

Appetizing Loss: Anorexia as an Experiment in Living
Angela Failler

Submitted to *Eating Disorders*, Volume 14, 2006

This paper turns upside-down the commonly held assumption that anorexia nervosa is inherently destructive or counter-productive. The author delves beneath the façade of anorexia's main symptom, self-starvation, to explore what refusing to eat accomplishes, psychically, for the sufferer. Featured in this paper are the clinical reflections of contemporary child analyst Adam Phillips who argues that symptoms, such as those in anorexia, are "experiments in living." In his view, anorexia is a particular way of testing the environment for its capacity to withstand and satisfy one's desires. Working also with the notion that anorexia is an attempt at compensation for traumatic loss or affective rupture, attention is drawn to both the inter-personal and intra-personal contexts within which self-starvation is pursued. Importantly, this approach recognizes that responses by those around the anorexic individual affect the conditions within which possibilities for recovery are made. Special thanks to Lesley Biggs, Donald Brackett, Dara Gellman, Marla Gerein, Kelley Lewis, and Melissa White, who commented on a draft of this paper. I have taken up many of their suggestions in its revised version.

It may seem counterintuitive, even contradictory, to consider anorexia as an experiment in *living*. For many, the idea of anorexia instead conjures up the kind of macabre associations that psychotherapist Em Farrell (2000)¹ experiences upon meeting an anorexic patient: "To see a skeletal figure walking and talking is deeply disturbing," she says. "Skull's heads, death, torture, concentration camps and starvation are some of the thoughts that instantly come to mind" (p. 59). At first glance, the anorexic's determined starvation may *appear* to warn of self-destruction or even a wish for death. After all, this behavior often leads to life-threatening complications and, at the very least, profound alienation from others. But what else can refusing to eat mean in the context of anorexia, besides self-destruction or alienation? What is missed by assuming, as popular discourses do, that anorexia is a wish to harm or purge one's self, or that the anorexic is essentially a passive subject onto which culture's loathing of the un-thin body has been successfully inscribed?

I have borrowed the notion of anorexia as an experiment in living from Adam [10] essay "On Eating, and Preferring Not To." Phillips, a psychoanalyst who is interested in literature, borrows his essay's theme from Herman Melville (1965) renowned short story "Bartleby the Scrivener: A Story of Wall Street" whose protagonist, Bartleby, suddenly declares to his boss that he "prefers not to" do his work. Phillips draws our attention to the fact that Melville's story is in the end less about understanding what is at the heart of Bartleby's refusal than it is about examining the frustration that refusal provokes in those surrounding Bartleby. Phillips recognizes that the responses that refusals provoke may in fact be crucial to uncovering something about why refusals are endeavored in the first place. (One is similarly reminded of Kafka's (1924) short story "A Hunger Artist," where the circus-goers' initial enthusiasm in response to the spectacularly emaciated artist is crucial for our understanding of the sad irony of his eventual death.) So what kind of responses does refusing to eat provoke? And how might these responses give a clue as to what refusing to eat accomplishes in anorexia?

In another paper called "Symptoms," Adam Phillips (1995) argues that to understand a suffering like anorexia requires us to understand something about how symptoms serve the sufferer; for symptoms, he says, "are opportunists: they do all the work they can" (p. 41). On the one hand, symptoms, like armor, are formed to protect an individual from an object of fear or an experience of pain. Phillips counsels a seven-year-old boy who wears an armor of eczema. Phillips thinks

that the boy, Tom, fears the intensity of his mother's feelings for him, and that his eczema effectively keeps his mother at a distance (she finds his eczema "revolting"). Yet Tom's eczema also flares up at the idea of his mother going too far away and forgetting about him. Tellingly, despite her aversion to it, his eczema also "mobilizes her love and concern" (p. 41). This dynamic between Tom, his mother, and his eczema suggests that while symptoms function to protect or shield, they can also secure the attention and concern of others. In Winnicottian terms, then, symptoms are a way of testing both the flexibility and dependability of the environment, including the limits of loved ones (see D.W. Winnicott [1975; 1975a]).

As a symptom, self-starvation functions in a similar way. By refusing food the anorexic is testing, "what kind of people will I have on my hands if I prefer not to eat?" (Phillips [2001], p. 287–288). The answer, according to Phillips, is that "you will be faced with people you would prefer not to talk to, people who are frantic, bossy, manipulative, defeated, enraged, concerned and so on" (p. 288). If Bartleby's flabbergasted boss is any example of the kind of people that you will have on your hands if you refuse (incidentally Bartleby refuses not only to do his transcribing work but also to be reasoned with, to eat, to sleep, or to leave his place of employment), he confirms Phillips' observation: "Mortified as I was at his behaviour," says Bartleby's boss, "and resolved as I had been to dismiss him when I entered my office, nevertheless I strangely felt something superstitious knocking at my heart, and forbidding me to carry out my purpose, and denouncing me for a villain if I dared to breathe one bitter word against this forlornest of mankind" (Melville [1965], p. 113). Like Tom's mother, who was both repulsed and attracted by Tom's eczema, Bartleby's boss is at once mortified and impassioned by Bartleby's odd yet willful refusals and, ultimately, left at quite a loss about what to do.

A symptom is "at once a demand and an invitation" Phillips (1995) proposes—highlighting the paradox—"the sign of a wish to make something known, but by disguising it" (p. 33–34). If a symptom is a wish in disguise (or a secret wish), what does Bartleby secretly wish for in the disguise of non-compliance towards his boss? What does Tom secretly wish for in the disguise of eczema? And what does the anorexic secretly wish for in the disguise of refusing to eat? To address these questions perhaps we need to consider, first, what is at risk in making a secret wish known? Of course, in making a secret wish known there is the risk of it being misinterpreted or dashed. But there is also, Phillips points out, the risk of having it fulfilled. In other words, it can be risky to express a previously unacknowledged wish, have it be fulfilled and, in the process, *confirm one's dependence on the one or ones who fulfill it*. In Tom's case, for instance, his symptoms emerge not only in response to what he experiences as his mother's too-intense feelings for him, but also in being reminded of his dependence on her—which can feel just as vulnerable.

Symptoms keep the individual "protected," then, by distracting and distancing others and by keeping wishes hidden. Psychoanalytically speaking, symptoms keep wishes *unconscious*. Keeping wishes unconscious means keeping them unsusceptible to the risk of being *either* dashed or fulfilled, especially by someone that one cares about. This is undoubtedly why Phillips (1995) calls symptoms "local anaesthetics" (p. 45) or "self-cures" ([10], p. 294); symptoms allow the ego to remain self-sufficient and self-contained by standing in as temporary, self-made solutions. Moreover, as local anaesthetics or self-cures, symptoms are "ways of dosing the intensity of what people feel for, and want from, each other" (Phillips [1995], p. 45). That is,

symptoms regulate or contain the full force of a wish for something precisely by disguising it as something else. In Freudian terms, the symptom functions to relieve the tension associated with the repression of a particular wish by displacing libido (energy) from the original site of conflict to an alternative, "safer" site (Freud [1991b]). For instance, while Tom's eczematous symptoms make his skin dreadfully itchy, they function (at least temporarily) to redirect and thereby relieve the internal tension created by his ambivalent feelings about his mother—wishing to keep her at a distance while at the same time not wanting her to forget about him. Tom's externalization or displacement of psychical conflict into an armor of eczema thus creates a barrier not only protecting him from a feared *external* reality (either his mother smothering him or forgetting about him), but also from the possibility of his *internal* reality, his ambivalent feelings, becoming known.

Given that symptoms typically mask one conflict by translating it into or disguising it as another, they cannot be taken at face value. We would be missing the point, for example, to take anorexia literally as being about not wanting to eat, to interpret Bartleby's troubles as a sign of simply not wanting to work, or to understand Tom's eczema as being solely about the uncomfortable surface of his skin. The anorexic is not protesting for better food. Bartleby is not protesting for a better job. Tom is not protesting for a better scratch. If these kinds of symptoms were literal, they could be cured topically, which proves not to be the case. Being offered different food does not cure the anorexic. Being offered a different job does not cure Bartleby. And scratching, of course, does not cure Tom's eczema, for "eczema," Phillips (1995) tells us, "gets under people's skin" (p. 36).

Staying with the importance of responses, we can now ask (continuing to exploit the symbolism of eczema), how and why do refusals get under the skin of those to whom they may be addressed? And might this not be the point, the aim, or, at least a good clue as to why they are endeavored in the first place? In turn, what symptoms may others adopt in response to the anorexic's refusals? To mine this point further, Phillips takes himself as a case example in relation to one of his teenaged analysands. Chloe visits Phillips just a handful of times upon an ultimatum given by her parents—therapy or hospital. Through her brief course of therapy with him, she remains adamant that he can offer her nothing that she is interested in. For the most part she is unwilling to talk—particularly about her relationship to food—which comes as no surprise to [10], who knows that "of course, if she would rather not eat she would rather not talk about not eating" (p. 291). In spite of her "leaden silence" (and his supposed knowingness of it), Phillips persists with Chloe, and to little avail. "Like Bartleby's boss," he describes, "I went through my repertoire of silence, ingenuity, exasperation, patient kindness, impatient kindness, unkind patience and so on. ... She simply sat there practicing the great adolescent art of making the so-called adults feel stupefyingly redundant" (Chernin [1994], p.290–291).

The one "breakthrough" in Chloe's therapy finally comes when she turns the tables, so to speak, on Phillips. She asks him, "Why do you put up with this?" He replies, "With what?" "With me sitting in silence," she says. "That's a very good question, why *would* anyone put up with this, what's the point? It's punishment," he replies. And then, in what turns out to be her farewell, she levels at him: "Why don't you think about that for a change?" (Phillips [2001], p. 292). So it is Chloe who has given Phillips food for thought. And in this role reversal, it appears that the "breakthrough" happens for the analyst more so than for the analysand. Phillips comes to realize

that in order to put up with Chloe's refusal to speak (silence is a symptom too) he had, unwittingly, dissociated his own "appetite." In other words, by accepting her silence, Phillips dosed the intensity of *his* appetite for therapeutic understanding (Farrell [2000]). In the end, he feels his dissociation served only to repeat the failure of those others around her who, as he suggests, "became cross and helpful, but never really hungry enough" (p. 293).

But what would it mean to be "hungry enough" in response to anorexia? In his experience with Chloe, Phillips seems to suggest that *not* being hungry enough is to somehow collude with the disguise of the symptom; that is, to become preoccupied with stamping the symptom out rather than understanding it. In other words, not being hungry enough is to take the symptom literally, to believe that refusing to eat signals a disinterest in food—plain and simple. Why is it difficult for others to imagine or accept that refusing to eat is not about food, *per se*? Could it be that there is a way in which the disguise of the symptom serves others? Could it be that we are worried about the demand that might be made of us if the conflict underlying the anorexic's suffering is exposed? Or perhaps we are worried that if the conflict underlying the anorexic's suffering is exposed and eventually overcome, she or he will no longer need us (Felman [1987]) It seems difficult for others to take the anorexic's (indirect) hint that something, besides food, is really wrong. Maybe this is why we become invested in the anorexic's symptoms through our own symptoms, like Phillips' dissociation in response to Chloe, or the boss's exasperation in response to Bartleby. Importantly, these "collusions" or investments in the anorexic's symptoms by those around the anorexic imply that anorexia is not only an *intra* personal matter; it is a way of relating that implicates the other.

Adam Phillips (2001) discussion "On Eating, and Preferring Not To" hinges on his generative question, "So what kind of experiment in living, what kind of ambition [...] is refusing to eat?" (p. 288). Contrary to the assumption that refusing to eat is a way of giving up or letting go (not only of food, but of "self-esteem," of a healthy "body image," or of a general drive for life—assumptions commonly held about anorexia), by considering refusing to eat an experiment in living Phillips opens a space to think of anorexia instead as an ambition of compensation. Anorexia, in other words, may be an attempt to compensate for a loss or disappointment that has affected the subject so deeply as to leave him or her with a fear of dependency on others, and a resistance to making connections with others for fear of a repeated loss. This unconscious fear manifests as a refusal of food or, more specifically, as a refusal of appetite. In anorexia, appetite reminds one that they desire, and desire reminds one of neediness, and neediness of dependency, and dependency of relationship. Thus, to make a desireless, "pure" self by refusing appetite is to keep buried a recognition of neediness, a recognition of the other, and a recognition that one's neediness was once traumatically let down, rejected, or violated by some ideal or some other that mattered. The double-bind in anorexia, however, is that denying one's dependence on others by refusing to eat often leads to an *increased* dependence as one descends into a physically weakened state (Freud [1991a]). On this occasion, the symptom begins to show its tenuousness as a substitute or self-cure, since the self eventually becomes impoverished by the energy required to sustain it.

Instead of asking, then, what kind of environment is the anorexic trying to make via his or her symptoms, let us also ask, what is the anorexic trying to make up *for*? It is in this sense of making up for something that Phillips imagines anorexia as a compensatory project. He writes,

"the wish to purify appetite is reactive to, or a consequence of, something already having been done to a person's appetite ... the refusal of appetite is a belated attempt to restore the viability of appetite ... Anyone ... who prefers not to, once, very definitely, preferred to—and it got them into trouble" (Phillips [2001], p. 294–295). As a consequence of this trouble over appetite, and instead of appetizing something nourishing like food, the anorexic "appetizes" emptiness or the remains of loss, creating a world in which "nothing can be eaten, nothing must be taken in" (p. 294). By appetizing loss, by making emptiness palatable, or by "feasting on hunger itself," as memoirist Marya Hornbacher (1999) describes it, the anorexic aims to maintain a "general state of unsatisfaction" so that desire might remain intact (p. 18). Put differently, by appetizing loss, appetite cannot be spoiled.

Refusing food is not an attempt to wipe out appetite entirely. Refusing food is an attempt to retroactively wipe appetite *clean*, so to speak, so that the possibility or viability of appetite might be renewed. The difficulty, however, is that for the anorexic pursuing this kind of renewal eventually necessitates risking new connections with others, risking having one's needs met, and thereby reconstituting relationships of dependency and trust like those that may have been compromised in the first place. It may just be too risky. Alongside this, the anorexic may not feel that he or she is deserving of the rewards that taking these risks potentially offer. When one has been deeply or repeatedly disappointed by something or someone else, the pain associated with the disappointment can start to feel like one has done something to deserve it. In other words, as in Freud's description of melancholia, disappointment gets turned inward, and the individual comes to feel that self-beratement (or, in the anorexic's case, self-deprivation)—rather than love or satisfaction—is deserved (Freud [1991a]).

Incidentally, Phillips (2001) learns that when Chloe was six years old her brother was born and this was the first time, according to her mother, that Chloe "got difficult with eating" (p. 291). A year and a half later, after Chloe had an operation to get her tonsils out, her eating returned to "normal." Phillips surmises that when Chloe's brother arrived on the scene she felt neglected and began to hate her parents. But then her operation afforded her a kind of punishment or penance (as well as securing her parent's attention), which effectively relieved her guilt about hating her parents so that she could return to feeling deserving again. Chloe's difficulty with eating, that is, symptomized her hunger or desire for her parent's attention, which she felt secretly worried about not receiving. Of course, this is the interpretation that earned Phillips Chloe's farewell jibe, calling him on his own penchant for punishment. Nonetheless, read together, their exchange offers an observation about how we are all capable of taking things personally and making them about our own desires, or resistances to desiring.

How then can we evaluate our own appetites, our own desires and resistances to desiring, in response to one who prefers not to eat? Phillips (2001) challenges us to notice "which parts of oneself need to be sacrificed—or at its most extreme, dissociated—in order, apparently, to sustain a relationship with this particular person" (p. 293). Might our too-easy willingness to interpret the refusal of food literally (by trying to convince the anorexic to eat, by being fixated on *his or her* appetite) register on some level with the anorexic as our resistance to accepting what he or she secretly wishes for? How can we be less preoccupied with the anorexic's appetite for food (what do we think is a "normal" appetite, anyway?) and more attentive to the fact that the anorexic may be embarking upon a difficult negotiation with loss *through* his or her

symptoms? What would it mean, in other words, to respond with hunger, instead of dissociation or flabbergast, to the "invitation" that the anorexic makes in refusing to eat?

Let us imagine symptoms as ways of making the best conditions for living that an individual possibly can, given his or her emotional history and resources. However counterintuitive it may at first seem, considering anorexia as an experiment in living allows us to recognize that, for the anorexic, refusing to eat is a strategy for psychic survival, a symptom adopted to stave off something more threatening than the idea of death itself; that is, the prospect of living in recognition of traumatic loss and vulnerability, and the daunting task of re-establishing dependence and trust. Considering anorexia as an experiment in living allows us to recognize that while ambivalence marks the anorexic's desire to make a secret wish known, desire still exists. This recognition is counter to notions of anorexia as purely self-destructive. While there is undoubtedly a certain intransigence of feeling that anorexia maintains, it need not be read as an absolute eclipse of desire or appetite. Most clinicians and researchers have learned from anorexic patients that anorexia is not about not having an appetite (Farrell [2000]). Instead, anorexia is a *denial* of appetite. In denial, appetite continues to exist but is refused. The anorexic refuses food not because of a lack of appetite but in spite of appetite. In other words, appetite is refused precisely because it makes its presence felt, reminding the anorexic of her or his hunger, desire, neediness, and dependence on others.

To consider anorexia as an experiment in living requires a different way of approaching the symptom. It requires an openness to and interest in learning *from* the symptom, as distinct from learning *about* the symptom. The difference between learning *from* and learning *about*, as psychoanalytic commentator Shoshana Felman (1987) has described, is that in learning *from* we do not treat the thing we are studying as merely an object to be exposed and explained but as a teaching subject to be learned from. In this spirit, we might usefully begin by considering what anorexia can teach us about appetite, as opposed to presuming that if we learn *about* the supposed "causes" of anorexia, we will then have the tools to stamp it out (or to force-feed it, as it were). Perhaps being open to "learning *from*" is what it means to be "hungry enough" in response to anorexia.

What is distinct and uniquely compassionate about considering anorexia as an experiment in living, is that it is an interpretation that asks us to take the side of the anorexic. In other words, it asks us not to assume that anorexia is inherently or wholly destructive. It asks us not to assume that the anorexic is emptied of desire. And it asks us not to assume that the anorexic's symptoms are counter-productive. Phillips points out that anorexia produces all sorts of things including, significantly, energetic responses from the most important people around the anorexic—parents, friends, lovers, teachers, and so forth. By considering anorexia as an experiment in living we move towards understanding what those who "prefer not to" might be hungry for, and how we might become hungry enough, ourselves, to make a difference.

Footnotes

¹ Phillips' experience of feeling "stupefyingly redundant" in response to Chloe recalls (another) British psychoanalyst Leslie [11] account of feeling viewed by his anorexic patient as "a cold uncharitable tin of uninteresting food" (p. 53). Sohn believes that this dynamic emerges out of

the anorexic's need to be disinterested in the analyst as a "potential giver," so as to refuse any potential for satisfaction or pleasure that might come from working with the analyst (p. 53). He argues that this refusal is a continued effort on the part of the anorexic to "remov[e] any awareness of truth, pain, depression, and dependence" (p. 52).

² While Phillips does not acknowledge the influence of Leslie Sohn here (again), his counter-transferential dissociation in response to Chloe is anticipated by Sohn's paper, "Anorexic and Bulimic States of Mind in the [11]. Sohn writes, "There is always a threat in the counter-transference of either bulimic wishes in the analyst that is, a wish to excite the patient to become interested, or anorexic ideas about the worthlessness of the whole process of analyzing. In other words the analyst loses his appetite for work" (p. 52).

³ The suggestion here that the anorexic's symptoms are unwittingly colluded with or supported by the needs of others is reminiscent of Winnicott's observation that a child's depressive symptoms are often attempts at reparation for a parent's depression (see Winnicott, 1948). According to his object-relations theory, the child's melancholy (denial of separation from the already-lost love object) is as much about the parent's need to remain psychically undifferentiated from the child as the child's need to remain "one" with the parent (specifically the mother). In the context of this paper, Winnicott's theory bears significance in that the anorexic's "experiment" is similarly understood as a relation between the self and the other—a test of whether the environment (including parents and others) can tolerate or withstand the self's "demand" or "invitation" as expressed by the refusal of food.

⁴ On this point also see Kim Chernin's *The Hungry Self* (1984) where she describes the anorexic as living a paradox with respect to the possibility of independence: "Separated from the mother through her slenderness and her stubborn refusal to eat the family's food, she is yet aligned to her by the failure of her development, her increasing dependency, her exclusive preoccupation with food as a means of expressing herself" (p. 175).

REFERENCES

Chernin, Kim. 1994. *The hungry self: Women, eating, and identity*, New York: HarperPerennial. (Original work published 1984).

Farrell, Em. 2000. *Lost for words: The psychoanalysis of anorexia and bulimia*, New York: Other Press.

Felman , Shoshana. 1987. *Jacques Lacan and the adventure of insight: Psychoanalysis in contemporary culture*, Cambridge and London: Harvard University Press.

Freud , Sigmund. 1991a. "Mourning and melancholia." In *On metapsychology: The theory of psychoanalysis*, Edited by: Strachey, J. 251–268. London: Penguin Books. (Original work published 1917). Trans., A. Richards.

Freud, Sigmund. 1991b. "The two classes of instincts." In *On metapsychology: The theory of psychoanalysis*, Edited by: Strachey, J. 380–388. London: Penguin Books. (Original work published 1923). Trans., A. Richards

Hornbacher, Marya. 1999. *Wasted: A memoir of anorexia and bulimia*, New York, NY: HarperPerennial.

Kafka, Franz. 2002. "A hunger artist." In Kafka's *The Metamorphosis and other writings*, Edited by: Kiesel, H. 133–141. New York: Continuum. (Original work published 1924).

Melville, Herman. 1965. "Bartleby, the scrivener. A story of Wall Street." In *Selected tales and poems* by Herman Melville, Edited by: Chase, R. 92–131. New York: Holt, Rinehart and Winston. (Original work published 1853).

Phillips, Adam. 1995. *Terrors and experts*, Cambridge: Harvard University Press.

Phillips, Adam. 2001. *Promises, promises: Essays on psychoanalysis and literature*, New York: Basic Books.

Sohn, Leslie. 1985. "Anorexic and bulimic states of mind in the psycho-analytic treatment of anorexic/bulimic patients and psychotic patients." *Psychoanalytic Psychotherapy*, 1 (2): 49 – 56. [CSA]

Winnicott, D.W. 1971. *Playing and reality*, New York : Basic Books, Inc.

Winnicott, D.W. 1975a. *Through paediatrics to psycho-analysis* , Edited by: Khan , M.R. London : The Hogarth Press and the Institute of Psycho-Analysis.

Winnicott, D.W. 1975b. "Reparation in respect of mother's organized defence against depression." In *Through paediatrics to psycho-analysis*, Edited by: Khan, M.R. 91–96. London: The Hogarth Press and the Institute of Psycho-Analysis. (Original work published 1948).