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Anorexia Nervosa as a Form of Resistance

Examining Anorexia through Michel Foucault's Analysis of Power, Resistance, and the
Subject

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Tiivistelmä: Anorexia nervosa –syömishäiriötä tarkastellaan tyypillisesti ensisijaisesti patologiana tai sukupuolinormien ja sosiaalisten paineiden äärimmäisenä ilmentymänä. Tämä maisterintutkielma tarkastelee anorektikon kokemuksessa ilmeneviä vastarinnan muotona Michel Foucault'n filosofian kautta. Tutkielmassani argumentoin, että anoreksia voidaan ymmärtää vastarinnan muotona, jonka kautta anorektikko aktiivisesti tuottaa omaa subjektiivisuuttaan aktiivisin ja yllättävin tavoin.

Maisterintutkielmani filosofinen viitekehys perustuu Michel Foucault'n valtaa, vastarintaa ja subjektia käsittelevään analyysiin. Foucault identifioi lukuisia vastarinnan muotoja, joista jotkut tapahtuvat symbolisella tasolla ja toiset vaativat tekijältään aktiivisempaa toimijuutta. Foucault'n valta/vastarinta-analyysille on keskeistä, ettei vastarinta pyri vapautumaan valtasuhteista: vastarinta tapahtuu aina *valtasuhteissa*. Lisäksi tutkielma ammentaa Foucault'n kritiikistä niin humanismia kuin psykiatriaan kohtaan. Foucault'n mukaan ajatus terveestä ja normaalista "ihmisjärjestä" on historiallisesti ja kulttuurisesti kontingentti, ja ymmärryksemme hulluudesta on niin ikään diskursiivisesti rakennettu. Näin ollen anorektinen subjektikaan ei välttämättä ole joko täysivaltainen toimija tai ympäristönsä uhri. Anorektikko voidaan ymmärtää sairaana yksilönä, joka samalla aktiivisesti toteuttaa itseään *sairautensa kautta*.

Etenen tutkielmassani kolmen tapaustutkimuksen kautta. Vaikka Foucault identifioi hysteerikon toiminnassa vastarinnan siemenen hysteerikon simuloimissa oireita, joiden psykiatrinen valta olettaa olevan autenttisesti tuotettuja, anorektikolla ei vaikuta olevan samanlaista valtaa psykiatrisen vallan järjestelmässä. Pro-ana-foorumeita koskevaan analyysiini pohjaten argumentoin, että anoreksia voidaan ymmärtää esimerkkinä Foucault'n askeettisista käytänteistä. Vertaan anoreksiaa myös nälkälakkoihin, joiden vastarinnallinen teho perustuu valitun vastarinnan muodon tuhoisiin kehollisiin seurauksiin.

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1. Introduction

1.1. What Is Anorexia (And Who Is ‘the Anorexic’)?

Although public awareness of the mental illness we know as ‘Anorexia Nervosa’ (henceforth just anorexia) was limited until the late 20th century (Malson, 1998, p. 188), records of self-starvation trace back to the Hellenistic period, where ascetics sometimes refrained from eating for spiritual purposes (Pearce, 2004, p. 191). However, it was not until the Renaissance that behaviours that would now be considered anorexic really rose in popularity. During this time, self-starvation bore heavily religious undertones, and starvation as a route to God was known as *anorexia mirabilis*, holy Anorexia. Some religious women voluntarily starved themselves to mimic the suffering of Jesus (Espí Forcen, 2013, p. 370). The first medical description of anorexia is traced back to 1689, when physician Richard Morton treated a Duke’s daughter for a condition that left her skeleton-thin and weak-spirited (Pearce, 2004, p. 192).

However, following Morton’s discovery, anorexia effectively disappeared from medical discourse until the 20th century (Pearce, 2004, p. 192). In 1873, two physicians Ernest Charles Lasègue and Sir William Gull, separately published clinical descriptions of anorexic behaviour amongst their female patients. Although both initially referred to the condition with the term *anorexia hysterica*,¹ Sir William Gull ended up coining the term still in use to this day, *anorexia nervosa*, the following year (ibid.). It was thus the end of the 19th century that marked the capture of voluntary self-starvation within the pathologising grip of psychiatry.

Today, the diagnostic profile of anorexia is outlined in the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM-5) (2013, p. 338-39) to include:

- A. Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health.
- B. Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.

¹ I will compare anorexia to hysteria more in depth in Chapter 3 of this thesis.

C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Some 95% of those diagnosed with anorexia are women (APA, 1987). The typical age of onset falls between 12 and 25, making anorexia most common among girls and young women (John Hopkins Medicine, n.d.). Socio-culturally oriented research has, in recent decades, become increasingly aware of the role social norms, ideals, and expectations play in anorexia. The cultural glorification of thinness, particularly among women, is typically attributed as a key factor behind the prevalence of anorexia amongst girls and women (Garner & Garfinkel, 1980; Silverstein et al., 1986). Moreover, anorexia has been understood as a manifestation of a variety of socio-cultural influences, including body ideals, gender norms, normalisation of dieting, and more (see: Bordo, 1991; Orbach, 1986/2018; Bartky, 1988). Trying to make sense of anorexia has led scholars to various different interpretations. Bruch (1982, p. 1532) views anorexia as an attempt to deal with a range of personal difficulties, particularly the feeling of “not having a core-personality of one's own”. Anorexia has also been viewed as a symptom of being afraid of growing up (Hsu, 1984) and, more specifically, of becoming a mature woman (Plaut & Hutchinson, 1986). Moreover, the relationship between anorexia and gender identity has been explored by many. Paradoxically, anorexia has both been understood as extreme conformity to femininity (Bordo, 1991; Boskind-Lodahl, 1976) and a rejection of such (Bordo, 1991; Orbach, 1979; Chernin, 1981).

In this thesis, I have made the conscious choice of referring to ‘the anorexic’ as the subject of my analysis. ‘The anorexic’ does not denote any specific existing anorexic, nor is she some statistically average example of such. ‘The anorexic’ is a discourse that encompasses the cultural and discursive constructions of anorexia and emerges as a metaphor for characteristics and bodies associated with it (for more accounts of anorexia as a metaphor, see: Sontag, 1983; Bordo, 1991; Orbach, 1986/2018). Throughout this thesis, the discourse of ‘the anorexic’ shifts and changes as my argument progresses. In Chapter 2., I explore the ways in which anorexia has been constructed as sickness, passive victimhood, and a result of irrational character traits. Throughout this thesis, my goal is to draw attention to the different ways in which anorexics, within and through their condition, actively use their agency to tactically reverse the power relations they find themselves in and transform themselves as subjects in unorthodox ways. ‘The anorexic’ is not a singular or coherent discourse, but instead accommodates different and sometimes contradictory forms of subjectivity that are in a constant state of flux.

Moreover, I consistently refer to ‘the anorexic’ with the feminine she/her pronouns. This is because anorexia is culturally constructed as above all a *feminine pathology*. First of all, anorexia is overwhelmingly diagnosed among girls and women, with the lifetime prevalence of the illness being significantly higher among women (up to 4%) than men (0.3%) (van Eeden et al., 2021)². Even more importantly, anorexia is culturally produced as a ‘women’s illness’. In *Docile Bodies* (1989), Susan Bordo outlines three pathologies that have emerged during distinct historical periods and been mainly diagnosed among women: hysteria, agoraphobia, and anorexia (p. 205). She argues that feminine pathologies paradoxically emerge “in collusion with the cultural conditions that produce them, reproducing rather than transforming precisely what is being protested” (p. 177). Moreover, according to Bordo there exists a continuum between what is considered “normal feminine behaviour” and disorders that have disproportionately affected women, meaning that these pathologies come to constitute extreme forms of conventionally feminine inscriptions on the body (ibid.). Susie Orbach even goes as far as to say that *all women* find themselves on some point of this continuum insofar as they are all, to some degree, susceptible to feeling the need to restrain their appetites in pursuit of a petite body as the cultural construction of femininity calls for (1986/2018, p. 107).

1.2. Why Study Anorexia as a Form of Resistance?

Most feminist thinkers that have written on the topic (see: Bordo, 1989, 1991; McLaren, 2002; Orbach, 1979, 1986/2018) seem to agree with the categorisation of anorexia as an extreme form of gendered cultural inscription on the body, with most diagnosed anorexics being women and social pressure on slenderness being overwhelmingly placed on the female body. However, some have also identified an element of resistance in the anorexic’s rigorous maintenance of a self-imposed exercise and diet regime. At the practical level, this resistance can be seen in the anorexic’s refusal to alter her self-destructive behaviours and opposition to treatment, therapy or any other form of outside intervention on the basis of it sabotaging her “progress” – as phrased by Susan Bordo, the anorexic will “fight family, friends, and therapists in an effort to hold onto it” (1989, p. 179). The anorexic may also seek to resist her own body. This phenomenon is graphically illustrated in Aimee Liu’s acclaimed memoir “Solitaire” (1979), one of the first first-person accounts of anorexia within

² However, it is crucial to note that research on anorexia among men (and gender non-conforming people) remains very limited (Wooldridge & Lytle 2012), and it is possible that the prevalence of anorexia amongst these groups is much higher than current statistics account for.

popular literature. Liu's disgust with her body and particularly its gendered parts is illustrated in the following excerpt:

"I grab my breasts, pinching them until they hurt. If I could only eliminate them, cut them off if need be to be flat chested like a child again" (Liu 1979, p. 79).

However, few scholars have analysed anorexia as a form of resistance against more general forms of *power* (for an exception, see: Orbach, 1979, 1986/2018). Moreover, accounts of conceptualising anorexia as resistance using a Foucauldian framework are even more rare. Susan Bordo (1989, 1991) builds upon Foucault in her analysis of anorexia but eventually argues that the anorexic's attempts at resistance remain *illusory*. Bordo justifies this argument through her reading of Foucault by identifying a paradox within anorexia, where individuals seek empowerment and liberation from conventional gender norms while paradoxically adhering to rigorous, traditionally feminine bodily practices (Bordo 1989, p. 215). In Bordo's reading of Foucault, it appears that the anorexic's life may symbolically endorse resistance, yet in practice, it tends to steer them toward extreme compliance and docility. Similar to Foucault's scepticism regarding the LGBT-movement which, according to him, ends up reaffirming the normalising discourse of sex-desire it seeks to resist (see: pp. 51 of this thesis), Bordo views the anorexic's struggle as ultimately falling into a trap. Liz Eckermann (1994, 2002, 2009), on the other hand, assesses anorexia through a Foucauldian lens in a much more optimistic way. She builds upon Foucault's latter work, which arguably emphasises the role of individual agency to a greater degree than his earlier texts, and argues that voluntary self-starvation can be conceptualised as a form of subject's active *self-formation*.

This thesis is a philosophical investigation into some of the ways in which the anorexic can be seen to engage in resistance. By 'resistance', I refer to the different forms of resistance Foucault has discussed throughout his work, which I will discuss in detail in Chapter 2. To relate my discussion to Bordo and Eckermann, my intention is to challenge Bordo's negative conceptualisation of the anorexic's ability to resist and, instead, follow a more Eckermannian route by exploring the ways. I seek to demonstrate that the anorexic, by challenging the pathological narrative she is conceptualised through, forms herself, by experimenting with her body and pleasures, in unconventional and novel ways.

For the sake of transparency: I was anorexic between the ages of 14 and 17, to differing degrees of severity, and still struggle with relapses from time to time. Although trying to make sense of my thoughts and feelings was certainly one of the motivations behind this thesis, I have consciously refrained from making any reference to my own experiences as an anorexic. Instead, I engage with a wide range of literature, including interviews with anorexics and observations from pro-anorexia websites, through a Foucauldian lens. As feminist scholars often state, “personal is political”, and I think it would be uncharitable not to admit that oftentimes, philosophy is also personal, and, conversely, personal can be the object of philosophical investigation.

Moreover, my intention is not to encourage anyone to develop anorexia, cease their efforts at recovery, or actively worsen their already existing condition. Anorexia is certainly not a healthy, productive, or successful form of engaging in resistance, not least due to its high death rates with some 5% of anorexics succumbing to their condition (Auger et al., 2021). One of the reasons why I chose Foucault’s philosophy as the theoretical framework for this thesis is because in his understanding of power and resistance, resistance does not have to be any of these things. As I hope to elucidate in the next chapter, Foucault identifies various manifestations of resistance throughout his work, and what I seek to do is explore whether or not elements of these forms of resistance can be located within the anorexic’s experience.

2. Why Study Anorexia Using Foucault?

2.1. Introduction

This chapter will serve as the philosophical foundation for my discussion of anorexia. I will provide the reader with an overview of those aspects of Foucault's philosophy that I find relevant when studying anorexia, including his theory of power/resistance, his analysis of the body, as well as his views on the subject, agency, and mental illness. My main goal is to address the following three questions:

- 1) What does Foucault mean by resistance?
- 2) What role does agency play in different forms of resistance?
- 3) Can a Foucauldian framework on power/resistance allow us to view a person with a severe mental illness, like the anorexic, as capable of exercising her agency?

I shall tackle these questions by first elaborating on the different forms of resistance in Foucault's writing. The concept of resistance in Foucault's philosophy tends to spark divisive interpretations. Although some interpretations divide Foucault's scholarship on power and resistance into 'early Foucault' that neglects the role of the subject, and 'later Foucault' that pays more attention to the subject's agency (see e.g.: Eckermann, 2002), I rather view this transition as Foucault attempting to elaborate upon his earlier notions on resistance and acknowledge some of the criticisms it received (for a similar interpretation of Foucault, see: Lawlor & Nale, 2014a). Resistance does not only emerge in one form, but can manifest itself in various ways that are distinct in method.

I will then move onto discussing the role of agency in resistance. Perhaps the most common criticism against Foucault's understanding of power and resistance has to do with how he discusses the subject: if the Foucauldian subject is both formed by power relations and actively forms herself according to them, how can she be understood to resist? I, however, argue that agency is both a necessary prerequisite for a relation to be one of power and not of domination, and that increasing the possibilities for exercising one's agency functions as a key motivation behind engaging in resistance, or at least some of its forms. Following this, I will present how the body functions as both a site of cultural inscription and a potential locus of resistance in Foucault's writing.

To conclude this chapter, I discuss the ways in which agency in anorexia has been constructed both

in culture and research tradition. I argue that viewing the anorexic as *only* a passive and irrational victim of her biological makeup or external circumstances neither aligns with Foucault's understanding of agency or represents how anorexics describe their own experiences. I draw upon Foucault's anti-humanism and criticism of psychiatry in arguing that the Foucauldian subject can accommodate multiple shifting and even contradictory subjectivities.

2.2. Foucault on Power, Resistance, and the Subject

In *History of Sexuality, Vol. 1* Foucault delineates his conception of resistance, asserting that "Where there is power, there is also resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power" (1976/1978, p. 95-96). This statement carries two intertwined implications: firstly, that resistance operates within power structures rather than targeting power from the 'outside', and secondly, that resistance and power are intricately intertwined – one cannot exist without the other. According to Foucault, power is *everywhere*, suggesting that freedom isn't achieved by transcending the "shackles of power" into a separate, privileged realm. Instead, it signifies a potentiality inherent within power itself; its "limits, reversal, or rebound" (Halperin, 1995, p. 16-18). Mark Kelly posits that according to Foucault's analysis, resistance is both assumed and enacted within power dynamics, while power itself is sustained by resistance. Without the potential for resistance within power relations, power would be reduced to mere obedience to domination (2009, p. 108).

In light of the abovementioned quote, when Foucault first introduces his concept of resistance, he seems to understand it as a *signification* within power structures. In *History of Sexuality Vol 1*. Foucault states that "Power relations are both intentional and nonsubjective" (1976/1978, 94). By this, I interpret Foucault to mean that power is always *directed at something*, but does not always require conscious deliberation from the subject(s) enacting it. Given that Foucault views resistance as a necessary part of power relations, I argue that one can describe the nature of resistance in a similar fashion. Resistance *is* intentional in the sense that it is always directed at something, but it does not necessarily require for the subject to consciously engage in it. In 'Body/Power' (1980), Foucault describes how the body can act in this form of resistance as follows:

"Mastery and awareness of one's body can be acquired only through the effect of an investment of power in the body: gymnastics, exercises, muscle-building, nudism, glorification of the body beautiful. All of this belongs to the pathway leading to the desire of one's own body, by way of the

insistent, persistent, meticulous work of power on the bodies of children or soldiers, the healthy bodies. But once power produces this effect, there inevitably emerge the responding claims and affirmations, those of one's own body against power, of health against the economic system, of pleasure against the moral norms of sexuality, marriage and decency. Suddenly, what had made power strong becomes used to attack it. Power, after investing itself in the body, finds itself exposed to a counterattack in that same body" (p. 56)

Foucault's 'resistance' can, however, also be understood as an act that requires some level of deliberation from the subject. This form of resistance is closely related to Foucault's understanding of 'critique', which Foucault emphasises in his late texts and interviews. Now, it is crucial to note that by 'deliberation', I am not claiming that the subject reflects upon *all* aspects of her conduct. Rather, as I will discuss moving forward, 'deliberation' reflects a level of dissatisfaction with the parameters the subject is currently expected to form herself with. I will now present a reading of Foucault's 'resistance' inspired by his work on critique.

Foucault's approach to critique can be read as a "radicalisation" of Immanuel Kant's critical philosophy. He regards Kant as the father of the "two great critical traditions" that have shaped modern philosophy. Firstly, Kant established the critical-philosophical framework delineating the conditions for knowledge and the foundational features of human understanding, which he considered universal across rational agents. Secondly, Foucault acknowledges Kant's contribution to a critical ontology, particularly evident in his essay "Was ist Aufklärung?" ("What is Enlightenment?"), where Kant introduces an interrogation of the "present" and "ourselves" within the Enlightenment movement (1984/2020). Foucault perceives Kant as initiating a philosophical inquiry into the contemporary moment, which incorporates the philosopher into its discourse.

In integrating Kantian influences into his critique, Foucault emphasises two key aspects. Firstly, he recognises the conceptual nature of human reality, wherein thought is invariably structured and constrained by specific norms and frameworks. Secondly, Foucault embraces Kant's ontology of the present, although departing from Kant's pursuit of universal structures. Instead, Foucault suggests that critique should adopt a historical approach, investigating the events that have shaped our self-conception and understanding – as Foucault puts it, "criticism is no longer going to be practiced in the search for formal structures with universal value" (1984/2020, p. 42). He advocates for a genealogical and archaeological method of critique, distinct from Kant's transcendental

approach. This method seeks to unveil the historical contingencies and arbitrary constraints that inform our conceptual boundaries, which Foucault terms the "contemporary limits of the necessary" or the "historical a priori". What follows is that if thinking is always shaped by a system of norms specific to a certain historical period, instead of some general structures that universally shape human understanding, then these norms become *historically contingent* and *arbitrary* – or, in Foucault's words, critique is focused on "what is given to us as universal, necessary, obligatory, what place is occupied by whatever is singular, contingent, and the product of arbitrary constraints" (1984/1997, p. 42).

This is where Foucault's views on agency and the subject become particularly important. Contrary to popular belief, Foucault actually did not view himself as a philosopher of power first and foremost – he writes: "Thus, it is not power, but the subject which is the general theme of my research" (1982, p. 778). To connect Foucault's focus on the subject with his previously discussed archaeological and genealogical inquiry into the "present limits of the necessary", Foucault further defines the objective of his research to have "been to create a history of the different modes by which, in our culture, human beings are made subjects" (ibid., p. 777). Foucault's understanding of power is, above all, productive, and different power structures consequently *produce* different types of subjectivities. Foucault also states that "I have sought to study the way a human being turns himself into a subject" (ibid., p. 778). What this means is that techniques of power are not only imposed externally (say, when one is imprisoned as a punishment for her crime), but also internalised and enacted by the individual. Exemplified in Foucault's understanding of the Panopticon (see: Foucault, 1979/1995), the very possibility of external surveillance encourages self-discipline to a point where the threat of outside punishment is no longer the primary mechanism keeping the individual 'in check'.

As an example of this process, Foucault mentions the way individuals in modern Western societies have come to recognise themselves as "subjects of sexuality", with either normal or "abnormal" sexual desires. In his project on the history of sexuality, Foucault examines the interconnectedness of desiring and sexual subjectivity, asserting that the concept of humans as subjects of desire serves as a historical assumption underlying sexual subjectivity (1976/1978, p. 5-6). Although Foucault did not complete his manuscripts on Christian perspectives on sexuality, it appears evident that he believed Christianity laid the groundwork for the emergence of the moral subject of sexual desire, with an emphasis on practices like confession and self-examination to discern the "true" and "false"

aspects of one's desires and subjectivity (McWhorter, 1997). In essence, the focus shifted from outward actions to internal desires. The modern science of sexuality, however, only arose in the 19th century, introducing discourses on sexual subjectivity, medicalization, and pathology. In this discourse, individuals are no longer judged solely on their actions but also on their perverse desires, which label them as perverts. Within this framework, an individual's sexual orientation is determined by the structures of desire, implying specific sexual subjectivities and identities (Davidson, 2001). Thus, not only desires and sexualities but also the individuals themselves become classified and subjected to moral evaluations, either receiving approval, treatment, normalisation, or marginalisation from both themselves and others (Halperin, 1995, p. 20).

Critics have accused Foucault of falling into a trap with this understanding of the relation between power and the subject (see e.g.: Fraser, 1985; Taylor, 1986). After all, if the subject is constituted within and through a web of power relations, how can emancipation be understood to occur? I believe this is where Foucault's later work, which has a great focus on freedom and agency, becomes important. For Foucault, one of the ways in which power functions is by producing the set of conceptual possibilities we are able to recognise in our present actuality "as possible candidates to entertain as our thoughts" (Tiisala, 2017, p. 8), and, as such, the Foucauldian subject always operates within a certain set of structures, norms, discourses, and institutions. This structuration of possible actions and capacities is realised through government. Foucault writes:

"The contact point, where the individuals are driven [and known] by others is tied to the way they conduct themselves [and know themselves], in what we can call, I think, government. Governing people, in the broad meaning of the word, governing people is not a way to force people to do what the governor wants: it is always a versatile equilibrium, with complementarity and conflicts between techniques which assure coercion and processes through which the self is constructed and modified by oneself" (1980/2016, p. 25-26).

Crucially, Foucault argues that power does *not* operate through force, but through a complex process of the self making herself into a subject using a set of techniques and mechanisms specific to the paradigmatic form of power. In order to do this, it would seem to me that the subject must possess at least some level of agency. As stated by Foucault himself, "Power is exercised only over free subjects, and only insofar as they are 'free'. By this we mean individual or collective subjects who are faced with a field of possibilities in which several kinds of conduct, several ways of

reacting and modes of behaviour are available” (1982, p. 790). Although power produces the field of possible action the subject is able to function within, she nonetheless has the ability to choose from their different courses based on her preferences, interests, and priorities. Foucault’s understanding of freedom and agency is, then, perhaps best understood as *self-rule* and not as self-sufficiency.

What exactly is the connection between resistance and agency, then? I would argue that resistance in Foucault’s writing is to be understood as the conscious practice of freedom understood as agency. In his text “What Is Critique?” (1978/1997), Foucault identifies within the critical philosophy of the Enlightenment a wish to “not be governed like that, by that, in the name of those principles, with such and such an objective in mind and by means of such procedures, not like that, not for that, not by them” (p. 28). As such, returning to the earlier discussion regarding the “contemporary limits of the necessary” and “historical a priori”, Foucault’s understanding of subjects as free agents seems to strongly suggest that we are, by reflecting upon how we relate to the world around us, to critically examine the truths that we take for granted. He writes:

“I am a moralist to the extent that I believe that one of the tasks, one of the points of human existence, that in which man’s freedom consists, is to never accept anything as definitive, untouchable, obvious, immobile. Nothing in reality has to make a definitive and inhuman law for us. To that extent, one can think that we need to rise against all the forms of power, but not understood simply in the narrow sense as power of the type of government, or of one social group over another; this is but an element among others. I call ‘power’ everything that actually tends to make immobile and untouchable what is given to us as real, true, and good” (1980/2016, p. 127).

As such, should one simply accept the “definitive, untouchable, obvious, immobile” aspects of human reality, one would not be practising their freedom to its fullest extent. Returning to Foucault’s analysis of the subject’s self-formation, when we deem something in the way we think or in what we identify as possible as necessary and universal, we find ourselves limited in the different modes of being a subject we can build ourselves towards. The problem these untouchable constraints pose for the conscious practice of our agency becomes particularly clear when these limits in thinking get so obvious they become an unconsciously accepted fact: how can we fully practise our freedom and fashion our own lives if there are certain conceptual limitations that we take for granted and impose upon ourselves without even noticing?

However, a critical interrogation of our present actuality is not the only way of partaking in resistance presented in Foucault's writing. Resistance can also be understood as the subject's active self-fashioning toward a new form of subjectivity, as is brilliantly illuminated in his writings on Greco-Roman Antiquity. In the introduction to *The History of Sexuality, Vol 2* Foucault describes the ethical subject's self-formation as "a process in which the individual delimits that part of himself that will form the object of his moral practice, defines his position relative to the precept he will follow, and decides on a certain mode of being that will serve as his moral goal. And this requires him to act upon himself, to monitor, to test, improve, and transform himself" (1984/1990, p. 28). Foucault employs the concept of 'care of the self' to refer to the subject's intentional and voluntary development and self-transformation towards a certain mode of being. Care of the self, Foucault says, refers to "those intentional and voluntary actions by which men not only set themselves rules of conduct, but also seek to transform themselves, to change themselves in their singular being, and to make their life into an oeuvre" (1985/1990, p. 10). He identifies in the Greco-Roman Antiquity a system of ethics that centres around conscious practice of freedom, encouraging subjects to reflect upon themselves and cultivate their abilities, skills, and characteristics towards a certain goal they impose upon themselves.³ I will discuss this form of resistance more in depth in Chapter 4 of this thesis.

To sum, the Foucauldian subject is a free agent to the extent that she is able to, within certain culturally, historically, and socially constructed parameters, choose how she wants to conduct herself. Although all forms of resistance do not require conscious deliberation from the subject, it is *because* of this agency that the Foucauldian subject is able to critically engage with her surroundings and find new ways of self-formation. In the context of anorexia, Foucault's understanding of resistance has two other key take-aways. First of all, the means and results of Foucauldian resistance may not always seem productive or positive. What we view as desirable outcomes and positive development is contingent upon the paradigmatic techniques of power within which resistance takes place, and since Foucault views resistance as the tactical reversal of these techniques, it would seem to make sense that the means and end results of resistance may not align with the existing normative structures. This premise becomes particularly clear in Chapter 5, where I discuss anorexia through the lens of biopower, and Chapter 4, where I compare anorexia to other

³ For more literature on the connection between critique, care-of-the self, and ethics in Foucault's writing, see: Butler 2002.

unorthodox forms of self-formation encouraged by Foucault, including BDSM-sex and drug use. Moreover, resistance does not necessarily have to succeed in what it sets out to do, and can lead to unforeseen consequences. What started off as an attempt at resistance can itself be appropriated by technologies of power.

2.3. The Body as a Site of Docility and Resistance

In light of the discussion above, a crucial question remains: how can we make sure that our efforts in resistance do not become appropriated by techniques of power? As Foucault himself asks: “How can the growth of capabilities be disconnected from the intensification of power relations?” (1984/2020, p. 43). Foucault’s response to this question has to do with his understanding of ‘bodies and pleasures’. In *History of Sexuality, Vol. 1* Foucault famously claims that “the rallying point for the counterattack against the deployment of sexuality ought not to be sex-desire, but bodies and pleasures” (1976/1978, p. 157). In the context of sexuality, Foucault identifies loci of resistance in bodies and pleasures because they have, as opposed to sexual desire, eluded employment within the normalising, pathologising, and subjectifying discourse of modern sexuality. Where our desires are understood as either normal or abnormal and have the authority to excavate one’s ‘true sexual identity’, bodies and pleasures emerge as *capabilities* that ought to be experimented with in creative ways. As opposed to desire, the body (and pleasures) are “a virgin territory, almost devoid of meaning” (Oksala, 2004, p. 111, originally quoted in Halperin, 1995, p. 93-94). I will delve deeper into Foucault’s notion of pleasures in Chapter 3. in my discussion of *askēsis* in Foucault’s writing. In this chapter, I shall focus on Foucault’s discussion of the body: on how it functions both as a site of cultural and historical inscription, a medium and instrument of power, and an object of genealogical investigation that seeks to “expose a body totally imprinted by history” (1977/2020, p. 48) as well as an ‘unexpected’ locus of resistance.

The body plays a more significant role in the anorexic’s experience than in perhaps any other mental illness. On the one hand, she is embodied to the extreme: her very identity and self-worth are reliant on the size, impulses, and desires of her body (Eli & Lavis, 2021). On the other hand, she seems to ascribe to a certain level of mind-body dualism, where her body emerges as a project; something to mould to her liking and whose needs and impulses she must be able to control (ibid.). Given how crucial the body is for the anorexic’s experience of her illness, I believe that an analysis of Foucault’s writings on the body provides an important conceptual tool for understanding *how*

resistance functions at the level of the body and, subsequently, within and through the *anorexic body*.

To start with an overview of how Foucault views the body as a site of docility, in *Discipline and Punish*, he writes: “Historians long ago began to write about the history of the body. They have studied the body in the field of historical demography or pathology, they have considered it as the seat of needs and appetites, as the locus of physiological processes and metabolisms (...) But the body is also directly involved in a political field; power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs” (1979/1995, p. 25). The historically and culturally produced nature of the body is perhaps best exemplified in Foucault’s notion of the “docile body”. In *Discipline and Punish*, Foucault argues that the emergence of disciplinary power in the Classical Age paved the way for the body being discovered as an individualised “object and target of power”, (ibid., p. 136) as something to be maintained, controlled, and commodified. Understood this way, the body emerges as something malleable and receptive to power, as “something that can be made; out of a formless clay, an inapt body [from which] the machine required can be constructed” (ibid., p. 135), something described as “pliable,” capable of being “manipulated, shaped, trained” (ibid., p. 135–136).

Foucault’s understanding of the body as culturally constructed instead of a given, as a “field of inscription of sociosymbolic codes” (McLaren, 2002, p. 92) is particularly applicable to the feminist tradition of studying how gender norms are incorporated and embodied. As Margaret McLaren describes, feminists consider the body to be an “important site of political struggle” (ibid., p. 91). Despite the fact that the Foucauldian interpretation of the body lends itself seemingly well to feminist analysis, Foucault himself abstained from analysing the body in the context of gender-specific disciplinary practices and did not engage in further discussion about the different ways feminine and masculine bodies are produced (ibid., p. 92).

As a response to Foucault’s shortcoming in the area, two feminist theorists, Sandra Lee Bartky and Susan Bordo, have developed the idea of the body as a locus of cultural inscription in the context of the feminine bodies. Bartky has responded to Foucault’s apparent neglect of issues regarding sex and gender by stating that “Women, like men, are subject to many of the same disciplinary practices Foucault describes. But he is blind to those disciplines that produce a modality of embodiment that is peculiarly feminine” (1990, p. 65). Furthermore, Bartky analyses this “feminine modality of

embodiment” as a form of a disciplined body and identifies three disciplinary practices specific to women: practices that elicit a certain repertoire of gestures, practices that encourage bodily adornment, and, most importantly in the context of anorexia, practices that aim to produce a body of a *certain shape* (2014, p. 95).

Bartky points out that the disciplinary practices that form and constitute the shape of a “feminine body” go hand in hand with oppressive structures of patriarchal societies, which have set culturally and historically varying standards for it (2014, p. 95). According to Bartky, the current Western cultural hegemony posits a slender body as a desirable one, encouraging women to engage in various disciplinary practices to achieve such a state (ibid.). This observation emphasises how forms of disciplinary power do not only function from the outside, but are also internalised by their very subjects, making them closely surveil their own behaviour and discipline themselves in order to reach a certain standard. These practices, which include exercising and dieting, are heavily endorsed by both medical authorities and cultural media.

In her essay “Anorexia Nervosa: Psychopathology as the Crystallisation of Culture” (1991) Bordo further develops the Foucauldian idea of the body being constituted by culture and power. She argues that culture does not only affect the body as it is experienced, but that the physical body in itself can also function as an “instrument and medium of power”, as is the case with anorexia (p. 148). Female bodies, Bordo claims, are generally more susceptible to physical manifestations of disciplinary bodily practices because women, unlike men, are *associated with the female body*. This notion is common in the tradition of feminist philosophy, as many feminist thinkers argue that where the masculine body is a neutral default, the feminine body is automatically *gendered* (see e.g.: de Beauvoir 1949/1956). An important aspect of Bordo’s philosophy of the body is that for her, the body acts as both a cultural text and as a practical locus of social control (McLaren 2002, p. 95). As these aspects of the body are so closely tied together, I will be using them rather interchangeably as descriptions of how the Foucauldian body acts as a site of cultural inscription.

Foucault’s understanding of the body, like his view on the critical potential of genealogy, is heavily influenced by Friedrich Nietzsche. Both Foucault and Nietzsche see the body both as a social construct, on the one hand, and as the very basis of our being, on the other (Hoy, 2004, p. 58). In his 1977 essay “Nietzsche, Genealogy, History”, Foucault elaborates upon this almost dualistic view on the role of the body by making two interesting statements. First, he claims that the task of

genealogy is to “expose a body totally imprinted by history” (1977/2020, p. 148), clearly implying that there is an element of cultural or historical formation within the ontology of the body. However, the sentence continues with Foucault assigning “the destruction of the body” as the “goal of history” (ibid.), which some, including Butler (1990/1999), have interpreted as a sign of Foucault ascribing to the existence of a prediscursive and material body upon which cultural construction can take place. I argue, however, that although there is something essentially non-discursive in Foucault’s understanding of the ontological status of the body, he does *not* endorse a recourse to the natural and material. Foucault’s concept of the body is not a reduction to the biological – rather, it acknowledges the body as a force that can prompt changes within history and culture.

In contrast to viewing the body to be dependent upon and constructed by cultural, historical, and discursive context, both Foucault and Nietzsche endorse embodiment. In Foucault’s understanding of the body as the basis of critical resistance, historical forces not only form and construct the body, but also deform and even destroy it (Foucault, 1984b, p. 83). This view of Foucault’s is sometimes interpreted as appealing to an unhistorical and prediscursive, “natural” body that exists prior to cultural construction (see: Butler, 1990/1999; Fraser, 1983). Foucault’s understanding of history as an ongoing destruction of the body can thus be taken to imply that there is something *natural*, *original* or *prehistorical* to the body that is then tampered and deformed by socio–historical construction that occurs through the normalisation of the body (Hoy, 2004, p. 67).

This critique, however, can be contrasted with a much more favourable reading of Foucault. As Hoy (2004, p. 66) puts it, to say that for Foucault the body is “more” than its current form in this time in history and discourse is not to say that it is somehow “universal” or “prediscursive”. Rather, it means that the body can be shown to have *existed differently* historically and culturally through the means of critical philosophy, mainly genealogy and ethnography, showcasing that the non-discursive nature of the Foucauldian body seems to *presuppose* genealogical investigation to begin with (ibid.). Thus, although the Foucauldian body undoubtedly partially transcends history and discourse, this transcendence does not in itself imply a reduction to the biological as much as it portrays the body as a source of resources with which we can transform ourselves. In the context of the body, the capacity of the body to *exist differently* during distinct historical periods and embedded in separate cultures opens up a possibility for change and self–transformation. Instead of allowing us to escape the discourse to a “prediscursive domain” outside of the social, cultural, and

historical, the body signifies the continuity and adaptability of the body as a source of change throughout history (ibid.).

In her paper “Anarchic Bodies: Foucault and the Feminist Question of Experience” (2004) Johanna Oksala analyses the Foucauldian body as above all an *experiential* one. She contrasts her reading of Foucault with the feminist interpretation of the Foucauldian body as a docile object of discipline and cultural inscription (see: p. 8-9 of this thesis). Oksala argues, in line with the discussion above, that the Foucauldian body accommodates an element of *non-discursiveness*. She writes: “The experiential body is the locus of resistance in the sense that it is the possibility of an unpredictable event. The experiential body materializes in in power/knowledge relations, but the limits of its experience can never be firmly set because they can never be fully denied or articulated” (ibid., p. 114). Crucially, resistance at the level of the body denotes the possibility of the body to exist in novel ways and forms, transcending the discursive limits of ‘normal’ and ‘abnormal’ (ibid., p. 110, 115).

Interpretations of Foucault’s understanding of the role of the body within his system of power and resistance are parallel to how anorexia has been discussed in academic literature. On the one hand, anorexia is viewed as extreme compliance with both feminine beauty standards, like slenderness and petiteness, and general ideals imposed on women, such as self-discipline and not being greedy (see: Bordo, 1991; Orbach, 1986/2018). On the other hand, the anorexic defies, and she defies desperately – against the concern expressed by her family and friends, and the treatment imposed by those seeking to treat her. Her body not only denotes utmost conformity but is also devoid of the signifiers it is supposed to bear: she is child-like, androgynous, and perhaps even incapable of reproduction (see: Celermajer, 1987). Her body defies capture in normalising discourse: it both looks exactly like the ideal feminine form, but also lacks certain elements central to it.

2.4. Passive, irrational victims: Constructions of Anorexia in Culture and Research Tradition

Most people (philosophers and laymen alike) share the intuition that individuals with intellectual disabilities and severe mental illnesses do not have the same level of responsibility over their actions as their peers. In many legal systems, the criminal responsibility of an individual is evaluated prior to conviction by subjecting them to a psychological evaluation.⁴ If the person’s

⁴ suomi

mental state and capacities at the time of the alleged offence are deemed insufficient for the defendant to be responsible for their acts, they may either face a lighter sentence or, instead of a prison, have to serve their sentence in an alternative psychiatric programme. Alternatively, when we know our friend is struggling with severe depression, we are often inclined to excuse their actions because “they were not being themselves” and “it was their illness talking”. In this line of reasoning, mental illness is understood as a distraction to ‘normal human agency’.

Thus far, I have sought to establish that agency plays two roles in Foucault’s understanding of resistance: it is both a prerequisite for resistance (or at least some of its forms), and a key motivation behind encouraging resistance itself. In light of the abovementioned, this raises a crucial question regarding the anorexic’s ability to resist: if anorexia is to be understood as a mental illness (a fact that I have no intention of challenging), how can someone with anorexia engage in those forms of resistance that rely on the subject’s conscious deliberation or self-fashioning? Moving forward, I will present a brief overview on how agency in anorexia has been discussed in culture and scholarship. As described by Helen Malson:

“Anorectic behaviours and experiences have tended to be viewed, both in the popular media and much of the mainstream academic press, as pathological conditions distinctly different from the ‘normal’ and ‘healthy’ experiences and practices of non-anorexic women and girls” (1998, p. x).

One of the key motivations behind this thesis in general is to challenge the psychopathological binary notion of there being “a healthy, normal” form of agency that is coherent, consistent, and rational, and can potentially be tarnished by factors like mental illness (see: Blackman, 2007; Cvetkovich, 2012). Popular representations of mental illnesses typically fall into the ‘victim to victor’ narrative, whereby agency and responsibility for the condition of the mentally ill is placed upon the psychiatric diagnosis and the biological and neurological causes behind it (Blackman 2007, p. 2). The only way to ‘reclaim’ one’s agency is to embrace the role of a patient and follow a psychiatric treatment plan (ibid.). Particularly in the case of eating disorders, the anorexic is typically either understood as someone ‘suffering’ from an illness (Benveniste et al. 1999), as a ‘victim’ of past trauma, or as someone who is particularly susceptible to societal pressures (Eckermann, 2009, p. 13).

Although there is no scientific consensus on what exactly causes anorexia, popular healthcare sites cite factors like childhood trauma, hormonal imbalance, certain personality traits, like perfectionism and low self-esteem, as possible risk factors for developing the illness. Understanding self-starvation as a result of family issues and dysfunction has remained a popular interpretation since the 1970s (Eckermann, 2009, 13; see: Kalucy et al., 1977 and Bruch, 1974). Around the same time, however, more and more emphasis began to be placed on the negative role of the media due to its promotion of unrealistic beauty standards and encouragement of dieting (see: Orbach, 1986/2018; Silverstein et al., 1986; Chernin, 1981). This notion has survived well into the 21st century, although our understanding of *how* thinness is promoted has diversified over the decades. There no longer seems to be one general thin standard for women – rather, media is filled with various different symbolic representations of thinness, ranging from ‘heroin chic’ actresses to ‘gym junkies’ and from ‘emo teenagers’ to runway models (Eckermann, 2009, p. 11). These symbolic representations are marketed to different groups in different ways, highlighting that female bodies are culturally constructed as ever-changing *trends*.

What is interesting is that anorexia seems to not only be understood as a condition that results from factors like childhood or sexual trauma, but also as somehow, at least partially, caused by the anorexic herself. For many young women, anorexia remains a stigmatised illness that is often discursively produced as irrational and self-inflicted (Rich, 2006). Their family, friends, teachers, and medical staff may dismiss anorexia as a ‘slimmer’s disease’ gone too far or even accuse the anorexic of attention-seeking and vanity (ibid., p. 301-302). What is interesting is that the discourses that blame the anorexic, as opposed to her biological makeup or societal influences, for developing her condition paradoxically do not grant the anorexic any more agency than the other explanatory models outlined above. Although anorexia is understood as self-inflicted, it is not because the anorexic actively chooses to form herself in a specific fashion, but because she *lacks reason* to know better or possesses certain unsavoury character traits, such as perfectionism and neediness (ibid., p. 293).

Crucially, when understood as self-inflicted, developing anorexia seems to often be attributed to characteristics that are culturally coded as *feminine*. For instance, mental instability has typically been understood to be overrepresented among women, the actual statistics notwithstanding (Showalter 1985). Historically, women’s behaviour has been pathologised through diagnoses such as hysteria, which I will delve deeper into in Chapter 3. Given that anorexia remains

overrepresented among women and is widely considered a feminine pathology, it seems to me that the association of anorexia with feminine-coded ‘character flaws’, like irrationality and vanity, can be discursively located within a more general cultural construction of femininity (see Chapter 1. of this thesis for discussion of ‘normal’ and ‘pathologised’ feminine behaviour existing within a continuum).

Above, I have outlined the ways in which anorexia is pathologised both in culture and research tradition. In this light, it seems like the anorexic can either be understood as an unfortunate sufferer of her biological makeup and past trauma, as a victim of societal pressure, or as someone driven to her condition by vanity and irrationality often credited to her gender. In the next chapter, I argue that this understanding of anorexia neither aligns with Foucault’s understanding of agency nor the anorexic’s experience of her own condition (Eckermann, 1944). Moving forward, I will present a Foucauldian understanding of the relationship between agency and mental illness, drawing upon his work on anti-humanism and anti-psychiatry. My goal is to challenge the understanding of the anorexic as first and foremost a passive victim, and instead push for a Foucauldian interpretation that allows for multiple shifting subjectivities to be true at once.

2.5. Foucault’s anti-humanism and anti-psychiatry

Foucault’s philosophy has generally been described as ‘anti-humanist’, meaning that he rejects the idea of an ahistorical human nature and understands human subjectivity to be reliant on arbitrary structures antecedent to it. In line with the already discussed understanding of the Foucauldian body as historically constructed, he famously writes: “Nothing in man (sic) – not even his body – is sufficiently stable to act as the basis for self-recognition or for understanding of other men” (1977/2020, p. 153). Furthermore, at the end of *The Order of Things* Foucault describes the emergence of ‘the Man’ as:

“not the liberation of an old anxiety, the transition into luminous consciousness of an age-old concern, the entry into objectivity of something that had long remained trapped within beliefs and philosophies: it was the effect of a change in the fundamental arrangements of knowledge (...) Man is an invention of recent date. And one perhaps nearing its end” (1966/2005, p. 422)

Here, it is crucial to note that ‘the Man’ in Foucault’s writing does not refer to humankind in general – rather, it denotes that ‘the Man’ exists as an object of empirical investigation that

functions as a potential source of knowledge about general ‘human nature’. In this thesis, I have already deliberated upon Foucault’s criticism of humanism in my discussion of his understanding of the subject as ultimately constructed by power and discourse, both being formed and forming herself within ‘historical a priori’, as opposed to the subject functioning as an entity that transcends history and culture. However, Foucault’s anti-humanism also has a more practical element to it, with Foucault being heavily critical of so-called contemporary ‘humanist sciences’, like humanist history (see: Foucault, 1969/2013). Instead of seeking to excavate the ‘truth’ behind concepts like madness and sexuality, Foucault’s inquiry focuses on uncovering how historically arbitrary shifts in discourse have changed how these concepts come to be constructed.

Foucault’s anti-humanism builds upon his critique of the humanist project of psychiatry. Similar to ‘human nature’, ‘madness’ is a concept that has changed significantly throughout history. According to Foucault, this is because the way we *treat* madness has undergone substantial transformations (Paden 1987, p. 126). In *Madness and Civilization: A History of Insanity in the Age of Reason* Foucault charts the progression of the concept of ‘madness’ through three distinct phases. During the Renaissance, literature and art portrayed the insane to be in possession of wisdom others were not privy to (Foucault, 1965/1988, p. 58). In his discussion of the Renaissance, Foucault introduces the concept of ‘The Ship of Fools’ that “sails through a landscape of delights, where all is offered to desire, a sort of renewed paradise, since here man no longer knows either suffering or need; and yet he has not recovered his innocence” (ibid., p. 22). These ships were not only a prominent feature of the art and literature of the Renaissance, but actually existed (ibid., 8). Contrary to how madness would later come to be treated, ‘The Ships of Fools’ did not act as ‘asylums’ for the insane – rather, they “conveyed their insane cargo from town to town. Madmen led an easy wandering existence” (ibid.).

At the heart of Foucault’s anti-psychiatry lies his criticism of the pervasive idea that madness and reason are in binary opposition to one another. He locates the origins of this notion in the Classical Age, during which insanity and reason not only emerged as conceptual opposites but as *administrative* ones (Paden, 1987, p. 125). What this means is that it was through the administration of madness during the Classical Age – mainly, the confinement of the insane into the margins of society with other individuals deemed as ‘anti-social’ (see: Foucault, 1965/1988, p. 38-64) – that we have also become to “define, construct, and administer reason” (Paden, 1987, p. 126).

Following the classical age, the ‘insane’ were no longer only pushed into the margins of society, culture, and discourse, but also emerged as objects of scientific research. This process accelerated at the end of the 18th century, in the wake of the Modern era, when psychiatric institutions were created both with the old purpose of confining the insane away from the rest of the society as well as the new objective of *administering treatment* (see: Foucault, 1965/1988, p. 241-78). A new kind of a power dynamic emerged between the patient and the doctor: now, medical personnel not only had the power to confine the insane away from the rest of society, but also bore the authority to state *the truth about madness* – about who is sane and who is not, and what treatments ought to be administered to those deemed insane. I will delve deeper into Foucault’s analysis of the ‘birth of the psychiatry’ in Chapter 3, where I draw comparisons between anorexia and hysteria.

What follows is that if madness is constructed both conceptually and through its administration, and reason is defined in a conceptual and administrative relation to insanity, the idea of an unchanging and ahistorical human reason comes under scrutiny (Paden, 1987, p. 126). A similar genealogical inquiry can be applied to the anorexic. As I outline in the introduction to this thesis, voluntary self-starvation was originally understood as an act of religious asceticism and a practice that brought one closer to God. It was not until the late 1700s that anorexia emerged as a pathologised condition, and even now, our understanding of anorexia keeps shifting (see: p. 1 of this thesis).

The Foucauldian subject is not coherent or singular – either normal or abnormal, mad or sane – but, instead, can accommodate various shifting and sometimes even contradictory subjectivities. This becomes particularly important in the context of anorexia. As stated by Liz Eckermann, “It [Foucault’s theory of the subject] moves self-starvation out of simple unitary categorisation (as ‘victim’, as ‘sick’, as ‘deviant’, as ‘naughty’, or as ‘healthy’, as ‘good’, as ‘compliant’) to a complex practice of embodied communication and active identity construction” (2009, p. 13). The anorexic’s experience is typically one of contradictions, as she may simultaneously feel empowered by her illness and understand its destructive nature (Rich 2006, p. 300). Perhaps the most enlightening example of this is the anorexic’s desire for control. Through their eating disorder, anorexics typically feel like they have, for the first time in their lives, gained total control over their bodies (Eckermann 2009, p. 16). This personal experience bears a heavy contrast to the outside perception of anorexia, which views anorexic bodies as “unpredictable and out of control” (ibid.). Simultaneously, the anorexic’s desire for control can paradoxically slip *out of control*, and what started off as a way to discipline her body can suddenly start controlling *all aspects* of her life.

The anorexic not only seems to be able to accommodate a multitude of different subjectivities but anorexia itself can also be understood as a means of coping with them. Eslpeth Probyn argues that anorexia can act as a way for women to negotiate between the different and often contradictory discourses they find themselves formed by (1987, p. 116). As already extensively discussed, mainstream depictions of anorexia seem to imply “direct causal links or chains between the anorexic and the paper-thin representations of women (ibid., p. 117). According to Probyn, anorexia acts as a way to problematise the binary notion of one being either a “full human agent” or a docile object of power (ibid.) – instead, the anorexic emerges as someone who is burdened with cultural inscriptions of femininity, sickness, and victimhood, yet somehow manages to form herself in quite extraordinary ways.

3. Conclusion

In this chapter, I have sought to provide the reader with an overview of some of the different ways in which the concept of ‘resistance’ is discussed in Foucault’s writing. I identify three ways in which Foucault uses the term: 1) as an inherent part of power relations that is “intentional but non-subjective”, 2) as a critical inquiry into our present actuality, and 3) as a form of creative self-transformation. Here, it is crucial to note that none of these forms fully align with that we typically understand as resistance. Foucault’s analysis of resistance rarely covers collective political or activist movements (see: Chapter 4 of this thesis), but rather denotes unconscious strategies of reversing structures of power, deliberation on our present actuality, experimental ways of self-formation, and unorthodox forms in which the body can exist and deny captivity within the grasp of normalising discourse. For Foucault, resistance does not have to result in ‘successful’ consequences for it to be understood as resistance. I argue this is what makes Foucault a particularly fruitful framework for assessing anorexia.

I point out that Foucault understands the subject’s freedom to be a necessary requirement for a relation to be one of power instead of domination. Moreover, agency seems to play somewhat of a double-role in some forms of Foucauldian resistance, as it is both required for the subject to be able to assess her life critically and engage in new ways of self-formation, as well as functions as a motivation behind engaging in resistance to begin with. By ‘agency’ and ‘freedom’ Foucault does not, however, refer to the existence of an ahistorical human reason. In an interview conducted in 1984, titled “The Ethics of the Concern of the Self as a Practice of Freedom,” Foucault

differentiates his understanding of freedom from the concept of liberation, expressing a rather sceptical stance toward the latter. Consistent with his anti-humanist philosophy, Foucault argues that the notion of liberation “risks reasserting the existence of a human nature,” such as the belief in universal rationality, which has been “concealed, alienated, or imprisoned within mechanisms of repression” due to socio-historical-economic processes (1984/1994, p. 282). Instead, as previously discussed, Foucault conceives of freedom as the capacity to exist differently; to explore various modes of shaping one’s subjectivity and to engage in critical self-reflection regarding the process of self-formation.

Throughout this chapter, I point out that understanding anorexia as simply a pathologised disruption of ‘healthy’ human agency neither aligns with Foucault’s critical assessment of humanism and psychiatry nor appropriately represents how anorexics themselves view their ability to make conscious decisions regarding their own lives and bodies. Thus far, I hope to have sufficiently argued in favour of the first statement. Building upon Foucault, we can conceptualise the anorexic as someone who is both formed by and forms herself according to different types of subjectivities – she can both be sick and actively fashion herself *within and through her sickness*. As such, not only is it possible for the anorexic to engage in resistance that is “intentional but non-subjective”, but also, potentially resist in ways that require more conscious and active modes of conduct. It is these themes that the rest of this thesis will be centred around.

“Those Famous, Dear Hysterics”: A Comparison of Anorexia and Hysteria as Feminine Pathologies

3.1. Introduction

Hysteria and anorexia are both mental conditions mainly diagnosed among women. Hysteria is often seen to emerge as a result of the “colonisation and medicalisation” of the female body in the 19th century, which coined the so-called “women’s diseases” as “deviations from some ideal biological standard” (King, 2004, p. 31). Contrary to this view, many modern feminist thinkers (see: McLaren, 2002; Bordo, 1989; Orbach, 1989/2018; Bartky, 1988) view “feminine pathologies” like anorexia and hysteria as extreme forms of gendered cultural inscriptions on the body, implying that these conditions are not *deviations*, but rather seem to grasp something crucial within the very core of culturally constructed models of femininity.

In feminist thought, hysteria is sometimes interpreted as a source of resistance. Luce Irigaray, for instance, views hysteria as an attempt to *speak as a woman* in a society where women’s desires and feelings are “castrated” and “forbidden” (1987). Cixous, on the other hand, argues that the “hysterical engagement” is a way to deconstruct and destabilise the meaning of femininity itself (1988). Similarly, in “Psychiatric Power: Lectures at Collège de France 1973-74” (2006) Foucault identifies a possible locus of resistance in the relationship between the hysteric and her doctor. This begs the question as to whether or not anorexia can offer a similar source of resistance.

I want to emphasise that my goal in this chapter is not to draw comparisons between the diagnostic profiles of the mental illnesses known as anorexia and hysteria per se. By comparing these two psychological conditions, my intention is not to imply that anorexia, like hysteria, will eventually cease to be accepted as a diagnosable mental illness within the scientific community. On the contrary, I seek to showcase that both the anorexic and the hysteric seem to actively appropriate and strategically make use of the psychiatric power regimes that identify them as ‘ill’. This chapter will be dedicated to exploring whether hysteria and anorexia constitute similar instances of crisis within their respective power regimes – whether they both identify a potential point of resistance within the strategic web of power relations that produced them and make use of it.

I will begin by outlining Foucault's analysis of psychiatric power, focusing on its relation to truth and reality. I will continue by introducing the hysteric as she is conceptualised in Foucault's work on psychiatric practice and shedding light on Foucault's idea of the "hysteric's simulation" as a protest against psychiatric power, after which I will problematise the role of "simulated symptoms" in the context of the anorexic. The other half of this chapter will be dedicated to analysing hysteria and anorexia as examples of pathologised femininity, and whether "taking femininity to the extreme" can be seen as a form of resistance against how feminine pathologies are culturally constructed.

3.2. The Birth of Psychiatry

Although Foucault's analyses are widely considered influential or even indispensable to the development of feminist theory (see: Sawicki, 1991; Bordo, 1989), Foucault himself has been criticised for his "problematic indifference to sexual difference" (Butler, 1990/1999, pp. xxxi; see also: McLaren, 2002). However, his lecture series titled "Psychiatric Power" given at College de France between 1973-74 seems to mark somewhat of an exception to the neglect of gender in Foucault's work. In "Psychiatric Power" (2006) Foucault salutes hysterics as the "true militants of antipsychiatry" (p. 254), describing how the hysteric challenges psychiatric power on its inability to "pose the question of truth" by imposing on it the "game of truth and lie in the symptom" (138). By becoming the perfect patient through simulated symptoms, the hysteric manifests the non-existent substratum and epistemically empty core of psychiatric practice. Although Foucault's work on power is largely left "ungendered", one can argue that psychiatric practice has historically placed particular disciplinary control on female bodies, originally seeking to help women regain the "lost phallus", the cause of their mental distress, by marrying and having children (Devereux, 2014, p. 25). Foucault's analysis of the hysteric places specifically the female body in relation to psychiatric power and identifies a possibility of resistance within it (Elden, 2016).

In "Psychiatric Power" Foucault identifies two series in the Western history of truth. On one end of the spectrum, there exists the series of "constant, constituted, demonstrated, discovered truth" (2006, p. 237) that "permeates the entire world, without break" (p. 236). Questions about this type of truth can be raised at any point and about virtually anything, and anyone with the right tools to discover it is qualified to make statements about it. On the other end lies the series of "dispersed, discontinuous, interrupted truth" that only arises in specific occasions and points in time (ibid.). This type of truth only reveals itself to certain individuals, those that "undergo tests of qualification,

those who have uttered the required words or performed ritual actions, and those again whom truth has chosen to sweep down on” (p. 237) – in other words, those with the intellectual authority to interpret these truths. According to Foucault, the former series has by and large replaced the latter in Western societies, permeating every aspect of life with the need to seek the truth that is waiting to be revealed.

However, simultaneously with the truth becoming more and more present, we have experienced a “rarefication” of those who are equipped to discover it. Although, in theory, anyone is able to become a universal subject and gain access to this all-encompassing truth, one must, in practice, undergo a process of academic selection and preparation to be considered qualified enough to speak about it. This “scarcity” of individuals that are equipped to reach the “universal scientific truth” is maintained and organised by institutions like universities, which both grant qualifications and structure specialisation. Within the field of psychiatry, it is those with appropriate medical qualifications that get to decide whether someone is sane or mad, that get to mediate between the reality and non-reality of madness. (Foucault, 2006, p. 247.).

As discussed in Chapter 2., Foucault has typically been characterised as a proponent of anti-psychiatry. The reasons for this become evident in his discussion of the process of truth production within psychiatric practice. In order for the institution of psychiatry to have the authority to grant qualifications to those few individuals that are deemed knowledgeable and experienced enough to state the truth of madness, it must establish itself as a science. According to Foucault, this is what psychiatric power sets out to do, claiming to possess “if not truth in its content, then least of all the criteria of truth” (2006, p. 134). Between madness and psychiatry, the question of truth will never be raised because psychiatry is “already a science” that possesses “criteria of verification and truth” (ibid.). In fact, psychiatry outright *refuses* to “pose the problem of truth with you who are mad, because I possess the truth myself in terms of my knowledge, on the basis of my categories, and if I have a power in relation to you, the mad person, it is because I possess this truth” (ibid., p. 135).

While deriving its means of verification from itself, its own categories and classifications, psychiatry seems to fail to make reference to anything outside of it – it “only poses the question of truth within itself” (2006, p. 133). As Foucault points out about the nature of mental asylums, “the psychiatric hospital’s function is not to be the place where an ‘illness’ exhibits its specific and

differential characteristics in comparison with other illnesses. [...] The psychiatric hospital exists so that *madness becomes real*, whereas the hospital's function *tout court* is both knowing what the illness is and eliminating it" (2006, p. 252, emphasis mine). Madness is not an objective state of being that can be understood ahistorically – rather, it is discursively constructed in the very institutions that claim to be investigating it as a general, unchanging object of research. Madness is institutionalised – and, essentially, realised – with the goal of getting rid of its *symptoms*; the violence, crisis, and disorder that accompany it (ibid.). In doing so, psychiatric power “can attach [itself] to reality and its power and impose on these demented and disturbed bodies the surplus-power that [it] give[s] to reality” (ibid.). The problem for Foucault seems to be psychiatry's lack of concern for the *source of the symptom* and preoccupation with the level of the symptom itself, pathologised by its experts and realised in its institutions.

3.3. The Emergence of the Hysteric

The history of hysteria (derived from the Greek word for uterus, *hystera*) can be traced back by 4000 years. In the 19th century, it functioned as a general diagnosis for effectively all mental ailments that affected women, including mood swings, exhaustion, and anxiety (see: Charcot, 2013). Today, hysteria no longer exists as a separate diagnosis, and has been replaced by diagnoses including anorexia, which used to be understood as one of the symptoms typical to hysteria (Tasca et al., 2012).

Foucault's “Psychiatric Power” introduces hysteria as “the front of resistance to this gradient of dementia that involved the double game of psychiatric power and asylum discipline” (2006, p. 253). The practical locus of the hysteric's resistance lies within the power relations between the medical practitioner and their patient. Foucault writes: “I will not try to analyze this [hysteria] in terms of the history of hysterics any more than in terms of psychiatric knowledge of hysterics, but rather in terms of battle, confrontation, reciprocal encirclement, of the laying of mirror, of investment and counter-investment, of struggle for control between doctors and hysterics” (2006, p. 308). Although it may intuitively seem like it is primarily the doctor that controls the hysteric by imposing diagnoses and treatments upon her, by having the authority to “produce the reality of the mental illness” (ibid., p. 341), the psychiatrist's professional and scientific credibility in fact wholly depend on the hysteric and the regularity of her symptoms. According to the scientific consensus of the 19th and early 20th centuries, for hysteria to count as a real neurological illness (and, parallelly, for the doctor making the diagnosis to count as a credible doctor), the hysteric's symptoms had to be

regular, stable, and resemble an already established illness. The hysteric, on the other hand, was “the perfect patient, since she provided material to be known: she herself transcribed the effects of medical power in forms that the doctor could describe in terms of a scientifically acceptable discourse” (ibid.). It is because the hysteric keeps providing the psychiatrist with evidence of their diagnosis being a correct and neurologically valid one that the doctor gets to continue doing what they do – “It is once again thanks to the hysteric that the doctor will be able to ensure his power” (ibid., p. 316).

This act of *enacting* one’s diagnosis to confirm the ultimate authority of the psychiatrist and the legitimacy of psychiatry as a tool to diagnose and heal mental illness is what Foucault calls the “simulation”, even calling it the “cross 19th century psychiatry has to bear” (2006, p. 135).⁵ It is important to note that for Foucault, a hysteric that exhibits simulated symptoms of hysteria is not a sane person *pretending* to be insane, since were this to be the case, the question of the hysteric would cease to be interesting in the context of psychiatric power in particular. Healthy patients trying to convince their doctors of having this or that illness for personal gain (Foucault mentions the example of avoiding military service here) happens regularly in all fields of medicine and is not unique to psychiatric practice. In the context of psychiatric practice, the hysteric cannot be seen as someone of a sane mind pretending to be mad because she herself *constitutes* the criteria for madness (ibid., p. 316). By embodying and actively reproducing her diagnosis the hysteric becomes the very definition of mad, someone to whom those whose sanity is still undecided is compared to. In doing so, she escapes “all suspicion of simulation, since she is the basis on which the simulation of others can be denounced” (ibid.).

Foucault defines simulation as what “madness exercises with regard to itself, the way in which hysteria simulates hysteria, the way in which a true symptom is a certain way of lying and the way in which a false symptom is a way of being truly ill” (2006, p. 135). Here Foucault seems to be implying that hysteria constitutes a *hyperreality* of sorts: by continuing to provide her doctor with the very symptoms they want to see, the hysteric is mimicking, *simulating*, the symptoms of some other hysteric that were deemed valid enough to make it to the official diagnostic profile of hysteria. By polemically equating true symptoms with lying and false symptoms with being truthful, Foucault, in my interpretation, argues that the hysteric’s symptoms kept reinforcing the doctor’s

⁵ Foucault’s use of the term ‘simulation’ bears an interesting resemblance to the concepts introduced in Jean Baudrillard’s seminal work *Simulacra and Simulation*. For more information, see: Baudrillard, 1994.

diagnosis precisely because they were *manufactured* to do just that, whereas “authentic symptoms” – that is, ones not caused by simulation – most likely would not tick all the boxes on the doctor’s checklist for hysteria.

The hysteric is not “outside of the game” of madness, like someone of a sane mind pretending to be insane might be, but *inside* of it, abiding by its rules with incredible seriousness and care (Zerilli 2015): she “constitutes herself as the blazon of genuine illness; she models herself as a body and site bearing genuine symptoms” (Foucault 2006, p. 252). Yet it is because the hysteric so skillfully plays by the rules of the game that she manages to expose the falsehood simmering at the heart of psychiatry as her simulated symptoms undo the reality *behind the symptom*, the existence of which psychiatric power seeks to confirm and derive its justification from (Zerilli 2015). Foucault writes: “respond[ing] with the most precise and well-determined symptoms; and while doing this she pursues a game that wants to fix her illness in reality, one can never manage to do so, since, when her symptom should refer to an organic substratum she knows that there is no substratum, so that she cannot be fixed at the level of the reality of her illness at the very moment she displays the most spectacular symptoms (2006, p. 252). While psychiatric power presumes (and requires) that the hysteric’s symptoms *emerge* from the reality of the physiological substratum – that is, that they are *caused* organically and authentically –, the hysteric “sidesteps the reality of her illness” (p. 264). If there is “no substratum”, what remains is the simulated symptom, the symptom that lacks an origin at the very level of reality psychiatric power wants to study and explain.

The hysteric and her doctor do not exist in a social void. Foucault argues that hysterics inspired and were inspired by one another, resulting in a collective struggle that transcended individual asylums and patient-partner relationships (2006, p. 136). He draws upon the case of “Pétronille” and “Braguette”, two French hysterics treated in Salpatorre in the 1820s, whose symptoms were imitated in psychiatric institutions until the “serious crisis of asylum psychiatry” that broke out during the late 18th century. Foucault argues that Pétronille and Braguette’s magnificent symptoms did not start a trend of hysteric simulation within mental asylums only because patients lived together inside the walls, but also because personnel working with and around the hysterics, “with greater or lesser degrees of complicity”, confirmed their symptoms while being aware of them being simulated (p. 137). As such, the hysteric’s simulation goes beyond the patient’s struggle against psychiatric power and takes the form of a more general struggle “at the heart of the psychiatrist system” (ibid.). In cases like this, the hysteric’s simulation is a reality not once, but

twice removed. Pétronille and Braguette's over-the-top symptoms have since been speculated to have been caused by hysterical simulation, which means that while those imitating these two women might have modelled their symptoms after them under the impression that Pétronille and Braguette were *genuine* hysterics whose hysteria their hysteria should simulate in order to maintain its credibility, their symptoms ended up constituting a *simulation of a simulation*.

Psychiatrists were not completely oblivious to hysterics simulating their symptoms, of course. Jean-Martin Charcot, a French neurologist, was known for making hysteria a “spectacle and a circus” (Foucault, 2006, p. 114) who turned his two patients into experimental subjects whose magnificent symptoms were shared with the public in the form of meticulously planned and staged performances, where women engaged in scandalous behaviour. He concluded that in order to ensure that the hysteric's symptoms were authentic, one had to find the trauma within the patient's psyche that makes everything “a well and truly morbid whole” (ibid., p. 318). However, here Charcot runs into the problem of looking for a substratum where there is not one. Foucault writes: “On the one hand, psychiatric knowledge really tried to construct itself on the model of medicine-observation, of inquiry and demonstration; it really tried to constitute a symptomatological type of knowledge for itself; a description of different illnesses was actually constituted, etcetera, but, to tell the truth, this was only the cover and justification for an activity situated elsewhere, and this activity was precisely that of deciding between reality or lie, reality or simulation. The activity of psychiatric knowledge is really situated at the point of simulation, at the point of fiction, not at the point of characterization” (ibid., p. 251).

How exactly does the hysteric, the “feminized object in the androcentric theatrical spaces of psychiatric authority” (Zerilli 2015) resist? As phrased by Linda Zerilli, the hysteric manages to find “a blind spot in a certain technology of power, namely, disciplinary power (...) and in so doing, exposes its necessary if denied condition: the subject's freedom or the capacity to act otherwise” (ibid.). Similar to my earlier discussion of anorexia, it seems like the hysteric defies discursive construction as only a passive victim of her condition or an object of scientific investigation by showcasing that there is an element of active self-formation that she engages in within and through her illness. In doing so, the hysteric calls psychiatric power out on its inability to *truly* pose the question of truth by stating that “If you [psychiatric practice] claim to possess the truth once and for all in terms of an already fully constituted knowledge, well, for my part, I will install falsehood in myself. And so, when you handle my symptoms, when you are dealing with what you call illness,

you will find yourself caught in a trap, for at the heart of my symptoms there will be this small kernel of night, of falsehood, through which I will confront you with the question of truth” (2006, p. 136). This falsehood, of course, refers to the hysteric’s simulation, a symptom without a substratum, madness simulating madness.

By gaining an upper hand over her doctor – by maintaining the psychiatrist’s credibility within the scientific community through a constant and stable production of symptoms typical of hysteria –, the hysteric takes it upon herself to freely produce these symptoms whilst simultaneously being considered too insane to exercise such agency (Zerilli 2015). According to Foucault, the hysteric manages to do this thanks to the “supreme virtue of hysteria, unequalled docility, veritable epistemological sanctity” (2006, p. 341): although the hysteric is expected to adopt a subjectivity of compliance and passivity, through her illness she discovers an opportunity to choose to act otherwise. She discovers a novel way of fashioning her own life by forming herself in accordance with seemingly contradictory subjectivities – she is both the perfect patient and the worst patient possible. Her symptoms reaffirm her diagnosis as hysteric, but their active formation threatens to call into question the very technologies of power she functions within.

3.4. “Wannarexics” and Not Feeling Sick Enough: The Anorexic’s Simulation

Foucault’s writings on hysteria and analyses of psychiatric power are about a time long gone. Since hysteria has ceased to be a widely accepted psychiatric diagnosis, following the “crisis of psychiatry” as Foucault calls it, the field of psychiatry has been reshaped by both internal and external forces, not least by the new political activism of the 1970s (2006, p. 353). Today, mental health institutions come in various forms, ranging from individual therapy to group sessions and outpatient treatment to psychiatric hospitalisation, and those deemed mentally ill are arguably no longer pushed into the margins of society to the same extent as they used to be. Moreover, the gradual normalisation of mental health struggles in society may have already started blurring the lines of who is considered ill and who is not. The possibility of a patient presenting simulated symptoms seems to have very different implications for the psychiatrist treating the hysteric and for the team of doctors, therapists, and nutritionists treating the anorexic. On the one hand, in the context of anorexia, the concern over the anorexic not following their treatment plan and lying in their food diary seems to far outweigh the concern over the authenticity of her symptoms. However, simultaneously, with public healthcare institutions suffering from a lack of funding, ageing

populations, and scarcity of personnel, it does not seem at all unlikely to predict that authenticity may re-emerge as a key criterion in assessing who deserves treatment from diminishing resources.

Let us take a moment to consider Foucault's distinction between a "symptom caused by an organic substratum" and "a simulated symptom that lacks such substratum". In the context of anorexia, it is not obvious to me whether there is any meaningful difference between "true" symptoms (say, those caused by trauma, insecurity or lack of control in one's life) and "manufactured" symptoms when considering the relationship between the anorexic and her doctor, and whether such distinction can even be drawn when considering the nature of anorexia amongst other mental illnesses. Although the term 'simulation' is not typically used in relation to anorexia, I can come up with at least three scenarios in which an anorexic's symptoms may, with good reason, be characterised as "simulated" to some degree yet seem to distinctly lack the "anti-power of psychiatry" Foucault attributes to the hysteric's simulation.

The first, and perhaps the most obvious scenario, is an anorexic blatantly exaggerating their symptoms in order to manipulate the hospital staff. In a series of interviews conducted in 1944 by Liza Eckermann, several participating anorexics and binge-eaters displayed behaviours like this. One of the participants, Sandy, describes the:

"power I felt when asked by Dr K. to register on the body size metre how large I thought I was. As I moved the lever a ridiculous distance out I watched his reaction from the corner of my eye. His expression was 'Boy this kid is a wacko!' and all the time I knew what I was doing manipulating him and it gave me enormous pleasure" (1994, p. 157).

As Eckermann states (1994, p. 157), Sandy seems to be driven by two separate forces. On the one hand, she desperately wants to be seen as anorexic *enough* – someone whose body image is so warped that even the doctor is shocked by how twisted her sense of reality is. According to Eckermann, this signifies a certain level of docility to a pathologised understanding of the anorexic as a figure who is so desperately ill that even her frail and emaciated body appears as obese to her. On the other hand, however, Sandy's comments on her own behaviour express an active attempt to consciously exaggerate her symptoms to gauge a reaction from her doctor and throw him off guard. Sandy does not actually think she is as big as she claims, but she knows (or thinks she knows) that claiming otherwise will make her seem more 'insane' in the eyes of medical professionals. It would

be too simple to call her a victim, but it would also be false to claim that she is merely pretending to be sick.

As an example of the second instance, I will briefly paraphrase a conversation between me and my friend, who is currently in treatment for several eating disorders. Before my friend was officially diagnosed with anorexia nervosa, her doctor told her (for reasons to this day unknown) that in order to get the diagnosis, she would have to have a slightly lower body-mass index (BMI) than she had at the time (specifically, she would have to lose 2 kg) and she would have to experience some abnormalities in her menstrual cycle. My friend, who deemed receiving this diagnosis important for reasons I will return to shortly, told me how she had decided to lose the “needed” amount of weight by the time of her next doctor’s appointment as well as lie about no longer experiencing regular periods. It is important to note here that although extreme weight loss is perhaps the most obvious symptom of anorexia, there seems to be a difference between an anorexic losing weight due to a fear of being fat and an anorexic losing weight because she believes it is something she has to do to *be anorexic*. Similarly to Foucault’s remarks on the hysteric, it is not that my friend was *pretending to be anorexic*, but rather that her *anorexia was simulating anorexia*.

My friend is not the only one with similar experiences. Megan Warin explores the bizarre desire to “become anorexic” that some anorexics express. She describes how, when conducting participant observations and interviews at an inpatient eating disorder treatment unit, several patients sought to lose as much weight as possible prior to admission so that other women at the unit would take them seriously and view them as “real anorexics” (2006, p. 45). One patient went as far as to tell the staff at the unit that she could not start treatment for three weeks due to a work commitment, when in reality she spent this time losing weight with the desire of becoming one of those anorexics that “had it bad enough to be there” (ibid., p. 46). Again, these situations do not serve as examples of a “healthy” woman *pretending* to be anorexic – rather, she feels the need to *intensify* her symptoms to be seen as one.

Somewhat similar to the case of the hysterics “Pétronille” and “Braguette”, the social realm of anorexia also accommodates the emergence of the social phenomenon of “famous anorexics” that others compare themselves to. One of Warin’s interviewee’s, 30-year-old Amanda mentions the case of the “English twins”, Samantha and Michaela Kendall, whose journeys with anorexia were heavily publicised in media during the 1990s. Although both Samantha and Michaela ended up

dying from anorexia-related complications, Amanda describes how she felt like “a joke” calling herself ill when she was “so much healthier” than the twins (Warin, 2006, p. 46).

I will delve deeper into the collective nature of anorexia, amplified by the rise of internet communities and the “storyfication” of illness in social media in Chapter 4., but for the purposes of this chapter it is enough to establish that many anorexics interact with one another either online or in-person while being ill (Boero & Pascoe, 2012; Warin, 2006; de Choudhury, 2015). Although these interactions can genuinely happen with the intention of encouraging recovery through peer-to-peer support, they can also be centred around sharing tips on how to lose weight and methods of hiding one’s illness from one’s guardians, for example. Sometimes the line between these two goals is extremely blurred (see e.g. Monaghan & Doyle, 2022).

Perhaps the most important difference between anorexia and hysteria has to do with *who* suspects the patient of simulation. As Foucault outlines, the psychiatrists of the 19th and 20th centuries took it upon themselves to come up with ways to determine when the hysteric was simulating her symptoms and when she was producing them *organically* (2006, p. 114). Charcot, for example, concluded that in order for hysteria to be genuine, it had to be caused by a trauma of some sort – a trauma that the psychiatrist could extract from the patient’s psyche –, so “hysterics” without an identifiable trauma could be deemed deceptive liars. In the case of modern-day anorexia, on the other hand, it seems like it is usually either the anorexic *herself*, or her *anorexic peers* that place the subject under the suspicion of simulation.

As I have outlined here, many anorexics struggle with feelings of “not being sick enough” and even accuse themselves of having “faked their illness” (Engur, 2017). Similar to the case of Amanda and the “English twins”, the anorexic may find it difficult to view her illness as a valid one when there are others with much more “magnificent symptoms”. Moreover, members of anorexic spaces may utilise different group surveillance methods to differentiate between those with “simulated” and “authentic” symptoms. Warin uses the term “outside anorexic” to shed light on the experiences of Estelle, whose compliance with her treatment programme put her under suspicion of simulation by the other patients at the ward (2006, p. 49). When Estelle ate her meals without trouble and committed to recovery, the other inpatients were quick to tell her she was not a “real anorexic”, since a “real anorexic” would not have been able to stick to the meal plan without a fight and methods of deception, such as hiding food and exercising in secret (*ibid.*, p. 45). Whatever had led

to Estelle's admission at the ward must, according to them, have been the result of simulated symptoms. Interestingly, the other women at the ward were eager to teach Estelle the "ways of true anorexia" by teaching her how to use laxatives without getting caught, helping her escape suspicion of simulation. (ibid., p. 46).

Due to the fact that many anorexia communities exist solely in disembodied online spaces, they have to continuously grapple with the question of authenticity as well as come up with a way of verifying it within their member base. As such, pro-anorexia (from now on abbreviated to "pro-ana") communities not only have to defend their existence against "outsiders" criticising the communities for promoting unhealthy behaviour, but also against the "newbies" and "wannarexics" infiltrating their community. Although a "true" anorexic and a "wannarexic" might have the exact same symptoms – same restrictive eating patterns, exercise regimes, and low body weights –, what makes the former's illness authentic and the latter's a mere simulation is the difference in the level of commitment to anorexia. Where a "wannarexic" may just be taking her "first steps" in her anorexia journey, not yet completely succumbed to the illness, a "true" anorexic is committed to anorexia as a lifestyle choice. "True" anorexics might even argue that "wannarexics" simply "make themselves anorexic" for a limited amount of time in order to reach a weight loss goal and then move on with their lives, as their anorexia was never "authentic" to begin with. (Boero & Pascoe, 2012.)

When talking about the hysteric simulation, Foucault describes how the hysteric provides her doctor with symptoms that align perfectly with her diagnosis and thus confirm the doctor's authority. The more of the "correct" symptoms the hysteric exhibits, the less likely she is to be suspected of simulation, as she herself becomes the "authority of verification, as it were, the authority adjudicating truth between illness and lie" (2006, p. 316). This seems to apply to the disciplinary group surveillance employed by members of the pro-ana communities as well, where "true" anorexics try to seek out and expose "wannarexics" by actively testing other members of the forum on their knowledge of different weight-loss strategies (Boero & Pascoe, 2012). Members of pro-ana communities respond to the challenge of authenticity by "making the body evident online" through methods such as pictures, "check-ins", and collective activities like fasting challenges (ibid., p. 42-45). Through these "authenticity rituals", members of the community seek to evade accusations of being a "wannarexic" and lay claim to the title of a "true anorexic".

Experiences of both anorexia and hysteria seem to accommodate simulated symptoms. However, where the hysteric's simulation may have been able to highlight a weak spot in the technology of psychiatric power by making evident the fact that the level of the substratum psychiatric practice located itself at does not exist, in the case of the anorexic, the possibility of simulated symptoms seems to pose an existential crisis for her identity *as someone with anorexia*. Somewhat paradoxically, many anorexics seem to nonetheless experience the bizarre desire to “become anorexic (enough)”, which implies that, at least on some level, the experience of anorexia may often include consciously producing and *performing* additional symptoms on top of the ones the anorexic was already experiencing to escape suspicion by her peers or to become the “perfect anorexic”. I will delve deeper into the notion of the “perfect anorexic” in Chapter 4.

The anorexic faces a contradictory set of expectations: she must simultaneously engage in a wide array of disordered behaviours and exist in a certain bodily composition, the standard for which has been set by her doctor, peers, media-famous anorexics or herself, to be considered *anorexic*, yet she must also produce these symptoms *authentically*. The possibility of simulation seems to be an almost inevitable side-effect of the self and group-surveillance methods employed by the anorexic and her peers. However, by actively simulating her symptoms, I argue that the anorexic may be able to engage in resistance against the ways in which the ‘anorexic identity’ has been discursively constructed as passive and victimised both within psychiatric practice and cultural narratives, as I will elaborate upon moving forward.

3.5. Feminine Pathologies as “Deconstructors” of Femininity

In her analysis of anorexia and hysteria as feminine pathologies (see Chapter 1. p. 4), Susan Bordo explores how hysterics and anorexics alike may find power in their illness and even feel like it has helped them break free from the “shackles of femininity”. According to Bordo, it is by excessively pursuing stereotypically feminine practices that the anorexic paradoxically gains access to the privileged realm of the masculine. She writes: “Through her anorexia, on the other hand, she [the anorexic] has unexpectedly discovered an entry into the privileged male world, a way to become what is valued in our culture, a way to become safe, above it all (...) She has discovered this, paradoxically, by pursuing conventional feminine behaviour (in this case, the discipline of perfecting the body as an object) to excess, to extreme. At precisely this point of excess, what is conventionally feminine “*deconstructs*”, *we might say, into its opposite* and opens onto the world of what is coded as masculine in our culture” (1989, p. 213). Pursuing feminine-coded behaviours to

the extreme ends up “undoing itself” because femininity is fundamentally a “tradition of imposed limitations” (ibid.). Feminine pathologies like hysteria or anorexia are extreme instances of feminine language being “shouted and asserted”, “disruptive and demanding”, meaning that even if these practices have femininity as their ultimate goal, they end up going against its very code by *refusing to behave*. This, according to Bordo, creates the illusion of the anorexic finding power in her illness – power previously beyond reach for her due to her gender.

However, this is exactly what this experience of power is for Bordo – illusory –, as she remains sceptical about whether feminine pathologies truly have the potential for resistance against oppressive gender hierarchies. Bordo’s concerns stem from a Foucauldian tradition of conceptualising how power works. In *Saint Foucault: Towards a Gay Hagiography* (1995) David Halperin argues that according to Foucault, modern political movements aimed at “sexual liberation” through the endorsement of marginalised sexual minorities have actually ended up supporting the very oppressive system they have sought to oppose, by endorsing identification with “true desires” and “authentic sexual identities” (p. 20). Similarly, Bordo points out that the idea of the anorexic achieving empowerment and freedom from rigid gender norms whilst simultaneously spending hours upon hours engaging in obsessive and extreme, yet conventionally feminine bodily practices, seems rather contradictory (1989, p. 215). The very structures the anorexic is resisting throughout her struggle simultaneously reduce her to her physical form (McLaren, 2002, p. 96). Following this “Foucauldian lesson”, it seems like the life of an anorexic ends up only symbolically endorsing resistance and, in reality, leading her towards the direction of extreme docility and gender normalisation.

The Foucauldian concept of “simulation” I explored at length in this chapter bears an interesting similarity to Judith Butler’s understanding of gender performativity, which plays a crucial role in my critical reading of Bordo. Where “simulation” calls into question the lack of organic substratum in the hysteric’s behaviour, highlighting that psychiatric power only manages to operate at the level of manufactured and mimicked symptoms, Butler refers to gender performances as “imitations with no origin” (1990/1999, p. 138). Butler’s theory includes a detailed account of “performative subversions”, which aim at parodising gender and exposing its performative nature. Examples of gender parodies include the drag queen culture, which plays around with the three different axes: the anatomy of the performer, their gender, and performance. In drag, all three axes may differ from one another, which reveals the discontinuities and dismantles the illusion of a causal relation

between sex and performance, sex and gender, and gender and performance (Butler 1990/1999, p. 137). For Butler, the practice of drag constitutes a key source of resistance against the system of mandatory heterosexuality underpinned by the constitution of binary gender – “In imitating gender, drag implicitly reveals the imitative structure of gender itself” (ibid.).

Drawing upon Butler’s notion of performativity, I argue that although the anorexic may not reveal the discontinuity between her gender and its pathologised manifestations, she can be understood to do so with regard to her pathologised identity and her active efforts in *actualising* this identity. Specifically, I argue *contra* Bordo that the anorexic’s ‘simulation’ does not have to be understood as a protest against femininity in general, but, more specifically, against the discursive construction of feminine pathologies. In Bordo’s analysis, the anorexic’s resistance relies on the idea that “deconstructing femininity” will somehow help her become a part of a “privileged male sphere”. This argument not only presumes a rigid and hierarchical understanding of a gender binary, but also locates the anorexic’s protest strictly at the level of her own gendered existence and its implications for her role in society. Conversely, I posit that by disrupting the causal link between her pathologised conditions and its symptoms via actively simulating her illness, the anorexic demonstrates a degree of agency that was previously denied to her solely on account of her illness.

Moreover, as I will discuss further in Chapter 4, I argue that the anorexic’s experience can be conceptualised as an unorthodox form of active self-fashioning, as opposed to extreme compliance and docility, with the anorexic forming herself towards a certain form of subjectivity through practices such as fasting, self-discipline, and bodily control. As illuminated in my discussion of the surveillance methods present in treatment centres and disembodied online spaces, many anorexics seem to be painfully aware about how they are perceived by medical staff and their anorexic peers. Through actively simulating her symptoms, the anorexic can be understood to strategically reaffirm this form of subjectivity to both herself and others. Paradoxically, she can simultaneously posit herself in a relation of superiority to other anorexics by claiming that these symptoms are *authentically produced*. In Chapter 4, where I discuss anorexia as a form of Foucauldian ascetics, I point out that self-formation towards a certain form of subjectivity requires that the subject actively cultivates the capabilities and skills she wishes to ultimately master. Perhaps it is at the point of self-mastery, where the anorexic no longer needs to actively practice these abilities, that her symptoms become *fully authentic*.

Bordo is not the only one expressing doubts about the “feminist potential” of traditionally feminine pathologies. Linda Zerilli, although agreeing with Foucault on the role of the hysteric within psychiatric power, nonetheless differentiates between “the women who may well have developed hysterical symptoms out of protest against their confinement in the 19th century patriarchal family, but who remained for the most part caught in the technologies of power that included the psychiatric hospital and its patriarchal structure” and “the women who expressed their form of protest through the development of new forms of association, including the forms that made up first wave of feminism” (2015). The hysteric’s simulation *is* an act of protest insofar as it sets a “trap of falsehood” for “the person who came armed with the highest medical knowledge” (Foucault, 2006, p. 137), but it also seems to run the risk of trapping the hysteric herself, the “most likely female and working class” patient who is “therefore also most vulnerable to the invasive and often reckless forms of medical treatment” (Zerilli 2015) in the pathologising grasp of psychiatric power. I argue that while Zerilli highlights a crucial flaw in Foucault’s analysis of the hysteric, the anorexic inhabits a different reality altogether. Anorexia – and more specifically, its collective forms that exist in disembodied online spaces –, can be understood as an arena for young women to participate in collective activism whilst feeling excluded from more traditional forms of politics. This is the thematic I shall delve deeper into in the following chapter.

3. Pro-Ana Websites as Disembodied Political Arenas: Conceptualising Anorexia as a Lifestyle Choice

3.1. Introduction

In this thesis, resistance has by and large been conceptualised as an action that takes place at the level of an individual. This is no accident, since although Foucault acknowledges that resistance often requires us to act collectively, he seldom analyses collective political or activist movements in his writing (Lawlor & Nale, 2014a)⁶. Furthermore, anorexia is often described as a lonely illness (see: Rance et al., 2017; Lin et al., 2023). As her sickness progresses, the anorexic typically becomes increasingly isolated from her peers. She avoids attending social gatherings that involve food, such as birthday parties, work dinners, and backyard potlucks. Food acts as a way to bring the community closer together in most, if not all, cultures, meaning that social activities where food is not served can be scarce. Her rigid eating and exercise schedules consume her thoughts to the point where any disruptions to her routine, such as meeting up with friends, equal time wasted on planning out meals and physical activity. If she still lives with her parents, the anorexic does her best to hide the fact that she is not eating, which can lead to a strained familial relationship burdened with lies.

This view on anorexia, however, is not the full story. With the rise of the internet and its enablement of online communities, the anorexic can turn to the world of the web in search for support, validation, and advice. Ever since the 1990s and accelerating in number in the late 2000s, this has led to the establishment of pro-anorexia (henceforth just ‘pro-ana’) communities on the internet (see: Day & Keys, 2009). These communities reject the mainstream understanding of anorexia as a pathology, and instead advocate for it to be understood as a lifestyle an individual takes on voluntarily (Jyränki, 2007, p. 233; Day & Keys, 2009, p. 88; see also: Eckermann, 2002). Furthermore, some members of these communities establish pro-ana as akin to a *political identity* that, just like any minority group, ought to be tolerated and allowed to voice their opinions freely (ibid.).

In this chapter of this thesis, I will analyse pro-ana communities as forms of disembodied online spaces that accommodate a novel understanding of anorexia as a form of active self-formation that can even take the form of a political protest. It is crucial to note that analysing pro-ana movements

⁶ For an example of Foucault’s analysis of political movements, see: Ghamari-Tabrizi 2016.

places several limitations on the researcher. Firstly, due to the anonymity of these online spaces, it is impossible to assess how many of their members struggle with disordered eating habits and how many of them visit these websites for other purposes, such as trolling or pure morbid curiosity. Secondly, not nearly all anorexics participate in creating or consume pro-ana content, and many are even vehemently against it (see: Jyränki, 2007, p. 236). In spite of these limitations, I believe the pro-ana movement provides a compelling subject of analysis when discussing anorexia as a form of resistance as it presents an alternative understanding of the anorexic as an active agent as opposed to a passive victim. She defines her relationship with her own body *herself* and carries it out in the ways *she* wants.

I will start this chapter by providing the reader with a brief outlook on pro-ana as a phenomenon. I will then discuss how anorexia can be understood as a form of Foucauldian ethical work (*askēsis*) by comparing it to other ways in which food consumption has been appropriated as an aspect of subject's self-formation. I argue that anorexia understood as a lifestyle not only represents a form of disciplining oneself, but can also generate novel ways of self-fashioning. I will then consider the ways in which pro-ana can be understood as a political identity, and conclude the essay with a brief discussion on how member of pro-ana communities can make a parody out of anorexia itself.

3.2. What Is Pro-Ana?

Pro-ana refers to a movement that promotes behaviours typically associated with anorexia. Pro-ana spaces exist online in the form of blogs, forums, and social media communities, but their members may also organise in-person meetups. The discussions amongst individuals identifying with the movement, also known as 'rexies', vary from tips on how to suppress one's appetite and protect one's teeth from decaying after purging, to photos of extremely thin women with inspirational quotes. Rexies also ask advice on how to hide one's eating disorder from their parents and how to avoid hospitalisation, as well as seek support and validation from their peers by posting full-body pictures called "body-checks". On a more sinister note, members of these communities may also post a list of their planned meals for the day (or lack thereof) and ask their peers to keep them accountable, or post pictures of their bodies in search of negative comments to aid with motivation to keep losing weight. (Day & Keys, 2009; Pollack, 2003; Jyränki, 2007)

Members of pro-ana communities do not view anorexia as a psychological and psychiatric pathology but rather advocate for it to be understood as a lifestyle (Jyränki, 2007, p. 233; Day & Keys 2009, p. 88; see also: Eckermann, 2002). Where the former view understands anorexia as an illness that is beyond the anorexic's control, members of the pro-ana movement claim to provide like minded individuals with a community where anorexia is understood as an *identity* rather than a condition that ought to be treated (ibid.). A disembodied online space can act as a safe haven away from the medicalising gaze of the outside world that refuses to see anorexia as anything but a pathology and vehemently demands to put a stop to the anorexic's behaviour (see: Hoffman 2018; Fox et al., 2005; Mulveen & Hepworth, 2006).

The message found on pro-ana websites is often one of a contradiction: on the one hand, the members deny outright promoting eating disorders and disordered eating behaviours, but on the other are typically strictly against recovering from anorexia – in fact, “Resisting recovery!” is one of the infamous taglines often parroted on these online spaces (Jyränki, 2007, p. 235). By coining anorexia as an alternative lifestyle rather than a pathology – and by emphasising that those entering the online realm do so consensually – the pro-ana movement emphasises the understanding of anorexia as a deliberate and voluntary choice rather than a symptom of a “disordered mind”. Jyränki (ibid.) paraphrases a text originally published on a website titled ana-by-choice.com:

“This site does not encourage that you develop an eating disorder. This is a site for those that ALREADY have an eating disorder and do not wish to go into recovery. If you do not already have an eating disorder, better it is that you do not develop one now. You may wish to leave.”

3.3. Anorexia as a Form of *Askēsis*: Conceptualising Anorexia as a Lifestyle:

A common narrative found on pro-ana websites is that “A good anorexic does not die!” (Jyränki, 2007, p. 248). In line with the understanding of anorexia as a lifestyle choice instead of a pathology, many anorexics think that dying or even developing serious health complications as a result of one's eating disorder signifies failure. When “done right”, anorexia is ultimately about mastery over the body, self-control, and being able to resist bodily desires (ibid.). As such, pro-ana websites are typically filled with tips on how to eat and what supplements to take so that one still loses weight rapidly, but does not experience unpleasant side effects like hair loss and brittle nails, how to

suppress hunger cues, and how to purge without damaging one's stomach lining (Boero & Pascoe, 2012; Brotsky & Giles, 2007).

This view on anorexia as a lifestyle bears an interesting resemblance to the 'ascetic practices' in Foucault's writing. In order to understand what exactly he means by this concept, let us compare Foucault's 'ascetics' to the more well-known term 'asceticism'. Generally, asceticism refers to the act of denying and resisting one's desires (Peters, 2022, p. 1936). Many religions encourage or expect certain forms of asceticism from their followers, including fasting, abstaining from sexual relations before marriage or even complete celibacy, and living simply, without seeking wealth and fame. Typically, repressing these "desires of the flesh" is seen as a way to maintain the "purity of the soul", and actively choose the thereafter over worldly offerings (ibid.).⁷ Foucault's understanding of ascetics is, however, quite different to the mainstream interpretation of the term. In order to fully grasp what he means by ascetics. He deliberates upon the ascetic element of ethical relations, also known as "ethical work", as follows:

"What are the principal features of *askēsis*? They include exercises in which the subject puts himself in a situation in which he can verify whether he can confront events and use the discourses with which he is armed. It is a question of testing the preparation. Is this truth assimilated enough to become ethics so that we can behave as we must when an event presents itself?" (1994b, p. 239)

Ladelle McWorther pays particular attention to Foucault's use of the word 'exercise' here, as she points out that exercise can be defined as "a practice designed to change the one who undergoes it" (1992, 243). Exercise does not only mean physical activity, but one can also engage in exercises that stimulate the mind and the intellect (ibid.). Foucault's word choice is no accident, and this is best illuminated by briefly discussing Foucault's understanding of sexuality. Foucault calls Greek and Greco-Roman societies' procedure for producing the truth of *sex ars erotica* (eng. Erotic Art) and counterposes it with the normalising and pathologising notion of *scientia sexualis* (eng. Sexual Science). According to Foucault, the ethics of Ancient Greek and Greco-Roman civilizations were not primarily concerned with a hermeneutics of desire (1985/1990, p. 89). Rather, ethical contemplation centred on pleasure, seen as a skill honed through accumulated experience (1976/1978, p. 57). In employing the term "pleasure," Foucault refers to the Greek notion of

⁷ As mentioned in Chapter 1., voluntary self-starvation was originally understood as a form of asceticism that could bring its sufferer closer to God.

aphrodisia, encompassing not solely sexual delights but a spectrum of sensory, corporeal, and artistic gratifications (1985/1990, p. 91). In Foucault's reading of the Antiquity, it was thus this broad notion of pleasure that emerged as the ethical substance and, as such, the focus of ethical reflection.

In societies practicing *ars erotica*, pleasures are not evaluated in relation to a set of moral guidelines, norms, or a decipherable realm of knowledge, but are self-referential, assessed based on their intensity, duration, and quality (1978b, p. 57). Pleasures, like bodies and unlike desires, are *non-discursive* and thus defy discursive assessment as either normal or abnormal, healthy or pathologised. Consequently, Foucault situates pleasures within an arts, not a science, due to them constituting an experiential, practical, or skillful domain that invites creative exploration, potentially birthing unconventional pleasures (Foucault, 1984a). As such, Foucault's understanding of ascetics is broader than the traditional idea of asceticism; instead of denying one's desires in search for mental clarity, enlightenment or salvation, it denotes the use of methods like self-restraint and bodily discipline in search of self-mastery, with the intention of cultivating new forms of subjectivity. When mastered, these skills arise as natural inclinations should the situation call for it.⁸

The anorexic's emphasis on self-control and discipline over her diet and exercise regime bears an interesting resemblance to the above elaborated notion of *askēsis* in Foucault's writing. In fact, diet marks one of the ways in which individuals have sought to form themselves towards a certain moral objective in Foucault's writing, too. In her paper "Foucault and the Ethics of Eating" Chloë Taylor draws upon Foucault's analysis of the ancient Greek focus on food and diet as forms of self-constitution, arguing that our dietary choices continue to constitute key ways in which subjects form themselves, both in disciplinary and aesthetic ways (2010, p. 71). By 'aesthetic' Taylor makes reference to Foucault's concept 'aesthetics of existence', which, in her interpretation, refers to seeing one's existence as a work of art (ibid., p. 73).

In her paper, Taylor argues that our food choices are a reflection of our "simultaneously disciplined and self-fashioning subjectivities" (2010, p. 87). On the one hand, our dietary choices are often modelled after what and when is commonly eaten in the culture(s) that we have grown up in.⁹

⁸ Foucault's use of the term 'ascetics' (and more broadly, his engagement with ethic in general) has been read as a reformulation of Ancient virtue ethics. See: Levy, 2004.

⁹ The traditional Japanese breakfast, for instance, typically consists of savoury dishes like baked salmon, rice, and vegetable-based side dishes, whereas the French are known for opting for sweet pastries in the morning. Moreover,

Deviating from these cultural norms in any significant way, be it by deciding to forego animal products or going on a significant calorie deficit, will stand out in social food-related settings and differentiate us from others. I argue that this dichotomy also applies to the anorexic. In Chapter 1., I make the argument that anorexia is simultaneously viewed as extreme compliance with feminine beauty standards and character ideals, such as slimness, self-control, and caring for one's appearance, as well as deviating from these norms by seeking to form one's body into one devoid of feminine signifiers and adopting an extreme diet. As dieting is generally accepted and often even encouraged for women, those around the anorexic may start off supportive of her desire to eat healthier and exercise more. However, as the list of the foods she can eat becomes shorter and shorter, and her portions shrink in size, the neutral or even positive attitude reflected by those around her often turns into concern. As such, as I have argued throughout this thesis, understanding anorexia as simply victimhood or susceptibility to societal pressures does not seem to capture the whole picture, and the anorexic's eating habits act as a particularly compelling testament to this.

In order to illuminate my argument further, let us compare the dietary choices of anorexics to those who exclude certain foods from their diet for health or ethical reasons. As pointed out by Taylor (2010, p. 78-79), several feminist philosophers that take inspiration from Foucault have analysed the normalisation and encouragement of weight-loss-oriented dieting and exercise, particularly among women, as a form of disciplinary control over our bodies. Sandra Bartky (1988), for instance, points out that although both men and women are encouraged to exercise, there is an abundance of exercise classes targeted specifically to women, the aim of which is "not to firm or reduce the body's size overall, but the resculpture its various parts on the current model" (p. 29). The term 'current model' implies that on the contrary to men's beauty standards, the bodily norms imposed on women both change more frequently and are more specific in design. Drawing upon Foucault, Bartky views the modern preoccupation with dieting and slenderness as paradigmatic norms that produce self-disciplining 'docile feminine bodies'.

Contra Bartky, Cressida Heyes (2006) argues that weight-loss-oriented dieting can entail both self-disciplining and self-fashioning elements. She discusses Weight Watchers, the largest commercial weight-loss programme, as an appropriation of the Foucauldian *askēsis*, with the programme claiming to "promote self-knowledge, cultivate new capacities and pleasures, foster

where people from Northern Europe tend to eat dinner early in the evening or even late afternoon, Southern Europeans are famous for dining late into the night.

self-care in face of gendered exploitation, and encourage wisdom and flexibility” (p. 126). Bordo echoes similar sentiments in her work, where she suggests body-building as an alternative form of bodily practice to anorexia (1989, 1991). As I will explore at length in the next chapter of this thesis, Foucault argues that a new technology of power emerged in Western societies in the late 1800s. This form of power is called biopower, and it mainly functions through controlling, regulating, and monitoring life both among individuals and populations. As Foucault identifies the normalisation and general encouragement of physical activity and healthy eating as one of the mechanisms of biopower, I remain rather sceptical about the potential of weight-loss oriented dieting as a form of care for the self (see: p. 57 of this thesis).

Returning to vegetarianism, foregoing meat in one’s diet has quite obvious ethical connotations, be the reason the suffering of sentient beings, concern for the environment, or a wish to stay healthy. Most vegetarians are not vegetarians because they dislike meat, but because they think that by opting for plant-based alternatives they are exercising a set of values they hold important, such as compassion. Just like any other value, being vegetarian can act as a key building block of the self’s formation as a moral subject, and openly identifying as one may act as a way to communicate this to others (Rosenfeld & Burrow, 2017; Rosenfeld et al., 2020). Moreover, Taylor argues that on the one hand, becoming vegetarian means that one aligns her identity with a new moral goal – food is no longer just about sustenance and enjoyment, but every meal signifies an ethical choice of refusing to support the animal agriculture industry (2010, p. 80). On the other hand, a vegetarian diet requires one to seek novel pleasures in their meals (ibid.). Taylor draws upon Heyes (2006) by arguing that vegetarianism can itself be understood as a form of *askēsis* in the Foucauldian sense of the term (ibid.). Switching from the largely meat-based cuisine of many food cultures to one based solely on vegetables requires that one cultivates new ways of finding eating pleasurable, be it by learning to enjoy the flavour of plants as the star of the dish or finding ways to mimic the taste of meat in vegetarian meals.¹⁰

When comparing anorexia to vegetarianism, it is crucial to note that according to rexies, being a ‘good anorexic’ is more than just being thin – it requires that one abides by the ‘virtues of anorexia’, including a lack of desire for food and rest (Day & Keys, 2009, p. 87). In fact, many anorexics perceive the prevalent belief that anorexia stems from excessive exposure to thin women in mainstream culture as offensive and as undermining their autonomy (Eckermann, 1994). As such,

¹⁰ For further discussion on the sensuous pleasures of eating, see Probyn (2000).

the goal of the anorexic subject's self-formation is not just bodily, although one of the most crucial and most visible manifestations of her project *is*, but entails the cultivation of a range of personality traits, capacities, and skills. In this sense, I argue that the anorexic, through her food choices, forms herself in both disciplinary and self-fashioning ways, at the levels of the body and mind.

It is intuitive to understand the anorexic's diet as disciplinary: it pertains to a set of strict rules and limits, and the anorexic often tracks not only her eating, but her exercise regime and body size with great precision. However, viewing this effort as an *askēsis* or an aesthetic pursuit is not as clear. One of the spontaneous critiques against the idea of anorexia as a form of self-fashioning in the context of pro-ana builds upon the personification of anorexia as 'Ana' in these communities. In their analysis of pro-ana forums, Day and Keys note that 'Ana' can be seen as a figure that gives commands to the anorexic (2009, p. 90). On one of the websites they researched, it reads:

"I [Ana] force you to stare at the magazine models. Those perfect-skinned, white-teethed, waif-ish models of perfection staring out at you from those glossy pages. I [Ana] make you realise that you could never be one of them. You will always be fat and never will be as beautiful as they are." (Day & Keys, 2009, p. 90).

This quote not only highlights the role of 'Ana' as a figure of disciplinary control, but also implies that anorexics *do*, at least partially, feel the pressure of social depictions of the female body – or, at the very least, use them as inspiration, 'thinspo'. However, I argue that understanding 'Ana' as an external personification of anorexia itself would be an oversimplification of who 'she' is.

Admittedly, in some instances, 'Ana' does take the position of an authoritarian, even supernatural leader of the rexies, who commands her followers to stick to her doctrines and berates them when they ultimately cannot (Day & Keys, 2009, p. 91). However, interpreting 'Ana' as a way to separate the pathology from the anorexic herself would both be an oversimplification and fall into the very dominant discourse of psychiatry that pro-ana is trying to resist – where anorexia is seen as a disruption of an otherwise healthy mind that must be treated. Instead, 'Ana' is who the anorexic *strives* to be – the telos of her ethical activity. To be 'Ana' is to be a perfect anorexic (ibid., p. 90). In this pursuit, the rexie constantly pushes herself to be like her, through practices like fasting, purging, and monitoring her body. She experiments with different ways to suppress her appetite and to 'bulk up' low-calorie meals, all with the intention of forming herself closer to the desired goal.

Drawing upon my discussion of the anorexic's simulation in Chapter 3, I argue that 'Ana' no longer has to actively simulate her symptoms – they come to her authentically, like second nature.

Previously, I discussed how one of the ways of doing *askēsis* in Foucault's writing is to experiment with different types of pleasures. It is crucial to remember here that Foucault uses the term 'pleasure' more broadly than our intuition perhaps denotes. In fact, Foucault uses the term in at least three different ways: as the Greek term *aphrodisia* already discussed in this chapter, as sexual pleasure, and as *askēsis* itself (Lawlor & Nale, 2014b). Pleasure understood as *askēsis* does not need to be sexual or carnal – instead, it refers to the pleasure of experimenting with different forms of self-formation in intense and innovative ways that may open up new ways of relating to ourselves and those around us (ibid.). I argue that the way the anorexic exercises her relationship with herself, her body¹¹, and those around represents a novel way of *being a subject*.

What I think sets anorexia apart from 'normalised' forms of weight-loss-oriented dieting, apart from its extreme methods, is that some anorexics view themselves as *enlightened* or *elite* (Day & Keys, 2009, p. 92; Jyränki, 2007, p. 248). They do not settle for the socially appropriate level of slenderness and 'healthy' eating, but instead strive for what they deem to be 'perfection'. One of the pro-ana websites analysed by Day and Keys states: "[...] the best we can be is the thinnest we can be. We will not allow those around us to detour our mission. We will do whatever it takes to reach our goals." (2009, p. 92). This 'elitism' sets anorexia apart from Taylor's analysis of vegetarianism: while intuitively, many vegetarians either silently wish for or actively advocate for more people to decrease their consumption of meat, for the anorexic, her anorexia emerges as somewhat of a privileged form of being a subject. Similarly, where most people who are casually trying to lose weight do not gatekeep their dietary plans or exercise regimes from others, some members of pro-ana websites actively seek out and ridicule those who are less knowledgeable about weight loss methods by giving them fake advice (see: discussion on wannarexics in Chapter 2.). Rexies even discourage non-anorexics from developing anorexia (see: p. 44), perhaps because although committed to her cause, she understands its dangers, or because she wishes for pro-ana to remain a lifestyle only few are privy to.

¹¹ Separating the anorexic from her body in this sentence should not be read as blind ascription to a mind-body binary. Rather, reflects the anorexic's desire for control over these two aspects she identifies in her existence.

To conclude, anorexia has the potential to act as a form of care for the self, a central building block in the process of subjectivation. Similarly to other dietary choices like vegetarianism – although obviously with more destructive and unhealthy results – it signifies a commitment to self-formation based on a certain set of values, albeit unconventional, such as self-control, discipline, and being thin. Compared to everyone else, the rexic is in perfect control over both her body and her mind, and her bodily shape reflects the mastery she has over her needs, desires, and impulses. As discussed in Chapter 1 of this thesis, for Foucault, it is not necessary for resistance to lead to results that are generally understood to be productive or positive, as what is considered to be such is dependent on the paradigmatic form of power the individual is seeking to resist in the first place. In fact, as I will elaborate upon later in this chapter, sadomasochist sex and drug-use are examples of acts that Foucault understands as resistance despite them being generally considered unorthodox at best and harmful at worst.

3.4. Ana-Politics

Most frequent visitors of pro-ana websites are girls or young women between the ages of 13 and 25 (Hoffman, 2018). This demographic group typically finds itself being excluded from traditional politics for a variety of reasons, including young age, the historically male-dominated nature of party politics, and general attitudes towards women in positions of leadership (see e.g.: Bessant, 2022). On the contrary, disembodied online spaces, like pro-ana communities, can act as avenues for young people to participate in politics in novel ways that represent their needs and interests (Harris, 2001, p. 31). Perhaps emerging as a countermovement to the prevailing feeling of being excluded from the sphere of politics, members of pro-ana communities utilise heavily political language and rhetoric in the effort to establish the movement as a voluntary, value-driven lifestyle instead of a pathology emerging from irrationality (Jyränki, 2007, p. 242; Day & Keys, 2009; Kleyn & Clark, 2009). In this chapter, I discuss the claim, that some rexies stand behind, of pro-ana being akin to a political minority identity.

As previously discussed, rexies establish anorexia as an active lifestyle choice. This becomes blatantly clear in the unofficial logo of the websites, which states “Anorexia is a lifestyle, not a disease” (Kleyn & Clark, 2009, p. 32). However, perhaps surprisingly, this text is far from being the most shocking feature on the logo, as to its left, one can see a stylised ribbon similar to those used to promote public awareness about various public health problems, like breast cancer or HIV/AIDS, as well as provide education on public issues, such as xenophobia. As such, the use of the ribbon

symbol not only makes (seemingly ironic) reference to the pathologisation of anorexia, but can also be understood to posit it as a minority identity that ought to be tolerated (ibid.).

When pro-ana emerged as a topic of public discussion, some rexies advocated for it to be understood as an identity similar to those of sexual minorities (Jyränki, 2007, p.247). They point out that although homosexuality used to be considered a mental illness, it is now generally understood as a sexual identity that is beyond the control of the individual (ibid.). I find this comparison particularly interesting when read in light of Foucault's scepticism about the potential of the LGBT-movement to emerge as a locus of resistance. As briefly discussed previously, Foucault criticises the modern *scientia sexualis* for its appropriation of sexual desire. Employed within *scientia sexualis*, desire has become a question of truth, a pathologised object of knowledge and an aspect of us that has the discursive authority to reveal the most intimate aspects of ourselves (Davidson, 2001, p. 212). Modern sexual liberation movements, by continuing to utilise sexual desire as the defining feature of sexual identity, end up supporting the very system that marginalised and pathologised the sexual minorities whose cause they are trying to promote (Halperin, 1995, p. 20).

Moreover, comparing anorexia to homosexuality may actually be counterproductive to what the rexies have set themselves out to achieve: while homosexuality is understood to be an innate, unchangeable feature of an individual, the very key message of pro-ana is that anorexia is an active, voluntary *choice*. As I argue previously, according to pro-ana, being a 'good anorexic' requires constant *askēsis*— she must continuously push herself towards perfection by practicing her self-control and discipline. Instead of the LGBT-movement, it might then be more productive to compare pro-ana to resistance movements that centre *askēsis*, as opposed to a set sexual identity, as well.

Conveniently, Foucault mentions sadomasochism and drug-use as forms of producing unconventional pleasures for the individual. In an interview by the Advocate in 1984, Foucault talks about the sadomasochist (S&M) subculture within the U.S. gay scene, arguing that the goal of the movement is not to reveal "inherent" and "deep-run" S&M tendencies within the unconscious of its participants, as a psychoanalytically inspired reading might suggest, but the creation of "new possibilities of pleasure". According to Foucault (1984a, p. 165), the S&M movement partakes in the overall desexualisation of pleasure, insisting that pleasures can be created with very

unconventional parts of our bodies and in contexts that are seemingly sexual yet enable behaviours that defy recognition and classification as such.

During the same interview, Foucault provocatively acclaims that the traditional construction of pleasure constitutes “drinking, eating, and fucking” as the limit to our understanding of our body and our pleasures. Drugs, for example, are not seen as a form of pleasure, but in relation to desire, as a problem of freedom and prohibition. One’s desire for drugs is something that ought to be managed and controlled, but the eradication of the desire itself is never required (McWhorter, 1999, p. 183). To question this narrative, Foucault calls for the inclusion of drugs in our culture, where they should be studied and experimented with. *Good drugs*, according to Foucault, have the capacity to produce intense pleasures, and this intensification of physical and bodily experience can serve as a site of subversion against the normalising sexual discourse that confides our freedom within the narrative of liberating desire instead of producing pleasures (Foucault, 1984a, p. 166). Pleasures, like drugs, must be included in our culture and experimented with.

Another way to understand pro-ana as a form of political protest is through the lense of ‘sad Girl Theory’. The term was coined by artist Audrey Wollen in an attempt to reclaim the concept of ‘sadness’ as an active and intentional form of political protest rather than an often pathologised state of being among girls and young women (Thelandersson, 2023, p. 11). On her Instagram account, Wollen shares pictures of women crying or displaying their sadness in other ways, and she argues that this is a way to push back against the societal expectations for women to smile (ibid.). In chapter 1., I discuss how anorexics are often denied agency on the basis of their mental illness. They are viewed as irrational, emotional, and even vain, and their illness is seen to either result from their biological makeup, past trauma, or from being overly susceptible to societal pressures. To challenge this notion, being radically sad online can be understood as a way for members of pro-ana communities to reclaim their agency and reject the pathologised identity that dominates the culture around them. The sadness that was previously used to portray them as overly emotional now emerges as a tool of resistance.

3.5. Defying Censorship: Pro-Ana as a Parody

The emergence of pro-ana websites in the late 90s and early 2000s was promptly followed by a moral outcry from the public. In 2001, *Yahoo* closed down approximately 180 websites containing pro-ana material due to pressure from the public, and five other internet providers soon followed

suit (Jyränki, 2007, p. 232). Today, searching for keywords like ‘thinspiration’ and ‘skinny’ on one of the most popular social media applications, Instagram, will not show its user any results and instead redirects the searcher on a page titled ‘Help is available’, followed by phone numbers of national helplines. In this chapter, I will briefly analyse the ways in which rexies have responded to the public’s attempts to either heavily censor or even close down pro-ana websites and other online communities promoting or portraying thin bodies. I argue that in an attempt to call into question the validity of the moral outcry against pro-ana, rexies have taken to actively making fun of *themselves*.

In my analysis of the term “simulation” in the previous chapter, I point out that describing some of the anorexic’s symptoms as “simulated” does not mean that she is pretending to be anorexic – rather, her main motive seems to be to reinstate her identity and level of ‘being anorexic’ for medical personnel, other anorexics, and herself. I have argued that this showcases an element of conscious and self-reflective action on the anorexic’s part and, particularly importantly for the motivation behind this chapter, that there is a collective element to anorexia. The anorexic’s symptoms do not emerge and continue to be expressed in a social vacuum, but are also simulated in accordance to the different relationships the anorexic has.

Simulation bears an interesting resemblance not only to Butler’s understanding of ‘performance’, which I discussed in the previous chapter, but also their concept of ‘parody’. For Butler, parody essentially exposes something as performative (1990/1999, p. 175). In *Gender Trouble* they discuss drag as an example of a subversive gender parody that seeks to destabilise the assumed connection between sex, gender, and performance (ibid.). In the previous chapter, I point out that anorexia itself can be understood as a gender performance taken to the extreme, subsequently revealing the destructive nature of societal gender norms. However, I would also like to direct attention to how anorexics can make a parody out of anorexia itself, particularly in the context of the imagery portrayed in pro-ana websites. Just like Sandy, who, as described in Chapter 3. (p. 33), actively attempted to trigger a reaction in her doctor by exaggerating her symptoms to the extreme, rexies can paint themselves in an absurd light to gauge an even more outraged reaction from the public.

What many of the critics of the movement do not seem to realise is that not all of the content posted on pro-ana websites is genuine – in fact, many of the images and quotes shared on these online spaces are intentionally outrageous and provocative, like “Living on Oxygen” and “Dying to be Thin” (Jyränki, 2007, p. 246). Similarly to how rexies sometimes offer absurd advice to other users

of pro-ana websites in search of ‘wannarexics’ (individuals who are either not yet anorexic or are in the early stages of their illness and thus susceptible to trusting advice that is clearly not going to work or is even outright dangerous), as discussed in the previous chapter, it seems like at least some of the disturbing catchphrases may fulfil a similar function in relation to the public. If rexies already feel misunderstood by those outside of their online communities, it would not be surprising if they decided to toy with their upset further by presenting their movement as even more ‘insane’ and harmful than before.

The parody of the rexies perhaps does not aim to claim that anorexia itself is performative, but rather prove that anorexics have the ability to intentionally exaggerate already existing symptoms, behaviours, and collectively endorsed messages to fool the public. This notion is further endorsed by the fact that a lot of the social media content portraying the sadness of girls and women is heavily ironic and playful (Thelandersson, 2023, p. 11; 2018, p. 15), perhaps for similar reasons. With anorexics often being portrayed as “confused young girls” who either “do not know better” in their gullibility or are either “outright evil” in mainstream discourse (Jyränki, 2007, p. 263), parodying this image might be understood as a playful and even malicious way for the rexie to reclaim her agency. This way, the very motivation behind the censorship and closing down of pro-ana websites is called into question. The rexie does not think she is a susceptible victim, nor is she trying to recruit others into the world of pro-ana – instead, she is an active participant in the alternative lifestyle those who are not enlightened are seeking to restrict.

3.6. Conclusion

In this chapter, I have discussed the peculiar phenomenon of pro-ana as an attempt to establish anorexia as a voluntary lifestyle choice among others. Drawing upon Foucault’s notion of diet as a method of subject’s self-formation, I argue that anorexia can be conceptualised as an example of Foucauldian ascetics, where her dietary choices emerge as a form of active self-fashioning. Contrary to popular belief, the anorexic’s subjectivity cannot be reduced to her bodily form – instead, she actively cultivates characteristics like self-discipline and bodily control in an attempt to become the “perfect anorexic”. Her lifestyle reflects an element of elitism, and she views anorexia as a special way of living only those “enlightened” are privy to.

Parallels can also be drawn between the pro-ana movement and political activism, with some members of pro-ana communities positing themselves as a marginalised minority. Although I,

drawing upon my reading of Foucault, remain sceptical about the comparisons drawn between pro-ana and the LGBT-movement, I argue that practices focusing on experimenting with unconventional pleasures, such as BDSM and drug use, may prove useful when analysing anorexia. The pleasures pursued by the anorexic are not necessarily sensual or sexual: as Foucault suggests, pleasure can also be found in the very practice of *askēsis*, in actively shaping oneself towards a particular form of subjectivity, itself. By positing her anorexia as a voluntary lifestyle choice that entails a certain level of active agency, allowing her to consciously form herself in accordance with a set of values – or, more maliciously, toy with the feelings of the upset public –, the anorexic can be understood to reject the identity of a passive victim endorsed by mainstream culture and research tradition. In the next chapter, I will continue grappling with this thematic by problematising when self-destructive behaviour is to be understood as a pathology and when it becomes a courageous act of resistance.

4. Anorexia and Death: Possibility of Self-Destruction as a Strategy of Resistance

4.1. Introduction

Anorexia has consistently been recognised for having the highest mortality rate of any psychiatric disorders. Approximately 5% of patients succumb within four years of being diagnosed with anorexia either by suicide or due to medical complications that result from their eating disorder, including heart issues, endocrine disorders, gastrointestinal disease, and refeeding syndrome. (Westmoreland et al., 2022; Auger et al., 2021). Of course, not nearly all anorexics die – In fact, some anorexics view death from anorexia as akin to a *failure*. Internet forums endorsing the pro-ana movement are full of posts featuring the slogan “A good anorexic does not die!”, and this is even regarded as a key difference between those who view anorexia as a lifestyle and those that consider it an illness. However, even without dying, anorexia poses serious health risks to the body, including an elevated chance of heart attacks, risks to bone health, decreased fertility and amenorrhea, and much more.

In this chapter, I conceptualise the anorexic body as first and foremost a *potentially dying body*. I aim to explore the ways in which potentially self-destructive forms of resistance, like anorexia, can be powerful precisely *because* of the risk they pose to the health and life of the resisting subject. History offers us several examples of resistance that have been powerful *precisely because* they have been destructive or even fatal to the body. The Indian resistance movement leader Mahatma Gandhi utilised the hunger strike as a non-violent method against the British rule in India, and in the early decades of the 20th century several British and American suffragettes began fasting while in prison. Building upon my earlier discussion of Foucault’s analysis on madness and reason, I am interested in exploring where a self-destructive pathology ends and a courageous political protest begins, and if such a line can even be clearly drawn at all.

I begin by providing the reader with an outlook of Foucault’s theory of biopower (French: *biopouvoir*), a form of power that operates through “the subjugation of bodies and control of populations” (1976/1978, p. 140). I will question whether or not suicide can be viewed as a form of resistance against this mode of power by looking at Foucault’s writings on the matter. Following this, I will compare anorexia to a hunger strike, a form of political protest that derives its power from its possibly detrimental impact on the protester’s body and wellbeing. I will finish this chapter

by providing the reader with a gendered outlook on death, and question whether the anorexic manages to subvert the cultural conceptions surrounding dead women.

4.2. From Biopolitics to a Politics of Death

Foucault first discussed his thoughts on biopower at the end of “History of Sexuality Vol. 1”, where he juxtaposes it with his concept of sovereign power. Sovereign power is centralised and highly visible, making it easy to pinpoint the focal point of power within a particular authority figure or institution (Vitales, 2020, p. 163). It operates through legislation and prohibition, enforced by mechanisms of coercion and punishment (Lilja & Vinthagen, 2014). As such, sovereign power, Foucault argues, is ultimately based on violence – on the “right to take life or let live”, with the former being utilised should the sovereign’s existence be threatened (1976/1978, p. 136). For instance, the sovereign is able to justify extreme methods of punishment, such as public torture or the death penalty, because a violation of law is viewed as an open attack on the sovereign.

Foucault claims that the mechanisms of power in Western societies have undergone significant changes since the 17th century. Alongside (and partially replacing) sovereign power, a new form of power that claimed the *body* as its object started to emerge – power “that endeavours to administer, optimise, and multiply it, subjecting it to precise controls and comprehensive regulations” (1976/1978, p. 137)”. This form of power is known as biopower. According to Foucault, biopower developed in two distinct yet interconnected manifestations. The first form of this technique of power emerged in the 17th century, prompted by the industrial developments of the time. This “anatomy-politics of the human body” views the body as a *machine*, “complete with functions and utilities, inputs and outputs, predictabilities and precisions” (Cisney & Morar, 2015, p. 4). It seeks to discipline the body through a plethora of mechanisms and institutions, starting with the school and the army but later also infiltrating prisons, hospitals, and factories (Arnason, 2012).

The institutionalisation of physical exercise from the late 19th century onwards serves as a good example of the earlier form of biopower. During this time, the number of sports clubs and gyms grew rapidly, sports gained more scientific attention, and the market for athletic equipment became more diverse (Arnason, 2012). Although the institutional encouragement of physical exercise is far from being the only way of disciplining the human body, it acts as a particularly compelling example, since “unfit bodies tend to be less useful than fit ones” (ibid.). This notion has interesting implications for those suggesting ‘healthier’ forms of bodily managements as alternatives to

anorexia. While remaining cautious about the potential of anorexia as a source of resistance, Bordo, for instance, does not extend this judgement to all practices aimed at bodily transformation. In *Docile Bodies* Bordo claims that bodybuilding can be beneficial for women in a culture of sexual harassment and abuse as it may give them the strength to fight back against their perpetrators (1989, p. 215). When read through the lens of biopower, the conclusion of bodybuilding offering a potential arena for resistance may seem somewhat unintuitive. While Bordo rejects the potential of anorexia as a form of resistance, as it, according to her, eventually ends up reaffirming the very feminine ideals it sets out to resist (see: Chapter 3 of this thesis), she ends up encouraging an activity that is based on similar principles of self-discipline and extreme bodily transformation as anorexia. Bordo herself seems somewhat aware of this problem, as she admits that “the new ‘power look’ in female bodybuilding, which encourages women to develop the same hulk like, triangular shape that has been the norm for male body builders, is no less determined by a hierarchical, dualistic construction of gender than was the conventionally “feminine” norm” (ibid., p. 213). Since Bordo does not view anorexia as a potential form of resistance precisely because it ends up supporting the very power structures it targets, I find it peculiar that she ends up neglecting the role biopower plays in the institutional and discursive encouragement of “healthy living” and exercise.

The second aspect of biopower surfaced during the latter part of the 18th century. Unlike its earlier form, which governed individuals as separate living entities, this manifestation focuses on a worldwide population, a “global mass”, that is collectively influenced by factors such as birth, death, and illness (Foucault 1997/2003, p. 242). This form of power is not directed at what Foucault calls “man-as-body” but instead to “man-as-species” (ibid.). The creation and appropriation of new areas of knowledge plays a crucial role in the development of biopower. Foucault states that during the late 1700s “[...] there is a greater and greater need for a sort of arbitrating discourse, for a sort of power and knowledge that has been rendered neutral because its scientificity has become sacred” (ibid., p. 39). Biopolitics derives its justification as the paradigmatic form of power from its appropriation of the developing fields of science, such as medicine, biology, and psychiatry. What emerges as the main objective of biopolitics is the monitoring, prediction, and optimisation of health within a specific population, instead of ruling over a certain territory. This includes the regulation and tracking of birth, fertility, and death rates, as well as infant mortality, life expectancy, and the overall identification of the various factors that influence these numbers (ibid., p. 243).

The transition from one paradigmatic technique of power to another not only changed how governments viewed life, but also marked a significant shift in the understanding of death – in Foucault’s words, “the ancient right to take life or let live was replaced by a power to foster life or disallow it to the point of death” (1976/1978, p. 138). Biopolitics must be able to justify the potential sacrifice of the part of the population it deems biologically dangerous to the health and vitality of the rest. This politicisation of death is known as thanatopolitics (Adorno, 2014, p. 105). Thanatopolitics became particularly illuminated in public discussion in the wake of the COVID-19 pandemic, during which governments found themselves having to make decisions on how many lives – and perhaps even more crucially, *whose lives* – could be lost before stronger restrictions could be politically justified.

In “History of Sexuality Vol. 1” Foucault contests the widespread idea of sexuality being the ultimate taboo of the Western world (1976/1978, p. 25). Contrary to the repressive hypothesis, Foucault argues that between the 17th and 20th centuries, the discourse on sexuality did not face suppression but rather underwent a process of liberation. What changed during this period was the manner in which discussions about sexuality occurred – conducted by doctors, scientists, and other experts, employing new, medicalised, and academic language and perspectives. According to Foucault, the true taboo of this era is not sexuality but, instead, death. He writes:

“[...] death – which has ceased to be one of the spectacular ceremonies in which individuals, the family, the group, and practically the whole of society took part – has become, in contrast, something to be hidden away. It has become the most private and shameful thing of all (and ultimately, it is now not so much sex as death that is the object of a taboo)” (1997/2003, p. 247).

Chloë Taylor points out that throughout the Middle Ages and the Renaissance, death was, although tragic, an ordinary aspect of everyday life that took place at random. In the Mediaeval times, surviving infancy was already a feat in itself by modern standards, with 30-50% of children being estimated to have died before seeing their first birthday and birth posing a serious threat to the mother. Epidemics swept through the population at regular intervals, and famines were frequent threats to society. The 18th century, however, brought with it increased economic prosperity, agricultural productivity, and developments within the field of medicine, all of which drastically lessened the imminent risk of death in an individual’s everyday life and resulted in rapid

demographic growth. In other words, life became stable enough for it to become a possible object of control for power. (Taylor, 2015, p. 192-193.)

While the total management of life emerges as the paradigmatic manifestation of power, death disappears into the margins of discourse. The biopolitical state's relationship with death is that of contradictions. On the one hand, given that biopower aims to manage life, it views killing as something "scandalous" or even "grotesque" (Taylor, 2015, p. 157). On the other hand, the biopolitical state does not abstain from killing but rather justifies the act as "vital" to the population (ibid.). For instance, as Taylor points out, executions, which have become relatively scarce ever since the shift in the paradigmatic technique of power, are justified on the basis of certain criminals threatening the life of the entire population, as opposed to the status of the sovereign (ibid., 195). Similarly, wars and conflicts are not fought in protection of the sovereign, but to safeguard the existence of everyone – in other words, "massacres have become vital" (Foucault, 1976/1978, p. 137)

As I point out in Chapter 2., Foucault argues in *Discipline and Punish* and *History of Sexuality* respectively that modern forms of knowledge, such as psychiatry, do not actually inform us about crime, mental health, and sexuality – rather, they discursively *create* the subjects of the criminal, the insane, and the sexually deviant. Where committing crimes or engaging in certain sexual behaviours used to be considered acts, they are now seen as defining aspects of our subjectivities; inclinations and desires that inform those with the intellectual authority to interpret them about something pertinent to our soul or identity (see e.g.: McWhorter, 1999). In her paper, Taylor echoes this idea and further contends that Ian Marsh (2010) has made a similar argument regarding the suicidal individual. Both Taylor and Marsh argue that in a biopolitical state, suicide is no longer understood as just an act, but the very desire to take one's own life has become something akin to a symptom of a pathologised identity that ought to be treated (Taylor, 2015, p. 201; Marsh, 2010, p. 47-51 cited in Taylor, 2015, p. 200-201). In societies ruled by sovereign forms of power, suicide was not deemed an unacceptable act due to concern for the committer's mental well-being, but because it infringed upon the sovereign's absolute right to make decisions about their citizens' life and death *alone*. In biopolitical societies, however, suicide becomes a subject of ceaseless scientific scrutiny by psychiatrists, medical practitioners, and sociologists alike. Suicide becomes a sign of mental illness, a deviance from the psychiatric 'norm', even if no other symptoms were present prior to the self-inflicted death (Marsh). As such, Taylor argues *contra* Foucault that although death in general

might have taken up the place of sex as the ultimate taboo of Western societies, suicide actually takes up a larger space within the discourse than ever before.

For Foucault, then, it seems that it is at the moment of death that one escapes the grasp of biopower – as he writes in “History of Sexuality, Vol. 1” “death is power’s limit, the moment it escapes it” (1976/1978, p. 138). Furthermore, as Foucault’s conception of power relies heavily on the possibility of resistance, if death is the only possible way out of the grip of power, then one must have the ability to voluntarily kill themselves to commit the ultimate act of protest – otherwise, we are not discussing a relation of power, but one of *domination*. In relation to biopolitical techniques of power, then, suicide emerges as perhaps the only possible form of resistance to power tactics that aim to monitor and control all aspects of life. Foucault writes:

“It is not surprising that suicide ... became, in the course of the nineteenth century, one of the first conducts to enter into the sphere of sociological analysis; it testified to the individual and private right to die, at the borders and in the interstices of power that was exercised over life. This determination to die, strange and yet so persistent and constant in its manifestations ... was one of the first astonishments of a society in which political power had assigned itself the task of administering life.” (1976/1978, p. 138).

As already mentioned, suicide is the second leading cause of death amongst anorexics. Compared to gender and age-matched peers, individuals with AN face an 18-fold increased risk of dying by suicide (Smith et al., 2018). Unfortunately, Foucault does not expand on the notion of suicide as a possible strategy of resistance very extensively. In her article, Taylor identifies only two texts by Foucault that explore suicide as a potential tactic against the medicalisation of death in biopolitical societies. *Un Plaisir Si Simple* (eng. “The Simplest of Pleasures”) discusses suicide as a way to *stylise* one’s death – in other words, instead of succumbing in a sterile hospital environment, away from one’s loved ones and surrounded by medical professionals who are bound by their oath to prolong their patients’ life as much as possible, suicide allows one to have more agency over their death (Foucault, 1994a, cited in Taylor, 2015, p. 205). An interview titled “Social Security”, on the other hand, delves into Foucault’s idea of a “suicide institute”, where “people who wanted to die could come and spend a weekend, a week or a month, enjoying themselves as far as possible, perhaps with the help of drugs, and then disappear, as if by obliteration” (1988, p. 176). When the

interviewer inquires whether by “disappear” Foucault is referring to suicide, he simply says “yes” (ibid.).

Suicide is not only one of the leading causes of death amongst anorexics, but anorexia itself can be viewed as a form of suicide; a prolonged process of gradual self-destruction that causes the body to “fade away”. During interviews conducted by Helen M. Malson and Jane M. Usher with a cohort of individuals experiencing anorexia, participants were questioned about their connections to anorexia, gender perceptions, and body image. Malson and Usher point out that although the anorexic’s desire to have a smaller body is often associated with wanting to appear more feminine and petite, some anorexics also wish to quite literally *disappear* through becoming corporeally smaller and smaller (1997, p. 29). As two participants of the study, *Penny* and *Laura* describe, “I did everything wrong so I think it was a fear of being me totally... I just wanted to fade away” and “I didn’t want to know what me really was so I thought that if I just sort of (.) you know go along like this, just sort of hiding, I think I was just sort of hiding from myself” (ibid., p. 51).

Malson and Usher argue that the anorexic’s self-destruction is not only suicidal, but also implies a wish to become “less visible” (1997, p. 49). As such, her desire to disappear poses two types of threats against the disciplinary grip of biopower. Firstly, by seeking to die on her own volition, the anorexic attempts to withdraw herself from the paradigmatic technique of power whose priority is to foster life and health. How actively the anorexic herself participates in this process of self-destruction varies, with some of the interviewees blatantly admitting they “wanted to die” and others taking a more passive stance, describing how “it [anorexia] takes you to death” (1997, p. 51). Why the anorexic decides to take on the admittedly more drawn-out and excruciating path of self-starvation poses an interesting question. Malson and Usher argue that for some, the long and slow death that accompanies anorexia is a form of punishment and a way to deal with guilt (ibid., p. 52). I hypothesise that for others, it may result from fear associated with a more active suicide attempt or simply show indifference towards whether or not one’s life continues.

Secondly, Malson and Usher point out that the anorexic’s desire to *not* want to be seen can be interpreted as her wanting to avoid the disciplinary gaze Foucault discusses in his work. In their words, “as the body fades away it becomes less available to the disciplinary, individualising procedures of observation, examination, surveillance and normalising judgements” (1997, p. 51). However, as Malson and Usher point out, the anorexic may actually achieve the opposite effect of

becoming even *more visible* to the processes of disciplinary power than she would be with a more “normal” body and relationship with food. Disciplinary power is ultimately *normalising*, and anything it deems as abnormal is either demonised, criminalised or pathologised. One example of this is Herculine Barbin, a French intersex person from the 1800s whose memoirs Foucault published and issued a famous preface for. Barbin was originally assigned female at birth, but when her same-sex relationship with her female co-worker came to light, she was medically examined and reassigned male after the doctors discovered testicles inside her body. The government authorities forced Barbin to legally change her gender to male, after which Barbin promptly succumbed to suicide. Similarly, the body of an anorexic becomes a subject of elevated interest and scrutiny of medical professionals when it begins bearing the signifiers of anorexia, such as an emaciated appearance, amenorrhea, and thinning hair. Voluntary death can be seen as the ultimate way out from being subjected to the gaze of normalising disciplinary power. (Foucault, 1980.)

A crucial element of disciplinary power is that its techniques are not only enacted externally, but individuals *internalise* them and monitor themselves within its normalising parameters (see: p. 9 of this thesis). As I have discussed throughout this thesis, anorexia is characterised by an elevated need for self-control and body surveillance, and, paradoxically, this desire for perfect control is often coupled with a feeling of being hopelessly *out of control* (see: p. 22 of this thesis). As such, the anorexic body not only emerges as a pathologised sign within the normalising gaze of disciplinary power, but is also excessively observed, tracked, and surveilled by the anorexic herself. By seeking to become less visible, the anorexic may not only want to disappear from those around her, but also evade her own gaze.

To conclude, while Foucault's exploration of suicide as a mode of resistance remains limited in his writings, his discussions on biopower in particular seem to lend support to the notion of voluntary death as an escape from the clutches of power. In fact, as I paraphrase in Chapter 2. in particular, for Foucault a relation of power must entail the possibility of resistance lest it become one of *domination*. As such, one must have the possibility of, at the very least, committing suicide and thus removing oneself from the power structure – in Foucault's words, “though the relation of power may be completely unbalanced... a power can only be exercised over another to the extent that the

latter still has the possibility of committing suicide, of jumping out of the window or of killing the other” (1987, p. 12).¹²

4.3. Anorexia as a Hunger Strike

So far, I have showcased that suicide as a form of resistance is not only compatible with a Foucauldian understanding of power and resistance, but also supported in Foucault’s writings on the topic, albethey few in number. Moreover, I argue that due to the shift in the paradigmatic form of power, from sovereign power to biopower, we have come to be governed not only by a politics of life, but also one of *death*. As such, understanding biopower enables us to delve into how acts of resistance that manifest in the physical harm or even destruction of the body both function within and counteract the mechanisms of biopower. Moving forward, I will analyse hunger strikes as a form of political protest and explore the possibility of conceptualising anorexia as a form of hunger strike.

A hunger strike is defined as a method of nonviolent resistance or protest, where its participants abstain from consuming food for a specific period of time, typically until a certain political demand is accepted. Usually, the goal of the hunger striker is to place pressure on politicians and to draw the public’s attention to certain social injustices. Biopolitics serves as a useful theoretical framework for political analysis on hunger strikes (see e.g.: Ziarek, 2008; Pfeifer, 2018; Ibrahim & Howarth, 2019). In her book entitled *Starve and Immolate: The Politics of Human Weapons* (2016) Banu Bargu narrates how leftist political prisoners in Turkey engaged in a lethal resistance against the implementation of high-security prisons by transforming their lives into instruments of protest. It employs the Turkish hunger strike movement as a case study to examine the circumstances under which self-inflicted death is considered a form of resistance. In her book, Bargu paraphrases Foucault in stating that when the paradigmatic form of power changes, so does that of resistance. As such, the emergence of biopower, a form of power that “inva(des) the social body through the administration of life” and “disqualifi(es) death (...) from the political sphere” (p. 61), also marks a shift in the way protests are conducted. In my understanding of Bargu, this argument has two key implications. First, as power becomes more and more preoccupied with life and its quality, so does resistance, and several resistance movements name the right to life and health as driving forces

¹² This quote has interesting implications for the use of forced treatment in eating disorders. In a situation where the anorexic is under 24/7 surveillance, perhaps the relation between her and her doctor is no longer one of power, but, indeed, one of domination.

behind their protests. Second, the politicisation of both life and death signifies the emergence of “forms of struggle in which life is transformed into a weapon, not in order to affirm greater rights and privileges, better conditions and standards of well-being, but as a rejection of domination” (p. 63).

According to Bargu, Foucault fails to acknowledge the latter implication. While I don't entirely endorse Bargu's conclusion—since it's been previously noted that Foucault addresses suicide as a form of resistance—she presents a fresh interpretation of how biopolitics can enlighten us about resistance rooted in self-destructive behaviours. Bargu introduces the concept of necroresistance, a tactic of resistance emerging from the appropriation of the power of life and death by those who resist. Necroresistance encompasses forms of resistance that are based on self-destructive practices (Bargu, 2016, p. 63). Bargu argues that acts of self-sacrifice constitute forms of Foucauldian counter-conduct¹³, as they “find their rationale in the ongoing sovereign presence of the biopolitical problematic” (ibid., p. 64). Where Foucault's brief discussion on suicide centres around the subject, Bargu extends the notion of voluntary death as a form of resistance against biopolitics to collective resistance movements.

In 1973, sisters Marian and Dolours Price, two volunteers of the Irish Republican Army (IRA), embarked on a hunger strike after being imprisoned for participating in the 1973 Old Bailey bombing. While the sisters' hunger strike was cut “short” over 200 days later after being forcibly force-fed by prison guards, both Marian and Dolours developed anorexia, seemingly as a result of their prolonged politically-motivated fast. The sisters' eating disorder became so severe they were eventually released on humanitarian grounds as they were both on the verge of starvation. Years later, Dolours Price described in an interview how the hunger strike had “alienated us from the process of sustenance, the whole process of putting food into your body”. (DenHoed, 2020, p. 12-16.)

The case of Marian and Dolours Price is an intriguing one and raises several questions. What exactly makes a hunger strike an act of political protest with goals that seek to benefit a marginalised collective, and anorexia an individual pathology? What is particularly telling is that after ceasing their hunger strike and developing anorexia, Marian and Dolours' critics questioned

¹³ For further discussion on Foucault's concept of counter-conduct that, unfortunately, did not fit within the parameters of this thesis, see: Davidson, 2011.

the authenticity of their illness – both sisters were accused of somehow faking their anorexia or simply being vain enough to go to extreme measures to lose weight (DenHoed, 2020, p. 12-16). The validity of the sisters’ struggle fell under scrutiny – it was no longer seen as an admirable example of a self-destructive struggle, but rather an extreme body-project driven by vanity. Perhaps exactly for this reason, some anorexics view their self-starvation as an act of political protest and even refuse to call it anorexia. For instance, in her autobiography *To Eat or Not To Eat* (1988) Karen Margolis uses distinctly political language by describing her behaviour as a “hunger strike” and abandons the pathologised label of an “anorexic”.

Perhaps the most well-known account of drawing parallels between anorexia and hunger strikes can be found in Susie Orbach’s book entitled *Hunger Strike: The Anorectic’s Struggle as a Metaphor for Our Age* (1986/2018). In this book, Orbach applies language typically used in political contexts to the life of an anorexic by calling her systematic refusal of food a “hunger strike” and thus argues that, in restricting her food intake, the anorexic is making a political statement. She writes: “A woman who overrides her hunger and systematically refuses to eat is in effect on a hunger strike. Like the hunger striker, the anorectic is starving, she is longing to eat, she is desperate for food. Like the hunger striker, she is in protest at her conditions” (1986/2018, p. 82-83). By locating the anorexic’s experience within the sphere of the political, Orbach rationalises a typical experience amongst anorexics: that the extreme restriction of food in pursuit of thinness does not make one a passive victim of societal gender norms, but is in fact an active attempt at empowerment (ibid.). The anorexic has a *cause*, and behind a seemingly incoherent set of rules, routines, and compulsive action is a *purpose*. For Orbach, the process of both politicising and humanising gendered pathologies like anorexia can even have therapeutic value, as when “we begin to see the anorexia as an attempt at empowering, and food refusal as the action of one whose cause has been derogated, dismissed or denied, there is an urgency and strength in the refusal to eat” (1986/2018, p. 83).

In her work, Orbach often calls the life of an anorexic an “unconscious feminist protest”. The silent nature of this protest is emphasised throughout her work. According to Orbach, “unlike her fellow hunger strikers, she [the anorexic] may not be able to articulate the basis of her cause” (1986/2018, p. 83). Although the anorexic may not be able to verbalise the *reason* she starves herself as eloquently as someone refusing food for a clear political cause, the method of her protest is arguably just as demanding – as Orbach writes, “to subject one’s body to the rigours of starvation – to keep it fed only to the absolute minimum required to ensure survival – is an act of extraordinary

desperation and courage” (ibid.). Orbach points out that the anorexic may even *reject* political causes like feminism on the basis of them being ideologies that question the culturally inscribed obsessive and stringent routines, rules, and fears her life is organised to serve (ibid.).

To sum, the anorexic’s protest is understood as a form of corporeal, bodily speech – as Orbach writes, “she expresses with her body what she is unable to tell us with words” (1986/2018, p. 83). This raises several questions: if the anorexic cannot verbalise what she is trying to achieve through voluntary self-starvation, can she be understood to resist? And if the anorexic’s protest is seen to be “merely” a form of corporeal speech, does it not run the risk of psychiatry disregarding the agency of the anorexic subject? First of all, as I outline in Chapter 2., for Foucault, resistance does not require active and conscious deliberation from the subject. Acts of resistance can happen accidentally. Secondly, Judith Butler grapples with this problematic in their book *Excitable Speech: A Politics of the Performative*, writing: “if the subject speaks impossibly, speaks in ways that cannot be regarded as speech or as the speech of a subject, then that speech is discounted and the viability of the subject is called into question. The consequence of such an irruption of the unspeakable may range from a sense that one is ‘falling apart’ to the intervention of the state to secure criminal or psychiatric incarceration” (1997, p. 136). In other words, the anorexic’s desperate plea for attention and understanding is either dismissed as an emotional outburst, at best, or quickly pathologised and its “solution” outsourced to medical professionals, at worst. Indeed, Orbach writes:

“Unknowingly, one moves into the role of the spectator. A sense of bewilderment, linked with a desire to understand, shortly turns to discomfort. One begins to look upon the anorectic and the anorexia incomprehendingly. Compassion turns to fear and a wish for distance; a need to dissociate oneself from the painful sight (...) Turning anorexia into an exotic state, with the attendant labelling and judging, substitutes for engagement. By these means a distance is created between oneself and the anorexic” (1986/2018, p. 78).

Both Orbach and Maud Ellman point out that the anorexic’s protest commands the attention of an audience that wishes to look away but cannot seem to redirect its gaze. In her book *The Hunger Artists* Ellman writes: “[It] is not by food that we survive but by the gaze of others; and it is impossible to live by hunger unless we can be seen or represented doing so. Self-starvation is above all a performance [...] It is staged to trick the conscience of its viewers, forcing them to recognize that they are implicated in the spectacle that they behold” (1993, p. 17). Hunger strikes are effective

precisely because they shift the responsibility and guilt upon the audience: if the strikers' political demands are not met, they face the risk of health complications or even death. Similarly to hunger strikers, the stories, bodies, and weights of anorexics are constantly paraded about in the media, and the feelings this evokes are contradictory. On the one hand, the audience cannot deny its curiosity, and seeks confirmation for the severity of the anorexic's situation: for how frail her naked body looks, for how low her weight is, for how insane her justification for her self-starvation is. At the same time, upon becoming involved in the anorexic's performance by taking up the position of the spectator, the audience begins to feel discomfort. Some start criticising the public showcasing of anorexia, stating that their bodies are too grotesque to be shared and their weights too absurdly low to not be censored. The difference between the hunger striker and the anorexic seems to be that where the hunger striker's political demands are typically clearly voiced, the anorexic's protest, as Orbach argues, is silent. Instead of trying to decipher the meaning behind the anorexic's message, it is easier to look away.

Circling back to Orbach's thesis, as I argue in Chapter 1., I believe a Foucauldian understanding of resistance does not require that an agent is able to rationally and coherently verbalise their resistance – on the contrary, Foucault seems to locate the locus of resistance in *non-discursive actions*; in forms our bodies exist in and in the different ways we experience pleasures. For Foucault, resistance signifies a tactical reversal of those technologies of power that make us subjects. In the context of anorexia, this strategic resistance can then perhaps, at the surface level, take the form of extreme subordination to gender norms, but her body ends up revealing something hidden about the power structures we find ourselves formed by. By pursuing the ideal feminine body of her age, one with a suppressed appetite and a petite build, to the extreme the anorexic ends up revealing the sheer destructive and fatal nature of the disciplinary practices and cultural codes that manifest themselves on the female body. Orbach writes:

“We begin to see, then, that the cause she has taken on is that most precious one: the creation of a safe place in the world. She is trying to legitimate herself, to eke out a space, to bring dignity where dismissal and indignity were rife. Her cause is no less imperative than that of the overtly political hunger strike. The resolve of her commitment is equally intense. The political prisoner who embarks upon a hunger strike does so to draw attention to the injustice of her or his incarceration and the righteousness of her or his cause. The anorectic woman on hunger strike echoes these

themes. Her self-denial is in effect a protest against the rules that circumscribe a woman's life, a demand that she has an absolute right to exist" (1986/2018, p. 88).

In her discussion of anorexia as a hunger strike, Orbach does not pay much attention to the possibility of death in either a traditional political hunger strike or a prolonged battle against anorexia. This has become a point of contention for some of Orbach's critics: Both Susan Bordo and Margaret M. McLaren have criticised Orbach's views by pointing out that the element of protest she identifies within the life of an anorexic is ultimately counterproductive, self-defeating, and even destructive. According to Bordo, the anorexic's attempts at resistance are bound to fail both on the practical and symbolic levels. In practice, the life of an anorexic is often one of social isolation, suffering mental health, and bodily destruction that can lead to permanent health complications or even death (1991, p. 176). Similarly, McLaren points out that when untreated (and, sometimes, unfortunately even despite treatment), anorexia all too often leads to death by starvation, and this bizarre result undermines the power and agency the anorexic may feel she has as she engages in this protest (2002, p. 95). In her view, it seems almost perverse that the feminist protest of refusing food would require such martyrdom from the anorexic herself.

However, to conclude this chapter, I believe we must ask why exactly the possibility of bodily destruction and even death makes the anorexic's possible protest redundant. Returning to Bardu's reading of Foucault, resistance movements in biopolitical states not only justify their causes with values endorsed by biopower, such as health and well-being, but also utilise their destruction as tactical reversals of the reigning technique of power. I believe the anorexic can potentially engage in resistance in both ways. First of all, she showcases that the feminine ideals of our time, when followed immaculately, actually contradict the biopolitically endorsed values of health, fertility, and longevity. Second, in a system where voluntary death is medicalised and politicised, and where self-destructive practices, such as voluntary starvation, are quickly intervened upon by authorities, a protest that threatens one's health and well-being emerges as a particularly radical one. Considering this, it can be argued that the potency of the anorexic's struggle lies precisely in its detrimental impact on her body.

4.4. Subverting the Romanticised Image of The Dead Muse

One of the overarching premises behind this thesis is that anorexia is not only viewed as a pathology, but as a heavily gendered one – specifically, one that affects mainly women and is

generally understood to be at least partially caused by the social standards held for them. But is there a gendered aspect to death? Do we view the destruction of a body bearing feminine signifiers differently to one that does not, and what implications does this have? To conclude this chapter of my thesis, I will consider the ways in which the anorexic body as a cultural signifier both reproduces and challenges the ways in which we view dead women.

In his seminal work "The Philosophy of Composition" the English Author Edgar Allan Poe states that "the death, then, of a beautiful woman is, unquestionably, the most poetical topic in the world" (1924). This excerpt, which juxtaposes the demise of a woman with the essence of a poetic muse, serves as a compelling testament to the cultural captivation with the tragic end of young women. Associating (beautiful) women with death has long-standing cultural roots. Simone de Beauvoir, for instance, points out that several mythological women figures, including sirens and sorceresses, are all somehow associated with both death and femininity (1949, p. 242). The modern age is no different, and the rising interest in media grappling with true crime, with videos and podcast episodes detailing violent crimes against women garnering millions of views, is only one example of the prevailing cultural interest in dead women. Anorexic bodies are also, at their core, either dying or already dead bodies, with prolonged starvation taking its toll on the anorexic's heart, bones, hair, skin, nails, and internal organs.

In the preface to her book *Over her dead body: Death, femininity and the aesthetic* (1992/1996), Elisabeth Bronfen writes: "To speak about the interrelation between femininity and death in representations, however, is to acknowledge that these are always misrepresentations. They repress what they purport to reveal and they articulate what they hope to conceal. To speak of misrepresentations refers to the fact that both death and femininity are necessarily constructed by culture and as such always in some sense tropic" (p. xi). Indeed, looking at abovementioned examples from art and writing, the dead woman typically takes the position of an objectified victim. She is "the Other" not only by virtue of her gender (see: de Beauvoir, 1949), but also because she is *dead* and thus located in a separate realm of existence from the artist and the spectator. The spectator simultaneously wishes to look away and keep looking at the corpse – and, like the siren, the deceased woman keeps luring the outsider in. As written by Bronfen, "Part of the equation between femininity and death resides precisely in the fact that Woman as man's object of desire (*object a*) is on the side of death not only because she repeats the always already lost primordial

mother but because she often serves as the non-reciprocal ‘dead’ figure of imaginary projection” (1992/1996, p. 63).

I argue that conceptualising the anorexic body as one that is *dying* can be utilised to, on the one hand, strategically appropriate or, on the other, to outright defy the above discussed cultural understanding of the death of a woman. In their paper, Malson and Usher introduce a positive construction of the dying anorexic figure as an “elusive, ethereal woman”, “an other-worldly dis-embodied ‘fairy creature’ who escapes above the mundane oppression of her allotted role (on Earth)” (1997, p. 55). In Malson and Usher’s analysis, the “deathly anorexic figure” is profoundly gendered and similar to the mystical feminine creatures de Beauvoir associates with death. She has no worldly desires, such as hunger or sexual drive, and therefore transcends into the realm of the mystical. To build upon Foucault’s analysis of the body (see: Chapter 2.3 of this thesis), the anorexic’s body defies discursive construction as either dead or alive, worldly or mystical.

As bell hooks states, “the death that captures the public imagination (...) is passionate, sexualised, glamorised and violent” (1994/2021). More often than not, these attributes refer to the death of a woman. The female corpse found in art is often scarcely clothed or naked, and strikingly beautiful – and although dead, she looks like she is merely slumbering peacefully. The cause of her death commands attention and sympathy, or evokes feelings of shock and sensationalism: perhaps, she left a family behind, or was brutally murdered by her lover. The anorexic corpse, however, seems to escape the sexualisation and romanticisation that typically befalls the dead female body as a cultural signifier.

On September 4th, 2008, a photo of a naked woman kneeling beside a toilet bowl was uploaded on the internet under the title “BULIMIA KILLS..... WARNING! GRAPHIC PICTURES”. In the photograph, a 19-year-old woman, who had battled both anorexia and bulimia for five years, tragically passed away when her stomach ruptured after consuming 5.6 litres of food, presumably during a bingeing episode. Below the picture, the admin of the website on which the photo was posted (2.medusa.com, 2008), going by the nickname “Medusa”, summarises the case notes and the findings of the deceased woman’s autopsy. The author of the post concludes that the photographed woman's death resulted from her body's natural immune response to her stomach exploding, leading to a shutdown of bodily functions. The contents of her stomach, which were also photographed and posted on the website, were enough to fill nearly three two-litre water jugs with brownish liquid.

When her stomach ruptured, the barely digested food spilled into her body cavity, settling around her vagina and anus. When she was found, her brain had also swollen to the point of starting to squeeze out her skull.

At the end of their post, “Medusa” states: “There is no glamour or beauty spending your last living moments over a toilet.” Unlike many online depictions of anorexia, www.2medusa.com does not seek to romanticise anorexia and clearly states on its landing page that it is not a “pro-ana” website. The message is clear: anorexia kills, and the death is not pretty. At the time of her death, the photographed woman did not represent the “anorexic (and, arguably, feminine) virtues” of self-discipline and minimal food consumption – instead, her death was one of an *excess*, of a total loss of control, that materialised in the litres upon litres of food that spilled out into her body. As opposed to looking like she is merely sleeping, like so many of the famous artworks portray the corpses of women, she is covered in bruises, her stomach protruding in a grotesque contrast to her otherwise skeletal appearance, her head placed upon the lid of the toilet seat in an ironic imitation of rest. The picture is simultaneously both so unnatural and abnormal that the spectator cannot stop looking, and so grotesque in its lack of censorship that merely glancing at it feels wrong.

Even if the anorexic’s death is not as graphic as in the example above, her corpse still seems to escape some of the common cultural tropes associated with dead women – indeed, it seems inappropriate to view the anorexic as an adult woman at all. The anorexic body lacks many of the bodily signifiers associated with a mature woman, like developed breasts and a functioning reproductive system, thus drawing parallels to a prepubescent child. Children are culturally both denied sexual subjecthood and protected from the sexual desire of others, evoking feelings of indecency and wrongness in whoever ends up seeing the body of an anorexic in a context that is not strictly medical (2007, p. 250). Jyränki builds upon Andrey Demitshev, a philosopher specialising in the philosophy of death, by stating that the anorexic body combines two cultural taboos, that of death and that of the naked body of a child (*ibid.*, p. 251). The spectator faces a dilemma. On the one hand, they know the image is one of a young woman, the type of woman that is culturally constructed as desirable and whose sexualisation is normalised (*ibid.*). On the other hand, they are haunted with the conflicting understanding that the body they are looking at is both dying and child-like (*ibid.*, p. 253).

It is important to note that death is not necessary for a protest to be one that targets biopower. As Patrick Anderson points out, even if the anorexic does not succumb to her illness, she can still withdraw herself from the cycle of reproduction biopolitics aims at monitoring and maintaining (2010, p. 51). As mentioned in the introduction to this thesis, where I outline the diagnostic profile of anorexia nervosa, one of the common diagnostic symptoms of anorexia is amenorrhea or the lack of menstruation, which not only affects her fertility while she is actively suffering from an eating disorder, but can also negatively affect it in the long run. Furthermore, many anorexics also report decreased sexual drive as one of the changes they have perceived in their bodies due to prolonged starvation. As Anderson points out, “anorexic bodies, whether amenorrheal or decreased in sexual drive, can no longer produce and reproduce as gendered and sexual subjects are compelled to do” (ibid).

4.5. Conclusion

In this chapter, I have analysed anorexia as a form of resistance whose power lies within its potentially self-destructive nature. I began by briefly defining Foucault’s concept of ‘biopower’ and outlining how it functions through the monitoring and controlling of bodies and populations. Although Foucault rather surprisingly does not discuss the potential of suicide as a form of resistance against biopower very extensively, his few writings on the topic suggest that voluntary death may function as the only way out of biopolitical power relations. This may be the closest Foucault ever gets to a traditional notion of ‘liberation’ in his writings on resistance.

However, forms of resistance can also strategically appropriate the very mechanisms of biopower itself. Hunger strikes exemplify how individuals transform their lives into instruments of protest against oppressive systems. In Orbach’s conceptualisation of anorexia as a hunger strike, anorexia emerges as a silent form of political protest. Orbach’s argument bears an interesting resemblance to Foucault’s understanding of the body as a site of resistance that defies capture within the grasp of the discourse: in Orbach’s work, the anorexic does not verbalise her cause – rather, her resistance expresses itself through her body. Her body constitutes an experiential event that is both extremely normal and grotesquely abnormal and, in being so, ends up revealing the destructive nature of the standards we place upon feminine bodies. Similarly, in its grotesqueness, the dead anorexic body accommodates contradictions, both commanding attention and repelling it, clearly mature and childlike.

6. Conclusion

In the final chapter of this thesis, let us return to a question of Foucault's I quoted in Chapter 2: "How can the growth of capabilities be disconnected from the intensification of power relations?" (1984/2020, p. 43). Given that academic discussions on anorexia have heavily centred around the role of the media and gender norms in the development of anorexia, and that anorexia has even been located on a continuum of "normal feminine behaviour" (Bordo, 1989, p. 177), this question feels like a particularly important one to acknowledge. Referring to my engagement with Bordo (1989, 1991), I argue that the anorexic's resistance does not have to be understood to fall into a "Foucauldian trap" of reaffirming the very structures it targets. To conclude my thesis, I seek answer this question in light of all three 'case studies' I have discussed: the comparison of anorexia and hysteria; the establishment of anorexia as a lifestyle on pro-ana websites; and conceptualising anorexia as a form of resistance that draws its strength from its potentially self-destructive nature.

In my discussion of hysteria and anorexia, I conclude that where the hysteric seems to be able to trap the doctor in her simulation and, consequently, call into question the very validity of psychiatric power, the anorexic's simulation does not have the same privilege. The question regarding the authenticity of her symptoms seems most crucial to the anorexic herself. However, her very ability to *simulate her symptoms*, be it to gauge a reaction from medical personnel or be viewed as "anorexic enough" by both herself and her peers, challenges the notion that the anorexic exists *only* as a pathologised and passive sufferer of mental illness or victim of societal standards. In fact, anorexia seems to almost encourage some level of simulation from the anorexic due to the high level of both internal and external surveillance she experiences. Actively taking either femininity or anorexia to the extreme does not necessarily mean that one ends up reasserting the structures she is formed by, as Bordo argues – rather, I attest that it signifies a level of agency the anorexic is not typically granted on the basis of her illness. The anorexic's simulation reveals a disconnect between the causal chain we tend to draw between her pathology and her actions.

In Chapter 3., I explore the strange world of pro-ana communities that establish anorexia as a voluntary lifestyle choice. Drawing upon Foucault's analysis of food as a form of ascetics, I argue that the anorexic's diet, although unconventional and self-destructive, can be conceptualised as an element of subject's self-formation. Through her dietary choices (or lack thereof), the anorexic actively fashions her life in experimental ways. In this chapter, Foucault's famous statement of

bodies and pleasures constituting sites of resistance becomes particularly important. In the pro-ana narrative, only being skinny does not make one the “perfect anorexic” – rather, the desired form of subjectivity includes a plethora of skills and characteristics, such as fasting and self-control, which the anorexic must rigorously exercise. As such, the anorexic engages herself in a process of experimental cultivation of capabilities. *Askēsis*, which is one of the meanings Foucault gives to *pleasure*, ultimately defies discursive appropriation as either normal or abnormal and sane or insane by being an *experiential practice*.

Anorexia is a self-destructive illness. However, I argue that this alone should not invalidate its potential as a form of resistance. Conceptualising the anorexic body as first and foremost a dying body paves the way for an interpretation of anorexia as a prolonged exit from the grasp of biopower. Moreover, exploring anorexia through a biopolitical lens allows us to see how some forms of resistance derive their potency from their potential harm to the body and life of the one resisting – in fact, in the case of the anorexic, it makes us both morbidly curious and utterly horrified. Anorexia, as Orbach argues, can be understood as a hunger strike, but instead of verbalising her cause, it manifests itself upon her body. The body of the anorexic emerges as an experiential event that, drawing upon Foucault, defies capture within discourse – she is neither an adult woman nor a child, and seems to simultaneously be both dying and the epitome of health.

In conclusion, I argue that examining anorexia using a Foucauldian analysis allows us to identify new forms of subjectivities within the anorexic – ones that accommodate active forms of self-fashioning, cultivation of novel capacities, and experimentation with unorthodox ways of being a subject. As such, I endorse further employment of Foucault’s theory on power and resistance in analyses of eating disorders. Anorexia has, perhaps due to its widespread coverage in mainstream media, received quite significant scholarly attention in recent decades. On the flipside, other eating disorders, such as bulimia, have been largely left in the margins of academic discourse. An eating disorder like bulimia, which encourages both periods of extreme control as well as utmost excess, could provide a fruitful topic for Foucauldian analysis. Does the bulimic find their bingeing episodes pleasurable? And could different purging methods be understood as forms of ascetic practice – of getting the self “back on track” toward the form of disciplined subjectivity one wishes to be?

Moreover, in this thesis, I have consistently conceptualised the anorexic as a woman – not only because the majority of diagnosed anorexics are girls and young women, but because anorexia has been constructed as a feminine pathology in both culture and research tradition. As such, more research is required on how anorexia manifests itself among men and gender-nonconforming individuals. Given that the self-starvation associated with anorexia typically leaves the body with few gendered signifiers, be it breasts and hips or muscle mass, it would be particularly interesting to investigate whether a connection exists between a desire for a more androgynous body and developing anorexia.

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