Anorexia Nervosa and the Body Uncanny: *A Phenomenological Approach*

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Abstract: Anorexia nervosa is a disorder that is closely related to questions of self-hood and social roles. The pursuit of excessive thinness is part of a search for identity in which the control of the body—its size and needs—becomes central. This need for control seems to be triggered by a state of bodily alienation in which the body is perceived to be foreign and horrifying to its bearer. The relentless dieting and excessive exercise pursued by the anorexic person eventually leads to a state of starvation in which the relationship of control between the person and her body becomes reversed: the body now controls the thoughts, feelings, and actions of the anorexic person in an uncanny and life-threatening way. In this paper, an attempt is made to better understand the ways in which the body becomes alien in anorexia nervosa by way of a phenomenological analysis. The analysis is exemplified and supported by stories told by girls suffering from the illness. The aim of the paper is to show that anorexia nervosa is neither a bodily dysfunction, nor a cultural product, only. Rather, the disorder is best understood as an illness in which the autonomous nature of one's own body becomes overwhelming in a fatal and characteristic way. The different ways of becoming bodily alienated interact in anorexia in establishing an uncanniness of the body that is both conspicuous—to people around the ill person—and hard to escape—for the person herself.

keywords: lived body, alien body, phenomenology of illness, phenomenology of psychiatry, living with anorexia.

Anorexia and the Self

Anorexia nervosa is a psychiatric disorder that seems to be closely related to the identity of the person suffering from it. This is referred to in the vast literature on anorexia nervosa by specifying the quality of symptoms as 'egosyntonic' (e.g., Vitousek, Watson, and Wilson 1998). The pursuit of excessive thinness is part of a search for identity in which the control of the body—its size and needs—becomes central (Gillett 2009). This need for control seems to be triggered by a state of bodily alienation in which the body is perceived to be foreign and horrifying to its bearer. However, the relentless dieting and excessive exercise pursued by the anorexic person eventually lead to a state of starvation in which the relationship of control between the person and her body becomes reversed: the body now controls the thoughts, feelings, and actions of the anorexic person in an uncanny and life threatening way (Bruch 1978).

The idea behind this paper is to pursue a phenomenology of how the body appears to the anorexic person, and to the persons around her, in the process of becoming and being anorexic (the use of the terms 'anorexic' and 'anorexia' in this paper refer to the disorder). My phenomenological attempt to investigate the relationship to the body in anorexia do not proceed from any specific empirical investigation made by myself or others; instead, it is primarily a philosophical attempt to analyze the question from a conceptual perspective. The first-person perspective will in this attempt be used as the pivotal point of analysis to which I will try to bring thoughts developed by phenomenological philosophers as well as accounts and results reported by empirical researchers investigating anorexia.

In the process of falling ill with anorexia, the different forms of bodily alienation that I investigate in the paper interact and can be hard to tell apart. Nevertheless, it is important to try to understand and separate the different ways of uncanniness, not least in order to develop successful treatment programs for anorexia, and phenomenology in this regard provides a promising way to go.

Anorexia nervosa is diagnosed in DSM-IV-TR (American Psychiatric Association, 2000) by four criteria: (a) a refusal to maintain a minimum body weight of at least 85 percent of what would be expected for the person's age and height, (b) an intense fear of gaining weight or becoming fat, (c) a misperception of one's weight and shape and an overemphasis on weight or shape in self-evaluations or denial of the seriousness of low body weight, and (d) cessation of menstruation, although this criterion is not applied to females below the age of puberty or to males (DSM-IV-TR 2000, 589). In addition to this, two important things should be pointed out immediately regarding the diagnosis.

The first is that anorexia is categorized as an eating disorder in the DSM; although we do not find obsession with food and strange eating habits among the four criteria, this can more or less be taken for granted as being the case if someone has anorexia. The eating problems often include binge eating and purging and the body-weight–controlling behavior of the person suffering from anorexia will typically also involve intense exercise programs taken on to lose weight.

The second important thing to point out is that, although the suffering of anorexia is not restricted to girls, it is far more common for females than for males (the ratio is about 1 to 10) to be diagnosed with anorexia, as it is for people living in a Western society compared with a non-Western society. Anorexia typically affects adolescents, and the prevalence of the disorder is far greater today than only about 50 years ago or so.[1] Many psychiatric (and somatic) diagnoses are more common in one of the genders, in a certain age group, or in a certain ethnic population, but most other cases of diagnostic skewness do not seem to be tied to cultural norms in the strikingly clear manner that anorexia nervosa is. Nevertheless, eating disorders like anorexia nervosa are increasingly diagnosed in and suffered by women (and men) in other cultural and social groups than North American and European upper and middle class (Bordo 2003, xv; for an overview of the research on ethnicity and anorexia, see Wildes, Emery, and Simons 2001). Obviously, cultural ideals disseminated through television shows, movies, commercials, and fashion magazines projecting the slender body as synonymous with beauty and success for women (and men) play a large role in this anorexia epidemic. Anorexia, consequently, seems to be a cultural disorder in the sense that, as Susan Bordo writes:

> [Anorexia] reflect[s] and call[s] our attention to some of the central ills of our culture—from our historical heritage of disdain for the body, to our modern fear of loss of control over our future, to the disquieting meaning of contemporary beauty ideals in an era of greater female presence and power than ever before. (1993, 139–40)

Bordo identifies three 'axes' that she investigates to map out this cultural 'crystallization' of anorexia: dualism, control, and gender (Bordo 1993, 139 ff.). Anorexia, according to Bordo, is dependent on a long-standing, historical disdain for the body in relation to the soul in which the body represents the unruly, despicable, irrational part of human being that needs to be controlled or even neglected as an alien part of the true self. Needless to say, these characteristics of bodily dependence are

typically predominant in descriptions and theories of female, in contrast with male, ways of life. According to such an analysis the, anorexic girl is acting out a long history of repression of the body, a process in which the body takes its revenge by literally starving her to death. The relationship between gender and anorexia in this history of repression is complex: in a way what the anorexic girl is doing is exactly refusing to be a woman by living out cultural ideals of femininity (slenderness) to a point at which the body ceases to be female (cessation of menstruation and disappearance of female forms). We return to the subject of anorexia and personal identity in a more thorough analysis of the ways in which anorexia is tied to attempts to control the body at the stage of entering puberty, but first we need to say a bit more about the phenomenon of bodily alienation that will be our main guide in understanding anorexia from the phenomenological point of view.

Phenomenology of Illness

The everyday way of being with a body, or, rather, as the phenomenologist would put it, being *as* a body, is not a state of alienation, but a state of inconspicuousness. We do not notice or think about our bodies when we are busy doing this or that in the world. It is certainly possible to turn one's attention toward this 'lived body,' toward the body as one's inescapable perspective on and way of being in the world, but this is not something we normally do, at least not most of the time.[2] The lived body is rather a sort of preconscious field of attention, a set of proprioceptive and kinesthetic schemas that make a person's experiences possible in the first place (Gallagher 2005), but also a set of autonomic functions that support and make conscious life possible—breathing, heartbeat, stomachs and bowels working, and so on (Leder 1990). The body is my place in the world—the place where I am that moves with me—which is also the zero-point that makes space and the place of things that I encounter possible at all. The body, as a rule, does not show itself to us in our experiences; it *withdraws* and so opens up a focus in which it is possible for things in the world to show up to us in different meaningful ways.

Sometimes, however, the body *shows up* in resisting and disturbing our efforts. It plagues us and demands our attention, the body 'dysappears' instead of disappearing, as Drew Leder puts it (1990, 69). A paradigm example is pain. If I have a headache, it becomes difficult to concentrate and think. Even before my attention is directed toward the headache itself, the whole world and all my projects become tinted by pain. When I read, the letters become fuzzy, the text itself hurts in me trying to understand it—this is Jean-Paul Sartre's example from *Being and Nothingness* (1956, 437). Illness, as the headache example of Sartre shows, displays a 'mooded' aspect tied to activities one is performing (Svenaeus 2009). Other examples of illness moods are nausea, unmotivated tiredness, or the way the body resists my attempts to do different things—like when I try to climb the stairs and my chest hurts unexpectedly. According to another very influential phenomenologist, Martin Heidegger (1927/1996), every experience we have is, as a matter of fact, attuned—'mooded'—but this attunement of our being-in-the-world normally, just like the embodied character of experience, stays in the subconscious background, not making itself known to us. In illness, however, the mood we are in makes itself known in penetrating our entire experience, finally, when it becomes unbearable, bringing us back to our plagued embodiment, which now resists our attempts to act and carry out things, instead of supporting them in the silent, enigmatic manner of healthy being-in-the-world (Gadamer 1993/1996).

It is important to understand the fundamental difference between a phenomenological illness concept and the concept of disease as it is usually understood. I have tried in earlier works to characterize and to a certain extent delineate illness experiences by way of the concept of 'unhomelike being-in-the-world' (Svenaeus 2000). The life world is usually my home territory, but in illness, this homelikeness gives way and takes on a rather *unhomelike* character, rooted in alienated ways of being embodied. It is the mission of healthcare professionals to try to understand such unhomelike being-in-the-world and bring it back to homelikeness again, or at least closer to a home-being. This involves, but cannot be re-

duced to, ways of understanding and altering the physiological organism of the person who is ill. Healthcare professionals must also address matters of patients' everyday life with a phenomenological eye, addressing and trying to understand the being-in-the-world of the person's life, which has turned unhomelike in illness.

A disease, in contrast with an illness, is a disturbance of the biological functions of the body (or something that causes such a disturbance) that can only be detected and understood from the third-person perspective of the doctor investigating the body with the aid of her hands or medical technologies. The patient can also, by way of the doctor, or by way of medical theory, or, as often happens nowadays, by way of a webpage on the Internet, adopt such a third-person perspective toward her own body and speculate about diseases responsible for her suffering. But the suffering itself is an illness experience of the person who is in a world, embodied and connected to other people around her. Illness has meaning, or, perhaps we should say instead, *disturbs* the meaning processes of being-in-the-world in which one is leading one's life on an everyday level.

The relationship between suffering illness and having a disease is in many cases far from straightforward or even clear. This is especially so in the cases of illness referred to as 'mental' or 'psychiatric' in contrast with somatic illness. In psychiatry, the difficulties of finding clear correlations between bodily dysfunctions (dysfunctions of the brain) and the symptoms of illness have led to the choice of the softer term 'disorder' instead of disease in diagnosing illness. Nevertheless, the last 30 years have brought a heavy focus on the diagnosis of distinct disorders in psychiatry (the DSM movement), sadly often at the expense of any deeper phenomenological understanding of the suffering in question. Critiques talk about an increasing 'medicalization' of everyday life as an undesired and even dangerous effect of the new diagnostic psychiatry (Horwitz and Wakefield 2007; Kutchins and Kirk 1997).

Mental disorders introduce many fascinating and complex issues in trying to understand illness experience from a phenomenological perspective. The complexities include the possibilities of tracking down all forms of illness to cases of *bodily* alienation (the choice of terminology, indeed, seems to suggest that this kind of illness is exactly not bodily in nature) and the question of how the processes of alienation found in different psychiatric diagnoses should be understood and categorized. This introduces many questions regarding how the borderlines between illness and the unhappy, or, perhaps, inauthentic, life are to be mapped out, and this project in turn contains deep philosophical issues bringing us to hot spots of normative ethics and political philosophy, as we have already seen by the example of anorexia nervosa.

Anorexia and the Body Uncanny

To experience one's body as something foreign and strange, a creature with its own wills, as happens in illness, can be a very *uncanny* experience. As Richard Zaner writes in his study, *The Context of Self*, in the chapter named 'The Body Uncanny':

> If there is a sense in which my own-body is intimately mine, there is furthermore, an equally decisive sense in which I belong to it—in which I am at its disposal or mercy, if you will. My body, like the world in which I live, has its own nature, functions, structures, and biological conditions; since it embodies me, I thus experience myself as implicated by my body and these various conditions, functions, etc. I am exposed to whatever can influence, threaten, inhibit, alter, or benefit my biological organism. Under certain conditions, it can fail me (more or less), not be capable of fulfilling my wants or desires, or even thoughts, forcing me to turn away from what I may want to do and attend to my own body: because of fatigue, hunger, thirst, disease, injury, pain, or even itches, I am forced at times to tend and attend to it, regardless, it may be, of what may well seem more urgent at the moment. (1981, 52)

The word *uncanny* actually hides the meaning of alien within itself, at least if we investigate the German etymological origins. The German word *unheimlich* (uncanny) has the double meaning of something being hidden and fearful (*heimlich*), and not being at home, that is, alienated (*unheimisch*). Sigmund Freud brings this out in his essay 'The Uncanny,' which rests heavily on early nineteenth-century horror fiction, such as E. T. A. Hoffmann's

novel *The Sandman* (Freud 1959). Freud gives a lot of examples in the essay that describe the uncanny character of being controlled by something foreign that is nevertheless a part of oneself (the unconscious), and links this with the development of the ego as a separation from the mother and the father. His topic in these cases, however, is not bodily but rather psychic alienation:

> The uncanny effect of epilepsy and of madness has the same origin. The ordinary person sees in them the workings of forces hitherto unsuspected in his fellow-man but which at the same time he is dimly aware of in a remote corner of his own being. The Middle Ages therefore ascribed all such maladies to daemonic influences, and in this they were psychologically almost correct. Indeed, I should not be surprised to hear that psycho-analysis, which is concerned with laying bare these hidden forces, has itself become uncanny to many people for that very reason. (1959, 397)

Persons suffering from anorexia sometimes describe their relationship to the illness as a being possessed by a ghost or demon, a voice that tells them that they are fat and must not eat, for instance:

> *Girl D:* I know I would really be scapegoating it (the anorexia), by saying, oh, it's something totally different; no, it must be part of me, I don't know, it's difficult to say. It's like, you know, have you seen the film Ghost? You know, like when he uses Whoopi Goldberg's body, and steps into her, it's like it steps into you, it's this really evil thing that steps into you and takes over.
>
> *Interviewer*: So it looks like you but it's someone else pulling the strings?
>
> *Girl*: Yeah. *Interviewer*: That's creepy.
>
> *Girl*: Yeah, very creepy. (Tan, Hope, and Stewart 2003, 539)

Such tales of the uncanny, being-possessed-like character of anorexia are rather common (see, for instance, Bruch 1978; Schaefer 2009), and they merit attention in a phenomenological investigation of the disorder. According to most accounts, the anorexic is not psychotic; she does not really believe herself to be possessed, although the state of malnourishment and starvation that she is in can have strange effects on feelings, thoughts, and perceptions. Instead it is her body, or, rather, the diet-project that she has designed for it, that is 'talking' to her in this uncanny way from the alienated perspective it has come to enjoy:

> *Mother of girl C:* C was aware of losing quite a bit of her rational and sensible side, and I don't know if she talked to you about the demon, you know voices in her, 'there is something in my head telling me I mustn't eat.' And this was prior to going into X (hospital), and she described it as a voice, and um, and when you talk to people about it, that don't know it, they think, 'oh god, they're schizophrenic!' And does that mean they're schizophrenic? I don't think it does at all. It's just how they perceive. Because C knew she had a problem then, and probably just, trying to verbalise it, and she described it as a voice. (Tan et al. 2003, 541)

Most narratives of anorexia seem to start with a scenario in which a young girl suddenly understands by way of comments or behaviors of others that she is too fat.[3] These comments can be nasty and part of bullying, but they can also be rather innocent or perhaps even self-inflicted:

> Ruth is a cheerful, lively little girl with flashing eyes and a wide, captivating grin. She's got a cheeky sense of humor and can always make her family laugh with her funny impersonations of her school teachers. Until she was ten years old, Ruth had little interest in sport or exercise. She was a real 'lounge lizard' who loved eating and lazing in front of the television. All this changed when she began dance classes. Ruth looked around the class and all she could see were 'skinny' girls. Although Ruth was slim and petite, she felt fat and self-conscious, particularly in the body-hugging leotard the dance class had to wear. Ruth ached to look just like all the other girls and, in an effort to recast her figure, she embarked on a fitness campaign. She began by cutting out junk food, chocolates, and the desserts that she'd always loved, and by doing a bit more exercise—nothing significant, just practicing her dance routines and riding her bike. (Halse, Honey and Boughtwood 2008, 127)

Ruth's experience of her own body as unsatisfying is different from the way the body turns up as uncanny in somatic illnesses. It is, indeed, as Sartre has highlighted in *Being and Nothingness*, a way of being objectified by other people in being looked upon by them (1956, 345). This being looked upon—the own body appearing as an in-itself for consciousness in the terminology of Sartre—is readily turned into a self-objectifying gaze, as in the case of Ruth. We can imagine her in front of the mirror (maybe a mirror present already in the ballet class) introjecting the gaze on her own body

as too fat for a beautiful ballet girl in filling up her 'body-hugging leotard' and resisting her efforts to display the lightness and grace of a ballet dancer in moving to the music.

But this way of being objectified as too fat by the gaze of others is just the starting point of anorexia, and the gaze in question does not seem to lead to anorexia for every person exposed to the norms of slenderness in contemporary society—not for most men, a fact that might be explained by other (bodily) ideals for men than for women, but also not for most women, or even for most young girls exposed to the ideals in question. There are, of course, many cases of eating habits and slenderness among women that could be claimed to border on the unhealthy, even if they are not diagnosed as anorexia; however, a more common behavior regarding eating and exercise among women *and* men today is rather to become overweight than too thin.[4] The uncanniness of the body in anorexia is an uncanniness that resonates with cultural norms, but it does so through a twist made by the body itself, in which our ideals of bodily beauty are stressed to the point at which we begin to see that these bodily ideals verge on illness. The illness of anorexia thus brings out the illness of our culture in a different way than the 'obesity epidemic' does. Our disgust and fascination with the sickly thin and the sickly fat are inverted mirror images in a culture in which food and body shape have been made into obsessive projects tied to identity.

> Ruth pursued her fitness campaign and quickly lost her puppy fat. Her parents, Beth and David, were proud of her determination to get fit and healthy and saw this as a positive lifestyle move, and Ruth reveled in the flurry of compliments from family and friends. Even though other people thought she looked 'just right,' Ruth didn't feel as if she could relax. The idea of easing up and possibly losing her new slender shape was intolerable. She didn't make a conscious decision to restrict her eating further or intensify her exercise routine. The shift crept up so gradually that no one realized (Halse et al. 2008, 127–8).

Two striking elements in all narratives of anorexia I have come across are weak self-confidence and an urge to control one's own (and sometime others') life in a perfectionist way.[5] It is not strange that self-confidence and identity are weak and searching for a firm ground in adolescence, but in cases of anorexia this unstable self-hood is met with strong attempts to take control of life by monitoring eating and exercise, and, by way of this, the looks of the own body. The body that showed itself as foreign in the sense of not confirming to an ideal of slenderness (uncanny for the girl in question) now gradually becomes uncanny to others (the family) in exhibiting a skeletal look that the anorexic girl refuses to acknowledge as a problem. This changed perception and loss of judgment when it comes to issues of one's weight and shape is, as noted, an integral part of the diagnosis of anorexia (Shafran and Fairburn 2002).

> Throughout the cold winter months, Beth and David had only seen Ruth warmly rugged in layers of clothes. Their illusions were shattered when summer arrived and the family went on holidays to the beach. Beth first realized the extent of Ruth's weight loss when they went shopping for Ruth's new swimsuit. When she saw Ruth's emaciated body for the first time in the changing room, Beth was so horrified that she felt physically ill. (Halse et al. 2008, 129)

The refusal to eat and to stop the manic exercise leads relatively quickly to a life-threatening condition:

> As soon as they returned from holidays, David took Ruth to see a pediatrician specializing in eating disorders. Ruth's weight had dropped to 32 kilos, she was clinically depressed, her ankles were purple and swollen from all the exercise, and cardiac failure looked imminent. A few days after her eleventh birthday, Ruth was admitted to a hospital where she was sedated, put on bed rest, and fed through a nasogastric tube. (Halse et al. 2008, 130)

Ruth develops anorexia before entering into puberty. In this she is not typical, but a couple of years early: most girls develop anorexia after their bodies have begun to take on a more female shape and they have experienced their first menstruation (as we saw, the cessation of menstruation owing to starvation is among the criteria in DSM for anorexia). To experience the body changes of puberty can be an uncanny experience in itself when the body, indeed, takes on a strange life of its own that (initially at least) might feel very foreign and disgusting to the person whose body is changing.

For girls with anorexia, like Carol, this seems to be particularly true:

> When I started developing I just hated it. Especially with being in ballet it was really hard because I felt really uncomfortable not wearing a bra but even having to start wearing bras was uncomfortable. I just hated the whole changing of my body. . . . [My] first period arrived when the family was travelling in the car on the way to their annual holidays. . . . Mom gave me this huge, thick pad and I cried the whole way to the holiday house. I cried for a whole week—just nonstop. I just couldn't handle it. I just kept thinking this is just complete hell. I don't—I can't—believe that women are putting up with this. (Halse et al. 2008, 51–2)

Like Ruth, Carol develops an obsession with her own body, especially after having been teased at school for having breasts:

> Carol concedes that the insults and taunts eroded her self-confidence. Despite being fit and slender, she became increasingly uncomfortable with the womanly shape she saw emerging in front of her eyes. She loathed her maturing body and was convinced that it was ugly. Unable to control the teasing at school, Carol's thoughts focused inward on herself and on controlling her body and what she ate. She started weighing herself regularly—often dozens of times a day—and would stand in front of the bathroom mirror for hours composing long, detailed lists of imagined physical flaws she dreamed of changing. (Halse et al. 2008, 54)

The element of *controlling* the body through restricting food and monitoring life is even stronger in other stories:

> The first obvious sign that Hannah's dieting was entangled with something more than a desire to be healthy came just before she was due to go away to camp with her school. She was anxious and agitated. What sort of food would they have at the camp? What if they didn't have the food she wanted? How would she manage? How could she stick to her current diet? The idea of varying what she ate, even for two weeks, sent her into a spin. The food at camp didn't help. It was the usual school camp fare—lots of bread, pastries, and oily, fried dinners. Confronted with this menu, Hannah either refused to eat or ate the bare minimum and ran 15 kilometers each day to offset what she'd eaten. Her teachers were so concerned that they contacted Laura and Peter (Hannah's parents). . . . (Peter, collecting Hannah from camp:) I'll be honest, I didn't recognize her. She'd lost so much weight in the weeks she was away. She just looked awful. And all she talked about in the car on the way home was where she ate, what she ate. Meal by meal. (Halse et al. 2008, 80–1)

Maybe it is not so strange that being in control of exactly what one is eating becomes so important if one's own body displays an alien nature. Food is the major foreign thing that enters into your body: if you control food you will also be able to control the body, make it more of your own, so to speak. But this routine of surveying and controlling eating soon develops into a pathology with a life of its own that the person is no longer able to control:

> Eventually, Hannah was surviving on little more than carrots and her skin turned orange from the betacarotene. At the same time, she became increasingly suspicious. She insisted on weighing everything before she ate it and would carefully monitor its calories. The family had always eaten healthy home-cooked meals together but, increasingly, Hannah refused to eat anything prepared by someone else. . . . At mealtimes, she'd eat exact things at exactly the same time and there were all these little rituals. She'd get a carrot out of the fridge. She'd peel it. She'd top and tail it, she'd slice it. She'd lay it out in the steamer. She'd cook it for one and a half minutes. She'd get it out and she'd eat. And then she'd go to the fridge and she'd get another carrot out. And she'd top and tail it. And then she'd weigh it before it was cooked and she'd weight it after it was cooked. Then she'd go on to the frozen vegetables. . . (Halse et al. 2008, 82)

A common strategy for dealing with anorexia, used by health professionals, parents, and, also, by patients, is to view the disorder itself as something alien, externalizing the disorder to make it more manageable (Zimmerman and Dickerson 1994). Instead of viewing the body as something being uncanny to the anorexic girl herself, or becoming so to others, in this image it is not the body, but the anorexia itself, as invading and taking control over the body, that is uncanny. We recognize this logic of bodily uncanniness from the well-known *Alien* movie and from the idea of somatic diseases in which the body is threatened by parasites, bacteria, viruses, or cells that are dividing beyond control (cancer diseases).[6] The idea also resonates with the old image of mental illness as daemonic possession referred to by Freud in his paper on the uncanny that we surveyed (1959).

> The idea is that the anorexia is separate from the person with anorexia, almost like a different, distinct

> individual. . . . We said, 'Hannah, we love you. We'll always love you but this person that's in you—this possessed person that's in you—we hate her. We want her gone.' So we actually talked about Hannah and the other person. And when we made the definition and she made the definition, it was a lot easier to deal with. Luke (Hannah's younger brother) christened Hannah's anorexia 'The Bitch'. Now he could relate to his sister and he'd cuddle and console Hannah, reassuring her that 'The problem isn't you, it's the anorexia'. (Halse et al. 2008, 89)

The strategy of reifying an illness by turning it into a bodily dysfunction, not having anything to do with the person's identity and life world, is common in cases of somatic illness (e.g., Toombs 1992). It is also a strategy encouraged by contemporary medical science and practice when illness is primarily understood in terms of medical concepts and measurements: as diseases. As I have pointed out, this reifying strategy can develop into a problematic one if it is not kept in check by a perspective stressing the importance of illness as something that happens to persons and demands attention to life-world issues and habits.

The view of anorexia as something separate from the person suffering from it, which was developed by Hannah's family, is different from and more far-reaching than such a medical perspective, however, because the family views the anorexia not only as another thing (a bodily dysfunction) but as another *person* in Hannah. Such a view of alienation might be present in a kind of minimal form in all cases when the body shows up as uncanny, because the body in such cases displays a kind of life of its own that is experienced as a foreign *will* by the person in question (a will is something that, strictly, only a person and not a body can have). However, when the bodily alienation turns into the image of daemonic possession ('The Bitch'), we seem to be closer to the stories of *The Exorcist*, *Rosemary's Baby*, and *The Omen* than to the parasitic possession of *Alien*. 'The Bitch' needs to be *exorcised* and should not be considered a result of cultural circumstances (circumstances meaning both her personal situation in her family and circle of friends, and the circumstances of women in Western society and culture) that needs to be interpreted and changed.

It is tempting to consider the story of 'The Bitch' as yet another move in the discursive strategies of keeping women alienated and pacified in our society. In this view, not only would our culture and society rest on ideals of success that make girls starve themselves to death, but in this starving, the illness itself would be considered an evil, female creature ('The Bitch') possessing the girl in question, a creature that must be kept under control to prevent it from taking over. But I think a feminist reading of that sort is a little too one-eyed, because no one would deny that cultural norms have a lot to do with the *onset* of anorexia. It is a non-political reality, however, that illness, when it has established itself, takes on a kind of life of its own as an uncanny pattern of experiences and 'musts' that are not easily dealt with and changed, no matter how politically informed the anorexic girl, her parents, or her caretakers become. Sartre, in *Being and Nothingness*, characterizes illness as a *melody*, in most cases a rather disharmonic one, playing itself in the embodied life-world patterns of my life beyond my control (1956, 441). Anorexia seems to do so too, providing the person with a style of bodily experience that is just as autonomous as the mood melody of somatic illness.

Anorexia, in most cases, is set off by cultural influences, but when the starvation and over-exercise have been brought into play, the malnourished body as a kind of self-defense inflicts moods that make its bearer strangely disembodied, increasingly apprehending the body as a thing, and a thing that is still not thin enough, despite its now uncannily thin look to others (Bruch 1978). The moods of anorexia—anxiety, irritation, hopelessness, sadness, despair, and aggression—all bear witness to problems with embodiment, the anorexic person no longer being properly present in her own body, maybe even claiming that it is dead. Self-mutilation, cutting oneself to inflict a pain that is perceptibly *physical* in nature, in contrast with the moods making the body strangely foreign, is not uncommon, and neither is suicide (Halse et al. 2008, 100). The stories of anorexia bear clear witness to the double experience of being plagued and depressed by the anorexia, but still being unable to give it up because it provides the only

security, control, and identity that there is to have. Depression and anxiety disorders are commonly co-diagnosed in anorexia, but depressed, irritated, and anxious moods are always present, sometimes as a starting point, and most often as an effect of the anorexia behavior (Halse et al. 2008, 74–5).

Conclusions

Anorexia nervosa includes several forms of being alienated from one's own body in an uncanny way in the ongoing quest for identity experienced by the person developing the disorder. The ways in which the body show up as uncanny in anorexia are similar to the ways of alienation we identified in somatic illness, in that the body becomes an *obstacle* and an *enemy* that needs to be controlled, but they also concern ways of being objectified in an everyday manner in the social world by the gazes of others. This social objectification is different than the medical objectification taking place when the body and the self are being reified by a medical diagnosis (medicalization), something that happens frequently also in the case of somatic illness (and in the case of other mental disorders than anorexia). The objectification by way of the looks of others in anorexia equals a finding oneself in a cultural pattern of norms regarding the feminine, the healthy, the beautiful, and the successful. The gazes of others are soon made into a self-surveying gaze by the anorexic girl, in the process of which the image of the own body is made gradually, increasingly unrealistic and self-punishing.

The different ways of becoming bodily alienated interact in anorexia in establishing an uncanniness of the body that is both conspicuous (to people around the ill person) and hard to escape (for the person herself). First comes the objectifying gaze of the other, making the girl experience her own body as foreign and ugly in being too fat to be at home with. This uncanniness is reinforced by the way the body changes rapidly in puberty, bringing new ways of being embodied, which can be hard to identify with for the girl who is not yet a woman but also no longer only a girl. Second comes the attempt to deal with this uncanniness by taking control over the body, making it slender, which can mean both remaining girl-like and becoming a beautiful woman (these two looks are, indeed, fairly close to each other in contemporary fashion culture). This behavior of dieting and exercising is often initially rewarded by peers and family, something that sets the girl off into the project of doing even better, cutting down on food and increasing exercise. Third, in this starvation and over-exercising process, which is often accompanied by lying about food and training habits not to generate attention and prohibitions from parents, the illness begins to take on a life of its own as an alien (non)presence of the body in which it appears as truly uncanny to spectators, but not to the subject herself, who increasingly feels disembodied in a kind of combination of the dis- and dys-appearance processes focused upon by Leder (1990). Fourth, the uncanny nature of the anorexic body might foster a kind of personalization of the illness in which the anorexia is perceived as a creature with its own voice (by the anorexic girl) and ways of conquering the thoughts and behaviors of the ill person (by family, peers, and therapists). This demon-like appearance of anorexia may actually be used in attempts to help the anorexic to come to terms with her illness by externalizing it and make her see that the uncanny will and voice of her own body is actually not a necessary part of her true self.

The diagnosis of anorexia may be both a relief and a shock to the patient and her family. A relief, because it defines the problem as medical and thus not personal, even if the characterization of eating disorders as mental disorders makes this depersonalization of the illness less convincing than in the cases of somatic illness. A shock, because the diagnosis means that the problems experienced with refusing to eat are serious, and, as the family will learn, potentially life threatening as well as hard to treat. Getting the diagnosis is often linked with the person's becoming hospitalized for the first time and being subjected to mistrust, surveillance, and coercion, a tough treatment regime that many find hard to accept, even though it is often necessary to save the life of the patient. Treatment for anorexia may mean many more things than surveillance and coercive treatment, however, and the phenomenological analysis of the body uncanny points in the direction of of-

fering a strengthened role to psychotherapeutic interventions in the long term treatment of the life threatening behavior (see Vitousek et al. 1998). To focus on the *body experience* of the anorexic person will mean to try to understand and help the person affected by anorexia with the ways she finds her body alien and uncanny, involving the pre-reflective experience of embodiment, in which the body shows up as foreign to her, but also the ways in which the body becomes objectified by medical, social, and cultural norms that need to be made conscious and criticized in the process of finding a personal identity possible to live and be at home with (Schaefer 2009).

Notes

1. The lifetime prevalence of anorexia for Caucasian women in Western countries is rated to be between 1.4 and 4.3 percent, which means that the lifetime prevalence in total (including women and men of all ethnic groups in all countries) for the disorder will probably be somewhere between 0.2 and 0.7 percent. Because anorexia mainly affects adolescent girls in Western countries, this still means that for this group it will be a relatively common (and potentially lethal) disorder. For information regarding anorexia, see Halse, Honey and Boughtwood (2008), which introduces the research on anorexia and gives many examples (stories) from patients and their families living with the illness.

2. The lived body is an important subject already in Edmund Husserl's phenomenology, the German term is *Leib*, but it is Maurice Merleau-Ponty who is the most well-known phenomenologist of embodiment, writing about the *corpse propre* in his *Phenomenology of Perception* (1962).

3. My main examples in this section are taken from Halse et al. (2008), but the points I make are typical to the illness and they can be found in many other stories about anorexia in different books, and, above all, on the World Wide Web; see for example www.caringonline.com/feelings/byvictims/, or the videos found on: www.youtube.com by entering search words like 'stories of anorexia.'

4. The 'obesity epidemic' has hit more than one fifth of the population in most developed countries (obese meaning having a body mass index [BMI] of greater than 30 kg/m^2), and far more people than that, children included, are found to be overweight (meaning having a BMI greater than 25), but this does not stop anorexic girls from comparing themselves with a bodily ideal that is consequently becoming increasingly statistically abnormal. It seems, rather, as though the media talk of the obesity epidemic has a kind of encouraging effect on anorexics in starving and exercising themselves to death, whereas the people who would benefit from cutting down on fat and sugar and trying to exercise their too-massive bodies are either unaffected or unable to profit from the message.

5. For a meta-analysis corroborating the claims of control behavior and perfectionism in anorexia, see Stice (2002).

6. The 1979 science fiction film *Alien*, directed by Ridley Scott, offers the archetypal example of the horrors of bodily alienation through being possessed and taken over by something foreign hiding itself in the body. After landing on an unexplored planet, from which the towing spaceship *Nostromo* has received strange transmission signals, a member of the crew of gets infected by an alien, parasite creature, which lays its eggs in him by attaching itself to his face. Officer Kane is taken on board and recovers as *Nostromo* takes off from the planet to continue its journey. He is, however, far from healthy, as the crew will soon find out. The scene in which, during a meal, Officer Kane begins to choke and convulse until an alien creature bursts from his chest, killing him and escaping into the labyrinths of the ship, is already famous in horror film history. A war begins between the creature and the remaining crew members, who get killed one after the other in the creepy environment of the ship by the alien. In the last scene, Officer Ripley (Sigourney Weaver), the last survivor of the crew, has managed to flee the ship in a shuttle after blowing the creature to pieces, but she still has the crew's cat with her, and who knows what is hiding itself in its intestines? The Alien certainly survived to be the main figure of many succeeding movies, reminding us of the severe uncanniness of bodily parasitic possession, which, in real life, is limited to smaller creatures like worms, bacteria, or viruses.

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