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BOOK REVIEW

Skillful Avoidance

REVIEW OF *Abject Relations: Everyday Worlds of Anorexia* by Megan Warin

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COVER PHOTOGRAPHY Parinaz Adib of works by unknown graffiti artists

Skillful avoidance

Megan Warin. *Abject Relations: Everyday Worlds of Anorexia*. New Brunswick, NJ: Rutgers University Press. 2010. 229 pages.

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Biomedical institutional perspectives on patients' experiences with eating disorders coalesce within metanarratives of objectivity and deviance, thus deepening the chasm between established 'norms' and the patients' own perceived "abject relations" (Warin 2010) with their bodies and food. Simultaneous repulsion and desire fuel an exploration of these abject relations with food as a life-sustaining contaminant, an obsession with purity through emptiness, and dissociating one's identity from the "disgusting" body (Warin 2010:128-151). Warin distances this ethnography from the "carnavalesque image" of anorexia (Warin 2010:9) which dominates the mass media by contextualizing the participants' lived experiences within constructed illness narratives. Instead of stripping the sufferer's agency by depicting the female body fracturing under societal pressures to maintain bodily control, Warin highlights the role of agency in the complex relationship of repulsion and desire within anorexia's hierarchical structure (Warin 2010:71-74). Warin acknowledges her own nursing background, but endeavors to de-medicalize the public perception of the female body by examining the abusive relationship between her informants (primarily from the Lane Cove residential treatment facility) and "Ana"—or their personification of anorexia. This book review will discuss the efficacy of Warin's innovative ethnographic approach to anorexia, focusing on the use of the "individual body" paradigm (Lock and Scheper-Hughes 1987), ambiguity of concepts regarding anorexia, the ethnographer's position, and the exclusion of particular discursive sociopolitical frameworks.

The individual illness experience

Warin ventures beyond "psychiatric pathology" into the contradictory realm of lived experience in order to extinguish the "psychiatric ownership of anorexia" (Warin 2010:46) by (re-)introducing agency into the conceptualization of anorexia. She does so by showing how participants, like Emily and Josie, choose to purge to obtain an elusive sense of 'purity' through the expulsion of literal and symbolic waste. It is in this way that Emily seeks temporary relief from the stresses of low self-esteem by purging to feel pleasantly "empty" (Warin 2010:133), as opposed to merely succumbing to a pathological desire to be thin (Bordo 1993; Greenhalgh 2012). Warin's emic perspective, obtained through multi-sited interviews and participant-observation at Lane Cove, affords the disciplines which study and treat anorexia (namely, psychiatry, biomedicine, and medical anthropology) a deeper understanding of the patient's motives and the role of individual agency in an abusive intimate relationship with "Ana" (Warin 2010). Gaining access to participants in the field required some flexible maneuvering on the part of the anthropologist through the biomedical system's gatekeeping (Warin 2010:30-35), as Warin faced limited access to certain patients based on clinicians' diagnoses and 'expertise'. However, by cultivating relationships with each participant (often through one-on-one interviews due to the inherent secrecy of anorexic practices such as hyper-selective consumption and compulsory

purging) (Warin 2010:175–178), she is able to focus on each participant’s “individual body,” or their phenomenological lived experiences (Lock and Scheper-Hughes 1987). Thus, Warin’s reconceptualization of anorexia consciously strays from fragmenting biomedical discourses that strip agency from the sufferer by depicting the female body fracturing under societal pressures to maintain bodily control.

The anorexic hierarchy of purity and secrecy (Warin 2010:71–74) exemplifies agency’s role in the complex interactions between repulsion and desire. For example, the participants at Lane Cove envy newcomer Josie’s thinness as it represents her membership of the seductive secret club, free from the ‘pollution’ of ‘recovery’ (Warin 2010:83–85). This hierarchy of ‘pure,’ or restrictive, anorexia (Warin 2010:131) solidifies the notion that these patients are not merely pathological subjects attempting to conform to societal pressures, but members of a culture which values cleanliness and despises the “disgusting” body and its functions (2010:128–151). However, belonging to this exclusive group requires “self-discipline” (Foucault 1980) in regards to the fluidity between the desire for sustenance and the repulsion of food’s bodily intrusion. Warin reflexively analyzes her own ‘taken-for-granted’ daily food practices with respect to her participants’ highly ritualized consumption (Warin 2010:52–58), wherein the specificity of their food selection becomes the “central focus of their worlds” (Warin 2010:51). Furthermore, Warin’s pregnancy during a portion of her fieldwork facilitated a unique understanding of her participants’ experiences with the transformation of the female body into a public figure: an object for the biomedical gaze (Foucault 1973) and popular discussion. Her emic insight within the “individual body” context (Lock and Scheper-Hughes 1987) problematizes the dialectic between perceptions of the body and lived experiences. That is to say that the participants’ narratives depict the ambiguity of a tumultuous personal relationship with the body as a simultaneous temple of purity and public site of contamination which prompts them to make particular choices, such as avoiding food or purging.

Thematic relevance of ambiguity

The organization of this ethnography effectively counteracts the potential threat of ambiguity within the framework of “abjection” (Warin 2010: 115). There is a very clear, linear progression following the introduction of the theoretical framework and embodiment, into the contradictions within anorexia and ideals of ‘purity’, and ending with a reflexive conclusion. Warin notes others’ critiques against Kristeva’s universalist generalizations and the inherent ambiguity within the notion of “abjection” (2010:115). This concept offers both a framework for examining relationships within the context of anorexia and a window into the tenuous grasp one can actually have on such a fluid construct. That is to say that the immense obscurity of the notion of “abjection” appropriately illuminates the complexities of anorexia. Warin emphasizes the importance of moving beyond reductionist binary views of individual and social relationships, particularly those equating physical appearance with conceptions of identity and self-worth. Participant Elise’s concern that fats may seep into her skin and contaminate her body (Warin 2010:123) exemplifies this complex contradictory dialogue between what one considers ‘rational’ (2010:53), and the participant’s illness experience (the uncontrollable fear of contamination). Warin further illustrates the central role of ambiguity in anorexia by demonstrating the characteristic ambivalence of participants’ relationships with their bodies: for instance, the impulse to disappear, as one informant, Ellen,

wants to do (Warin 2010:138–139); and the subsequent irony of the increased visibility of the anorexic body, evidenced by Jemma’s hostile encounter in Australia (2010:66–67). In an interview, Jemma recounts her unexpectedly volatile interaction during a vacation in which passers-by yelled obscenities and critiqued her physical appearance as an “anorexic” (Warin 2010:66–67), thereby contextualizing the unsolicited scrutiny of a ‘public’ female body (Bordo 1993; Greenhalgh 2012) based on the perceived pathology of Jemma’s weight.

Additionally, Warin confronts the ambiguity of her role as a researcher within the context of ethnography. She expresses concern that her background as a nurse may interfere with participants’ willingness to disclose information to her (Warin 2010: 33–35). Thus, the anthropologist must not only contend with her position’s effects on research outcomes, but also consider the ethical implications of her involvement in potentially harmful practices. For example, one participant, Natalia, breaks down after recounting her sexual assault, prompting her to exhibit potentially dangerous behavior, such as leaving her door wide open when she lives alone (Warin 2010:3–35). In this instance, Warin closes the door and contacts the head nurse the next morning, but interferes no further. What are the ethical obligations of a fieldworker in these situations? Where might a researcher draw the line for intervening in “life-threatening” situations, particularly given the established risks of conditions such as anorexia? The ambivalence of her position in the field distinguishes this ethnography as an analytical work of meaning-centered anthropology (Baer and Singer 2012:38–39), as she does not interfere or attempt to implement any measures of prevention or intervention with regards to the participants’ health.

Exclusion of discursive frameworks

In an attempt to avoid mainstream analyses’ confinement of eating disorders within popular cultural “primitivism” and exoticization of the “skeletal” anorexic “Other” (Warin 2010:181–183), Warin does not delve into the greater social and political contexts of anorexia. Therefore, she does not reflect much on ‘sickness’—the symbolic representation of the individual body within society (Stephens 2012)—unless a participant mentions it directly. For instance, Natalia offers an analysis of her place in society by reflecting on a cultural fear of death and the public’s subsequent adoption of either a messiah complex or the active abhorrence of skeletal figures which represent a desire for death (Warin 2010:67). Moreover, Warin acknowledges Foucault’s (1973) theoretical framework regarding biopower, medical institutions, and discipline. This illuminates the institutional impact of biomedicine on the individual, often with the intent of facilitating behavior modification (just as the Lane Cove residential treatment facility monitors anorexic patients’ eating habits, hoping to modify their daily food practices). Foucault (1973) also highlights manifestations of knowledge production and power relations within the “dependence” of individuals on the “expertise” of medical professionals who have privileged access to views of the body that are inaccessible without an intricate understanding of biotechnologies, such as MRIs and CT scans (Pfaffenberger 1998, Taussig 1992:83–87). However, Warin chooses to focus on the phenomenology of the “individual body” and the internalization of social relationships (that is, with other people, food, and “Ana”) instead of the “body-political”, which explores the “individual and collective surveillance and regulation of bodies” (Lock and Scheper-Hughes 1987). This limited perspective does not

allow for relevant critical analysis of the production of “docile bodies,” or bodies which modify their behavior in accordance with established norms, (Foucault 1980) as a result of the medical gaze. That is to say that the “tyranny of slenderness” (Bordo 1993) perpetuated by the epitomizing of weight loss and self-control by the mainstream media may hold relevance to the illness experiences of these participants’ self-discipline (Foucault 1980). Furthermore, Greenhalgh’s (2012) analysis of America’s “war on fat” highlights the appropriation of scientific discourses in popular culture to discuss the dangers of obesity and establish the “slender, healthy body” as the norm, demanding compliance for the sake of “good health” (Bordo 1993:185–189; Foucault 1975:97–100; Greenhalgh 2012). Pursuing a potential underlying discursive motivation for one’s purging practices does not strip the individual of agency or downplay the importance of embodied experiences; rather, it provides sociopolitical context for such actions. Thus, choosing to engage the discursive frameworks of Bordo and Foucault would provide a more holistic interpretation of the participants’ experiences.

Finally, Warin’s recognition of an inability to neatly define anorexia (or confine it within a specific set of criteria and practices) immediately places this ethnography at odds with the biomedical institutional approach to treatment. The language used to refer to patients’ experiences differs from patient to practitioner (Warin 2010:104), as doctors and psychiatrists constantly equate purging with “getting thin” in an effort to succinctly match cause with effect. Warin highlights the ways in which this undermines the fluidity of the disorder. For instance, a common thread among participants’ motives behind purging is a desire to rid their bodies of the contaminating forces of food. Even the participants downplay the medical system, as Beth (an informant) states that her skin lesions from self-inducing vomiting are “only medical signs . . . not what it’s really about” (Warin 2010:132). This view of biomedicine allows for a de-medicalization of the eating disorder which has been marginalized within medical terminology by emphasizing the individual’s agency as opposed to defining them by psychiatric pathology. However, a certain amount of relativism to the ethnomedical practices and methodologies of the practitioners in these treatment facilities—or recognition of their contextual validity with regard to scientific understandings of the effects of anorexia—would have further enriched the perspectives within this research.

Conclusion

Warin’s emic perspective de-medicalizes the body by using illness narratives to understand participants’ experiences in their own context. This analysis discusses the efficacy of Warin’s focus on the “individual body,” the thematic use of ambiguity to enrich the understanding of the inherent contradictions of the anorexic illness experience, and the consequences of excluding discursive frameworks. By choosing not to incorporate in-depth analyses of Bordo’s and Foucault’s models, Warin ignores the foundation of the hegemonic power of the biomedical gaze: she avoids it in order to re-humanize anorexia. The biomedical accumulation and control of “specialized” knowledge of the body perpetuates a discourse of “scientific objectivity” (Foucault 1980) that discourages questioning disease labels. However, Warin attempts to subvert this dominance by examining the individuals’ contradictory experiences and the ambiguity of their relative positions in society.

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