The contradictory dynamics of eating

Spanning both nature and culture

Eating is necessary, dangerous and sublime. These qualities, at first glance, seem contradictory. However, the many meanings they encompass are all inherent in an act that's indispensable to survival. The ways we eat tell us some important things. Not only about how we live, but also about the structure of society, and the rules that enable it to endure. Additionally, the way each of us interacts with food reveals personal and relational characteristics. In this sense, eating is part of both nature and culture.

We don't simply eat food. First, we consider, select and process it. The possibility that food, as an exogenous element, may be dangerous for our bodies is always present, and its preparation is key both to protect us from this risk, through increasingly refined culinary techniques, and to symbolically blessing and exorcising it. When we prepare food, the transition from a natural to a cultural phenomenon occurs. And the specific tools, ceremonies and rites we use for cooking, eating and gathering around dining tables represent and reinforce the cultural heritage of every society.

Another aspect, intrinsically linked to the potential danger of eating, is the trust we place in those who feed us from birth. This trust is essential for our survival, but not absolute, and is in fact questioned and renewed from time to time, informing the quality of our relationships with our caregivers.

Common sayings and food rituals

To become more aware of our many different feelings related to eating, we can consider various common sayings on the subject.

For example, 'I could eat that baby up' expresses feelings of affection. On the other hand, 'She could eat him alive', 'He makes me vomit', 'Hard to digest', 'Spitting feathers', 'Swallow my pride' and 'A bitter pill to swallow,' reveal feelings of anger, displeasure, humiliation and rejection. Meanwhile, 'Thirsty for knowledge' and 'He devoured that book' refer to the desire for education or enlightenment. Finally, 'You look good enough to eat', and 'You are the apple of my eye', among many other examples, describe people in appreciative terms.

Metaphors about eating, loaded with connotations both pleasant and harsh, reflect our many associations with food as both sublime gratification and bitter punishment, due to the scarcity of food so many human beings face. In our society eating has also taken the form of fierce, destructive obsessions leading some to stop eating, to relentlessly control what they eat, or to eat so much as to damage themselves, turning this vital act into a threat to a healthy, well-adjusted life. Succinct and dense with meanings, science historian and philosopher Paolo Rossi Monti's (1923-2012) book Eating shows faces of hungry children alongside serial killers who eat the bodies of their victims.

Monti tells us about the fasting rituals of female saints and stories of cannibals. He describes the fat-swollen bodies of the obese and the emaciated bodies of anorexic boys and girls. He recounts that the cult of Ana, a monstrous deity who advocates anorexia as a heroic choice and symbol of a superior way of life, coexists with the seemingly joyful philosophy of 'slow food', whose principles dictate food etiquette. All these representations, which seem so incompatible, are in fact inextricably intertwined. Our minds need to know how to grasp and interpret such contradictory associations because when they do not, we become ill.

Different disorders, the same obsession

If 'eating is an intimate relationship', to quote American philosopher Robert Nozick's famous words, it is precisely this feeling that is lacking when our use of food becomes distorted and we develop an eating disorder. When its natural familiarity is disrupted, food will also lose all its relational, social and cultural qualities and become an obsession. As per the word obsession's etymological meaning – derived from the Latin obsesso, meaning 'siege' – the obsessed person will feel besieged by the idea of food in both thoughts and behaviour. Various extreme-control practices may then develop, leading eventually to an inevitable loss of control as they became so extreme that they are unsustainable.

Whatever the type of eating disorder, you can understand if you have a problem by asking yourself a single question – 'How much do I think about food during the day?' 'All day long, I can't think of anything else', is the answer of both people who eat too little and those who eat too much, as well people as whose food choices are absolutely dictated by their concerns about their health. From a phenomenological point of view, eating disorders can be expressed on scales ranging from hunger to extreme satiety, from starvation to obesity, or from hyperactivity to immobilism, but all eating disorders have the same obsession in common.

Our relationship with food takes the form of recurring thoughts that torment and leave no room for anything else.

One of the first times I encountered a mild eating disorder was during my early college years, when I shared a flat with a classmate who was perpetually on a diet. Every night before bed she would say, ‘Please, let’s talk about food and all the best meals we could eat now’. She was lost in improbable fantasies, imagining delicious and refined dishes, or sweet snacks to greedily enjoy. She seemed so much like someone suffering the most acute pains of love and being kept apart from their beloved, either because of believing themselves rejected or because they couldn’t find the courage to express their feelings to their loved one. Even in romantic relationships, when feelings become obsessive, people swear they would do anything for their beloved, when in fact they avoid them, isolating themselves in forced solitude, or control the beloved, driven by overwhelming jealousy.

Something similar happens with food. Sometimes, a person will avoid it, saying they don’t need it, relying on an idea of unrealistic self-sufficiency. Or they are convinced they don’t deserve it, casting themselves as a disappointed and frustrated victim, whose fate seems inevitable. Either way, they say that they cannot or don’t want to eat, and refuse to share a table with family members or take part in social events. In other cases, people eat a little all the time, as if it were never enough and they don’t want to be deprived even for a moment. They may always want to be experiencing a taste or smell that makes them feel at least a little alive, and that they are not alone. In the meantime, they become disconnected from ‘real-life’, the life lived through interactions and emotions.

In other cases, everything seems under control, because the person with the disorder knows the nutritional values of each food. They may impeccably follow a healthy diet, and believe themselves part of the ‘happy organic society’. At times the plan holds up and they live in a rigidly controlled way. Often, however, they find themselves in the evening secretly devouring foods that they forbade themselves all day.

‘The evening is my time. Time for me – and all the sweets in the world. At that moment only I can be really happy’, I was once told by a young woman who had healthy-eating rules imposed by her family throughout her childhood. In all these scenarios, obsession and control not only take the place of interaction and relationships, they actually prohibit them.

Free to sit at the same table

Food is our species' vital fuel. It also represents the very first, an essential bond of trust that every human being makes, with their family and with the society they belong to. For this reason, eating disorders seem to indicate the disruption of trust that every human being has with their loved ones. Eating disorders express the sufferers' difficulty in regulating a balance between social integration and autonomy. Trust, created by the need for social integration, conflicts with a need for self-individuation that expresses itself through symptoms, rather than by developing an autonomous identity. By rejecting or controlling food, the person challenges the social bond and tries to look for their own identity. A symptom acts for a while as a surrogate of personal identity.

A few days ago, at a patient's suggestion, I watched a recent American film about anorexia nervosa. The film was heavily criticised for treating the disease in a superficial and stereotypical way, but one scene struck me. It was of a mother's words to her daughter, whose weight had become very dangerously low, the daughter was almost slipping through her fingers. I take the licence with those words below to reinterpret them in the context of this post.

'I made so many mistakes as a mother. Unfortunately, I have still not understood some of them, while, with regard to others, I'm trying to change as much as I can. I love you so much and I am so desperate because I don't know how to get close to you and help you anymore. I love you so much and I have come to the conclusion that I have to accept your freedom to express yourself through the intensity of your suffering.'

If for a moment we pause to reflect on the dramatic nature of this message, we can understand that this mother has now deeply understood and accepted that her daughter is free, and she cannot stop her suffering but she has to try to acknowledge and understand it, helping her to express her own needs. All the feelings must be taken seriously in order to rediscover vitality, which is the freedom to experience spontaneous feelings including anger, grief and despair.

This dialogue shows us how contradictory, even tragic, the parenting relationship is. On the one hand it demands the most intense filial love, while on the other this same love must help the child to detach herself from the mother, grow up and become completely autonomous and independent. It is easy for a mother to love her child before this process of separation begins. It is difficult, however, to both love the child and simultaneously want to let her go, to be free to manage her own life.

The mother acknowledges her daughter's right to develop her own distinct personality and support her throughout the intense suffering provoked by the eating disorder, without imposing her views and dictating the pace of her recovery.

I believe these considerations apply to all relations which seek to evolve according to principles of reciprocity and respect, rather than control and submission. Fully recognising another person's right to live as an autonomous individual means saying, 'You don't have to be as I want you to be. On the contrary, I will stand by your side and encourage you to become whoever you want.' On the other hand, the other must be able to say, 'I will stop trying at all costs to be as you want me to be.' Only when we acknowledge the freedom of another person and stop attempting to control or avoid them can we begin to truly respect them and their needs. And only then will it be joyful and nurturing to sit together at the same table.

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Quest for identity: recovering from eating disorders

The soul needs a place

This quote – The soul needs a place -, by the Greek philosopher Plotinus (204/5-270 BCE), hangs at the entrance to the inpatient eating disorder service in Todi, Italy, which I visited for the first time in 2006. The service admits both adults and young people for a few months at a time, and I recall my surprise at how little it resembled a hospital; it's warm and nurturing – almost homely – the atmosphere was designed to provide an appropriate environment to foster recuperation and recovery, to allow inpatients the space to be restored to physical and psychological health and to reconnect with themselves.
My experience came at the beginning of my clinical doctorate when I went out into the field for the first time.

From the lectures, I understood that eating disorders lead the sufferer to reject, or abuse, one of the most elemental ingredients of our lives – food.

I was also struck by how eating disorders affect the mind as well as the body, highlighting the importance of the circular connection between these two parts of our selves. A general lack of awareness of the illness, in conjunction with the degree of severity that this disorder can reach, was simultaneously both extremely upsetting and fascinating from a psychological perspective.

It is one of the few mental illnesses from which, initially, a patient has little motivation to recover. The link that a patient often establishes between the condition and his or her sense of identity is characteristic, as is the related feeling that it somehow makes them special, or unique. One of the first steps with a patient is consequently to help them to recognise that unhelpful thoughts, revolving around the body and food, belong to an illness.

Although there may be some variation in the detail of the clinical presentation related to age and gender, the core features are consistent across the age spectrum. What is being expressed through weight and shape concerns and unhelpful eating behaviour/patterns is essentially a quest for identity, starting with this question: "Am I good enough?" The immediate answer

from loved ones is naturally “Yes, of course”. The way in which we can reinforce this message, and for those we love to actually believe it, is through a complex personal growth process in which every one of us – parents, relatives, teachers, coaches, professionals -is involved.

The message and the emotions that they want to express and communicate through their bodies are another essential focus of psychological work. They display extreme behaviour such as excessive dieting, intense physical activity, and self-harm. The attention that they pay to their own bodies can consequently easily metamorphose into an obsession.

In a psychological session with a young girl suffering from anorexia, it is crucial to ‘read between the lines’, as what is said is frequently contradicted by reality. An insistence that they are ‘perfectly well’ is common, as is an apparent unconcern with their deteriorating physical condition.

The main question I ask a patient to understand the severity of their condition is: *How much time do you spend thinking about what you eat and how you look?* Often the answer is *all the time, apart from when I sleep*.

Subsequently, the focus of the work is helping them to externalise the illness. *Is it you or the anorexia’s voice speaking?* This question is often met with hostility, even anger, as they are unable to distinguish between themselves and the disorder. Eventually, however, they will begin to adopt similar language to the practitioner when discussing their condition. The approach is always motivational: They need to feel that they are not being forced into changing, as this will usually trigger a powerful urge to resist.

Despite working in this field for many years, it remains a challenge. The results of my work are often only seen years later when I receive letters from patients thanking me and stating that – at the time of treatment – they did not allow themselves to openly acknowledge my words, but that they were nevertheless listening. Moments like this serve to reinforce my conviction that I am on the right path.

To quote Georges Bernanos, *When the youth cool off, the whole world will chatter their teeth.* We all need to try to respond to the ‘call’ of young people. Parents need to be informed

of the defining characteristics of their children's difficulties and to remember that they are an essential ally in the prevention and treatment process.

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