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Chapter 2

The Substance of Absence: Exploring Eating and Anorexia

Anna Lavis

Introduction

Gillian¹ had been anorexic for over 20 years when she was involuntarily admitted under the Mental Health Act (1983, 2007) to the inpatient eating disorders unit of a large NHS psychiatric hospital during the damp English summer of 2007. When Gillian arrived I was some months into a year of full-time anthropological fieldwork on the unit and, as we came to know each other, our conversations and research interviews offered insights into the experience of living through many years of anorexia and numerous hospital admissions. Echoing those previous hospitalizations, having limited her food intake to a point deemed potentially fatal by her outpatient team, Gillian suddenly found herself that July with no choice but to eat. Over the ensuing months, and with frequent articulations of both pain and anger, Gillian sat in the unit's dining room every day to eat three meals and three snacks, amounting to over 3,000 re-feeding calories. Arguably the object at the centre of inpatient treatment for anorexia (see Treasure and Schmidt 2005: 95) around which all other therapy is built, food both punctuated and produced the time of Gillian's admission. Her daily activities and freedoms depended on her having eaten her meals. During all of these Gillian held a fork in each hand; with one she reluctantly lifted food to her lips whilst the other, grasped in clenched fist, disappeared up her sleeve to scratch into her arm. When we were chatting during the last escorted cigarette break before ward lockdown one evening I asked Gillian about the deep scores that had appeared during dinner. She replied that digging the metal prongs into her arm made eating less painful, frightening and guilt-inducing; the physical pain, as the second fork entered her body through broken skin rather than open mouth distracted her from the first fork, which transferred food from plate to lips. Other patients in the unit held ice cubes whilst eating,

¹ All names are pseudonyms.

and some self-harmed afterwards to assuage their feelings of guilt. This distress at eating was also often discussed in interviews. Yet, these narratives illustrated that ice cubes, knives and forks are only partially effective at soothing distress. Gillian explained this partiality by contrasting the transience of such practices with the day-to-day incessancy of eating. Any relief gained, she argued, is ruptured by the looming necessity of eating again and Gillian echoed many other informants in describing herself as 'caught' between foods, always dreading the next mouthful as much as regretting the last. Yet, she also explained that this sense of entrapment not only arose from the eating disorders unit's enforcement of meals. It was also engendered by a tension that permeated her life more widely, which was encapsulated by her statement, 'I don't want to eat, but I don't want to die'. The tension between these desires lies, arguably, not solely in their binary opposition, but in their overlap; to (continue to) be anorexic, one must both eat and yet not eat.

Drawing on data from participant observation and semi-structured interviews undertaken during anthropological fieldwork in both the English inpatient eating disorders unit (EDU) (2007-2008) and on pro-anorexia websites (2005-2013), it is on subjectivities and lived experiences of eating amongst anorexic informants that this chapter focuses. I explore eating not only as absent to anorexia, the lack of which produces a disappearing body. Rather, I reflect on the substance of that absence, tracing informants' engagements with the materiality and meanings of food inside and outside their bodies. An attention to eating reveals complexity and nuance to informants' many and various food-centred practices; these engender active relationships of absence with food through which anorexia is maintained. (Not) eating thereby emerges as integral to how 'the everyday is produced' (Tucker 2010: 526) both within, and with, their illness by informants. Ensuing from interview narratives, central to this chapter is a focus on relationality as self-starvation cannot be delinked from informants' 'intersubjective fusion' (Jackson 2002: 340) with their anorexia. I suggest that anorexia both *is* not eating and is also *maintained by* not eating; to informants it is a presence both reliant on, but greater than, starvation practices. Recognizing how the illness is sometimes regarded as a part of self and, at others times, as both external and internal 'other', this chapter explores personhood as 'an unfolding *process*, with identity conditions which evolve over time' (Curtin and Heldke 1992: xiv, emphasis in the original) and in which 'the doer' is variably constituted in and through the deed' (Butler 1990: 142).

Practices of eating and not eating mediate personhood and anorexia as these ‘unfold’ together and sometimes also enfold one another.

An attention to informants’ (not) eating practices therefore offers an under-utilized way of taking account of subjectivities of anorexia, one that pays attention to the embodied and processual present moment lived with, through and inside the illness. It highlights the necessity of thinking beyond anorexia as primarily a future-orientated quest for thinness because, unlike food, thinness was not widely discussed by informants during fieldwork. When it was mentioned thinness was framed not as a goal of starvation, but rather as a visual indexical marker – to oneself and others – of the continuing presence of the illness.² My informants’ accounts therefore intersect with a wider broadening of analysis beyond thinness in recent explorations of anorexia ; (see Allen 2008; Becker 2009; Gooldin 2008; Warin 2010). Yet, reflecting on eating rather than thinness does not signify an attempt to dislocate anorexia from cultural context. Rather it considers that there may be other ways in which culture and anorexia touch edges, as cultural and affective spaces and contexts render anorexia valuable in and of itself, for what it *does*. This attention to what anorexic informants are doing and desiring, feeling and producing, when they (do not) eat therefore constitutes a ‘micro-analysis’ (see Deleuze 2007), which brings ‘into view the immanent fields that people, in all their ambiguity, invent and live by’ (Biehl and Locke 2010: 317).

However, whilst taking issue with the claim that ‘the anorexic has no story to tell’ (O’Connor and Van Esterik 2008: 9) and ‘what happens makes no sense’ (ibid.: 9), this chapter also acknowledges that ‘to see the illness as anything less than cruel is to do an injustice to those who struggle with an eating disorder’ (Allison 2009: 20). To recognize that anorexia is valued and even actively maintained by some informants is not to ignore the suffering and ambivalence in their narratives. Nor is it to suggest that anorexia is not a severe illness. Moreover, an ethnographic ethics of taking account of what matters to informants signifies ‘an anthropological approach that includes from the start the possibility of diverse motivations for human action and diverse grounds for, and forms of, personal agency’ (Desjarlais 1997: 202). Yet it also does not assume informants’ agency to be unaffected by illness.

² For more exploration of the relationship between thinness and anorexia and for wider discussions of the maintenance of, and desire for, the illness see Lavis 2011.

Rather, it allows us to see that in the everyday complexities of why and how informants (do not) eat, ‘different aspects of knowing, feeling, listening, and acting [circle] back on other aspects’ (ibid.: 244).

The first half of the chapter explores *how* informants do not eat, tracing ways in which many position themselves against eating. To their (not) eating practices is an interplay between materiality and virtuality as actively-maintained relationships of absence with food are present, and even become more important, when informants ‘actually’ eat, such as in treatment. This chapter half, therefore, does not explore ways in which the act of eating is negotiated and contained when it takes place, such as through extreme calorie counting/‘restricting’ or purging (see APA 1994). Rather, it asks what embodied subjectivities of personhood and anorexia underpin informants’ desires to position eating as ‘other’. The second half of the chapter continues this reflection by exploring *why* informants do not eat. This is not to ask why people develop anorexia. Rather, by focusing on informants’ relationships with their illness, it traces how these are maintained and mediated by (not) eating. The juxtapositions and mirrors between the two chapter halves illustrate that in exploring eating and anorexia there are no unambiguously straight lines, either between cause and effect or in terms of temporality. Encounters between eating and anorexia are multiple and varied and at these points of contact both are acted on and act.

(Not) Eating: Starvation Practices and Relationships of Absence

During fieldwork in the EDU, patients granted weekend leave were advised to plan this in writing, being careful to schedule in meals and snacks to exactly mirror those on the unit. This exercise was intended to make feeding oneself easier by removing some of the agency, and thus guilt, of eating. When Raja, an informant whom I had come to know well, was first allowed off the unit for weekends, she asked me to help her with this planning. So, on a number of Fridays Raja and I sat on a bench in the hospital grounds with a blank piece of paper and a pen. Raja’s leave planning oscillated between tears, humour, evasion and frank honesty and I am grateful that she allowed me to record these. Raja would often tell me, laughing, that there was ‘no point’ writing meals into her days because she ‘would not eat them’. She said with humour, ‘I’ll “forget” to go to the supermarket and then find the fridge is empty again – oops there’s nothing to eat!’ When charting hour-by-hour her future weekend activities, Raja also ‘forgot’ to leave any space for meals. By literally writing eating out of her life she demarcated it as

outside her own time, which formed a contrast with its centrality to the temporal rhythms of the inpatient unit. When I would gently point this out, Raja would say with irony and a sad smile: ‘So you noticed that again, huh? Damn!’ During these planning sessions Raja described how her ‘terror’ at being near food ‘did not allow’ her to keep any food at home that would not be cooked, eaten or thrown away within a couple of days, and supermarkets were ‘horrificing’. Such articulations of fear suggest that to reflect on experiences, subjectivities and practices of eating among anorexic informants, we need to take account of what Elspeth Probyn has termed the ‘brute physicality’ (Probyn 2000: 216) of food – its presence as well as absence.

Alongside fear, informants in both field sites described food with horror and disgust. In her interview Kate offered a description of mealtimes in treatment when eating was enforced; she said:

Eating just feels wrong. It just doesn’t feel right. It doesn’t feel natural. Everything ... like ... my mind is saying ‘no’. Sometimes I actually physically feel like something’s holding my arms down and my legs there and I just feel held still because I’m so not wanting to do it and my body’s pulling away, pulling away and I’m having to override my nat ... what I perceive as my natural response and really sit on it and really stay really rigid and still so that I can get through it. It’s thinking about what’s going on, you know, it’s like you’re breaking down food. There’s food in my mouth – food and saliva – and I think about what’s in the food and it’s all being broken down. I just think it’s horrible to have something in your ... eurgh, I can’t really explain it but I think it’s horrible to have something in your mouth and you’re kind of moving it around and you swallow it and it’s going into your digestive system ... eurgh ... I feel so greedy ... I just feel like, when I’ve got something in my mouth, no matter how small the piece is, it just expands and it fills my mouth completely.

Kate’s description of eating imbues food with an unstable and even perhaps, untrustworthy, materiality and its movements through her body are threatening. By attuning to this viscerally experiential horror, we can see how for informants such as Kate and Raja ‘eating is always, more or less, a form of pollution’ (Giordano 2005: 127). The threat and contamination of eating have also been highlighted by recent anthropological discussions of anorexia (see Warin 2003, 2010). Yet, in arguing that we need to take account of food’s materiality to understand self-starvation, I also suggest that it is imperative to carefully trace the multi-directionality and temporality of cause and effect here; this at once

demonstrates why food's physical presence is central to informants' productions of its absence whilst also showing how that centrality is complex.

We might suggest that the illness of anorexia itself causes informants to experience eating as contaminating and food as threatening; in line with clinical discourses, we could regard the 'anorexia [as] talking' (Tan 2003), as having altered informants' values (Tan 2005; Tan, Stewart and Hope 2009) and thereby their experience of food. A loss of agency to anorexia as a constituent part of informants' fear of food, which would support this perspective, is illustrated by statements such as this one from Abigail: 'You're too scared to eat it. You can't eat it'. Likewise, in her interview Eva said:

I'll sit there and I know I'm hungry and I'll feel my stomach rumbling but then I'll sit there and think, 'ok, so what do you want to eat then?' and you think, 'an apple? No I can't eat that. No, no. Oh my God no'. And then you think of anything: 'Yoghurt? No'. You go through lists and lists in your head and the more you, like, realize there's nothing you feel like you can eat.

Moreover, that anorexia alters, and at least partly controls, conceptualizations and experiences of food was illustrated by another informant, Miriam. In her interview she said:

I think it would be totally a lie if I said it [anorexia] hadn't changed me, it has. On a day-to-day basis, not necessarily now but before I came in [to the EDU], I would have screaming, ranting, slanging matches with my parents. I actually got quite hoarse and I'd be getting to the point where I'd almost be being sick because I was getting so angry and it would be over two tubes of pasta. Seriously, two of those little penne tube would set me off.

It is therefore clear that eating experiences are refracted through the agency exerted by anorexia, and also that such 'food beliefs and representations exist materially in the body' (Hayes-Conroy and Hayes-Conroy 2008: 461). Yet, this is also not the end of the story. To assume linearity of cause and effect in which anorexia's agency is unquestionably causally positioned between informants and food would frame their food refusal as *always* or *entirely* unagential and reactive. This would not encapsulate subjectivities of eating expressed in informants' narratives, in which loss of agency is only one element amongst many. We therefore need to hold in one analytical space an awareness of how anorexia may perform food and eating in certain ways, whilst also engaging with how food and eating practices may,

likewise, perform anorexia; these 'hang together' (Mol 2002) in informants' modalities of being anorexic, and, even, of 'doing' anorexia.

Above, Kate described eating with abject horror. Yet, in her interview she also recounted how, when surviving on 100 calories a day just before admission to the EDU, she would collect menus from local restaurants and peruse these alone at night. Kate said: 'I could almost imagine I could taste what I was reading ... Once I'd read it, it almost felt like I'd eaten it. I'd want it so badly but I couldn't let myself have it. And for me also, I'd look at it and think God how disgusting, eurgh'. A causal link between the neurological effects of starvation and fantasizing about food is clinically documented (see Keys et al. 1950) and famously discussed by George Orwell (2001) and Primo Levi (2004). Yet, aware of hunger's 'supposed brain effect', as she put it, Kate was emphatic that her menu collecting was not biologically-driven but was, rather, a modality of both 'making sure' that she was, and 'making [her]self', anorexic. To support this dual claim, Kate showed me the menus she had amassed in the EDU where, she pointed out, she was eating over 3,000 calories a day. At the time of that interview a pizza delivery menu hung on the board outside the Nursing Office. One of the healthcare assistants who ran DVD nights had suggested that the coming Saturday's DVD night could expand to incorporate pizza. Pizza night never materialized due to an unsurprising lack of enthusiasm but the menu hung on limply for several weeks. Just after our interview Kate and I happened to be standing in the corridor together. Kate, rapping her knuckles on the menu, said: 'You see, that's what I mean, I've read that menu a thousand times; every time I walk past I have to stop... I make sure I don't want it'.

Although Kate would seem to enact 'a simultaneous refusal to eat and incessant preoccupation with food' (Heywood 1996: 17), which has been widely discussed in relation to anorexia, by evoking yet refuting clinical paradigms of cause and effect she asserts the active and agential nature of her food refusal. That food embodies contamination and danger, Kate's account suggests, may certainly enable informants to frame a refusal to eat as a logical response to threat. But her emphasis on agency illustrates that we cannot, in turn, posit this threat as a cause of food refusal, or simply attribute it to anorexia's agency. Kate's sense of herself as anorexic depends on a notion of food as dangerous and 'wrong' but she also continually re-performs food's 'wrongness' by refusing it. By perusing menus, Kate draws close to food, albeit virtually, 'eating through [her] eyes' precisely in order to reject and resist it. She

thereby manufactures distance from eating precisely by rupturing a self-created proximity. In a 'surveillance over, and against [herself]' (Foucault 1980: 155), Kate's 'hyperreal' (Baudrillard 1983) eating produces an absence made not only of lack but, importantly, of enforced lack. Whether or not Kate is restricting her calorie intake outside treatment or eating within it, the enforced lack that forms the substance of Kate's relationship of absence with food demarcates eating as 'other'. In processually affirming herself as someone who both *does not* and *should not* eat, she maintains herself as anorexic, importantly even in treatment where, after months on a re-feeding regimen, clinical markers such as BMI problematize this claim diagnostically (see APA 1994). 'Eating's just not me', explained Kate and, given that it is against eating that this 'me' – this anorexic personhood – is processually (re)produced day-by-day, it is beginning to emerge why so many informants echoed Kate in suggesting that they 'should not eat'.

In her interview Miriam said: 'If you eat you've given in, you've stuffed yourself silly and that's not right. You just shouldn't do that'. In hers, likewise, Libby said of improving, which meant in the language of the clinic eating with more ease, 'I find it really hard to improve because part of me feels like I shouldn't be improving cos it's wrong to improve, it's not anorexic to improve'. Yet, the word 'should' is, importantly, suggestive not only of horror at food, but also of desire for it. Desire resonates through pro-anorexia websites, which advise participants to: 'Spoil your food. As soon as you've cooked your meal, put too much salt, pepper, vinegar, detergent or perfume on it. That way you won't want to eat it'. A desire to eat was also present in Kate's narrative when she 'made sure' that she did not '*want*' the items on the take-away menu. In her interview, another informant, Abigail said: 'I don't hate food. I am terrified of it, absolutely terrified of it. But there are things I enjoy. And I hate to admit it but I do enjoy some foods. It just feels shit to admit that'. I suggest that underpinning informants' processual and active relationships of absence with food is an entanglement of horror and desire, with the latter as important as the former. The desire to eat and the visceral pleasure it might incite both emerge in narratives as aspects of eating that allow its enforced absence to become an achievement. Through these, we can see how food is experienced as threatening and horrifying and yet also that, as one informant Elle put it, 'starving feels like an achievement, it feels like you've done something right'.

‘Achievement’ and ‘discipline’ are words common to scholarly discussions of anorexia (see Eckermann 1997; Heywood 1996) but they are often used to argue that ‘slenderness is the measure of one’s moral calibre’ (Ellmann 1993: 5), which locates achievement, and thus any measurement of it, in a corporeal ‘end result’ of anorexia – thinness. In contrast, in an anthropological exploration of anorexia, Sigal Gooldin argues that to understand achievement in anorexia, we need to pay attention to hunger; ‘the experience of hunger, which involves physical pain and suffering, is transformed into a feeling of self-efficiency, power, and achievement that constitutes a sense of heroic selfhood’ (Gooldin 2008: 281). On pro-anorexia websites this intermeshing of hunger and achievement is demonstrated by frequent advice to participants to ‘feel your hunger, don’t try and suppress it. You want to be hungry cos if you aren’t then you’re not doing it right. Hunger is not your enemy!’ Yet, explaining ‘how to get through it’, as she put it, Milla said: ‘Keep yourself really busy, almost to the point of being completely stressed out and then you can go for eight hours without feeling hungry’. In her interview Jumela said about emails she exchanged with other participants to pro-anorexia websites that, ‘common goodbyes at the end of pro-ana emails are “stay strong” and “starve on”’. Jumela’s statement suggests what many other informants also noted, that the physical discomfort of resisting hunger renders anorexia a processual rather than teleological achievement. It permits informants’ measuring – or, following Foucault, ‘surveillance’ (1980) – of themselves against eating to be viscerally felt; through the embodied experience of hunger, eating’s enforced absence is not only lived moment-by-moment but is also produced within the tangibly-lacking stomach. Yet, paying attention to informants’ actively-constructed relationships of absence also highlights that the achievement of corporeally as well as conceptually resisting eating goes beyond an engagement on the part of informants with their hunger. Many also utilize the multi-dimensionality and materiality of the act of eating (against) itself to produce its own absence; hunger, taste, desire, pleasure and horror *all* form part of informants’ othering of eating through ‘chewing and spitting’.

In interviews some informants described a daily practice of chewing and then spitting out food. They recounted carefully, sometimes lavishly, cooking meals and then taking mouthfuls, chewing them, holding the food momentarily within the cheeks and on the taste buds before spitting it out. By permitting the experience of eating, or rather of tasting but not digesting, chewing and spitting

constitutes a viscerally aesthetic, but subversive, engagement with food. It refuses it through, and indeed within, the body, heightening the achievement of resistance by locating it within the mouth. In this intimate encounter between food and mouth, chewing and spitting is dangerous. It navigates closely – too closely perhaps – the desire to swallow incited by bodily hunger, the pleasure of taste and, also, the swallowing reflex. I suggested earlier that Kate’s perusing of menus was, following Baudrillard (1983), a ‘hyperreal’ eating. Chewing and spitting is also hyperreal but because of this increased danger, in its mimesis of eating there is not solely ‘replication’, but also ‘simulation’ (and indeed, stimulation). Simulation, argues Baudrillard, ‘threatens the difference between “true” and “false”, “real” and “imaginary”’ (ibid.: 5). This blurring is illustrated by the fact that, as a number of informants argued and pro-anorexia websites also document, chewing and spitting is flawed; it is an ‘imperfect’ way of affirming oneself to not eat because, within the body, boundaries are not easily maintained; as one pro-anorexia website participant put it, ‘the fat slides down your throat anyway’. Yet it is also clear from this statement that in the use of chewing and spitting to affirm eating as other, the throat is transformed into an important conceptual boundary, however imperfectly leaky. It becomes the temporal and spatial moment at which eating, and thus the achievement of resisting it, are located. As such, a contrasting ‘real’ eating coalesces around swallowing, where that signifies a *voluntary* ingestion of food, which many informants described simply as ‘failure’. Chewing and spitting whilst in the EDU allows informants to affirm the otherness of eating whilst also *involuntarily* swallowing food that is both enforced by treatment and which, as many informants acknowledged in interviews, keeps them alive. This practice therefore enables informants to assert that, as Holly’s put it, ‘I just don’t *want* [food] in me’, even as it makes its material way through the body.

In its close engagement with bodily boundaries and pleasures, thus, the practice of chewing and spitting has once again brought to the fore the sense of precariousness and danger that pervades informants’ discussions of eating. We have seen that relationships of absence with food must be continually re-performed to maintain eating at a distance; its threatening proximity and presence not only arise from the necessity of eating to staying alive, as Gillian reminded us at the outset, but also from how, especially in treatment, informants’ affirmations that eating is ‘not me’ are concurrent with the daily swallowing of food. Taking up the entwined threads of threat, personhood and the sense of

relentless 'liminality' (Turner 1967) to conceptually and actually keeping eating at bay, which have emerged in this half, the chapter now turns to consider why it is so important to informants to position themselves against eating and, thus, why eating is imbued with horror, contamination and danger. As I suggested earlier, it is insufficient to argue simply that this is *because* of anorexia. Rather, having established that eating is not merely a straightforward absence in anorexia, it is necessary to contextualize productions of its lack by reflecting on informants' relationships with their illness. This engenders recognition of how the absence of eating maintains and also mediates anorexia's presence.

Anorexia: Maintaining and Mediating a Presence

Cooking Group on the EDU is a therapeutic activity in which informants nearing the end of their stay are helped to buy and cook their own food in preparation for life beyond the unit. Seeing another patient, Milla, struggling to eat what she had cooked during one particularly fraught Cooking Group during my fieldwork, Hadia reassured her, 'the more you do it, the easier it'll get'. To this Milla replied emphatically, 'I don't want it to get any easier!' To Milla, as she explained later, there was a frightening temporal duality to this encounter between eating and anorexia. Whilst being able to eat with ease – without fear or horror – signified that anorexia had already begun to slip away, eating also constituted the production of that loss. As such, Milla demonstrates the danger posed by eating to anorexia and, in so doing, illustrates why eating *should not* be done. Yet to therefore suggest that relationships of absence with food maintain anorexia is not to deal in empty tautologies; it is not to claim, simply, that an absence of eating maintains starving. Rather, to understand how not eating 'matters' (in) anorexia, we need not only to trace how eating threatens anorexia, but also to reflect on what anorexia *is* and ask, thus, what it is that is threatened. This comprises listening to informants' narratives of anorexia as 'something you feel quite protective of; you don't want anybody to sort of rip it away from you because it stands for a set of things that you do', as Milla put it. Such statements suggest that ways of othering eating explored in the first half of this chapter go beyond embodied practices of self-production to be inter- as well as intra-subjective. As such, they offer insight into how anorexia both *is* not-eating practices and is also maintained *by* not-eating practices; its presence in informants' lives goes beyond the sum of its parts and that presence, to many informants, is that of a 'friend'.

Informants in both field sites offered friendship with anorexia as their reason for not eating. In his interview Laurie said: 'It's a friend, definitely a friend. It keeps me company... and it helps me... you know? It does help me'. And, Tara said of anorexia: 'It's been a friend to me for a long time'. Likewise, in her interview Shanice offered this explanation for not eating:

The first thing that comes to my mind about anorexia is it's like a friend. It's like sort of ... I dunno ... yeah, more of a person rather than an illness. It's more of a friend, a close friend, rather than having an illness. Because, when it came along I was going through a really bad time and I was feeling quite depressed and it just sort of came along and rescued me in a way. It's always there for me. It doesn't abandon me, when the going gets tough. It'll always step in for me in a fight.

Another informant, Cally, said of a difficult marriage counselling session: 'It was there so I didn't have to be ... like a friend would be. It just took over'. And, Jumela described why she wanted to maintain her anorexia by saying simply, 'it holds my hand'.

Descriptions of the illness as a friend are present in literatures from the anthropological (Warin 2006) to the psychological (Colton and Pistrang 2004; Serpell et al. 1999) and frequently occur in memoirs of anorexia (Grahame 2009; Hornbacher 1998, 2008). During my fieldwork, many reasons were offered as to why anorexia was a friend and all of these related to informants' experiences of anorexia's 'help'. This help was often discussed in terms of starvation's dampening of emotion. Elle, for example, said: 'It sort of helps to relieve feelings and stuff. It does its stuff so I don't have to feel them'. Claudine, another informant, explained that not eating is 'like you're telling yourself to shut up' and many informants described anorexia's protective 'numbness'. Informants' conceptualizations of anorexia's friendship therefore intersect with a wider recognition of anorexia as 'a functional coping strategy in which control of eating serve[s] as a means of coping with ongoing stress and exerting control' (Eivors et al. 2003: 96); they demonstrate why it has been termed 'an illness of the emotions' (Treasure, Smith and Crane 2007: 73) and is seen as a way to 'avoid dealing with other problems' (Cockell, Geller and Linden 2002: 77). Yet, informants' discussions of how anorexia 'steps in' or 'comes out' to take control in particular situations when they need it to offer a more nuanced insight into this 'friendship'.

From these narratives of ‘help’ the illness emerges as something that mediates and makes informants’ everyday lives by offering them a way to contextually move through, interact with, or retreat from, their surrounding worlds and maintain a sense of control. By (re-)making anorexia day-by-day, not-eating practices maintain a personhood that not only ‘unfolds’ (Curtin and Heldke 1992) with the illness but that is also ‘held’ by it and that, therefore, depends on it. This imbrication of anorexia and personhood – or rather, perhaps, this anorexic personhood – was glimpsed earlier in Kate’s assertion that eating was ‘not [her]’. Through it we now see how maintaining anorexia might be underscored by a mingling of desire and necessity and also how recovery ‘may appear terrifying’ (Treasure 1997: 45) as it comprises the dual loss of anorexia and self. Relationships of absence with food therefore maintain one’s personhood and also protect anorexia from being harmed, ruptured or effaced by the ingesting and digesting of food. Moreover, given the value placed by informants on anorexia’s dampening of emotions, eating is not only distressing for what it signifies. It also actively incites distress; it is experienced by informants as violently rupturing the ‘safety’, as Eva put it, of anorexia, thereby engendering ‘emotional fireworks’ (Treasure and Ward 1997: 107) after months or years of self-starving. As such, eating *should* – indeed, *must* – doubly be kept at bay. Furthermore, not only does a lack of eating constitute the substance of anorexia’s ‘friendship’, but the practices that produce this lack are themselves also a part of the relationship. In her interview Leila said about anorexia: ‘Well, it helps you so you help it’. And this, she said, means ‘you mustn’t eat’. For Leila, it is the reciprocity of protecting her illness that makes her relationship with anorexia a friendship, which illustrates how belonging, such as that between Leila and her anorexia, comprises ‘involvement and investment’ (Grossberg 2000: 154) and is ‘a production’ (ibid.: 154; see also Probyn 1996).

Thus, informants’ accounts of anorexia’s friendship elucidate how practices that manufacture distance from eating keep anorexia close, and how both this distance and proximity are processual rather than static. Yet, there is a further dimension to these doubled processes, which disrupts but also reinforces their mirroring of each other. The liminality (Turner 1967), which I noted earlier, to these productions of distance and proximity lies not only in their relentlessness but also in their precariousness. In their narratives of eating and anorexia informants described how there are times

when, as one informant put it, ‘anorexia holds onto you too hard’ – when it is *too close*; in her interview Shanice said:

I suppose it’s not a friend in a way because I suppose it’s not really a healthy way of dealing with things and it makes you quite ill physically. It probably makes you mentally worse. It’s sort of like it wants to help you but at the same time it’ll kill you whilst it’s doing it.

There is a clear, and indeed causative, parallel to being ‘held’ in a protective numbness by one’s friend anorexia and being ‘held onto’ meaning trapped. These, moreover, are often juxtaposed in informants’ narratives. In her interview Tanya said ‘I just don’t want to be without anorexia’ and yet she also described the illness as ‘hell’. Jumela, likewise, described herself as ‘trapped in something I love and hate’. Such accounts illustrate how the balance of informants’ relationships with anorexia may shift as the illness stops, at least momentarily, producing or helping to control their everyday lives and, instead, constrains or even destroys these. Descriptions of what some informants termed anorexia’s ‘betrayal’ resonate with a sense of how its previously-helpful agency may painfully tighten the threads that bind personhood and illness. As such, it is clear why the clinical model of anorexia regards ‘the patient as constrained and trapped’ (Palmer 2005: 2) by anorexia. Yet, in interviews, many informants described this entrapment whilst also continuing to value, and even actively maintain, their illness. Moreover, just as being ‘held’ and ‘held onto’ mirror one another, so too do the encounters between food and anorexia that engender these dual subjectivities. In Kate’s menu collecting and in chewing and spitting, above, engaging with food brought anorexia closer. Now, an attention to eating within this context of relationality not only illuminates how accounts of being ‘engulfed’ or ‘trapped’ by anorexia resonate with a sense of *excess* proximity but also how this is produced by unagential encounters with food. Recognition that being ‘triggered’ by food, as informants put it, is entangled with their wider subjectivities of anorexia as a friend offers insights into how informants’ relationships with their illness *continually* change, both agentially and unagentially. It also suggests that the day-to-day complexities of these shifting relationships cannot be understood without taking account of both subjectivities and practices of food and (not) eating.

In her interview Miriam said: ‘Sometimes I could sit and talk to someone perfectly rationally about food ... but put me in front of it phewf, that’s bad!’ Like other informants, Miriam attributed this profound fear of, and horror at, encountering food to how it ‘triggered’ her anorexia. By this she meant that being near food gave rise to an unagential upsurge of anorexia within her. Miriam described this as having suddenly ‘too much anorexia’, about which she said: ‘there’s too much of it and then there’s less me’. Likewise, one afternoon as we sat together in the Occupational Therapist’s Office on the EDU planning what she would prepare later that day in Cooking Group, Leila also felt herself to be ‘triggered’. Staring bleakly at a computer screen replete with chicken recipes, Leila suddenly said: ‘Somehow everything just seems to get ruined; anorexia always gets in the way’. She went on to explain that whilst browsing the recipes on the Internet she had suddenly felt her anorexia to rise up, take over and push out not only herself, but also her ‘friendly’ relationship with anorexia. Clearly echoing informants’ agential engagements with food in the first half of the chapter, in these unagential encounters with food – both actual and, in Leila’s case like Kate’s earlier, virtual – *too much* anorexia is produced. Narratives of being ‘triggered’ draw our attention to informants’ subjectivities of the many and continual – even daily – shifts in the relationship between personhood and anorexia. Informants feel themselves to be more or less anorexic, more or less agential, in certain contexts and at particular times, and food produces these shifts both *with* informants and *against them*. Yet, despite offering us their mirror image, I suggest that ‘triggering’ does not undermine informants’ relationships of absence. Rather, it underscores the importance of these to informants. We cannot assume that feeling ‘trapped’, ‘engulfed’ or, as Leila put it, ‘pushed out’ by anorexia necessarily ruptures friendship with the illness. Rather, it became clear during fieldwork that it may also incite a desire to re-establish friendship and regain a relationship with a more ‘friendly’ anorexia. It is therefore here in an ‘agency play’ (Battaglia 1997: 506) enacted both against and also *with* eating that relationships of absence take on a further dimension of importance to informants. Positioned against the experience of being ‘unagentially triggered’ as well as against eating, these both re-produce distance from the triggering food and also reclaim agency from eating *and* anorexia. To trace the threads of this argument, the chapter will now end where its discussion began, with Raja’s weekend leave. Illustrating how ‘agency arises out of a specific set of activities’ (Desjarlais 1997: 202) Raja’s narrative elucidates how both eating and not

eating may be simultaneous and also mutually productive, as lack and substance fold into one another in the maintenance of both anorexia and (an anorexic) personhood.

Despite adamantly writing food out of her leave plans, almost every Sunday night Raja did cook, always with the same recipe and all the food in the house. This recipe was a dish of sausages and lentils from Nigel Slater's *Kitchen Diaries* (2005), which she had originally chosen, she said, 'because it looked like it'd taste nice'. In her interview, Raja described how during the weekends when 'on her own with [her] anorexia' and not having eaten anything at all for 48 hours, she would become scared that the illness was becoming too strong and engulfing. For this strengthening Raja offered many reasons, which included actively resisting eating to maintain anorexia and, also, having had 'too much triggering' accidental contact with food when out in public. Raja described feeling suddenly 'trapped' by a 'too close' anorexia and finding it difficult to 'get back', as she put it, to her valued 'friendly' relationship with her illness. To re-align this friendship, therefore, Raja meticulously cooked this meal of sausages to, she said, 'prove' to anorexia that she was 'in charge of it'. Then, fearing that all the food would itself be either too triggering or too desirable, where we have seen these to be entangled, Raja would always take two small mouthfuls and throw the rest away, taking the food to a dustbin outside the house and leaving the fridge once again completely empty. By voluntarily swallowing some of this meal, Raja arguably temporarily ruptured her relationship of absence with food and, thus, also her relationship with anorexia. By then throwing away – actively resisting – the barely-touched meal, however, she (re)produced eating's lack and anorexia's proximity, thereby reinstating both relationships discussed in this chapter. In so doing, Raja reclaimed anorexia as part of herself and eating as other, employing the threatening materiality of food to restore her desired balance of presence and absence.

Conclusion

It has been argued that in anthropological analyses, 'it is time to attribute to the people we study the kinds of complexities we acknowledge in ourselves' (Biehl and Locke 2010: 317). By turning its attention to eating, and thereby thinking beyond a more prevalent analytical focus on thinness, this chapter has sought to explore everyday complexities of being, doing and feeling anorexic. Practices to 'other' eating and processually maintain their illness elucidate the many ambivalent ways in which individuals live with, through and even inside anorexia. This is because attending to intricacies and

intimacies of informants' (not) eating practices, rather than imputing from the visuality of an already-emaciated body, alters the temporality of analysis. It engages with anorexia at the many daily moments of informants' food encounters and enables us to take account of how thinness is made without assuming this to be a goal of self-starvation.

Arguing that eating is not a simple lack in anorexia, this chapter has therefore explored how its absence, like its presence as this volume as a whole elucidates, is generative. (Not) eating practices cannot be dislocated from informants' subjectivities of relationality, and the illness has emerged from the chapter's discussions as both an intra- and inter-subjective presence. Listening to accounts of friendship with anorexia has revealed how the illness is experienced by informants as containing and mediating the world around them, and as offering a protective numbness. Anorexia's agency underpins friendship by 'coming out' and 'stepping in' for informants but it also renders the balance between anorexia and personhood precarious. Tracing the ways in which agency perpetually slips and slides along the threads between informants and their illness – as anorexia continually shifts between helping and engulfing – has illuminated the entanglement of these subjectivities with food and eating. Accounts of being 'triggered' by food have illustrated the many day-to-day shifts in anorexia's friendship, as well as how these intersect with the swallowing and not swallowing of food. Paying attention to triggering has also disallowed any assumption that anorexia's 'entrapment' is the end of the story – that it occurs temporally later than, and thereby undermines, practices to keep eating at bay. Rather, holding triggering and relationships of absence in one analytical space has elucidated their simultaneity. This has highlighted the dialectical engagement between - and multiple temporalities of - processually reproducing something that you already have, whilst knowing that it too produces and constrains you in ways both valued and unwanted. Such nuances in informants' narratives have illuminated compromised conditions of possibility in anorexia and also the creativity of individuals' ways of 'making do' (de Certeau 1984) with(in) these.

Thus, this exploration of what we might term *the contours of not eating* has reminded us that 'the topography of subjectivity is multi-dimensional' (Haraway 1991: 193); that since we cannot assume illness to entirely flatten this landscape, we must ensure that our analyses do not do so either. By listening to anorexic informants' narratives, this chapter has sought to underline the importance of

attending not only to *how* not eating matters (in) anorexia, but also to *why* anorexia matters to informants. Exploring their day-to-day experiences has suggested that such an understanding can perhaps only be forged by engaging with individuals' own intricate, complex and embodied conceptualizations of what *both* eating and anorexia *are* and *do*.

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