ORIGINAL ARTICLE

Qu'un souffle de vent: an exploration of anorexia nervosa

S Giordano

J Med Ethics: Medical Humanities 2002;28:3–8

Correspondence to:
Dr S Giordano, The
Institute of Medicine, Law
and Bioethics & Centre for
Social Ethics and Policy,
IMLAB/CSEP, The
University of Manchester,
Williamson Building,
Oxford Road, Manchester
M13 9PL, UK;
giordano_simona@
hotmail.com

Revised version received
7 January 2002
Accepted for publication
16 January 2002

The spread of anorexia nervosa, especially in Western developed countries, is reaching alarming proportions. According to the *International Classification of Diseases*, the central feature of anorexia nervosa is “deliberate weight loss”. This means that anorexia nervosa is a progressive *pursuit of lightness*. Moving from this observation, I ask why so many people want to *lose weight*, why some would die, rather than *put on weight*. In order to understand what *value* these people attach to lightness, I look at contexts where lightness is typically celebrated (music, literature, and arts) and provide an analysis of anorexia nervosa, using both theoretical reflection and empirical observations. This analysis shows that anorexia is much more than a pattern of psychiatric symptoms, and much more than unintelligible behaviour. Anorexic behaviour is instead *meaningful and coherent* behaviour, and *expresses* ethical values that are deeply rooted in Western culture.

Dans l'eau de la claire fontaine
Elle se baignait toute nue.
Une saute de vent soudaine
Jeta ses habits dans le nues.
En detresse, elle me fit signe,
Pour la vetir, d'aller chercher
Des morceaux de feuilles de vigne,
Fleurs de lis ou fleurs d'oranger.
Avec des petales de roses,
Un bout de corsage lui fis.
Mail la belle n'était pa bien grosse:
Une seule rose a suffi.
Avec le pampre de la vigne,
Un bout de cotillon lui fis.
Mail la belle etait si petite
Qu'une seule feuille a suffi.
Elle me tendit ses bras, ses levres,
Comme pour me remercier . . .
Je les pris avec tant de flevre
Qu'ell'fut toute deshabillee.
Le jeu dut plaire a l'ingenue,
Car, a la fontaine souvent,
Ell's'alla baigner toute nue
En priant qu'il fit du vent,
Qu'il fit du vent . . .¹

It is estimated that, in the United States, at least 5 million people (5% of adolescent and adult women and 1% of men) have an eating disorder² and 1,000 people die each year from causes related to that condition.³ According to the Eating Disorders Association, more than 1 million people have eating disorders in the UK, mainly women aged between 16 and 18. In Italy, in 1988, 55,000 cases of anorexia, and 70,000 of bulimia were diagnosed.⁴ Eating disorders are also spreading in non-western countries.⁵ Abnormal eating is a serious threat to people's health, and mortality associated with eating disorders (up to 20%)⁶ is one of the highest in psychiatry. Due to the alarming proportion of the problem, eating disorders are sometime emblematically called “social epidemics”.

According to the *International Classification of Diseases* (ICD-10), the central feature of anorexia nervosa is “deliberate

weight loss”. This means that anorexia nervosa is a progressive *pursuit of lightness*. *Loss of weight* is essential to the diagnosis. In the absence of “deliberate loss of weight”, the subject will not be diagnosed as having anorexia nervosa. Thus, the attempt to lose fat or general body bulk, which is often associated to anorexia, is not sufficient for the person to receive the diagnosis, since it does not necessarily determine loss of weight, and may even be compatible with increased weight of another sort—for example, muscle.

Some questions inevitably arise: why do such an alarming number of people want to *lose weight*? Why would some people *die*, rather than *put on weight*? Why do so many people long after *lightness*? What value⁷ do they attach to lightness? The following analysis of anorexia nervosa will help to answer these questions. It should be acknowledged that other scientific disciplines (especially psychiatry, clinical psychology, and sociology) have already posed similar questions. My analysis, however, has different objectives and methods.

OBJECTIVES

With regard to the objectives, the main objective of my investigation is to understand eating disorders, not to provide a clinical answer (except that understanding is probably preliminary to any effective attempt at intervention). I shall not provide therapeutic advice or normative suggestions. From this point of view, my analysis will prove inconclusive. It should be acknowledged, however, that since it is unclear what leads people to develop eating disorders, it is consequently unclear how eating disorders should be treated, at a clinical as well as at a social, deontological, and legal level. The following analysis will shed light on central features of the disorder. The aim is to satisfy a theoretical interest, and, more importantly, to make it possible to draw up effective and morally acceptable strategies of intervention.

METHODS

With regard to the methods, I intend to use a somewhat original method, or a combination of methods, that is not standard either in clinical psychology or in bioethics. I shall use literary and artistic sources to explore the most salient features of

anorexia nervosa, particularly the “deliberate weight loss”. The imaginative sources will make it possible, *by way of analogy*, to understand aspects of anorexia nervosa that would otherwise appear unintelligible. I shall of course appeal to scientific sources, to verify the plausibility of my hypotheses, and I shall therefore combine theoretical reflection with empirical observations. Despite the appeal to scientific sources, my conclusions will be highly speculative, as the only way to verify them is our “*inducement* to say, ‘Yes, of course, it must be like that’”.⁸ They do, however, throw a light upon salient traits of eating disorders, and therefore enrich the perspective from which a scientific analysis of the phenomenon should start.

In the next section I shall analyse the link between lightness and the fear of invasions of personal space, a characteristic that, according to clinical studies, is typical of people with eating disorders. It has been observed that they typically fear others’ interference and expectations, experiencing them as a violation of their personal sphere. It has also been argued that people with anorexia use their own emaciation to defend themselves from these presumed intrusions. It is left unclear, however, why, in order to obtain such a protection, they *lose weight* rather than adopting some other form of conduct. I shall argue that the pursuit of lightness is closely related to the fear of invasions of personal space, and I shall also explain why *lightness* somewhat responds to people’s fear of others’ interference.

SALIENT FEATURES OF ANOREXIA NERVOSA: THE PURSUIT OF LIGHTNESS

I should rejoice to see you, and had earnestly asked you to my Home with your sweet friend, but for a Cowardice of Strangers I cannot resist . . .⁹

The fear of invasions of personal space

According to clinical studies, the fear of invasions of personal space is one of the main worries of people with anorexia nervosa. These people typically fear possible demands and expectations of others, experiencing them as violations of their personal sphere. From questionnaires submitted by Morag MacSween to her patients, as well as from other studies quoted in her book¹⁰ it is concluded that people with anorexia do not like to be touched, and always need space around them: (“I cannot cope with anybody coming close or touching me even if someone touches me on the shoulders or back”¹¹; “I like space around me”¹¹).

According to Mara Selvini Palazzoli, people with anorexia *oppose their emaciation* to these presumed invasions, and believe (or have the illusion) that thinness works as a defence against staring, criticisms, aggression, and sexual intrusions.¹² Anorexic emaciation would therefore be a *way to declare*: “I have sharp contours, I’m not soft, I don’t merge with you”.¹³ A person who had recovered said that anorexia *satisfied her need* to be “closed up for a while, and very small, not receptive, not there for others”.¹³

Apparently, people with anorexia believe that losing weight means obtaining protection from presumed intrusions and invasions of personal space.¹⁴ However, we should ask *why* these people *lose weight*, rather than adopting some other form of conduct. In other words: in what sense do *thinness and lightness* work as a defence against invasions of personal space? In order to answer this question, it is necessary to reflect upon the central feature of anorexia nervosa, that is, the “deliberate weight loss”—or *pursuit of lightness*.

The unbearable lightness of being anorexic: a representation of anorexia nervosa

It should be noticed that the pursuit of lightness at the heart of anorexia is potentially endless. A body, so it seems to those with anorexia, can be progressively *lighter*, as one can always

make *another effort* to lose weight. It should also be noticed that lightness may be *physically unbearable*. In fact, people with eating disorders normally manifest a wide range of physical problems (so called secondary symptomatology). Consequences of both weight reduction and compensation practices include endocrine and metabolic changes.¹⁵ Endocrine disorders manifest in amenorrhoea in females and impotence and low libido in males. Among the most common effects of undernourishment, are low body temperature (hypothermia); low heart rate (bradycardia); low blood pressure (hypotension), and sometimes growth of skin hair (lanugo). Vomiting usually produces electrolyte imbalance, and may cause epileptic attacks, abnormal heart rhythms, and muscular weakness. It may also cause complications to salivary glands, dehydration, and abrasion of the oesophagus. Intestinal and urinary problems are reported,¹⁶ as well as kidney complications,¹⁷ excessive sensitivity to cold, insomnia, and danger of osteoporosis.¹⁸ In the most severe cases, insufficient nutrition is the cause of death.

This clinical picture has curious cultural resonances. In *The Art of the Novel*, Milan Kundera says he thought about the “unbearable lightness of being” for the title of his famous novel after reading about an idea of Gombrowicz’s. This idea, which, according to Kundera, is as comic as it is ingenious, is that the weight of our being is inversely proportional to the growth of the population on the planet. Democritus represented 1/400,000,000 of humankind. Gombrowicz himself represented 1/2,000,000,000 of humankind. In this kind of arithmetic, says Kundera, each of us today weighs 1/6,000,000,000, and such lightness, which progressively reduces the weight of our being, starts becoming unbearable.¹⁹

From this perspective, because of the continuous growth of the population on the planet, we are condemned to a *continuous (and potentially lethal) rush toward lightness*. In fact, each of us would be confined to a smaller and smaller space, and condemned to a continuous loss of weight. As the clinical studies reported above also show, lightness may be physically unbearable, and may even put our own existence at risk.

This picture is obviously a literary paradox, and these observations should not be understood as an explanation of anorexia nervosa. The importance of these observations lies in the fact that they make it possible, *by way of analogy*, to *represent* the anorexic experience. Anorexic behaviour may well appear absolutely unintelligible, and the observations made by Kundera about Gombrowicz’s idea somewhat provide us with a representation of what those with anorexia nervosa experience. Anorexia is, in fact, a frantic rush toward lightness, a desperate escape from fatness and heaviness, not only “wanted”, but also experienced as ineluctable; a process which, unless interrupted, is lethal. People with anorexia seem trapped in a relentless (and apparently paradoxical) process of weight loss, without knowing exactly how this happened, or, above all, how they could interrupt it. This does not mean that people are *blindly* involved in this process. On the contrary, as we shall see later in this paper, the anorexic rush toward lightness implies strong self control. The weight loss is *deliberate* (see the beginning of this paper), and this also gives us the hope that people with eating disorders may find in themselves the capacity to modify their situation. However, they also experience this rush toward lightness as ineluctable. This contradiction is part of the complexity of the phenomenon, and contributes to making the anorexic condition so dramatic.

Of course, I am not claiming that people develop eating disorders because of the demographic growth on the planet. Otherwise, contrary to what happens, anorexia would spread more in the most populated areas of the planet, rather than in the US and in Europe (see the beginning of this paper). Moreover, all of us would have eating disorders, not only some of us. Neither am I arguing that there is a perfect symmetry between fear of expectations and pursuit of lightness. Probably, not all people who are particularly concerned with others’ expectations develop anomalous eating habits. And, as we shall

shortly see, lightness is valuable not only because it may protect from others' intrusions. Lightness is also valuable for other reasons, and is often celebrated in contexts that, apparently, are not related to this fear. The picture that we have drawn from Kundera's understanding of Gombrowicz's arithmetic should be seen only as a representation of the anorexic rush toward lightness, which people also experience as independent of their will. Likewise, Modigliani's²⁰ and Giacometti's work provides an extraordinary representation of the filiform figure, which is both the result of Gombrowicz's arithmetic and the ultimate model to which anorexic bodies try to correspond.

From this perspective, Jean Paul Sartre's comments on Giacometti are illuminating:

"In space, says Giacometti, *there is too much*. This too much is the pure and simple *coexistence of parts in juxtaposition*. Most sculptors let themselves be taken by this. Giacometti knows that space is a cancer on being, and *eats everything*; to sculpt, for him, is to *take the fat off space*; he *compresses space*, so as to drain off its exteriority. This attempt may well seem desperate; and Giacometti, I think, two or three times came very near to despair . . . Once he had a terror of emptiness; for months, he came and went with an abyss at his side; space had come to know through him its desolate sterility. Another time, it seemed to him that objects, dulled and dead, no longer touched the earth, he inhabited a *floating universe*, he knew in his flesh, and to the point of martyrdom, that there is neither high nor low in space, no real contact between things."²¹

As I have remarked earlier, these references should not be seen as an *explanation* of anorexic experience, but rather as a *representation*. Their importance lies in the fact that, *by way of analogy*, they make it possible to understand otherwise unintelligible behaviour. They make it possible to picture the difficult relationship that some people have with the idea of "occupying space",²² and provide an intelligible representation of the anorexic pursuit of lightness. In the light of such references, it also becomes possible to understand *the value* that people with anorexia attach to *lightness*. In other words, as we shall now establish, it becomes possible to understand *why* emaciation seems to protect from others' expectations and intrusions, or why people *lose weight* to obtain such a protection, rather than adopting other forms of conduct.

Lightness as a defence from the invasions of personal space

Physically speaking, fat occupies space. Under Gombrowicz's logic, being fat means having a wider surface exposed to intrusions. On the contrary, being thin means having more space around, and being proportionally less exposed to intrusions. Intuitively, a bigger body is more likely than a slender body to come into contact with other bodies. As a slender body has more available space around it, the risk of its being touched by other bodies is lower. By reducing the physical size, one reduces the threat of undesired physical contact. The fight against fat may in this perspective be interpreted as an attempt to become inviolable, to reach *physical detachment* (see below, the considerations on the notion of asceticism).

Viewing anorexic thinning in this way also allows us to understand another important aspect of anorexia: the link between *thinness and lightness*. A body, in order to defend itself from possible intrusions, and to easily free itself from eventual constrictions, must be not only slim, but also *light*, because it is easier for a light body to float away. In fact, people with anorexia seek not only after thinness, but also after lightness: they are not only slaves of the mirror; they also make indiscriminate use of the scales, often checking their *weight* several times a day. Lightness and emptiness are closely related. In order to be light, a body must be *empty*. People with eating disorders are, in fact, persistently concerned with being "full" and "empty". Eating means "filling oneself up", or

"blowing oneself up", and as a caloric content is introduced in the body, the main concern is how to eliminate it. A person who had anorexia says:

Before I eat (or ate) I felt afraid that I had held out too long; while eating my main idea was how I could get rid of the food in one way or another—and this thought filled my head until I felt empty again.²³

Through thinning, therefore, people with anorexia gradually become (or so they believe)¹⁴ less exposed to possible invasions of personal space. The lighter they become, the more they feel ready to free themselves from the others' unpleasant interference. Paradoxically, therefore, this filiform figure, this fragile, a-carnal body, which looks vulnerable to anybody else's eyes, is experienced as invulnerable by the person herself.

The pursuit of *lightness* is thus a pursuit of inviolability. Silently, with no apparent intervention on others or on the external environment, people with anorexia extend that environment, thus expanding the space between themselves and other people. In the isolation of their thinness and lightness, they achieve an exceptional place, one which is out of reach. This achievement, as we shall see in the next section, has important links with morality. Isolation allows in fact detachment from the "physical" world, and the achievement of a "transcendent" dimension. Isolation, thus, not only responds to an overwhelming fear of intrusions, but also contributes towards satisfying an *ethical ambition* to spirituality. Moreover, because of the strenuous sacrifice involved, the defence of the personal sphere is also proof of will-power, and this, as we shall see, is one of the keys for understanding the ethical connotations of eating disorders. We shall also focus on the morality of self control in the specific form of control of food assimilation. At the end of our discussion, the different aspects of such a complex phenomenon will prove to be related and coherent.

FROM THE FEAR OF INVASIONS OF PERSONAL SPACE TO LIGHTNESS AS AN ASCETIC TECHNIQUE Emily Dickinson

Reading Emily Dickinson's work, one is impressed by the coexistence of three elements: fear of invasions of personal space, pursuit of lightness, and moral ambition.

Emily Dickinson (Amherst, 1830–1886) is probably one of the most isolated and timorous figures in the history of literature. She seemed to perceive other people's desire to see her as a violation of her personal space. From her letters, published posthumously by her sister Vinnie, we know that Emily progressively withdrew from social life, and isolated herself in what has emblematically been called "self-elected incarceration".²⁴ From her thirties onward, Emily spent most of her time alone, *writing*. Her fear of intrusions was combined with the value that the poet ascribed to intellectual/spiritual activity. In her view, the written word, lasting beyond mortal bodies, brings the human being closer to eternity.

A Letter always feels to me like immortality because it is
the mind alone without corporeal friend²⁵

A Word made Flesh is seldom
And tremblingly partook
Nor then perhaps reported
But have I not mistook
Each one of us has tasted
With ecstasies of stealth
The very food debated
To our specific strength—
A Word that breathes distinctly
Has not the power to die

Cohesive as the Spirit
 It may expire if He
 "Made Flesh and dwelt among us"
 Could condescension be
 Like this consent of Language
 This loved Philology²⁶

With regard to the relation between body and soul (mind) the poet writes: "I do not care for the body, I love the timid soul, the blushing, shrinking soul; it hides, for it is afraid, and the bold obtrusive body . . .".²⁷ And: "[W]ho cares for a body whose tenant is ill at ease? Give me the aching body, and the spirit glad and serene, for if the gem shines on, forget the mouldering casket".²⁸ Through isolation and dedication to intellectual activity, Emily achieved a sort of detachment from her physical nature. She became a "transcendent" creature, as one may see from the following lines:

I heard, as if I had no Ear
 Until a Vital Word
 Came all the way from Life to me
 And then I knew I heard . . .²⁹

Joseph Lyman, who for some time courted Emily's sister, provides one of the most suggestive pictures of Emily Dickinson. Interestingly, he describes the poet as a nearly incorporeal being:

A library dimly lighted [. . .] Enter a spirit clad in white, figure so draped as to be misty [. . .] face moist, translucent alabaster, forehead firmer as of a statuary marble. Eyes once bright hazel now melted & fused so as to be two dreamy, wondering wells of expression, eyes that see no forms but gla[n]ce swiftly [& at once] to the core of all thi[n]gs—hands small, firm, deft but utterly emancipated from all [fleshy] claspings of perishable things, very firm strong little hands absolutely under control of the brain, types of quite rugged health [. . .] mouth made for nothing & used for nothing but uttering choice speech, rare [words] thoughts, glittering, starry misty [words] figures, winged words.³⁰

It seems that Emily's isolation not only responded to her overwhelming fear of intrusions; it also contributed towards satisfying her *ethical ambition* to spirituality. This is evidently an *ethical* achievement, in the light of the values of Puritanism, that Emily shared. In fact, according to some critical studies, Emily Dickinson's writings show that the poet completely accepted and followed distinctively Puritan axioms, "the virtues of simplicity, austerity, hard work".³¹ She is described as a person of remarkable moral integrity:

She [writes Sewall] abhorred sham and cheapness. As she saw more and more of society—in Boston [. . .] in Washington [. . .] she could not resist the feeling that it was [terribly] painfully hollow. It was to her so thin and unsatisfying in the face of the Great realities of Life . . .³²

With regard to Emily Dickinson's compliance with Puritanism, Anthony Johnson points out that one of the most important values of Puritanism was the scarce consideration for "the flesh".³³ According to Roger Slade and Brian Turner, this teaching deeply influences the entire modern culture.³⁴ Rooted in the Christian tradition, this belief has had a notorious philosophical equivalent in Kantian moral philosophy. Kantian moral philosophy represents one of the clearest expressions of the idea that morality is achieved by the submission of the "phenomenal" to the "rational" or "noumenal" (the

rational having transcendent origins). Morality requires that we act according to the precepts of pure (although practical) reason, in other words that we act on the basis of categorical imperatives, and that we exert power (necessitation) over our phenomenal side.³⁵

In the light of such considerations, and of Emily Dickinson's experience, we may ask whether there is any correspondence between Emily Dickinson's experience and anorexic experience. May the anorexic pursuit of lightness, besides being functional to the defence of personal space, be considered as an attempt to achieve a spiritual dimension? In other words, may the pursuit of lightness be regarded as an ascetic technique?

Lightness and asceticism

In what follows, I shall argue that the anorexic pursuit of lightness can be regarded as an ascetic technique.³⁶ In order to clarify in what sense the deliberate weight loss is a form of asceticism, it is necessary to make some observations on the etymological meaning of the term *asceticism*. Asceticism comes from the Greek *askesis* (exercise), a term that mainly referred to the physical training and dieting of the athletes. In the late Latin era, it was translated as *ad-scandere*, which also means *ascension*.³⁷ The Greek *exercise* began thus to denote the elevation to a transcendent or divine dimension. In its current use, asceticism has preserved the Latin concept of ascension, and is defined as "the inner action aimed at perfection and *at ascending* to God by means of abnegation [. . .] and the gradual *detachment from the world*" (my italics).³⁸ Thus, the *exercise* aimed at the *ascension* to a transcendent dimension acquires peculiar ethical and mystical connotations.

It should also be noticed that there is an intuitive link between lightness and *asceticism* (properly meant as elevation). We find eminent representations of this intuitive link in literature. Consider, for example, the following passage, taken from the famous novel *Anna Karenina* by the Russian Romantic novelist Tolstoy:

All the night and morning Levin had lived quite unconsciously, quite lifted out of the conditions of material existence. He had not eaten for a whole day, he had not slept for two nights, had spent several hours half-dressed and exposed to the frosty air, and felt not only fresher and better than ever, but completely independent of his body: he moved without any effort of his muscles, and felt capable of anything. He was sure he could fly...³⁹

In this passage, Levin transcends his physical nature. Properly speaking, he experiences a form of *asceticism*; thanks to the elevation from his physicality, Levin reaches a *nearly supernatural* dimension. Such forms of elevation often have mystical and ethical connotations. In fact, as we have seen in the previous section, according to a widespread moral conception, the submission of the "physical" side to the "spiritual" side is a manifestation of moral integrity.

A number of authors who have studied eating disorders, among whom are Slade and Turner, mentioned above, have noted that typically people with eating disorders are particularly sensitive to the ethical values hallowed by Protestantism, and, in particular, to the belief that the submission of the "physical" to the "spiritual" is a manifestation of moral integrity.⁴⁰ It may then be hypothesised that people with anorexia, as well as Emily Dickinson, seek after lightness not only to protect themselves from the threat of others' invasions of their personal space, but also to achieve moral perfection through the overcoming of the physical side. As we shall see in the next section, this hypothesis appears plausible in the light of sociological and clinical studies that have stressed the ethical value of control over food intake (one of the most obvious ways to *lose weight*—or to become *light*).

Anorexic fasting as asceticism

In their masterpiece *From Fasting Saints to Anorexic Girls: the History of Self-starvation*, Vandereycken and Van Deth have argued that, at the time asceticism began to feature the search for spiritual objectives, fasting began to be considered as a means to spiritual perfection and sanctity.³⁷ Where it is believed that the submission of the body to the spirit is evidence of moral integrity, it is not surprising that the control of one of the most pressing signals of the body, namely hunger, is praised. The ethical connotations ascribed to fasting, in particular in the Christian tradition, are evident. The person who is able to exert control over hunger, such a powerful physiological impulse, has often been quoted as a model of moral integrity.⁴¹ Fasting has been associated (and is still associated) with the idea of purity and control over the chaotic passions of the body. Eating is a *fault*, whereas *fasting* is valuable, for it requires *sacrifice*.³⁵

Anorexic fasting is no exception. For the person with anorexia, thinness is the demonstration of successful abnegation, whereas fatness is the sign of collapse.⁴² The strict diet, together with a rigorous selection of allowed food (the main clinical features of eating disorders) are somewhat *ethical choices*: eating must be a moral act, not an act of *lewdness*, within an antihedonistic ethic in which food becomes the first element to be sacrificed.⁴³ In fasting many things are expressed and achieved. By fasting, one becomes *lighter*, ready to *hover in the air*, and to ascend to a transcendent or noumenal dimension. Being *detached from the conditions of material existence* a person becomes *less vulnerable*. She also manifests will power, nearly superhuman power, in order to exert control over the primary biological need to eat. All this has clear ethical connotations; if it is seen within Protestant ethics, *lightness* is the pursuit of *moral perfection*. In this perspective, it is also possible to understand another typical trait of anorexia nervosa: perfectionism in school and worklife.⁴⁴

The ethical value of perfectionism in school and worklife

From a clinical point of view, perfectionism (in particular, in school and worklife) is one of the typical features of anorexia nervosa.⁴⁴ People with eating disorders are generally described as self disciplined and perfectionist, especially in school life and professional life.⁴⁵ They typically ascribe high value to intellectual activity; they often find it difficult to accept their mistakes and limitations; they are generally very intransigent with themselves, and tend to stick to their self-imposed discipline even if this implies high sacrifice, thus experiencing self indulgence as a defeat.

In what follows, I shall show that anorexic perfectionism, especially in school life and professional life, is also closely linked to ethics, as well as to deliberate weight loss. I shall clarify in what sense anorexic perfectionism is an ethical issue, and how this feature is related to other clinical features of anorexia, especially to the “deliberate weight loss”.

Anorexic perfectionism and ethics

As is well known, Max Weber has examined in detail the link between work perfectionism and moral perfectionism (work-ethics). In his *The Protestant Ethics and the Spirit of Capitalism*, the sociologist has pointed out that all modern life, especially economic modern life, “was born [...] from the spirit of Christian asceticism”,⁴⁶ and has argued that the reason why work-perfectionism is an ethical issue is to be found in the belief that: “Not leisure and enjoyment, but only activity serves to increase the glory of God [...] Loss of time through sociability, idle talk, luxury, even more sleep than is necessary for health, six to at most eight hours, is worthy of absolute moral condemnation”.⁴⁷ Labour thus acquires an important ethical valence, since: “The religious valuation of restless, continuous, systematic work [is] [...] the highest means to asceticism”.⁴⁸

Work being an approved ascetic technique, “[u]nwillingness to work is symptomatic of the lack of grace”.⁴⁶ Labour is considered as a remedy against temptations: “Along with a moderate vegetable diet and cold baths, the same prescription is given for all sexual temptations as is used against religious doubts and a sense of moral unworthiness: ‘work hard in your calling’”.⁴⁷ Success is to be achieved through individual effort and gratification, and pleasure should be postponed to the achievement of stated goals. In this way, asceticism turns in a strong way against one thing:

[T]he spontaneous enjoyment of life and all it had to offer.⁴⁹

As we have seen, it is reported that people who manifest eating anomalies are particularly sensitive to Christian/Protestant ethics. Thus, it is plausible to consider perfectionism in school life and professional life not only as a means to professional achievements, but also as a means to an *ethical achievement*. The intransigent discipline that characterises (among others) the dedication to work, can only be understood if viewed in the light of a determined ethical context, in which labour is one of the most respected ascetic techniques. Hard work, as opposed to indolence (one of the most repugnant vices) is synonymous with virtue. Behaviour that is generally considered as symptomatic of a psychological disorder is instead a manifestation (symptom) of an ethics of discipline and sacrifice. Different and apparently unrelated aspects of anorexic behaviour (not only control of food intake, rituals relating to food, selection of allowed food, compensatory practices, but also dedication to intellectual activity, perfectionism in school/work life, strict self discipline) become coherent and understandable in the light of the way people understand, interpret and implement particular ethical values.

CONCLUSIONS

In this paper, I have explored eating disorders using a method that is not standard either in clinical psychology or in bioethics. Moving from the consideration that anorexia nervosa is a “deliberate weight loss” (ICD-10), or, in other words, a pursuit of lightness, I have looked for the value of lightness in contexts where lightness is often celebrated (music, literature, arts). The exploration developed here has clarified at least part of the possible *meaning* of anorexic behaviour.

Lightness is considered as valuable and is pursued because it works (or it is believed to work) as a defence against others’ eventual expectations and requests, which those with anorexia experience as a threat to the integrity of their personal space. Lightness is also considered as valuable because it is believed to promote the *asceticism*, properly meant as elevation, to a spiritual/intellectual dimension. The effort to reach a transcendent dimension through *lightness* becomes understandable in the light of determined ethical values, in particular, of the belief that morality demands the submission of the “body” to the “spirit”/“mind”, and that self discipline is evidence of moral integrity. This also explains anorexic perfectionism in school life and professional life. In the Christian tradition, in fact, and in particular in Protestant ethics, work is a means to spiritual perfection and sanctity, and consequently dedication to work is a manifestation of one’s own values.

Thus understood, anorexic behaviour no longer seems *senseless*. It instead appears as *meaningful* and somewhat *coherent*. It no longer looks like an unintelligible pattern of psychiatric symptoms (a psychiatric syndrome), but becomes expressive of values that are deeply rooted in the Western culture.

Anorexic emaciation contains therefore a repertoire of ancient moral values, which evidently still have remarkable weight in different contexts. A deep irony lurks here: it is the

unbearable gravity of these values that, thanks to a grotesque paradox, strips the flesh from the body of so many people. Paradoxically, in fact, it seems that people who most feel the weight of these values are the ones who so desperately want to be *light*, so light *qu'un souffle de vent* . . .

ACKNOWLEDGEMENTS

I wish to thank both La Consulta di Bioetica of Milan and the University "La Sapienza" of Rome, which have supported my research, thus making it possible for me to write this paper.

REFERENCES AND NOTES

- In the water of the bright fountain/ She was bathing undressed/ When a breath of wind from the south/ Threw her clothes to the clouds./ Distressed, she asked me to help her/ And to look for vine-leaves, fleurs-de-lis or of orange./ With petals of roses I made her a blouse/ But she was so little that one single rose was enough./ With the vine-leaves I made her a skirt/ But she was so little that one leaf sufficed./ She stretched forth her arms, her lips, to thank me.../I took her with such ardour/ that she was again naked./ The candid lady enjoyed the play/ And often she went back to the fountain/ Wishing that a breath of wind, that a breath of wind... Brassens G. *Dans l'eau de la clair fontain* [my translation]. France: Editions Musicales Mercury, 1961.
- Eating disorders include anorexia nervosa**, bulimia, and obesity. Sometimes binge-eating (bingeing which is not followed by compensatory practices) is distinguished from bulimia. Although phenomena of disordered eating are mutually implicated, and a distinction between them is generally acknowledged to be highly speculative, both at a diagnostic and at a conceptual level, I shall mainly refer to anorexia nervosa, as I wish to stress the ethical dimensions of fasting. The hypotheses formulated here may, however, help to understand a wider pattern of disordered habits relating to eating (not only fasting), as well as the relentless concern with food and body weight, which underlies eating disorders generally. For the clinical features of eating disorders see World Health Organization. *International statistical classification of diseases-ICD-10*. Geneva: World Health Organization, 1994: F10–19. See also American Psychiatric Association. *Diagnostic and statistical manual of mental disorders-DSM-IV* [4th ed]. Washington DC: American Psychiatric Association, 1994.
- www.smu.edu/eating disorders.
- www.criad.unibo.it.
- Wardle J, Bindra R, Fairclough B, et al. Culture and body image: body perception and weight concern in young Asian and Caucasian British women. *Journal of Community and Applied Social Psychology* 1993;3:173–81. Nishizono Maher A. Eating disorders in Japan: finding the right context. *Psychiatry and clinical neurosciences* 1998;52 (suppl):320–35. Le Grange D, Telch CF, Tibbs J. Eating attitudes and behaviors in 1435 South African Caucasian and non-Caucasian college students. *American Journal of Psychiatry* 1998;155:250–4.
- Treasure J. Anorexia and bulimia nervosa. In: Stein G, Wilkinson G, eds. *Seminars in general adult psychiatry*. London: Royal College of Psychiatrists, 1998: 858–902. Crow S, Praus B, Thuras P. Mortality from eating disorders. A 5-to 10 years record linkage study. *International Journal of Eating Disorders* 1999;26:97–102. Herzog DB, Greenwood DN, Doer DJ, et al. Mortality in eating disorders: a descriptive study. *International Journal of Eating Disorders* 2000;28:20–6.
- I use the term "value", rather than "importance", due to the ethical connotations of lightness that will become clear in what follows.
- Wittgenstein L. *Lectures and conversations on aesthetics, psychology & religious belief*. Oxford: Basil Blackwell, 1966: 52.
- Dickinson E. Letter No 735. In: Johnson TH, ed. *The letters of Emily Dickinson*. Cambridge: Harvard University Press, 1958: 716.
- Anderson AE. Atypical anorexia nervosa. In: Vigersky RA, ed. *Anorexia nervosa*. London: Raven Press, 1977: 14. Hsu LKG. Outcome of anorexia nervosa. *Archives of General Psychiatry* 1980;37:1044, quoted in MacSween M. *Anorexic bodies: a feminist and social perspective*. London: Routledge, 1995: 218.
- See reference 10: MacSween M: 221–2.
- Selvini Palazzoli M. *Anorexia mentale, dalla terapia individuale alla terapia familiare*. Milano: Feltrinelli, 1998: 96. I also wonder whether the fear of demands and expectations has moral origins, to be found in the blame that is sometimes associated with the disappointment of other's expectations, and to the guilty feelings that people often experience when they are not willing to meet such demands.
- See reference 10: MacSween M: 65.
- This analysis is an attempt at understanding experiences and behaviour that appear sometimes uncontrollable and incomprehensible to the person herself. For this reason the hypotheses are necessarily speculative, at least to some extent. On this point see the opening paragraphs of this paper. Similar objections have been raised against psychodynamic analyses. These objections concern, in particular, the scientific character of the psychodynamic approach, and the fact that its hypotheses and conclusions are impossible to verify, at least directly. An account of such a debate cannot be provided here. See Jervis G, ed. *Psicoanalisi e metodo scientifico*. Torino: Einaudi, 1967: part I and part III.
- Taylor AE. Impact of binge eating on metabolic and leptin dynamics in normal young women. *Journal of Clinical and Endocrinological Metabolism* 1999;84:428–34. It should be noticed that the relation between body weight and leptin is currently controversial. It has been recently noticed that leptin is reduced both in underweight anorexics and normal weight bulimics, whereas it is increased in women who manifest binge-eating habits (who binge without engaging in compensatory practices). Some researchers suggest that factors other than body weight may affect leptin changes; see Monteleone P, Di Lieto A, Tortorella A, et al. Circulating leptin in patients with anorexia nervosa, bulimia nervosa or binge-eating disorder: relationship to body weight, eating patterns, psychopathology and endocrine changes. *Psychiatric Research* 2000;94:121–29.
- Hill KK. A role for helicobacter pylori in the gastrointestinal complaints of eating disorders patients? *International Journal of Eating Disorders* 1999;25:109–12.
- Dresser R. Feeding the hunger artists. *Wisconsin Law Review* 1984;2:297–374.
- Shelley R. *Anorexics on anorexia*. London: Jessica Kingsley Publishers, 1992: 7. Malnutrition is also related to abnormal pancreatic function and immune system function; see Cuntz U, Frank G, Lehnert P, et al. Interrelationships between the size of the pancreas and the weight of patients with eating disorders. *International Journal of Eating Disorders* 2000;27:297–300. Marcos A. Eating disorders: a situation of malnutrition with peculiar changes in immune system. *European Journal of Clinical Nutrition* 2000;54(suppl 1):61–45.
- Kundera M. *L'arte del romanzo*. Milano: Adelphi, 1988: 47–8.
- See reference 12: 96.
- Hohl R. Alberto Giacometti: sculpture, painting, drawing. London: Thames and Hudson, 1972: 277, my emphases.
- See reference 10: ch 7, section 5.
- See reference 10: 217–18; on the dichotomy between full/empty, see ch 7.
- See reference 9: letter No 735: xix.
- See reference 9: letter No 330: 460.
- Dickinson E. Poem No 1651. In: Guidacci M, ed. *Poesie e lettere*. Firenze: Sansoni, 2000: 398.
- See reference 9: letter No 39: 103.
- See reference 9: letter No 54: 140.
- See reference 9: letter No 1039: 278.
- Sewall RB, ed. *The Lyman letters: new light on Emily Dickinson and her family*. Amherst: University of Massachusetts Press, 1965: 69.
- See reference 30: 22.
- Sewall RB. *The life of Emily Dickinson*. New York: Ferrar, Straus and Giroux, 1974: 222–3, my emphases.
- See reference 26: 382.
- Slade R. *The anorexia nervosa reference book: direct and clear answer to everyone's questions*. New York: Harper & Rowe, 1984: 134–8. Turner BS. *The body and society: explorations in social theory*. London: Blackwell, 1984: ch 3, 7, and 8.
- Kant I. *Groundwork of the metaphysic of morals*. London: Hutchinson House, 1955: ch 1. Kant I. Critical examination of practical reason. In Abbott TK, ed. *Critique of practical reason and other works on the theory of ethics*. London: Longmans, Green and Co, 1948: 87–200.
- Lawrence M suggests that anorexia is a form of asceticism. *The anorexic experience*. London: The Women's Press, 1984: 32–5.
- Vandereycken W, Van Deth R. *From fasting saints to anorexic girls: the history of self-starvation*. London: Athlone Press, 1994: chs 2, and 11.
- Istituto della Enciclopedia Italiana. *Vocabolario della Lingua Italiana*. Roma: Treccani, 1986.
- Tolstoy LN. *Anna Karenina*. London: Penguin, 1977: ch 15. It is sometimes argued that this sense of exhilaration and spiritual power is ultimately rooted in physiological processes. On this point, research is not in one direction. For example, Richard Gordon argues that fasting has a potentially addictive lure, and that is why health cultists usually prescribe time limits on fasting. See Gordon R. *Anorexia and bulimia, anatomy of a social epidemic*. Oxford: Blackwell, 1990: 123–5. Other researchers are, however, more sceptical on this point. See reference 34: 34–5. Despite this controversy, what matters in this context, is that mystical and ethical connotations are often attached to this experience of purity and spiritual enthrallment (whether or not underpinned also by neurophysiological factors).
- See reference 37: ch 11. See also reference 32.
- Bruch H. *Eating disorders: obesity, anorexia nervosa and the person within*. London: Routledge & Kegan Paul, 1974: 25.
- See reference 10: 249–50.
- See reference 10: 211.
- Faccio E. *Il disturbo alimentare, modelli ricerche e terapie*. Roma: Carocci, 1999: 147.
- Boskind-Lodahl M. Cinderella's stepsister: a feminist perspective on anorexia nervosa and bulimia. *Signs* 1976;2:342–56.
- Weber M. *The Protestant ethics and the spirit of capitalism*. London: George Allen & Unwin, 1976: 180.
- See reference 46: 157–8.
- See reference 46: 159.
- See reference 46: 166.