THE SOCIAL CONSTRUCTION OF ANOREXIA NERVOSA

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THE SOCIAL CONSTRUCTION OF ANOREXIA NERVOSA
INQUIRIES IN SOCIAL CONSTRUCTION

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Introduction

At first it seemed strange to me how the apparent obviousness of disease and its manifestations inside the body had eluded scientific discovery for so long. How had pre-Enlightenment generations failed to see the clearly differentiated organs and tissues of the body? Or failed to link patient symptoms with the existence of localized pathological processes? Or failed to apply the most rudimentary diagnostic techniques of physical examination? My disbelief grew until it occurred to me that perhaps I was asking the wrong questions: the problem was not how something had remained hidden for so long, but how the body had become so evident in the first place.

David Armstrong, Political Anatomy of the Body (1983: xi)

Armstrong reflects on a time when he had wondered how so many things had eluded scientific discovery for so long, and his realization that his disbelief was a product of the kinds of questions that he had been asking. By asking different questions about how the body had become so evident, Armstrong became engaged with an analysis of the construction of knowledge and the particular construction of knowledge about the body in medical science. In other words, what we see as a phenomenon and how we understand it is always based on knowledge that is imbued with a history of language use and meaning. In this book I examine the particular construction of knowledge through which anorexia nervosa emerged as a psychiatric phenomenon.

Sir William Withey Gull (1816-90) was one of an exclusive group of eminent British physicians of the late nineteenth century who is credited with the discovery of anorexia nervosa. Originally training in medicine at Guy's Hospital London, William Gull obtained his MB degree in 1841 and gained honours in Physiology, Comparative Anatomy, Medicine and Surgery. In 1842 Gull was appointed to teach Materia Medica at Guy's Hospital, and he received from the Treasurer, Mr Harrison, a small house and a hundred pounds a year. In the following year Gull was appointed Lecturer in Natural Philosophy and contributed to the care of the patients on the wards of Guy's. Gull continued to study for some years and in 1846 gained his MD degree at the University of London, and the gold medal, the highest honour in medicine which the University can confer (Acland, 1894). In 1847 he was elected Fullerian Professor of Physiology at the Royal Institution of Great Britain, in 1858 he became full Physician, and throughout the following years his career is marked by numerous achievements and prestigious appointments. Gull was appointed Lecturer in Medicine at Guy's in 1856 until 1867, a Fellow of the Royal Society in 1858, was President of the Clinical Society between 1871 and 72, a Consulting Physician to Guy's Hospital in 1871, and increasingly served on administrative bodies, such as the Senate and the General
Medical Council of the University of London. Gull's prestigious career culminated in 1872 when he became Physician to Queen Victoria.

For many years between the 1850s and 1880s Gull had a particular interest in the scientific study of dysfunction of the gastric system. Examples of Gull's papers include 'Chronic ulcer of the stomach' and 'Fatty stools from disease of the mesenteric glands'. During the autumn of 1868 Gull delivered 'The Address in Medicine' to the members of the British Medical Association at their annual meeting at Oxford, England. During 'The Address' Gull made the first reference to a condition marked by the severe loss of appetite and described 'young women emaciated to the last degree through apepsia hysterica'. In a later paper, published in the *Transactions of the Clinical Society* (1874), Gull refers to his earlier work on the loss of appetite. Here, Gull furnishes his audience with more detailed case description, such as:

Miss B., aged 18, was brought to me Oct. 8, 1868, as a case of latent tubercle. Her friends had been advised accordingly to take her for the coming winter to the South of Europe. The extremely emaciated look, much greater indeed than occurs for the most part in tubercular cases where patients are still going about, impressed me at once with the probability that I should find no visceral disease. Pulse 50, Reps. 16. Physical examination of the chest and abdomen discovered nothing abnormal. All the viscera were apparently healthy. Notwithstanding the great emaciation and apparent weakness, there was a peculiar restlessness, difficult, I was informed, to control. The mother added, 'She is never tired.' Amenorrhoea since Christmas 1866. The clinical details of this case were in fact almost identical with the preceding one, even to the number of the pulse and respirations. (1874: 23–4)

In this paper Gull draws the conclusion that he was observing similarities across a number of cases and that his earlier reference to 'apepsia hysterica' should be more correctly named 'anorexia nervosa'. Gull's discovery of anorexia nervosa resulted from his identification of the consistent absence of gastric dysfunction which he subsequently used as sufficient evidence to attribute the loss of appetite to a morbid mental state.

The moment when Gull defined loss of appetite as anorexia nervosa in 1874 is immensely significant because prior to this time self-starvation had been associated with several different traditions of thinking including theology, anatomy and folklore. Following Gull's 1874 paper self-starvation became widely known as anorexia nervosa, a psychomedical condition, and for well over a hundred years regarded as the moment when anorexia nervosa was discovered. A major consequence of this discovery was that the course of subsequent enquiry about anorexia nervosa became confined to medical science and particularly the developing field of nineteenth century psychiatry. Anorexia nervosa was swiftly accepted as a psychiatric phenomenon that resulted from psychopathology. The influence of this early classification has continued through to the late twentieth century and the categorization of anorexia nervosa within the *Diagnostic and Statistical Manual of Mental Disorders—IV Revised (DSM-R)* (American Psychiatric Association, 1994). (See Box I.1.)
Box I.1  *Diagnostic criteria for 307.1 Anorexia Nervosa*

A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).

B. Intense fear of gaining weight or becoming fat, even though underweight.

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 denial of the seriousness of the current low body weight.

D. In postmenarcheal females, amenorrhea, i.e. the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur following hormone, e.g. estrogen, administration.)

*Specify type:*

Restricting Type: during the current episode of Anorexia Nervosa, the person has not regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Binge-Eating/Purging Type: during the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

My aim is to challenge the dominant conceptualization of anorexia nervosa as a psychopathology. In writing this book I am not concerned with arguing for the recognition that various social and cultural aspects of western societies contribute to the onset of anorexia nervosa. Rather, my central thesis is that the dominant psychiatric definition of anorexia nervosa is socially constructed through discourse or, in other words, regularly occurring systems of language. Throughout *The Social Construction of Anorexia Nervosa* I examine the ways in which different forms of knowledge emerged during specific historical periods in western societies to construct anorexia nervosa as an object of medical science. Further, I examine how explanations of anorexia nervosa accorded with the dominant ideas of science, medicine and women. I explore the interrelations that exist between these forms of knowledge, the use of language and social practices.

Discourses involve practices that position the subjects of the diagnosis of anorexia nervosa in particular ways and in turn reproduce dominant ideas about the phenomenon. In the case of anorexia nervosa particular discourses coalesced during the late nineteenth century to produce a set of statements and practices that later established medicine, psychiatry and psychology as having the capacity both to explain the loss of appetite in women and to intervene in specific ways to change their behaviours.
Introduction

These discourses explain and justify the practices within the human science disciplines such that they appear as the taken-for-granted and 'natural' understandings of phenomena. Discourses also operate across disciplines, linking beliefs, values and expectations together, especially when they refer to social groups, such as women, gay and lesbian groups, and groups who are stigmatized because of disease. Therefore, parallel to a historical analysis of these medicalizing discourses runs an analysis of the positioning of women as subjects within the discourses of medicine, psychiatry and psychology.

My analysis of language and practices through which anorexia nervosa emerged is informed by several schools of thought in the social sciences and humanities, including poststructuralism, feminism and psychology. I will briefly introduce one of these schools that is most pertinent to my analysis under the heading, poststructuralism, and particularly the writings of the French philosopher of language Michel Foucault. I will then go on to describe the structure of the book and the different ways of reading the central thesis.

Poststructuralism and the analysis of language

Poststructuralism is a philosophical movement that draws on numerous disciplines such as linguistics, literary studies, sociology, social psychology and cultural studies to analyse the ways in which phenomena are constructed through structures of language. Structuralism considers language and the role of social structures to be the most important factors in the construction of consciousness, and the subsequent shaping of human autonomy (Sturrock, 1986). Poststructuralist theory developed from structuralism, not as an antithetical movement, but developed in relation to specific schools of socio-political thought and their analyses of the significance of language and social practices. Michel Foucault’s philosophy of language is a form of post-structuralist analysis in which discourses are specific to historical and social periods and in turn become reproduced through relationships between power, knowledge and institutional authority. I draw on Foucauldian analysis to examine the construction of anorexia nervosa, by systematically analysing key historical texts about anorexia nervosa to trace how it became defined as an object of science, and the positions made available to women, and in some instances men, as subjects of that definition. My analysis builds a critical framework for reconceptualizing anorexia nervosa by documenting the ways in which language is used to explain, justify and reproduce particular social practices. The historical, social and cultural dimensions of anorexia nervosa have traditionally been regarded within the human sciences as being influences on individual behaviours and separable from subjectivity. I challenge the notion that anorexia nervosa is separable from the social practices through which it became defined and understood as a predominantly psychomedical condition.

The deconstruction of anorexia nervosa enables us to ask different