

The Body in Anorexia: Gaze, Denial and Jouissance

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Abstract

*Anorexia nervosa is one of the most widespread psychopathological disorders of the 21st century. At the center of this pathological condition, we find an existential suffering expressed through the body. The author, with the aid of the phenomenological and psychoanalytical perspective, defines the body of the anorexic subject as a dead body, a body without desire. Through the rejection of food, the anorexic subject rejects the other of language, locking himself in a spiral of pure jouissance that distances him from the world. In existential terms, the closure to the world represents the crucial element of the clinic of anorexia, a closure that is expressed through a loss of desire. The anorexic subject thus appears interested in preserving only the physiological dimension of the body, rejecting the affective-pulsional part. Following the difference made by Merleau-Ponty between *corpe propre* and *corps objectif*, the author observes how anorexia is characterized by a logic focused on having a body, rejecting the dimension of being a body. The final part of the article also discusses the position of the anorexic subject with respect to the dimension of space and time from a phenomenological perspective.*

Keywords: Anorexia, Gaze, Subject, Phenomenology, Psychoanalysis, Body

Introduction

The encounter with anorexia, from a phenomenological point of view, exposes the clinician to a double problematic: the relationship of the Subject with the body and the “NO” of the anorexic as a rejection of the other. The clinic of anorexia puts the mind-body nexus in the foreground, becoming paradigmatic for the elaboration of theoretical devices that allow one to illuminate the relationship between the Subject and one’s own body, and how this relationship can decline towards a psychopathological sense. From a phenomenological point of view, the so-called mental disorders always have a bodily manifestation of their own. Various authors, such as Biswanger in the past and Fuchs in recent times, in their descriptions of the various psychopathological structures have always investigated the experience of the suffering subject through the analysis of the body in the twofold dimension of Time and Space [1, 2].

Psychoanalysis, too, has placed the body at the center of its psychopathological conceptions: Freud conceived of the ego primarily as a bodily ego [3].

Psychoanalysis and phenomenology, with their respective epistemological differences, have always placed the relationship between the Body and the World at the center of their theories, observing how there is an interruption of this relationship in the various psychopathological formations. From this point of view, anorexia, and eating disorders in general, are examples of how the relationship between the Body and the World can decline in a negative sense, to the point of reaching states in which the anorexic subject goes against death.

Before delving into the specific relationship between Anorexia and corporeity, it is necessary to make a brief digression on how phenomenology and psychoanalysis define the concept of the Body.

Two Body Theory

In the phenomenological paradigm, Husserl makes a fundamental distinction between the body as a thing, which he defines as ‘Körper’, and the lived body, which he defines as ‘Leib’ [4]. According to the German philosopher, the first experience that the subject has is the experience of his own body, an experience that goes

beyond the body as object, that is, as a physiological agglomerate that is the object of study of the naturalistic world, my body is a living body, which transcends itself by directing its intentionality towards the things of the world. From this point of view, my body represents something unique, which cannot be reduced to the many object bodies in the world. The lived body is the body of affects, of the subject's personal history, of his past, present and future, it is what makes the individual unique, what makes him alive. The distinction made by Husserl, who seeks to go beyond Cartesian dualism, is further deepened by the studies of perception carried out by Merleau-Ponty, who considers the body as the bearer of an irreducible and insoluble ambiguity, the bearer of a duality that makes it both actor and spectator of the act of perception, subject and object of knowledge [5]. The French author speaks of *corps objectif and corpe propre*: the former represents the body as an object subjected to the laws of nature, objectively quantifiable and numerable, summarisable through a cipher (a central element in the clinic of anorexia), the second represents the lived body, that which corresponds to my will, bearer of its own history and intentionality.

It is no coincidence that the French philosopher makes an important distinction between having a body and being a body, stating that my body does not express my possession but my way of being in the world. Every body then has this strong ambiguity within it, it is simultaneously a physiological, biological and anatomical body, and a body that is a vector of intentionality and emotions, that is, a desiring body. Famous is the example of the hand that Merleau-Ponty gives in support of his hypothesis of the double meaning of the body: the moment I touch the other hand with my hand, it becomes at the same time, touching and touched, embodying the double ontological statute that inhabits it: that of a brute object, and that of embodiment and vehicle of the subject's desire. It is in this sense that for the author the body becomes flesh.

For the French phenomenologist, the distinction between *corps objectif and corpe propre* bears witness to the difference between what we call *besoin*, need, and *désir*, desire. The author defines need as the lack of a determinate and elementary thing that the physiological body lacks, for example water when one is thirsty, while he defines desire as something constant, incessant, noting that there is no authentic desire that is extinguished or extinguished, as Lacan states desire is a metonymy, lack par excellence, a constant search drive in the world, an endless intentionality [6]. The body of need is an anonymous body, that knows no intentionality, lost exclusively in the physiological satisfaction of the impulse, one can almost associate it with a deadly body that does not open up to life, a body made of pure *jouissance* that excludes the Other of desire, it is the body of that "jouissance" that Lacan uses to redefine the Freudian death drive, an impulse that aims at the sole physiological discharge aimed at zeroing out the tension produced by need. The body of desire, on the other hand, is a lived and intentional body, stretched in a metonymic manner towards the Other, it is a living body, a body that is lost in the world in search of the lost object that

it will never find as lack par excellence.

Even in Freudian theory, especially following the reinterpretation carried out by Lacan (*ibidem*), it is possible to observe the double dimension of the body: on the one hand the body of physiological mechanisms, of needs and neurovegetative reactions, the *Körper*, on the other hand the libidinal body, the body of desire, crossed by erogenous zones, the *Leib*. The very concept of drive is something that refers to the affective, emotional experience of the body, which therefore has personal connotations, a concept that has often been mistranslated with the concept of instinct, which belongs more to the physiological dimension of the body.

This distinction is addressed more explicitly by Lacan, where the drive body takes on a dimension of demand towards the Other, a desiring dimension that is implemented in the Subject through Language. It is precisely through language that for the French psychoanalyst it is possible to pass from a plane of need to a plane of desire, the word coming from the Other allows the interruption of the *jouissance* One of the Thing, causing in the Subject a lack that becomes the cause of desire. As for Merleau-Ponty, also in the Lacanian discourse it is possible to intercept the double status of the body: that which is the object of the sciences of nature, physiological and anatomical, and that which is experienced, the source of desire and affectivity, a distinction that becomes evident and accentuated in the clinic of anorexia.

The Relation to the World

For Merleau-Ponty we are a body, our subjectivity is always corporeal, we are inscribed in the flesh, flesh that opens to the world, that becomes intention, desire [5, 7]. For the author, this is the key to understanding all relational experiences: it is through the body that the subject opens to the world just as the world opens to the subject, in a state of reciprocal influence. Interpersonal relationships are relationships between bodies, I open to the world, and to the Other, primarily through my body, and it is through the recognition of the Other that I become aware of the fact that I am a body and not merely that I have a body. This dynamic underlies Lacan's mirror stage in which the child discovers that he is a body through the reflection of the mirror, that is, through an other that exemplifies the subject's condition of primary alienation [6]. I know I am my body but at the same time I perceive my body as something foreign, alien to myself. The body is both me and other than me.

The subject is always exposed with his body to the world, he sees the world and at the same time is seen by the world, indeed he wishes to be seen because it is only through the gaze of others that he can grasp himself. The subject before seeing, is seen by the Other, is the object of the Other's gaze, since constantly the world is composed of a series of gazes. Corporeality is also a matter of gazes. For phenomenology, then, the human being is first and foremost a body that opens itself to the world and to the Other through its own intentionality, the body is exposed to the world by transcending itself and opening itself up to what the world has to offer,

which is why it can be said that the body is primarily a possibility, a possibility that the subject must make its own through an act of responsibility, becoming conscious of its own desiring body.

As Di Petta observes in front of a patient, the clinician is no longer in front of a body to observe and analyze, but is in front of a lived body, which embodies the history of the Other with all its subjectivity to be understood [8].

The Rejection Of The Lived Body In Anorexia

Faced with the anorexic subject, the clinician often finds himself having to relate to a body experienced only in its physiological exception, not seeing the lived and affective part [9-11]. For the anorexic, the body is only *Körper*, the anorexic subject brings to the session a preoccupation associated with the weight of his or her body, how many calories his or her body must take in, becoming a clinic of numbers: what matters is only that his or her body remains within the numerical parameters that the anorexic patient assigns to himself or herself. There is no experience, there is no history, the body of anorexia, at first sight, is an anonymous body, a body among many, something that pertains exclusively to the physiological plane. It is a body that denounces a total closure to the Other, a closure towards speech. What can be deduced, from a phenomenological point of view, is that anorexia is marked essentially by a refusal, specifically in a refusal of the lived body.

As Cosenza observes, refusal is the paradigmatic factor that unifies the different 'negative' behaviors enacted by the anorexic subject: the refusal of food, of the female body, of sexuality and of the social bond [12]. In the anorexia clinic, the clinician must confront the power of rejection. In Lacan theory, refusal is centered on its position in relation to the Other. The anorexic subject by refusing the experienced body, refuses its belonging to the Other, showing itself completely independent from the Other. In fact, as previously observed, if the desiring body is that body which passes through the Other and its desire, anorexia wants to testify instead to the choice of being completely independent of the desire of the Other, closed within its own *Körper* the anorexic subject inscribes itself within a logic characterized by a *jouissance* which tends towards the One by annulling the Other.

Following Miller's theoretical furrow, which takes concrete form in the clinic of the refusal of the Other, the anorexic subject tends to want to preserve the impossible integrity of a mythical full *jouissance*, untouched by the alienating action of the Other, by the lethal effect of the signifier which entails a structural loss of *jouissance*, thus accessing a *jouissance* without limits, which however seems to assume deadly connotations, given that renouncing the interdiction of the Other also means renouncing one's own desiring dimension, denying one's own lived body [12].

The logic of the anorexic subject is therefore linked to the affirmation *I have a body*, rejecting the dimension of *I am a body*, a body that often becomes too cumbersome. In the dimension of the *I have a body* there is no desire, there is no demand to the Other,

except that of trying to trigger a loving response in the Other, in the case where one is confronted with neurotic forms of anorexia. The rejection of the lived dimension of the body can also manifest itself as a defense against traumatic events in the subject's past. In fact, as Lacan observes (2007), often in anorexia one observes a childhood history in which the Other is only the dispenser of physiological care, linked to the needs of the body, without entering a dimension of loving care, based on desire. Lacan precisely uses anorexia as a radical example of the structural irreducibility of desire to the register of need. The Lacanian thesis converges with Merleau-Ponty's definition of *corpe propre*, a desiring body that knows no object of satisfaction, a body that comes alive and cannot be reduced to the field of need alone. But as stated earlier, the subject's capacity to recognize its own body as the site of desire depends in part on its relationship with the Other.

Once again Lacan comes to our aid when he states that anorexia highlights the fundamental confusion of the parental Other, for it confuses its care with the gift of its love [6]. The parents thus seem to accurately administer the objects of need, while remaining blind to the fundamental demand that animates the subject's desire, which is the demand for love. The subject asks the Other for a gift that is not limited to the object of satisfaction, but a sign of the Other's love for the subject. The Other must not relate to the infant's body as a purely needy, physiological body, thus donating the '*asphyxiating gruel*', but must stimulate in the infant its own desiring experience, its own intentionality, offering it its own lack, that is, its own love.

If on the one hand, therefore, it would seem that the anorexic subject has never entered into a desiring dimension, this difficulty can also be read as a defense against an Other lacking in care, an Other that has failed to inscribe the subject within a desiring perspective, saving him from the closed circuit of *jouissance*. The anonymous body, without history, without life of anorexia is also a body that refers to "nothing" as the object of *jouissance*, the anorexic subject eats nothing, his body refers to the Other an emptiness, an infinite nothingness, a sort of black hole from which no discourse can be extrapolated. As Cosenza observes in the treatment of anorexic patients, particularly in the severe forms, one can observe the beginning of the cure when the subject begins to extrapolate a discourse on his own symptom, when one begins to observe a production of words, signifiers, which allow one to create a breach in a wall founded on the pure *jouissance* of the One [12].

It can therefore be said that the body of anorexia is an arid body, a body that manifests the isolation of the Subject from the world, an isolation centered on the *jouissance* of nothingness, that nothingness that bears witness to the lack of love, a lack that does not refer to the Other, a lack that refers to emptiness. It is a body that becomes a number, whose existence is rooted only in the rigid adherence to the food plan that supports the physiological substratum; it is an un-lived body, a body without a soul, a dead body.

Body, Anxiety, and the Gaze of the Other

Our presence in the world is characterized by the experience of anxiety that accompanies our entire existence. To be thrown into the world is to be continually confronted with a disturbing otherness that generates anxiety, that is in the first instance regulated by the great Other that we encounter in our lives: the Mother. Our body becomes the vehicle of internal tensions due to the subject-world relationship, the perturbing action of the Other is constant, which is why Lacan in his early teachings identified paranoia as the essential structure of the human being. Paranoia, in fact, from the clinical point of view witnesses the anxiety linked to the confrontation with the perturbing Other, that alienated image of one's own body that the mirror sends back to the child.

In anorexia, the arid, devitalized body does not send concern back to the subject; on the contrary, the division towards the experienced body allows the anorexic to detach herself from her anxiety. Anxiety in the anorexic patient is sent back to the Other, usually the family members or the caregiver, showing pride and lack of concern towards their dying body. This detachment from the experience of anxiety means that the anorexic does not recognize her symptom as ego-dystonic, but rather identifies with it through a process of jouissance that brings the subject an experience of omnipotence and self-sufficiency. The only source of anxiety known to the anorexic is linked to weight gain, the fear of gaining weight being the only disturbing factor for the anorexic subject. The weight that increases represents the return of the Real of the affective-pulsional body, of the experienced and desiring body, also representing the possibility of being seen, of being scrutinized by the Other.

The body as an element in relation to the world is constantly the target of the gaze of others, as has been emphasized by Sartre, Merleau-Ponty and Lacan, albeit with due differences between the three, we are constantly confronted with the gaze of the Other, that gaze that the world sends us back from various positions, a gaze that often and willingly in the clinic of eating disorders assumes a hypercritical and judging position [5, 6, 13]. It is not uncommon, in fact, that in the family histories of anorexic or bulimic patients there is a long history of criticism of their bodies by their parents. The anorexic subject, reducing their body to a skeleton, would like to disappear, to become invisible to the gaze of the Other. In fact, very often anorexic patients state that their only desire is to disappear, to want to become invisible, thus being able to find refuge from the disturbing gaze of the Other in their own corpse-like body. The clinic of anorexia then is not only a clinic of rejection, but is also, above all, *a clinic of the gaze*.

But hiding from the gaze of the Other, trying to become invisible through a body-skeleton, also means isolating oneself from the social Other, since, as the phenomenological authors teach us, the world is continually characterized by gazes, and so the only solution that the anorexic subject finds to the anxiety felt is to isolate himself from the world through the anorexic symptom, trying day

after day to reduce his own presence so as to no longer intercept the gaze of the world.

The existential anxiety of being in the world in anorexia is realized in the fear of gaining weight because the weight gain would refer to a body that makes itself present to the world, a body that makes itself the object of the gaze of the other. As Biswanger had already stated in the case of Ellen West, it seems that in patients with severe anorexia the anxiety of presence is resolved through a total displacement towards the body, whose fear of gaining weight would refer to the fear of being in the world in relation to others [14]. The real anxiety then that can be seen in the clinic of anorexia is precisely that of being in relation with the other, an unbearable tension for the anorexic subject that is resolved through a closure to the Other in a "happy" isolation of self-sufficiency.

The anxiety associated with weight gain also refers to the question of the opposition between the living and the dead body in anorexia. The living, desiring body is supplanted by the dying body of which the anorexic is proud. Approaching a deadly condition allows the anorexic patient to no longer feel his or her body, which has simply become an object to be controlled at will. In severe forms of anorexia, especially those with a melancholic background, this detachment that the subject makes from his or her body is evident. Weight gain represents a risk because it awakens in the anorexic subject the living, pulsating and desiring body. It can therefore be said that in the clinic of anorexia the body becomes the "stage" of the struggle between life and death, which in the final analysis in existential terms we could define as the founding element of anorexia.

A Timeless Body

Before concluding this brief discussion on the question of the body in the clinic of anorexia, it is necessary to dwell for a moment on the question of time.

Biswanger pointed out space and time as the two dimensions for carrying out a phenomenologically oriented analysis of existence, in anorexia we observe the presence of a body that is without space and without time. The space occupied by the anorexic body is a space of nothingness, a black hole that does not refer to any matter, it is neither at the boundary nor at the center of the gravitational space in which matter extends, which is why one agrees with Recalcati in defining anorexia as a clinic of emptiness, even if here the use of the term emptiness takes on slightly different connotations with respect to the Italian psychoanalyst [15]. Also, the temporal dimension of anorexia does not refer to anything, it is a timeless body since it is realized in a present without past and without future, a present therefore without foundation. Usually, the anorexic patient shows himself at the interview incapable of describing his past, presenting himself as a subject oriented only to the present, whose problem is represented only by the present risk of gaining weight. The body that he brings to the session is a body that does not occupy space, but which above all does not have a history, and

does not know its own future, does not inscribe itself in an intentionality that could allow the Subject to set its own projectuality in the world. It is a body that does not express the metonymic logic of desire, always oriented towards the future starting from the past, in Recalcati's words anorexia expresses in fact a holophrase logic.

The body reduced to a mere physiological object and of need is a body that cannot express its own temporal dimension, only in the lived body is there the interweaving of past, present, and future, that corpe propre defined by Merleau-Ponty, which is constantly rejected by the anorexic subject, binding itself to a timeless jouissance that consigns the body of the anorexic to death.

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