



Anorexia Nervosa: A Late modern Mind Game

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Anthony Giddens begins his public lectures by rhetorically asking: 'What do the following have in common? Mad cow disease, the troubles of Lloyds Insurance, the Nick Leeson affair [at Barings Bank], genetically modified crops, global warming, the notion that red wine is good for you and anxieties about declining sperm counts?' (Garland, 2003: 48).

Essentially, they all demonstrate how in late modernity and 'reflexive modernization' (Beck et al., 2003), 'risk' dominates social, political and economic discourses. Additionally, Ulrich Beck's 'risk society' (Beck, 2000) demonstrates how enlightenment and industry, responsible for remarkable progress and human betterment, actually opened the 'floodgate' (Jarvis, 2007: 29) of unintended, unimagined and uncontrollable 'risks'. Consequently, Beck (1992) distinguishes between pre-modernity's 'hazards' (Beck, 1999: 100), modernity's calculable 'risks' and late modernity's incalculable 'manufactured uncertainties' (Beck, 2009: 291).

Contemplating hunger, one hunger 'hazard' then might be famine. In 1783, 11 million Chalisa Indians died when crops

withered and livestock perished, after a cataclysmic shift in the El Niño climate system (Fitzgerald, 2014). In 1845, 1.5 million Irish died, and 2 million emigrated when a disease destroying potato sustenance, triggered mass starvation (Ibid).

But utilising modern industrial and technological advancements, we managed to transform societies, from societies of scarcity, into societies of abundance. Albeit in eradicating the majority of hunger 'hazards', we created hunger 'risks'. Therefore, I rhetorically ask: 'What do the

following have in common?' (Garland, 2003: 48). Genetically modified crops, chlorinated chicken and hormone-treated beef (Calzolari & Immordino, 2005), microplastics and mesoplastics in fish (Jabeen et al. 2017), and anxieties about the Obesity epidemic (Lupton, 1995; Austin, 1999).



Essentially, they all demonstrate how the mass manufacturing, marketing, packaging and consumption of food has generated cataclysmic chemical, environmental, epidemiological, and moral 'risks', reverting and reversing the world into a precarious state of nourishment,

sustenance and sustainability. Essentially, they all demonstrate that we must simultaneously steer our way through the seductiveness of consumption, and the perils of production.

Beck (1992: 20) contends that 'the struggle for one's daily bread has lost its urgency', so much so that 'for many people problems of [being] overweight take the place of hunger'. Obesity now affects 1 in 4 adults in the UK (NHS, 2019). And from 1997 to 2018, the number of Obese adults doubled from 6.96 million to 13 million (Campbell, 2019). But what is most interesting is that while NHS hospital admissions for Obesity-

related illnesses increased from 600,000 in 2017, to 700,000 in 2018 (Boseley, 2019), NHS hospital admissions for Anorexia Nervosa (AN) also increased from 12,138 in 2017, to 16,023 in 2018 (Marsh, 2019). But

what is causing this correlation? Contemplating this then, in this critical reflection, I posit AN as a somewhat subconscious and subliminal attempt to manage and mitigate the epidemiological and moral 'risks' of the ongoing and growing Obesity epidemic.

AN is an eating disorder characterised by an 'restriction of intake relative to requirements', an 'intense fear of gaining weight' and a 'disturbance in the way in which one's body weight or shape is experienced' (APA, 2013: 338-339). Several commentators have demonstrated how embodiment remains a 'meeting ground of the social and natural worlds' (Eckermann, 2009: 17); a 'theoretical location' for understanding economic, political and ideological processes (Turner, 1997: 59).

Critical feminists have deconstructed the term 'Eating Disorders', into 'Eating Dis/orders' (Malson & Burns, 2009: 1; Eckermann, 2009) in demonstrating how AN particularly, is shot through with themes of surveillance society (order) and risk society (disorder). Postmodern feminists have demonstrated how neoliberalism, post-feminism and healthism, 'represent a constellation of contemporary forces' which have 'unwittingly created an environment for disordered eating to flourish' (Musolino et al., 2015: 1). Eminent thinker, Susan Bordo (1988: 139), demonstrates how AN remains a 'crystallization' of western



consumer culture, promulgating bodily obsession and a tyranny of thinness. Contemplating all this then, in my critical reflection, AN remains an 'crystallization' (Bordo, 1993: 139)

and 'constellation' (Musolino et al., 2015: 1) of several master processes, promulgated by a risk-laden, ideologically-neoliberal, consumer-led and surveillance-heavy late modern social order. They 'crystallize' (Bordo, 1993: 139) and 'constellat[e]' (Musolino et al., 2015: 1) into something, or someone whom is unintended, unimagined, and uncontrollable. Who could have possibly imagined that we might feel so hungry in our abundance and that we might feel so insecure in our security?

Epidemiology remains a branch of medicine dealing with the incidence, distribution and possible control of diseases (Vaz & Bruno, 2003). And epidemiologically speaking, the Obesity epidemic puts millions at risk from related diseases including diabetes, hypertension

and heart disease (WHO, 1997). This demonstrates the 'epidemiological revolution' of food risks, wherein 'long-term' food risks (correlations between diet and disease) have surpassed 'acute' food risks (poisoning) as the object of anxiety (Rozin, 2015: 108). Additionally, this has manufactured a 'risk epidemic' within western medical journals (Skolbekken, 1995: 293), wherein substance-abuse related illnesses and individualized lifestyles have become problematized. This has both elevated and individualised the risk of Obesity.

New Public Health has substituted the term 'patient', as a 'passive recipient' of healthcare, for the term 'client', as a 'choosing consumer subject' (Nettleton, 1997: 213-214). Merging 'healthcare' and 'consumption', 'patient' and 'consumer', means individuals are expected to exercise their entrepreneurship and expertise, to purchase risk-minimization tools (Peterson, 1997; Greco, 1993). This might mean purchasing that gym membership, personal trainer or fitness tracker. However, the consumption of food, and the epidemiological risks associated with the consumption of food, are often far from being in the hands of individuals.

Major causes of Obesity such as poverty (Lawrence, 2018), sexual abuse and childhood trauma (Szalavitz, 2017), are most definitely not circumstances that individual neoliberal 'clients' can willingly buy themselves out of. Moving forward then, this manufacturing of individual epidemiological illnesses, requiring individual solutions, sets the scene, for the moral judgement of citizens not

conforming to neoliberal and consumer norms.

Numerous intellectuals have demonstrated how fatness and thinness, Obesity and AN, remain morally charged, in and of themselves, and against each other (Lupton, 1995). Most intellectuals attribute this to the social ostracizing of fatness, and the social glorification of thinness (Bordo, 1993). However, few intellectuals attribute this social ostracizing and social glorification, to how

seemingly uncontrolled and controlled, Obesity and AN, make their 'hosts' within the seemingly uncontrollable world of food production.

Meanwhile fatness metonymically signifies 'bodily signs of physical disorder' (Goffman, 1986 cited in Eckermann, 2009: 17), and 'pejorative lack of bodily control'

(Eckermann, 2009: 16) thinness metonymically signifies 'bodily signs of holy grace' (Goffman, 1986, cited in Eckermann, 2009: 17), and 'honorific body control' (Eckermann, 2009: 16). Therefore, we could infer that fatness metonymically represents risk, and thinness metonymically represents risk-management. But why?

Within a consumer-led and ideologically neoliberal healthcare system, individual morality is measured against character and personality types which can manage and mitigate the 'risks' of illness and disease (Crawford, 2006; Austin, 1999). Therefore, we have morally glorified the thin 'client' whom reflexively, rationally and



autonomously deploys their entrepreneurship and expertise, to self-sustain and self-manage (Gill & Arthur, 2006). However, we have also morally ostracized the fat 'patient' whom is allegedly ignorant and reluctant to individually help themselves in managing and mitigating the risks presented to them. Consequently then, the way that neoliberal and consumer norms infiltrate the moral conception of obese individuals demonstrates how the disciplining of modern subjects resides in the repressing and suffering of the soul, rather than the body (Foucault, 1977: 179), and the production of an guilty or 'bad consciousness' (Nietzsche, 1968: 505). It is precisely this moral repression which produces self-governing and self-regulating subjects.

Self-surveillance remains central to both the reflexive individual within reflexive modernization (Beck et al., 2003) and the neoliberal 'client' within an ideologically neoliberal and consumer-led healthcare system (Nettleton, 1997: 213). Albeit here, the self-surveillance of the Anorexic remains epitomized by their 'productive power' (Foucault, 1997: 326). 'Productive power' is 'organized around the norm, and not the law; the means are productive rather than negative; actions are created and not prevented' (Hornqvist, 2010: 11). Henceforth the combined epidemiological and moral 'risks' of Obesity are 'productive' (Foucault, 1997: 326). They 'generate[...] the exerciser, the dieter and the self-examiner' (Allen, 2008: 598), peddling, running, and counting, checking, restricting, recording, and scrutinizing, everything that constitutes the self, and everything that goes into the



constitution of the self. They are precisely 'productive' because, they manufacture and mould people into achieving allegedly 'untainted' embodiments and personalities (Allen, 2008: 598).

Ergo, on digesting and internalising discourses from a risk-laden, ideologically neoliberal, consumer-led and surveillance-heavy late modern social order, Anorexic individuals embark on an reflexive project of internal and external disinfection, in preventing the spread of physical and moral disease (Allen, 2008). She seemingly and meticulously manages and mitigates herself into a 'hyper-moral individual', 'a canonized mortal ordained as infinitely safe' (Malson & Ussher, 1996: 276). But little do they know that the control garnered, and the risk harnessed, is more uncontrollable and risky than anything they could have imagined.

Eckermann (2009: 15) contends that the 'physiological soliloquy of self-starvation can be quite frightening'. For at their 'zenith of power' (Eckermann, 2009: 15-16), their bodies 'turn nasty on them', becoming utterly 'unpredictable and uncontrollable' (Toombs, 1987: 231). On their pursuit towards becoming epidemiologically and morally risk-free, they become epidemiologically and morally devastated. Epidemiologically speaking then, they become confined to electrocardiogram machines, and the phlebotomy departments of local hospitals. Morally speaking, they become irrational, irresponsible, impressionable, hysterical and psychopathological 'patients'. This is the resentful aftertaste of risk, neoliberalism, consumerism and surveillance hat Anorexics live with for the rest of their lives.

Altogether then, given that the aforementioned master processes are culturally sanctioned and legitimate lifestyle choices for late modern citizens, it is plausible to suggest that while late modern society might not be aetiologically significant in the emergence of AN, late modern society might inadvertently legitimize and condone it. And to say that AN is an 'late modern mind game', is to acknowledge that the forces that are 'problematically embrace[d]' (Musolino, 2015: 3) by Anorexics, are simultaneously socially glorified and socially ostracized, an means of 'self-production' and 'self-destruction' (Malson & Ussher, 1996: 3), super-conformity and super-deviance.

In conclusion, several forces, and not just those isolated to this critical reflection, have somewhat 'crystalliz[ed]' (Bordo, 1993: 139) 'constellat[ed]' (Musolino et al., 2015: 1) into the Anorexic's seemingly empty plate this Christmas. Several commentators liken these forces to a 'black box' (Lester, 1997: 481), completely uncomprehensible and untellable. But for me it is much more of a late modern mind game.

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