

FROM VIRTUE TO VICE: NEGOTIATING ANOREXIA

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The recovered hold anorexia's key. That's a new thought, even to them. In interviewing recovered anorexics in Tennessee and Toronto, we heard how their illness still mystifies them. One by one, no one had anything more than guesses about how it had all happened. Yet piecing their stories together revealed two pieces of the puzzle no one had noticed missing: anorexia is an *activity disorder* that almost always is also a *developmental disorder*.

As an activity disorder, anorexia is how a practice imprisons a person. It's like a habit you can't break, except the 'you' that once was becomes the habit, leaving no one to resist the practice. That loop is not the problem. In fact that's how culture completes every individual's biology—we literally become what we do devotedly. The problem is that anorexia's gateway activities—dieting, exercising, training, healthy eating—intensify through ever greater self-denial. That's not new (it's as old as monasticism) and it need not be bad (it's how athletes train themselves into Olympians) but when practicing self-denial with food can be deadly.

As a developmental disorder, anorexia exploits coming-of-age openness. Our informants had been especially sympathetic, well-intentioned and achieving children who readily mastered deferred gratification. Over the years they thereby develop a constitutional capacity for self-denial that later makes extreme asceticism not only possible but attractive. As they come of age, in separating themselves from youth culture's indulgence, they take up projects of virtuous self-improvement (healthy eating, athletic training, weight loss) that lead into anorexia. Exhilarated by succeeding where others fail, they commit more and more of who they are to what they're doing until the person dissolves into the project.

Listening closely to the recovered overturns current thinking. One explanation, centered in biomedicine, sees anorexia as the symptom of some deeper biological or psychological pathology. Against this, our informants argue for what the surface says: taken too far, dieting and exercise can imprison the person in an unrelenting practice. Anorexia needs no deeper or darker cause. The other dominant approach, centered in popular thought, attributes anorexia to how beauty ideals oppress women. That oppression is real enough but it has little or no connection to our informants' illness. They sought to be good, not look good. No one wanted to be a supermodel, least of all the men; most were too focused on control, healthy eating or athletics to care about appearance; and everyone saw beauty as either irrelevant or at most peripheral to their disorder. Indeed, anorexia is no more a woman's disease than alcoholism is a man's. What's gendered is the gateway, not the disease

While we question current explanations as our informants do, deconstructing biomedicine and dismissing gender inequities won't cure anyone. To find better answers our book uses biomedical evidence, cultural context, and the anorexic's point of view discursively, letting each nuance the others. We do not, then, let one truth dismiss the others but negotiate different perspectives. That's our epistemology: what we can know about anorexia comes from how it responds to probes and practices from all quarters. And that's true for an ontological reason: the syndrome is less a fixed object that research can measure and therapy conquer than a fluid relationship that changes as its interlocutor does. That then is why negotiating has therapeutic promise: working with

the sufferer's point of view opens them to getting well, models what staying well requires, and avoids provoking an unwinnable war.

Organization

As anthropologists we place anorexia in the local worlds and embodied experience where it begins. Section I studies the disease in itself. It shows how various motives initiate a disease that then follows its own inner logic. Over time restricted eating and excessive exercise bootstrap the actor into anorexia as a self-sustaining disease. Section II then looks at the adolescent and 'coming of age' conditions that evoke an anorexic response. That response draws on distinctively modern traditions of virtuous eating, bodily discipline and appearance that Section III explores. Section IV lets recovered anorexics tell us how they got out of the disease and what they do to stay healthy.

Introduction: Negotiating Anorexia

- *Anorexia is an activity that takes over the actor's life. As a practice it follows its own inner logic, a reality that we can know phenomenologically and comparatively. And, as a moral project, anorexia follows a surrounding cultural logic, a reality that we can know interpretively and historically.*

I. THE DISEASE: An Activity Disorder

- *Approaching anorexia holistically, we treat the disease as a living reality that must be understood in its own terms. Those terms define the natural parts that then organize our chapters.*

1. The Person: Working with Interviews

- *Working outward from the personal stories of the recovered, we analyze the evidence across five 'frames for knowing' to study anorexia holistically and pluralistically rather than reductively.*

2. The Medicine: Reworking Cartesian Knowledge

- *Working outward from the medical definition, we contextualize anorexia as an activity, characterize the actor, and evaluate causes.*

3. The Stories: Respecting Diversity

- *In telling their stories anorexics recall the reality they once lived. Using interviews we place the disease within the life-course, identify its natural parts and progression, and establish that the people, paths and motives ending in anorexia are quite diverse.*

4. Bioculturalism: Seeing Holistically and Historically

- *Anorexia arises as biology and culture interweave to create a biocultural hybrid that then takes on a life of its own. In effect, restricted eating and intense exercise bootstrap themselves into a self-sustaining activity.*

5. Bodily Bent: The Individual's Constitution

- *Long before anorexia arises, anorexics develop social and bodily dispositions that later carry them into the disease.*

6. The Activity: How Ascetic Doing Takes Over

- *Once begun, restricting and exercising crystallize into a self-sustaining bodily activity that expands to take over the anorexic's life.*

7. The Core: Elementary Anorexia

- *Elementary anorexia—what the activity does in and of itself—needs to be distinguished from the complicating pathologies that the syndrome attracts.*

II. THE LIFECYCLE: A Developmental Disorder

- *Where Section I studies anorexia in itself, today's syndrome is also a developmental disorder within the lifecycle.*

8. Youth: How Adolescence Invites Anorexia

- *Today's adolescents must negotiate conflicting traditions to choose a viable identity. Anorexics choose an ascetic identity that builds on their prior disposition.*

9. Coming of Age: Meeting an Imagined Real World

- *In their eagerness to excel as adults, anorexics embody a 'real world' logic that treats one's own body and being as objects to discipline rigorously and improve relentlessly.*

III. MODERN TRADITIONS: Paths into Anorexia

- *Anorexics do not just invent their asceticism but adopt one or a mix of modern traditions. These regimens, creating personal moral islands in today's seemingly amoral sea, encourage postmodern asceticism.*

10. Virtuous Eating: A Modern Morality

- *Over roughly the last century the progressive middle class has made healthy eating and living into a personal moral responsibility that can lead to anorexia.*

11. The Conflicted Body: Sympathy and Control as Competing Virtues

- *Anorexics feel out of control because their sympathies move metaphorically, equating the person with the body and the body with the world. Those metaphoric leaps typify 19th century health and fitness movements.*

12. The Attractive Person: A Modern Appearance Ethic

- *Having the right look and being attractive are a modern ethic of social exchange. They complicate but do not cause anorexia.*

IV. RECOVERY: Finding Balance

- *To recover anorexics break out of anorexia's self-sustaining activity and distance themselves from modern practices that foster overly ascetic living.*

13. Getting Out: Undoing Anorexia

- *Anorexics get out of anorexia when the disease runs its course or events break its self-sustaining loop. Although we do not propose a specific therapy, the anthropology of anorexia equips anorexics as well as clinicians to work out their own solutions.*

14. Staying Out: Redoing Life

- *To sustain recovery, most anorexics reconnect with their pre-anorexic lives and yet integrate mind with body in new and healthier ways. By negotiating with life rather than perfecting it, they avoid ascetic traps built into modern life and their own bodies.*

Epilogue

- *Anorexia is less a disease to vanquish than misdirected development to redevelop. Understanding anorexia's principles allows anorexics, their loved ones and healthcare professionals to negotiate a viable recovery.*

Audience and Market

Eating disorders command a huge but divided market. The largest segment, the health-intrigued public, is saturated with gripping stories and pat answers. Our book is neither dramatic nor conventional enough to capture this niche. Another sizeable segment—sufferers and the recovered as well as their friends and family—would value our book’s workable answers and grounded stories. In this segment the well educated would find our book is a refreshing and hopeful alternative to the stigma, finger-pointing and medicalization they usually encounter.

Our target audience is academic. In the burgeoning field of food studies eating disorders are interesting in their own right. Beyond that, abnormalities bring out human, cultural and psychological currents beneath everyday eating. In anthropology our book addresses the growing fields of medical and public anthropology. In medical our biocultural approach is relevant for many disorders (alcoholism, addictions, diabetes, ADHD, etc.) where practice shapes or even creates pathology. In public anthropology eating disorders raise critical policy questions about if, when and how to intervene when a lifestyle becomes self-destructive.

We hope to reach clinicians and counselors. Our narrative integrates biomedical evidence whenever appropriate. By letting sufferers tell their stories in their own words and then analyzing patterns we develop knowledge that therapists can use to better understand their patients.

Eating disorders are a major campus issue and so we expect adoptions from faculty eager to engage student interest. The book would be suitable for upper-level courses in anthropology or any ‘culture and disease’ or ‘food and society’ course in the humanities or social sciences. In particular, we would expect adoptions in the growing fields of food studies, social medicine, medical anthropology and public anthropology. Once coursework introduces our book to students, its relevance to friends and family should bring additional readers.

Although the cases and history are North America, the volume will have international appeal as it references European, Asian and Australian research.

Significance in Relation to Other Literature

Although books on anorexia abound, ours is unique in applying anthropology’s comparative and holistic perspective in:

- Explaining anorexia as an activity disease. A major theoretical movement, practice theory (e.g. Bourdieu 1990), has never been used to explain anorexia.
- Explaining anorexia bioculturally. Other works typically opt for a biological (‘nature’) or a cultural (‘nurture’) view. None explore their interface ethnographically.
- Placing anorexia within the everyday asceticism of achieving and virtuous living. No one has shown how the syndrome develops out of the self-denial taught in sports and school.
- Placing anorexia within adolescence. Although that’s when most contemporary cases begin, no one has shown how self-starvation develops out of youth’s distinctive moral dilemmas and identity politics.
- Recognizing athletic, healthy-eating and male anorexia. Although clinicians acknowledge anorexia is rarely just about beauty, no one has re-theorized the syndrome accordingly.
- Placing anorexia within the moral discourse of healthy and virtuous eating. Counihan (1999) and Nichter (2000) describe these cultural currents but no one has grounded anorexia in this moral discourse.

- Seeing anorexia as an ascetic response to modern life. Although the syndrome has clear links to 19th century health and fitness movements and bodily disciplines that develop at the turn of the 20th century (Stearns 1999), no one has traced this connection.
- Collaborating with recovered anorexics to let them say how they got well and stay healthy. The only other book-length instance, Garrett's (1998) Beyond Anorexia, has a New Age spirituality that limits its contemporary relevance.

Three books are relevant to ours. All are based on fieldwork as is ours but none develop the historical context as we do. One, Gremillion's (2003) Feeding Anorexia: Gender and Power at a Treatment Center, studies hospital treatment, a subject outside our research. Two others present and analyze anorexics' stories as we do. One, Garrett's (1998) Beyond Anorexia: Narrative, Spirituality and Recovery, attributes anorexia to distorted spirituality and focuses on recovery. We touch on spirituality but it has a small and inessential part in our larger theory; and we present what our informants say about recovery but this yields many answers rather than Garrett's one. The other story-based book, Warin's (2009) Abject Relations: Everyday Worlds of Anorexia, complements ours. It studies the symbolic world of practicing anorexics. That's vital knowledge for clinicians working with those symbols, but it's no substitute for recovered anorexics' life-course perspective.

Biographical Sketches

Richard A. O'Connor — Born in Washington State, I grew up in Northern Virginia, just outside the other Washington. I did my BA at the College of William and Mary where I discovered that what I'd always loved was called anthropology. Fascinated by the sheer complexity of Southeast Asia, I went to Cornell University (MA, PhD) where I did thesis work on Thai urbanism via fieldwork in Buddhist temples in Bangkok. I subsequently had the good fortune to spend a year at the Institute for Southeast Asian Studies, Singapore, where I extended my Thai work to the region and wrote A Theory of Indigenous Southeast Asian Urbanism (1983). I eventually expanded my research from cities out into the countryside where studying the culture history of rice led to "Agricultural Change and Ethnic Succession in Southeast Asian States" (Journal of Asian Studies, 1995). Interest in that work brought me an invitation to spend a year at the Center for Southeast Asian Studies at Kyoto University, Japan. At that point my daughter's anorexia abruptly changed the course of my research. Since her recovery in 1999, I have devoted my scholarship to the study of eating disorders. When I began to realize the size and complexity of this project I sought the collaboration of Penny, an old friend from Thai Studies.

Since graduate school I have taught at Sewanee, a small liberal arts college in Tennessee. I treat my teaching as seriously as my research and have served as Director of Sewanee's Center for Teaching and as Senior Fellow for the Center for Liberal Education and Community Engagement.

Penny Van Esterik — I am a Canadian anthropologist, born in Toronto and trained at University of Toronto (BA) and University of Illinois (MA, PhD). After 2 years as a CUSO volunteer in Thailand, I went to graduate school to study the anthropology of Southeast Asia. I met Richard at various Thai Studies meetings, and we found we had many similar approaches to the discipline and to our individual projects.

I teach nutritional anthropology, advocacy anthropology and feminist theory at York University, Toronto. Past books published include Beyond the Breast-Bottle Controversy (on infant feeding in developing countries), Materializing Thailand (on cultural interpretations of gender in Thailand), Taking Refuge: Lao Buddhists in North America (on the reintroduction of Buddhism by Lao refugees to North America), and Food and Culture: a Reader, edited with Carole Counihan (recently updated). I also worked with

my husband, John Van Esterik, on “Canadianizing” an introductory textbook in anthropology (*Cultural Anthropology*, B. Miller, P. Van Esterik, J. Van Esterik). I am a founding member of WABA (World Alliance for Breastfeeding Action) and work with this NGO on gender and advocacy issues and contemporary challenges to breastfeeding such as environmental contaminants and HIV/AIDS. I am currently taking the lead in writing a second book with Richard, building on the same theoretical assumptions, *The Dance of Nurture: Embodying Infant and Young Child Feeding*.

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