com/2010/02/thoughts-on-DSM-5-anorexia.html>: "In my opinion, the DSM doesn't really

This commentary puts right now in evidence the fact that the thinness is far from being the exclusive or even first finality of the anorexic food behavior. The thinness can be only the secondary consequence of a series of ritualized behaviors whose first goal is to reduce drastically the anxiety levels. In this sense, and because bulimic compulsions or raptures followed by vomiting can be used more than strict fasting to fight against anxiety, a person making several episodes of crisis per day will feel - and be - just as sick as a person installed in an exclusively restrictive behavior relatively stabilized. They will not be *less* anorexic for being less thin. We will come back in our study on the place of the search for thinness in anorexia nervosa.

Finally, amenorrhea is defined as a "cessation of menstrual cycles for 3 months previously regular or 6 months for previously irregular cycles"³² . However, it is no longer included in the DSM-5 criteria because it "is not applicable to non-pubescent girls, women taking oral contraception or postmenopausal women, or men"³³ . Here are the new diagnostic

do service to the underlying drivers of anorexia. I think most self-destructive behaviors are a way to self-medicate, and I'm very aware that my anxiety went way, way down when I was heavily involved with my eating disorder. Everything seemed very peaceful and quiet when my mind was just tallying calories. For me, recovery is about learning to manage anxiety in a healthy way. It has very little to do with appreciating the Dove beauty campaign. Yes, there are days when I "feel fat," but this mostly translates to "I feel stressed." Somehow, they got linked in my mind [...], but that doesn't mean the driver is for me to be thin; the driver is for me to be calm, and thinness was the result." We translate. See also Massimo and Wissia, "Hunger, Repletion, and Anxiety"; *Angelaki: Journal of the Theoretical Humanities*, 2011; 16(3), pp. 33-37.

³² Amandine Turcq, *op. cit.* , p. 37.

³³ *Ibid.* See also <https://www.cliniquetamour.com/le-traitement/anorexie>: "Previously, in DSM-IV, amenorrhea was considered a characteristic for making a diagnosis of anorexia. The increase in eating disorders in boys and men, as well as the difficulty in applying and validating this criterion for prepubertal girls, has prompted the scientific community to eliminate this criterion in DSM-5 in assessing the presence of anorexia."

criteria for anorexia nervosa as they appear in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5):

- | |
|--|
| <ul style="list-style-type: none">A. Refusal to maintain weight at or above a normal minimum weight for age and height.B. Intense fear of gaining weight or becoming fat.C. Altered perception of one's own body weight or shape, excessive influence of body weight or shape on self-esteem, or denial of the severity of current thinness. |
|--|

The DSM-5 distinguishes two forms of anorexia, a purely restrictive form and a form with binge eating and purgative behaviors (vomiting, abuse of laxatives, diuretics and enemas).

b) The (pre)anorexic personality

In addition to the triad of anorexia, weight loss and menorrhagia, the psychological and physical characteristics most frequently associated with the anorexia syndrome include the following predisposing traits

- A "physical and intellectual hyperactivity"³⁴ associated with a reduction in sleep time. Bernard Brusset evokes an "academic, social and physical" hyperactivity³⁵ experienced as a sum of constraints that the anorexic subject voluntarily inflicts on himself and that he values as such. Discipline and in some respects the austerity of the way of life are frontally opposed to any "passivity" perceived as a potentially destructive and disintegrating "letting go": "it happens that the idea of stopping seems to them to involve the risk of an annihilating inertia [...]"³⁶ ;

- Anhedonia - or loss of the subjective ability to feel pleasure³⁷ -, and asceticism. As researchers Walter H Kaye, Christina E Wierenga, Ursula F Bailer, Alan N. Simmons, and Amanda Bischoff-Grethe point out in their neurobiology of anorexia nervosa study, "Nothing Tastes as Good as Skinny Feels: The Neurobiology of Anorexia Nervosa," anorexic individuals are "capable of sustaining not only self-privileging of food, but also denying themselves most of the comforts and pleasures of life. "³⁸ . Anorexic subjects have a "superior ability to defer gratification...compared to healthy participants. Anorexics also have high sensitivity to punishment and low responsiveness to reward

³⁴ Amandine Turcq, *The cognitive specificities of anorexia nervosa. Human medicine and pathology, op. cit.* , p. 37.

³⁵ Bernard Brusset, *Psychopathology of anorexia nervosa, op.cit.* , p. 21.

³⁶ Ibid.

³⁷ "Anhedonia, or loss of the ability to experience pleasure, is a central symptom of major depression, schizophrenia and other neuropsychiatric disorders. The term 'anhedonia' was introduced by Ribot, a French psychologist, in 1896 to describe the psychic counterpart of analgesia in his patients.", In R. Gaillarda, D. Gourionb, P.M. Llorcac, "Anhedonia in Depression", *L'Encéphale*, Volume 39, Issue 4, September 2013, Pages 296-305.

³⁸ Kaye WH, Wierenga CE, Bailer UF, Simmons AN, Bischoff-Grethe A. Nothing tastes as good as skinny feels: the neurobiology of anorexia nervosa. *Trends Neurosci.* 2013;36(2):110-120. doi:10.1016/j.tins.2013.01.003 : "[...] able to sustain not only the self-denial of food but also most comforts and pleasures in life." We translate.

both during and after illness"³⁹ ;

- Perfectionism" and "performance anxiety"⁴⁰ . The personality predisposing to the development of anorexia nervosa, known as "pre-morbid", is indeed "marked by obsessive traits [...] [and] perfectionism [...] (Strober 1983; Wonderlich, Lilenfeld et al. 2005)".⁴¹ Perfectionism, in particular, is "found at all stages of anorexia (pre-AM, during illness, and after recovery) (Bardone Cone, Wonderlich et al. 2007)."⁴² ;

- A disinvestment and more generally a "disinterest in genital sexuality"⁴³ . As a corollary, bulimic episodes have been described as an "equivalent of masturbation by genital displacement"⁴⁴ . In all cases, anorexic or anorexic-bulimic (mixed) behaviour tends to be described as a regression towards a pregenital organization of sexuality;

- Social anxiety⁴⁵ as well as "avoidant personality traits are thought to be a risk factor for

³⁹ Ibid : "Subjects with AN have an enhanced ability to delay reward [...] compared to healthy volunteers. AN subjects also have high punishment sensitivity and low reward reactivity during both the ill and recovered states." We translate.

⁴⁰ Godart, C. Blanchet, I. Lyon, J. Wallier, M. Corcos, *Troubles du comportement alimentaire à l'adolescence*, EMC (2009) 10-308-D-10 Endocrinologie - Nutrition , quoted by Turcq, A., *op. cit.* , p. 37. See also H. Chabrol, "L'anorexie mentale de l'adolescente," *Développements*, vol. 14, no. 1, 2013, pp. 29-38.

⁴¹ Annaïg Courty, *Socio-affective difficulties in anorexia nervosa: impact on the severity of the disorder and comparison with Asperger's syndrome*. Psychology. Université René Descartes - Paris V, 2013 , p. 23.

⁴² Ibid.

⁴³ Bernard Brusset, *Psychopathology of anorexia nervosa*, *op.cit.* , p. 20.

⁴⁴ Ibid, p. 5.

⁴⁵ Kaye WH, Wierenga CE, Bailer UF, Simmons AN, Bischoff-Grethe A. Nothing tastes as good as skinny feels: the neurobiology of anorexia nervosa, *Op. cit.* AN is associated with high anxiety that is

and maintain anorexia nervosa (Troop and Treasure 1997; Troop, Holbrey et al. 1998)"⁴⁶. According to the DSM-IV-Tr, these traits include social inhibition, feelings of incompetence and hypersensitivity to the judgments of others - feelings of worth are consistently indexed to social and interpersonal judgments⁴⁷ ;

- A particularly striking feature of anorexia nervosa is dysmorphophobia⁴⁸ : the body is inadequately perceived as "fat" even though the anorexic subject is in a state of emaciation (or simply thinness). This trait is all the more surprising and incomprehensible because anorexic individuals are able to correctly assess the body shape of others⁴⁹ : "Patients and healthy subjects give comparably accurate results when

premorbid to the illness and persists after weight restoration. This suggests an underlying anxious trait that is independent of nutritional status." ("Anorexia nervosa is associated with high anxiety that is premorbid to the illness and persists after restoration of normal weight. This suggests the existence of an underlying personality trait independent of nutritional status"; We translate).

⁴⁶ Annaïg Courty, *Difficultés socio-affectives dans l'anorexie mentale*, *op.cit.*, p. 36.

⁴⁷ This is followed by "at least four of the following manifestations": ") Avoidance of professional social activities that involve significant contact with others for fear of being criticized, disapproval or rejection) Reluctance to involve oneself with others unless one is certain of being liked) Reservation in intimate relationships for fear of being exposed to shame and ridicule) Fear of being criticized or rejected in social situations) Inhibition in new interpersonal situations because of a sense of inadequacy) Perception of self as socially incompetent, unattractive or inferior to others) Particular reluctance to take personal risks or engage in new activities for fear of embarrassment. "In Annaïg Courty, *op. cit.* pp. 35-36.

⁴⁸ See in particular S. Skrzypek, P.M. Wehmeier, & H. Remschmidt, "Body image assessment using body size estimation in recent studies on anorexia nervosa. A brief review," *European Child Adolescent Psychiatry*, 10(4), 2001; and M. Probst, W. Vandereycken, J. Vanderlinden, & H. Van Coppenolle, "The significance of body size estimation in eating disorders: Its relationship with clinical and psychological variables," *International Journal of Eating Disorders*, 24, 1998, pp. 167-174.

⁴⁹ Kaye WH, Wierenga CE, Bailer UF, Simmons AN, Bischoff-Grethe A. Nothing tastes as good as skinny feels: the neurobiology of anorexia nervosa, *op. cit.* What about body image distortion? This may be the most puzzling of all AN symptoms, in part because AN individuals feel fat, but tend to have normal perceptions of other people's bodies." ("What about dysmorphophobia? It may be the most

estimating the size of neutral objects."⁵⁰ Also, body image distortion is "unlikely to reflect a general sensory-perceptual deficit."⁵¹ We will see in the course of our study that this characteristic must be qualified, is unequal from one anorexic subject to another and is likely to evolve in the same subject;

- Finally, alexithymia⁵², which is the difficulty in identifying, discerning and expressing emotions.

c) Physiological consequences of weight loss and psychiatric comorbidities

In addition to the psychological factors predisposing to and perpetuating anorexia nervosa, restrictive eating behaviors have important secondary physiological effects:

puzzling of all AN symptoms, in part because AN individuals feel fat, but tend to have normal perceptions of other people's bodies"; we translate). See also P. Sachdev, N. Mondraty, W. Wen & K. Gulliford, "Brain of anorexia nervosa patients process self-images differently from non-self-images: An FMRI study," *Neuropsychologia*, 46, 2008, pp. 2161-2168.

⁵⁰ Cash, T. F., & Deagle, E. A., III. The nature and extent of body image disturbances in anorexia nervosa and bulimia nervosa: A meta-analysis. *International Journal of Eating Disorder*, 1997, 22(2), p. 117: "[...] given that patients and controls gave comparably accurate size-estimates of neutral objects". We translate.

⁵¹ Ibid: "[...] is unlikely to reflect a generalized sensory-perceptual deficit." We translate.

⁵² Taylor, G. J., J. D. Parker, R. M. Bagby and M. P. Bourke. "Relationships between alexithymia and psychological characteristics associated with eating disorders. *J Psychosom Res*, 1996, 41(6): 561-8, cited by Annaïg Courty, *op. cit.*, p. 24.

- Low body temperature (hypothermia);
- Bradycardia or cardiac arrhythmia;
- Hypotension;
- A failing or reduced immune system;
- Intestinal and urinary problems;
- Extreme sensitivity to cold;
- Insomnia;
- Osteoporosis in some cases⁵³ ;
- A lanugo; etc.

Finally, the phenomena of psychiatric comorbidities are as follows:

- A major depressive disorder or episode or dysthymia (50-75%)⁵⁴ . Despite this significant prevalence of depression in anorexic subjects⁵⁵ , it remains difficult to determine whether mood disorders pre-exist anorexia nervosa or are consequential to undernutrition⁵⁶ ;
- Obsessive-compulsive disorder (25%)⁵⁷ . Studies show that "obsessive-compulsive

⁵³ For all the above cases, we refer to the side effects of weight loss as reported by Dorothée Legrand in the following article: Subjective and physical dimensions of bodily self-consciousness, and their disintegration in anorexia nervosa", *op. cit.* , p. 727.

⁵⁴ Dorothée Legrand, Subjective and physical dimensions of bodily self-consciousness, and their disintegration in anorexia nervosa ", *op. cit.* , p. 727.

⁵⁵ Godart, N. T., F. Perdereau, P. Jeammet and M. F. Flament (2005). "Comorbidity between eating disorders and mood disorders: review." 9(4): 249-57, cited by Annaïg Courty. Socio-affective difficulties in anorexia nervosa, *op.cit.* , p. 23.

⁵⁶ Annaïg Courty, Difficultés socio-affectives dans l'anorexie mentale, *op.cit.* , p. 23.

⁵⁷ Dorothée Legrand, Subjective and physical dimensions of bodily self-consciousness, and their disintegration in anorexia nervosa ", *op. cit.* , p. 727.

disorder [...] would pre-exist the development of anorexia"⁵⁸ ;

- Certain psychophysical traumas, such as sexual abuse (20-50%)⁵⁹ , "may be associated with a particular severity of the disease"⁶⁰ ;
- Drug or alcohol abuse (12-18%)⁶¹ ;
- Bipolar disorder (4-13%)⁶² ;
- A borderline personality⁶³ .

d) Epidemiology

Anorexia nervosa affects 1 to 2% of women. The prevalence is reported to be 0.48% in the 15-19 year old age group⁶⁴ ; it is "higher in Western countries, particularly in middle to affluent socioeducational settings. The prevalence of female anorexia varies [...] from 0.002% to 0.9%

⁵⁸ Swinbourne, J. M. and S. W. Touyz (2007). "The co-morbidity of eating disorders and anxiety disorders: a review." 35(4): 504-8, cited in Annaïg Courty, *op.cit.* , p. 24.

⁵⁹ Dorothee Legrand, Subjective and physical dimensions of bodily self-consciousness, and their disintegration in anorexia nervosa ", *op. cit.* , p. 727.

⁶⁰ Annaïg Courty, Difficultés socio-affectives dans l'anorexie mentale, *op.cit.* , p. 24.

⁶¹ Dorothee Legrand, Subjective and physical dimensions of bodily self-consciousness, and their disintegration in anorexia nervosa ", *op. cit.* , p. 727.

⁶² Ibid.

⁶³ Sansone, R. A. and L. A. Sansone (2011). "Personality pathology and its influence on eating disorders." 27(1): 73-97. *Innov Clin Neurosci* 8(3): 14-8. ; cited in Annaïg Courty, Social-emotional difficulties in anorexia nervosa, *op.cit.* , p. 24.

⁶⁴ Roux H, Chapelon E, Godart N. Epidemiology of anorexia nervosa: a review. *Encephale*. 2013 Apr;39(2):85-93.

in non-Western countries versus 0.1% to 5.7% in Western countries"⁶⁵ . Anorexia nervosa has a clear female predominance: "there are 9 women for every 1 man (APA 2006). The latest international studies confirm the stability of this ratio with a female prevalence of 0.9 to 2.2% in the general population, [...] and a male prevalence of 0.2 to 0.3%."⁶⁶ In this study, we will focus primarily on female anorexia and will systematically use the feminine for ease of language.

Anorexia nervosa has the highest mortality rate among psychiatric illnesses and "the prognosis remains relatively poor in the long term [in the eleven-year outcome study of anorexia nervosa]: 8% [of patients] died, 30 to 50% recovered without any notable physical or psychological consequences, 10 to 20% remained thin [...], 10% remained anorexic, 5% became anorexic-bulimic and 20% bulimic"⁶⁷ . Indeed, "a large proportion of the so-called "recovered" subjects retain abnormal eating behaviors with strong preoccupations about their weight and disturbances in body image (Garfinkel and Garner, 1982)"⁶⁸ . Within the communities that have formed over the last ten years on Youtube and other virtual platforms around the theme of remission of eating disorders, it is not uncommon for certain channel "hosts", who present themselves as cured, to be accused in this sense of maintaining pathological representations and of always being obsessed with thinness under the pretext of a desire to eat healthily (orthorexia). In fact, there are many channels among which people call themselves "ex-anorexics" who try to reconcile a strict diet (e.g. vegetarianism, veganism, or other restrictive diets mainly chosen for their low caloric intake rather than for conviction) and recovery from an eating disorder. The community - "*eating disorder recovery community*" - that spontaneously formed on the

⁶⁵ Amandine Turcq, *The cognitive specificities of anorexia nervosa. Human medicine and pathology*, *op. cit.* , p. 41.

⁶⁶ Ibid.

⁶⁷ Bernard Brusset, *Psychopathology of anorexia nervosa*, *op.cit.* , p. 36. See also the study: C. G. Fairburn, & P. J. Harrison, "Eating disorders", *The Lancet*, 361(9355), 2003, p. 407-416. See also D. B. Herzog, D. N. Greenwood, D. J. Dorer, A. T. Flores, E. R. Ekeblad, A. Richards, et al, "Mortality in eating disorders: A descriptive study," *International Journal of Eating Disorders*, 28(1), 2000.

⁶⁸ Amandine Turcq, *The cognitive specificities of anorexia nervosa. Human medicine and pathology*, *op. cit.* , p. 42.

internet regularly debates and many videos are exchanged to know who is really "cured" and who usurps this title to the detriment of the subscribers who use the channel for therapeutic purposes.

Finally, the suicide rate among anorexic subjects is higher than in the general population and remains the leading cause of death among them⁶⁹.

II - Etiological models of anorexia nervosa

a) The psychoanalytical model

⁶⁹ Dorothee Legrand, Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa ", *op. cit.* , p. 727. See also the results presented at the International Conference on Eating Disorders April 25-28, 2002, Boston : " A longitudinal study whose results were presented at the International Conference on Eating Disorders in Boston, shows that the risk of suicide in women suffering from anorexia nervosa exceeds that of women in the general population by a factor of 50 ". Finally, see M. Pompili, I. Mancinelli, P. Girardi, A. Ruberto, & R. Tatarelli, "Suicide in anorexia nervosa: A meta-analysis," *International Journal of Eating Disorders* (John Wiley), 36(1), 2004.

The psychoanalytical model of anorexia nervosa is based on the main hypothesis that eating behaviors are symptoms of intrapsychic conflicts and the somatic and behavioral evidence of structural flaws in the identity constitution of the anorexic subject⁷⁰. In particular, there would be a delay in the development or psychic maturation of the subject⁷¹, with fixation to infantile mental categories: Hilde Bruch identifies in this sense a set of erroneous beliefs and archaic (and paralogical) modes of reasoning that compose the thought circuits of her anorexic patients⁷². The challenge of therapy is to flush out such false premises of reasoning:

"Piaget taught us that the ability to think, the conceptual development, goes through specific stages. Although the potential for this staged development is inherent in human nature, it needs a stimulating environment to flourish properly. It seems that in young anorexics this stimulation is insufficient. They

⁷⁰ M. Corcos, M.-E. Dupont, "Psychoanalytical approach to anorexia nervosa", *Clinical Nutrition and Metabolism* 21 (2007) 190-200 ; p. 191 : " The child, then the adolescent, could not be nourished (digest and assimilate) and thicken from his own family history (i.e., in the end, identify himself): whether this history was empty or stereotyped, whether he was rejected because he was not invested in it, whether a trauma excluded him from it, or more insidiously, whether he was subjected to it, monopolized and parasitized by a parental problematic, threatening his autonomy ". See also H. Vermorel and M. Vermorel, " Abord métapsychologique de l'anorexie mentale ", *Revue française de psychanalyse*, vol. 65, no. 5, 2001, pp. 1537-1549.

⁷¹ Ibid: "To put it another way, the adolescent has lacked and lacks (psychic) space, which alters the construction and reconstruction of his or her bodily and psychic self.

⁷² See for example the constant questioning about the motivations of others, the attempt to guess and anticipate parental expectations in order to conform to them, which engenders a typically infantile splitting of thought, cf. Hilde Bruch, *Conversations avec des anorexiques*, Paris, Ed. Payot et Rivages, coll. "Petite Bibliothèque Payot", 2005, p. 72: "Because she thinks that they want to be kind and considerate, their daughter finds herself in a permanent tension caused by the effort to guess their feelings and to show that she believes they are behaving with 'kindness and consideration'. This produces in the patient a rigorous good behavior and a duplicated thought process that normally characterizes the moral judgment of a very young child. This type of thinking (where one tries to continue thinking while trying to understand parental reactions and motivations) is typical of anorexics, even in those who sometimes indulge in fits of disobedience or angry disagreement.

continue to function with the moral beliefs and thinking style of early childhood. Piaget called this phase the phase of preconceptual or concrete operations; it is also called the period of egocentrism, and is characterized by concepts of magical efficiency. It seems that anorexics are unable to move beyond this phase, at least in the way they approach personal problems. The development of the characteristic phase of adolescence, which implies the ability for formal operations, abstraction of thought and independence of judgement, is insufficient or even totally absent in them." ⁷³

The psychoanalytical model highlights a major axis of interpretation: the articulation or rather the entanglement of maternal desire and the desire of the anorexic subject, and the consequent difficulty, for the child, to identify and affirm his or her own desire beyond the feeling of being a narcissistic - but also bodily - extension of the mother. In sum, psychoanalysis tends to show that the anorexic person lives her body - whose contours are not clearly defined - as not belonging to her but being taken in the "maternal incorporation"⁷⁴. Moreover, she does not manage to constitute herself as an autonomous subject endowed with her own desires since her existence is subordinated to the satisfaction of the parental desire⁷⁵. Also the realization of its own desires is very early conceived as "usurped" on that of the hegemonic expectations of the parents; expectations that the child constantly seeks to anticipate and to satisfy to the detriment of its own evolutions of character and desires:

"The scary situation is to guess in advance what the parents want to give and to accept the gift with enthusiastic gratitude. [...] Una remembered how one day, as she was leaving for school, she discovered a box containing a beautiful Indian headdress. She rightly concluded that it was her Christmas present. She had lost interest in Indians by then and had felt embarrassed at the thought of wearing such a headdress, but she started talking about Indians again, because what mattered was that her mother was

⁷³ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.*, p. 62.

⁷⁴ *Ibid*, p. 192. Beyond this aspect, see in particular: F. Guillen, "L'anorexie mentale : symptôme ou acting-out ?", *Psychanalyse*, vol. 5, no. 1, 2006, pp. 59-69. See also V. Marinov, *L'anorexie, une étrange violence* ; Paris, Presses Universitaires de France, 2008.

⁷⁵ The anorexic subject "had to mould herself to her [parents'] wishes and expectations - in effect - to be without thought or the ability for self-directed action", In Dorothee Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op. cit.*, p. 730.

happy with the gift she had chosen. She pulled out old books and began to draw Indians, all to reassure her mother. Even during treatment, she did a lot of detective work to find out what her parents were planning, and then find subtle ways to let them know that this was what she wanted." ⁷⁶

Hilde Bruch insists particularly on the servility of the child (that the anorexic subject was) towards his parents, his excessive docility and his passive "model child" towards whom the anorexic symptom appears as a subversion and an attempt to break with the fusional relation to the parents.

The inability of the anorexic subject to affirm - and sometimes only to identify - his or her own desire is correlated not only to the tendency of parents to project unrealistic ambitions and performance expectations onto their child, but also to be inattentive to the expression of the child's desire, who ends up censoring himself or herself in order not to disturb the family balance. The lack of attention paid to the child is not only the mother's fault, but also involves the father's role. We will briefly develop these two typical portraits of the parents of young anorexic girls, some elements of which will be used in our subsequent analyses. For these two axes, we will essentially rely on the work of Dorothee Legrand, who seems to us to develop in an exhaustive way, by articulating them conceptually, the major psychoanalytical problems linked to anorexia nervosa: (1) the relationship to the mother through the question of the food gift; (2) the relationship to the father through the question of his relative absence.

Inscribing anorexia nervosa in the relationship to the mother and more precisely on the scene of the food gift of which this one has originally the power, Lacan distinguishes the desire from the need articulated in any request of the subject:

⁷⁶ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.*, p. 60.

"What any demand evokes beyond the need that is articulated in it, and it is indeed what the subject remains all the more properly deprived that the need articulated in the demand is satisfied. Much more, the satisfaction of the need appears there only as the lure where the demand of love crashes, by sending back the subject to the sleep where he haunts the limbo of the being [...]. But the child does not always fall asleep thus in the bosom of the being [...], especially if the Other who has as well his ideas on his needs interferes and, in place of what he does not have, fills him with the suffocating mush of what he has, that is to say confuses his care with the gift of his love. It is the child who is fed with the greatest love who refuses food and plays with his refusal as a desire (*anorexia nervosa*)."⁷⁷

The child who will become anorexic is the one whose desire - with regard to which any material object is necessarily incommensurable - is all the more frustrated that the need - here food - is fulfilled. To resist to the satisfaction of the need would be thus the means found by the anorexic subject to affirm his desire (of intersubjective recognition and "love") irreducible to any food. Dorothée Legrand determines in this sense the distinctive criterion between need and desire: "the need is awakened by the absence of its object (here food) and neutralized by its presence. The need thus engages a form of lack (for example the experience of hunger) in the sense of a defect of presence (an emptiness in the mouth or the stomach). Desire, by contrast, is not characterized by a lack of filling (or satiation): it is not the object of any lack in the sense that nothing [nothing] can fill it"⁷⁸. Food occupies an "ambivalent" place⁷⁹ in the sense that it is never asked for the pure satisfaction of an organic need but that it also materializes, as a mediation, a desire of intersubjective validation⁸⁰. However, the food "transaction" may not fulfill such a purpose in two situations: (a) when the gift of food is refused, writes Dorothée

⁷⁷ Jacques Lacan, "La direction de la Cure et les Principes de son Pouvoir" [1958], in *Écrits*, Paris, Seuil, 1966, p. 627-8. See also Renaud Barbaras, *Introduction à une phénoménologie de la vie*; Paris, Vrin, 2008; "Life, Movement and Desire", *Research in Phenomenology*, 38, 2008.

⁷⁸ Dorothée Legrand, "Ex-Nihilo: Forming a Body out of Nothing"; *Collapse. Special Issue on Culinary Materialism Vol. VII*, 2011; p. 523: "Need is awakened by the absence of the needed object (e.g. food), and turned off by its presence. Need thus involves a form of lack (e.g. hunger) in the sense of a default of presence (e.g. an emptiness in mouth and stomach). Desire, by contrast, is not characterized by a lack of fulfillment: it lacks nothing in the sense that no thing can fill it in [...]" . We translate.

⁷⁹ *Ibid.*

⁸⁰ *Ibid.*

Legrand, not only are the child's desires not taken into account, but the needs themselves are neglected; (b) when food is granted as a simple means of satisfying the child's organic urges, this prosaic gift at the same time stifles the desire articulated in the request (a situation described by Lacan). In the last case, the alimentary act is reduced to itself and is no longer transcended by a dimension of intersubjective recognition. It is this scenario in which, according to the Lacanian hypothesis, the anorexic subject can resist food in order to exhibit, through his refusal, his desire. The desire would be all the more salient that the subject would deny himself as being of need. We will find in Hegel, in our later developments on the conceptualization of the work (or "practical activity of the consciousness of oneself"), this thesis of a self-transcendence of the man compared to his biological condition. The anorexic would seek, in a only exacerbated way, to affirm himself by means of such a self-transcendence otherwise consubstantial to the human activity of work - thesis whose limits we will examine. Here, we limit ourselves to say that, according to the psychoanalytical model, the anorexic subject is enslaved to the desire of the mother, and is all the more tyrannically subjected to her that his own desire is unceasingly invisibilized in the very measure where his biological needs are satisfied. In short, it is his condition of *subject* which is not recognized to the child.

The psychoanalytical model finally engages the role of the father in the formation of the predisposition to anorexia nervosa. The father is also characterized by his *inattention to* the child, to his personality and to his own aspirations. He appears par excellence as "authoritarian, i.e., very demanding but not reactive [sensitive to the child]"⁸¹, which develops an important superego in the latter, a propensity to evaluate and depreciate himself constantly, but also a "*father hunger*"⁸²: "a hunger in the daughter for an emotional connivance with her father"⁸³. Such hunger never being satisfied, "the girl begins to feel ashamed of her desire for contact

⁸¹ Dorothee Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op. cit.* p. 730: "To the anorexic subject, her parents, and particularly her father appears as authoritarian, i.e. demanding but not responsive (Enten & Golan, 2009). This finding coheres with the idea that authoritarian parenting style is related to low self-esteem and high self-judgment, itself characteristic of anorexia." We translate.

⁸² Ibid: "This would lead to a 'father hunger' (Maine, 1991)". We translate.

⁸³ Ibid: "a hunger of the daughter for an emotional connection with her dad". We translate.

with the father, assuming that there is something wrong with wanting more of him. She may begin to doubt the legitimacy of her appetites in general, whether for relationships, food, or sex... Instead of mourning the desired connection with the father, she blames his desire"⁸⁴ . Also an "adaptive" reaction⁸⁵ to the repeated "trauma"⁸⁶ of being invisible and experiencing her desires as irreceivable and subject to multiple misunderstandings is put in place: the anorexic girl makes herself incomprehensible, opaque, and no longer seeks to be understood. She adds a layer of opacity to her own feeling of being misunderstood⁸⁷ . This reaction translates in particular into a mute tendency, an incapacity to find the words to say⁸⁸ , which we will develop later. We see for the moment that, according to the psychoanalytical model, it is always the parents' lack of attention, each in his own way, to the child's desires - desires that indissociably engage the recognition of the child as a subject - that is decisive, and leads to a self-censorship that is both defensive and punitive for the child. The anorexic symptom in this respect plays a double ambivalent role of revolt and submission to a family state of affairs.

b) The feminist model

⁸⁴ Ibid: "Lacking parental feedback, "the daughter begins to feel ashamed of her desire for contact with dad, assuming that something is wrong with her for wanting more of him. She may begin to doubt the validity of her appetites, be it for relationships, for food, or for sex ... instead of acknowledging and mourning the loss of the desired connection to dad, she blames herself for her father hunger" (Maine, 1991, p. 74). We translate.

⁸⁵ Ibid: "As an "adaptive" reaction to the trauma of cumulative misunderstanding".

⁸⁶ Ibid.

⁸⁷ Ibid.

⁸⁸ Ibid: "In such a view, anorexic subjects would be "lost for words" (Ibid.): "words are as, if not more problematic, for women with eating disorders than their relationship to food ... Finding words, in contrast to being lost, frustrated, or attacked by them, suggests a capacity for communication, which recognizes the presence of another" (Ibid., p. 5)."

The feminist model investigates the possibility of a *causal* relationship between anorexia nervosa and sociocultural determinants. The starting point of this model is the fact that a large majority of anorexic subjects - 90%⁸⁹ - live in Western countries⁹⁰ and that 9 out of 10 cases⁹¹ are women. Thus the question arises as to the extent to which femininity, as it is constructed in modern Western societies, leads women into psychopathology. Different arguments are mobilized:

- The omnipresence of thin or even skinny representations of the female body in fashion, advertising and media images, as well as the more general injunction of thinness permanently addressed to women (through the Western media), constitute an encouragement to dieting, to its chronicization and to the danger of its tipping into an eating disorder. The idea here is that the discourse addressed to women is not only that the thin body is *aesthetic*, but also that it is a bearer of professional and social opportunities: "my body defines who I am, what opportunities will be offered to me or refused, what my experiences will be, how others will interact with me"⁹². Thus, for women much more than for men, the body is culturally constructed as a *medium* for success and more generally for the presentation of the self. The body is what women are socially apprehended and defined, judged and known by. They exist *first of all* bodily and can very marginally free themselves from this mode of existence to privilege others to which men would have immediate access. In this case, the thinness is at the

⁸⁹ Ibid, p. 728.

⁹⁰ See "epidemiology" above.

⁹¹ Catherine Ouellet-Courtois, "Eating disorders and feminist issues," Tribune, April 16, 2018. See also Mahowald MB, "To Be or Not Be a Woman: Anorexia Nervosa, Normative Gender Roles, and Feminism"; Journal of Medicine and Philosophy, 1992; 17(2), pp. 233-251.

⁹² R. J. Lester, The (dis)embodied self in anorexia nervosa. Social Science and Medicine, 1997, 44(4), 479-489: "my body does define who I am, what opportunities will be opened or closed to me, what my experiences will be, how others respond to me". We translate. Quoted by Dorothée Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op. cit.*, p. 728.

same time constituted as an attribute allowing a woman to be an ideal object of male desire, and as a sign of distinction and social elevation. Let us note that this first argument rests on the extension to the whole of the society and the trivialization of a change which takes place, according to the historical analyses of Muriel Darmon, in the XIXth century: " [...] emerges, as from the middle of the XIXth century, a new distribution of the cards of the thinness in the social space of the bodies, the fasting and the thinness passing from the statute of stigmata of poverty to that of attributes of the feminine social excellence "⁹³ ;

- In the continuity of the first argument, feminist interpretations of anorexia nervosa insist on the subaltern and servile character of femininity as it is socially constructed: women would be educated to evaluate themselves through the gaze and judgment of others much more than men. The external gaze would be, for a woman, the mediator par excellence of her vision of herself, whose criteria and value system she would quickly internalize in a radically heteronomous framework. A woman would very quickly learn to relate to herself, and to evaluate her performance, *through* male desires and her greater or lesser capacity to satisfy them. Thus, "both Susie Orbach and Morag MacSween locate the causes of anorexia in the models of femininity specific to capitalist societies and mass culture"⁹⁴ : femininity "implies submission to the needs and desires of others, and the definition of oneself through the eyes of others"⁹⁵ . As a result, women are "unable to recognize and satisfy their own needs"⁹⁶ , which leads to the anorexic process in which a "false Self"⁹⁷ and a "false body"⁹⁸ are created. Women, accustomed to judging themselves by the way their bodies are viewed, are for the most part unable

⁹³ Muriel Darmon, *Devenir anorexique, op. cit.* , p. 29. See also Y. Knibiehler, " Corps et cœurs ", in G. Duby, M. Perrot (dir.), *Histoire des femmes en Occident*, Plon, Paris, 1991.

⁹⁴ L. Godin, *Seizing anorexia through the body: from anorexic subjectivity to the diversity of experiences*. *Feminist Research*, 2014, 27 (1), 31-47.

⁹⁵ *Ibid.*

⁹⁶ *Ibid.*

⁹⁷ *Ibid.*

⁹⁸ *Ibid.*

to assert and impose their own value system, going so far as to ignore the nature of their desires. The anorexic thinness would be the witness of this ignorance of oneself or of this subjective emptiness (we will take again partially and will modify this idea in our later analyses);

- Indeed, another argument of feminist theses is that the very notion of individuality is conceived according to male characteristics and attributes, and that women are thus given a contradictory injunction when they are invited to realize themselves as "individuals"⁹⁹. The completion of individual fulfillment would necessarily be *masculine*, and women would thus encounter a structurally inevitable incompleteness or sense of inadequacy. Women "would be unable to develop a complete, finished Self [...]"¹⁰⁰. This is the reason why they would seek, through the anorexic symptom, to reduce the conflict between the supposedly male "rationality" (rationality which allows to become an individual and to obtain a dignity of *subject*) and the supposedly female "sensuality" (which alienates the woman to functions of body and to hormonal and emotional instabilities making her periodically incapable of rationality)¹⁰¹: the anorexic thinness, which dominates the physical needs, is the reign of the spirit on the body. In short, anorexia would allow here to solve the aporetic character of the injunction addressed to the women of assertion and individual success.

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ Ibid: "For MacSween, the problem is rather one of gender definition: femininity would be defined by opposition to masculinity, and individuality, presented as neutral or non-gendered, would be defined by the characteristics of masculinity. Nevertheless, both women and men are enjoined to become individuals; women would thus be *de facto* forbidden to fulfill the demands placed on them. It is by the action on the body and the denial of the appetite that the anorexics would seek to solve this contradiction: "The struggle between "male" rationality and "female" sensuality is played out in the single unit of the anorexic body through the radical splitting of appetite from the conscious control of the self. The anorexic woman then becomes the object of the appetite she set out to eliminate.

- Finally, feminist analyses highlight, in line with the previous argument, the paradoxical character of women's emancipation in the twentieth century, which would have progressed in concert with "unattainable ideals imposed by a patriarchal society"¹⁰² within which the obsession with thinness would not denote so much an aesthetic ideal as a will to train the female body and to ensure, more broadly, the docility of women. Women "must spend time and money to meet the beauty criteria imposed by the job market - a woman must not only be competent, but also beautiful, young and thin"¹⁰³ .

Thus, one could say that in this etiological model and interpretative framework, anorexia nervosa appears as the consequence of an imperfect, unfinished female emancipation, which would have gone hand in hand with a tightening of the control and regulation¹⁰⁴ of female bodies by the massive diffusion of an unattainable body ideal. The anorexic thinness would have a double function: it would be used to optimize the "value" of the individual but also to reduce what, of the female body, is precisely female - by a thinness hiding the curves -, and thus to bring the woman closer to the male ideal of which we saw above that it was constitutive of the very concept of individuality. In this direction, Hilde Bruch notes herself:

"For [some anorexic girls], puberty may represent the end of a secret dream of becoming a boy. Some frankly admit that they would have preferred to be boys. Some talk about this when they begin to express disgust with the female body. Before going to school, Joyce had played with a boy in the neighborhood. Although she was evasive about the details, she felt that her irritation with the female body dated back to that time; the boy was more rambunctious, he did things better, he was more independent. Now she

¹⁰² Catherine Ouellet-Courtois, "Troubles alimentaires et enjeux féministes", *op. cit.*

¹⁰³ Ibid.

¹⁰⁴ Ibid: "Sandra Lee Bartky (1988), a philosopher at the University of Illinois (1935-2016), refers to Foucault's "docile body" in order to explain how women's bodies are regulated by norms of so-called femininity, the concept that the body must be "improved" through makeup, exercise, dieting, and surgery in order to be judged as socially fit."

feels that her thinness makes her look more like a man and she wants to be the equal of men, especially to prove that she has the same vigor."¹⁰⁵

The feminist model will interest us in our own later analyses in that it allows us to know the socio-cultural context in which young anorexic women evolve and develop their psychopathology. This context does not seem to us to be indifferent and it seems questionable to affirm, for example, that the medieval religious and mystical phenomena of radical fasting - the anorexic "saints" studied in particular by Jacques Maître¹⁰⁶ - are related to the same anorexia that we observe today and whose diagnosis appears at the end of the 19th century¹⁰⁷. We will see in particular that the anorexic subjects make an *instrumental* use of contemporary social representations associated with thinness, and that these representations can have a role, if not causal, at least *reinforcing* in the maintenance of the disease.

However, the major flaw of the feminist model is that, despite the relevance of some of its observations, it does not explain why only a minority (2%) of women become anorexic¹⁰⁸: if the pressure is generalized to all women, why are they not all vulnerable to it to the point of developing anorexia nervosa? This problem remains unresolved. Furthermore, the feminist

¹⁰⁵ Hilde Bruch, *The Enigma of Anorexia*, *Op. Cit.* pp. 88-89.

¹⁰⁶ Jacques Maître, *Anorexies religieuses et anorexie mentale*, Essai de psychanalyse sociohistorique, de Marie de l'Incarnation à Simone Weil, Paris, Ed. du Cerf, coll. " Sciences humaines et religions ", 2000.

¹⁰⁷ Muriel Darmon, *Devenir anorexique*, *op. cit.*, p. 24. See, on the subject of the idea of a concomitant appearance of the medical diagnosis and the disease, the theses of I. Hacking in *Les fous voyageurs*, trans. Françoise Bouillot, Les Empêcheurs de penser en rond/Le Seuil, Paris, 2002.

¹⁰⁸ Dorothee Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op. cit.* Dorothee Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op. cit.*, p. 728: "However, while this social pressure may weight on anorexic's shoulders, it is presumably so pervasive that it would be present for any women, thereby leaving unexplained what leads 'only' some of them to fall into anorexia. ("While this social pressure may weigh on the shoulders of anorexics, it is presumably so pervasive that it would be present for any woman, thereby leaving unexplained what leads 'only' some of them to fall into anorexia.")

model tends to equate anorexia nervosa with chronic dieting in a severe form, but as Hilde Bruch notes, "anorexia nervosa is an extremely complex illness that goes far beyond binge dieting"¹⁰⁹ .

Whether in its purely restrictive form or in its form associated with bulimia and vomiting, anorexia nervosa is characterized by a mortifying radicality that has little to do with frequent and excessive dieting. The major criterion of differentiation is that, contrary to psychopathology proper, dieting can certainly become restrictive and obsessive but it is never so *invasive as* to redefine one's existence entirely and to reorganize the personality around it. The anorexics who practice prolonged fasting, draconian restrictions, the ingestion of laxatives and diuretics, excessive sport and finally bulimic crises followed by vomiting, are, on the other hand, in a complete reorganization of their life, their projects and their ambitions around the disease in such a way that in the long run, the latter subjugates all the spheres of existence and erases a consequent part of the personality. Let us see for example how Hilde Bruch describes the bulimic phenomenon that is associated with certain anorexias:

"The anorexic patients who practice bulimia have strange ideas about food, different in each case, but we find in all of them the conviction that the food they feel forced to swallow cannot be assimilated, or that it would be harmful, and that it must therefore be eliminated from the body by vomiting." ¹¹⁰

It should be noted that such representations of harmfulness and toxicity associated with food, which tend to demonize it and equate it with a danger that must be defended by vomiting, are already uncharacteristic of the thoughts of healthy subjects who stick to cyclical diets and see fatty foods as foods to be *avoided*. There is no idea in a healthy subject that food, once consumed, has the capacity to *do harm* or damage. Hilde Bruch continues:

¹⁰⁹ Hilde Bruch, *The Enigma of Anorexia, Op. Cit.* , p. 112.

¹¹⁰ Ibid, p. 106.

"Once this overall symptom [bulimia followed by vomiting] appears, it tends to get worse and harder to treat. To make it happen, you have to eat larger and larger amounts of food. The amount of money invested in this routine is prodigious." ¹¹¹

Here again, we see that bulimia, associated with addictive behavior, is extremely costly. Thus a former anorexic-bulimic who answered our interview questions, Mathilde P., wrote:

"In the long term, you damage your heart, your teeth, your stomach, esophagus, etc. In the medium term, I think I have left nearly 150,000 € in flushes. In the short term, the compulsion and the post-crisis second state put in parallel of social life."

Such sums are not spent in a pure "diet" behavior: they are spent because the anorexic subject feels unable to resist a *compulsion*. Hilde Bruch finally writes:

"Vomiting becomes [an] individualized ritual; some have great difficulty regurgitating and may harm themselves in their efforts to do so. Others simply reject the food in a hiccup without any particular stimulation. Most have to use a gentle tickling of the throat to trigger the gagging. Because they eliminate food, they are constantly hungry and may go on food binges several times a day. This can take up so much of their time that they have little left to do anything else."¹¹²

We can see that the behaviors of an ADD are characterized by their invasive and devastating aspect, gradually depriving the subject of his or her ability to *live*. This aspect is incommensurable with the restrictive behaviors of low-calorie diets or with occasional

¹¹¹ Ibid.

¹¹² Ibid, p. 107.

vomiting. The feminist model of anorexia nervosa does not really allow us to understand why certain subjects come to such self-destructive arrangements, which Lacan calls "deferred suicides"¹¹³ .

c) The medical model

Biological psychiatry, "armed with its powerful theoretical model, which makes the transition between a therapy and a clinic still largely *empirical* - what Claude Bernard¹¹⁴ saw as a transitory state"¹¹⁵ -, brings many results which, associated with the improvement of our understanding of the normal functioning of the brain, are able to enlighten us on this pathology. The medical model tends to favour neuroimaging, which allows us to show, at the anatomical and functional level, "the cognitive alterations revealed by neuropsychological tests"¹¹⁶ . Most of the abnormalities "are inconstant, and regress with renutrition [,] which suggests that they are rather the consequence of undernutrition than its cause."¹¹⁷ . Studies show, among anorexic subjects, the following main morphological and functional changes:

¹¹³ Jacques Lacan, *Les complexes familiaux dans la formation de l'individu*, Paris, Navarin, 1984 , p. 34.

¹¹⁴ Claude Bernard, *Principes de la médecine expérimentale*, Presses Universitaires de France, Paris, 1947, p. 59: "Empiricism in medicine must precede the scientific state, as has been seen in all the sciences.

¹¹⁵ Mathieu Beaujour, "Electroconvulsive therapy and the convulsive hypothesis: Care, self-construction and neuropsychiatric mythologies", M1 thesis, Lophiss-2, Claude Debru (ENS), 2010.

¹¹⁶ Amandine Turc, *Les spécificités cognitives de l'anorexie mentale, op. cit.*, p. 51.

¹¹⁷ *Ibid*, p. 34.

- "An enlargement of the ventricles (third ventricle and lateral ventricles)"¹¹⁸ ;
- "Decreased gray matter volume in the parietal and temporal lobes" and "decreased brain activity in the parietal, anterior cingulate and frontal cortices in the acute phase of the disease"¹¹⁹ ;
- Resting blood flow abnormalities in patients in acute phase; but also in remission"¹²⁰ in different brain areas, namely the temporal lobe and associated areas in approximately 75% of subjects in the early stage of development of anorexia nervosa¹²¹ ;
- An activation of the "fear network" (right amygdala, fusiform gyrus, and brainstem region) when anorexic subjects were presented with distorted images of their own bodies¹²² ;
- "A reduction in hypothalamic volume"¹²³ ;
- "A multisensory integration defect related to a functioning defect in the right parietal cortex"¹²⁴ ;
- A "significant correlation between brain activation in the right dorsolateral prefrontal cortex and interoceptive awareness (i.e., the ability to recognize and name one's own internal emotional states) in anorexic subjects prior to treatment, while the correlation

¹¹⁸ Ibid, p. 52.

¹¹⁹ Ibid.

¹²⁰ Ibid, p. 55.

¹²¹ Dorothee Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op. cit.* p. 728: "Unilateral reduction of blood flow in the temporal lobe and/or associated areas in approximately 75% of subjects with early onset anorexia". We translate. See also, R. Matsumoto, Y. Kitabayashi, J. Narumoto, Y. Wada, A. Okamoto, Y. Ushijima, et al, "Regional cerebral blood flow changes associated with interoceptive awareness in the recovery process of anorexia nervosa," *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 30(7), 2006, pp. 1265-1270.

¹²² Ibid: "Activation of the 'fear network' (right amygdala, the right gyrus fusiformis and the brainstem region) during the presentation of distorted images of the anorexic subjects' own body." We translate. See also G. Seeger, BRAUS, D. Braus, M. Ruf, U. Goldberger, & M. Schmidt, "Body image distortion reveals amygdala activation in patients with anorexia nervosa - a functional magnetic resonance imaging study," *Neuroscience Letter*, 326, 2002, pp. 25-28.

¹²³ Amandine Turcq, *Les spécificités cognitives de l'anorexie mentale*, *op. cit.* , p. 52.

¹²⁴ Ibid.

was not detected in treated subjects"¹²⁵ ;

- "A defect in subcortical (thalamus and striatum) and frontal (anterior cingulate cortex, supplementary motor area) recruitment during tests of change of behavioral response for which anorexic patients obtain lower scores than control subjects"¹²⁶ , testifying to a lesser capacity for cognitive flexibility;
- A decrease in the activity of the insula leading to "a defect in the integration and regulation of neurovegetative, sensory and emotional stimuli"¹²⁷ ;
- "Increased blood flow in the medial temporal lobe during presentation of high-calorie foods"¹²⁸ ;

Beyond the study of anatomical abnormalities, the major neurobiological lead of the study of the serotonin system stands out. Among the anorexic or formerly anorexic subjects with whom we were able to conduct our interviews, we noted a significant number of cases for whose recovery the taking of an antidepressant (and more marginally of a thymoregulator) was not only necessary but decisive¹²⁹ . The correlation between depressive states, anxiety disorders and vulnerability to addictive behaviours such as anorexia and bulimia has been established

¹²⁵ Dorothee Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op. cit.* p. 728: "A significant positive correlation between cerebral activation in the right dorso-lateral pre-frontal cortex and interoceptive awareness (defined as the ability to recognize and label one's own internal emotional states) in anorexic subjects before treatment, while no correlation was found after treatment. We translate.

¹²⁶ Amandine Turcq, *Les spécificités cognitives de l'anorexie mentale*, *op. cit.* , p. 53.

¹²⁷ *Ibid*, p. 55.

¹²⁸ Dorothee Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op. cit.* , p. 728: "Increased blood flow in the medial temporal lobes during presentation of high-caloric food." We translate.

¹²⁹ For a "decision tree for AD (antidepressant) prescribing during AM (anorexia nervosa)," see: N. Leblé, L. Radon, M. Rabot, N. Godart, *Depressive manifestations during anorexia nervosa: data from the literature and implications for appropriate use of antidepressants*, *L'Encéphale*, Volume 43, Issue 1, 2017, Pages 62-68.

through the possibility of a disturbance of the serotonergic neurotransmission system¹³⁰. The study of this deregulation would also allow us to understand why some anorexias are purely restrictive while others lead to bulimic behaviors¹³¹.

The observed correlation suggests a favourable impact of certain treatments, such as selective serotonin reuptake inhibitors (SSRIs)¹³², on the subject's ability to resist compulsive eating. An antidepressant that specifically targets anxiety states, keeping anxiety at a tolerable level for the individual, significantly increases the possibility of reducing the occurrence of binge eating and vomiting associated with anorexia nervosa. Thus, even if the subject has to resist the bulimic compulsion, the impulsive and incompressible aspect of the behaviour is precisely reduced

¹³⁰ Nicolas Ramoz, Philip Gorwood, "Apport des neurosciences dans les troubles du comportement alimentaire", in: Sophie Criquillion ed, *Anorexia, bulimia. Nouveaux concepts, nouvelles approches*, Cachan, Lavoisier, "Les Précis", 2016, p. 152 : "This neurobiological pathway of serotonin is also involved in anxiety disorders and obsessions, impulsivity with loss of control, which can also indirectly generate predispositions to eating behavior pathologies, in interaction with triggering environmental factors or stress."

¹³¹ See Kaye WH, Wierenga CE, Bailer UF, Simmons AN, Bischoff-Grethe A. Nothing tastes as good as skinny feels, *op. cit.* "PET and SPECT studies have assessed 5-HT1A, 5-HT2A receptors and the 5-HT transporter (5-HTT) in anorexia nervosa (AN) [...]. Most, but not all, studies show that individuals ill and recovered from AN tend to have increased 5-HT1A binding and reduced 5-HT2A binding. Post-synaptic 5-HT2A and 5-HT1A receptors are highly colocalized (~80%) in the frontal cortex and other cortical regions. Through interneurons, they mediate the direct hyperpolarizing and depolarizing actions of 5-HT on prefrontal neurons that project to cortical and subcortical areas. This leads to the interesting speculation that an exaggerated 5-HT1A versus a decreased 5-HT2A may result in hyperpolarizing effects on prefrontal neurons in the AM. Interactions between 5-HT1A and 5-HT2A receptors in the medial prefrontal cortex [...] and related regions have been shown to modulate anxiety, attentional functioning, impulsivity, and compulsive perseverance, as well as exploration of novel environments. Differences in 5-HTT function could contribute to differences in impulse control, and thus explain why some individuals develop restrictive versus bulimic-type MA." We translate.

¹³² N. Leblé, L. Radon, M. Rabot, N. Godart, *Manifestations dépressives au cours de l'anorexie mentale: données de la littérature et implications pour une utilisation adaptée des antidépresseurs*, *op. cit.*

because of the decrease in anxiety, and the subject gradually spaces out the binges to the point of becoming considerably free of their conditioning. If the bulimic crises do not disappear entirely, because the anxiety itself, and its causes, are not treated, the fact is that the crises are *less* irresistible, and therefore less frequent, and that this acquired freedom, as well as this gain of time, opens up a possible therapeutic space.

The consideration of the neurobiological track of serotonin, its effectiveness in the abatement of anorexic and bulimic symptoms by taking an antidepressant acting on this neurotransmitter, thus highlights the prevalence of anxiety disorders in the appearance and perpetuation of the eating disorder. The latter appears as an economy of functioning whose main purpose is to reduce anxiety (up to the point where the BAD generates more anxiety than it allows to curb). The addictive behaviors become so uncontrollable for the subject that only by taking an antidepressant and anxiolytic treatment can the subject regain a relative autonomy and a margin of choice. It is in this space of resistance to the symptom (to the compulsion) liberated by taking the antidepressant that the subject can measure the role of anxiety, and of its cycles, in the triggering of eating behaviours - in particular those that are impulsive and bulimic. It is therefore important to understand the neurobiological mechanisms underlying anxiety, which appears to be the primary cause of excessive eating behaviours whose function is, for a significant part, sedative. Anxiety is thus not treated by the remission of anorexia nervosa; rather, its reduction is a prerequisite to any remission. In all cases, anxiety persists after weight restoration and recovery:

"Anorexia nervosa is associated with elevated anxiety, premorbid and persistent after restoration of normal weight. This suggests an underlying trait of anxiety independent of nutritional status. [...] The presence of anxiety disorders in childhood predisposes to greater severity of eating disorder-related symptoms [...]."¹³³

¹³³ Kaye WH, Wierenga CE, Bailer UF, Simmons AN, Bischoff-Grethe A. Nothing tastes as good as skinny feels, *op. cit.* AN is associated with high anxiety that is premorbid to the illness¹¹ and persists after weight restoration. This suggests an underlying anxious trait that is independent of nutritional

The identification of the anxiety disorder underlying anorexia nervosa highlights the inessential aspect of eating behavior and the need for long-term treatment of a set of characteristic premorbid personality traits that are shielded by the APD and whose awareness is delayed for a long time in the subject. The results of neurobiological studies on the neural circuits potentially responsible for these personality traits (anxiety, perfectionism, rigidity, interoceptive deficiencies and alexithymia, etc.) are valuable in this sense:

"[It is important to understand the neurobiology of imbalanced behaviors in anorexia nervosa in that] several potential hypotheses could explain why anorexics are perfectionists. They may have low predictive confidence, as evidenced by alexithymia. Alternatively, they probably have exaggerated responses to criticism and a diminished reaction to reward, which leads them to perceive their world as constantly wrong. New treatments could be developed, with methods to overcome these inclinations. However, these two hypothetical paths require very different types of psychological interventions. Therefore, understanding how perfectionist behavior manifests and is encoded in neural circuits is likely necessary to uncover specific and effective treatments."¹³⁴

status.¹³ [The presence of childhood anxiety disorders predicts more severe ED symptoms [...]". We translate.

¹³⁴ Kaye WH, Wierenga CE, Bailer UF, Simmons AN, Bischoff-Grethe A. "Nothing tastes as good as skinny feels", *op. cit.* Why is it important to understand the neurobiology of disturbed behavior in AN? Several potential hypotheses might explain why AN individuals are perfectionistic. They may have poor prediction certainty, as evidenced by alexithymia. Alternatively, they may have exaggerated responses to negative feedback and a diminished response to reward, so they perceive their world constantly having errors. New treatments could be developed to teach skills to overcome these traits. However, these two hypotheses might require very different psychological interventions. Thus, understanding how perfectionistic behavior is manifested and encoded in neural circuits may be necessary to develop specific and effective treatments." We translate. See also C. M. Gordon, D. Dougherty, A. J. Fishman, S. J. Emans, E. Grace, R. Lamm, et al, "Neural substrates of anorexia nervosa: A behavioral challenge study with positron emission tomography," *Journal of Pediatrics*, 139(1), 2001, 51-57. As well as K. Herholz, "Neuroimaging in anorexia nervosa," *Psychiatry Research* 52 (1996): 105-110.

One of the difficulties of the medical model, however, "which undoubtedly motivates the most virulent criticisms"¹³⁵ of "biological theories *causally* correlating a physiological reaction to mental states"¹³⁶, is the increasingly assertive rejection of the patient's "insufficient" speech - the anorexic subject, according to the DSM-IV, is "*unreliable*"¹³⁷. As Hilde Bruch writes, "many patients complain that they did not receive"¹³⁸ attention to their speech "during their previous therapeutic experiences"¹³⁹. However, a psychiatric pathology such as anorexia nervosa has the specificity that it "is, as Catherine Malabou writes in *Les Nouveaux Blessés*¹⁴⁰, "an attack on the psyche in that it affects the subject's identity and disrupts his or her affective economy"¹⁴¹ "¹⁴². As Mathieu Beaujour writes in his study of electroconvulsive therapy¹⁴³, the application of a phenomenological methodology, as conceived by Binswanger and Jaspers¹⁴⁴,

¹³⁵ Mathieu Beaujour, "Electroconvulsive Therapy and the Convulsive Hypothesis: Care, Self-Construction and Neuropsychiatric Mythologies", *op. cit.*

¹³⁶ Ibid.

¹³⁷ American Psychiatric Association, *DSM-IV-TR, Diagnostic and Statistical Manual of Mental Disorders, Op. cit.*

¹³⁸ Hilde Bruch, *The Enigma of Anorexia, op. cit.*, p. 165.

¹³⁹ Ibid.

¹⁴⁰ Catherine Malabou, *Les nouveaux blessés, De Freud à la neurologie, penser les traumatismes contemporains*, Bayard, Paris, 2007. See also M.-P. Haroche (ed.), *L'âme et le corps*, Philosophie et Psychiatrie; Paris, Plon, 1990.

¹⁴¹ Ibid, p. 12.

¹⁴² Mathieu Beaujour, "Electroconvulsive Therapy and the Convulsive Hypothesis: Care, Self-Construction and Neuropsychiatric Mythologies", *op. cit.*

¹⁴³ Ibid.

¹⁴⁴ Ludwig Binswanger, *Melancholy and Mania*, Paris, Presses Universitaires de France, 1987; and Karl Jaspers, *Psychopathologie générale*, Bibliothèque des introuvables, Coll. " Psychanalyse ", Paris, 2000.

See in particular: Delbraccio Mireille, "The Body in Phenomenological Psychiatry," *Psychiatric Information*, 2009/3 (Volume 85), pp. 255-262. DOI : 10.3917/inpsy.8503.0255. URL: <https://www.cairn.info/revue-l-information-psychiatrique-2009-3-page-255.htm> : "[Binswanger's first book], Introduction to the Problems of General Psychology - published in Berlin in 1922 [3] and dedicated to his "masters", Bleuler and Freud -, already offered us a meticulous historical and critical

must have as its challenge the balancing of the discourses and practices of the self that emerge with the most sophisticated hypotheses of contemporary biological psychiatry¹⁴⁵. The results of the medical model benefit in this sense from being associated with "a rigorous empirical point of view, at least for the identification of the specific characteristics of the symptoms to be explained"¹⁴⁶. Studies of physiological changes correlated with anorexia symptoms generally do not discern whether these changes cause the symptoms or are caused by them:

"Some studies looking at brain activity show abnormalities in certain areas of the brain (Uher, Brammer et al., 2003), other studies look at brain structures and also show abnormalities (white matter/gray matter distribution, brain sulcus gyration) in both of these [figures], it is not clear whether they are present prior to anorexia or are a consequence of undernutrition (Katzman, Lambe et al., 1996)."¹⁴⁷

Neurobiological research is being considered to solve this difficulty:

survey of the various definitions of psychic life and subjectivity in psychological and philosophical literature, within which he opposed "naturalistic" to "non-naturalistic" presentations. Husserlian phenomenology occupies a privileged place among the latter, and Binswanger resolutely pronounces himself against the objectivist approach of naturalism and for the introduction of what he calls a "subjectivist method" in psychology and psychiatry, centered on the concept of "person", the only one able to account for the unity of psychic individuality, and thus of subjectivity."

¹⁴⁵ Mathieu Beaujour, "Electroconvulsive Therapy and the Convulsive Hypothesis: Care, Self-Construction and Neuropsychiatric Mythologies", *op. cit.* The scientific and medical presuppositions of which these investigations are a part - as well as the possible development of new therapies on the basis of a statistical standard sufficient to determine the situations of application and the mechanisms of action - most often induce a necessary abstraction, a focus on an observable regularity, and thus on a theory that has "no more subjective anchoring", no more "individual anchoring".

¹⁴⁶ Dorothee Legrand, Subjective and physical dimensions of bodily self-consciousness, and their disintegration in anorexia nervosa", *op. cit.* p. 728: "Models of anorexia": "[...] on a rigorous experiential point of view, at least for the identification of the specific characteristics of the symptoms to be explained". We translate.

¹⁴⁷ Amandine Turcq in *Les spécificités cognitives de l'anorexie mentale*, *op. cit.*

"Strategies to avoid confusion [...] include (1) a characterization of behavioral traits that occur in childhood, prior to the development of an ACT, and (2) a study of recovered anorexics, although it remains conjectural whether the abnormalities detected reflect traits or sequelae."¹⁴⁸

In addition to this methodological problem and its possible remedies, neurobiological studies are only concerned with the *living* body and fundamentally miss its *lived* dimension, i.e. that which the subject experiences in the first person¹⁴⁹ :

"Illness therefore refers primordially to the "lived experience" of a subject and the comprehensive method is par excellence that of *Einfühlung*, defined as "affective interpenetration", which allows us to penetrate, by means of work on representations and meanings, into the very heart of the experience of the sick subject.¹⁵⁰

¹⁴⁸ Kaye WH, Wierenga CE, Bailer UF, Simmons AN, Bischoff-Grethe A. "Nothing tastes as good as skinny feels", *op. cit.* Strategies to avoid the confounding effects [...] include: 1) characterizing behavioral traits that occur in childhood, prior to the onset of an ED, and 2) studying recovered anorexics, although it remains conjectural whether abnormal findings reflect traits or scars." We translate.

¹⁴⁹ Dorothee Legrand, Subjective and physical dimensions of bodily self-consciousness, and their disintegration in anorexia nervosa", *op.cit.*, p. 728: "this model would need to integrate to its investigations the 'lived body', i.e. the body as experienced by the subject, from a first-person perspective, while it currently focuses on the 'living body'". We translate). See also Rémy Potier, "L'image du corps à l'épreuve de l'imagerie médicale", *Champ psychosomatique*, vol. 52, no. 4, 2008, pp. 17-29; as well as D. Welton, "Soft, Smooth hands: Husserl's phenomenology of the lived-body"; in *The Body, Classic and contemporary readings*, Oxford, Blackwell Publishers, 1999.

¹⁵⁰ Delbraccio Mireille, "Le corps dans la psychiatrie phénoménologique", *L'information psychiatrique*, *op. cit.*

Chapter 2: The Hegelian model of anorexia nervosa. Desire to express subjectivity or tiredness of being oneself?

I - A body made to measure? Body self-awareness and the Hegelian model of anorexia nervosa

In this chapter, by substantially resuming the hypotheses that we presented in our article "Anorexia nervosa as alienated production of oneself"¹⁵¹, published in the journal *Implications Philosophiques*, we will examine "anorexia nervosa in its relation to work and self-expression. More precisely, we will try to show that this eating disorder is an attempt to produce the self, the structure of which seems to be analogous to that of work. The anorexic subject would seek to express himself in his thinness as the worker expresses himself in his object. But where work is defined by a constitutive risk of failure, and by the uncertainty of succeeding in producing an object, anorexia nervosa would be characterized by an assured outcome. The food restriction, indeed, leads *certainly* to the loss of weight; the techniques of slimming, at the beginning of the disorder particularly, work. Thus, anorexia nervosa would be presented as a *strategy* allowing at the same time to produce an identity which can be socially recognized, and to escape from the erring of the work activity by *moving* this one in the relationship, supposedly controllable, to the body "¹⁵².

¹⁵¹ Margaux Merand, "Anorexia Nervosa as Alienated Production of Self," *Philosophical Implications*, online journal, April 2019. Link: <https://www.implications-philosophiques.org/actualite/une/lanorexie-mentale-comme-production-alienee-de-soi-meme/>

¹⁵² Ibid.

We write, "we will show that this strategy proceeds from an illusion which condemns it to ineffectiveness as the TCA settles and progresses: thinness never expresses the self and the addictive practices lead, as a last resort, to the extreme point of depersonalization.

Our reasoning will start from the idea that the anorexic subject tries to make a "custom-made" body able to express his subjectivity and his irreducibility to any object. For that we will present the thesis developed by Dorothée Legrand. We will show that in this sense, anorexia nervosa seems to be a controlled transformation of the body similar to the transformation of external things at the heart of the activity of production as described by Hegel (or the "practical activity" of self-consciousness) - anorexia nervosa being specifically a *self-production*. We will then develop three main axes in the critical light of this thesis: (a) Anorexia nervosa allows one to evade self-expression; (b) Anorexia nervosa allows one to evade the demand for recognition; (c) Anorexia nervosa fails to operate what work *alone* can operate."¹⁵³ We will conclude our study by analyzing the stakes of remission and the learning of the normal relationship to the body that is at stake.

a) The different dimensions of body self-awareness

"At a distance from the idea that the obsessive quest for thinness *chosifies* the anorexic person, anorexia nervosa can be understood as an attempt to assert oneself as a subject. It would proceed from an exhibitionism of the subjectivity by the materialization of the self in the thin body. Thus, far from reducing herself to a thing, the anorexic would seek to emancipate herself

¹⁵³ Ibid.

from any possible reification by making the body the exclusive witness of her condition of subject"¹⁵⁴ . This is the thesis presented by Dorothée Legrand, who assumes a distinction between different dimensions of "bodily self-consciousness"¹⁵⁵ , that is to say, of the experience of oneself as it manifests itself and is differentiated through the modalities of which the relationship to the body is susceptible.

Bodily self-consciousness is three-dimensional: *subjective*, *objective*, and *anonymous*. These dimensions refer to the "paradox of human subjectivity" as formulated by Husserl: "to be subject for the world, and at the same time to be object in the world"¹⁵⁶ . It is important to specify from the start that these three dimensions are not conflicting, but typically integrated with each other. None of them is normally a threat to the others; it is possible for a subject to experience them simultaneously under certain conditions as we shall see. Thus, for example, the objective dimension of the bodily self-consciousness is not intrinsically reificatory nor of a pathological order: it maintains relations of complementarity with the other dimensions. Also Dorothée Legrand specifies that "the experience [for a subject] of its own materiality [or object dimension] cannot be held as characteristic of the pathological or anorexic experience"¹⁵⁷ . Anorexia nervosa is not adequately defined by the fact of experiencing oneself in the mode of the object - the body-object being typically constitutive of the bodily experience of oneself - ,

¹⁵⁴ Ibid.

¹⁵⁵ Dorothée Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa," *op. cit.* Models of anorexia". See also the analyses of S. Gallagher, in *How the Body Shapes the Mind*, Oxford, Oxford University Press, 2005; *Lived body and environment*, Research in Phenomenology, 1986; 16; as well as M. Henry, *Philosophy and Phenomenology of the Body. Essai sur l'ontologie Biranienne* ; Paris, Presses Universitaires de France, 1965.

¹⁵⁶ Husserl, E., *The Crisis of European Sciences and Transcendental Phenomenology* (1954), trans. Gérard Granel, Paris, Editions Gallimard, 1976; §53 p. 203. See also T. Carman, "The Body in Husserl and Merleau-Ponty", *Philosophical Topics*, 1999, 27, 2; as well as D. Zahavi, "Husserl's Phenomenology of the Body"; *Études Phénoménologiques*, 19, 1994. See finally B. Waldenfels, " Bodily experience between selfhood and otherness "; *Phenomenology and the Cognitive Sciences*, 3, 2006.

¹⁵⁷ Dorothée Legrand, "Objects and others: Diverting Heidegger to conceptualize anorexia", PPP, Vol. 19, No. 3, September 2012 , p. 244: "[...] the experience of one's materiality cannot be taken as characteristic of pathological/anorexic experience". We translate.

but by the "disintegration"¹⁵⁸ of the different dimensions of bodily self-consciousness, i.e. by the rupture of their coexistence and complementarity. However, we need to define these three dimensions more precisely before coming to the conceptualization of anorexia nervosa.

We write that "the *body-subject* is a pole of sensations and perceptions: it is "the experience of any object from a bodily perspective"¹⁵⁹¹⁶⁰. For example, to experience an object situated to one's right is to experience oneself as bodily situated to the left of the object. This idea is formulated by Husserl in his *Phenomenological researches for the constitution*¹⁶¹ :

"Every spatial being necessarily appears in such a way that it appears near or far, up or down, right or left. This is the case with all the points of the appearing corporeality, which therefore have, in relation to each other, their differences from the point of view of this closeness, this top and bottom, etc., insofar as these are qualities of appearance of their own type and which include degrees as is the case for dimensions. The body itself then has, for the *ego* that belongs to it, this distinctive feature, unique in its kind, that it carries in itself the *zero point* of all these orientations. One of the points of space that belong to it, even a point that is not actually seen, is constantly characterized in the mode of the ultimate central "here", that is, a here that has no other outside itself in relation to which it would be a "there". In this way, all things in the surrounding world possess their orientation in relation to the body itself, just as indeed all expressions of orientation command such a relation. "Far" means far from me, away from my body, "right" refers to the right side of my body, for example my right hand, etc."¹⁶²

¹⁵⁸ Ibid: "[...] anorexic bodily experience would be characterized by a dis-integration of dimensions of bodily experience which are typically integrated with each other. We translate.

¹⁵⁹ Dorothee Legrand, "Ex-Nihilo: Forming a Body out of Nothing", *op. cit.* pp. 499-558. We translate.

¹⁶⁰ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

¹⁶¹ E. Husserl, *Guidelines for a Pure Phenomenology and Phenomenological Philosophy*. Book Two. *Recherches phénoménologiques pour la constitution* (1952); trans. Éliane Escoubas, Paris, Presses Universitaires de France, 1982.

¹⁶² Ibid, p. 223.

So Husserl writes: "If I imagine a centaur, I cannot imagine it otherwise than in a certain *orientation* and in a certain relationship with my sense organs: it is 'on my right', it 'approaches' or 'moves away' from me, it 'pivots', turns 'towards me' or 'away from me'. I, I mean my body, my eye, which is directed towards him"¹⁶³ . In all the cases mentioned, the body - feeling, touching, seeing - is not understood as the object of an intentional consciousness; it is experienced as a subject:

"I observe external objects with my body, I handle them, I inspect them, I walk around them, but as for my body I do not observe it itself: it would be necessary, to be able to do it, to have a second body which itself would not be observable [...] If I can palpate with my left hand my right hand while it is touching an object, the right hand objecting is not the right hand touching [...] In so far as it is seeing or touching the world, therefore, my body cannot be seen nor touched "¹⁶⁴ .

Unlike objects that are "intentionally experienced, identified, and re-identified by their properties, and objectively represented as belonging to the external world"¹⁶⁵ , the "*experiencing* body"¹⁶⁶ is not intentionally targeted. It is not targeted as an intentional object of consciousness: it would then be transformed into an "*experienced* body"¹⁶⁷ . The body is thus here the perceiving body rather than the perceived body.

We write, "the *body-object* appears when the body is taken as an object of consciousness, for example when it is judged thin or fat through its image in the mirror: 'the subject takes his

163 Ibid, p. 93. See also K. Jacobson, "The interpersonal expression of human spatiality. A phenomenological interpretation of Anorexia Nervosa," Chiasmi International, 8, 2007.

164M. Merleau-Ponty, *Phénoménologie de la perception*, Paris, Gallimard, 1945; p. 107-108.

¹⁶⁵ Dorothee Legrand, " Le soi corporel ", *L'Evolution psychiatrique* 70 (2005) , p. 715.

¹⁶⁶ Ibid.

¹⁶⁷ Ibid.

own bodily states as intentional objects of his consciousness¹⁶⁸ ¹⁶⁹ . In other words, "a body image is obtained whenever the body is the intentional object of an act of consciousness. In this case, the representation of the body is the content of consciousness"¹⁷⁰ . Dorothée Legrand uses an empirical scenario¹⁷¹ to exemplify the different dimensions of bodily self-consciousness and the degrees to which these dimensions are susceptible:

- A. "I see a rose at a certain distance.
- B. I hold out my hand towards the rose.
- C. As I approach, I remember that roses are delicate but their thorns are sharp. I pay attention to the movement of my hand so that I do not damage the rose or my hand. I touch the rose, grasp the stem and feel a sudden pain in my fingertip.
- D. I look carefully at the skin of my finger with the intention of finding a hidden thorn." ¹⁷²

In situation A, "I do not take myself for an intentional object, but I live myself in the mode of the *subject*. Specifically, I experience the anchoring of my perspective from my body, and the orientation of my body towards the rose"¹⁷³ . In B, when my hand moves towards the rose,

"I take neither my hand nor my movements for intentional objects, but here again I live myself as a subject. The difference with the previous moment consists in the fact that I am no longer only conscious of the location and orientation of my body towards an object in the world (the rose). From now on, I am

¹⁶⁸ Ibid.

¹⁶⁹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

¹⁷⁰ Dorothée Legrand, " Le soi corporel ", *L'Evolution psychiatrique, op.cit.* , p. 714.

¹⁷¹ Dorothée Legrand, " Phenomenological dimensions of bodily self-consciousness ", *Oxford Handbook of the Self*, 2010 ; p. 213-214. We translate.

¹⁷² Ibid.

¹⁷³ Ibid.

also conscious of my body itself, for example of the contraction of my muscles, the speed of the movement of my hand, etc." ¹⁷⁴

When I pay attention to the movement I am doing, in C,

"...], I explicitly and openly take my hand as an *object*. Nevertheless, in this case, I experience this intentional object in its subjectivity, namely I experience it in the mode of subjective control. When I touch the stem of the rose and feel the pain, my attention is directed to the pain felt on my fingertip. In short, I explicitly take myself as an object but experience this singular intentional object in its subjectivity, namely its painfulness or its painful character." ¹⁷⁵

Finally, when I scan my finger to remove the thorn, in D,

"I take myself as an object of experience, but this case differs essentially from the previous case. Here, by taking my finger as an object of examination, I do not specifically access its subjectivity. On the contrary, I experience it in the mode of objectivity: as it can be penetrated and penetrated by another object (the thorn), it signs its belonging to the physical domain, and the same examination could very well take another person's finger as its object. In this sense, this is the least subjective form of bodily self-consciousness [...]" ¹⁷⁶

Thus, the subjective and objective dimensions of bodily self-consciousness are empirically translated by variations of degree, or even mixed states as in situation C of the rose scenario. The experience of the body-subject results in a mixture of intentionality and non-intentionality:

¹⁷⁴ Ibid.

¹⁷⁵ Ibid.

¹⁷⁶ Ibid.

it is intentional when it aims at objects in the world, among which is the body-object; it is non-intentional when it "involves the consciousness of the experiencing body, i.e. the body-subject, by itself"¹⁷⁷ . The consciousness of the body is "thus not uniform: not only can the body be object and subject of consciousness, but also, specifically as a subject, it experiences something (either its own image or some other object) intentionally, and experiences itself, the subject, unintentionally"¹⁷⁸ .

Finally, to these two kinds of experience is added the *anonymous* dimension of the body, which escapes the "empirical seizure" ¹⁷⁹ . It concerns the "pre-personal dynamics of the physiological processes proper to the living organism"¹⁸⁰ . It is thus a question of my body as a biological entity whose operations are not transparent to my conscience nor can they be perceived.

b) The three-dimensional conflict and the anorexic solution

In short, "my body is *subject* when I do not represent it externally but experience it as the anchor of my representations"¹⁸¹ . It is "*object* when it becomes precisely the object of one of these representations and I scrutinize it, perceiving its materiality in common with that of other objects"¹⁸² . It is "*anonymous* as an organic entity, indifferent to my subjectivity. These

¹⁷⁷ Dorothee Legrand, "Le soi corporel", *op. cit.* , p. 715.

¹⁷⁸ Ibid.

¹⁷⁹ Dorothee Legrand, "Ex-Nihilo: Forming a Body out of Nothing", *op. cit.* pp. 499-558.

¹⁸⁰ Ibid.

¹⁸¹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

¹⁸² Ibid. See also R. Brookman, "Starving to Death in a Sea of Objects. The Anorexia Nervosa Syndrome, Sours JA. Jason Aronson, New York (1980), 443 pp, ISBN: 0-87668-426-6, 1983.

dimensions are typically complementary"¹⁸³ . As Merleau-Ponty expresses it in *The Phenomenology of Perception*, there "appears around our personal existence a margin of *almost* impersonal existence, which goes without saying, and to which I hand over the care of keeping myself alive"¹⁸⁴ . In a healthy subject, "personal existence represses the organism without being able either to pass over it, or to renounce itself - neither to reduce it to itself, nor to reduce itself to it"¹⁸⁵ . The three dimensions of bodily self-consciousness are normally integrated. However, the anorexic subject "would perceive with painful acuity the conflicting '*tension*' between the object and the subject, as well as between the subject and its biological reality, and would seek to suppress it by asserting the irreducibility of the subject to objects through the controlled transformation of the objective dimension of the body"¹⁸⁶ . One could thus say that the anorexic seeks to *hierarchize* the various dimensions of the bodily self-consciousness, by making the subjective dimension hegemonic and by clearly subordinating the two others to it, so that they obey only it and are not likely any more of contingent evolutions or not decided by the subject:

"The body must obey the mind, which is the place of identity." ¹⁸⁷

The anorexic subject is said to crave "pure subjectivity"¹⁸⁸ and to "fail to recognize his/her physical dimension"¹⁸⁹ . In this sense, anorexia nervosa can be described as "a pathological

¹⁸³ Ibid.

¹⁸⁴ Merleau-Ponty, M., *Phenomenology of the perception*, *Op. cit.* , p. 113.

¹⁸⁵ Ibid.

¹⁸⁶ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

¹⁸⁷ Corine Pelluchon, "Intersecting Approaches of Phenomenology and Feminism in the Apprehension of Anorexia," in JFAB (International Journal of Feminist Approaches to Bioethics), Special issue on Just Food, vol. 8, 2, 2015, pp. 70-85.

¹⁸⁸ Dorothee Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op. cit.* p. 735: "the anorexic subject would crave for pure subjectivity". We translate.

¹⁸⁹ Ibid: "[...] fail to acknowledge her physicality".

form of narcissism"¹⁹⁰ , the anorexic subject being in the grip of a "self-destructive omnipotence"¹⁹¹ .

We will come back later to the role that the resurgence of the biological dimension of the body can play - in a precisely uncontrolled form - in the desire for remission that an anorexic subject can experience. To anticipate, we can already affirm that it is when the body reasserts itself independently of subjectivity, insofar as it can undergo evolutions independently of its control and linked to purely physiological data, that the anorexic is again confronted with the irreducibility of the three-dimensionality of the bodily self-consciousness and can envisage renouncing her desire of narcissistic omnipotence.

Before coming to the exposition of such an awareness, however, one can describe with Dorothée Legrand the anorexic experience as a reorganization of the bodily self-consciousness in such a way that the body-object and the body-biology are integrally re-translated into the language of subjectivity. But at a distance from the common idea that the anorexic would seek to be a "pure spirit" rid of her body, in a simple *negation of the* latter, Dorothée Legrand's thesis highlights that the anorexic does not seek so much "the eradication [as] the controlled *transformation* of the body-as-object and its image"¹⁹² . "This "self-transformation [is] operated by a hyper-controlled food behavior" for that very reason that by "not eating anything", the subject refuses to surrender to its "condition-object"¹⁹³ . The refusal of the incorporation of the

¹⁹⁰ Ibid: "a 'pathological narcissism'." We translate. See also on this subject: G. Bréchon, "Évolution de deux cas d'anorexie mentale de l'adolescence", *Psychologie clinique et projective*, vol. 10, no. 1, 2004, pp. 89-111, and S. Vibert, and C. Chabert, "Anorexia nervosa: a melancholic crossing of adolescence? Étude clinique et projective des processus identificatoires dans les troubles des conduites alimentaires", *La psychiatrie de l'enfant*, vol. 52, no. 2, 2009, pp. 339-372.

¹⁹¹ Ibid: "self-destructive omnipotence". We translate.

¹⁹² Dorothée Legrand, "Ex-Nihilo: Forming a Body out of Nothing", *op. cit.* pp. 499-558. We translate, we underline.

¹⁹³ Ibid.

food is a "refusal of the auto-incorporation to the domain of the anonymous organic processes" and of the things¹⁹⁴ "195 .

Thus, as we write in our article¹⁹⁶ , still relying on Dorothée Legrand's theses, it is not a question of "eating nothing", nor of radically denying the body-object, but of *transforming* it. The physiological needs are fought in favour of food selected according to their subjective value¹⁹⁷ and not nutritive: according to "their capacity to symbolize" the subjectivity¹⁹⁸ "199 . Anorexics do not stop eating, "they have rules about what they eat"²⁰⁰ . Marya Hornbacher writes thus:

"I had decided to eat about 100 calories a day. It seemed like an appropriate number, an orderly number, a 'diet' more than an [eating disorder], a project. Carrots, mustard, two pretzels, and a little milk in my coffee"²⁰¹ .

¹⁹⁴ Ibid.

¹⁹⁵ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

¹⁹⁶ Ibid.

¹⁹⁷ Ibid.

¹⁹⁸ Dorothée Legrand, "Ex-Nihilo: Forming a Body out of Nothing", *op. cit.* pp. 499-558. We translate.

¹⁹⁹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

²⁰⁰ Marya Hornbacher, *Wasted*, *op. cit.* p. 113: "[People have this idea that eating-disordered people just don't eat. Wrong.] They have rules about what they eat.

²⁰¹ Ibid, p. 119: "I had decided to ingest one hundred calories a day. It seemed a good number, a tidy number, a 'diet' rather than a disorder, a Plan. Carrots, mustard, two pretzels, the milk in my coffee"; we translate.

Anorexics live according to a meticulous selection of foods, small substances that represent and express who they are or wish to become²⁰² . Thus Dorothée Legrand also invokes the example of David Nebreda:

"A vegetarian for over thirty years, he follows a strict diet of a small number of unchanging foods (eight or nine) that he eats raw or simply boiled"²⁰³ .

We write, "the food behavior must be to the measure of a subjectivity overriding any organic need enslaving"²⁰⁴ :

"Anorexia nervosa" is not a refusal of the body: it is a refusal of the *organism*, a refusal of what the organism does to the body. Not at all regression, but involution, involuted body. The anorexic emptiness has nothing to do with a lack, it is on the contrary a way to escape from the organic determination of the lack and the hunger, to the mechanical hour of the meal. There is a whole plan of composition of the anorexic, to make itself an anorganic body [...]. It is a feminine protest, of a woman who wants to have a functioning body, and not only organic functions [...] which deliver her to dependence. [The anorexic is a passionate person: he lives in several ways the betrayal or the double detour. He betrays hunger, because hunger betrays him, by enslaving him to the organism."²⁰⁵

We write, "the finality of such an approach, by which the singularity of the subject is made *visible*, is the intersubjective validation, the recognition of oneself by other subjects, by the interposition of the body. The anorexia would be consequently the atypical or pathological

²⁰² Dorothée Legrand, "Ex-Nihilo: Forming a Body out of Nothing", *op. cit.* p. 541: "Anorectics live thanks to a careful selection of aliments that represent and express who they are or want to be(come)." We translate.

²⁰³ D. Nebreda, *Sur la Révélation*, Paris, Éditions Léo Scheer, 2006, p. 21.

²⁰⁴ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

²⁰⁵ Deleuze, G., Parnet, C., *Dialogues*, Paris, Flammarion, 1977; p. 132, emphasis added.

modality of a step traditionally characterized as constitutive of the human existence: the necessary setting in agreement of the subjective idea with the external and objective world, of which the body would become the privileged means"²⁰⁶ :

"If a subject changes and "his change remains 'intimate', purely subjective, revealed to him alone, 'mute', not communicating itself to others [...] this 'internal' change puts him at odds with the unchanged World, and with others, who are in solidarity with this unchanged World. This change thus transforms the man into a madman or a criminal [...]. Only work, by finally bringing the objective World into agreement with the subjective idea which at first exceeds it, cancels the element of madness and crime [...]." ²⁰⁷

As we write, "the anorexic is not in a radical negation of the objective dimension of her being - she does not seek to be a 'pure spirit'. She accomplishes, from the natural and foreign entity that is the body, a work, that is to say "the practical activity" by which she "produces [herself] in the day" as *subject* by "transforming [the body-object], to which [she] affixes the seal of her interiority and in which [she] finds from then on her own determinations"²⁰⁸ . In a Hegelian perspective, the anorexic acts thus to "remove, as a free subject, its bitter strangeness to the [body-object] and to enjoy in its [figure] only an external reality of oneself"²⁰⁹ . The body, of natural entity, becomes a self-constituted entity, stamped with a subjective style."²¹⁰ This transformation of the body is only a modality of the practical activity of the conscience of oneself, which goes from the infantile impulse of experimentation of the external matter until the artistic creation :

²⁰⁶ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

²⁰⁷ Kojève, A., *Introduction à la lecture de Hegel : leçons sur la Phénoménologie de l'Esprit professées de 1933 à 1939 à l'École des Hautes Études*, Paris, Gallimard, 1980 ; quoted by Dorothée Legrand, "Ex-Nihilo: Forming a Body out of Nothing", *op. cit.*

²⁰⁸ Hegel, *Cours d'esthétique* (1818-1829), t. I, Introduction [1842], trans. J.-P. Lefebvre and V. von Schenk, Aubier, coll. "Bibliothèque philosophique", 1995, p. 45-46.

²⁰⁹ *Ibid.*

²¹⁰ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

"The first impulse of the child already carries in it this practical transformation of the external things; the small boy who throws pebbles in the river and looks at the circles formed on the surface of water admires in them a work, which gives him to see what is his. This need passes by the most varied manifestations and the most diverse figures before leading to this mode of production of oneself in the external things such as it appears in the work of art. Now the man does not proceed only thus with the external objects, *but just as much with himself, with his own natural figure that he does not let remain in the state, but that he modifies intentionally.*"²¹¹

However, we would like to formulate the difficulties posed by "this conception of the anorexic process, which makes it analogous, in its structure and finality, to work as Hegel conceptualizes it"²¹². Indeed, and it is the main hypothesis that we will try to support, we think that "the anorexic person acts more to *dispense with* having to be "oneself" than to produce himself subjectively and thus be recognized. The fact that it is entirely up to the modern individual to invent his or her existence, and to define himself or herself by his or her own means, would be what addiction would allow to escape"²¹³. At least, the addictive process would be a way of self-realization sparing the subject the risks of failure that are inherently linked to the activity of work and the fatigue associated with such a prevalence of individual achievement and performance in existence.

II - The fatigue of becoming oneself

²¹¹ Hegel, *Cours d'esthétique, op. cit.* We underline.

²¹² Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

²¹³ Ibid.

"When you are so unhappy and you don't know how to achieve anything, then controlling your body becomes the ultimate achievement. You make your body your own kingdom, where you are the tyrant, the absolute dictator."

(A young anorexic quoted by Hilde Bruch in *The Enigma of Anorexia*)

a) The sovereign individual and the narcissistic omnipotence complex

In our article "Anorexia nervosa as alienated production of the self"²¹⁴, we assume that "the anorexic seeks to circumvent the requirement of self-expression, which she perceives as an exhausting task whose failure can never be excluded. According to a comparison proposed

²¹⁴ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

by Mélanie Trouessin²¹⁵, the subject of addiction would be, in the words of Alain Ehrenberg, "tired of undertaking to become only himself and tempted to support himself to the point of compulsion by products or behaviors"²¹⁶.²¹⁷ We hypothesize that anorexia nervosa, in its restrictive and bulimic forms, falls under such an addictive behavior²¹⁸ correlated with a fundamental depressive syndrome.

As we wrote in our article "Anorexia nervosa: a fatigue of not being oneself?"²¹⁹, "Alain Ehrenberg identifies, in his book *La fatigue d'être soi*, depression as the disease of the modern individual par excellence. With the transformation of the French society in the years 1950, "the new possibilities of social ascension, the mutations of the family, the policies of housing (which decrease the overcrowding and increase the spaces for a personal life) and of collective equipment", the depression becomes the new paradigm of the moral suffering and in that

²¹⁵Mélanie Trouessin, Benjamin Rolland, and Guillaume Sescousse, "Addictions, an equation with three unknowns" (2018), "Thinking about addictions," *Philosophical Implications* online journal.

²¹⁶ Alain Ehrenberg, *La fatigue d'être soi*, Dépression et société, Paris, Odile Jacob, 2000 [1998], p.19.

²¹⁷ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

²¹⁸ Several characteristics lead us to classify anorexic and anorexic-bulimic eating behaviors as "addictions" using the concept of addiction, which includes "alcoholism, smoking, pathological gambling, eating disorders (anorexia, bulimia), overconsumption of medication, in particular psychotropic drugs, but also certain suicidal and/or risk-taking behaviors. These characteristics, based on clinical observations, are as follows: "beginning in adolescence with reactivation of the eventful history of childhood; compulsivity with ideative obsessions concerning the object and the addictive conduct; feeling of lack or emptiness and impulsivity preceding the recourse to the addictive object; substitution of a dependence on the human object by a dependence on an inanimate external object, available and manipulable; experience of depersonalization, a kind of hypnotic second state, then shame and guilt mixed during the crises; depressiveness and antidepressive struggle during the free intervals, somatic manifestations during withdrawal, masochistic maintenance of the behaviour despite the effects of withdrawal and the deleterious psychological, biological and social consequences; frequency of coaddictions during the evolution. These clinical data reflect a common narcissistic problem. In M. Corcos, M.-E. Dupont, "Approche psychanalytique de l'anorexie mentale", *op. cit.* (2007) 190-200.

²¹⁹ Margaux Merand and Maël Lemoine, "L'anorexie mentale : une fatigue de ne pas être soi ?", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

succeeds to the neurosis. After 1945, "urbanization, geographical mobility, and the affective ruptures that it implies, the growth of social anomie, the changes in the family structures, the weakening of the traditional sexual roles" concur to generate [individuals susceptible to know episodes of depression]. The neurosis was the result of an intrapsychic conflict linked to the weight and internalization of social, family and collective norms and constraints on the individual. It depended on a social model of discipline and obedience, where the finiteness of existence as well as the necessary adaptations to "destiny" were accepted. The neurotic individual has integrated the principle of reality, the limits that this last one imposes to the infantile narcissistic complex of omnipotence, as well as the social laws that make his trajectory and his place depend on collective and family structures independent of him: he is not absolutely "sovereign"²²⁰ in the life that he leads. The neurotic is torn between the "allowed and [the] forbidden": he is an over-motivated individual, socially framed and limited in his possible "excesses"; the society in a way protects him from his own overflowing *via* the regulating figure of the paternal authority²²¹ .

On the contrary, the depressed individual, [according to Ehrenberg], is torn between the "possible and the impossible". He has largely emancipated himself from social norms and claims to be able to define himself by his own rules and means. Depression then appears

"...] in a context of normative change that became noticeable in the 1960s. In fact, the traditional rules of individual behavior are no longer accepted, and the right to choose the life one wants to lead begins, if not to be the norm of the individual-society relationship, at least to enter into the mores."²²²

²²⁰ Alain Ehrenberg, *La fatigue d'être soi*, op. cit. Alain Ehrenberg, *La fatigue de l'être soi*, op. cit.: "[...] the pure individual, that is to say a type of person who is his own sovereign, is creeping in sociologically, and with the greatest joy at the time", p. 156.

²²¹ Ibid, p. 150.

²²² Ibid, p. 136. See also P.-H. Castel, *L'esprit malade, Cerveaux, Folies, Individus*, Les Éditions d'Ithaque, Paris, 2009; as well as J. Postel, " Introduction à l'histoire de la psychiatrie " in *Traité de psychiatrie* ; Éditions Flammarion, Paris, 2005.

It is correlative of a new social configuration in which the individual, because everything is henceforth, *in law*, possible for him - mainly in terms of mobility and social ascension - is at the same time hyper-responsible for what he does with his existence and feels burdened by such responsibility. Thus, Norbert Elias emphasizes, in *The Society of Individuals*²²³, that the possibility of choosing one's existence is not only accessible, but is fundamentally an *injunction* to autonomy. The individuals of modern societies cannot escape the necessity of being emancipated from the collective structures that previously assigned them a determined place. They cannot but *choose* themselves:

"And as, within these increasingly diverse state societies, individuals emerge as such from the smaller, more tightly knit groups of pre-state birth communities or protective groups, they have a greater number of options to choose from. And they have more freedom of choice. They can decide their fate much more freely. Not only *can* they become more self-reliant, they must. In this regard, they have no choice."²²⁴

Moreover, the apparent multiplication of possibilities turns into vertigo and the difficulty of choosing oneself as well as the feeling of being constantly "insufficient" in front of all the lives that it is possible to realize:

"But didn't I let all the other talents that were given to me wither away? Have I not left out many things that I would have liked to do? It is in the very nature of societies that demand from the individual a greater or lesser degree of specialization to make him neglect a host of possibilities he will not use, lives

²²³ Norbert Elias, *The Society of Individuals* [Die Gesellschaft der Individuen], trans. Jeanne Étoré, Paris, Coll. Pocket Agora, Editions Fayard, 1997 [1987].

²²⁴ Ibid, p. 169.

he will not live, roles he will not have played, experiences he will not have had, and opportunities he will have missed."²²⁵

In societies where "conformity to a single norm is progressively replaced by a pluralization of values and a heterogenization of ways of life"²²⁶, the individual is structurally led to develop the feeling that he has missed a set of opportunities and that certain parts of his being have never been adequately expressed through projects and achievements."²²⁷ The individual, in these societies, is inclined to consider that his subjective interiority always potentially *overflows* the sphere of his concrete achievements. He has never done or been *enough in* relation to the variety of talents he perceives in himself. In sum, the societies described by Alain Ehrenberg and Norbert Elias reduce the individual's chances of feeling satisfied²²⁸, even though they apparently maximize them. "Finally, as we write, the more the individual is invited to choose himself, to find in himself and by means of his own resources the way to his personal fulfillment and his social success, the greater the risk that this approach will fail and that the individual will be maladjusted:

"...] the extension and particular organization of the period of life situated between childhood and the accession to adult social life intervenes as one of the factors that make it more difficult for the individual to integrate into adult society and aggravate the risk that he or she will not be able to find a true balance

²²⁵ Ibid, p. 180.

²²⁶ Alain Ehrenberg, *La fatigue d'être soi, op. cit.*, p. 143

²²⁷ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²²⁸ Norbert Elias thus writes that the "effort" that the individual must make to accomplish himself "can be so hard that one loses the ability to rejoice in his successes and even to feel as a satisfying accomplishment what one has obtained", In *La société des individus, op. cit.*, p. 179.

between personal inclinations, his or her own mechanisms of self-control, and his or her social functions."²²⁹ " 230

If the superego of the neurotic individual is indeed the guarantor of the arbitration between the social requirements and the personal inclinations, between the principle of reality and the impulsive motions, one attends here the advent of a different kind of individual for whom this regulation and this balance become extremely perilous and uncertain. It is no longer simply a question of a configuration where the superego moderates the unconscious desires to put the individual in agreement with the social imperatives and prohibitions: the society, writes Alain Ehrenberg, is no longer ordered by a partition between the permitted and the forbidden. The new social paradigm is that of the apparently shifting border between the possible and the impossible, and the individual lives with the feeling that it is his duty to extend, as much as possible, the field of the possible. As we write in our article²³¹ , "we can then summarize the genesis of the depressive syndrome: the narcissistic omnipotence complex, introduced in the individual *via* the socially constructed belief that he can access a multiplicity of life styles, tips over into a radical feeling of powerlessness when reality imposes limits and frustrations on the individual - limits that he is no longer prepared to tolerate. The injunction to individual autonomy and self-sufficiency degenerates into overwhelming responsibility as well as skepticism and the collapse of certainties."²³² The individual "is necessarily *uncertain* since he no longer has an outside to indicate his conduct, since it is up to him to work out his own rules"²³³ .

²²⁹ Ibid, p. 173.

²³⁰ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²³¹ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²³² Ibid.

²³³ Alain Ehrenberg, *La fatigue d'être soi, op. cit.* , p. 157. Emphasis added.

As we write, "the main symptom of depression is fatigue:

"Physicians must differentiate these "states" from mental illnesses, because they are functional disorders in which exhaustion of the psychic system apparently predominates, the patient's faculties of reasoning and judgment remaining intact."²³⁴ ²³⁵

The individual is exhausted by having to constantly undertake to "become himself" and nothing else but himself, by having to constantly generate his own system of values and beliefs, without being able to rely on a form of passivity in embracing a predetermined social role and a series of collective precepts and dogmas. His emancipation has a price: overwork.

But, as we write at²³⁶ , "exhaustion also comes from the need to guard against the risk of failure that is consubstantial with this mode of existence of individuals. Indeed, as Norbert Elias writes, not only is the individual inevitably doomed to wonder whether such and such an opportunity is not slipping through his fingers, and to live with the frustration of realizing only some of the possibilities among all those that seem to be available to him. But, in addition, he lives in *anticipation* of the potential failure of the steps he actually takes. There is not only frustration with what could have been, but also apprehension of what will be, and permanent anxious anticipation of what life will have finally been. The modern individual projects himself into his existence in the past future. He must have in mind, at each decision, the total and very long term vision of his existence:

²³⁴ Ibid, p. 66.

²³⁵ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²³⁶ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

"The possibility of seeking alone, and to a large extent by one's own choice and strength alone, the satisfaction of an individual aspiration involves in itself special risks. Not only does it require a considerable amount of perseverance and long-term insight, but it also constantly pushes the individual to set aside occasional opportunities at the side of the road, to neglect momentary impulses, in favor of the pursuit of long-term goals from which he expects lasting satisfaction. [...] Greater freedom of choice and increased risk go hand in hand. One can achieve the goals that give meaning and fulfillment to one's personal aspiration, and one can find the satisfaction one hoped for. One can reach them halfway. The dream may have been more beautiful than the reality. One can miss them and continue one's existence with the feeling of having wasted one's life. [...] In these societies there are as many different aspirations and chances offered to the individual as there are risks of failure."²³⁷ " ²³⁸

b) Fatigue of being oneself and anxiety of individual accomplishment predispose to the development of anorexic behavior

However, as we write at²³⁹, "the anxiety linked to the increased risk of failure, identified by Norbert Elias, and the resulting fatigue of being oneself, analyzed by Alain Ehrenberg, both seem to us to be absolutely decisive in understanding the driving force of anorexia nervosa. Marya Hornbacher can thus write in her autobiographical work *Wasted*²⁴⁰ :

"I was incredibly tired of myself. I wanted to do this great thing that was expected of me, whatever it was, [...] and be done with it. To be able to sleep. [...] I think it's important to note that eating disorders

²³⁷ Norbert Elias, *La société des individus*, op. cit. , p. 179.

²³⁸ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²³⁹ Ibid.

²⁴⁰ Marya Hornbacher, *Wasted. A Memoir of Anorexia and Bulimia*, op. cit.

are probably a cultural and generational version of good old-fashioned burnout. [... I had no idea what I would do with myself once I achieved "success" but I couldn't give up the urge to achieve it either. [People with ADD tend to be both smart and competitive. We are terrible perfectionists. [... We get sick ... of having to *look* impressive. [... I became exhausted with the feeling of constantly being on stage, wearing someone else's clothes, reciting someone else's lines." ²⁴¹

The psychiatrist and psychoanalyst Hilde Bruch writes, in a striking resonance with Marya Hornbacher's autobiographical text:

"Growing girls may feel this release as a demand, and feel that they *must* do something remarkable. Many of my patients expressed the feeling that they were overwhelmed by the sheer number of potential opportunities available to them that they 'should' respond to, that there were too many options to choose from, and that they were afraid of not choosing correctly."²⁴² ²⁴³

²⁴¹ Ibid, pp. 135-136: "I was incredibly tired of myself. I wanted to do whatever Amazing Thing I was expected to do [...] and be done with it. Go to sleep. [...] I think it's important to note that [the eating disorders] might be a cultural and generational phenomenon of plain old-fashioned burnout. [...] I couldn't imagine what the hell I was going to do with myself once I attained "success," but I couldn't give up the panicky need to achieve it either. [...] people with eating disorders tend to be both competitive and intelligent. We are incredibly perfectionistic. [...] We get sick of [...] having to *seem* impressive. [I got tired of the feeling that I was constantly onstage, wearing someone else's clothes, saying someone else's lines. We translate.

²⁴² Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 7.

²⁴³ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

Chapter 3: The anorexic strategy. Avoiding self-expression and the demand for recognition

I - Withdrawing from self-expression

a) The strategy for accelerating addictive behavior

As we wrote in our above-mentioned article²⁴⁴ , "In her medical thesis, entitled *Les spécificités cognitives de l'anorexie mentale*²⁴⁵ , Amanine Turcq summarizes the "socio-cultural approach"²⁴⁶ of anorexia nervosa as follows:

"The unlimited possibilities for personal achievement offered by our contemporary society subject the individual to an anxiety-provoking ideal of success. The greater the number of choices, the greater the probability of making the wrong choice (B. Schwartz). [Faced with this fear of failure, this too-early empowerment of the individual, and the absence of an opposition figure, the adolescent cannot blame his parents or any other authority figure for his failure. Anorexic behavior can be read as self-sabotage."

²⁴⁷

If we share the diagnosis on the socio-cultural data favouring the emergence of anorexia nervosa, we do not conclude, nevertheless, that the latter would be a matter of "self-sabotage"²⁴⁸ . As we wrote in our article²⁴⁹ , "it is indeed the state of exhaustion at the idea of personal

²⁴⁴ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²⁴⁵ Amandine Turcq in *Les spécificités cognitives de l'anorexie mentale*, *op. cit.*

²⁴⁶ Ibid, p. 32.

²⁴⁷ Ibid, p. 33.

²⁴⁸ Ibid.

²⁴⁹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

accomplishment, of success, which presides over the development of the eating disorder (AD)"²⁵⁰ :

"I abandoned the parade of excellence..." ²⁵¹

But the ACT plays a distinctly different role than simple self-sabotage:

"...in search of a seemingly easier path to the consideration I wanted: an eating disorder."²⁵² ²⁵³

As we comment on²⁵⁴ , "the ACT is not the equivalent of work, through which the self could be adequately expressed and recognized"²⁵⁵ . Rather, it appears as "its ersatz, supposed to escape the pressures of excellence and perfectionism"²⁵⁶ , but still to achieve goals of social success ("[...] to achieve the consideration I wanted"²⁵⁷). As we write, "the ACT is not experienced as a renunciation, nor is it intended to be a retreat into a space cut off from social interaction; it appears to be a safer and faster route to success:

²⁵⁰ Ibid.

²⁵¹ Marya Hornbacher, *Wasted. A Memoir of Anorexia and Bulimia*, *op. cit.* pp.135-136: "I quit the charade of excellence..." We translate.

²⁵² Ibid: "...and sought out something that seemed like an easy route to the respect I wanted [...]: an eating disorder." We translate.

²⁵³ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²⁵⁴ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

²⁵⁵ Ibid.

²⁵⁶ Ibid.

²⁵⁷ Marya Hornbacher, *Wasted. A Memoir of Anorexia and Bulimia*, *op. cit.* pp.135-136.

"Anorexics find themselves caught up in this process because, in some strange way, it fulfills their urgent need to singularize themselves and be noticed."²⁵⁸

Thus, anorexia nervosa [seems to us] driven by a desire to accelerate the time necessary for personal accomplishment. We quoted Norbert Elias above, evoking the lengthening of the training time between, on the one hand, childhood, where the individual has not internalized a set of self-censorship mechanisms, and, on the other hand, adulthood, where the individual is supposed to be functional and to have found a balance between his "personal aspirations, his own mechanisms of self-control and his social functions"²⁵⁹. The lengthening of this transitional period of training, between two states, also corresponded, according to Elias, to the increase in the risks that the individual would not really manage to fit in and adapt. This is the period during which the individual projects himself most into long-term projects from which he "expects lasting satisfaction"²⁶⁰, projects that require a great deal of discernment and "perseverance"²⁶¹. Now we think that it is precisely this intermediate period of formation, particularly long in the societies described by Elias, which is likely to arouse, for certain subjects, a desire for shortening. Marya Hornbacher is impatient to *have been* and to be at rest²⁶²: " I wanted to accomplish this great thing that was expected of me, whatever it was, [...] and to be even. "²⁶³

²⁵⁸ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.*, p. 34.

²⁵⁹ Norbert ELIAS, *La société des individus*, *op. cit.*, p.173.

²⁶⁰ *Ibid*, p. 179.

²⁶¹ *Ibid*.

²⁶² Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²⁶³ Marya Hornbacher, *Wasted. A Memoir of Anorexia and Bulimia*, *op. cit.* pp. 135-136.

As we write at²⁶⁴ , "if anorexia nervosa in this sense has the vocation to become the exclusive medium of self-fulfillment, allowing an acceleration of the time of studies and training, the works of Muriel Darmon²⁶⁵ highlight however that the two bodily and scholastic *fronts* are not initially opposed. Firstly, they are part of a general process of *empowerment* that is similar to a multidimensional self-reflection:

"The diet is thus here only one of the components of the enterprise which marks the engagement in the anorexic career: a set at the same time diversified and coherent of practices whose first specificity is their voluntary character. There is not only a transformation or an appearance of practices, but also a voluntary implementation or modification of these practices. It is indeed a question of *making* a body, of making a style of dress, of making a chosen and not an imposed school level, and finally of making a "concrete culture", and all this by "going all out". To designate this transformation of oneself through effort, both in its coherence and in its voluntary character, Yasmine speaks of "taking charge". " ²⁶⁶

[However], in some young anorexic women surveyed by Muriel Darmon who follow this approach and establish a continuity and complementarity between academic success ("cultural capital") and weight loss ("bodily capital"), the ambition to be thin ends up dominating entirely [this double approach], by making it impossible, by its side effects - the generalized tiredness resulting from the prolonged food restriction - to work at school:

²⁶⁴ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²⁶⁵ Muriel Darmon, *Devenir anorexique, op. cit.* I, 4: " " to begin " : to engage in a taking in hand ", p. 130.

²⁶⁶ Ibid.

"Because I was tired in the evening, I couldn't go back to reading... So that [reading] was something I put a cross on, I said to myself: "I can't do it". And it's the same, I compensated with something else: "I can't manage it but..." it was a tie, "but I'll lose more weight next week" [Christine, C]."²⁶⁷ " ²⁶⁸

Thus, Muriel Darmon asks a question that we must try to answer:

"The question then arises of the growing practical tension between these different fronts. After a while, in fact [...], work on the body front begins to jeopardize work on the cultural front: because of physical fatigue, the risk of no longer being able to follow courses in class, and hospitalization if necessary. How can we explain then that the physical front becomes a priority, that work on this front is continued at the expense of the academic front? In what way is culture sacrificed to the body?"²⁶⁹

We believe, as we write, "that the 'body front' acquires priority, not only because the fatigue related to weight loss and dietary restrictions prevents work on the 'school front', but because it constitutes a trajectory whose return is apparently more assured than that of a possible academic or professional career.

To understand this choice, one must bear in mind a fundamental feature of anorexic psychology, highlighted by Hilde Bruch's research: the "underlying sense of ineffectiveness"²⁷⁰. Anorexic subjects, who often at first glance give "an impression of strength and vigor"²⁷¹, are in fact

²⁶⁷ Ibid, p. 270.

²⁶⁸ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²⁶⁹ Muriel Darmon, *Devenir anorexique*, *op. cit.* , p. 272. Quoted in: Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to appear in 2021.

²⁷⁰ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 9.

²⁷¹ Ibid.

consumed by the deep conviction "that they are [powerless] to change anything in their lives"
272273 .

"Many [young women with anorexia] are tormented by the fear that they are unable to relate to others as equals, or that they will be accused of lacking independence. In recent years, I have seen several patients who, in order to prove their ability to live in society, were adamant about making dramatic decisions, such as taking a trip abroad alone at age 16. For many of them, such a forced quest for emancipation and independence clearly accelerates the disease; they realize that they are still lonely and depressed, and they feel distant from others." ²⁷⁴

We find here, as we wrote in our article²⁷⁵ , "the anxious anticipation of the individual capacity to fit in socially, evoked by Elias, coupled in the anorexic subject with an almost superstitious conviction of his own inefficiency. It is indeed this "background of feeling of powerlessness in the face of life's problems"²⁷⁶ - and here in the face of the pressure exerted by the desire for success and recognition as well as the imperious need to be *somebody* - that explains "the frantic concern for control [of the] body and its demands"²⁷⁷ . In the relationship with his or her body, the anorexic individual feels first and foremost *sovereign*: in principle, nothing interferes between his or her will, his or her actions and the effects they produce on his or her body. The relationship to the body is what allows the anorexic subject to escape his feeling of inefficiency, which is an anguish of not being able to produce a positive impact on reality. If weight loss is exhilarating for the anorexic subject, it is because he notices that, as far as his body is concerned, in the absence of reality, his techniques work. Anorexia nervosa creates a state of euphoria

²⁷² Ibid.

²⁷³ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²⁷⁴ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 85.

²⁷⁵ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²⁷⁶ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 85.

²⁷⁷ Ibid.

which owes its existence to the pre-existing feeling, deeply anchored in the identity construction of the anorexic subject, that his efforts will come to nothing.²⁷⁸ We will now see how the anorexic subject relates more precisely to the work of his body, and what the latter is intended to express.

b) Becoming a kind of person rather than oneself; from powerlessness to omnipotence

We have seen in our previous analyses that, in anorexic subjects, the obsession with success was fundamental. This obsession ends up being devouring to the point of requiring strategies of relief, or even of circumvention and avoidance. As we write, "Marya Hornbacher reports an anxious eagerness to perform in the outside world - social theater requiring continual staging of the self that the anorexic would like to cut short, weary of what she perceives as a charade"²⁷⁹. For young anorexics, it is a question of "getting by" with a desire for glory that has become suffocating for them, and perceived as fake - it is above all a question of being a successful character. We are far " from the authentic desire of externalization of oneself: it is rather the double necessity to cultivate the self and to expose it in the external world "²⁸⁰ - requirement proper to the social existence of the modern individuals, according to theses of Norbert Elias and Alain Ehrenberg - which becomes anxiogenic for the anorexics. It is not, as we saw in our introduction with the help of the theses developed by Dorothée Legrand, the violence that the body-object would exert on a subject feeling irreducible to it.

²⁷⁸ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²⁷⁹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

²⁸⁰ Ibid.

The body will indeed become the place and the object of a transformation by the anorexic person. But our hypothesis consists here in maintaining that this transformation of the body has for finality to make a sign towards a *kind of self*, and not to express the *self* itself - "this second task appearing insurmountable to the anorexic who struggles to identify the "self", its contents and its borders"²⁸¹ :

"Often [girls with anorexia] don't know themselves what they want or what they expect. Esther expressed this very openly before she left for college. What worries me is that I don't know what kind of girl I should be. Will I be the sporty type, will I be sophisticated, or will I be studious?"²⁸²

We write, "it is precisely because the notion of "self" is blurred, its contours ill-defined, that the need to *materialize* it in the external world arouses a lively anguish. Alain Ehrenberg evokes an "individual apparently emancipated from the prohibitions", which founds his difference with the neurotic, "but certainly torn by a division between the possible and the impossible"²⁸³ . We think that the anorexic person is particularly sensitive to this *indetermination*"²⁸⁴ , at the same time of what the subject *is* - "when I am alone I cannot determine what I look like. I see qualities, but nothing in fact that is me"²⁸⁵ -, but of what he *can* and *wants to be* - "like other anorexics, [Mara] was tormented by impressions of emptiness; she did not know what role to play. [...]"

²⁸¹ Ibid.

²⁸² Hilde Bruch, *The enigma of anorexia, op. cit.* , p. 78. Quoted in: Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to appear in 2021.

²⁸³ Alain Ehrenberg, *La fatigue d'être soi, Op. Cit.* Hilde Bruch tells her patients: "What really bothers you is that you don't even know what to expect from life, or what would make you happy", in *L'énigme de l'anorexie, op. cit.* , p. 158.

²⁸⁴ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

²⁸⁵ Hilde Bruch, *The Enigma of Anorexia, op. cit.* , p. 174. Quoted in: Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to appear in 2021.

One day while shopping, Mara suddenly felt assailed by the question, "Who do I want to be?" [...] ".²⁸⁶ We find, as we write²⁸⁷, "among the remarks of anorexic-bulimic patients reported by Hilde Bruch, the striking description of the anguish of the "free spaces"²⁸⁸ during the day, spaces almost systematically triggering bulimic attacks followed by vomiting to saturate them:

"Time is like something you have to go through immediately. It's a thick forest and I have to go through it. When there are open spaces in the forest, I don't know how to cross them, and I am afraid, I am terribly afraid. The open spaces, without precise contours, scare me horribly. I live so that I don't have to face them."²⁸⁹ " ²⁹⁰

We believe that this fear of spaces with blurred, undefined contours is related to the one concerning identity. The anorexic person feels "the anxious incapacity to define the self, its aptitudes and its limits. Marya Hornbacher thus evokes a "completely contradictory" fear concerning her personality"²⁹¹ :

"On the one hand, it's the fear of not having the potential; on the other, it's the perhaps greater fear of *having it*, and thus having the *responsibility* of doing something *truly exceptional*. [...] You go out into

²⁸⁶ Ibid, p. 174. Quoted in: Margaux Merand and Maël Lemoine, "L'anorexie mentale : une fatigue de ne pas être soi ?", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²⁸⁷ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²⁸⁸ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 111.

²⁸⁹ Ibid.

²⁹⁰ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

²⁹¹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

the world with the certainty that you will be a failure from the start, or that you will have to do something ultimately spectacular, which involves the risk of failing anyway." ²⁹²

As we write, "the anorexic feels, inseparably from the anguish of being incompetent²⁹³, an immense potential and the correlative "responsibility" of a brilliant success. She is thus particularly likely to develop this "*disease of the responsibility* in which dominates the feeling of insufficiency" that Alain Ehrenberg evokes, the depression being frequently the base of the TCA²⁹⁴ "295 :

"[Anorexic girls] blame themselves for their inadequacies, real or imagined [...]." ²⁹⁶

Muriel Darmon²⁹⁷ highlights the individual hyper-responsibility of anorexic subjects, linked to a desire to never rely on what does not depend on oneself or on the contingent part of human existence, and opposed to the popular taste (of modest social classes) of "chance" associated with a social fatalism:

²⁹²"On the one hand it is a fear that you do not have what it takes to make it, and on the other hand, a possibly greater fear that you *do* have what it takes, and that by definition you therefore also have a *responsibility* to do something *really big*. [...] You go out with the certainty that you will be a failure from the outset, or that you will have to do something utterly stellar, which implies the potential for failure anyway", In Marya Hornbacher, *Wasted, Op. cit.*, p. 281. We translate.

²⁹³ Thus, even in the case of academic success, it is not uncommon for anorexic subjects to feel a sense of imposture: "She had been the outstanding student at a *middle-western* high school. Now she felt that her 'imposture' had been discovered", Bruch writes about one of his patients, cf. *The Enigma of Anorexia, op. cit.*, p. 85.

²⁹⁴ Alain Ehrenberg, *La fatigue d'être soi, Op.cit.* p. 11, emphasis added.

²⁹⁵ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

²⁹⁶ Hilde Bruch, *The Enigma of Anorexia, op. cit.*, p. 89.

²⁹⁷ Muriel Darmon, Muriel Darmon, *Devenir anorexique, op. cit.*

"[The] refusal of "chance", to which both the extreme planning and rationalization of life and the work on time and dispositions testify [...] is opposed to the popular "taste for chance" [...] highlighted by Hoggart: it is the taste for chance, for surprise, with two corollaries: negation of the absolute predictability [...]; preference for fatalistic explanations of the world - "that's the way it is and that's not the way it is", one has nothing to do with it, one is subject to "fate" -, the reverse of the incapacity of project, of the uselessness of decisions. [...] [The] working classes tend to "represent social constraints as laws of nature"²⁹⁸ . Now, [...] one could reverse the formula with regard to the anorexic ethos: the "natural" constraints (biological, bodily...) are seen there as subject to the social law of control over fate."²⁹⁹

This hyper-responsibility has a high price, which is the depressive reverse side (feeling of inadequacy) of the narcissistic omnipotence fantasy, and the chronicisation of their alternation. Anorexia nervosa re-enacts the "all or nothing" thinking, the opposition of "omnipotence" to "absolute powerlessness", without managing to overcome the definitive and exclusive character of these alternatives. It is important to note that anorexia nervosa *continues* cognitive biases and modes of reasoning that pre-exist it, since they belong to the pre-morbid personality whose socio-cultural roots Alain Ehrenberg and Norbert Elias allow us to grasp. Thus, the pathological is not in rupture with the previous components of the personality; rather, it comes from a *reorganization*, in the form of a new experience, structured differently, of the *same* ideas and modes of thought. How does this reorganization take place?

We see that, contrary to what we analyzed through Dorothee Legrand's theses at the beginning of our second chapter, the problem doesn't come back anymore "to the question: "how to express the *subject* in and by a body which is as well *object*?""; but: "how to express [a

²⁹⁸ R. Hoggart, *The Culture of the Poor*, quoted by Muriel Darmon, *op. cit.* , p. 280.

²⁹⁹ Ibid. See also T. Grisso, & P. Appelbaum, "Appreciating Anorexia: Decisional Capacity and the Role of Values"; *Philosophy, Psychiatry, and Psychology*, 2006;13(4), pp. 293-297; and J. Mitchell, "Anorexia: Social World and the Internal Woman"; *Philosophy, Psychiatry, and Psychology*, 2001; 8(1), pp. 13-15.

subjectivity] whose limits are not fixed, a self whose fluidity is vertiginous and socially encouraged?"³⁰⁰ . We write, "it is the responsibility itself that seems unlimited to those who do not correctly identify the sharing of the possible and the impossible; it then becomes overwhelming. Our hypothesis is that the anorexic tries to respond to this difficulty by a bodily *strategy* mobilizing the social representations in which thinness is invested in order to achieve *total* recognition while freeing herself from the perspective of having to "be herself"³⁰¹ .

We observe in our article that, "biologically, first of all, the practice of fasting produces a fading of the self, in any case an attenuation of sensations, emotions and thoughts. Subjectivity is muted because of the lethargic state of the body. The feelings of the self are maintained at a very low level of intensity. The anorexic subject, by ritualizing certain food practices, thus flees the incessant fluctuation of his affects and his absence of equanimity"³⁰² :

"There was a kind of state that was really pleasant when I didn't eat. [...] there's also something about not eating that makes you feel really high [...]. [Sabine, I] ³⁰³

"[...] Frankly, it's like being on drugs. [...]. " [Louise, H] ³⁰⁴

c) The euphoria of not being oneself: from negative to positive

³⁰⁰ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

³⁰¹ Ibid.

³⁰² Ibid.

³⁰³ Muriel Darmon, *Devenir anorexique, op.cit.* , p. 161.

³⁰⁴ Ibid.

depersonalization

"I looked in the mirror and suddenly didn't quite know who that person was, couldn't quite make a connection between her and me."³⁰⁵

(Marya Hornbacher,
Wasted)

We see it, anorexia nervosa allows to free oneself from the presence or coincidence to oneself. As we write, the "invasive character of the addictive practice, which saturates the lived experience, allows one to withdraw from one's own intimacy, and from any anxiety-provoking introspective relationship. Then, the *leanness* itself - and not only the fasting that is the means - provokes a deliverance."³⁰⁶

³⁰⁵ I looked in the mirror and suddenly I didn't know exactly who this person was, I couldn't really make a connection between her and myself. We translate.

³⁰⁶ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

"From the discovery of *his addictive solution*"³⁰⁷ , the subject experiences a real *break in* experience. In the case of bulimia, this translates into the crisis behavior - the discovery of the possibility of compulsive absorption of large quantities of food, followed by vomiting -, which leads to a certain enjoyment. In the case of fasting (restrictive anorexia), this translates into reaching an extremely low weight that gives the body a singularly different appearance that the subject thought he or she would never experience. In short, the discovery of the "addictive solution" amounts, in restrictive anorexia as in anorexia coupled with bulimia, to an experience of rupture - a euphoric experience which can also be translated by a state of stupefaction, or what we could call a positive "depersonalization", for example when a subject perceives his image in the mirror and suddenly realizes, with incredulity, that he no longer has the same body, the same contours and the same look due to weight loss. This experience of rupture acts as a new normative reference point and makes it difficult to regress to a previous state. It is important to better understand what conditions it.

According to us, the relationship to the body of the anorexic, before and during the illness, includes a "depersonalized" tendency which is more or less exacerbated, and is susceptible to degrees. We believe that the anorexic subject experiences, once he/she has reached a certain level of thinness, the passage from a negative and moderate form of depersonalization - which corresponds to the classical descriptions of depersonalization, generally lived as an anguishing experience - to a positive or exhilarating form of depersonalization. How does this transition take place?

As we write in our article, "Depersonalization as a Suspension of Freedom?"³⁰⁸ , from which we quote at length in the following discussion, "depersonalization is defined in the DSM-

³⁰⁷ Joyce McDougall, "L'économie psychique de l'addiction", *Revue française de psychanalyse*, vol. 68, no. 2, 2004, pp. 511-527: 12.

³⁰⁸ Margaux Merand, "Depersonalization as a suspension of freedom?", *Philosophical Implications* online journal, March 6, 2017.

IV³⁰⁹ as "a prolonged or recurrent experience of a sense of detachment and of having become an outside observer of one's own mental functioning or body"³¹⁰ . It is frequently associated with "derealization," defined as "an alteration in perception experienced as a sense that the external world is strange or unreal"³¹¹ ³¹² . Depersonalization is described, in the article "Depersonalization: the doubt of existing?" by Didier Laurus³¹³ , as "a disorder of self-awareness"³¹⁴ . It has different clinical occurrences and is at the "crossroads of numerous psychiatric pathologies, although it is most often situated, by historical descriptions, "within the framework of psychasthenia³¹⁵ and psychoses"³¹⁶ . Depersonalization can nevertheless appear independently of any characterized pathological state, generally in a "fleeting, reversible and transitory" form³¹⁷ . In the normal subject, the phenomenon is thus episodic and can last only a few seconds". In spite of this disparity of circumstances of appearance, it is possible to determine certain constants of the syndrome of depersonalization³¹⁸ :

³⁰⁹ American Psychiatric Association, DSM-IV- Diagnostic and Statistical Manual of Mental Disorders (4th edition), Paris, Masson, 1996 . Quoted by Margaux Merand, "La dépersonnalisation comme suspension de la liberté?", in *Implications Philosophiques, op. cit.* All the following quotations are from the same article.

³¹⁰ Ibid.

³¹¹ Ibid.

³¹² Margaux Merand, " La dépersonnalisation comme suspension de la liberté ? ", *op. cit.*

³¹³ Didier Laurus, " La dépersonnalisation, le douter d'exister ? ", *Figures de la psychanalyse*, 2004/1 (n°9); pp. 87-95.

³¹⁴ Margaux Merand, " La dépersonnalisation comme suspension de la liberté ? ", *op. cit.*

³¹⁵ "Psychasthenia is a psychoneurosis clinically characterized by the incoercible appearance, in the consciousness that has remained intact, of parasitic thoughts, emotions or impulses that tend to impose themselves on the ego, evolve alongside it and in spite of it without seriously altering the general functioning of reasoning, memory and judgment, and end up determining a kind of psychic dissociation whose last term is the conscious splitting of the personality or the feeling of depersonalization.", Pitres A. La psychasthénie. In: *L'année psychologique*. 1903 vol. 10. pp. 284-295.

³¹⁶ Saladini O and Luauté JP. Depersonalization. *Encycl Méd Chir (Editions Scientifiques et Médicales Elsevier SAS, Paris, all rights reserved), Psychiatry*, 37-125-A-10, 2003.

³¹⁷ Ibid.

³¹⁸ The following criteria are taken from our article: "Depersonalization as a suspension of freedom?", in *Implications Philosophiques, op. cit.*

- "The subject "goes out of himself". He has the feeling of no longer coinciding with himself, from the psychic as well as the physical point of view. He is as if projected "above" his body and his thoughts that he continues to perceive from the outside, as a detached observer.

- His thoughts, his gestures, which do not let themselves unfold, do not seem to him any more familiar and are invested of a strangeness and a sudden distance. They are perceived as if they were the thoughts and gestures of another, of which the subject has become the passive witness. It is necessary to insist here on the fact that depersonalization is not a simple form of self-analysis. It is not a question, for the subject, of taking himself as an object of reflection, as it happens in the so-called "second" or "reflected" self-consciousness³¹⁹ . Didier Laru specifies in this sense that "when a subject perceives himself as an object, it can be a matter of self-analysis, and not necessarily of depersonalization"³²⁰ . The specific difference is that in self-analysis, the subject continues to experience the analyzed psychological contents as *his own*. Here, on the contrary, such contents are observed and almost suffered from outside as foreign, in a general feeling of disbelief and "anxious perplexity"³²¹ . If the patient *knows* that the thoughts and gestures are indeed his own, he does not *feel* them as such.

- Depersonalization is for this reason experienced as a disturbing episode: the subject is not able to return to himself, to become one with himself again, and does not know when or if he will be able to do so. There is thus a feeling of powerlessness, an awareness of the anomaly of the experience coupled with a passive expectation of a return to the usual, and unaltered, perception of the phenomena.

³¹⁹ See on this subject M. Westphal, "The Prereflective Cogito as Contaminated Opacity"; The Southern Journal of Philosophy, Vol. XLV, Supplement, 2007.

³²⁰ Didier Laru, "La dépersonnalisation, le douter d'exister?", *op. cit.*

³²¹ *Ibid.*

- What makes depersonalization even more complex is that, while being clear-sighted about the abnormal character of the asubjective "point of view" that he seems to experience - or point of view of overhang on the subject and the body that he knows himself to be -, the patient confusingly thinks that he reaches a kind of truth. It is as if the very absurdity of his existence was revealed to him, in a flash of lucidity. This translates into the superimposition of two planes, of two types of thought or voice. There are the thoughts that the subject had even before the episode of depersonalization intervened, and which continue to unfold from now on under his eyes, endowed with a disturbing resonance, all at the same time "in mute", dilated and experienced in slow motion. And there is the thought that emerges from the depersonalization itself, which seems a "commentary" on the first thoughts. During the episode, everything happens as if the subject were addressing this discourse to himself, perceiving his own stream of consciousness: "yes, I am thinking such and such a thing; yes, I am thinking such and such another thing now". The "first" or habitual thoughts are commented by the "voice" of depersonalization, which can take on a mocking or surmoic intonation. This voice strikes everything it comments on as small, inane and ridiculous. In this sense, it should be noted that the DSM-IV mentions "different types of sensory anaesthesia, a lack of affective reaction, *a feeling of loss of control over one's actions, especially over one's own words*"³²². It is the "second" voice of depersonalization that is out of control, and takes on a critical cynicism that the subject is powerless to interrupt"³²³. It is also this second and surmoic voice that we think dominates the anorexic experience, and this in a constant way.

According to us, there would indeed be a syndrome of depersonalization structurally linked to the body self-consciousness of the anorexic subject. It would therefore not be an "episode" as such, but a particular and permanent organization of the anorexic body self-consciousness. However, certain episodes of depersonalization would not remain less possible as variations of degrees and intensity of the *same relationship* to oneself and to one's body in the experience. In other words, for an anorexic subject, an episode of depersonalization would only be an

³²² American Psychiatric Association, DSM-IV, *op. cit.*

³²³ Merand, M., "La dépersonnalisation comme suspension de la liberté?", *op. cit.*

exaggeration of tendencies inherent in his or her usual perceptual, cognitive and sensory modes. What are these tendencies?

The anorexic subject - this trait also appears in the pre-morbid personality - tends to relate to his or her body as an external thing that does not belong to him or her, and for which he or she does not immediately, or sometimes secondarily, feel familiarity. The absence of a sense of belonging and familiarity; the relationship to the body from an external (specular) image rather than from an internal or subjective perspective, are all criteria of this depersonalized bodily self-awareness. In the conceptual terms of the bodily self-consciousness distinguished above with the help of Dorothée Legrand's theses, it is about an experience dominated by the body-object: the body as it is taken for object of an intentional aim of the consciousness; the *perceived* body whose common materiality with the other objects of the world is exhibited. But that is not enough: it is advisable to add that, in the anorexic experience, the body-object is not experienced³²⁴ as *its own*. In the same way that we specify, on the subject of depersonalization, that it is not only a question of "self-analysis" (or reflexive self-consciousness), it is not only a question here of perceiving one's body in the manner of an external observer, but of doing so without having the sensation - or, in extreme cases, the cognitive assurance - that this body remains *one's own*.

Thus the self-scrutiny of the body is disassociated from any feeling of belonging, and the anorexic subject has a perpetually hallucinated and paranoid relationship³²⁵ to his own body:

³²⁴ See especially Jochen Vollmann, "But I Don't Feel It: Values and Emotions in the Assessment of Competence in Patients with Anorexia Nervosa"; *Philosophy, Psychiatry, and Psychology*, 2006; 13(4), pp. 289-291.

³²⁵ "To feel one's body as a cause of suffocation and a threat of annihilating crushing [means] a persecutory experience (the body as an agent in a kind of delirium that is both paranoid and hypochondriacal), which can be compared to the conception of anorexia nervosa as an intrapersonal paranoia, but which would be brought back to the perception of a heavy and inert body [...]", B. Brusset, *Psychopathology of anorexia nervosa, op. cit.*, p. 104. Regarding this intrapersonal paranoid

he does not know *if* his body really belongs to him nor *what* this body is *like* (what is its shape, its weight):

"I'm afraid I can't put it any more clearly," Alice replied, very politely, "for I can't understand it myself, to begin with; and being so many different sizes in a day is very confusing" ³²⁶

This explains in particular why anorexics excessively practice "*body checking*": the fact of scrutinizing their body. Dorothée Legrand notes that these "rituals of verification in the anorexic who obsessively measures her shape and weight in a millimetric way" reveal the pre-eminence, in the relationship to the body, of the observation of the body as an external object³²⁷. People with anorexia weigh themselves several times a day, spend hours looking at themselves in the mirror or taking pictures of themselves to document their weight. They need quantitative reference points and objective photographic witnesses in order not to lose themselves in a hyperbolic doubt concerning the body. Thus, body depersonalization is not, in anorexics, the pathological exception (a depersonalizing episode), but the *norm* (the default perceptual modality).

relationship, which sees the body as a persecuting "agent", we note that one of the anorexics who answered our interview questions, Alice Ribes, described her body as an "accomplice enemy".

³²⁶ Marya Hornbacher quoting Lewis Carroll (*Alice's Adventures in Wonderland*) in *Wasted, op. cit.* 'I'm afraid I can't explain it any more clearly,' Alice replied, very politely, 'because I don't understand it myself to begin with, and to change size several times in one day is very unsettling.'

³²⁷ D. Legrand, "Objects and others: Diverting Heidegger to conceptualize anorexia", *op. cit.*, p. 244. We translate.

Dorothee Legrand reports an interesting experience concerning the feeling of body ownership [body-ownership³²⁸]:

"Empirical studies in healthy subjects have already shown that a manipulation as simple as a simultaneous stimulation of one hand (tactilely) of the subject and a rubber hand (visually) leads the subject to mislocalize his or her arm closer to the rubber hand, and to experience the rubber hand as his or her own: this is the so-called Rubber Hand Illusion (RHI) experiment. The idea here is to use the RHI to test the self-attribution, by subjects suffering from eating disorders, of an emotionally neutral body part: a hand. The hypothesis is that patients will show greater vulnerability to delusion because the inherent instability of their body image perception facilitates the incorporation of external objects into their representation/experience of their body. Corroborating this hypothesis, the results of the study showed that 'individual differences in RHI sensitivity significantly predicted the level of engagement in bingeing and purging behavior.'" ³²⁹

³²⁸ Dorothee Legrand, *Subjective and physical dimensions of bodily self-consciousness, and their disintegration in anorexia nervosa*, *op. cit.* p. 732: "The body as a bearer of sensations and body-ownership".

³²⁹ *Ibid.*, pp. 732-733: "empirical studies in normal controls previously showed that a manipulation as simple as a synchronous stimulation of the subject's hand (tactually) and of a rubber hand (visually) leads the subject to mislocate her arm closer to the rubber arm, and to experience the rubber hand as if it is her own, an experience referred to as "Rubber Hand Illusion" (RHI, Botvinick & Cohen, 1998; Pavani & Zampini, 2007). The idea here is thus to employ the RHI to manipulate self-attribution by subjects suffering from eating disorders of a non-emotionally loaded body part, their hand. The hypothesis is that patients would show greater susceptibility to the illusion because the inherent instability of their perceptual body image would allow an easier/stronger incorporation of non-bodily objects into their representation/experience of their body (Mussap & Salton, 2006, p. 629). Coherently with this hypothesis, the results of this study evidenced that "individual differences in the strength of the rubber-hand illusion significantly predicted level of engagement in bingeing and purging behavior" (*Ibid.*, p. 635)." We translate.

Such a result "could highlight a deficit in multisensory integration"³³⁰, but "does not point to any physiological mechanism specifically involved in eating disorders"³³¹. Rather, the study suggests that "body image instability increases individual vulnerability to unrealistic sociocultural expectations about body shape and weight"³³². More fundamentally, "the more malleable the body image is [i.e., susceptible to being extended to /confused with external objects], the more subject it is to objectification, and/or conversely, the objectification of the body [i.e., the fact of adopting an external point of view on one's body; the body perceived as an object] would lead the body image to be more fragile, malleable"³³³. Thus Dorothée Legrand can stress that eating disorders are not only "characterized by hyper-objectification"³³⁴ - objectification being a normal dimension of bodily self-consciousness, but one that is *hypertrophied* or invasive in the case of anorexia nervosa -, but also by a "weakened body-ownership: the experience of one's body and limbs as one's own is more fragile in anorexics than in healthy subjects"³³⁵:

"In many ways, [anorexics] behave as if they have no independent rights, as if neither their bodies nor their actions depend on them, or even as if they do not belong to them."³³⁶

³³⁰ Dorothée Legrand, *Ibid*, p.733: "Such result may underline a deficit in multisensory integration (see also Grunwald et al., 2001) [...]". We translate.

³³¹ *Ibid*: "[...] but does not allow to pin down any physiological mechanism specifically underlying eating disorders." We translate.

³³² *Ibid*: "It suggests that the instability of body image would increase "an individual's susceptibility to unrealistic sociocultural standards of body shape and size" (Mussap & Salton, 2006, p. 629)." We translate.

³³³ *Ibid*: "the more one's body image would be malleable, the more it would be sensitive to objectification, and/or conversely, the objectification of the body would lead the body image to be more fragile, malleable." We translate.

³³⁴ *Ibid*: "[...] not only characterized by over-objectification [...]." We translate.

³³⁵ *Ibid*: "by weakened bodyownership, i.e. the experience of one's body and body-parts as one's own (body-ownership) is more fragile than in normal controls." We translate.

³³⁶ Hilde Bruch, *The Enigma of Anorexia, op. cit.*, p. 54.

In the anorexic subject, the fact of perceiving the body-object is dissociated from any subjective feeling of belonging or familiarity; whereas in normal subjects, the material and objective dimensions of bodily self-consciousness "are integrated with their subjective dimension, and the members of the body that are taken as objects of perception or attention are also experienced as subjective"³³⁷ . We thus find one of the decisive criteria of the depersonalization syndrome at the heart of the anorexic experience: the loss of the feeling of belonging and familiarity of the states, at the same time psychological, mental and bodily, which are observed from an external perspective.

But we have said moreover, by enumerating the criteria of depersonalization, that these same states were "commented" by a critical voice of a surmoic order. It is indeed the voice which is superimposed on the flow of consciousness and doubles it with a kind of cynical, affectively disengaged and sometimes extremely mocking and depreciating speech. This internal voice is not unlike the testimony we quoted at the top of our first chapter: "I talk to myself a lot, it's like a ritual, for example every time I eat or do something wrong, I tell myself I hate myself repeatedly."³³⁸ This is the same voice that some anorexic subjects attribute to "Ana" or "Mia" on pro-ana sites (sites that promote anorexia nervosa and, at times, bulimic and vomiting practices as not only operational but enviable lifestyles). "Ana" is anorexia nervosa personified, "Mia" its bulimic counterpart. On pro-ana sites, among the methods encouraging anorexics to stay thin (or lose weight), are letters signed "Ana", as if anorexia nervosa were a companion, an uncompromising but benevolent friend. The anorexic subjects in fact relate to their own persecutory internal voice - which continually comments on their body, appearance, thoughts, emotions or actions - in the mode of a hold relationship, recreating within themselves a *dual* structure comparable to that of depersonalization:

³³⁷ Dorothée Legrand, Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op. cit.* , p. 733: "are integrated to its subjective dimensions and body parts which are taken as objects of perceptual experience or attention are also lived as subjective (Legrand & Ravn, 2009)." We translate.

³³⁸ Bers, S. A., Blatt, S. J., & Dolinsky, A. (2004). The sense of self in anorexia nervosa. A psychoanalytically informed method for studying self-representation, *op. cit.*

"Sooner or later, a remark about the other self escapes them, whether it is a "dictator" who dominates them, or a "ghost" who besieges them, or the "little man" they don't like to eat. Usually, this secret but powerful part of the self is experienced as a personification of all that they have tried to hide or deny, as not being approved of by themselves or others." ³³⁹

The self splits into *observer* and *observed*, and the observed - the body, the emotions - does not really possess itself: its borders are blurred and the anorexic feels the need to control it.

From our previous analyses, we see that anorexic body self-consciousness seems structurally depersonalized. Depersonalization does not occur sporadically when the subject is thin, but upstream and as the very condition of possibility of radical weight loss. However, at the end of several weeks of restriction, when an anorexic subject perceives his body for the first time and realizes that it is considerably emaciated, we believe that he passes from a depressive or negative depersonalization modality to a manic or euphoric depersonalization modality. His body still seems to him to be that of *another*, but this time, it is favorably that he experiences this strangeness to himself. Let us quote again Marya Hornbacher, describing in her novel *Wasted* the appearance in childhood, while she played with the make-up of her mother, of this auto-dissociative structure, then the perpetuation of this one:

"I made up my face: sophisticated greens and blues around the eyes, bright shades of red on the cheeks, a garish orange on the lips. Then I stared at myself for a long time in the mirror. Suddenly, I had a disassociation: I did not recognize her. I split in two: the one I was in my head and this girl in the mirror. The feeling of disorientation was strange, but not unpleasant. So I started to go back to the mirror regularly, to see if it came back. If I stayed still and concentrated [...], I could recreate the impression of

³³⁹ Hilde Bruch, *The Enigma of Anorexia*, op. cit. , p. 72.

being two girls, looking at each other through the mirror. I didn't know at the time that I would end up having that feeling constantly."³⁴⁰

By making the experience of thinness, the anorexic finds the pleasure (the "disorientation [...] not unpleasant") of being *another*. She suddenly has the effect of being a more desirable, advantageous character:

"Somewhere deep inside of me exists a certainty: [...] That changing my body, like changing my costume, would make me a different character who could, at last, be acceptable."³⁴¹

Let us also quote an ex-anorexic, Alice Ribes, who answered our interview questions, and who said that she was pleasantly "fascinated by the bones" of her body, which became more and more prominent as she lost weight. In this testimony, the body appeared in all its materiality foreign to the subject:

"I had gotten into the habit of touching the bones in my wrists in particular. I remember enjoying feeling them every day, looking at them. I didn't think the skinny was particularly aesthetically pleasing, but I loved feeling my bones."

In slimming, the body-object becomes a thing, a material subject to discovery and experimentation, where all internal subjective perspective disappears. The body is possessed in the mode of the object, as an external accessory that one can display (and decorate), but it is not lived as being constitutive of the self, and therefore it is not lived as *one's own* strictly speaking.

³⁴⁰ Marya Hornbacher, *Wasted, op. cit.* We translate.

³⁴¹ *Ibid.* We translate.

Our hypothesis is thus that the emaciated body is the object of a positive depersonalization. It does not trigger the depersonalized perception, but makes the subject pass from a dysphoric modality to a euphoric modality of body depersonalization. We can say then that the anorexic experience is part of a perceptive and sensory *continuum*: its predispositions, in the pre-morbid personality, are already largely atypical, but they have not yet fixed themselves around the obsessive theme of thinness. In spite of the perceptive *continuum*, there is indeed in the experience of thinness *a rupture* lived on a *qualitative* mode: the anorexic subject lives his weight loss as a liberation. In reality, he experiences the euphoric and manic side of a relationship to the body that remains objectifying and depersonalized. Moreover, we shall see that anorexia nervosa aggravates depersonalization to the point of reaching its most severe forms, notably in bulimia and vomiting.

d) The life of another

It is important to analyze further the qualitative rupture that we mentioned. We saw it with Marya Hornbacher and the "costume" body: the subject has the feeling to reach a radically new kind of existence, which he thought until then that it was out of reach, and feels an intense fascination of it:

"[...] I was fascinated: losing weight, I think I had become... That's what I was telling you, I was better than everybody, more beautiful than everybody, I knew everything better than everybody [...]" ³⁴²

³⁴² Muriel Darmon, *Devenir anorexique, Op. Cit.* , p. 288.

There is thus an exit or an overcoming of the "limits" which had been perceived until then as inherent to the (familiar) existence of the subject. This overcoming creates a point of no return and a state of exaltation, with the delirious feeling of being able to live without constraint, and to benefit from a superior form of existence:

"There is always a group in the class that is always messing up and everything [...]. At the beginning I envied them, at the very beginning I envied them, I said to myself 'oh my, I'd like to be able to... not care', then little by little I said to myself: 'But no, I'm the one who's right, they're the ones who suck', then we find what I was saying at the beginning, you know. Oh yes, there is really a... I was contemptuous afterwards, I had really become... obnoxious... [...] Afterwards, I had a contemptuous side for fat people. I thought I was superior to them because I wasn't fat" ³⁴³

In the Freudian terms of *Mourning and Melancholy*³⁴⁴, one can understand that the release felt by the anorexic person is that of an expenditure of energy become useless³⁴⁵ :

"...] all the states of joy, exultation and triumph which form the normal type of mania present the same economic condition: they are due to an influence which ends up rendering useless a great psychic expenditure, long maintained or made by habit, which then becomes subject to multiple affectations and possibilities of discharge. Thus, [...] when a long and painful struggle is finally crowned with success,

³⁴³ Ibid, p. 288.

³⁴⁴ S. Freud, *Deuil et mélancolie* (1917), Paris, Editions Payot & Rivages, 2011, trans. Aline Weill.

³⁴⁵ We take up here an idea that we develop in our above-mentioned article: "Anorexia nervosa as alienated production of oneself", *op. cit.*

when one manages to get rid of a heavy constraint, [...]. All these situations are characterized by excitement, signs of discharge of a joyful emotion [...]."³⁴⁶

As we write in our article "Anorexia nervosa as alienated production of the self"³⁴⁷, the anorexic person "triumphs over a constraint. Superficially, she triumphs over her body as a source of shame"³⁴⁸. The thinness appears as a single *and* effective solution contrary to the former economy of functioning which claimed much energy and remained unsatisfactory. It is thus that Portia de Rossi evokes the difference between the *installed* anorexic thinness and the disappointing instability of the diets "yo-yo"³⁴⁹. There is an exhilaration of thinness as an attribute that *really* allows to free oneself from a constraint: it is a distinctive feature, leaving a vivid impression of pleasure to the anorexic subject who experiences it for the first time"³⁵⁰:

"For a while, when I lost weight, I was really... I was like euphoric... [Julie, H]"³⁵¹

We write, "It is not uncommon for this euphoria to become the object of nostalgia later on, despite the knowledge of its fatal consequences. The subject struggles to find in the first stages of remission what he is looking for as an equivalent pleasure, and which Claude Olievenstein

³⁴⁶ Freud, *Mourning and Melancholia*, *op. cit.* pp. 66-68. Freud adds: "One can allow oneself to advance that mania is nothing other than this kind of triumph, except that what the self has overcome or defeated remains hidden to it".

³⁴⁷ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

³⁴⁸ See in particular T. Fuchs, "The phenomenology of shame, guilt and the body in body dysmorphic disorder and depression," *Journal of Phenomenological Psychology*, 33: 223-43, 2003.

³⁴⁹ Portia de Rossi, once thin, experiences the dread of returning to "the same yo-yo dieting pattern, [and] suffering as [she] did from [her] 12th to [her] 25th birthday," In Portia de Rossi, *Unbearable Lightness, A story of loss and gain*, Great Britain, Simon and Schuster UK Ltd, 2011 (2010), p. 224. We translate.

³⁵⁰ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

³⁵¹ Muriel Darmon, *Devenir anorexique*, *op.cit.*, p. 161.

characterizes in relation to drug addiction in terms of "flash" (sensation released by the drug)"³⁵²
:

"The important thing in the relationship [of care] that is established is that something of the order of a "flash" arises, this specific sensation released by the drug, which invades the body right down to the roots of sexuality. For the drug addict, this is an overwhelming and new experience, which he will live under the sign of shock [...] It is what will incite him to come back, and, even more, to go beyond his initial demand, which is almost always of a utilitarian nature." ³⁵³

It is, as we write, "this 'flash' that poses the greatest threat to the therapeutic relationship, insofar as the subject of the addiction must mourn it, in the remission phase, for benefits that are not immediately felt." ³⁵⁴

Anorexia nervosa, in its restrictive form, is explicitly compared to drug addiction, particularly in the identification of biological factors that can reinforce dietary restriction once it has begun:

"Nutritional deprivation could have physiological effects beyond the simple activation of food representations by determining the secretion of endorphins, i.e. intracerebral opioid substances. The well-being thus induced would lead to addiction and dependence. It has been thought that anorexia

³⁵² Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

³⁵³ Claude Olievenstein, *Il n'y a pas de drogués heureux*, Paris, Opera Mundi, 1977 ; p. 257.

³⁵⁴ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.* See also H. Lazaratou and Dimitris C. Anagnostopoulos, "The therapeutic challenge of anorexia nervosa," *Psychotherapies*, vol. 26, no. 1, 2006, pp. 21-25.

nervosa was a kind of "endogenous drug addiction", explaining the eroticization of the sensation of hunger, emptiness and dizziness, as in physical and sports hyperactivity.³⁵⁵

Alain Ehrenberg relates the "need for euphorants"³⁵⁶ to depression, with bouts of euphoria pushing back "the depressive manifestations"³⁵⁷ of the personality "by feeding the narcissism of the depressed person who then feels invulnerable"³⁵⁸. In short, addictive behaviors "[maintain] the self-esteem"³⁵⁹ of the depressed subject by means of artificial techniques, here fasting. The euphoria resulting from the ACT gives permanence to the feeling of omnipotence which one can suppose was only "phasic" or random in the initial depressive personality, alternating with phases of despondency and radical self-depreciation. The TCA is thus a matter of self-medication³⁶⁰:

"During the anxieties, the annoyances, the disappointments, the dissatisfactions of the existence and in particular of the relations with others, the refuge in the food has a magic effect: it is a remarkable antidepressant and anxiolytic [...].³⁶¹

³⁵⁵ B. Brusset, *Psychopathology of anorexia nervosa, op. cit.*, p. 55. See also Hilde Bruch, *The Enigma of Anorexia, op. cit.* p. 95: "[Hilde Bruch quotes one of her patients] When it becomes a pleasure to continue, then something else happens. One feels drunk, exactly, I think, in the same way as with alcohol."

³⁵⁶ Alain Ehrenberg, *La fatigue d'être soi, op. cit.*, p. 170.

³⁵⁷ Ibid.

³⁵⁸ Ibid.

³⁵⁹ Ibid.

³⁶⁰ "Insofar as it is a question of successful self-medication, the general behavior of these addicts can appear perfectly normal. This is a constant, from bulimia in the early 1970s to Internet abuse in the 1990s", Alain Ehrenberg, *La fatigue d'être soi, op. cit.*, p. 169.

³⁶¹ B. Brusset, *Psychopathology of anorexia nervosa, op. cit.*, p. 27.

e) The thinness expressing the kind of self instead of the words expressing the self

More fundamentally, as we write, "the anorexic triumphs over the need to *be someone* in order to succeed socially. This success is not relative to a professional career - the latter would not go without a risk of failure, we will come back to this"³⁶². The words themselves have become dispensable to the anorexic subject who can display her thinness. The words indeed always engage the possible frustration of an incommensurability - of *fact*, and not of right as in the Bergsonian perspective on the language³⁶³ - of the speech and the subjective interiority: one can fail to say exactly what one thinks or feels. Speech is, in the same way as the Hegelian "practical activity" that we mentioned in the introduction, *work*. It is the transformation - by a logical and reasoned setting in order - of a nebulous internal intuition into determined thought.

³⁶² Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

³⁶³ Indeed, it is not a question for us of saying that the anorexic would have implicitly in mind the Bergsonian conception of the language which wants that the thought remains "incommensurable" to him (H. Bergson, *Œuvres*, edition of the Centenary, Paris, PUF, 1959, *Essay on the immediate data of the conscience*, p. 124: "The thought remains incommensurable with the language"). For Bergson, the dimension of generalization, quantification and spatialization introduced by the words in the thought is inadequate to retranslate the "qualitative multiplicity" of the interior life: "Because the words (except for the proper names) designate kinds" (Bergson, *op. Cit.*, p.460) and "[...] the word with well fixed contours, the brutal word, which stores what there is of stable, of common and consequently of impersonal in the impressions of humanity, crushes or at least covers the delicate and fugitive impressions of our individual conscience" (Ibid., p.87). Now, as we are going to see, the anorexic subject does not conceive a structural bankruptcy of the language in its capacity to express the various internal data to the conscience, but on the contrary supposes that the language *allows to say everything*. He only feels personally unable to engage the work of *conversion* of the inner life into adequate words, suspecting himself to be fallible in his quest for the right words. Clearly, fallibility is not situated at the heart of language but at the heart of the subject.

The word articulates, orders what, without this effort, would remain imprecise and confused. It is in this sense the organ of the thought and, more largely, of the subjectivity:

"Language is the formative organ of thought. The intellectual activity which circulates in a purely spiritual way, interior and practically without leaving traces, owes to the sound to acquire in the word an external and perceptible existence. That is why it is one and the same indissociable reality with language."³⁶⁴

Now, in the case of thinness, it is to these two classical vectors of self-expression - and to their potential failure - that the language of the body allows to escape: it "operates alone and says something of a subject who fears to accomplish himself by other means"³⁶⁵ :

"...] while she longs to be known, she 'will have spent her life making sure she is not known'. As an 'adaptive' reaction to the trauma of cumulative misunderstandings and misapprehensions, anorexic subjects no longer even expect, hope or actively seek to be understood and 'may even discount the possibility of positive feedback on themselves'. According to such a view, anorexics are 'mute, speechless': 'Words are, for women with eating disorders, as much if not more problematic than their relationship to food... Finding the words - rather than being lost, frustrated, or attacked by them - suggests a capacity for communication that acknowledges the presence of others. That anorexia may be characterized by such relational difficulties is also confirmed by the fact that, when asked to freely describe who they are, anorexics demonstrate a weak connection to themselves compared to healthy subjects, showing greater isolation and dependence on others and feelings of rejection or being judged..."³⁶⁶

³⁶⁴ Wilhelm Von Humboldt, Extract from §14 of the *Introduction to the work on the kavi, and other essays*, translation and introduction by P. Caussat, Paris, Editions du Seuil, 1974.

³⁶⁵ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

³⁶⁶ Dorothee Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op. cit.* p. 730: "while she is longing to be known, she "will have spent her life ensuring that she is not known" (Farrell, 1995, p. 45). As an "adaptive" reaction to the trauma

The thinness develops on the basis of a lack of self-knowledge and the feeling of not being able to be adequately perceived or understood by others. The anorexic experience not only starts from this feeling, but aggravates it to the extreme point of thinness, asthenia and depersonalization that accompany it:

"All I knew was how to tell day from night. Being driven to school, just going from home to school and back, created a kind of structure. You are in a constant state of bewilderment; you don't feel like you are really there. I got to the point where I doubted the people around me; I wasn't sure if they really existed. I couldn't communicate with them. There was really nothing we could talk about; I had a constant feeling that they wouldn't understand anyway."³⁶⁷

The mutism in cases of radical emaciation has physiological causes and is thus partially reversible at the time of refeeding: "[when they are considerably starved], not only do the patients not wish to talk about what they feel, but in fact they cannot because they are almost in a state of toxicosis. They can only provide meaningful information about their psychological condition once their diet has improved and treatment has progressed considerably."³⁶⁸ .

of cumulative misunderstanding (Ibid.), anorexic subjects do not even expect, hope nor actively seek to be understood (Ibid. p. 50) and "may even hold out the possibility of good feedback" (Ibid. p. 46). In such a view, anorexic subjects would be "lost for words" (Ibid.): "words are as, if not more problematic, for women with eating disorders than their relationship to food ... Finding words, in contrast to being lost, frustrated, or attacked by them, suggests a capacity for communication, which recognizes the presence of another" (Ibid., p. 5). That anorexia can be characterized by such relational difficulties is also confirmed by the fact that, when asked to freely report on who they are, anorexic subjects demonstrate lower self-relatedness compared to control subjects, indicating more isolation from or dependency on others, feeling rejected or judged by others [...] (Bers et al., 2004, p. 309)." We translate.

³⁶⁷ Hilde Bruch, *The Enigma of Anorexia, op. cit.* , p. 27. See also Michela Marzano's account in *Légère comme un papillon*; trans. Camille Paul, Paris, Éditions Grasset & Fasquelle, 2012. [Volevo Essere Una Farfalla].

³⁶⁸ Ibid, p. 24.

However, the problem of mutism and anxiety related to language and verbalization far exceeds the status of a consequence of undernutrition, pre-existing it and surviving refeeding at least in a more moderate form.

The anorexic subject is mute, not only because he is cut off from a part of his own internal subjectivity or emotional life, but also because he is paralyzed - or discouraged - by the risk, inherent to verbalization and language, of saying something that will produce a false idea of himself. In a sense, the anorexic subject is terrified of the idea that language has an aspect that is at the same time deceptive and definitive, irreversible: he dreads *settling into* inappropriate discourses, which would not translate precisely or faithfully what he experiences and thinks.

Note that the logic that prevails here is that of "all or nothing" thinking:

- Either the anorexic subject must be able to *say everything* about himself, without fail and in an absolutely exhaustive way - an idea which supposes that subjectivity itself is a finite whole, with stable contours, which could be entirely restituted in words perfectly proportioned to the internal data of consciousness. Thus, to believe that language ideally has the power to say everything, without remainder, is to believe that the "self" itself is a finite, totalizable entity - these two interdependent beliefs being deeply rooted in the mind of the anorexic subject;
- Either he *renounces completely* to tell himself (by words) - realizing that the first option is not feasible or represents a too monstrous, overwhelming work - exactly as the individual responsibility of "becoming oneself" in the modern society described by Alain Ehrenberg is overwhelming - so that one can dedicate oneself to it serenely.

It is the second branch of the alternative that the anorexic person chooses, remaining captive of the beliefs described in the first one and of his feeling of inaptitude to honor the ideal power of the language to say everything:

"...] it appeared in the analytical relationship, as in certain mutisms of the small child, that Delphine preferred the absence of effective communication in order to preserve intact her desire for ideal communication.³⁶⁹

Thus, to escape from the anguish of words - that of having to *find* the right words -, from their possible failure of translation of the subjective internal life, and nevertheless eager to obtain a form of intersubjective recognition, the anorexic subject elaborates a counter-discursive strategy. He puts *by default* the language in failure by preferring to him :

- *Another expressive mode* - the "chosen" somatization, or materialization of oneself through the body and in this case the thinness, the latter being invested with an immense expressive and significant value. Bernard Brusset speaks of a "desire to express without having to communicate"³⁷⁰ ;

- But also, at a more radical level still, and paradoxically in appearance, *a certain absence*

³⁶⁹ B. Brusset, *Psychopathology of anorexia nervosa, op. cit.* , p. 98. In Brusset's analysis, however, the said ideal communication comes under an infra-language form of fusion: "This would be empathic, immediate, without words, without the introduction of others, of the other, of the words of others, of the word as other, as a third party, by primary fusion, by non-differentiation from the primary maternal object" (Ibid.). We believe that this ideal is what the anorexic seeks to obtain *via* her body, which we describe as the displacement of the language of words to the language of the body (an expressive somatization).

³⁷⁰ Ibid, p. 99.

to oneself whose modalities we will determine soon: "whereas she longs to be known, she 'will have spent her life to make sure that she is not known' ". The anorexic privileges the expression of a false self, or of a "kind" of self, to her true subjectivity.

As we write at³⁷¹ , "thinness, charged with multiple social representations, is worth as a "metonymy" of the self. The "self" in play, one understands it consequently, is a *social projection* judged more advantageous than a real self characterized by its irreducible complexity."³⁷²

As we write in the same article³⁷³ , "addiction functions as a virtuoso technique in the social context described by Alain Ehrenberg: it makes individual success accessible while remaining hermetically sealed from the self - which at the same time makes it possible to escape the "fatigue of being oneself". For that, the addictive anorexic behavior operates a "self" factory which, instead of giving voice to the real self, supplants it a clearly identifiable *genre*"³⁷⁴ :

"I wanted to be an anorexic. I aimed to be a different kind of person, one whose passions were ascetic rather than hedonistic, one who would succeed, whose energy and ambition were focused, pure, whose body always came second to mind and 'art.'" ³⁷⁵

³⁷¹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

³⁷² *Ibid.*

³⁷³ *Ibid.*

³⁷⁴ *Ibid.*

³⁷⁵"I wanted to be an anorectic. I was on a mission to be another sort of person, a person whose passions were ascetic rather than hedonistic, who would Make It, whose drive and ambition were focused and pure, whose body came second, always, to her mind and her "art", In Marya Hornbacher, *op. cit.* , p. 107. Our translation, quoted in our article " L'anorexie mentale comme production aliénée de soi-même ", *op. cit.* Also quoted in: Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

As we write in our article, "Anorexia Nervosa: A Fatigue of Not Being Yourself?"³⁷⁶, "the purpose of weight loss work is that social interactions and public assignments are no longer undergone, but *chosen*, controlled: "[...] the interviewees make sure of the fact that it is not possible, from a certain point [from a certain level of thinness], for the public assignment to be different from their own categorization of their body"³⁷⁷.³⁷⁸

We write, "what the anorexic builds is not a "custom-made" body, whose food choices would reflect with millimetric precision the subjective idea, but rather a socially identifiable body - contrary to the "normal" body that anorexics are obsessed with, because it is *neutral*. Any body that falls under the "normal corpulence" (according to the Body Mass Index) is not socially significant. This body can be interpreted in a plural way, the normality indicating nothing of the self, being the spokesman of no kind of personality, if not of a conventional food balance³⁷⁹. A normal body is neutral in the sense that it does not orient the judgment of the one who perceives it. However, the anorexic seeks precisely a body *denoting* a subjective style, which cannot pass unnoticed. This body does not however follow the contours of the self: it must suggest a better-than-self³⁸⁰. At the same time, overweight is invested with social representations, which are as many supposed character traits - abulia, abandonment to sensual pleasures, absence of discipline - from which the anorexic wants to obstinately strip the "self" that she makes visible"³⁸¹ :

³⁷⁶ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

³⁷⁷ Muriel Darmon, *Devenir anorexique*, *op. cit.*, p. 165.

³⁷⁸ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

³⁷⁹ Hilde Bruch expresses to her patients their immense fear "of being ordinary, average, or whatever, simply of not being good enough", in *The Enigma of Anorexia*, *op. cit.*, p. 156.

³⁸⁰ Marya Hornbacher, *Wasted*, *Op.Cit.*, p. 232: "a perfect me". We translate. See also E. Halban, *Perfect: Anorexia and me*; London, Vermilion, 2009.

³⁸¹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

"Associated with the presentation of oneself in the mode of taking control and working on the body is indeed an explicit disdain for the "sloppiness" that would manifest itself in both eating practices and the bodies of others. Eating (and especially voracious eating, or making food something "convivial") is held to be despicable "vulgarity."³⁸²

We always write it, the "thinness indicates clearly what the self *is* and *is not*. It proceeds from a rigid identifying logic, at a distance from any normal body which would remain porous"³⁸³ :

"[...] the 'fat' body is the body of fat people just as the 'thin' body is the body of thin people."³⁸⁴

As we write, it is "an abstract style of 'self', with watertight partitions"³⁸⁵ , that is preferred to the "real self"³⁸⁶ , although the latter "was the bearer of a real expressive capacity. Marya Hornbacher thus writes that the very process of literary creation - which was dear to her - was compromised by her anorexia nervosa, since writing requires precisely the subjective anchoring that CAT strives to destroy "³⁸⁷ :

³⁸² Muriel Darmon, *Devenir anorexique, op.cit.* , p. 285. Quoted in: Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to appear in 2021.

³⁸³ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

³⁸⁴ Muriel Darmon, *Devenir anorexique, op.cit.* , p. 285.

³⁸⁵ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

³⁸⁶ Ibid.

³⁸⁷ Ibid.

"I thought of writing. But what would I say? I had stopped writing a long time ago, the real writing, my own writing. The words no longer came. I had lost the sense of the first person, the immersion in the world that writing requires."³⁸⁸

The anorexic subject is condemned to make, sooner or later, a painful experience of subjective emptiness³⁸⁹, and it is undoubtedly this which is at the source of the desire for remission in many cases. The subject inevitably feels atrophied and cut off from his own identity. Nevertheless, the addictive anorexic strategy has a medium-term effectiveness, which allows the subject to escape the "fatigue of being oneself" by the shrinking of his body and the economy of means that thinness seems to represent. Indeed, the anorexic person consoles himself "of the emptiness and the absence of real expression of oneself by the *unconditional validation* that thinness allows"³⁹⁰. This is what we must now make explicit.

II - Avoiding the demand for recognition and overcoming seduction

³⁸⁸ "I thought of writing. But what would I have said? I'd long since stopped writing, real writing, my own writing. No words ever came anymore. I'd lost the sense of first-person, the sense of being in the world that writing requires", In Marya Hornbacher, *Op. Cit.* p. 261. We translate. Quoted in Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

³⁸⁹ Marya Hornbacher, *op. cit.* p. 266: "The self I had been in the past was *too much*. Now there was no self at all. I was an empty space, a blank." We translate.

³⁹⁰ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

a) Anorexia nervosa and social representations associated with thinness

As we write in our article, "Anorexia Nervosa as Alienated Production of Self"³⁹¹, the "link between anorexia nervosa and social conditioning is problematic. We sketched some of its characteristics in the first chapter. As Dorothée Legrand writes about the "feminist" model³⁹², before discussing it, the fact is that 90% of anorexic subjects are women living, for the most part, in Western or Westernized societies where the body *effectively* defines the identity and professional opportunities available to the subject. The anorexic body is thus perceived as a mainly cultural body, the anorexic being "hypersensitive" to the male and social injunction of thinness. Painfully aware of the gap between the ideal body and her real body, the anorexic would seek to resorb it³⁹³. A difficulty of this model certainly lies in its incapacity to determine what founds the "hypersensitivity" of the anorexic subject. "³⁹⁴

As anthropologist and clinician Rebecca J. Lester in her article "The (dis)embodied self in anorexia nervosa:

"The rituals of the anorexic - her eating compulsions, her routine exercises, her military control of the smallest aspect of her life, the smallest movements and actions of her body - have a purpose, a goal,

³⁹¹ Ibid.

³⁹² Dorothée Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op.cit.*, p. 728.

³⁹³ Ibid.

³⁹⁴ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

which have only a peripheral relationship to thinness for thinness's sake, and which have everything to do with the work and modification of the self while the 'attitude' of the self is communicated." ³⁹⁵

Hilde Bruch also emphasizes that anorexia nervosa "is not a matter of weight and appetite; the essential problem [is] related to inner doubts and lack of self-confidence"³⁹⁶. Dorothee Legrand concludes in this sense that it would be a mistake "to reduce anorexia nervosa to a socially constructed obsession with appearance, beauty or thinness: this would not be enough to account for the fact that anorexic subjects literally kill themselves by starving themselves"³⁹⁷.

We will then try, as we write, to "determine the logic at work in anorexic behavior, which we believe makes of thinness and its social meanings an *instrumental* use to evade the demand for validation. In other words, without being *caused* by strictly social data, anorexia nervosa would nevertheless evolve in a context where thinness, as we have seen, is socially distinctive. We think that the anorexic subject is aware of these sociological data, and that they determine a particular *configuration* or modulation of the CAT. If anorexia nervosa remains etiologically irreducible to any determined social or cultural context, it is susceptible to different forms, to mutations according to the setting in which it evolves. It thus takes a specific turn in

395 Lester, R. J., "The (dis)embodied self in anorexia nervosa", *Op. cit.* p. 485: "The anorexic's rituals - her food compulsions, her exercise routines, her militaristic regimenting of every aspect of her life, every movement and action of her body - have a goal, a purpose, which only peripherally has to do with being thin to be thin, and has everything to do with changing and modifying the self, while at the same time communicating the "attitude" of the self", quoted by Dorothee Legrand, *op. cit.*, p. 728. We translate.

³⁹⁶ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.*, p. 117.

³⁹⁷ Dorothee Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op. cit.* p. 728 : "it is thus a mistake to reduce anorexia to a socially derived obsession with appearance, beauty or thinness: this doesn't suffice to explain why anorexic subjects are literally killing themselves out of starvation. We translate. See also Sheila Lintott, "Sublime Hunger: A Consideration of Eating Disorders beyond Beauty"; *Hypatia: A Journal of Feminist Philosophy*, 2003; 18(4), pp. 65-86.

a context where thinness is socially celebrated. It is in this sense that an ex-anorexic³⁹⁸ had been able to say, within the framework of a series of interviews intended for our research, that the social valorization of the thinness had not *caused* its TCA, but had *maintained* it once appeared. She thus established that her anorexia nervosa would probably have been a shortened pathological experience if it had not been so socially *encouraged*, and carrying relational benefits "³⁹⁹ :

"Garner has developed a model that summarizes quite clearly the role that different factors may have in the development of the disease. He distinguishes three types of potential factors: factors that *predispose* to anorexia nervosa, factors that *trigger* the illness, and factors that *reinforce* the behavior." ⁴⁰⁰

This would be a "reinforcing" factor for the behaviour. "Therefore, the capacity of anorexia nervosa to self-perpetuate - the CAT becoming its own cause as the initial motivations fade and seem indistinguishable⁴⁰¹ -, is not exclusively biological" and psychological, these two factors being highlighted by Hilde Bruch...

"...] food deprivation leads to serious psychological disturbances which make this state find in itself its source of continuity. The organism deprived of food is like a closed system that continues to function indefinitely in slow motion." ⁴⁰²

³⁹⁸ This is the respondent Alice Ribes.

³⁹⁹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁴⁰⁰ Annaïg Courty. Socio-affective difficulties in anorexia nervosa: impact on the severity of the disorder and comparison with Asperger's syndrome, *op. cit.* , p. 23. Emphasis added.

⁴⁰¹ See on this point the analysis of the autonomy that anorexia nervosa acquires in our article: "A case of paradigmatic psychopathology of addiction: anorexia nervosa", "Thinking Addictions", *Philosophical Implications*, 2016.

⁴⁰² Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 113.

... but this self-perpetuation is also due to social reasons.

b) Neutralize the randomness of social judgment

We continue, in this sub-section, to extensively repeat passages from our article "Anorexia nervosa as alienated production of the self"⁴⁰³. Thus, "how can thinness, together with its procession of social representations, be *instrumentalized* to exempt the subject from having to seek recognition?"

Some anorexics, in our interviews, report remarks made ⁴⁰⁴ in the medical environment, considered inappropriate: "you should have shapes", "men like women who have shapes". The slimmed down body, in fact, is not intended for seduction as an object ideally proportioned to male desire - the question of the aestheticization and eroticization of thinness remains however complex and susceptible of multiple variations according to the anorexic subjects. Generally speaking, we believe that thinness does not have seduction as its goal, but the *overcoming of* the very problem of seduction. A recurrent feature of anorexic testimonies is the feeling of omnipotence or invulnerability associated with thinness⁴⁰⁵. The thinness does not claim anything, it asserts itself. Far from having an expressive value to the measure ⁴⁰⁶ of the self, "

⁴⁰³ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁴⁰⁴ Ibid.

⁴⁰⁵ Marya Hornbacher, *Wasted, Op. Cit.* p. 68: "The goal was to become superhuman, the skin like armor, not bending in adversity, beyond the reach of others." We translate.

⁴⁰⁶ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

it escapes the double necessity of exposure of the self and demand of validation ⁴⁰⁷ . Muriel Darmon quotes in this sense one of her young anorexic women surveyed:

"I don't know why, but thinness fascinates me [...]. I can't find it ugly... Even people tell me, they tell me it's not beautiful, but... I don't know, there's something... It's always this idea of blamelessness, there's nothing to reproach, nothing that sticks out... [...], [Christine, C]." ⁴⁰⁸

Muriel Darmon can thus comment:

"The radical nature of thinness can [be] presented, paradoxically, no longer just as a way of conforming to the irreproachable but as a way of extracting oneself from the judgment of others on oneself, of changing the rule of the game of assignments by imposing the category by which one is perceived." ⁴⁰⁹

As we write in our above-mentioned article⁴¹⁰ , "Muriel Darmon develops the idea of a new "category", transcending the current norms of social judgment. Anorexic thinness, "extreme", "allows [...] the achievement of a body 'out of norms', that is to say, one that is too far from the usual norms to be judged by others [...]"⁴¹¹ . We believe that this is true of anorexic subjects who have reached a radical form⁴¹² , spectacular and in this sense, unaesthetic, of emaciation. For many anorexic subjects, the thinness reached is not this ostensibly pathological thinness,

⁴⁰⁷ Ibid.

⁴⁰⁸ Muriel Darmon, *Devenir anorexique*, *op. cit.* , p. 282.

⁴⁰⁹ Ibid. Quoted in: Margaux Merand and Maël Lemoine, "L'anorexie mentale : une fatigue de ne pas être soi ?", article accepted by the journal *Annales médico-psychologiques*, to appear in 2021.

⁴¹⁰ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

⁴¹¹ Muriel Darmon, *Devenir anorexique*, *op. cit.* , p. 282.

⁴¹² Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

with a mortifying character. "It is closer to the thinness of models in the fashion world: a considerable thinness, but not quite cadaverous"⁴¹³ . The trick, for the models, is precisely to maintain a level of thinness consistent but not visually shocking - the bones are masked on the photographs when the models lose too much weight. Thus it is always true to say that the anorexic subject seeks to extricate himself from the demand for validation; but this emancipation holds rather with "the equivalence, socially admitted, between thinness and success, beauty, sophistication, discipline, force of character"⁴¹⁴ , restraint, etc."⁴¹⁵ , than with the imposition of a new "category". This "equivalence, which sees in thinness the ultimate criterion of success, is exploited by the anorexic not to *please*, but to free herself from any dependence on particular, individual judgments. Portia de Rossi can thus write "⁴¹⁶ :

"I knew that everyone...envied us - we were determined, *in control*, needing nothing and no one to feel exceptional or accomplished; we had created our own ultimate success. We had won the fight that the whole world was fighting."⁴¹⁷

We write, "the anorexic person does not have to ask himself if he pleases *such and such a* person: the answer is, by default, known. All particular judgments become indifferent to her in the sense that the general (social) judgment is favorable to her. The anorexic is thus a subject exposing to an *abstract* other a no less abstract self - or *kind of* self. It is by the same movement that otherness and subjectivity are emptied of their substance in the development of CAT. Anorexia thus seems to us to be situated in a beyond of intersubjectivity, resting on a double

⁴¹³ Ibid.

⁴¹⁴ Muriel Darmon, *Devenir anorexique*, *op. cit.* p. 286: "The fact of holding the diet and the food restriction becomes [...] the touchstone of a "strength of character" which signals social excellence as opposed to those who "don't make it".

⁴¹⁵ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁴¹⁶ Ibid.

⁴¹⁷"I knew [the people] were [...] wishing that they could be just like us - determined, controlled, not needing anything or anyone to feel special or successful; we'd created our own ultimate success. We had won the battle that the whole world was fighting", In Portia de Rossi, *Op. Cit.* , p. 192. We translate.

emptiness of self and other⁴¹⁸ , or making the "anonymous" social judgment the arbiter and mediator of particular relations." ⁴¹⁹

We can understand in this sense an exhibitionist tendency of the anorexic subject detected by Hilde Bruch, which comes at the same time from the conviction of having an irreproachable body, out of reach and of any unfavorable social judgment, and from a sufficient feeling of absence to oneself (or of subjective emptiness, in the continuity of our previous analyses). Thus Hilde Bruch describes the case of one of her patients, whose modesty was proportional to the increase in weight, while the assurance of being thin pushed her to exhibit herself indifferently:

"As her weight increased and slight curves appeared, she became very modest, even prudish. She explained that as long as she had only skin and bones, she had not cared if anyone saw her naked." ⁴²⁰

c) Systematizing social judgment

The social phenomenon we have just described can be deepened by studying a personality trait common to autistic and anorexic personalities: systemization (in thinking,

⁴¹⁸ This double intersubjective emptiness has as a corollary a feeling of irremediable loneliness: "She would be like an expatriate who leaves behind everything that was important, who is condemned to isolation and endless solitude. She was terrified that everything she had belonged to was falling apart, and that she was now entirely dependent on herself," writes Hilde Bruch about one of her patients, cf. *The Enigma of Anorexia, op. cit.* , p. 87.

⁴¹⁹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁴²⁰ Hilde Bruch, *The Enigma of Anorexia, op. cit.* , p. 101.

reasoning, representations). In autism spectrum disorders, in fact, there are two important characteristics: a limited empathy (difficulty in discerning the emotional state of others and in responding adequately) on the one hand; an ability to "analyze, explore"⁴²¹ and "create logical systems"⁴²² on the other hand. People with Asperger's are said to have particularly high systematization skills, which may explain the "restricted interests"⁴²³, the need to establish routines and the "resistance to change"⁴²⁴. This is to the extent that

"When systematizing, it is better to keep everything constant and vary one factor at a time. In this way, we can observe the causal relationships, and by repeating the experiments we can verify that we obtain the same results."⁴²⁵

By creating systematic models of intelligibility of reality, by detecting and formalizing nomological regularities and fixed causal relations, autistic personalities seek a certain "predictability"⁴²⁶ even in the domain of intersubjective relations. Now, anorexic personalities would present similar tendencies or, at least, comparable to these autistic traits. We have already highlighted the presence of social anxiety and avoidance behaviours such as "relational

⁴²¹ Annaïg Courty, Difficultés socio-affectives dans l'anorexie mentale : impact sur la sévérité du trouble et comparaison avec le syndrome d'Asperger, *op. cit.*, p. 71.

⁴²² Ibid, p. 70.

⁴²³ Ibid, p. 71.

⁴²⁴ Ibid.

⁴²⁵ Baron-Cohen, S., E. Ashwin, C. Ashwin, T. Tavassoli and B. Chakrabati (2009). "Talent in autism: hyper-systemizing, hyper-attention to detail and sensory hypersensitivity.", *Philos Trans R Soc Lond B Biol Sci* 364: 1377-83, p.1378. Quoted by Annaïg Courty, Difficultés socio-affectives dans l'anorexie mentale: impact sur la sévérité du trouble et comparaison avec le syndrome d'Asperger, *op. cit.*, p. 71.

⁴²⁶ Annaïg Courty, Difficultés socio-affectives dans l'anorexie mentale : impact sur la sévérité du trouble et comparaison avec le syndrome d'Asperger, *op. cit.*, p. 71.

isolation"⁴²⁷ in anorexics. For some researchers⁴²⁸, these difficulties, or even social phobias, are linked to "a deficit in social cognition, defined as the ability to construct representations of the relationships between oneself and others that allow one to guide social behavior"⁴²⁹. At the heart of this deficit is the difficulty "to identify the emotions of others". At the same time, it should be remembered that obsessive-compulsive traits remain a prevalent component of anorexic personalities⁴³⁰:

"According to the DSM-IV-Tr, people with obsessive disorders value perfection, are afraid of making mistakes, are overly conscientious, and have rigid cognitive functioning and restricted affect. While undernutrition appears to amplify their effects...these obsessive traits are thought to date from childhood...and may be found in recovered anorexics in the form of themes of order or symmetry..."⁴³¹

⁴²⁷ Annaïg Courty, Difficultés socio-affectives dans l'anorexie mentale : impact sur la sévérité du trouble et comparaison avec le syndrome d'Asperger, *op. cit.*, p. 71.

⁴²⁸ Adolphs, R., L. Sears and J. Piven (2001). "Abnormal processing of social information from faces in autism." 15(5). *J Cogn Neurosci* 13(2): 232-40., cited by Annaïg Courty, Social-emotional difficulties in anorexia nervosa: impact on the severity of the disorder and comparison with Asperger's syndrome, *op. cit.*, p. 71.

⁴²⁹ Annaïg Courty, Difficultés socio-affectives dans l'anorexie mentale : impact sur la sévérité du trouble et comparaison avec le syndrome d'Asperger, *op. cit.*, p. 71.

⁴³⁰ Kaye WH, Wierenga CE, Bailer UF, Simmons AN, Bischoff-Grethe A. Nothing tastes as good as skinny feels: the neurobiology of anorexia nervosa, *op. cit.* These traits include anxiety, negative emotionality, perfectionism, inflexibility, [...], and obsessive behaviors (particularly with order, exactness, and symmetry)." ("These traits [of anorexic personalities] include anxiety, negative emotionality, perfectionism, inflexibility, [...], and obsessive behaviors (particularly with order, exactness, and symmetry."); we translate.)

⁴³¹ Annaïg Courty, Difficultés socio-affectives dans l'anorexie mentale : impact sur la sévérité du trouble et comparaison avec le syndrome d'Asperger, *op. cit.* pp. 71-72.

Based on this evidence, some researchers⁴³² have proposed an extension of the "empathy/systematization" model to anorexia nervosa:

In anorexia it is the search for order, control and predictability that seems to be the essence of systematization [...]. Thus one of the themes found to justify weight loss in AOS is the need for control, with work on [the] body becoming the focus of obsessions in a systematizing pursuit [...]"⁴³³ .

The body is invested in a systematic way, and this in order to regulate *all the* aspects of the existence. It becomes the pole of almost exclusive investment of the anorexic subject, who makes of it the medium of all the other potential achievements. In this sense, the body is at the same time treated in a ritualized and systematic way, as the study underlines, but moreover it plays a "systematizing" role. It is rather this last point that we would like to emphasize.

One could consider, in fact, as we said in our previous analyses, that it is an *instrumental* relationship to thinness. The body weight would be the only factor that the anorexic subject would "vary" - "[...] when we systematize it is better to keep all things constant and to *vary one factor at a time*. In this way, we can observe the causal relationships, and thanks to the repetition of the experiments we can verify that we obtain the same results"⁴³⁴ - to observe constants in social functioning and subsequently determine a coping strategy that allows for greater control over the course and outcome of interpersonal relationships. Leanness would be a variable which the anorexic would notice, during her weight loss phases and by repeated experiments, that it

⁴³² Zucker, N. L., M. Losh, C. M. Bulik, K. S. LaBar, J. Piven and K. A. Pelphrey (2007). "Anorexia nervosa and autism spectrum disorders: guided investigation of social cognitive endophenotypes." *Psychol Bull* 133(6): 976-1006 , cited in Annaïg Courty, Social-emotional difficulties in anorexia nervosa: impact on disorder severity and comparison with Asperger's syndrome, *op. cit.*, p. 72.

⁴³³ Annaïg Courty, Difficultés socio-affectives dans l'anorexie mentale : impact sur la sévérité du trouble et comparaison avec le syndrome d'Asperger, *op. cit.* , p. 72.

⁴³⁴ Baron-Cohen, S., E. Ashwin, C. Ashwin, T. Tavassoli and B. Chakrabati (2009), article cited, p.1378.

leads to predictable social interactions, interpreted as being generally favourable to her, and which she would consequently wish to keep.

What the anorexic subject perceives is that his interlocutor, in a vast majority of cases, grants him a kind of "immediate benefit" by perceiving his thin or very thin body. Now, being able to count on this *a priori* positive social judgment would allow the anorexic not to have to worry about much more variable and random parameters to adjust social relationships. For example, the "quality" of speech becomes less necessary, the style of dress itself tends to be superfluous, make-up is dispensable, being able to correctly interpret the words of others and to discern their emotions in order to respond appropriately is felt to be a more tenuous and less obsessive effort, etc. To put it plainly, the anorexic person may paradoxically feel more spontaneous and "natural" because he or she *knows* that thinness exerts a sufficient fascination on the other person to relieve him or her of the preoccupations usually linked to the intersubjective relationship and the desire for recognition. If the relationship with the other is experienced as a performance - where one has to decipher complex interactive elements in order to succeed in being validated by the other -, then, by shifting the performance to the body - by losing weight - the anorexic subject considerably diminishes the performance proper to society - at least that is how he/she reasons. In short, the anxieties usually linked to the risk of failure or failure of social interactions are globally resorbed by the fact of being able to *systematically suppose* a determined reaction of the interlocutor in front of the thinness. We can thus hypothesize that weight loss is one of the strategies developed to "adapt to the social environment and compensate for the deficit in social cognition"⁴³⁵ .

As we write in our article, "Anorexia Nervosa as Alienated Production of the Self,"⁴³⁶ , "anyone who experiences thinness knows how permanently celebratory it is. This validation is not enough to *cause* a disorder as complex as anorexia nervosa, nor to account for the radical

⁴³⁵ Annaïg Courty, Difficultés socio-affectives dans l'anorexie mentale : impact sur la sévérité du trouble et comparaison avec le syndrome d'Asperger, *op. cit.* , p. 72.

⁴³⁶ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

deprivation practices that characterize it, but it is among the "benefits" that have a major role in its perpetuation. It is because of these benefits that the fatigue generated by self-destructive behaviors has long been underestimated or even derealized - it seems a lesser evil to those who are "tired of being themselves". Physical overwork is tolerated because it relieves the subject of the psychological exhaustion of having to *exist*.⁴³⁷ It is an effect of "contrast which makes it tolerable. What are the disorders of the body with regard to the feeling of invulnerability to the others? It is understandable that the desire for remission can only appear when physical fatigue becomes disabling and generates in turn depressive feelings"⁴³⁸ : the anorexic subject is caught up by the feelings he was trying to escape. This is what we will now analyze.

⁴³⁷ Ibid.

⁴³⁸ Ibid.

Chapter 4: The failure of the anorexic strategy. Anorexia nervosa is an alienated production of oneself

I - The false anorexic work

a) The work of the body or the body as capital

As we write to gather our previous developments, "anorexia nervosa can be defined as a double escape from self-expression and the demand for recognition, nevertheless allowing social *success to supplant self-fulfillment*"⁴³⁹ by more classical modalities, such as work. This

⁴³⁹ Ibid.

is what we would like to explore further. We think that, in the mind of the anorexic subject, "work itself sends the subject back to a disproportionate responsibility of excellence, whose risk of failure is paralyzing. This is why anorexia nervosa functions as a substitute for work: it appears to be a safer route to success"⁴⁴⁰ .

As we note in our article⁴⁴¹ , "anorexic practices are [described], on "pro-ana" sites (sites or blogs that promote anorexia nervosa and bulimia as viable ways of life) for example, in the vocabulary of work: vomiting "techniques" are recommended, etc. A real "know-how" is developed for anorexics, which is why they are often used in the workplace. A real anorexic "know-how" is developed. Thus Marya Hornbacher ironically recalls that she considered herself an "expert" after having vomited without leaving any traces during an episode of bulimia, and without causing facial edema⁴⁴² .⁴⁴³ Hilde Bruch notes:

"Each one becomes a *specialist* in the kind of food she eats: from meals in gourmet restaurants, one after the other, to the depletion of the family freezer in nightly orgies of grilled steaks, to the consumption of "junk food" bought by the carloads at the nearest supermarket. Whatever the food, it is doused with liters of milk and other liquids that facilitate regurgitation."⁴⁴⁴

Finally, Muriel Darmon evokes "the 'toil' of dietary restriction, physical expenditure and the various practices of empowerment [...]"⁴⁴⁵ .

⁴⁴⁰ Ibid.

⁴⁴¹ Ibid.

⁴⁴² Marya Hornbacher, *Wasted*, *Op. Cit.* , p. 168.

⁴⁴³ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁴⁴⁴ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 106. Emphasis added.

⁴⁴⁵ Muriel Darmon, *Devenir anorexique*, *Op. Cit.* , p. 291.

The anorexic subject, although he or she tries to remedy the "fatigue of being oneself" conceptualized by Alain Ehrenberg, by supporting himself or herself with an addictive device supposed to offer an alternative to the typical modalities of self-fulfillment and success, remains entirely dependent on a vision of individual performance that is the same one that leads to depressive syndromes. We read in the testimonies of the anorexics investigated by Muriel Darmon a clear desire for an autonomous life, ideally regulated by laws that the individual has given to himself, limiting to the extreme the possible intrusions of others:

"I paced my life based on meals, on everything I was going to eat, not eat [...]. It was my rhythm, it was me determining my life."⁴⁴⁶

The anorexic individual is captive of a fantasy of absolute self-determination, even autogenesis. He wants to generate his life in a demiurgic way, without being dependent on the decisions of others that he fears to undergo. We will come back later on the desire of autonomy of the anorexic subject, which must find its real point of achievement during the remission, but which takes in the heart of the pathological experience an alienated form. Indeed, the legitimate desire of autonomy is translated, in anorexia nervosa, by a fantasy of *self-sufficiency* excluding the otherness experienced as a source of anguish. One of the stakes of the remission is then, we will come back to it, to understand the sensitive difference which separates the healthy desire to become a *subject* in the full sense of the term⁴⁴⁷ - and as such an autonomous subject -, from the illusion of self-sufficiency which pushes the subject to the opposite, chronic feelings of insufficiency.

We said that the anorexic device, supposed to relieve the subject from the social pressures that are exerted on him - and that generate a "fatigue of being oneself" - paradoxically placed the

⁴⁴⁶ Ibid. , p. 149.

⁴⁴⁷ See in particular R. Kennedy " Becoming a subject: Some theoretical and clinical issues ", International Journal of Psychoanalysis, 81, 2000.

subject in a logic of individual ultra performance. In this sense, the anorexic frame is not transgressive: if the anorexic subject aspires to a real autonomy, he does not nevertheless represent himself how to reach it, and the strategy he elaborates to defend himself from the anguish of having to become "somebody" - an individual performing on the social scene - only displaces the frame of his performance without cancelling it. The benefit of this displacement is nevertheless, as we said, that the frame of the performance seems to him henceforth more *controllable* because restricted, in the image of the narrow cage in which the artist of the hunger⁴⁴⁸ of Kafka carries out his performance of fasting. In the process of slimming, the individual becomes to himself his own capital: he is entirely alone with himself, therefore *a priori* self-sufficient. He can start from the "raw material" that is his body and transform it into value, maximizing the profit that he can obtain from it. It is in this sense a rational and organized process of self-optimization, of which we find a particularly eloquent description in Jean Baudrillard:

"This narcissistic reinvestment, orchestrated as a mystic of liberation and accomplishment, is in fact always simultaneously an investment of an efficient, competitive, economic type. The body thus "reappropriated" is it from the start according to "capitalist" objectives: in other words, if it is invested, it is to make it *fructify* [we underline]. This reappropriated body is not according to the autonomous finalities of the subject, but according to a *normative* principle of enjoyment and hedonistic profitability, according to a constraint of instrumentality directly indexed on the code and the standards of a society of production and directed consumption. In other words, one manages one's body, one arranges it like a heritage, one manipulates it like one of the multiple *signifiers of social status*. The woman [who] says "to take care of him with the same tenderness that she has for her children" adds at once: "I started to frequent the beauty salons... The people who saw me after this crisis found me happier, more beautiful..." Recovered as an *instrument of enjoyment and exhibitor of prestige*, the body is then the object of a *work of investment* (solicitude, obsession) which, behind the myth of liberation with which one wants to cover

⁴⁴⁸ Franz Kafka, *An artist of hunger. A la colonie pénitentiaire et autres récits*, new translation, preface and notes by Claude David, Paris, Gallimard, coll. "Folio", 1990.

it, constitutes undoubtedly *a work more deeply alienated than the exploitation of the body in the labor force.*"⁴⁴⁹

We find, in this passage, the idea that such a performance of self-optimization, centered on the body, does not answer the "autonomous finalities of the subject"⁴⁵⁰, but remains completely prisoner of a logic of "capitalist" profitability⁴⁵¹. It is a deviation or an alienation of real autonomy. How can we understand the meaning of such an *alienation*, comparable or even superior, according to Jean Baudrillard, to the one that Marx conceptualized?

b) The risk of failure as a component of real work

As we wrote in our previously cited article⁴⁵², "the anorexic subject [displaces] the function of work on his own body, a supposedly controllable material entity. This displacement should ideally make it possible to keep the benefits of work by suppressing the errors that characterize it. Such errors are indeed constitutive of work. Let us refer, for example, to the definition given by Christophe Dejours:

"The reality of work is what is made known to the worker by his resistance to the *modus operandi*, to professional skills, to know-how [...]. While I continue to work using all that I already know, *despite*

⁴⁴⁹ Jean Baudrillard, *La société de consommation*, 1970, reed. Gallimard, coll. Folio, 2008, p. 204. Emphasis added.

⁴⁵⁰ Ibid.

⁴⁵¹ Ibid.

⁴⁵² Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

this mastery that I usually have, I am in failure. [...] To work is to *be able to endure this experience of failure for as long as it takes until I find the solution that allows me to overcome it*. [...] Reality is made known in an affective mode: failure; and failure generates other states: surprise, a feeling of irritation, of anger sometimes - when it lasts too long -, disappointment, discouragement, the impression of being incompetent, questioning, circumspection, doubt about reality, but also doubt about oneself." ⁴⁵³

Thus, the work requires "endurance"⁴⁵⁴ : the operation must be repeated with relentlessness, which is particularly evident in research work. One can fail for several years, and the "good researcher" will then be "the one who will have the obstinacy to continue even if he does not succeed in catching what he tries to demonstrate"⁴⁵⁵ . In order to work, I must accept "to be inhabited little by little" by "this experience of what opposes my mastery"⁴⁵⁶ . It is sometimes by "taking" the enigma home with me, by making "insomnia" out of it, that an idea orienting towards the solution will come to me: "all this is not a regrettable consequence of work, *it is work itself*", insists Christophe Dejours, insofar as "suffering *guides* intelligence"⁴⁵⁷ . Suffering pushes me to persevere "in the hope of finding a solution, which will allow me to overcome my frustration, and perhaps, to transform this suffering into pleasure."⁴⁵⁸

There is work insofar as there is a risk of failure. The moral suffering generated by the awareness of this risk is a driving force; it has a heuristic function. Let us understand then that the outcome of the work, the object produced - here the knowledge crowning a research activity - is the triumph, fixed in *the object*, over this potential failure. The fruit of the activity of

⁴⁵³ Christophe Dejours, excerpts from the film "J'ai très mal au travail" (director Jean-Michel Carré, éditions Montparnasse).

⁴⁵⁴ Ibid.

⁴⁵⁵ Ibid.

⁴⁵⁶ Ibid.

⁴⁵⁷ Ibid.

⁴⁵⁸ Ibid.

production is a failure *effectively* overcome. The object is thus consubstantial to work, as Franck Fischbach explains in his analysis of the Marxian conceptuality ⁴⁵⁹ :

"Marx reminds us that the relation to the object and to objectivity in general is a normal relation, in the sense that it belongs to the essence of labor: 'the product of labor is labor that has become fixed in an object, that has become a thing, it is *the objectification of labor*; the realization of labor and its objectification'. This means that there is no work that does not produce objects, and that work is that activity (if we want to call it "subjective") which, *necessarily* and *by essence*, objectifies itself, which is naturally destined to be fixed in the object that it generates. The passage from activity to the rest of the object produced is a necessary passage for this activity that is work. The objectification of oneself in the object produced is not, for labor, a *fall* into inertia or rest that would be contrary to the active and living essence of labor. Marx considers that the produced object is a self-realization for the producing activity, and not a negation of itself. This fact [...] of passing into a produced being has nothing in itself alienating, on the contrary: it is its destination and its fulfillment." ⁴⁶⁰

As we write ⁴⁶¹ , the "alienated subject, therefore, is *a subject without objects*"⁴⁶² . The doctrines that make objectification an intrinsically alienating - reifying - result start from an *already* alienated conception of the subject:

"[...] the model that starts from an active and productive subject, and that conceives of alienation as the loss and fixation of this activity in the being of the object produced, is a model that *already* has alienation as its framework for elaborating itself: it starts as if from a *fact* of what alienation *engenders*, namely a subject conceiving itself as essentially active, a subject cut off or separated from objectivity, that is, a

⁴⁵⁹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁴⁶⁰ Franck Fischbach, "Présentation : la théorie de l'aliénation", Introduction aux *Manuscrits économique-philosophiques de 1844*, K. Marx, Paris, Librairie Philosophique J. VRIN, 2007, p. 27.

⁴⁶¹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁴⁶² Ibid.

subject that can all the better conceive itself as *purely* active because its objects have been taken away from it - that is, because the inactive, inert, passive part of its being has been taken away from it. " ⁴⁶³

To which we must add, as we write⁴⁶⁴, "that alienation is not only the loss of the object, but the *loss of that precise object* which"⁴⁶⁵ should express "the subjectivity of the worker"⁴⁶⁶ :

"There is alienation [...] when [the] realization becomes, for the producing subject, a derealization of himself, when objectification, instead of an accomplishment, becomes, for the producer, a loss: 'this realization of labor appears, in the situation of the national economy, as a *derealization* of the worker, objectification as a *loss of the object* and *enslavement to it*, appropriation as an *alienation*, as a *loss of expression*'. "⁴⁶⁷

II - The anorexic subject is a worker without objects

⁴⁶³ Franck Fischbach, "Présentation : la théorie de l'aliénation", Introduction aux *Manuscrits économique-philosophiques de 1844*, *op. cit.*

⁴⁶⁴ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁴⁶⁵ Ibid.

⁴⁶⁶ Ibid.

⁴⁶⁷ Franck Fischbach, "Présentation : la théorie de l'aliénation", Introduction aux *Manuscrits économique-philosophiques de 1844*, *op. cit.*, p. 28.

a) Leanness never becomes an object

However, as we write at⁴⁶⁸ , "on the basis of these definitional criteria of work, what do we find? It is indeed the *uncertainty* of succeeding in producing an object that is unbearable for the anorexic person."⁴⁶⁹ This uncertainty is indissociably that of being able to be *seen* and recognized as a subject endowed with consciousness and capacity of production. Everything happens as if the subject fears that his efforts are structurally vain, condemned to produce no object outside themselves, which refers to the "feeling of inefficiency"⁴⁷⁰ described by Hilde Bruch as consubstantial to the anorexic personality. The sick subject then seeks to protect himself from his fear of absence of positive results, or of "empty" results, by "displacing the function of work in the relationship - intimate, not subjected to external hazards - to the body. This displacement would have the merit of eclipsing the psychological pains generated by the erratic character of work: isn't the body *already an object*?"⁴⁷¹ . The body seems to be able to be, from the start, this object in which the anorexic "worker" expresses his subjective determinations, and can consequently recognize himself and be recognized. Being already object, it seems to be able to liberate the subject from his fear of not obtaining any object at the end of his work. But, we write, the "problem [remains] paradoxically [whole]: the thin body can *never* become the object linked by essence to the activity of work. The anorexic is then in the position of the "alienated" worker. The thinness is a fleeing "object", or rather is *no object*. It cannot be definitively fixed, like the produced object - distinct from the producing subject -, which belongs durably to the material world and authorizes a rest as well as a feeling of accomplishment. We must therefore give up the idea that the ACT - or any other addiction - would ensure stability against the vagaries of the outside world. It is characterized by a

⁴⁶⁸ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁴⁶⁹ Ibid.

⁴⁷⁰ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 9.

⁴⁷¹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

ritualization of the compulsion and a "constraint of repetition"⁴⁷² psychologically reassuring - mimetic of the order that work allows -, but it does not ensure any other permanence than that of the destructive behaviors. The latter do not produce, outside themselves and as a finality, any object - they are radically *autotelic*. The CAT is then similar to the desperate search for an inaccessible *state* ⁴⁷³ :

Kafka's "hunger artist" needs other men to admire the spectacle of his emaciated and hollowed-out body. The praise he receives at the beginning of his career delights him, and he suffers a sense of injustice that makes him despair when the crowd, abandoning him, runs to other spectacles and forgets to record the days he has eaten nothing, so that 'no one-not even the starving artist-knows what he has accomplished.'"

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As we write, "thinness evades us at the very moment when it "happens". The anorexic is always in expectation: she can only start to live *when she has lost weight*. As we know, she is never satisfied with her weight. In this sense, all anorexics point out that the more they lose weight, the more they obsess about their weight. At no time can they really enjoy being thin at *last*. However, this statement must be qualified: in Portia de Rossi⁴⁷⁵ , as in others, the weight loss reaches a stage where the only objective is to maintain the weight⁴⁷⁶ , not the vertiginous loss of kilos ⁴⁷⁷ :

⁴⁷² Freud describes "order" as a "*constraint of repetition* which, established once and for all, decides when, where and how something is to be done, so that in each similar case one is saved from hesitating and swaying", In *Le Malaise dans la culture*, Flammarion, Paris, 2010 [1930], Chapter III, p. 111; emphasis added.

⁴⁷³ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁴⁷⁴ Corine Pelluchon, "Approches croisées de la phénoménologie et du féminisme dans l'appréhension de l'anorexie", *op. cit.*

⁴⁷⁵Portia de Rossi, *Unbearable Lightness, Op. Cit.* , p. 220.

⁴⁷⁶ See Muriel Darmon, *Devenir anorexique, op.cit.* p. 164: "The fact of wanting to continue can also be defined as a way of establishing and securing a goal that is considered to have been achieved".

⁴⁷⁷ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

"I weighed 100 pounds. It was so mysterious and magical that I could just say it out loud. It was *special*. Who weighed 100 pounds? It was an accomplishment that seemed to be completely mine, to be unique."

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We find a similar statement in one of the anorexics interviewed by Muriel Darmon:

"At the same time I knew I was skinny [...]. It's pleasures and displeasures, but it's really very strong, we feel like we're living what no one else can live [...]. We feel like we're superhumans, kind of, bordering on the paranormal [Yasmine, C]." ⁴⁷⁹

As Hilde Bruch points out, this is one of the "enigmas" or rather a constitutive paradox of the anorexic experience: "on the one hand, [young anorexic women] declare that they do not see their thinness and they even deny the existence of serious weight loss, but on the other hand, they are extraordinarily proud of it, and they consider it their supreme achievement"⁴⁸⁰. To understand this, we can assume that the more a subject loses weight, the less he or she is able to correctly assess the degree of emaciation: he or she becomes accustomed to his or her very thin appearance and no longer sees his or her body as melting⁴⁸¹. This does not prevent him from *knowing*, and, in fact, from *seeing*, that he is thin by certain aspects of his body (e.g. the thinness of his arms or the protrusion of the bones in his wrists and hips):

⁴⁷⁸ Portia de Rossi, *Unbearable Lightness*, *Op. Cit.* pp. 221-222. See in particular B. Gal, M.-R. Moro, "Rejet et fascination du corps. Psychic and transcultural aspects", *Les Cahiers du Centre Georges Canguilhem* n° 1, 2007/1, pp. 101-111.

⁴⁷⁹ Muriel Darmon, *Devenir anorexique*, *op. cit.*, p. 284.

⁴⁸⁰ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.*, p. 19.

⁴⁸¹ Hilde Bruch, for her part, speaks of a "training in self-deception", cf. *L'énigme de l'anorexie*, *op. cit.*, p. 99.

"In fact, they constantly look in the mirror and take pride in every pound lost and every bone that sticks out."⁴⁸²

It is true to say that anorexics underestimate the thinness of their bodies - by an effect of visual habituation to thinness -, but it is not true to say that they see themselves as "fat": this last idea has more to do with the myth of anorexia nervosa than with its clinical reality. On the other hand, the relationship to the body being paranoid, anorexic subjects are no less quick to imagine that the slightest food intake creates bloating, oedema, etc. Thus Hilde Bruch reports the case of one of her rare male anorexic patients:

"He claims he could see himself swelling."⁴⁸³

Similarly, she writes about all anorexics:

"[...] they are afraid that eating might distend their stomach or make it bloated; they can only relax when their stomach is completely flat."⁴⁸⁴

These sensations can sometimes be real, with undernutrition and vomiting related to binge eating causing bloating, water retention and metabolic dysfunction; but they are experienced as exaggerated. In short, the slightest fatness is overestimated, and thinness is underestimated, but

⁴⁸² Hilde Bruch, *The Enigma of Anorexia, op. cit.* , p. 99.

⁴⁸³ Ibid, p. 100.

⁴⁸⁴ Ibid, p. 106.

these two tendencies do not prevent the anorexic subject from being conscious of his thinness. Why, then, does he or she maintain such a *worried* body image?

As we write at⁴⁸⁵ , "we must keep in mind that the anorexic approach is rational, methodical and organized - we have spoken of a *strategy* -: the goal is not to die, but to persevere in a state of extreme emaciation. Dismorphism certainly underestimates the thinness achieved, and the latter always seems perfectible, but it can reach a satisfactory level. The problem is not less whole. The possession of the anorexic thinness is, by essence, contrasted by the fear of its loss"⁴⁸⁶ :

"Anyway, when I looked at myself in the mirror, I was always too fat... No, it wasn't that, it was more like: 'I'm not thin enough'... [...] It was: 'I think I'm fine the way I am, but I don't want to be more'... I want to stay like this... I think I'm fine, or I think I'm borderline... I need a little less..." [Mathilde, H]⁴⁸⁷

"When I arrived like forty-three [kilos], I didn't especially want to lose weight, but I'm afraid of getting fat... I don't especially want to lose weight, but I'm afraid what." [Sidonie, H]⁴⁸⁸

"And then we want to have margin, margin, margin." [Veronique, I]⁴⁸⁹

It is "precisely, we write, what explains the "indefinite" character of weight loss. To lose more and more is to give oneself security in relation to a thinness that constitutively threatens to

⁴⁸⁵ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁴⁸⁶ Ibid.

⁴⁸⁷ Muriel Darmon, *Devenir anorexique, op. cit.* , p. 163.

⁴⁸⁸ Ibid, p. 164.

⁴⁸⁹ Ibid.

topple into its inverse"⁴⁹⁰ : "a pathognomonic sign of anorexia nervosa is... the vigor and stubbornness with which an often repulsive appearance is defended as normal and good, not too thin, and as *the only possible security* in the face of the dreaded fate of becoming fat."⁴⁹¹ As we write⁴⁹² , "Marya Hornbacher thus explains the danger of bulimia as the terrifying⁴⁹³ flip side of anorexia :

"Bulimia terrified me. [...] The moment you stick your fingers down your throat, you know there's a problem. You know you've lost control. The first time you eat and can't stop, [...] you feel your face twitch in a desperate rage for food, any food, right *away*, you know something is wrong. [And afterwards, the horrible, nauseating realization that you are, in fact, as uncontrollable, addicted, voracious as you have always secretly suspected." ⁴⁹⁴

This is what thinness is the "mask" of, which as such does not inspire any confidence in the anorexic subject himself. Fasting is always lived as a shameful dissimulation of a guilty

⁴⁹⁰ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁴⁹¹ Hilde Bruch, "Perceptual and conceptual disturbances in anorexia nervosa," 1962, *Psychosomatic Medicine*, 24, p. 189 : "what is pathognomic of anorexia nervosa is ... the vigor and stubbornness with which the often gruesome appearance is defended as normal and right, not too thin, and as the only possible security against the dreaded fate of becoming fat." Emphasis added.

⁴⁹² Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁴⁹³ "Bulimia is presented as the other side of anorexia or, more specifically, as the other side of anorexia's work of transformation, where one knows how to "say 'no'", where one is strong and not weak. [In the stigmatization of bulimia, we see the stigmatization of an ethos that ignores self-restraint and self-control", in Muriel Darmon, *Devenir anorexique*, *op. cit.* , p. 304.

⁴⁹⁴ "Bulimia scared the hell out of me. [...] The minute you stick your fingers down your throat, you know damn well something's wrong. You know you're out of control. The first time you ever eat without stopping, [...] feel your face tighten in desperation for food, any food, *now*, you know something's wrong. [And then, the horrible, nauseating realization that you are, in fact, as uncontrollable, as needy, as greedy, as you've always secretly suspected", In Marya Hornbacher, *Wasted*, *Op. Cit.*, p. 224. We translate. Quoted and translated in Margaux Merand, " L'anorexie mentale comme production aliénée de soi-même ", *op. cit.*

voracity. Leanness is never a *state*, but a perilous *relationship of forces* - to be thin is to *resist* the urges to devour. Let us note that biologically, weight loss, undernutrition and food deprivation are all objective triggers of *binge eating disorder*, i.e. bulimic attacks - preceded by *cravings*: uncontrollable cravings⁴⁹⁵. Bulimia often owes its existence to the very practice of fasting. Thus the anorexic has created the conditions for the possibility of bulimia, which nevertheless appears to him as the translation of a deep and condemnable nature⁴⁹⁶ "497 :

"One of my analysts recently told me, 'When I throw myself on food, it's like I'm trying to calm a ferocious beast inside me.'"⁴⁹⁸

There is there, we write it⁴⁹⁹, "a vicious circle that the therapy, alone, demystifies, by highlighting the interdependence of two food practices - fasting and bulimia - which are equal in excess."⁵⁰⁰

b) Leanness never becomes *second nature*

⁴⁹⁵ On the relationship between caloric restriction, *cravings* and binge eating, see in particular: Moreno, Silvia et al. "Food Cravings Discriminate between Anorexia and Bulimia Nervosa. Implications for 'Success' versus 'Failure' in Dietary Restriction." *Appetite* 52.3 (2009): 588-594. Web.

⁴⁹⁶ Thus Hilde Bruch reports about an anorexic patient: "Even more frightening was her constant fear of not being 'human'", in *L'énigme de l'anorexie*, *op. cit.* This note does not appear in our original article: Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁴⁹⁷ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁴⁹⁸ Joyce McDougall, "L'économie psychique de l'addiction", *Revue française de psychanalyse*, *op.cit.* pp. 511-527: 27.

⁴⁹⁹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁵⁰⁰ *Ibid.*

It is interesting to note, however, that the demonization of the "natural" intervenes early in the anorexic subject's relationship to the body. One could even say that the propensity to perceive the "natural" or biological behaviour of the body as bad intervenes as a predisposition to the development of an APD. It is in this sense that anorexic work is a desire and an attempt to make a *second nature for oneself*. That is to say, to give oneself a second body but also, through it, a second birth, including on the level of the social habitus:

"The pairs of opposites ("fat / skinny", [...], "sloppiness / restraint and effort") work together. What unifies *in fine* these representations-representations is the idea of the "fat" body as a suffered, abominably natural body, where the skinny body embodies the ethos of work and voluntaristic self-construction, as a culture of the body superior to its nature."⁵⁰¹

Indeed, the testimonies of Muriel Darmon's interviewees reveal the idea of straightening out the natural, of remedying the anomie of the natural, by finding a *modus vivendi*, a new "life regime"⁵⁰², and not only a food regime. This regime of life must allow the adoption of new standards of existence, an elevation, and a regulation of the natural in what it has of erratic or chaotic:

"This rationalization of practices allows for a "regulation" of life. A voluntaristic, timed and constant adjustment, where accounting and measurement dominate."⁵⁰³

⁵⁰¹ Muriel Darmon, *Devenir anorexique, op. cit.*, p. 288.

⁵⁰² "[...] the term 'diet' may seem relevant if it is not used to designate a 'diet' but rather a 'lifestyle' ", Muriel Darmon, *Devenir anorexique, op.cit.*, p. 166.

⁵⁰³ Muriel Darmon, *Devenir anorexique, op.cit.* p. 150.

The main source of change is the strength of habit. Thus, as Muriel Darmon writes, "the work of maintaining commitment is thus a work on time where it is a matter of "counting" on time and organizing its effects on the person."⁵⁰⁴

"You realize that you can get used to eating whatever you want... [...] I used to like sweets, I could convince myself that they disgusted me [...]. I was able to say to myself: "Well, it's not possible, you can't eat it anymore, it disgusts you, it will make you sick. Maybe there's a pleasure in telling yourself that you can finally get used to everything." [Annabelle, I] ⁵⁰⁵

We notice in this statement of a respondent the narcissistic omnipotence relationship that we have already evoked several times: there is a pleasure, a satisfaction, in the fact of noting that the body can entirely *obey the* will of the subject. The biological, metabolic tendencies of the body must be able to be *chosen*.

There is thus the idea of a *denaturation* or a radical inflection of the natural inclinations in view of the acquisition of a set of dispositions allowing an "optimization" of oneself - the subject conceives himself as perfectible until in the biological constitution and the metabolism which are given to him :

"[Anorexics] struggle mightily to alter, deny and deceive the evidence of their senses." ⁵⁰⁶

⁵⁰⁴ Ibid. , p. 167.

⁵⁰⁵ Ibid, p. 151.

⁵⁰⁶ Hilde Bruch, *The Enigma of Anorexia, op. cit.* , p. 95.

This "voluntaristic" acquisition should ideally become second nature. Self-constraint must gradually fade away to become an instinctive attitude, a behavior that no longer requires a conscious effort of will:

"The purposeful implementation of a "life regime" from specific work on maintaining engagement [must] transform habits in a lasting way, even resulting in the incorporation of dispositions."⁵⁰⁷

Muriel Darmon quotes several respondents:

"Let's just say I never realized I was in control, because really... that's all I was doing! For me [...] *my natural was my control [...]*." [Camille, C] ⁵⁰⁸

"So it had really become... But that, I almost didn't realize... *It had almost become natural.*" [Christine, C] ⁵⁰⁹

"It fascinated me to lose weight so easily...and to see that I could control what I ate." [Christine, C] ⁵¹⁰

The anorexic wants to *biologize* all the dispositions that she internalizes, and to give them the appearance of innate behaviors. However, we can notice that the anorexic does not stick to this

⁵⁰⁷ Muriel Darmon, *Devenir anorexique, op.cit.*, p. 165.

⁵⁰⁸ Muriel Darmon, *Devenir anorexique, op.cit.*, p. 168.

⁵⁰⁹ Ibid.

⁵¹⁰ Ibid, p. 141.

desire to "naturalize" her condition - her thinness -, and that her attitude in this respect is ambivalent:

- On the one hand, the anorexic subject wants to exalt his capacity to "refuse himself things", to do violence to himself, to be "above his desires". By doing so, he emphasizes *the effort* that he accomplishes: the thinness is the sign of a discipline of which the others do not have the courage, but which is in right accessible to them;

- On the other hand, the anorexic subject wants to *dissimulate* the laborious aspect of his condition: it is a question of presenting the thinness as the sign of a natural, innate distinction, and which is not the result of a resistance opposed to bodily desires. The latter are indeed shameful, and the fact of succeeding in fighting them would not cancel the shame that there would be to feel them in the first place. In this perspective, the anorexic wants to project a different *kind of* person, as we pointed out above with Marya Hornbacher: a naturally noble, moderate, even ascetic person, who devotes herself more to work (and art) than to carnal pleasures⁵¹¹ . Or she may seek, in the same way, though without reproving the desire for food that she has in common with others, to project the image of a naturally thin person, and who would not have to modify her initial (imperfect) nature in order to do so: "I always tried to eat normally, to [show] that I ate normally [...]. Because I wanted to [show] that I was thin by eating [...]. I wanted to send this image: I was thin but I was eating normally [...] ... But I wasn't thin because I wasn't eating."⁵¹² . The idea here is to disguise the laborious aspect of thinness, assuming that an innate quality is inherently more valuable than a painfully acquired one (because the latter can always be suspected of having been usurped).

⁵¹¹ "I wanted to be an anorexic. I aimed to be a different kind of person, one whose passions were ascetic rather than hedonistic, one who would succeed, whose energy and ambition were focused, pure, whose body always came second to mind and 'art.'" Marya Hornbacher, *Wasted, op. cit.* , p. 107. We translate.

⁵¹² Muriel Darmon, *Devenir anorexique, op. cit.* , p. 291.

There is thus a double discourse of self in the anorexic: the consciousness of being fit for an uncommon discipline, which gives an ascendancy over others who "let themselves go" (but this iron discipline, proudly exhibited, suggests a community of desires with other individuals, even particularly strong and shameful desires), and the will to *naturalize* in the eyes of others a set of attitudes that proceed precisely from a *denaturation* of the initial behavior, in order to suggest an inherent "elegance" of being, innate, not hard-won.

Muriel Darmon underlines in this sense how much the change in eating behavior participates in a wider "taking in hand" by which the anorexic subjects reach the habitus of the higher social classes. By the culture of thinness and the access to it, the anorexic subjects say they have "changed" and refined their tastes and their manners.

This is the contradiction that lies at the heart of the mechanisms of noble class, as analyzed by Éric Mension-Rigau in his history thesis (EHESS, 1993): "La naissance et les valeurs. Education and the transmission of family values in the aristocracy and the upper middle class from the Belle Epoque to the present day":

"The psychoanalyst L. Deumié, studying the noble fantasy, rightly shows how the aristocracy reveals its identity through two apparently contradictory attitudes, a "tendency to the constitution of a closed group" which protects itself from any heterogeneity and, on the contrary, "the denial, in front of any subject foreign to the group, of a phantasmatically maintained specificity". The aristocratic politeness which wraps intransigence in smiles and wraps firmness in cordiality and flexibility probably has its origin in this constant antagonism between the same and the other: the aristocrat on the one hand presents himself as being of the same flesh and nature as the others while distinguishing himself by his mode and his ways of living, on the other hand he believes himself ontologically different while playing the

simplicity and the natural one. Assuming this contradiction is for him, as it is for any minority group, the indispensable condition to continue to exist."⁵¹³

On the one hand, the aristocrat presents himself as being "of the same flesh" but distinguished by an ethic of effort, a culture of mind and body, a set of ways of living (thus of socially acquired dispositions obeying complex norms and codifications); on the other hand, he "believes himself to be ontologically different" and will be able to interpret his own behaviors in terms of "nature" or "instinct" - touching on taste, par excellence.

The anorexic would be situated in an analogous ambiguity concerning her complexion and her thinness: conscious of the considerable efforts that she must unceasingly repeat to maintain her anorexic identity, she would seek nevertheless to conceive this last one as being her true "nature":

"[...] the idea of an aristocratic "essence" [refers] to the social fantasies of the group and advocates the existence of a noble "race". This elaboration of the concept of "race" has as a corollary the substitution of the biological principle for the notion of acquisition through education. Therein lies the fundamental contradiction in the respondents' discourse. While they confuse their identity with an *innate* tendency and a privilege of the blood and express biological prejudices tinged with racism, they do not cease to demonstrate, by describing in detail the education they received and gave to their children, that nothing is spontaneous or natural. A *good education* appears to be something powerfully constructed, the result of hard work [...]"⁵¹⁴

⁵¹³ Eric Mension-Rigau, *Aristocrats et grands bourgeois*, Chapter 5 : " Le savoir-vivre ", Paris, Editions Plon, 2007 [1994] , p. 343.

⁵¹⁴ Ibid, pp. 528-529.

The problem that is added to this contradiction, as we have seen with the analysis of alienated labor, is that thinness can never become a *nature*:

"The development of the anorexic state is not a process that occurs suddenly and automatically; it requires active and vigilant attention from its victim at every moment. It is not simply a habit that [anorexics] cannot break; its maintenance requires constant suffering and painful effort."⁵¹⁵

So, sooner or later, the biological laws take over.

c) A statement of failure

Our previous analyses have allowed us to see that anorexia nervosa functions as an illusory substitute for work. The latter is ideally conceived, in a Hegelian and Marxian perspective, as the sustained effort by which a subject manages to externalize the determinations of his consciousness, or subjective interiority, by producing from a given material an object endowed with expressive qualities. This effort is structurally characterized by a risk of failure which can never become non-existent, and which, far from discouraging him, must play for him a driving role. It is because reality opposes a *resistance* to my effort, to my know-how, to my technical skill, to the resolution of a problem or to the outcome of a research, that I am normally stimulated and persevere until obtaining a satisfactory result, sometimes even by serendipity. What is consubstantial to work, following the analyses of Christophe Dejours, is the precariousness and the frustration to which this activity confronts the subject and the

⁵¹⁵ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 95.

irreducible part of indeterminacy which is played - in the process of production - as for the means and the duration necessary to obtain, at least provisionally, an *object* in conformity with the initial ambition. Thus a work that would consist in the pure repetition of a task whose execution and closure are entirely predictable would not be strictly speaking a work, but rather a mechanism in which the worker's consciousness would vanish. The work that the anorexic subject dreads is work in the authentic sense of the term: that whose outcome and progress are never fully assured, and which constantly brings the worker face to face with his shortcomings or at any rate his perfectibility. The subject is always incomplete in front of the work, insofar as the latter cannot be limited to the application of a *finished* know-how to a given - and perfectly regular - series of problems.

However, the anorexic subject is, as we have seen with Hilde Bruch, haunted by the deep conviction of his own inefficiency, that is to say by the feeling that he cannot produce changes in his life in an autonomous way. Moreover, he experiences the indeterminacy of his own identity in an anxious way. Thus, we could say that work brings into play his two main anxieties: (a) the fact of not being a subject with "finished", identifiable contours - the worker is always perfectible and becomes *other* in the process of production through the skills he acquires -, and (b) that of not being sure of the impact of an action undertaken - the worker can fail to carry out a research or an operation. This is why we think that the anorexic strategy tries to substitute it advantageously, and nevertheless without success in the long term.

We find resonance to this thesis in Hilde Bruch's accounts of her anorexic patients, particularly that of Lucy who was subject to a moderate form of mythomania:

"I have to tell you [...], I don't remember the day I started telling stories, but I started very early. I thought I wasn't good enough. I thought I had to be better than that... I had to make myself appear better to others. And for that, there are two ways. Either you have to lie to yourself to look better, *or you have to*

make a real effort in the real world. Now I wish I had made more effort and more often. I think that would have been much healthier." ⁵¹⁶

The patient Lucy, who evokes here her propensity to lie in order to present her person and her existence in a more favourable light - "she would then readily admit to her lies, saying that it was much too disturbing to tell the truth right away"⁵¹⁷ -, seems to draw in her words an alternative: to lie or "to make real efforts in the real world"⁵¹⁸ . Now anorexia nervosa is associated by her with a "lie", or, as we write⁵¹⁹ , with "a kind of fable in which a subject persuades himself that he is "worthy of interest because [he is losing weight]"⁵²⁰ , while being deafly aware of the absurdity of such a subterfuge."⁵²¹ And jointly, is opposed to this strategy, whose effectiveness is all relative, the fact of producing real effects in the external world by way of work, "efforts" concrete. Thus, we see that Hilde Bruch's patient is able to correctly identify a structuring dimension of her personality: the desire to appear different, to become better than she thinks she is, the dissatisfaction linked to the present state; she is also aware of the fact that this personality trait can be the object of a pathological response and of a "healthier" response. The pathological response consists of doing without work in order to give oneself an immediate, and without any *real* effort, more flattering appearance by means of a lie - in this case, that of thinness as equivalent to an increase in value. The healthy response is to make more consistent efforts, that is, to engage in work outside oneself, which is demanding and constraining, but whose result will be real and lasting, and not an illusion that must be maintained relentlessly. Thus another patient of Hilde Bruch can say:

⁵¹⁶ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* p. 100. Emphasis added. Partially cited in: Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to appear in 2021.

⁵¹⁷ Ibid, p. 97.

⁵¹⁸ Ibid, p. 100.

⁵¹⁹ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

⁵²⁰ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 100.

⁵²¹ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

"I think if I felt I had accomplished something, I would like myself better. I can see that holding on to thinness doesn't make sense. Where did it get me? [... Now I want to be challenged and interested in something." ⁵²²

As we write in our above-mentioned article⁵²³ , "we see here also clearly that the frantic quest for thinness is opposed to the fact of accomplishing [something real], of which the subject can be [proud and] satisfied. In the same way, the patient aspires to project herself in the outside world [- "to be interested in something"⁵²⁴ , -] instead of being withdrawn on the body and the food as the only objects of preoccupation: "before, it was enough for me to think about the next meal and to dream about the food that I had asked for"⁵²⁵ . It is not a question of saying that the obtaining of thinness does not require intense and painful efforts: they are paradoxically much more extreme than those engaged by a conventional work. But it is a question of describing, with the patients, efforts which are perceived as vain and false - and which result only in imperfectly and rapidly falsifying reality."⁵²⁶ Leanness gives the anorexic subject the feeling of being able to acquire short-term gratification, and this without going through the anguish linked to real work and the indeterminacy that characterizes it. But at the end of a few years of disease, the subject realizes that this step led him nowhere, and that the thinness on which he counted is in reality disappointing and frustrating: it does not "stimulate" him nor does it allow him to express himself authentically in the external world and to be recognized as an autonomous and

⁵²² Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 121. Quoted in: Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to appear in 2021.

⁵²³ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

⁵²⁴ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 121.

⁵²⁵ Ibid.

⁵²⁶ Margaux Merand and Maël Lemoine, " L'anorexie mentale : une fatigue de ne pas être soi ? ", article accepted by the journal *Annales médico-psychologiques*, to be published in 2021.

independent subject. As we write, "thinness is thus a false promise"⁵²⁷ that can never supplant the role of work in the subject's accomplishment and his quest for intersubjective validation.

⁵²⁷ Ibid.

Chapter 5: Towards remission. The normal relationship with the body

I - The resurgence of the biological as a factor of awareness

a) Omnipotent subjective narration and biological intrusion

As we wrote in our article "Anorexia nervosa as alienated production of the self"⁵²⁸, it is "necessary to emphasize the extent to which the internal narrative of the anorexic tends to *deny* all biological explanations for the very evolution of the CAT. This is not surprising if one recalls the distinction, borrowed from Dorothée Legrand, between the *subjective* and *organic* dimensions of bodily self-consciousness, with the anorexic subject tending to bring biology entirely back into the order - which he or she wishes to be hegemonic - of subjectivity. The anorexic person thinks, until the end, that the bulimic attacks are moments of weakness that he can and must control. They believe that bulimia is the expression of a primary endogenous force or disposition - not generated *in and by* the addictive experience"⁵²⁹.

We write, "It is interesting to note that anorexia nervosa is characterized by the subject's immense difficulty in separating what is *inherent to* his or her being - at least independent of the ACT and pre-existing or developing outside of it -, and what is *derived from* the addictive disorder - which has become partially autonomous and impersonal. As with any addiction that spans several years, anorexia nervosa is so closely linked to personality development - especially when it begins in adolescence - that it becomes seemingly constitutive of it"⁵³⁰. As

⁵²⁸ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁵²⁹ Ibid. See on this subject C. Garrett, *Beyond Anorexia. Narrative, Spirituality and Recovery*, Cambridge University Press, Cambridge, 1998; and P. Goldie, "Emotions, feelings and intentionality," *Phenomenology and the Cognitive Sciences*, 1, 2002.

⁵³⁰ Ibid.

Hilde Bruch writes, "...if food deprivation continues for many years, the psychic effects are embedded in the personality..."⁵³¹

As we write, "in group therapy, it is [nevertheless] the confrontation with the testimonies of other subjects that brings out the *common* part of the experience, which can then be distanced"⁵³². Hilde Bruch writes in this sense: "most [patients] are surprised"⁵³³ to find that "ideas and feelings that they consider their personal secrets have been expressed by others, sometimes in exactly the same way"⁵³⁴ :

"In all individuals, hunger exerts an influence and provokes reactions of an incredible similarity. In the course of recovery personal characteristics gradually reappear."⁵³⁵

Changes in personality do occur as a result of the cachexia state:

"There was also a noticeable change in her character and behavior. Previously, she had been pleasant, obedient and considerate. She became more and more demanding, stubborn, irritable and arrogant. There were constant discussions not only about what she should eat but also about all her other activities."⁵³⁶

At a more general psychophysiological level, Bruch notes that:

⁵³¹ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 34.

⁵³² Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁵³³ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 155.

⁵³⁴ *Ibid*, p. 155.

⁵³⁵ *Ibid*, p. 10.

⁵³⁶ *Ibid*, p. 14.

"[...] food deprivation has a disorganizing effect on general functioning and on psychological reactions. Chronic malnutrition is accompanied by biochemical changes which, although insufficiently studied so far, have a very important influence on thinking, feeling and behavior."⁵³⁷

As we write, "the biological dimension of the body is, in the experience of the TCA, completely occulted, and everything is interpreted in the narcissistic register of subjectivity"⁵³⁸, as if the latter were not susceptible to any change that could be a consequence *of* prolonged malnutrition.

b) Self-harm and self-empathy

This is why, as we write, "a recurrent driver of the desire for remission is precisely *an* objectively observed *physical damage*. The anorexic finally emerges from her subjective narrative when the body begins to malfunction severely, or when a lesion appears externally. These manifestations are varied: rosacea [Mia Findlay], clinical tests revealing the presence of lupus (Portia de Rossi), blood during self-induced vomiting, the fear of a gastric rupture whose precursory signs become tangible, a permanent swelling of the salivary glands which distorts the face in a worrying way, etc."⁵³⁹ Hilde Bruch notes in this sense that daily vomiting, even if not associated with a spectacularly low weight, is just as dreadful as states of severe starvation by fasting or purely restrictive anorexia :

⁵³⁷ Ibid, p. 16.

⁵³⁸ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁵³⁹ Ibid.

"Severe emaciation may not be the only cause of serious danger to life; it may also come from serious disturbances of the hydroelectric balance, especially in patients who vomit and use laxatives and diuretics to keep their weight down. [...] In chronic conditions, it is often necessary to take heroic measures to redress the fluid balance by intravenous infusions." ⁵⁴⁰

We write that these "damages, of which the anorexic subject fears the irreversibility, are decisive. They create a *crisis* situation: if they don't stop the anorexic subject, what can stop him? It is often in these terms that the anorexics report the deliberations having preceded the decision of cure"⁵⁴¹ .

Thus, we continue, "the biological register re-emerges and literally *humiliates* a subject having believed implicitly, until then, in its omnipotence. It is a register as [shocking] as it is salutary. Bulimia, by its more ostensibly devastating behaviors (vomiting, abuse of laxatives) than is the practice of fasting in restrictive anorexia, quickly leads the subject into a more profound and painful *exteriority to himself* than any other. By noticing important physical alterations, the anorexic person feels exiled from her own body - "crippled and disfigured, expelled from the abode of her own body"⁵⁴² . This time the exteriority to oneself is no longer soothing (in the sense that it would exonerate one from the fatigue of being oneself); on the contrary, it arouses horror in the face of uncontrolled self-mutilation⁵⁴³ , and the desire to regain physical integrity "⁵⁴⁴ :

⁵⁴⁰ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 120.

⁵⁴¹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁵⁴² Philip Roth about his character Amy Bellette in *Exit le fantôme* [*Exit Ghost*, 2007], Paris, Gallimard, 2009, trans. Marie-Claire Pasquier , p. 153.

⁵⁴³ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* It is a dangerous disease that not only affects the immediate health of these unfortunate girls, but can also maim them for the rest of their lives.

⁵⁴⁴ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

"All the patients I have worked with who have reached the stage where they recognize the value of being normal sized, all those who have recognized that their problem must be solved realistically, not by starvation and excessive thinness, speak with *horror and anguish* of the suffering caused by deprivation [and vomiting]. An anorexic patient cannot be considered to be free from the danger of relapse until she has honestly spoken of the *terror of deprivation* and the impossibility of relapse." ⁵⁴⁵

In our opinion, these words of Hilde Bruch apply as much to restriction and deprivation as to bulimic and vomiting behavior. The horror felt is the same when faced with these different forms of abuse of oneself and one's body. Let us note that the brain, as we write it, "is included in the organic dismantling of the subject"⁵⁴⁶ , as its culminating point:

"Starvation eventually hits the brain. First, it eats all your fat. Then it eats your muscles. Then it eats your internal organs, of which the brain is a part." ⁵⁴⁷

Anorexia is thus not only "an inefficient substitute for what only the activity of production makes it possible to accomplish; it is also the destruction of *that very thing* which makes it possible to work"⁵⁴⁸ . A former patient could in this sense say of a friend whom she saw sinking into anorexia: "I see her staying for hours on her homework. I know she can't concentrate no

⁵⁴⁵ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 32. Emphasis added.

⁵⁴⁶ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.* Note 46 of the article.

⁵⁴⁷ Marya Hornbacher, *Wasted*, *op. cit.* , p. 257. We translate. Quoted and translated in Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁵⁴⁸ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.* Note 46 of the article.

matter how hard she tries, she keeps thinking about eating, and that's why it takes her hours to do her work. I've been there myself." ⁵⁴⁹

Finally, as we write, "the biological register [is] privileged in the avoidance of relapses. It is the only one that allows the subject to realize that the violence he is inflicting on himself is not hallucinated"⁵⁵⁰ :

"Every day I have to remind myself [...] that after relief comes a grotesque death. I imagine my husband finding me in this state - lying in a pool of blood and vomit, dead of gastric rupture or cardiac arrest or both - and I return to my chair. *That's* control for me, as sad as it sounds. [...] a few years ago, I wouldn't have been able to make that daily choice." ⁵⁵¹

The taking into account of the biological dimension of his body pushes the anorexic subject to a massive paradigm shift, which takes him out of his constant state of derealization and depersonalization - a state that we said not only predisposed to the disorder but also remained constitutive of it in an aggravated form. The subject now feels empathy for himself.

The patients often develop the same image to evoke the relationship to themselves that is established at this decisive moment. Because they are able to be moved by the cruelty of the fate they are inflicting on themselves, they feel that they have become a "mother" to themselves, as if they had had a failing internal mother figure until then and were now able to care for

⁵⁴⁹ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 27.

⁵⁵⁰ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁵⁵¹ Marya Hornbacher, *Wasted*, *op. cit.* p. 121. We translate. Quoted and translated in Margaux Merand, "Anorexia Nervosa as Alienated Production of the Self," *op. cit.* note 47 of the article.

themselves. It is not uncommon for them to speak of a long period of convalescence in which they become responsible for themselves as children:

"Take it easy, little girl. I've gotten used to talking to myself like a horse. Take it easy." ⁵⁵²

Self-empathy, felt for the first time in front of the abusive behaviors and the reality of the resulting mutilations, self-empathy in front of the *effective* and *absurd* deterioration of the body, is the first emotion going in the opposite direction of alexithymia and the depersonalizing prism. The anorexic subject suddenly becomes aware that there is indeed an existence *inscribed in time* that he damages uselessly, and which is his own. In retrospect,

"...[the ex-anorexic] had difficulty describing what had happened. She remembered very clearly that her sense of time and reality seemed to have disappeared"⁵⁵³ .

Remission is thus signaled first of all by an exit from the state of depersonalization, of which the dysfunction or the biological lesion is a trigger par excellence. The anorexic subject enters again in a *temporal* process where he realizes that this body is his and consequently this life is also his. He seems to hold this discourse: "if it is degraded, then my body exists - it is not imputrescible nor chimerical, of bronze or eternal -; if it exists, then it belongs to me and I am quite real". The anorexic and bulimic symptom can only last as long as the subject persists in thinking that the body is invulnerable and that the destructive behaviors do not reach it: it is the depersonalization and the constant state of dissociation that condition the possibility and the durability of the self-maltreatment. Seeing his damaged body, the anorexic subject has a thought

⁵⁵² Ibid, p. 288: "Steady, girl. I have gotten used to speaking to myself as if I were a horse. Steady." We translate.

⁵⁵³ Hilde Bruch, *The Enigma of Anorexia*, op. cit. , p. 26.

comparable to the one that crosses Freud's mind as he stands before the Acropolis for the first time:

"The afternoon of our arrival, when I was on the Acropolis and I looked at the landscape with my eyes, I suddenly had this strange idea: So all this *really* exists as we learned in school!" ⁵⁵⁴

Freud, to whom this trip would have seemed impossible, because of the "narrowness and poverty of his living conditions in his youth"⁵⁵⁵, feels like "a hero who has accomplished incredible feats"⁵⁵⁶ by making a trip to Athens with his brother as an adult. He also specifies:

"It is not true that during my high school years I ever doubted the real existence of Athens. I only doubted that I would ever see Athens with my own eyes. To go so far, to 'make my way so well' seemed beyond any possibility." ⁵⁵⁷

Freud is not incredulous at the idea that the Acropolis exists, but at the idea that *he exists*, and that he is the man "who has done so well" - in this case, the one who has gone "further than the father". It is comparatively her own existence that appears to the eyes of the anorexic through the image of her wounded body; she emerges from a troubled and latent state of prolonged *doubt about* her own reality. It is thus a kind of ontological vertigo which characterizes the beginning of the remission.

554 Sigmund Freud, " Un trouble de mémoire sur l'Acropole ", M. Robert (transl.), in *Résultats, idées, problèmes, II*, Paris, Presses Universitaires de France, 1985 , p. 220-30. Quoted by Dorothée Legrand, "Ex-Nihilo: Forming a Body out of Nothing", *op. cit.* , p. 519. We underline.

⁵⁵⁵ Ibid (this passage is not cited in the article, mentioned in note 517, by Dorothée Legrand).

⁵⁵⁶ Ibid (this passage is not quoted in the above article).

⁵⁵⁷ Ibid (this passage is not quoted in the above article).

It is on this condition that the anorexic subject can, during remission, learn to "live his own life"⁵⁵⁸ . We find here the theme of autonomy, a central issue of recovery.

II - Therapy is an apprenticeship: outline of a "normal" relationship with the body

a) External social normality and immanent body norm

"Hunger has a drug-like effect, and you feel outside your body."

⁵⁵⁸ Ibid, p. 51.

What can we now infer from our previous analyses of the nature of remission from an AUD? It does not seem to us to be, as we wrote, "a capacity of the subject to return to who he or she was before the experience of the CAT, nor to conform to normality as it is socially defined. In the case of anorexia nervosa, this is all the more salient as eating disorders, on the bangs of psychopathologies proper, have almost become the norm among women"⁵⁶⁰. Let us also mention the cases of "sub-syndromic" anorexia nervosa⁵⁶¹:

"The sub-syndromic forms [concern] about 5% of young women (Kaplan and Sadock). These are subjects with symptoms in the lineage of anorexia nervosa without meeting all the criteria."⁵⁶²

There are indeed moderate or partial forms of anorexia nervosa, which are more or less controlled versions. They are generally expressed by restrictive behaviors and an emphasis on thinness or slimness, without the thought of eating becoming obsessive and invasive, and with a spontaneous regulation or reversibility of symptoms. These "minor" forms⁵⁶³

The symptoms of anorexia nervosa "are only the outline of the anorexia nervosa syndrome. [In addition to the active search for thinness, one finds hyperactivity, tendencies to isolate oneself in spite of one's avidity for relationships, and amenorrhea which may last only a few months. In these forms, called

⁵⁵⁹ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.*, p. 31.

⁵⁶⁰ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁵⁶¹ Amandine Turcq in *Les spécificités cognitives de l'anorexie mentale. Human medicine and pathology*, *op. cit.*, p. 40.

⁵⁶² *Ibid.*

⁵⁶³ Bernard Brusset, *Psychopathology of anorexia nervosa*, *op. cit.*, p. 36.

infraclinical, a new experience, a separation or a mutation in intra or extra-familial relationships seems to be enough to give rise to new modes of development [...]."⁵⁶⁴

We write it⁵⁶⁵, in addition to these minor or sub-syndromic forms of anorexia nervosa, and "as many anorexics testify⁵⁶⁶, the theme of diets, calories, orthorexia, i.e. the obsession with weight taking the form of the obsession with health, fitness, etc., are omnipresent themes in women's discussions, and can be very troubling for those who have experienced their pathological and addictive face"⁵⁶⁷. Muriel Darmon, in her sociological study, evokes the different inciters of weight loss and dieting, among which, next to the mother ("dietary guardian of the whole family", but more particularly with the daughters⁵⁶⁸) or the boyfriend, appear the "girlfriends", the women of the entourage:

"[...] girlfriends [...] can [...] play the role of a *generalized inciter* through the recurrence of conversations about weight and the need to watch it. According to American anthropologist M. Nichter, "weight talk" is now an important feature of the female high school subculture. As a result, this type of talk is presented in interviews as a characteristic and burdensome trait."⁵⁶⁹

⁵⁶⁴ Ibid, pp. 36-37.

⁵⁶⁵ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁵⁶⁶ On the theme of weight obsession in women, and its harmful aspect during remission, see Marya Hornbacher, *Wasted*, *op. cit.* p. 282. We refer to the same passage in note 48 of our article, "Anorexia Nervosa as Alienated Production of the Self," *op. cit.*

⁵⁶⁷ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁵⁶⁸ Muriel Darmon, *Devenir anorexique*, *op. cit.* II, 4: "Commencing: engaging in a process of empowerment", p. 116: there is an "intrafamilial variability in the application of this role of dietary guardian of the mother on the whole family: it is exercised above all on the daughters and is justified by considerations more directly corporal and aesthetic than dietary, secondly on the spouses, being then justified by considerations in terms of health, and finally much more rarely on the sons". See also S. Minuchin, ROSMAN, B.L. Rosman, & L. Baker; *Psychosomatic families: Anorexia nervosa in context*. Boston: Harvard University Press, 1978.

⁵⁶⁹ Ibid.

Muriel Darmon thus quotes one of her "interviewees as anorexics"⁵⁷⁰ :

"All the people, everyone talks about weight: you have to know that. When you go to a party, there's not a moment when someone... There's not a party where we don't talk about that." [Sophie, L].⁵⁷¹

As we write, "therapy cannot then be inspired by social "normality""⁵⁷². Muriel Darmon writes in this sense that the anorexic "career" - that is to say the anorexic path, marked by different stages from the "beginning" to the hospital space -, does not start with intrinsically deviant acts or by the "offence"⁵⁷³, "but by the submission to a norm, by *socially desirable*, legitimate and not disapproved acts"⁵⁷⁴ : dieting, watching one's weight, wanting to take care of one's appearance. Deviance is identified late and retrospectively because the acts in which an anorexic person engages are socially encouraged in women: only their radicality worries, or rather the "thinness"⁵⁷⁵ insofar as it makes "infringement"⁵⁷⁶ to the "normal weight"⁵⁷⁷. But Muriel Darmon notes that "the moment when weight becomes an infraction is itself variable"⁵⁷⁸ :

⁵⁷⁰ Ibid, II, 3: "Transforming individuals into activities", p. 102.

⁵⁷¹ Ibid, II, 4, p. 116.

⁵⁷² Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁵⁷³ Muriel Darmon, *Devenir anorexique, op. cit.*, II, 3, p. 99.

⁵⁷⁴ Ibid. Emphasis added.

⁵⁷⁵ Ibid.

⁵⁷⁶ Ibid.

⁵⁷⁷ Ibid.

⁵⁷⁸ Ibid.

"[It] may depend on local weight norms in the family ([...] case of Veronique, who mentions the fact that her thinness went unnoticed in a family where "women are sons of iron"), local "professional" norms (Emilie's thinness, who used to dance, was only noticed by her parents) [...]."⁵⁷⁹

The therapy "will thus be rather, as we write, a personal learning process, for example based on the guide that is the body itself, whose signals the ex-anorexics learn to listen to, and whose biological dimension they finally accept"⁵⁸⁰. This contrasts with the double cognitive distortion that initially characterized anorexics' relationship to their bodies:

"Anorexic subjects suffer from a 'disturbance in the acuity of perception or cognitive interpretation of stimuli from the body, the most salient impairment being the inability to recognize signals of nutritional need'. [...] The anorexic body image appears to be distorted at both the exteroceptive ('I am fat') and the interoceptive ('I am full') levels." ⁵⁸¹

Hilde Bruch also quotes one of her patients in this sense: "[...] I was not aware at the time of what I was experiencing"⁵⁸², and comments: "there seems to have been dissociation from one's own sensations or lack of reaction to them"⁵⁸³. The dissociation is such that the anorexic subject "may even be embarrassed to determine whether a sensation or impulse has its origin in himself

⁵⁷⁹ Ibid.

⁵⁸⁰ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁵⁸¹ Dorothee Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op. cit.* p. 732: "[...] anorexic subjects suffer from a "disturbance in the accuracy of perception or cognitive interpretation of stimuli arising in the body, with failure to recognize signs of nutritional need as the most prominent deficiency of this type" (Bruch, 1962, p. 189). The anorexic body image seems to be distorted both exteroceptively ("I'm fat") and interoceptively ("I'm full")." We translate.

⁵⁸² Hilde Bruch, *The Enigma of Anorexia*, *op. cit.*, p. 30.

⁵⁸³ Ibid.

or whether it comes from outside"⁵⁸⁴. The bodily boundary between the endogenous and the exogenous is blurred.

Thus, anorexics in remission must learn to discern their own bodily signals, which presupposes several weeks of dietary readjustments (first determined externally, in a therapeutic setting⁵⁸⁵), so that the regularity of food intake regulates again the signals of hunger and satiety and that these can be adequately perceived. The norm can then become fully *immanent*, internal or self-specific, in contrast to the radically heteronomous organization of anorexia nervosa:

"[...] what is not given to the child [and which predestines him or her to be able to become anorexic], is self-confidence and the capacity for initiative beyond mere obedience. This can be radicalized into a 'loss of self' or 'silencing of self' when, 'in order to appease and protect valued relationships, women develop habits of censoring their own expression and restricting their own initiative'. Consequently, anorexic subjects show "an almost complete lack of ability to rely on their own resources, ideas, or autonomous decisions."⁵⁸⁶

⁵⁸⁴ Ibid, p. 55.

⁵⁸⁵ The same applies to psychological reactions: "Food deprivation also has a notable influence on psychological functioning. The distorted concepts with which anorexics function, and the constant preoccupation with food, are thus maintained. No amount of psychological reasoning used in ordinary psychotherapy can be effective as long as the basic psychological reactions are determined by the state of starvation," cf. Hilde Bruch, *The Enigma of Anorexia*, *op. cit.*, p. 113.

⁵⁸⁶ Dorothee Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their disintegration in anorexia nervosa", *op. cit.* p. 731: "[...] what is not given to the child is selfconfidence and freedom for initiative beyond obedience. This can be radicalized as a "loss of self" or "silencing of self" when "in effort to smooth and protect valued relationships, women develop habits of censoring their own expression and restricting their own initiatives" (Fredrickson & Roberts, 1997, p. 187). Consequently, anorexic subjects show "an almost complete absence of reliance on inner resources, ideas, or autonomous decisions" (Bruch, 1962, p. 193)." We translate.

Hilde Bruch recalls one of her patients, Sandy, who "had grown up in a home with many complicated rules"⁵⁸⁷ and who "later had great difficulty in distinguishing between the old rules of childhood and the behavior that was appropriate now that she had grown up"⁵⁸⁸. In remission, the norm is sought *in oneself*, and it becomes, as we write, "that of the body, capable of orienting the one who listens to it towards the weight necessary for its optimal functioning"⁵⁸⁹. This is what governs the principles of "*intuitive eating*", which many ex-anorexics practice at the end of their remission or sometimes as a way of remission in its own right. This "intuitive" way of eating is largely based on the idea that the body is capable of finding within itself the tools for its own regulation, without having to rely on external laws for the structuring of food intake. Instead of having the traditional three meals of the day, and respecting externally prescribed rules concerning caloric intake, the person will eat when he or she feels hunger, even if this last notion is ambiguous: it can be "mental" as well as physical [*psychological and physical hunger*].

The central idea is that the absence of caloric restrictions, and especially of prohibitions that would tend to give food a moral value, by designating some as good and authorized, others as bad or even diabolical and prohibited, will tend to allow individuals to rid themselves of the guilt they associate with the act of eating and therefore also of the transgressive desires that drive them. "*Food is just food*" is one of the phrases hammered out by some ex-anorexics in the Youtube channels they dedicate to accompanying the recovery of other people ("*eating disorder recovery coaches*"), or to documenting their own recovery journey: by stripping food of these superfluous and inappropriate "moral" meanings, it is also stripped of its power of fascination and its excessive desirability. Food is only "energy" - "*fuel*" - for the reproduction of biological functions, it is neither a euphoriant nor a substance that would allow to resolve psychic tensions. Ex-anorexics insist on this point: food conceived as a drug is doomed to failure in that it will not allow to arbitrate nor to resolve psychic and emotional conflicts in the long term. It will only "drain" them temporarily, but will keep them intact and will make them come back cyclically: it will even aggravate them, by adding the procession of the side effects of the TCA.

⁵⁸⁷ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.*, p. 58.

⁵⁸⁸ *Ibid.*

⁵⁸⁹ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

b) Learning to tolerate and process emotions

In this sense, it should be noted that the CAT is an attempt at self-medication that freezes and traps the subject in an economy of functioning where his anxiety is always momentarily diminished by the addictive behavior - a binge followed by vomiting anesthetizes the subject, fasting attenuates negative emotions and moral pain by provoking euphoric and/or lethargic reactions:

"There is an anxiety-reducing effect in food restriction and daily caloric restriction associated with anorexia nervosa, whereas eating stimulates dysphoric moods."⁵⁹⁰

But anxiety is never suppressed, let alone intellectually represented and understood etiologically. Not only is the suffering not mentally elaborated, but it is even *less so* since it ceases to be a mental content - a "psychic call", writes Joyce McDougall - and becomes, in the addictive process, a *somatic* fact:

"The addictive economy aims at the rapid discharge of any psychic tension, whether its source is external or internal. Moreover, this tension is not only a function of painful affective states; it can also be exciting

⁵⁹⁰Kaye WH, Wierenga CE, Bailer UF, Simmons AN, Bischoff-Grethe A., "Nothing tastes as good as skinny feels: the neurobiology of anorexia nervosa," *op. cit.* "there is an anxiety-reducing effect of dietary restraint and reduced daily caloric intake associated with AN, whereas food consumption stimulates dysphoric mood." We translate.

or pleasant states. In fact, a psychic call is transformed in the addict's mind and translated into a somatic need. It is in this way that the addictive solution becomes a somato-psychic solution to mental stress."⁵⁹¹

Anxiety is maintained by the CAT, and the latter progressively deprives the subject of any other resource in the face of it: it becomes faceless, undifferentiated, like a somato-psychic fact that repeats itself tirelessly. The subject is more and more susceptible to anxiety attacks and panic attacks that he is not able to represent mentally, and whose genesis he does not know:

"[...] the depressive syndrome is neither psychotic nor neurotic, it is a "borderline state". The neurotic is a conflictual man, because he "is the one who lets the unconscious conflict appear". The "depressive personality" is unable to make its conflicts appear [to the conscience], to represent them, it feels *empty*, fragile and has difficulties to support the frustrations" ⁵⁹²

Because the CAT becomes a way of cyclically stifling anxiety and other depressive manifestations of the personality, the subject loses the possibility of diversifying the possible recourses in the face of psychological suffering and does not engage in any therapeutic work through which he or she could identify the causes and possible outcomes of his or her difficulties:

"It is perhaps worth noting, in passing, the extent of addictive escape behaviors in everyone. When internal or external events exceed our usual capacity to contain and elaborate conflicts, we all have a tendency to eat, drink, smoke, more than usual, to take drugs, in search of a state of temporary oblivion, or to throw ourselves into relationships, sexual or otherwise, with the same aim. Thus, this psychic

⁵⁹¹ Joyce McDougall, "The Psychic Economy of Addiction", *op. cit.* pp. 511-527.

⁵⁹² Alain Ehrenberg, *La fatigue d'être soi*, *op. cit.* , p. 135. Emphasis added.

economy becomes a problem only in the case where it *is almost the only solution that the subject has to support the psychic pain.*"⁵⁹³

We can then say that the TCA, "addictions without drugs" - expression invented by Otto Fenichel who analyzed in 1945 the relations between depression and addiction⁵⁹⁴ -, are forms of medication which are not

"They are only effective on the depressive affect. They do not unravel the underlying psychic conflict, but abrade it. The patient then enters a vicious circle that no longer allows him or her to defend him or herself naturally against life's difficulties."⁵⁹⁵

The addictive anorexic behavior becomes a unique and automatic solution to psychological suffering or emotional disorders, insofar as its action is immediate:

"Generally speaking, addictive behaviors to a product as well as to a situation or object constitute the shortest route to extinguish any psychic pain [...]."⁵⁹⁶

And as it settles in the subject's life, it prevents him or her from specifying the nature of his or her suffering and from perceiving it as *tolerable* - it is in this sense that anorexics engaged in a process of remission often repeat that they must learn to accept their emotions without trying to short-circuit them immediately: "*allow yourself to sit with your emotions.* The pain must be,

⁵⁹³ Joyce McDougall, "The Psychic Economy of Addiction", *op. cit.* pp. 511-527. Emphasis added.

⁵⁹⁴ Alain Ehrenberg, *La fatigue d'être soi*, *Op. Cit.* , p. 171.

⁵⁹⁵ *Ibid.*

⁵⁹⁶ Évelyne Chauvet, "L'addiction à l'objet : une dépendance passionnelle", *Revue française de psychanalyse*, vol. 68, no. 2, 2004, pp. 609-622.

in a way, de-demonized, and reach a threshold tolerable by the subject. As long as the addictive anorexic behavior is installed, the suffering is not perceived as remediable. Indeed, the state of "tension" which precedes the ritualized accomplishment of a bulimic crisis followed by vomiting, for example, is not perceived as a psychic suffering that the subject could manage to limit or even to eliminate by engaging in a long-term therapeutic work, but as an irreducible and blind fact of existence:

"She says, "I feel like I'll always be in need. I feel a dull, terrible anxiety..."⁵⁹⁷

"One of my bulimic analysts recently told me that she would never be able to overcome her eternal urge to eat: 'I might have a heart attack if I go on like this, but what do I care?'⁵⁹⁸

It is as if this tension and emptiness were destined to come back and harass the subject indefinitely. In this sense, people with CAT are comparable to borderline personalities:

"From the 1970s onwards, the French psychoanalytic literature paid particular attention to a clientele that it believed to be in marked growth. A new species of patients apparently lay on the couches of psychoanalysts. These patients give them a hard time because, unlike neurotics, they are unable to recognize their conflicts, to represent them. [...] Sometimes distressed, these patients feel above all chronically empty; they have the greatest difficulty in doing something with their painful affects, because they do not mentalize them. Their representations are poor, they are unable to symbolize their pain: they are prisoners of their mood. This new species has a name: borderlines or borderline states"⁵⁹⁹

⁵⁹⁷ Ibid, pp. 609-622: 28.

⁵⁹⁸ Joyce McDougall, "The Psychic Economy of Addiction", *op. cit.* pp. 511-527: 111.

⁵⁹⁹ Alain Ehrenberg, *La fatigue d'être soi*, *op. cit.* , p. 158-159.

In the same way, the compulsion or the addictive act, including within the framework of a psychoanalytical treatment, tends to supplant and thus compromise the work of memory and the mentalization of psychic conflicts:

"[...] the act takes the place of recollection and representation, even if it can be at the same time the bearer of a message addressed to the analyst.⁶⁰⁰

The TCA has a very special relationship with psychological pain: far from facing it and envisaging real resilience in relation to it, it keeps it as an irreducible fact that the artifice of addiction can only momentarily relieve:

"Once the bulimia-vomiting cycle is created, it is very difficult to break. Anorexics]-bulimics are also difficult patients for psychotherapy. The whole illness is based on assumptions and misconceptions, and therapy is aimed at correcting the fundamental psychological errors. Bulimia adds an element of deliberate deception. Those [among the anorexics] who have given in to it tend to avoid openly confronting the problems in therapy sessions. [When they feel anxious or tense, they seek comfort in food, thus avoiding examination of deeper problems.⁶⁰¹

The ambition becomes only to calm the manifestations of anguish, which form an indistinct magma chronically overwhelming the subject, and not to dissolve them by developing appropriate psychological resources. The latter would presuppose, as we can see, to mentally elaborate the sources of moral suffering and to be inscribed in a long temporality different from the very rhythmic and repetitive one of CAT:

⁶⁰⁰ Évelyne Chauvet, "L'addiction à l'objet : une dépendance passionnelle", *op. cit.* pp. 609-622: 11.

⁶⁰¹ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 23.

"Crises of bulimia and addictive symptoms appeared at this period and persisted as punctual recourse to mop up the moments of overflowing excitement caused as much by his intolerance to objects judged to be defective or inadequate as by any conflict, external or internal, *generating an influx of uncontrollable and unqualifiable affects*. This problematic centered on an impossibility of elaborating the anguishes of separation emerges in an explosive way at the adolescence because of the emergences of impulses and the economic reorganizations which it imposes ".⁶⁰²

The anorexic subject, here anorexic-bulimic, associates emotion with a threatening experience of overflow. Any emotion is saturated - not precisely identified, impossible to fragment and to delimit -, and saturating - assailing the subject and suitable to disintegrate his narcissistic constitution lived as precarious. Thus it is not necessarily a negative emotion which will call for the crisis of bulimia or the compulsion, but in reality any emotion perceived as an overflow of excitation, an excess of sollicitation of the body and the spirit. The "apparently pleasant or exciting feelings"⁶⁰³ are in fact, writes Joyce McDougall, as oppressive as the negative emotions insofar as they are "unconsciously experienced as defended or dangerous"⁶⁰⁴ .

The bulimic crisis, like fasting, must constantly extinguish the fire of emotion, and limit internal and external stimuli. It is a question of "liquidating" emotions that are first experienced as an excess of libidinal or impulsive energy. In this we find this paradoxical reality that the subject does not seek so much to express his subjectivity through the anorexic "symptom" - Dorothée Legrand's thesis, in the Hegelian perspective of the externalization of self-consciousness through the controlled transformation of the body -, as to maintain and aggravate a cut with himself. The anorexic, like other addicted subjects, relates to her emotional and affective experience in the mode of disjunction:

⁶⁰² Évelyne Chauvet, "L'addiction à l'objet : une dépendance passionnelle", *op. cit.* pp. 609-622: 13.

⁶⁰³ Joyce McDougall, "The psychic economy of addiction", *op.cit.* pp. 511-527: 12.

⁶⁰⁴ Ibid.

"In fact, it was a remark made to me by Sammy's mother that first alerted me to a curious element of her addiction to alcohol: during a session, when she was trying to understand the reasons for her compulsive need to drink whisky, she said to me: "Sometimes I don't even know if I'm sad or angry, if I'm hungry or if I want to have sex; and that's when I start drinking." That Ms. X... does not know how to differentiate, in order to be able to name them, her various affective states surprised me (I did not yet have at my disposal the concept of "alexithymia" to describe this kind of problem)."⁶⁰⁵

A prevalence of alexithymia, i.e. the difficulty of a subject to identify and verbalize his or her emotions, is established, as we have written above, among anorexic subjects:

"Alexithymia, etymologically "inability to express emotions in words", is a personality trait that follows a normal distribution in the general population and would appear to be a risk factor for and maintainer of many psychiatric disorders. If it is not a personality trait specific to anorexia nervosa, it is very present in this pathology and could be associated with a poorer response to treatment [...]. Conducting a study on the existence and impact of alexithymic functioning in a significant number of severe anorexics corresponded well to my desire to follow in the footsteps of Hilde Bruch's work on deficits in interoceptive awareness and emotional introspection in anorexia nervosa."⁶⁰⁶

Anorexia and bulimia thus develop against a background of a cut with part of the psychological interiority and affective experience, and they maintain the opacity of this experience - they make "difficult, if not impossible, the recognition and resolution of the precipitating psychological problems"⁶⁰⁷. These data tend to confirm that the anorexic subject seeks more to manufacture a socially identifiable "kind of self" than to be in contact with his own subjective interiority:

⁶⁰⁵ Ibid, pp. 511-527: 7.

⁶⁰⁶ Annaïg Courty, Difficultés socio-affectives dans l'anorexie mentale : impact sur la sévérité du trouble et comparaison avec le syndrome d'Asperger, *op. cit.*

⁶⁰⁷ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.*, p. 24.

"Although all this seems obvious to me now, Mrs. X's analysis and my self-analysis at the time I quit smoking made me suspect for the first time that one of the goals of addictive behavior is to get rid of one's affects! In short, I realized that I was putting a smoke screen over almost all of my emotional experience, thus neutralizing or dispersing a vital part of my internal world!"⁶⁰⁸

The desire to express an authentic subjectivity cannot be contemporary with a difficulty, or even an incapacity, to accept one's different internal emotional states. We also find Muriel Darmon's thesis that shows how much anorexic subjects seek to give themselves a "second nature" through their eating behaviors and obedience to strict rules that should allow the lasting incorporation of new subjective and social dispositions. The anorexic subject hopes ultimately to be able to escape the reality of his or her inner life, which is too oppressive; in the same gesture, he or she tries to make another style of subjective experience, another character, accessible to him or herself. The depressive and addicted personality, writes Alain Ehrenberg,

"[...] very often feels shame because, in her fundamental megalomania, [she] cannot admit her inadequacies; [she] does not admit to feeling [limited] by reality, and in particular by the constraints imposed on her by her personal history and filiation."⁶⁰⁹

c) Paste the emotions, renounce to the subjective omnipotence

⁶⁰⁸ Joyce McDougall, "The psychic economy of addiction", *op.cit.* pp. 511-527: 9.

⁶⁰⁹ Alain Ehrenberg, *La fatigue d'être soi, Op. Cit.* , p. 166.

In this sense, the remission of anorexia nervosa implies treating the depressive underpinnings of the personality by definitively evicting the illusory idea that there would be, in the face of moral pain, a unique solution as instantaneous as a bulimic crisis. Beyond the change of remedy in the face of suffering, the subject must be able to reconcile himself with the painful part of his existence, or what Alain Ehrenberg calls the "frustrations" and "limits" imposed externally on the narcissistic omnipotence complex:

"The depressive personality remains fixed in a state of permanent adolescence, it does not manage to become an adult by accepting the frustrations which are the lot of any life. The result is fragility and a permanent feeling of precariousness or instability. [...] [The] person can [heal] by recognizing the limits of his omnipotence instead of constantly complaining about his powerlessness."⁶¹⁰

We can better understand the necessity, for the anorexic subject, to accept his own limits through the prism of intersubjectivity. Dorothee Legrand, taking up the Sartrean conception of intersubjectivity, establishes that it is indeed the gaze of the other that is at the root of the objectification and self-objectification that take a pathological turn in anorexia nervosa, and from which the anorexic would paradoxically seek to defend herself by illusorily reaffirming her narcissistic omnipotence. Indeed, "another is the mediator between myself and myself"⁶¹¹, and "by the very appearance of another, I am put in a position to make a judgment on myself as on an object, because it is as an object that I appear to another."⁶¹² As long as I have not experienced the gaze of the other, I am in an absolute subjectivity⁶¹³, which knows no limits. The encounter with the other operates a negation of the purity of subjectivity, or "negation of

⁶¹⁰ Alain Ehrenberg, *La fatigue d'être soi*, *Op. Cit.*, p. 166.

⁶¹¹ J-P. Sartre, *L'être et le néant* (1943), éd. Gallimard, coll. "Tel", 1976, pp. 259-260.

⁶¹² *Ibid.*

⁶¹³ Lacan speaks about "absolute subject", cf. Lacan, "Le Stade du Miroir comme Formateur de la Fonction du Je", In *Écrits*, Paris, Seuil, 1996, p.5.

its absoluteness" according to the terminology of Henri Ey⁶¹⁴ . Because the other sees me as an object, I am led to perceive myself as such when I try to represent the content of his perception: I look at *myself* as *he* sees me. Another person introduces in me the split between subject and object, which alienates me as much as it allows me to know myself, since it makes possible the separation and the distance between a knowing subject and an object to be known - taking here the form of self-analysis or reflexivity. In sum, reflexive consciousness owes its existence to the primordial experience of the gaze of another.

The body is par excellence the vector of this encounter, through which a subject experiences its own boundaries. The body, through the gaze of the other, ceases to be simply lived from an internal perspective, in the first person⁶¹⁵ . The body, as is also the case when a subject recognizes himself for the first time in a specular image - or what Lacan calls the "mirror stage"⁶¹⁶ -, ceases to be a "set of confusedly felt impulses"⁶¹⁷ from within, and becomes perceived *from without*. The consequence "is not only that I obtain, through the gaze of others, one more perspective on myself"⁶¹⁸ . But, "more radically"⁶¹⁹ , the fact of recognizing the look of others on me amounts to recognizing myself "as partially, but in principle, inaccessible to myself"⁶²⁰ : my body is no longer only equivalent to my point of view ; it becomes an entity

614 Henri Ey quoted by J. O'Neill in "The Specular Body: Merleau-Ponty and Lacan on Infant Self and Other", *Synthese*, 66/2, 2007, 201-17, p. 202. Quoted in Dorothee Legrand, "Ex-Nihilo: Forming a Body out of Nothing", *op. cit.* p. 517. We translate.

615 Dorothee Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op. cit.* , p. 734. We translate.

616 Lacan, "Le Stade du Miroir comme Formateur de la Fonction du Je", *op. cit.*

617 Merleau-Ponty, " Les relations avec autrui chez l'enfant ", Centre de Documentation Universitaire, 1951, In *Merleau-Ponty à la Sorbonne. Résumé de cours 1949-1952*, Grenoble, Editions Cynara, 1988 , p. 136. Quoted by Dorothee Legrand, "Ex-Nihilo: Forming a Body out of Nothing", *op. cit.* p. 516. We translate.

618 Dorothee Legrand, "Subjective and physical dimensions of bodily self-consciousness, and their dis-integration in anorexia nervosa", *op. cit.* p. 734: "The consequence is not only that I get, through other's view, an additional perspective on myself." We translate.

619 Ibid.

620 Ibid: "I recognize that I am partly but in principle inaccessible to myself". We translate.

that can be the object of perspectives that I will never be able to make my own. In this sense, my body inevitably escapes me⁶²¹. Thus, my body is alienated, and the experience of others' gaze makes me escape from myself⁶²².

To remedy this attack on his subjective integrity, or on the omnipotence of his subjectivity, a subject should then withdraw from "the slavery of the gaze of others"⁶²³. In order to refuse "the reifying gaze of others"⁶²⁴, one must refuse at the root "[one's] subjective point of view"⁶²⁵. Indeed, "since it is only by a subject that I can be perceived as an object"⁶²⁶, I must simultaneously reject "the other-as-subject"⁶²⁷ and "myself-as-object"⁶²⁸. Otherwise, I remain vulnerable to capture and engulfment by the other. However, Dorothee Legrand points out, this rejection "comes at a high price, insofar as I must first recognize the other as a subject in order to deny it as such, instead of simply rejecting it as an object"⁶²⁹. Consequently, I can only keep the other at a distance "by accepting a limit to my subjectivity"⁶³⁰. Thus, I have to admit that my "subjectivity is limited in two inextricable ways: it is limited because it is not unique: others

⁶²¹ Ibid: "my body is there not only as the point of view which I am but again as a point of view on which are actually brought to bear points of view which I could never take". It is in the sense that, because it is for-the-Other, "my body escapes me on all sides." We translate.

⁶²² Ibid: "Living in a world of others, and recognizing their subjective look on me thus means that "all of a sudden I am conscious of myself as escaping myself". We translate.

⁶²³ Ibid: "one's slavery to another's gaze". We translate.

⁶²⁴ Ibid: "other's objectifying gaze". We translate.

⁶²⁵ Ibid: "others' subjective stance." We translate.

⁶²⁶ Ibid: "since it is only by a subject that I can be seen as object, I need to refuse the other-as-subject if I don't want to be reduced to myself-as-object." We translate.

⁶²⁷ Ibid.

⁶²⁸ Ibid.

⁶²⁹ Ibid: Refusing this, however, has a high price, as I first need to recognize the other as being a subject in order to be able to refuse him as such, rather than merely refusing him as object. We translate.

⁶³⁰ Ibid: Therefore, "I can only keep the Other at a distance by accepting a limit to my subjectivity." We translate.

are also subjects; it is limited because it is not self-sufficient nor absolutely pure: I am not only subject but also object"⁶³¹ .

It is indeed in these terms that we must understand the renunciation of narcissistic omnipotence that we mentioned: "to accept the limits of my subjectivity supposes to accept jointly the subjectivity of others and my own objectivity (or object dimension)"⁶³² . The acceptance of these "limits [fails] in anorexia nervosa"⁶³³ , and it is a nodal point of the therapeutic work in the remission process.

d) Recovery is not a return to the previous state

As we write at⁶³⁴ , "the cured ex-anorexic [cannot be] one who has returned to a previous version of his or her being - contrary to what is suggested by many "My anorexia story" accounts that are proliferating on YouTube, and which cultivate a nostalgia for the past self, that of childhood, in a mythical mode. The state that precedes the development of an ADD, just because it contains the predispositions [(notably, here, a deleterious narcissistic omnipotence complex)], is not a desirable state "⁶³⁵ . It often corresponds to a precarious adolescent state into which the ADD

⁶³¹ Ibid: "My subjectivity is limited in two inextricable ways: it is limited because it is not unique: others too are subjective; and it is limited because it is not self-standing: I am not only subjective but also objective." We translate.

⁶³² Ibid: "Recognizing the limits to my subjectivity thus requires accepting others' subjectivity and my own objectivity." We translate.

⁶³³ Ibid: "It might be the acceptance of such limitations which fails in anorexia." We translate.

⁶³⁴ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁶³⁵ Ibid.

has intruded, preventing the subject from fully maturing. In the case of Marya Hornbacher, the imbalances began to manifest themselves in childhood:

"I had no 'normal' life to come back to. No experience of being 'healthy' or 'normal' in my relationship with food." ⁶³⁶

One of the ex-anorexics who answered our interview questions, Mathilde P., commented on the possibility of "returning to a previous state":

"For me, there is no previous state. My body has been an object of pain and a punching bag since my parents separated when I was 5 years old. I began to learn to accept that my body was not an outlet or a band-aid."

We write that "the ACT - this is [its] virtuous aspect - introduces *mutations* that can really blossom during remission. We can go so far as to say that the CAT is a break with the "ordinary" - that is to say, usual - course of experience, provoking a crisis so spectacular that to recover from it is to learn independence, to re-evaluate and surpass one's own standards"⁶³⁷ :

"And that's it: I learned to live." ⁶³⁸

⁶³⁶ Marya Hornbacher, *Wasted*, *op. cit.* p. 193. We translate. This excerpt is quoted and translated in note 49 of our article "Anorexia Nervosa as Alienated Production of the Self," *op. cit.*

⁶³⁷ Margaux Merand, "L'anorexie mentale comme production aliénée de soi-même", *op. cit.*

⁶³⁸ Marya Hornbacher, *Wasted*, *op. cit.* p. 293 ("Afterword, The Letting Go"). We translate. This excerpt is quoted and translated in note 50 of our article "Anorexia Nervosa as Alienated Production of Self," *Op. Cit.* See also A. Liu, <Gaining> the truth about life after eating disorders; New York, Warner Books, 2007.

Hilde Bruch writes that none of her patients, once cured, "expressed regret for having been anorexic. Most feel that without it they might have remained stuck in this attitude of excessive dependence on the family, or that they might have had mental disorders of another kind"⁶³⁹ . There is thus no real healthy previous state to which the anorexic subjects in remission could relate as a desirable standard of existence. The subject's autonomy is lacking in the previous existence, and if anorexia nervosa does not allow for the attainment of this autonomy and leads to a dead end, autonomy is nonetheless an end towards which one must strive, distinguishing it from the notion of well-being or absolute control :

"According to Georges Canguilhem, who explicitly refers to psychoanalysis as work, the role of the physician is to practice a pedagogy of healing: "This pedagogy should tend to obtain the recognition by the subject of the fact that no technique, no institution, present or future, will assure him the guaranteed integrity of his powers of relation to men and to things. Canguilhem adds that this limitation is inherent to the living, it is its natural law: "The health after the cure is not the previous health. The lucid awareness of the fact that to *heal is not to return* helps the patient in his search for the least possible renunciation, by freeing him from the fixation to a previous state. [...] One thing seems certain in the conflict model: well-being is not healing, because to heal is to be able to suffer, to tolerate suffering. To be healed from this point of view is not in fact to be happy, it is to be free, that is to say to regain a power over oneself allowing one to "decide for this or for that". If we accept that health is the capacity to go beyond one's own standards, we must *distinguish happiness from freedom* and well-being from healing. [Man] in good health tolerates multiple shocks and must be able to exceed his own standards [...]"⁶⁴⁰

Anorexia nervosa is not the degradation or the loss of faculties that would have been present before, and that should be recovered. It is a psychopathology that sets in precisely because the imperfect development of the subject's identity and autonomy renders the latter partially unsuited to the demands of existence, in particular the existence of a young adult. Anorexia nervosa is thus a temporary adaptation strategy in the face of the threats of disintegration and

⁶³⁹ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 178.

⁶⁴⁰ Alain Ehrenberg, *La fatigue d'être soi*, *op. cit.* , p. 256.

collapse that weigh on a subject whose constructions are extremely precarious and unfinished. Anorexia nervosa is thus not a dysfunction, but an adaptive strategy consecutive to an *already* dysfunctional state. The fact that this strategy is mortifying and destructive only indicates that it is an inappropriate response to a problem that is no less whole, and which precedes it. This is why remission is a long and complex process that requires the acknowledgement and recognition of the multiple narcissistic deficiencies and flaws - in place of any fantasy of omnipotence - that are at the origin of the defensive strategies of which the obsessive fixation on eating behavior is only one version. The ability to tolerate and recognize one's own emotions, without trying to supplant them with a false self or idealized type of self, is a crucial step. The stakes are high because, as Hilde Bruch writes, "it is necessary [for anorexics in remission] to create a new authentic personality after all these years of faked existence."⁶⁴¹ The new subjectivity, for which remission is a kind of maieutic process, must be rooted in the acceptance of painful affects that can only be reduced to tolerable proportions if they are made conscious to a higher degree. It is this subjectivity that becomes the bearer of an autonomy whose meaning can gradually be distinguished from that of omnipotence or self-sufficiency.

Finally, we recall by virtue of these developments that anorexia nervosa cannot, in our opinion, be adequately conceived, at least entirely, as an attempt to make the body the expressive materialization of subjectivity: the latter is based on an emotional life from which the subject is all the more cut off as he seeks to control his body. If the anorexic subject seeks recognition and tries to exhibit his condition as a subject through his thinness, he nevertheless fails to be recognized and to recognize himself insofar as his eating disorder constantly hides from him a significant part of his emotional experience. It is precisely because this experience is threatening to him that he prefers a "fake" personality⁶⁴². Thus, to paraphrase and reverse the theme of an author on whose theses we have largely established our own, we think that the anorexic subject ends up suffering from a *fatigue of not being himself*.

⁶⁴¹ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.*, p. 179.

⁶⁴² *Ibid.*

Conclusion: Is anorexia nervosa a quantitative variation of normal tendencies?

"There is more reason in your body than in
your best wisdom."
(Nietzsche, *Thus Spoke Zarathustra*, L. I,
"Of the Contemptors of the Body")

1. Is the anorexic subject ill? The shift from health to illness and its awareness as a catalyst for remission

If we take into account the definition of health formulated by Canguilhem in his essay on *The Normal and the Pathological*, we see that anorexia nervosa, in some of its stages at least, seems to have a dual paradoxical status of health and illness.

The normal state, according to Canguilhem, is normativity, that is, the capacity to establish new norms of existence adapted to the requirements of an environment, and not only the fact of living according to a given norm. Any form of life, indeed, healthy or sick, necessarily corresponds to a determined norm. Thus "normativity" is not the mere presence of a norm but the capacity to transgress an existing norm by virtue of a superior and more adapted norm. The pathological state in this sense is not "abnormal": it proceeds indeed from a norm. Only this norm is said to be "inferior" insofar as it is limited to itself, purely self-referential and autotelic: it cannot surpass itself (and thus "downgrade" itself) into a superior norm. The sick subject lives according to a norm but does not have the leisure to create new ones according to the requirements of other environments. He is limited to a restricted environment within which he can function optimally according to the only standard of which he is capable.

Thus, the normal state, as opposed to the pathological state, corresponds to the possibility that a subject has of *changing* the norms of existence according to the accidents, irregularities, and events that may occur within his environment and require him to do so. As Canguilhem writes in *Le normal et le pathologique*, in chapter IV: "Illness, cure, health"⁶⁴³, "the cosmic environment, the environment of the animal in general"⁶⁴⁴ is well regulated by a

⁶⁴³ Georges Canguilhem, *Le normal et le pathologique*, *op. cit.* IV: "Illness, cure, health", p. 118.

⁶⁴⁴ *Ibid*, p. 131.

system of "mechanical, physical and chemical constants"⁶⁴⁵ ⁶⁴⁶ . "It is constituted " of invariants ⁶⁴⁷ and governed by a nomological regularity. But the laws that organize it, writes Canguilhem, are "theoretical abstractions"⁶⁴⁸ in that the living does not live directly among them, but among "beings and events that diversify them"⁶⁴⁹ :

"What carries the bird is the branch and not the laws of elasticity. If we reduce the branch to the laws of elasticity, we must not speak of a bird either, but of colloidal solutions. [...] Similarly, what the fox eats is a hen's egg and not the chemistry of albuminoids or the laws of embryology. Because the qualified living being lives among a world of qualified objects, it lives among a world of possible accidents. Nothing happens by chance, but everything happens in the form of events. That is why the environment is unfaithful. Its infidelity is properly its becoming, its history. " ⁶⁵⁰

Existence is not "a monotonous deduction, a rectilinear movement"⁶⁵¹ , it is not a matter of "geometrical rigidity"⁶⁵² , but is necessarily crossed by "leaks, holes, evasions and unexpected resistances"⁶⁵³ . This does not mean that the environment is not objectively organized by laws, nor that science cannot bring them to light: Canguilhem does not profess any "indeterminism"⁶⁵⁴ . But if "science explains experience"⁶⁵⁵ , "it does not cancel it out"⁶⁵⁶ .

⁶⁴⁵ Ibid.

⁶⁴⁶ The next three paragraphs are from our article for the online journal *Philosophical Implications* featuring "Dossier - Philip Roth," published on October 22, 2020.

⁶⁴⁷ Georges Canguilhem, *Le normal et le pathologique, op. cit.* , p. 118.

⁶⁴⁸ Ibid.

⁶⁴⁹ Ibid.

⁶⁵⁰ Ibid. Quoted by Margaux Merand in "Dossier - Philip Roth", *Implications Philosophiques*, 22 October 2020.

⁶⁵¹ Georges Canguilhem, *Le normal et le pathologique, op. cit.* , p. 118.

⁶⁵² Ibid.

⁶⁵³ Ibid.

⁶⁵⁴ Ibid.

⁶⁵⁵ Ibid.

⁶⁵⁶ Ibid.

Also, subjectively - affectively, says the author -, and more generally *empirically*, life is experienced as inconstant; health being correlatively described, as we said, as the capacity that the living being has to make "infringements" to its norms of existence and to generate new ones - which are superior to the previous ones - according to the changing requirements of its environment and the challenges that it obliges it to take up. To the unpredictability and to the effractions of which the environment is susceptible answers the more or less high capacity of the living being to transgress and to exceed its norms of existence."⁶⁵⁷

Health, summarizes Canguilhem in a formula that provides all the criteria, is at the same time "the possibility of going beyond the norm that defines the momentary normal, the possibility of tolerating infringements of the usual norm and of instituting new norms in new situations"⁶⁵⁸ . Health thus includes the so-called "normal" state - that is, the possibility of establishing new norms (normativity). But it also consists of an ability to transgress or violate the usual norm: the healthy subject has the luxury of being able to deviate from his or her usual behavior or from a given norm of existence without becoming ill, or this deviation is precisely a temporary condition from which he or she can recover. An occasional hiker who has never had tendonitis in his knees can violate his usual norms, he can hike an unusually large number of miles without sparing himself or suffering, at the end of the day, from an inflammatory muscle and tendon condition. A hiker with a history of tendonitis will be vigilant, will not exceed a reasonable number of kilometers, will pay more attention to the quality of his sleep before muscular effort and will be careful with his support in certain situations so as not to weaken his knees and create an inflammatory situation that could quickly degenerate into tendonitis. He knows that his knees have become vulnerable and that tendonitis, once it has occurred and even if it has been properly treated, can create higher risks of recurrence, just as, at a very different psychopathological level, a major depressive episode exposes the subject to greater risks of relapse because of the initial episode and without consideration for other triggering factors. One could say that the medical history, or at least certain pathologies or psychopathologies, diminish the possibility for a subject to blindly commit offences against

⁶⁵⁷ End of the passages extracted from our article: Margaux Merand, "Dossier - Philip Roth", *Implications Philosophiques*, 22 October 2020.

⁶⁵⁸ Georges Canguilhem, *Le normal et le pathologique*, *op. cit.* , p. 130.

given norms of existence, because he now knows that these offences are followed by potentially very harmful consequences. He must therefore take care of himself or be careful. But then, isn't health, defined as the possibility of violating the usual norm without harm, simply confused with youth?

This is what Canguilhem remarks in a note in chapter IV of his essay: "One might object that we tend to confuse health with youth. However, we do not forget that old age is a normal stage of life. But at the same age, an old man will be healthy who will show a capacity of adaptation or repair of the organic damage that another one does not show, for example a good and solid welding of a fractured femur neck. The beautiful old man is not only a poet's fiction"⁶⁵⁹. Thus health exists, not only in a form that we could say maximal, and which is equivalent to the youth of the organs and the absence of antecedents, but also in an adaptive form. The latter corresponds to health understood as the ability to compensate for - and thus relatively cancel - spontaneously the effects of the weakening of the body and the aging of the organs. It thus seems that the definition given by Canguilhem corresponds to plural forms of health, according to the different stages of life.

What interests us here is that, when we consider the "maximal" version of health, we notice that it seems to be able to adequately describe the anorexic experience itself, as it is subjectively lived before the biological consequences of its restrictive and purgative behaviors are perceptible and sensitive. If health is defined as the ability to violate a norm of existence without being affected by it, or having the possibility of recovering from damage spontaneously, then anorexia nervosa, during the early stages of its functioning (early stages that extend from the first months to the first years of the illness), can be conceived as an experimentation of "health" and of its extreme limits. Canguilhem writes in effect:

⁶⁵⁹ Ibid, p. 134, note 1.

"Goldstein notes that the morbid concern to avoid situations that may generate catastrophic reactions expresses the instinct of conservation. This instinct is not, according to him, the general law of life, but the law of a retracted life. The healthy organism seeks less to maintain itself in its present state and environment than to realize its nature. *This requires that the organism, in facing risks, accepts the possibility of catastrophic reactions.* The healthy man does not shy away from the problems posed by the sometimes sudden upheavals of his habits, even physiologically speaking; *he measures his health by his capacity to overcome organic crises in order to establish a new order.*"⁶⁶⁰ .

We find here the opposition between Epicurus and Nietzsche, raised by Nietzsche himself in the *Gai savoir* when he evokes the Epicurean philosophy as an essentially convalescent philosophy, which revels in the spectacle of the torment of human existence while rejoicing in having no part in it:

"Epicurus. - Yes, I am proud to feel the character of Epicurus differently than perhaps anyone else, and in all that I hear or read of him, to enjoy the vesperal happiness of antiquity: - I see his eyes contemplating a vast and silvery sea, beyond the cliffs of the shore on which the sun rests, while great and small animals frolic in its light, as safe and calm as that light and that gaze. Such happiness, only someone who suffers incessantly could have invented it, the happiness of an eye in whose gaze the sea of existence has calmed down, and who can't get enough of the spectacle of its surface and of this variegated, delicate and shivering oceanic epidermis: never before has there been such a modesty of voluptuousness."⁶⁶¹

Epicurus is, in the eyes of Nietzsche, the author of a philosophy of convalescence in the sense that having suffered too much, or being of a nature to "suffer incessantly", he set up a series of precepts keeping pain away as much as possible, even if it means advocating a prudence (*phronêsis*) and an ascetic existence, delightfully (or "voluptuously") keeping away from pleasures the consequences of which could be detrimental. There has "never been such modesty

⁶⁶⁰ Ibid, p. 132. Emphasis added.

⁶⁶¹ Nietzsche, *Le Gai Savoir*, Paris, Ed. Gallimard, 1982, trans. Pierre Klossowski , Book One, 45, pp. 85-86.

of voluptuousness" since the norm of happiness - and therefore of voluptuousness - corresponds paradoxically to a great austerity and rigorous discipline. The *modest voluptuousness* is thus a kind of oxymoron containing the heart of the Epicurean philosophy. Nietzsche writes again, in paragraph 306 of the fourth book:

"Stoics and Epicureans. - The Epicurean chooses the situation, the people and even the events that suit his intellectual constitution, excitable to the extreme, he renounces everything else - that is to say, almost everything else - because it would be too strong and too heavy a food for him. The stoic, on the other hand, practices swallowing stones and vermin, shards of glass and scorpions, and remaining without disgust; his stomach must become indifferent to everything that the chance of existence pours into him; - he reminds us of that Arab sect of the Aïssaouas that one meets in Algiers: and like these insensitive people, he also likes to have an audience invited to the spectacle of his insensitivity that the epicurean willingly advises against: - indeed, this one has his "garden"! [...] "⁶⁶²

The epicurean, of an extremely sensitive and "excitable" nature, chooses his environment, a restricted environment within which he has renounced "most things", more than he would seek to adapt himself to the violence of the environment and to the irregularity of the future or of destiny. He composes his "situation" by selecting the "events" that can occur in it, by adjusting them to his natural complexion, far from trying to make himself indifferent and insensitive to the blows of fate like the Stoics. Thus the epicurean creates a perimeter of safety inside which his nature, delicate and susceptible, is spared rather than shaken. Now, this philosophy seems similar to what Goldstein describes in the excerpt from Canguilhem that we quoted above: "Goldstein notes that the morbid concern to avoid situations that may generate catastrophic reactions expresses the instinct for conservation. This instinct is not, according to him, the general law of life, but the law of a retracted life."⁶⁶³ Epicurean philosophy is convalescent in the sense that it is a philosophy of "conservation," which seeks to constantly guard against the damage that would potentially follow from certain pleasures, and to keep one's nature intact as much as possible, where the healthy man "*measures his health by his ability to overcome*

⁶⁶² Nietzsche, *Le Gai Savoir*, op. cit, Book Four, 306, pp. 208-209.

⁶⁶³ Georges Canguilhem, *The Normal and the Pathological*, op. cit. We underline.

organic crises in order to establish a new order"⁶⁶⁴ . The healthy man thus possesses the Nietzschean "great health":

"...] a health that is not only possessed, but that must be constantly conquered, since it is constantly sacrificed and must be sacrificed!..."⁶⁶⁵

Health is not only a state but also an existential attitude, which is understood as a capacity to be exposed to risks and to overcome them. Health is thus only properly health insofar as it assumes that it can lose itself as such, without seeking to *preserve* itself in a frigid manner. It conquers itself continuously.

Now, we notice that the definition given here of the healthy man, which brings Canguilhem's position closer to Nietzschean philosophy, seems legitimately able to describe the initial behavior of the anorexic who, in order to deprive himself radically and to subject himself to a constant harsh test - sport, school discipline - nevertheless notices a capacity of performance not only maintained but even experienced as *increased*. Anorexic subjects who hardly eat any more, when they experience their first weight loss phase and associate it with extreme daily sports practices, feel they are performing *better than others*. Denying the body's needs and adopting a dictatorial attitude towards it, they feel that they *command the body* infinitely more than "average" subjects do. Thus their sense of performance is increased tenfold: it is not only that they feel just as functional as if they were eating normally and therefore judge food to be dispensable, but that they feel comparatively *more functional than others and more functional than they themselves were before*.

⁶⁶⁴ Ibid. Emphasis added.

⁶⁶⁵ Nietzsche, *Le Gai Savoir*, § 382, in OPC V, pp. 291-292.

This initial state of the anorexic experience corresponds in particular to the feeling of euphoria and positive depersonalization that we mentioned earlier in our analyses. Thus, we could say that, like Canguilhem's healthy man, the anorexic subject "feels healthy [...] only when he feels *more than normal* [...]"⁶⁶⁶. In this sense, the denial of illness, characteristic of anorexic subjects to the point that it is a diagnostic criterion, does not necessarily participate in a "denial" nor in an act of bad faith. Indeed, subjectively, and during the initial phase of the anorexic process, the weight loss and the practices associated with it correspond well to an extreme experimentation of the state of health of itself. Anorexia nervosa is perhaps a "luxury", that of not taking it easy, and even of constantly pushing one's own limits, while not noticing any physical or intellectual damage, and actually experiencing the very opposite of a diminished state: an enhanced performance. Anorexia nervosa proceeds precisely from this definitional "abuse" of the state of health according to Canguilhem's concepts: "It is the possible abuse of health which is at the bottom of the value accorded to health, just as, according to Valéry, it is the abuse of power which is at the bottom of the love of power."⁶⁶⁷ Canguilhem writes further:

"It is obviously not with the express purpose of giving men this feeling that nature has built their organisms with such prodigality: too many kidneys, too many lungs, too many parathyroids, too many pancreases, too many brains even, if one limited human life to vegetative life. Such a way of thinking reflects the most naive finalism. But it is still true that, thus made, man feels carried along by an overabundance of means which it is normal for him to abuse. Against certain doctors who are too quick to see in illnesses crimes, because those concerned have some share in them due to excesses or omissions, *we consider that the power and temptation to make oneself ill are an essential characteristic of human physiology.*"⁶⁶⁸

Reading this passage, one cannot but be struck by the idea that anorexia nervosa, in its own way, is an *abuse that is entirely* correlative and even constitutive of the state of health - this

⁶⁶⁶ Ibid. Emphasis added.

⁶⁶⁷ Ibid. chapter II: "Critical examination of some concepts: of the normal, of anomaly and disease, of the normal and the experimental", p. 87.

⁶⁶⁸ Ibid, Chapter IV, p. 133. Emphasis added.

abuse would be health *in action*. Also, anorexic patients denying their "sick" state are not necessarily in an unavowed complacency with their pathological state. Perhaps, if they are at the beginning of their experimentation or retain the mental dispositions of this first state, they are really convinced that it is their very health - its "luxury"⁶⁶⁹ - that they experience with intensity *via* a set of radical practices: "to be healthy is to be able to fall ill and to get up again, it is a biological luxury"⁶⁷⁰ .

Thus, the passage from health to "illness" - to an illness that *has taken hold*, understandably, and from which the subject no longer has the feeling of being able to "recover" spontaneously - is not necessarily immediate, or lightning fast, in anorexia nervosa. A first phase may, on the contrary, be an experimentation of health itself and of its plasticity: the subject repeatedly violates his norms without feeling the damage, he even has the feeling of generating higher standards of life since his performance (work, sport) is improved.

Of course, the complexity of this state of health is that, although it is not immediately harmful at a physical level, it nevertheless involves psychopathological data. However, it can be said that it is the shift from health, subjectively experienced as omnipotence or the possibility of violating norms without prejudice, to illness, experienced as the observation of potentially irreversible physical damage, that can be the catalyst for remission at the physical and psychological level. This is what we wrote in our chapter 5, in the first part.

⁶⁶⁹ Ibid, p. 132.

⁶⁷⁰ Ibid, p. 132.

2. From the anomaly to the pathological state. Is the pathological state a quantitative or qualitative variation or a sui generis state compared to the normal state?

If the observation of a consequent physical damage of anorexic behaviors is indeed the factor of an awareness of the sick state of the subject, and the source of a desire of remission; and if we could characterize anorexia nervosa as an extreme experimentation of health in the sense defined by Canguilhem, it does not remain less than the subject *was sick before being conscious of it*, and that this pathological state engaged at the same time physical and psychic components. It is now a question for us to determine, on the basis of our previous analyses, of what order these components are, for some of them present from the stage of the "premorbid personality", and in particular if they are only a quantitative variation of the normal state. Consequently, we will determine whether remission and the health that it aims at are themselves only quantitative changes.

The conception of the pathological as a simple quantitative variation of the normal is reported by Georges Canguilhem when he explains the "Broussais principle"⁶⁷¹ :

"Broussais [in his treatise *On Irritation and Insanity*] recognizes in excitation the primordial vital fact. Man exists only through the excitement exerted on his organs by the environments in which he is forced

⁶⁷¹ Georges Canguilhem, *Le normal et le pathologique*, Paris, PUF, 1966, 11th edition "Quadrige", 3rd printing, 2011, II, "Auguste Comte et le 'principe de Broussais'", p. 19.

to live. Now " 'this excitation can deviate from the normal state and constitute an abnormal or sickly state': these deviations are of the order of the defect or the excess. Irritation differs from excitation only in terms of quantity. [For example, asphyxia due to a lack of oxygenated air deprives the lung of its normal stimulant. Conversely, an over-oxygenated air 'overexcites the lung all the more strongly as this viscera is more excitable and inflammation is the result'. The two deviations, by defect or by excess, do not have the same pathological importance, the second one prevailing notably over the first: 'This second source of diseases, the excess of excitation converted into irritation, is thus much more fertile than the first, or the defect of excitation, and one can affirm that it is from it that the major part of our ills derive....] The distinction between the normal or physiological and the abnormal or pathological would therefore be a *simple quantitative distinction*, if we stick to the terms of excess and defect. This distinction applies to mental phenomena as well as to organic phenomena [...]" ⁶⁷²

In short, it is the excess of an excitation that is itself normal that would constitute the disease. The pathological in this sense would neither create nor add anything to the elements already present in the normal state, but would only be a disproportionate manifestation of it: "the exaggeration, the disproportion, the disharmony of the normal phenomena constitute the sickly state"⁶⁷³ . The pathological phenomenon has consequently neither norms nor *sui generis* constitutive elements. All its elements have their physiological correlates, in an attenuated (or inversely enlarged) form, in the normal state: "Every disease has a corresponding normal function of which it is only a disturbed, exaggerated, diminished or cancelled expression"⁶⁷⁴ . There is thus a symmetry between the physiological and the pathological, and nothing manifests itself in the latter that does not have its counterpart in the former. Thus, the diabetic state is conceived as an exaggeration of a regular physiological function, namely a normal and "infinitesimal" glycosuria⁶⁷⁵ : "Cl. Bernard maintains that glycosuria is a phenomenon that is 'latent and unnoticed' in the normal state and that its exaggeration alone makes it apparent"⁶⁷⁶ . It is in this same sense that certain infections are the result of the presence, in excessive

⁶⁷² Ibid, p. 24, emphasis added.

⁶⁷³ Ibid, III, "Claude Bernard and experimental pathology", p. 36.

⁶⁷⁴ Ibid, p. 34, where Georges Canguilhem quotes Claude Bernard [*Leçons sur le diabète et la glycogénèse animale*, 1877, 9, 56].

⁶⁷⁵ Ibid, p. 35.

⁶⁷⁶ Ibid, p. 34.

numbers, of colonies of bacteria *normally* present in the intestinal microbiota: these bacteria are not intrinsically malignant but become so when they develop too much, being insufficiently limited by the presence and action of other bacterial agents.

Thus, the pathological must be understood as the imbalance and the dysfunction - even the cancellation of a function - resulting themselves from the exaggeration of normal physiological phenomena. There is then a "continuity between the normal and the pathological"⁶⁷⁷ , the difference between the two states being only of degrees.

The difficulty for us was to know to what extent anorexia nervosa could be adequately described, within the framework of this theory, as the *exaggeration of* a normal relationship to the body and to oneself, in which case this psychopathology would indicate to us "in large print" the nature of normality itself:

"It is in the pathological, large print edition that one deciphers the teaching of health, much as Plato sought in the institutions of the state the enlarged and more easily readable equivalent of the virtues and vices of the individual soul." ⁶⁷⁸

To answer this question, and to conclude our study, we must study distinctly the different traits of the premorbid personality, as well as their fate in the anorexic process, and ask ourselves what evolutions these traits undergo during the remission of the anorexic subject.

Here are some of the traits of the premorbid anorexic personality that we will analyze from this perspective:

⁶⁷⁷ Ibid, p. 37.

⁶⁷⁸ Ibid, I, "Introduction to the Problem", p. 14.

- Discipline,
- Perfectionism and performance anxiety,
- Alexithymia,
- Tendency to a derealized perception of oneself and of phenomena,
- Propensity to look outside oneself for witnesses or confirmations of one's intrinsic value,
- Social anxiety and avoidance strategies,
- Physical and intellectual hyperactivity.

In our introduction, we raised various questions, which we can reformulate as follows:

- Are these personality traits intrinsically pathological or proto-pathological (together, they would form a set of *necessary and sufficient* conditions for the formation of psychopathology) or are they pathological only when they are brought to a certain degree of development? In the latter sense, it would only be their variation in intensity (or quantitative variation) that would make them pathological, whereas they are present in the normal state in an attenuated form. In the first branch of the alternative, on the other hand, these phenomena are a pathological manifestation in rupture with normality, they do not appear in the latter to a lesser degree but are non-existent there, and the stake of remission is to suppress them and to substitute them with other personality traits, other psychological, affective and physical dispositions.
- Can these traits be considered indifferently, as a whole? Are they qualitatively comparable, or can some be intrinsically pathological (and therefore to be eliminated in the course of remission), while others are not harmful to a lesser degree (consequently, those would only need to be tempered to rebalance the personality)?

Premorbid personality traits hardly seem to provide a model of normality: they certainly predate the onset of anorexia nervosa, but as *predisposing* factors. Thus, if one were to simply revert to these personality traits after having suppressed the anorexic symptoms, one would return to a state where the subject is no longer ill, but where he or she continues to be prone to the development of the illness. It would then suffice that sufficiently unfavorable and anxiety-provoking external circumstances be brought together for the subject to relapse into psychopathology. Moreover, this state would be reflected in mental dispositions that are still largely disturbed, not having radically dissociated thinness from a desirable state, even if this thinness was no longer actively sought after, the disproportionate *cost* of such a search having been temporarily made aware. This is what some coaches in the digital communities gathered around the theme of remission⁶⁷⁹ of eating disorders call the stage of "*quasi-recovery*", a semi-complete remission or "*quasi-remission*" in which anorexic-like thoughts remain while restrictive and purgative behaviors have disappeared. We can say that the behavior of the recovering subject is similar to that of a *teetotaller* whose thought patterns and affective dispositions have not been profoundly modified.

Since cases of relapse in anorexia nervosa are frequent, it can be assumed that they occur when the remission process itself has been incomplete, being limited to "*reparameterizing*" the eating behavior - by reconditioning in hospital⁶⁸⁰, for example -, without any in-depth therapeutic work on the subject's psychological conditioning. If we consider anorexia nervosa as the result of an encounter between predisposing factors and triggering factors, normality cannot be a simple return to the predisposing factors: in this case, it would be a return to the *necessary but not sufficient* conditions of anorexia nervosa. This seems hardly satisfactory, and it is important to determine, beyond the stage of *quasi-recovery*, what can correspond to a completed remission generating new norms of existence capable of resolutely downgrading those of the previous stages. Thus, normality does not, in our opinion, have its norm in the previous state,

⁶⁷⁹ See C. Rondepierre, "What happens to our 'cured' anorexics?", *Journal français de psychiatrie*, vol. 33, no. 2, 2009, pp. 29-31.

⁶⁸⁰ See on this subject Philippe Jeammet, "Contrat et contraintes. Dimension psychologique de l'hospitalisation dans le traitement de l'anorexie mentale", *Psychologie française*, 29, 1984, p. 137-143.

and it must necessarily be determined outside (1) the previous state, (2) the anorexic state, (3) the very transitory state of remission.

Here, then, the aim of therapy is not to return the subject to the previous state from which he or she has deviated, as is the case in Bichat's doctrine reported by Canguilhem. If, according to Bichat, "all pathological phenomena derive from [the increase, decrease or alteration]" of the "properties of living bodies" "considered in their natural state", then "all therapeutic phenomena have as their principle *their return to the natural type from which they were deviated*"⁶⁸¹. The difficulty is that anorexia nervosa does not seem to correspond to a simple quantitative *deviation* - increase, decrease -, nor even *qualitative* - alteration -, with respect to a previous natural state that would correspond to health. This state of "reference" does not seem to have existed, but rather to have been translated into a set of dispositions that are virtually liable to tip over, under certain conditions, into psychopathology. Let us recall in this respect the extract from Marya Hornbacher that we quoted in our fifth chapter:

"I had no 'normal' life to come back to. No experience of being 'healthy' or 'normal' in my relationship with food." ⁶⁸²

The anorexic subject does not have the memory of a state of equilibrium, but that of a dysfunctional and conflictual state in the relationship to the body, which nevertheless had not yet been systematized nor autonomized in ritualized practices of an addictive nature such as anorexic and bulimic practices. What precedes this memory of an always-already conflicting relationship to the body is of the order of early childhood or of a moment in the history of the subject when awareness of the self and the body was limited. Thus, it can be argued that anorexia nervosa gives a *systematic* form to a disorder of the relationship to the body which pre-exists it, and that the aim of therapy cannot be to bring the subject back to the laws of the

⁶⁸¹ Georges Canguilhem, *Le normal et le pathologique*, op. cit. p. 29. We underline.

⁶⁸² Marya Hornbacher, *Wasted*, op. cit. p. 193. We translate.

previous experience. Bichat's "proposition: 'All curative means have for goal only to bring back to their natural type the altered vital properties'"⁶⁸³ does not seem to us relevant in the case of anorexia nervosa, except if we have to understand by "their natural type" a state, not necessarily anterior, and whose knowledge would be empirical, but an *ideal* state which would remain to be defined and would not have been experimented yet. This ideal state would not be easily reducible to quantitative variations of the pathological state: we think that it proceeds from profound qualitative *mutations* of the personality.

This does not mean, however, that normality would be entirely *ex nihilo*: the difficulty is to know *what* it borrows from the three states mentioned - (1) the anorexic state, (2) the anorexic state, (3) the transitional state of remission -, but also *what it adds* to these three states.

Let us take the trait of alexithymia. We have seen in our previous analyses that alexithymia was counteracted, at the triggering moment of the remission process, by an apparently unprecedented form of self-empathy in the history of the subject. Indeed, we evoked a phenomenon sometimes occurring in anorexic subjects, which pushes them to become aware of the absurdity and of the absence of real finality of the maltreatment they inflict on themselves. This phenomenon occurs on the occasion of a physical damage that the subject notices, for example by repeated vomiting: a permanent deformation or oedema of the face, an ulceration or an infection, etc. The fact of seeing, for the first time, that the damage is sufficiently real and advanced to become *tangible*, produces a shock in the subject who then realizes that his body is not invulnerable: the body is corruptible, it is not eternal. But to realize that the body is corruptible is to inscribe its existence more widely *in time* and to become suddenly aware of its finitude. Because the existence is suddenly revealed in limits fixed by ageing and death, the mistreatment appears itself as an absurd, unjust suffering, which made the subject lose a not insignificant part of the *only life* he had. Thus, we see that the body⁶⁸⁴ is the medium of a kind

⁶⁸³ Georges Canguilhem, *Le normal et le pathologique*, op. cit.

⁶⁸⁴ See on this subject François Chirpaz, " Le corps, scène de l'existence ", *Revue internationale de philosophie* n° 222, 2002/4, pp. 535-548.

of revelation of its own existence to the subject: it is what by which the subject breaks with the derealized perception that it had of itself. Until then, it is as if the subject had implicitly postulated that his or her existence had no limits, and this because the body itself did not seem to be *affected* by anorexic and bulimic behaviors: "[...] the consciousness of the body is given in the feeling of limits, of threats, of obstacles to health"⁶⁸⁵. Existence becomes real because the body itself begins to falter.

One cannot then, strictly speaking, say that anorexia nervosa is a deferred or even prolonged "suicide"⁶⁸⁶. For there to be suicide, there would still have to be a prior awareness of the reality of the existence to which one seeks to put an end. Now, for the anorexic subject, everything happens as if life were not taken at all seriously, nor the body considered as fragile and perishable, until the experience of self-destruction becomes sufficiently *extreme* to put the very fact of life in evidence. The self-empathy that the subject experiences when he or she finally notices the harm caused by his or her self-destructive behaviors then consists of two things: (1) the body is not all-powerful and it is corruptible (it is thus a *real* body); (2) life is not infinite (it is also a real life, not suspended in time). There is only one life: the one in which physical damage is noted with dread. There is no life "beyond" this present and concrete life, beyond which would be like a "pure" restart fantasized by the anorexic subject. Life has *already* begun, and it is impure in the sense that the suffering and the imperfections cannot be evacuated from it (as the limits fixed by the principle of reality are not excluded)⁶⁸⁷. Thus, the anorexic torture appears as a step which had well and truly a finality, other than death (it is not a suicide): it was *preparatory* for the dreamed life "of after":

⁶⁸⁵ Georges Canguilhem, *Le normal et le pathologique*, op. cit, IV, "Les conceptions de R. Leriche", p. 52.

⁶⁸⁶ See especially S. Giordano, "Anorexia and Refusal of Life-Saving Treatment: The Moral Place of Competence, Suffering, and the Family"; *Philosophy, Psychiatry, and Psychology*, 2010; 17(2), pp. 143-154.

⁶⁸⁷ See especially E. Martin-Hondros, "Anorexia Nervosa: The Illusion of Power, Perfection, and Purity"; *Philosophy in the Contemporary World*, 2004; 11(1), pp. 19-26.

"In time, it became apparent that the disease played a role. Ida believed that her anorexia was the road to salvation and that through her superhuman discipline she would realize her secret hope of seeing the world beyond. "The more weight I lost, the more convinced I was on the right track. I wanted to learn about what exists beyond ordinary life and what happens in the next world. My abstinence was only a *preparation* to receive extraordinary revelations and in this I imitated what the mystics and saints did".

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Remission can begin the day when the anorexic subject becomes aware that there is neither "preparation" nor "life after", that these are the two obsolete terms of the same erroneous conception, and that there is only life where the body slowly perishes by dint of self-inflicted restrictions and purges.

We think that this awareness, absolutely decisive, which exhibits the absence of real finality of the self-destructive behaviors (as opposed to the phantasmal finality that supported them until then), breaks with the alexithymia to open the possibility to the anorexic subject, during the remission, to be attentive to his body and to his internal signals, as well as to his emotions. We can then say that alexithymia is not a trait that would be maintained to a lesser degree in remission and in the cured personality, but that on the contrary this trait must disappear entirely. The alexithymia cannot be preserved in a tenuous form: the ex-anorexic subject must be, even more than subjects who have never been anorexic, constantly attentive to what is going on inside him, otherwise he would become vulnerable to the disease or to other forms of disorders. The *positive* product of recovery is a superior ability to perceive internal body signals and to identify emotions.

A significant part of the therapeutic work and of the remission process consists in *discerning* the nature of the states of anxiety experienced by the subject, rather than seeking to muffle such states with violent physical behaviours. If, as we have seen in the course of our

⁶⁸⁸ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 160. Emphasis added.

research, an anxiety disorder is very frequently associated with the development of anorexia nervosa, and if the anxiety is particularly likely to reappear when the anorexic and bulimic behaviours fade away, *the solidity of the remission is itself proportional to the subject's faculty of self-empathy*, since it is the latter which will enable the motives for the anxiety to be flushed out and its blind repetition to be limited. No real remission is compatible with the persistence, even attenuated, of alexithymia as a character trait. Remission is the conscious and permanent effort that the subject makes to understand what is going on inside him and the nature of the emotions that run through him. We believe that any remission that dispenses with this painful effort is doomed to remain unfinished (*quasi-recovery*).

The analysis becomes significantly more complex if we now consider, not a trait such as alexithymia, which is consensually held to be negative, but discipline, as well as perfectionism and performance anxiety, which are socially valued - or whose consequences, at least, tend to be. The difficulty here is that, just as thinness could be the object of dithyrambic comments in the anorexic experience, the abilities to discipline oneself, to deny oneself pleasures, to not "let oneself go", to be uncompromising with oneself, etc., are all traits that are likely to be envied by the social environment of the anorexic subject in remission. For this reason, just as female discussions about dieting and weight loss can be dangerous and must be avoided (or towards which the subject in remission must develop defense strategies), the subject must here emancipate himself or herself from a more or less intensely felt social injunction to *remain* the one whom others admired for the virtue of discipline and rigor that they attributed to him or her. This does not mean, contrary to what happened in the case of alexithymia, that the personality must be transfigured nor that the subject must develop the *opposite of discipline* (as self-care and self-empathy are the opposite of alexithymia), that is to say, for example, an abulic and irresolute personality, incapable of setting constraints. The subject cannot wish to start from the pitfall of a tyrannical discipline to arrive at the chaos of a complete absence of discipline. It would then only be a matter of moving from one kind of dysfunction to another.

The subject may be attached to certain qualities of his or her premorbid personality, and remission is then *the experiment* - which may last several years - in which he or she must

determine the extent to which these qualities are not toxic or part of a deleterious vision of the self. It is thus necessary to *disassociate* certain inclinations of character - in this case discipline - from a certain idea of the self - for example, the idea that the self is "nothing" if it does not accomplish this or that performance. It is not only the predominance of such inclinations that needs to be re-evaluated - the healed subject allows himself to be less unilaterally defined by his discipline and performance - but also the network of ideas and conceptions of the self that are usually associated with these inclinations - the subject's sense of his worth and dignity does not depend on each particular performance, and thus fluctuates considerably less. Thus, we see that beyond the simple view of quantitative variations in certain personality traits, it is rather the beliefs *underlying* said traits that need to be revised. If the tendency to discipline is to be *quantitatively* reduced in personality, it is in the sense that it is gradually tempered by a new system of beliefs and conceptions of the self that *qualitatively* transforms it. A tendency to perform, formerly experienced through a stake of pure narcissistic survival and safeguarding of self-esteem, can be transformed into a pleasure of punctual performance experienced as a source of stimulation without a stake of narcissistic validation. These considerations lead us to admit that personality cannot be conceived as a *juxtaposition* or sum of mutually external properties that could vary in intensity, be suppressed or added. The properties of character take on their meaning in relation to each other and it is through their relationships that the mutations that take place during the healing process must be understood.

Let us note that at the beginning of the remission process, the situation is similar to a convalescence and a prolonged rest, including a sleep cure, as an obvious counterpart of years of mistreatment from which the body must recover. The body is thus *first* and imposes its own law on the subject. Indeed, the body, once it has undertaken a process of repair relative to years of accumulated sleep deficiencies, "imposes" its own imperatives as well as the duration necessary for a complete compensation. For example, the anorexic subject in remission can experience, for several weeks or even months, strong sleepiness, recurrent needs for sleep during the day, and this for the simple reason that he no longer tries to deny his bodily needs and that he has accepted to pay off his sleep debt. It is when the subject accepts to rest that he perceives the extent of his needs, and not necessarily before. As a result, the subject is in a way outpaced by his or her body and necessarily goes through a transitional phase where any performance is compromised. The ex-anorexic subjects relate experiences of *dynamic*

remission where the fact of returning to physical exercise as well as to intellectual performance is not immediate, rest being the priority. Moreover, months or even years of experimentation are necessary for the subject to engage in physical and intellectual activities without these degenerating into unhealthy performances where he/she pushes his/her limits by not paying any attention to signs of fatigue, exhaustion or boredom. One of the former anorexics we interviewed spoke of her ability to "sort out" the school activities in which she now engaged, eliminating the learning of "boring" subjects, a *choice* she would not have made before. Thus, choice and autonomy - the ability to act according to a self-determined rule of action - are central to remission.

The bet of the diets - such as the "intuitive eating" and "all-in" diets - which are developing more and more on the remission chains of eating disorders, or among the coaches who help in recovery, is that *the absence of heteronomous rules is indeed the solution*, and that it is only from it, and not from constraints whose norm has been received from the outside, that new balanced eating practices adjusted to the subject can be developed.

Let us recall what these two examples of diets consist of (not in the sense of dietary regimes but in the sense of dietary modes of operation):

- The "intuitive *eating*" diet consists mainly of eating according to one's internal hunger and satiety signals, also taking into account the "satisfaction factor"⁶⁸⁹. The rules of this diet are as follows: "1) reject the diet mentality [...]"⁶⁹⁰; "2) honor your appetite: keep your body biologically nourished with energetically appropriate foods and carbohydrates. Otherwise, you may awaken a primitive instinct to overeat. Once you reach the stage of overeating, all intentions of moderate and mindful eating become futile and inadequate. Learning to honor the first biological appetite signal is therefore

⁶⁸⁹ All of the following quotes are our own translations of the 10 principles of the "intuitive" diet listed on the reference site "The Original Intuitive Eating Pros": <https://www.intuitiveeating.org/10-principles-of-intuitive-eating/>. We are referring to the "Satisfaction Factor" which will be discussed later.

⁶⁹⁰ Ibid: "Reject the Diet Mentality". We translate.

the condition for rebuilding your trust in your body and in food."⁶⁹¹ ; "3) Make peace with food: [...] Give yourself unconditional permission to eat. If you tell yourself that you can't or shouldn't eat this or that food, it can lead to intense feelings of frustration that lead to uncontrollable cravings and often to *bingeing*. When you finally "give in" to food, the act of eating will be experienced with such intensity that it will lead to an excessive last meal followed by overwhelming guilt."⁶⁹² ; "4) Defy dietary dictates [...]"⁶⁹³ ; "5) Discover the satisfaction factor: the Japanese have the wisdom to count pleasure as one of the criteria of healthy living. In our rush to conform to *diet* culture, we often overlook one of the most basic benefits of life - the pleasure and satisfaction that can be found in the experience of food. When you eat what you really want, in a setting that is enjoyable, the pleasure you experience is a powerful force that helps you feel satisfied and fulfilled. By giving yourself this experience, you will discover the right amount of food for what you feel you have gotten "enough."⁶⁹⁴ ; "6) Feel your fullness: [...] Listen for body signals that you are no longer hungry. Watch for signs that you are comfortably full. Pause while eating and ask yourself if the food is good, and

⁶⁹¹ Ibid: "Honor Your Hunger: Keep your body biologically fed with adequate energy and carbohydrates. Otherwise you can trigger a primal drive to overeat. Once you reach the moment of excessive hunger, all intentions of moderate, conscious eating are fleeting and irrelevant. Learning to honor this first biological signal sets the stage for rebuilding trust in yourself and in food." We translate.

⁶⁹² Ibid: "Make Peace with Food: Give yourself unconditional permission to eat. If you tell yourself that you can't or shouldn't have a particular food, it can lead to intense feelings of deprivation that build into uncontrollable cravings and, often, *bingeing*. When you finally "give in" to your forbidden foods, eating will be experienced with such intensity it usually results in Last Supper overeating and overwhelming guilt." We translate.

⁶⁹³ Ibid: "Challenge the Food Police". We translate.

⁶⁹⁴ Ibid: "Discover the Satisfaction Factor: The Japanese have the wisdom to keep pleasure as one of their goals of healthy living. In our compulsion to comply with diet culture, we often overlook one of the most basic gifts of existence-the pleasure and satisfaction that can be found in the eating experience. When you eat what you really want, in an environment that is inviting, the pleasure you derive will be a powerful force in helping you feel satisfied and content. By providing this experience for yourself, you will find that it takes just the right amount of food for you to decide you've had 'enough.'" We translate.

what level your appetite is at."⁶⁹⁵ ; "7) Manage your emotions with *kindness*: [...] Find ways to soothe yourself, distract yourself from your problems, and deal with them. Anxiety, loneliness, boredom and anger are emotions that we all experience in life. Each has its own triggers, and each has its own source of comfort and resolution. Food will not resolve any of these emotional states. It may comfort you in the short term, distract you from the pain, or even put you to sleep. But it will not solve the problem. In fact, eating in response to *emotional* hunger will only make you feel worse in the long run. You will ultimately have to deal with the source of the emotion."⁶⁹⁶ ; "8) Respect your body: accept your genetic makeup. [... It is difficult to reject *the* diet mentality if you are unrealistic and hypercritical about your weight or body shape. [...]"⁶⁹⁷ ; "9) Movement - feel the difference: forget about dictatorial exercise. Be active and *feel* the difference. Shift the focus to how your body feels when it is active, instead of thinking about the calories you are burning. [⁶⁹⁸ ; "10) Honor your health - gentle nutrition: Make food choices that honor your health and taste buds while making you feel good. [...]"⁶⁹⁹ .

- The "all-in" regime differs from the previous one in that it is more flexible and more inclusive: all appetites must be satisfied, even if they are "emotional". Whereas the intuitive diet is ordered according to a set of rules - certainly immanent and "intuitive",

⁶⁹⁵ Ibid: "Feel your Fulness: [...] Listen for the body signals that tell you that you are no longer hungry. Observe the signs that show that you're comfortably full. Pause in the middle of eating and ask yourself how the food tastes, and what your current hunger level is. We translate.

⁶⁹⁶ Ibid: "Cope with Your Emotions with Kindness: Find kind ways to comfort, nurture, distract, and resolve your issues. Anxiety, loneliness, boredom, and anger are emotions we all experience throughout life. Each has its own trigger, and each has its own appeasement. Food won't fix any of these feelings. It may comfort for the short term, distract from the pain, or even numb you. But food won't solve the problem. If anything, eating for an emotional hunger may only make you feel worse in the long run. You'll ultimately have to deal with the source of the emotion." We translate.

⁶⁹⁷ Ibid: "Respect Your Body: Accept your genetic blueprint. [...] . It's hard to reject the diet mentality if you are unrealistic and overly critical of your body size or shape. [...]. " We translate.

⁶⁹⁸ Ibid: "Movement - Feel the Difference: Forget militant exercise. Just get active and feel the difference. Shift your focus to how it feels to move your body, rather than the calorie-burning effect of exercise. [...]. " We translate.

⁶⁹⁹ Ibid: "Honor Your Health - Gentle Nutrition: Make food choices that honor your health and taste buds while making you feel good. [...]. " We translate.

i.e., the notion of which can be found within oneself - aimed at preventing emotional ups and downs from spilling over into eating behavior, the "all-in" diet advocates eating as soon as the feeling of hunger appears, even if it is not strictly biological. Thus, this diet can tolerate overeating and the purely emotional "hunger" that the intuitive diet seeks to prevent. The bet of the diet is that with this very inclusive definition of appetite that "deserves" to be satisfied, the subject will eventually be able to self-regulate and reduce food intake to the point of reaching his or her "healthy weight", a healthy weight that can be maintained naturally without restriction or effort.

The norm must be immanent as we said: internal to the body, and not socially imposed. In this sense the norm is necessarily idiosyncratic, singular: it is neither socially determined, nor of the order of a general biological law that would apply indifferently to all bodies. What these new regimes highlight is the idea of the irreducible diversity of bodies, of metabolic variations as well as of corpulence and muscular constitution. What applies to one body does not apply to another; each body must find its own weight, which is not determined by an ideal body mass index, but by individual experience. A body that would be overweight according to BMI measurements can nevertheless be the body in which the individual will feel healed.

These regimes are not without raising certain difficulties and certain debates among the communities of anorexics-bulimics in the process of remission. There is an opposition between the defenders of a remission which would not be exclusive of any framework and any discipline (whose rules would be partially received from outside) and those of a remission whose very condition of possibility is the absence of heteronomy and the fact of giving *oneself* an "unconditional permission to eat". Hilde Bruch recalls one of her patients who asked her for a diet that would guarantee her a remission without excess weight. The patient wanted to return to a normal weight, but she also wanted to be sure that once she started eating again, she would follow certain rules and not gain weight indefinitely⁷⁰⁰. This last anxiety - that of not being able to stop eating and gaining weight once the principle of recovery is accepted - is present in almost all anorexic subjects who begin their remission; it is not exclusively psychological, since it is linked to the phenomenon known as "*extreme hunger*" which all subjects who have been

⁷⁰⁰ Hilde Bruch, *Conversations with Anorexics*, *op. cit.*

radically deprived of food for years experience. Chronic fasting and vomiting provoke, just like bulimic crises within the anorexic experience, the equivalent of the latter within the remission process: an appetite subjectively perceived as insatiable. This appetite corresponds to the sensation of an enormous internal hole that no "normal" meal could fill: thus, during the first months of a remission, sometimes only during the first weeks, the patient does not manage to make three balanced meals during the day. This fact is easily conceivable biologically: it seems unrealistic to have years of dietary disorders and inflexible deprivation follow one another without a transitional phase, and ideally disciplined days composed of three "healthy" meals. It is thus in response to the phenomenon of "insatiable" appetite (*extreme hunger*) that ultra-permissive diets are built, which do not impose any rules on the subject except that of not having any. In contrast, following a diet during the refeeding process does not take into account the immense hunger of anorexics - consecutive to years of starvation - and is based more on the principle that recovery is *gradual* and implies, in particular, moving from a delirious discipline, excessively severe and mortifying, to a more moderate discipline. The difficulty with this latter method is that it sometimes gives the anorexic subject the feeling that health consists only of a "reasonable" version of the disease itself: obeying dietary rules that are only less tyrannical and less rigid. Thus, health seems to be only a quantitative variation of illness, whereas "intuitive" and "all-in" diets introduce a real break in the relationship to the body, since all rules dictated to the body are suppressed in favor of a functioning where it is the body itself that norms the diet. We can then say that health, in the perspective of these two diets, is not a *lesser* discipline, but an apprenticeship of autonomy, an autonomy largely permitted by listening to the body, and which *qualitatively* changes the way in which the healed subject represents discipline.

The conceptual alternative that formed the philosophical problem of remission and the criterion of normality in the case of anorexia nervosa was the following: does remission consist in getting rid of certain traits held to be intrinsically harmful - in this case, discipline - or does it amount to maintaining these traits in a moderate form - in this case, discipline reduced to certain limits? We can now answer. Remission does not consist of an identical method which would apply indifferently to all the characteristics of the premorbid and anorexic personality. In the case of alexithymia, we see that remission supposes an ability of the subject to develop the very *opposite* of this tendency: an ability to discern emotions as well as body signals. A certain presence to oneself, not in an intellectual and rational mode, but in an emotional and bodily

mode, must be developed in clear opposition to this cut-off of oneself that is alexithymia. The more the subject is present to himself, the more he is able to discern the reasons for the anxiety of which anorexia nervosa was a set of avoidance strategies. Thus, if the anxiety appears "tenfold" on the occasion of the remission, it is important for the subject to recognize it and more generally to accept the negative emotions which cross him and constitute him:

"I explained to her that many anorexics can only express their deep despair when they are nearly cured."⁷⁰¹

Remission reveals a very dense emotional experience, repressed by years of compulsive eating behaviors, and which tended to take the undifferentiated form of anxiety. The subject in remission must gradually become familiar with himself and the variety of emotions that shake him and define part of his relationship to existence. Without this receptivity to the emotions and consequently their awareness, remission remains superficial. Consequently, health does not appear here as a quantitative variation of a personality trait, but as its reversal. In the case of discipline and hyper performance, we can say in the same way that health seems to be neither a quantitative variation - a moderate discipline -, nor a pure and simple suppression of the subject's capacity to discipline himself. It is a *qualitative* transformation of the ability to discipline and to perform, the "value" of the subject no longer being indexed on the latter. In short, performance no longer has the same meaning nor fulfils the same narcissistic function in the constitution of the subject. Indeed, the subject in remission decorrelates the feeling of his own value from the achievement of each particular performance. As a result of the development of an intrinsic sense of self-worth, the subject can at the same time become *autonomous* and learn from himself how he should eat. The subject learns to act according to his own rules of action: in this case, he accepts that his body teaches him. This is the principle, as we have seen, of certain diets which are increasingly widespread among anorexic subjects in remission, even if their implementation is not immediate but progressive.

⁷⁰¹ Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 155.

In this sense, if we have identified the anorexic subject, in the course of our study, with this individual "tired of being himself" of which Alain Ehrenberg speaks, and of which we could think at first sight that he is tired of having to be autonomous, we can affirm that it is however the learning of a *real autonomy* which is at the heart of the remission. This autonomy, which comes down to the subject's ability to find in himself the norm of his eating behavior as the source of his feeling of value, must supplant the myth of narcissistic omnipotence whose reverse side is necessarily depressive.

The individual tired of having to undertake to become himself, evoked by Ehrenberg, does not know who he is: he receives an injunction to accomplish a noticed performance, but his alienation also comes from the urgency he feels to *define himself*. It is this urgency to be a *defined*, accomplished person, as well as the anxiety of not being able to do so, that makes anorexia nervosa a possible narcissistic survival strategy. The latter, as we have seen during our analyses, allows to produce a kind of identity and consequently to obtain a social recognition. It remedies superficially the imperative need to perform on the public scene, with the appearance of success and uniqueness. Nevertheless, the self, the true subjectivity, remains fatally foreign to the identity produced by the anorexic thinness, in this last one proceeds of a cut of the subject with its own emotions - an aggravated alexithymia. Thus, because of the pressure that the modern individual feels to *be someone*, he ends up paradoxically in this "rigged" personality⁷⁰² that Hilde Bruch evokes, and in a new fatigue: that of not being oneself. The remission must allow the individual, according to a temporality which is proper to him, and according to a series of experiments and *internal* resources, to better determine, in the image of his needs and food desires, who he is and which are his own desires.

Correlatively, we can henceforth affirm that the healthy relationship to the body consists in regulating it on norms that are immanent to it, without the subject distorting such norms for the benefit of a need for recognition of his subjectivity to which he would not manage to give

⁷⁰² Hilde Bruch, *The Enigma of Anorexia*, *op. cit.* , p. 179.

another outcome. The body can certainly be modified, as it is in the practice of sport for example or in that of tattooing: it is, by essence, a *cultural* body⁷⁰³. But that does not necessarily imply that its needs are *denied*, nor that it becomes the exclusive carrier of an identity conceived as unrecognizable or invisible independently of it. If it becomes it, it is the sign that this identity itself is confused and blind to its true nature, that it does not manage to know itself - in particular by means of the awareness of the emotions which constitute it and act it -, and that it seeks then in the body a fixed image of substitution. It is this disguise of the body, resulting from the pain of a relative ignorance of the self, which is properly pathological. The normal relation to the body is free of such a distortion.

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⁷⁰³ We recall, above, with Hegel, that the man modifies "intentionally" his "natural figure", exactly as he undertakes to modify the external things. The body is thus always modified, cultural: it does not remain a purely biological body in a being endowed with consciousness (a subject). Cf. Hegel, *Cours d'esthétique, op. cit.*, p. 45-46.

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Appendix: Interview questions for anorexic and ex-anorexic subjects

Responses are anonymized in my thesis, unless you wish to be named. I may use the responses, in excerpts, in some texts intended for publication.

General Questions:

- 1) Can you describe the type(s) of eating disorder you have had? Restrictive anorexia nervosa (caloric restriction) / mixed (*binge-purge type*: associated with bulimia, vomiting? laxative use? excessive exercise?)?
- 2) Can you describe the chronology of your CAT, if you have/had several forms of the disorder? Is there a "beginning" in your opinion?
- 3) Would you say that the "compulsion" involved in addictive eating behaviors is irrepressible? Is it possible to restrain oneself from binge eating, for example?
- 4) If you have experienced bulimia, could you describe the state that preceded/precedes a binge? What, if any, triggers it?

In the case of an ongoing or completed remission process:

- 5) Can you identify the moment when you decided to treat yourself? What were your thoughts? Your reasons? Your emotions?
- 6) Did you seek outside help? If yes, which one?
- 7) Did you take any medication? If so, which ones?
- 8) Do you think the severity of the disorder was underestimated (a) by yourself when you were ill, (b) by your relatives if you informed them?
- 9) Did you have any physical symptoms of healing? Any particular psychological phenomena?
- 10) Have you sought to return to the person you were before your CAT experience during remission? Does this question make sense to you?
- 11) Do you believe that an ACT can be completely cured?

Relationship between CAT and work:

- 12) Do you see a connection between anorexia nervosa and academic or career success? If so, which one?
- 13) Do you have a strong desire to succeed?

Anorexia nervosa and intersubjectivity:

- 14) How do you view thinness?
- 15) What do you think is the social view of thinness?
- 16) In your opinion, what discourse does the anorexic body address to social judgment?

