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## Sensuous Bodies

### Theoretical and Empirical Perspectives on Disordered Eating

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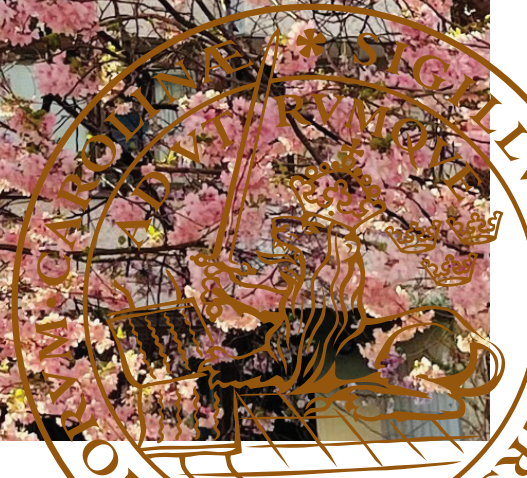
A low-angle photograph of a large tree with thick, dark branches heavily laden with vibrant pink cherry blossoms. The blossoms are in various stages of bloom, with some showing yellow centers. The background is a clear blue sky with some light clouds. The overall mood is serene and beautiful.

# Sensuous Bodies

## Theoretical and Empirical Perspectives on Disordered Eating

LO FOSTER

FACULTY OF SOCIAL SCIENCES | DEPARTMENT OF PSYCHOLOGY | LUND UNIVERSITY





## Sensuous Bodies





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## Theoretical and Empirical Perspectives on Disordered Eating

Lo Foster



**LUND**  
UNIVERSITY

### DOCTORAL DISSERTATION

Doctoral dissertation for the degree of Doctor of Philosophy (PhD) at the Faculty of Social Science at Lund University to be publicly defended on 27th of May at 13.00 in Eden Hörsal, Allhelgona kyrkogata 14, Lund.

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**Abstract:** The body holds relevance for psychology. The body is the basis, always in the background of our experiences, our states of mind, and therefore always in the background of psychopathological conditions. A better understanding of the body's significance is a first starting point. A main argument made in the thesis is that if we sincerely want to understand psychopathological states we need some basic knowledge of what having and being a body entails, and how foundational this experience is. Sensuousness and perception are key to understanding the body. But perceptual and sensual experiences can be difficult to formulate in words and in a way that is intelligible. By taking this difficulty into account, and by using tact and sensibility when describing and researching the body in psychology, it is possible to develop knowledge of psychopathological states that affect embodiment and how we move about in the world. The point is that a conscious handling of the body is required when we research so that the experiential aspects of embodiment are not lost or reduced. Another argument developed in the thesis is that the experience of the body contains more aspects than those captured in studies of body image, i.e. studies on how satisfied or dissatisfied a person or a group of individuals are with their body. Since empirical studies on disordered eating have mainly investigated body dissatisfaction, the picture is somewhat blurred when it comes to the experience of the extensive bodily changes that teenagers go through during and after puberty. Are there other aspects of what it means to be and live with the body that we have forgotten? And is measured body dissatisfaction really the most useful tool for understanding disordered eating in adolescence? The contribution to the field is a validated questionnaire with the aim of measuring experiences of embodiment adapted for adolescents; a new theory of how seemingly different aspects of bodily experiences are synthesised and how this is a prerequisite for embodiment, and finally; a phenomenological account of aspects of anorexia nervosa that describes a state called *hunter mode*. In hunter mode, the mind is in crystal clear presence and readiness, it is a state of intense, intoxicating experiencing, and where embodiment is reanimated. The studies constitute an invitation to more research in psychology that includes the body. By grounding our psychological studies in the body or embodiment, one can find answers of a different kind than would be possible if the body is omitted.

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# Sensuous Bodies

Theoretical and Empirical Perspectives  
on Disordered Eating

Lo Foster



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*For Nano,  
philosopher originaire*



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# Abstract

The body holds relevance for psychology. The body is the basis, always in the background of our experiences, our states of mind, and therefore always in the background of psychopathological conditions.

A better understanding of the body's significance is a first starting point. A main argument made in the thesis is that if we sincerely want to understand psychopathological states we need some basic knowledge of what having and being a body entails, and how foundational this experience is.

Sensuousness and perception are key to understanding the body. But perceptual and sensual experiences can be difficult to formulate in words and in a way that is intelligible. By taking this difficulty into account, and by using tact and sensibility when describing and researching the body in psychology, it is possible to develop knowledge of psychopathological states that affect embodiment and how we move about in the world. The point is that a conscious handling of the body is required when we research so that the experiential aspects of embodiment are not lost or reduced.

Another argument developed in the thesis is that the experience of the body contains more aspects than those captured in studies of body image, i.e. studies on how satisfied or dissatisfied a person or a group of individuals are with their body. Since empirical studies on disordered eating have mainly investigated body dissatisfaction, the picture is somewhat blurred when it comes to the experience of the extensive bodily changes that teenagers go through during and after puberty. Are there other aspects of what it means to be and live with the body that we have forgotten? And is measured body dissatisfaction really the most useful tool for understanding disordered eating in adolescence?

The contribution to the field is a validated questionnaire with the aim of measuring experiences of embodiment adapted for adolescents; a new theory of how seemingly different aspects of bodily experiences are synthesised and how this is a prerequisite for embodiment, and finally; a phenomenological account of aspects of anorexia nervosa that describes a state called *hunter mode*. In hunter mode, the mind is in crystal clear presence and readiness, it is a state of intense, intoxicating experiencing, and where embodiment is reanimated.

The studies constitute an invitation to more research in psychology that includes the body. By grounding our psychological studies in the body or embodiment, one can find answers of a different kind than would be possible if the body is omitted.



## Svensk sammanfattning

Kroppen har relevans för psykologi. Den är basen, alltid i bakgrunden av våra upplevelser, våra sinnestillstånd, och den är därmed alltid med i bakgrunden av psykopatologiska tillstånd.

En bättre förståelse för kroppens betydelse för vår tillvaro och vårt varande är en första utgångspunkt. Ett huvudargument som förs i avhandlingen är att om psykopatologiska tillstånd som berör ens kroppslighet ska bli mer begripliga, så behöver vi en grundläggande kunskap om vad det är att ha och vara en kropp, samt hur basal denna upplevelse är.

Sinnlighet och perception är nyckeln till att förstå kroppen. Men perceptuella och sinnliga upplevelser kan vara svåra att formulera i ord och på ett sätt som är begripligt. Genom att ta hänsyn till denna svårighet, och genom att använda vår fingertoppskänsla när vi beskriver och forskar om kroppen och kroppslighet i psykologi, är det möjligt att utveckla kunskapen om de psykopatologiska tillstånd som berör kroppsligheten och hur vi rör oss i världen. Poängen är att det krävs en genomtänkt hantering av kroppen när vi forskar så att de upplevelsemässiga aspekterna av kroppslighet inte går förlorade eller reduceras.

Ett annat argument som drivs i avhandlingen är att upplevelsen av kroppen innehåller fler aspekter än de som fångas om man enbart studerar kroppsbilden (eng. body image), som undersöker hur nöjd eller missnöjd man är med den egna kroppen. Eftersom empiriska studier på stort ätbeteende (eng. disordered eating) främst undersökt kroppsmissnöje eller utseendefixering, är bilden något oskarpt när det gäller upplevelsen av de omfattande kroppsliga förändringar som tonåringar genomlever under och efter puberteten. Finns det andra aspekter av vad det är att vara och leva med kroppen som inte synliggjorts? Och är verkligen uppmätt kroppsmissnöje det mest användbara för att förstå stort ätbeteende i tonåren?

Bidraget till fältet är ett validerat frågeformulär med syfte att mäta upplevelser av kroppslighet anpassat för ungdomar; en ny teori om hur till synes olika aspekter av kroppsliga upplevelser syntetiseras och hur detta är en grundläggande förutsättning för kroppsligheten, och slutligen; en fenomenologisk redogörelse av aspekter av anorexia nervosa som beskriver ett tillstånd kallat *hunter mode*. I hunter mode står sinnet i kristallklar närvaro och beredskap, det är ett tillstånd av intensiva upplevelser och rus där kroppsligheten väcks till liv.

Studierna utgör en invitation till mer forskning inom psykologi där kroppen ingår. Genom att utgå från kroppen och kroppsligheten i psykologiska studier, kan man finna svar av ett annat slag än vad som vore möjligt om kroppen utelämnas.

## List of studies

This thesis consists of a summary and the following three papers, which are referred to by their Roman numerals

### *Study I*

Foster, L., Lundh, L. G., & Daukantaitė, D. (2025). Embodiment and psychological health in adolescence. 1. Development and validation of a brief 12-item questionnaire to measure the experience of embodiment. *Journal for Person-Oriented Research*, 11(1), 10-24. <https://doi.org/10.17505/jpor.2025.27576>

### *Study II*

Lundh, L. G. & Foster, L. (2024). Embodiment as a synthesis of having a body and being a body, and its role in self-identity and mental health. *New Ideas in Psychology*, 74. 101083. <https://doi.org/10.1016/j.newideapsych.2024.101083>

### *Study III*

Foster, L. & Lundh, L. G. (in press). Readiness for the Leap – Hunter Mode in Anorexia Nervosa. *Philosophy, Psychiatry, & Psychology*.

## Author's contribution

### *Study I*

Initiating the project of studying embodiment. Theoretical conceptualisation, reviewing of literature and development of scale. Drafting and writing of manuscript. Corresponding author.

### *Study II*

Theoretical conceptualisation and reviewing of literature. Writing and revising of manuscript.

### *Study III*

Theoretical conceptualisation and reviewing of literature. Drafting and writing of manuscript. Corresponding author.

Old longings nomadic leap,  
Chafing at custom's chain;  
Again from its brumal sleep  
Wakens the ferine strain.

# Introduction

**Within the body** lies the outline of the human condition. Psychology has tried to understand the body as an energetically charged, spirited potential since the days of early psychoanalysis. Despite this, it seems that our experiencing body is curiously cut off from much of modern psychology. Why is that?

**A closer examination** of the bodily experience gleams the answer to the question: it has been surprisingly hard to grasp the experience of the body and its role for psychology. Despite the body's *permanence* in our perceptual awareness, it remains mostly out of focus. People can live through entire days "paying little heed to ... physical sensations or posture" (Leder, 1990, p.1). And despite its permanence, the body has *transitivity*; bearing and conveying all sensuous experiencing which will shift and flow at any given time. At a much slower pace, the body develops and matures, adapts, it changes and pulsates, it has its daily and monthly cycles, rhythms, of feeding, regulating, lubricating, healing.

**These curious qualities** of the body as part of human experiencing and existence have been a recurrent theme within the phenomenological tradition of thought. But when the body is handled without care taken to its capricious and shifting nature, us psychologists have a history of making the body calcify to its least sensuous form; in the studies we conduct and in the theories developed. Like the drama of Psyche and Eros, the vibrant body has a tendency to recede just as we were getting a proper view of its identity. Indeed, the unity of mind and body has a fraught history in philosophy of science, and this too, might be a reason why psychologists have steered clear from ever questioning the lack of pulse in its literature.

**The different ways** of studying the body have a history of its own. In her collection of essays, "Kroppens Tunna Skal", professor in History of Science and Ideas, Karin Johannisson (2001) portrays the cultural history of the body; how the body has been opened, treated and examined over the centuries. For example, human studies of the Renaissance expressed two distinct depictions of the body. On one side was the understanding of the body as a closed-off and definitive *matter*, awaiting medical analysis and delineation. On the other side was the understanding of the body as open to the world, a body charged with existential relevance and meaning, extending itself outwards, a body that both creates and is created by cosmos. The cosmic idea of the body sounds rather poetic to our modern ears, but it is a portrayal that is not

far away from a phenomenological understanding of the body in the work of 20th century philosopher Maurice Merleau-Ponty.

**Maurice Merleau-Ponty** was a philosopher who took the phenomenological study of the body in his own direction by emphasising *perception*, or the body perceiving. Perception unlocked something important for Merleau-Ponty which led him to conclude that the body constitutes a person's entire world. What this means is that even though I am engaged in a world with physical objects that seem independent and separate from me, it is actually my body that perceives and holds within itself all of the "objective" phenomena, all of the objective world. As he puts it, "my pulse beats in them all" (Merleau-Ponty, 1999, p.44).

**Our body** also holds our moving, changing, drifting thoughts, all our sensing and experiencing in the tradition of Merleau-Ponty, some of which are never put to words. The body is therefore the starting point of all psychology and makes it a vital, if not necessary issue for us to grasp.

**The phenomenological thinking** will be described further below. For now, some key characteristics of the body within phenomenology and its potential for psychology will be outlined.

## Phenomenological descriptions of the body

He was mastered by the sheer surging of life, the tidal wave of being, the perfect joy of each separate muscle, joint, and sinew in that it was everything that was not death, that it was aglow and rampant, expressing itself in movement, flying exultantly under the stars.

London

**Phenomenology is a philosophical tradition** that came to life with Edmund Husserl more than 100 years ago. The phenomenological perspective brought new scientific thinking that had a different agenda, a different route to knowledge, compared to the natural sciences of the late 19th, early 20th century. Amongst other things, phenomenology is a scientific exploration of consciousness and the content of experiences (Husserl, 1913/1982).

Through the phenomenological studies of consciousness came interesting understandings of the body. Simply put, the body held relevance and bearings for conscious experiencing as explored by Husserl (1912/1989) in *Ideas II*. Within the phenomenological studies, the body became known as the starting point from which all vitality emanates, forming the entire conscious awareness (Husserl, 1912/1989); mind and body apparently and seamlessly interlaced. Life streams through the body in a "splendid flood", writes Jack London (1903) of the experience of feeling alive.

A more mundane way of putting this: the body holds people's point of view, their thoughts and the tidal flow of liveliness, aspects of being human that previously had been split or severed.

Husserl, and later Merleau-Ponty, drew attention to how the body grasps and tries to make sense of all that it is reaching towards. What in the natural scientific tradition had been seen as a closed off system of biological matter, became in their respective analyses, the starting point of conscious experiencing and personal exploration, opening up the world as an extension of one's own experiences, never separated from the individual themselves and their attempts of making sense of things (Merleau-Ponty, 1999; Husserl, 1912/1989). What this means is that the inquisitive senses stretch towards whatever they focus on, colouring it with a unique palette made of past memories and idle moods.

The most basic intention, or aim, of an individual going about their daily life is enabled by *motility* (Merleau-Ponty, 1999; Husserl, 1912/1989), with movements experienced as a total, indivisible bodily attitude (Al-Saji, 2000). From birth onwards, people use their body to study their surrounding – roaming, exploring, discovering. The body aims and accomplishes its purposes and tasks, having a sense of orientation (*up, down, here*, etc; Merleau-Ponty, 1999; Husserl, 1912/1989). The purposive force is fluently moving through the body, consciousness reaches and extends towards its target. The phenomenological way of stating this is that the body is *intentional*, or it carries intentionality, it has a sense of "I can". More dramatically put, the body carries human subjectivity and consciousness. It also means that the body is the pure presence in the world, remaining open and alert to its surrounding, and actively making sense of it (Young, 2005). The possibilities that are opened up in the world, are however limited by the person's sense of what they can do, shaping the mode and brim of the roaming and extending (Merleau-Ponty, 1999; Young, 2005).

Perception is the key to understand the body's role within phenomenology. Using the sense of movement as the blueprint (i.e. its flowing inseparability and intentionality) the understanding of other senses transforms, too. If we see how the sense of movement entails the purposive force of motion that is not experienced as a sequence of divided movements, and how the sense of movement is focused outwardly, on tracing the possibilities in relation to one's body, then we can reinterpret the rest of the perceiving human being as well. There are no single, separate sensations. Rather, we have a multitude of sensations, and all of these blend together; constantly forming a dynamic whole (Al-Saji, 2000). There is a myriad of nuance that is taken in every time we see and is affected by something, it even has a creativity to it, blending whatever is perceived in unique ways every time something is sensed (Al-Saji, 2000).

In this phenomenological understanding of the body, an altered or changed body affects the entire conscious experiencing (Bengtsson, 2001). Restricting or

manipulating the body changes the colouring. The body can become the tool or instrument to experiencing something different, something enhanced. This has been noted in the studies of anorexia nervosa (i.e. Bell, 1985; Lavis, 2019), but it need not be pathological in and of itself. As the phenomenologist Drew Leder notes, "Almost all spiritual traditions use posture and gesture as a means whereby we enter into relation with the divine." (Leder, 1990, p.173).

Of relevance to psychology, the body is also the vehicle of communication and connection (Merleau-Ponty, 1999). Voice, gait, stride, forcefulness in movement, energy, fickleness, are examples of bodily expressions. For the individual, the body is a personal language. There are many ways to speak, through gestures, facial expressions, silences, refusal, noncompliance, personal habits, and through symptoms not put to words, yet clearly articulated (Johannisson, 2001; Killingmo & Gullestad, 2020). Communication with another person can be the melting of shared rhythms, of being completely connected in shared presence (Fuchs, 2020). No matter a person's true intention, there is a tendency to interpret people and animals alike, through the way they make use of their body (Husserl, 1912/1989). Via the body, any animate being is in constant dialogue with its surrounding, communicating and connecting, without words ever needing to be used.

For the individual, the body discloses what one is feeling – affective sensations permeate the entire body, or smaller areas. These sensations form the basis of desire and will, sensations of energetic tension or relaxation, restraint, liberation (Husserl, 1912/1989). Metaphorically speaking, the body vibrates and reverberates, tickles, shivers, radiates warmth, coldness (Fuchs & Koch, 2014). A felt constriction, sinking, or expansion, lifting, a lump in the throat, a tension around the eyes, etc. (Fuchs & Koch, 2014). These feelings need not be understood as closed off, internal systems. Sensations is the way our body vibrates to whatever it perceives, the way our body experiences the qualities of things (Al-Saji, 2000). Sensations here refers to both affects and whatever a person perceives. Sensations can be understood as "the way my Body lives in, and experiences, the "redness" of the thing, the roughness of the surface – as vibrations of its own being" writes Al-Saji (2000, p.53). A better way to describe feelings then might be a bodily *resonating* or *reverberating*, sometimes vaguely and perhaps unnoticed, untraceable, other times yanking one's attention.

The sensuous, experiencing body has left a clear imprint on language, too. Many are the metaphors building on bodily experiences. Depressed, under pressure, breaking down, restricted, or feeling uplifted, vitalised, liberated, all of which signifies sensations and feelings of the body (Lakoff & Johnson, 1980).

Phenomenologists have also been interested in what hinders or denies "the subjectivity, autonomy, and creativity that are definitive of being human" (Young, 2005, p.45), not least in order to understand how a person makes use of their body. Can the person focus their attention on their surroundings, or is attention restrained,

brought back to themselves, perhaps in hindering pain (Dahlberg, 2019), or in self-reproaching shame (Fuchs, 2002)? These are questions about being able to be absorbed into what one is doing, a capacity to be immersed in experiencing – or of constantly stumbling around in a thing-like body.

Raising the body's stature to the *perceiver*, emanating and overflowing conscious experiencing, the body is an interesting topic for psychologists to become more familiar with. There is much insight to be found in the phenomenological reframing of the body, harbouring qualities and meanings that were never separate from psychology, or the experiencing individual, but have been hidden or underused in our tradition of thought.

No longer reducible to physical materia only, drained from any sign of life, any animation, the human body came back to life through the phenomenological reframing of the epistemological task. Modelling a body that can articulate its intention, is creatively perceiving with every moment, directly inquiring its surrounding, and of bodily experiences opened up in their infinity through careful tending and simple curiosity.

The body is perceiving and sensing, roaming and exploring, but also holding a sense of that this body is *me*. A concept that captures all of these qualities is *embodiment*. Embodiment is an example of the phenomenological thinking regarding the body and is the primary focus of Study I and II.

Having offered some examples of how the body is relevant for psychology, the next section sketches a rough overview of how the body primarily is used within medical, feminist, psychoanalytical and phenomenological perspectives of anorexia nervosa (inspired by the division made by Legrand, 2010). The example of anorexia nervosa suits to get an idea of some recurrent themes in the way different traditions tend to engage with the body.

## The body through the looking-glass – other ways of studying the body

### Medical points of view

From a medical perspective, Leder writes that to be a body "is always also to be a physical body with bones and tendons, nerves and sinews, all of which can be scientifically characterized" (Leder, 1990, p.6). Medicine and physiology have probably been the most influential when it comes to studying and describing the body (Lundin & Åkesson, 1996; Palm, 1996). As such, the biological matter of the body can be measured and described, it can be weighed, its width or length measured



and it can be opened up and analysed at cell level. What is gained is an understanding of what the body is made of and how it functions.

Examples of a medical perspective on the body in anorexia nervosa are genetic studies (e.g. Bulik et al, 2019; Hübel et al., 2018; Huckins et al., 2017), cognitive body image studies, for example "body-size estimation" (Gardner & Brown, 2014; Engel & Kaizer, 2017; Ghaderi et al., 2022; and theories of faulty perception in eating disorder, Cash et al., 2012) or neuro imaging studies of deficits in bodily self-perception (e.g. Stanghellini, Ballerini & Mancini, 2019; Fernanda Spitoni et al., 2015).

But the body also holds our subjective perspective which tend to be underemphasised when exploring the body through a medical lens. As the phenomenologist Dorothee Legrand (2010) notes, the body is then studied from the "outside in", and not adequately connecting peoples' experiences of their body and the body within a world, from the "inside out".

## **Feminist points of view**

Another way of studying the body and its role in anorexia nervosa comes from the feminist tradition of thought. The feminist perspective first wanted to move away from the medical conceptualisation of the body as suffering from a biological disorder, and instead focus on the person, understood as shaped by culture and social structures (c.f. Alaimo & Hakman, 2008; Lester, 1997). As an example, Susan Bordo takes the view that anorexia nervosa develops within a culture and is the "characteristic expressions of that culture" (1985, p.75); replacing the emphasis from biology to sociological processes when seeking to understand what people do with their bodies. As Bordo states "What we need to ask is why our culture is so obsessed with keeping our bodies slim, tight, and young that when 500 people were asked, in a recent poll, what they feared most in the world, 190 replied "getting fat." (1985, p.75).

The earlier feminist perspectives were particularly fuelled by the fact that eating disorders are several times more prevalent in women and girls, living in Western countries (Qian et al., 2022; Legrand, 2010). Yet, in the phenomenological perspectives of Legrand (2010), Fuchs (2022) and Katzman and Lee (1997), it is a mistake to reduce anorexia nervosa and other eating disorders to a socio-culturally prescribed obsessions with appearance, beauty or even thinness. Only building psychological knowledge based on biological facts regarding the body, or on the socially prescribed "what we do with our bodies" (Crossley, 1995), is too narrow. There is also a need for research based on people's experiences of illness or psychopathology, their realities, their perspectives, their motivations and their striving towards health (Moran, 2019; Dahlberg, 2019; Osler, 2021b; Stanghellini, Broome, Fernandez, Fusar-Poli, Raballo & Rosfort, 2019). This can seem like

something obvious within social sciences, but for a period there was a tendency to only take interest in objective facts and not on exploring people's subjective experiences (Husserl, 1936/1978; for a current discussion see Dahlberg & Dahlberg, 2020b; Englander & Morley, 2023).

## **Psychoanalytical points of view**

A perspective that comes closer to studying the subjective perspective of people is the psychoanalytical theory and their case studies with patients. The psychoanalytical perspective on the body has however historically tended to separate biological drives and subjective experiential concepts and not properly bridging these. As Gomez writes, Freud's "bold attempt at a psycho-physiological thought-form masked rather than joined the break between psychology and biology" (Gomez, 1997, p 218). The subsequent developments of object relational theory built on this dualism, however, with a Kleinian move away from biology and physiology, to instead emphasise the subjectivity of experience. As Gomez sees it, "Our physicality drives us towards food, shelter, sex; our subjectivity yearns for relationship, for art, for meaning" (1997, p 219-220). Humans "live in a psycho-physiological world in which we both search for meaning and thrust towards gratification; but the division between desire and drive, emotion and appetite, is partial, hazy and culturally relative." (1997, p 219-220). "In 'reality', the poles intermingle: any phenomenon can be seen from the drive perspective or the meaning perspective." (1997, p 219-220), leaving it to each and anyone within the field of psychology to not separate subjectivity from physical drives.

Modern psychoanalytical perspectives summarised by Mirabella et al (2023) claim that they consider the subjective experience of symptoms of eating disorders. The bodily symptoms that patients experience are body image related symptoms, interoceptive deficits and a *mind-body split* (Mirabella et al., 2023; see also Bruch, 1978; Granieri & Schimmentic, 2014; disembodied mind-theory, Fuchs, 2022). However, it can be questioned whether this perspective really considers the subjective experience of bodily symptoms, as these commonly cited descriptions of symptoms rather reflects the clinician's perspective on the disorder (i.e. interoceptive deficits, body image symptoms, etc; Malecki, Rhodes & Ussher, 2018). And as Malecki and colleagues puts it: "Trying to define anorexia from the external perspective ... may inadvertently obscure subjective meanings behind women's bodily practices." (2018, p.936).

The problem with perspectives that cannot integrate the body as it is lived into their understanding of anorexia is that they separate the person from their body, not unlike the "core symptom" usually ascribed to these patients.

## Phenomenological points of view

Instead of equating anorexia nervosa with body image disruptions or interoceptive deficits, phenomenology could open for a different understanding of the experience of anorexia nervosa centered on its mode of expression and on what experiencing anorexia entails. Instead of looking at anorexia nervosa from the outside-in, phenomenologists look to the *personal*, and to the unity of body and spirit (Doyon & Wehrle, 2020). For example, by considering the experience of living in a body, one can see how a traumatised person's bodily being in the world will be very different from a person who has, for example, danced since infancy (Gaete & Fuchs, 2016).

As pointed out, the phenomenological tradition provides a different understanding of the body. What the phenomenological tradition has claimed – the body, or rather, *people*, are both subject and object, both sensing and sensed – and this consideration leads to certain ways of understanding psychopathology, which is the focus of the studies of this thesis, namely disordered eating and anorexia nervosa.

With a phenomenological perspective, we can begin to ask questions such as *how are psychiatric symptoms played out in the person's relation to the world, and to others as mediated through their body?* (Fuchs, 2005; 2017; 2020). Phenomenology is needed to do justice to the subjective perspective that is laid-off in an objectivistic view (Husserl, 1936/1978), or within psychological models that assume a separation between mind and body, or body and self. Philosophical reflection and inquiry become important in this context.

The next section covers some basic themes of the phenomenological thinking and how psychologists could use it to produce a different kind of knowledge of experiences, such as the wide, if not multi-dimensional, experiences involved in psychopathology, without separating body and mind, and without reducing the experiences of the body to a mental representation of body image.

## Phenomenological philosophy – taste for a different psychology

*Saudade* is a bit like hunger. It only goes away when you eat the presence.

Lispector

**Phaino** – *I show* – the word has lent its name to the movement in modern philosophy that is phenomenology, accredited Edmund Husserl. Husserl's ambition was to design a reliable method that philosophy could use for generating knowledge of meaning, or clarified essences (1913/1982; 1936/1978). Husserl's philosophical

method aims to delineate what makes a conscious experience or what it consists of, opening them up in their infinity (Husserl, 1936/1978, p.100). Of relevance to psychology, phenomenology is a science of human experiences and their content, that which is shown or given, which is immediately accessed from a subjective perspective (Moran, 2019; Lundh, 2020).

Husserl's writing watered a flourishing and multi-branched movement in 20th century philosophy (Cornell, 1993). Husserl's phenomenology might be described as a meticulous roaming through vast thickets of ideas, a testing of terminology and a life-long movement of thoughts. His method of going back *to the things themselves* is akin to the attentive observing and contemplating of an object for a painting or poetry, for example, Giorgio Morandi's studies of cruetts and bowls or Paul Cezanne's apples (Cornell, 1993). In other words, *doing* phenomenology involves a shift of perspective or attitude (Husserl, 1913/1982). It involves entering a kind of bird's-eye view, or panorama, of seeing the experiences (Husserl, 1936/1978), offering insight to the human connection with things, their environment and others (Merleau-Ponty, 1999; Husserl, 1936/1978).

Not focusing on what exists *objectively*, the emphasis is on how the experience appears or is given to us subjectively (Husserl, 1936/1978). Clarifying, describing and analysing these experiences as part of a detailed, refining method. It can be the simplest things, such as experiencing a blossoming cherry tree, or as above, the sensations of the body. What you gain through these explorations offers a glimpse of the original presence of the subject studied (Cornell, 1993).

The experiences and their meaning do not occur within some private inner world, rather, the experience takes place in relation to or against a background of an intersubjective world of shared participation (Dahlberg & Dahlberg, 2020a). The understanding of the intersubjective constitution of our shared world is important to grasp the scientific status of phenomenology as a method (Lundh, 2020). As described by Lundh (2020, p.496)

A phenomenological analysis of how the world appears to us is an analysis of something that we all have access to, in our capacity as human beings. In other words, we are dealing with realities that are intersubjectively available. This makes it possible to conduct meaningful discussions of these analyses, where different arguments can be advanced, criticized, corrected and developed in various ways

The phenomenological task is therefore to reveal a sense of where mine and others various experiences intersect (Merleau-Ponty, 1945/1962, xxii). The fruits of phenomenological studies are detailed, "direct descriptions of our experience as it is" (Merleau-Ponty, 1945/1962, vii), creating a "fertile soil" to develop further knowledge from (Husserl, 1936/1978, p.100).

Husserl showed how psychologists could study human experiences without being reliant on natural scientific approaches. Psychologists were enabled to base their

knowledge on exploring the animate life, spirit, *psyche* (swe: *själslivet*; for example, studying fantasy, memory, sensations, motivations), in a way that natural sciences could not (Husserl, 1913/1982; 1936/1978). A common argument used in this context is that the exact sciences of medicine, chemistry or physics that aim to be exact and objective can strive to exclude subjectivity from its research and results, but the psychologists cannot (Merleau-Ponty, 1999). Therefore, psychologists ought to strive towards exploring subjectivity and its involvement with life, and take that as its starting point (Moran, 2019; Merleau-Ponty, 1999).

Modern phenomenological studies in psychology have for example studied immersion into literary works and the imagination that is roused (Sidenius & Roald, 2024); movement and attunement as meaning-making in early infancy and beyond (Roald, Boldsen & Køppe, 2023); or the experience of being listened to from a child's perspective (Wågby Gräfe & Englander, 2022), to mention a few.

One of the most classical examples of a psychological study based on phenomenological philosophy is probably the thesis *Phénoménologie de la perception* by Merleau-Ponty (1945/1962). Merleau-Ponty grounds all mental activity on something more primary, on a perceptual, mute activity, including the experiencing of others and the surrounding world (Fovet, 1999). The difficulty with his phenomenology and description of the experience of the body revolves around trying to fully articulate this mute activity in the conceptual language (Fovet, 1999).

Because Merleau-Ponty gives such a radically new perspective on the body and its role for conscious experiencing, the next section is dedicated to some key aspects of his thinking, his critique of the approach of the study of the body in his time.

## The perspective of Merleau-Ponty

**Merleau-Ponty** describes a body that can hold, contain, all the experiencing of a person. The body has a primordial status in Merleau-Ponty's work: without the body, there is no thinking and no surrounding world. Merleau-Ponty grounds his argumentation in human perception which is where he finds the key to unlock a new understanding of the body in psychology.

Both Husserl and Merleau-Ponty from their respective phenomenological perspective were critical of psychology and how it had approached its task of gaining knowledge, in particular a type of psychology working within a dualistic ontology (of splitting mind from body and the world) and following a natural-scientific rationality, that is, when it was seeking scientific objective truths and not properly grasping the role of subjectivity in their knowledge endeavour (Husserl, 1936/1978; Merleau-Ponty, 1999).

The objective knowledge that the psychologist learned this way tended to, in Merleau-Ponty's words, *obliterate* the personal, subjective perspective of the psychologist, and having lost contact with himself, the psychologist was equally blind to the other's behaviour (Merleau-Ponty, 1999, p.47-49). The consequence of a removed subjective perspective is exemplified in the understanding of the bodily experience. Though I experience my body as an object-subject with capability to "see" and "suffer", writes Merleau-Ponty, these subjective experiences were excluded from the objective knowledge-production (1999).

Beyond the consequences for the knowledge of the body as it is experienced, this way of studying the body had ethical implications, too. The psychologist ran the risk of studying the person as a *thing* when treating their body as a material object; like the physicist or biologist, observing the person's body as a biological mechanism without a subjective reality (Merleau-Ponty, 1999). The researching psychologist's conceptualisation of how people experience their body was restricted, according to Merleau-Ponty. What experiences are Merleau-Ponty referring to? For instance, that the body is both *sensing* and what is *sensed*, as when one hand touches the other. The only way of conceptualising the double sensations of the body was to somehow make it "contents of the mind" based on sensuous data from the body, rather than how the phenomenologists understood it – as characteristic of the experiencing body. In other words, the sensing, perceiving body, that which emanates consciousness, was drastically reduced. The sensuous body essentially became a rather fixed, enduring and affectively charged mental image (Merleau-Ponty, 1999), and it is around here the subjective experiencing of the body is severed, cut-off. The body and mind's union in our conscious experience was no longer a phenomenon, writes Merleau-Ponty, it was conceptualised as a mental representation.

This tendency of reducing the human experience is what Merleau-Ponty wanted to problematise (and Husserl, 1936/1978). As he states, the objective study of the body and the line of thinking within psychology minimised or reduced the experiencing body to a construct of the mind, or a representation awaiting to be explained by natural scientific studies. The problem with reduction is that knowledge that is relevant for human experience gets simplified or overlooked.

Despite these tendencies amongst the researching psychologists of his time, Merleau-Ponty saw an opening in the way they approached their studies. Already entangled with another task *underneath* the objective measuring, the researcher was already ceaselessly experiencing. The researching psychologist felt in their being the imprint of whatever they were objectively studying, holding the vivid memory of experiences past, and the researcher was certainly already perceiving their own body and connected to their surrounding by the fact that they are embodied (Merleau-Ponty, 1999). This entanglement brought the researching psychologist back to their senses, quite literally. They could not escape rediscovering themselves as an *experiencing presence*, their body as actively perceiving and trying to make sense of things. It is another way of stating that the researching psychologist could never

be detached and disconnected, nor oblivious to another path of understanding the body, along with the more existential aspects of being human, including sexuality and pathological conditions (Merleau-Ponty, 1999); themes that are at the heart of psychological knowledge.

The next section describes a concept much related to the perspective of Merleau-Ponty, that is *embodiment*.

## Embodiment

I am a traveler of both time and space  
To be where I have been

Led Zeppelin

**As has been described, the body is alive and animated.** Perceiving and sensing, roaming and exploring, the body also holds a sense of that this body is *me*. A concept that captures these qualities is the concept embodiment. Embodiment is an example of the phenomenological thinking regarding the body.

Embodiment as a concept is deceptively simple, but when looked at closely there are a couple things that need to be addressed. In particular, when embodiment is sometimes used in psychological research it can be conceived as a rather static way of living in the body (e.g. Piran, 2016b; 2018; Piran & Teall, 2012). Embodiment is not static. It involves a multiplicity or dynamic nature that continually senses and experiences (e.g. Al-Saji, 2000; 2010; Legrand. 2010; Study II).

As the previous sections showed, perception is key in phenomenology, including the capability to move about. Perception essentially opens up the body and distinguishes it from being a material, physical thing only.

To exemplify the dynamic nature of embodiment, Al-Saji writes that perceiving and the sense of movement capabilities involve "a multiplicity of changing sensations, that overlap and flow into one another. So all our sensings dynamically blend in an interpenetrating multiplicity – an organic whole" (Al-Saji, 2000, p.53). Our movements and sensations are not divisible, nor stable, therefore embodiment is not fixed.

Further, if we can rethink sensation in the way Al-Saji proposes, that sensations are "a creative, differentiating, and dynamic multiplicity, as the way we feel our contact with the world, with others, and with our own life" (Al-Saji, 2000, p.52), something interesting happens. It means that the sensing body is creative and active by default. This creative potential of embodiment is touched upon in Study III.

Embodiment is present in the writings of many modern philosophers; for example in studies of psychopathology and patient experiences (Legrand, 2010; Young, 2005, Fuchs, 2022; Stanghellini, 2019; Osler, 2021a; 2021b; 2021c). In the studies of this thesis, we use embodiment to understand psychopathological phenomena (i.e. Study I, II and III). The dynamic and apprehensive nature of embodiment is spelled-out in Study II, where embodiment is described as a synthesis. Because the embodiment synthesis is central to the critique of other body-related constructs, the next section briefly summarises the claims and assumptions regarding the synthesis of embodiment.

## Embodiment as a synthesis

it will always have something vaguely elusive about it, like a half-forgotten song.  
You can hum the melody but the words escape you.

Goodman

In our experience of the body we can sense its physicality and materiality, or we have a sense that our body is an object amongst others objects. But the body is also always sensing, for example, sensations of touch or affects permeating the entire or localised parts of the body, etc. Worded differently, it is a case of *having* and *being* this body. Seemingly disparate aspects of the bodily experience are unified, intertwined. The question is, how are these aspects combined? Phenomenologists such as Husserl, Merleau-Ponty and Al-Saji have taken an interest in these aspects of the body, as it is ultimately what separates "my body" from all other things.

In Study II we explore embodiment as a synthesis. Synthesis means that there is a unification of aspects of experiences. Husserl often used the term synthesis, though not in relation to embodiment.

By drawing parallels to the effortless experience of a melody, it is possible to capture the experience of a synthesis. When we hear a melody, our consciousness spontaneously integrates *tones*, a sequence of moments, into a whole – a melody. The ability to perceive a coherent melody over time illustrates the temporality of our perception (Lundh, 2020). In Husserl's terminology, the experience of a melody is a so called *passive synthesis* of perceptual experience of temporal units (see Sousa, 2017). It means that the structure of our experience is not reduced to a sequence of separate moments, rather, it is layered. This is done without effort, without us reflecting on it (Husserl, 1936/1978; Lundh, 2020). What this means is that the experiences involve disparate aspects that in every passing moment of time are *unified*. In Study II we contend that embodiment functions in a similar way: that embodiment, the experience of the body, contains a spontaneous unification of



disparate experiences into one. It is a synthesis of embodiment that in every enfolding moment is intertwined, as a continuous process.

The unification of these experience is done without needing to give this any thought (i.e. passive), but it can enter conscious awareness. In Study II we also argue that the synthesis can be elaborated on within conscious reflection or attention. People might actively reflect on how they relate to their bodies on a conscious level and this may differ from person to person, and within the same person from day to day.

This way of conceptualising embodiment opens certain perspectives on psychopathology. Previous phenomenologists have theorised on psychopathological conditions particularly affecting one of the aspects of embodiment (i.e. emphasising either the subjective or the objective pole; see Fuchs & Schlimme, 2009). Others have stated there needing to be a balance. Taking these aspects into account, we argue in Study II that the elaborations of embodiment synthesis are either harmonious or disharmonious. Speculating that the embodiment synthesis is sensitive to tensions and imbalances, and that one such imbalance is the experience of *objectification*.

### *Objectification*

There is much written on objectification within the feminist tradition (Fredrickson & Robers, 1997; Piran & Teall, 2012; Piran, 2016a; Piran, 2016b). In this text, objectification is defined as the experience of being "gazed upon as a mere body [and] as the potential object of another subject's intentions and manipulations, rather than as a living manifestation of action and intention" (Young, 2005, p.44). Being objectified is sourced from the attitude of others and can actively be taken up by the individual themselves, that is, taking on the attitude of their own body as a mere thing, according to Young and other feminist writers. Notably, this "objectified bodily existence accounts for the self-consciousness of the feminine relation to her body and resulting distance she takes from her body" (Young, 2005, p.44). It is a perspective shared by Legrand (2010), however she extends it further.

Legrand states that objectification is something more than one's body being seen as a mere object. As she states, "experiencing one's body's physicality can occur in circumstances where the subjectivity of the person is preserved, respected or even enhanced; while it can also occur in circumstances where the person experiences her subjectivity to be spoiled, reduced, neglected, alienated." (2010, p.730). Objectification, Legrand concludes, is damaging when it disrupts the subjective dimensions of what we call the embodiment synthesis.

The reasoning is this: embodiment includes having physical or object-like aspects that can be felt, and this is not what gives the disruptive experience of objectification because these experiences are part of the normal picture of what it means to have a body (Legrand, 2010). Rather, what is disrupting is when the subjective dimension of embodiment is not respected or preserved.

This proposition brings a different viewpoint on psychopathological conditions where embodiment is one focal point, such as disordered eating or anorexia nervosa. Given the everflowing, dynamical nature of the embodiment synthesis, in one moment, there can be an imbalance of either subjectivity or objectivity, affecting the whole conscious experiencing. Rapid changes to the body, for example, gives an increased awareness of the physical dimension relative to the subjective dimension. This need not be pathological, but it is disruptive. In a state of disharmony, people may look for attempts resolve this state. In Study III we offer one way of understanding embodiment following changes to the body in puberty and a way of trying to rebalance these changes felt as disruptive or disharmonious to the synthesis.

The body experience which has received most interest in the empirical psychological research is the study of satisfaction or dissatisfaction with the body (or body esteem), which is the focus of the next section.

## **Embodiment in relation to body dissatisfaction**

The body-related construct most often used in psychological research is probably disturbance of the body image, such as body dissatisfaction or low body esteem. In particular, this has been studied in relation to eating disorders or youth development (Zimmer-Gembeck et al., 2021; Brechan & Kvaem, 2015; Rodgers et al., 2024; Bocci Benucci et al., 2024). The emphasis in this research is how the body is viewed and evaluated, and the degree of importance this has for the individual (Cash et al., 2012). Previous studies have found body dissatisfaction to be a robust factor associated with eating disorders (e.g. Stice et al., 2011).

Critics of the body image-paradigm state that by probing attitudes of weight and shape, the respondents are asked to take an objectivising view of themselves, rather than the first-person experience of being embodied (Malecki et al., 2018; Blood, 2005; Piran & Teall, 2012). It also means conflating the sense of not feeling at home in one's body (for example, due to discrimination) with being dissatisfied with one's appearance.

On a more technical level, body dissatisfaction might not paint the full picture, even though it can be important for understanding youth development or the development of eating disorders. As Fuchs (2022) has argued, the focus on body image might overlook more profound changes in young people's bodily experiences. For example, a possible disidentification with the body, or a conflictual relationship with the body: "I feel caught in my body" and "My body is not me" (Fuchs, 2022; 2020; Osler, 2021b, 2021c; see also "bodily alienation" in Maiese, 2024; Svenaeus, 2013; Young, 1992).

Another example comes from Mancini and colleagues (2021) and their qualitative study of anomalous bodily experiences in persons with eating disorders. Their

informants describe several kinds of experiences, including the body seen as an *obstacle* (i.e., the body as interposing between the person and the world), the body as a *tyrant* (i.e., the body as imposing its will on the person), and the body as *hyper-visible* (i.e., the body experienced as an exposed object). These examples illustrate bodily experiences that cannot be reduced to problems with body-image or body esteem.

The last example comes from Skårderud (2007) and his qualitative study of anorexia nervosa. As Skårderud describes it, the body is used as a concrete metaphor to seek *lightness*, striving towards sensations of relief, of purity and removal, and even paradoxically, *solidity*, of attempting to feel distinct to oneself, to close-off connection, to mention but a few bodily experiences (2007).

These examples show different types of problems and motives related to the experience of the body, and not necessarily the *view* of the body as such. Only looking to dissatisfaction with the body's appearance or the image one has of the body seems narrow. This sparked the idea to test whether there are other aspects above and beyond those explained by body dissatisfaction.

Finally, as argued by Legrand, "a unidimensional conception of bodily self-consciousness does not suffice to adequately characterise a pathology like anorexia which is best described as involving a tension between several dimensions of bodily self-consciousness" (2010, p.735). Meaning, only evaluating the body from the perspective of appearance overlooks how multiple layers of being are affected when experiencing psychopathological conditions. As hinted in the section concerning objectification, the experience of the body has an intersubjective dimension. Put simply, others play a role in how we experience ourselves.

Phenomenological thinkers have described how the intersubjective aspect might be affected in the psychopathology of anorexia nervosa and it will be briefly summarised in the next section.

### **Body-for-others – an intersubjective aspect of embodiment**

"Body-for-others" is a concept derived from Jean-Paul Sartre and used by several phenomenological thinkers to understand the intersubjective aspect of embodiment in anorexia nervosa (e.g. Legrand, 2010, Fuchs, 2022, Stanghellini, 2019; see Svenaeus, 2013; Zhang, 2024 for alternative perspectives). For example, Fuchs (2022) states that a person becomes conscious of their body in particular when it is looked at by another person – this is what is meant by body-for-others.

However, as Legrand (2010) argues, to really understand body-for-others, one has to begin with "being-for-myself", which is the first-person perspective. When another person enters the scene, something changes – I become conscious of myself as an object; I realise that I am not only subject to myself, but an object for another

(Legrand, 2010; Sartre, 1943/2008). This encounter with the other occurs at a bodily level in the writings of Sartre

my body is not given merely as that which is purely and simply lived [from my first-person perspective]; rather this "lived experience" becomes ... extended outside ... My body's depth of being is for me this perpetual "outside" of my most intimate "inside"

(1943/2008, p.375).

In other words, the experience of my body from a first-person perspective becomes disrupted when another person enters into the shared space (see also Legrand, 2010). The feeling of one's subjective perspective being disrupted in the way described by Sartre is exemplified by describing a shy person as being

vividly and constantly conscious of his body not as it is for him but as it is for the Other ... This is why the effort ... will be to suppress his body-for-the-Other. When he longs "not to have a body any-more", to be "invisible," etc., it is not his body-for-himself which he wants to annihilate, but this inapprehensible dimension of the body-alienated

(Sartre, 1943/2008, p.377).

In particular, the body-for-others is described as the aspect that people with anorexia nervosa try to control or work with (i.e. as a "prosthesis" in Stanghellini, 2019) or use to try to hide their subjective perspective (Legrand, 2010; Fuchs, 2022). As Legrand theorises, a person with anorexia might be particularly sensitive to another person disrupting their subjective perspective. This person might experience the intersubjective "intermingling as a contamination and a loss of herself; an "impure" subjectivity ... Short of her being-for-herself, the anorexic subject seems to have no other choice than pursuing her being-for-the-other" (Legrand, 2010, p.735). This is similar to the conclusion drawn by Stanghellini (2019), where he pictures the anorectic individual to actively seek out verification from the other in order to properly "feel" themselves (i.e. prosthesis-hypothesis).

According to the theory of Legrand, anorexia represents the futile attempt to recover what was lost when another person entered the scene, to recover my body-for-others. The person with anorexia is fascinated by their body-for-others as their only mode of self-constitution, a mode which is deeply disturbing to be in (Legrand, 2010). Legrand states that the body-for-others "is by nature inapprehensible by myself", or as Sartre puts it, "on principle out of reach" (1943/2008, p.377), which is why the attempt to grasp it is futile and never fulfilled.

Jolted into becoming aware of one's body in relation to another, trying to apprehend the third-person perspective on my being, the body-for-others might be an aspect of

embodiment that is experienced at a conscious or *thetic* level (c.f. Merleau-Ponty, 1999), or what we have theorised as the *active* synthesis in Study II. Presumably, the body-for-other is not present all the time, but in the moment of meeting another person and becoming aware of one's own body. Normally, this awareness goes away, but as might be the case in extreme shyness (as Sartre exemplified the concept) or in anorexia nervosa, some phenomenologists have speculated that this awareness of the body-for-others is lingering and hinders fluid use of the body, even when no-one else is there (Legrand, 2010; Stanghellini, 2019; Fuchs, 2022, "self-objectification"). This could be likened to the "objectified bodily existence" that Young has theorised on (2005, p.44).

It should be noted that Sartre had a more antagonistic understanding of how the other impacts the being-for-myself or the subjective perspective (c.f. Wehrle, 2023). Simone de Beauvoir, as a contrast, did not regard the influence of the other as quite so disruptive to one's being-for-myself, nor that it is an either-or (Wehrle, 2023). The influence of the other can even be disclosing and liberating, and not necessarily disruptive to a person's experience.

The next section will turn to a much wider topic. It is the understanding of psychiatric phenomena, from milder disordered eating to the diagnosis anorexia nervosa.

## Phenomenological psychopathology

Though the term *psychopathology* is used in several different ways, it is here defined as the disciplinary study of the suffering psyche, and hence, of relevance to the psychiatric field. Phenomenological psychopathology aims to understand the wide nuance of human experience from a patient-perspective (Stanghellini et al., 2019). The phenomenological approach is imperative to this endeavour, offering a discipline of staying with "the chaos of phenomena" before looking for a cause or a correct diagnose (Stanghellini et al., 2019, p.2).

Interestingly, phenomenology has a history within psychiatry, but with a different connotation than the scientific approach described previously. Historically, phenomenology within the psychiatric field referred to the description of psychopathological experiences from the patient's point of view, providing the basis for developing diagnostic categories and definitions (Andreasen, 2006; Nordgaard, Sass & Parnas, 2012). This type of discipline within the psychiatric field was in 2006 proclaimed as "dying (or dead) as an enterprise", following in the heels of the structural changes of the DSM ("Diagnostic and Statistical Manual of Mental Disorders", Andreasen, 2006, p.111).

Since 2006, there has been a resurgent interest into both psychopathological studies and phenomenological perspectives. For example, researchers exploring

psychopathological experiences, and looking to alternative ways of grounding psychiatric knowledge in the personal, patient-perspective.

The benefit of a phenomenological perspective and psychopathological studies is presented in the "Oxford Handbook of Phenomenological Psychopathology"

It promotes explicit attention to the person's whole field of experience, rather than a restricted focus on symptoms selected according to their putative diagnostic relevance. The existing classifications of mental illnesses are provisional diagnostic conventions. Since no extraclinical (e.g. biological) indexes of putative nosological discontinuities are available, our current taxonomy is based exclusively on psychopathologically defined syndromes

(Stanghellini et al., 2019 p.2)

What this means is that modern psychiatric knowledge still has to rely on psychopathological descriptions of the patient experience in order to both diagnose and provide care. Extending their argument further, researchers could complement the bounteous supply of population level-studies with more person-level research on the experiences of syndromes in order to develop new and relevant knowledge within the psychiatric field (for a description of population level- versus person level-studies, see Lundh, 2023). Research on the person level offers an opportunity to attend to the fact that a complaint not only has a set of correlated symptoms, but a *meaning*, which are aspects that can be lost when only looking to the aggregated, characteristic symptoms of psychiatric disorders (Stanghellini et al., 2019; Nordgaard, Sass & Parnas, 2012).

Applying a phenomenological perspective within psychopathological studies, researchers as well as clinicians, can aspire towards knowledge imbued with the meaning, significance and silhouette of the phenomenon that people are seeking help for. Offering a framework of thinking that is not about looking for diagnostic characteristics primarily, but aims to understand "the way in which one's vulnerability and suffering is distinctly personal" (Stanghellini et al., 2019, p.4).

An example of differing relations to one's symptoms comes from the psychoanalyst Nancy McWilliams:

A bulimic woman who develops her eating disorder as a first-year college student and who recognizes her behavior as driven and self-destructive is a very different patient from a woman who has had binge-purge cycles since elementary school and who considers her behavior reasonable. Both would meet the DSM criteria for bulimia, but one could reasonably expect the first client to change her behavior within a few weeks, while a realistic goal for the second would be that after a year or so she would clearly see the costs of her eating disorder and the need for change

(2011, p.13)

To make sense of that which at times is beyond comprehension in the psychopathological experience demands tact and interpretative self-awareness. Phenomenology might be one approach that holds space for the psychopathological phenomena that does not sit neatly within categories. And as is known to many clinicians within psychiatric work, there are people for whom the current diagnostical manuals are a poor fit.

Next follows a brief summary of the current understanding of disordered eating and anorexia nervosa.

## **Disordered eating**

Disordered eating is here defined as having problematic attitudes toward one's shape and weight. Disordered eating takes the form of restricted food intake, binge eating, purging, or excessively exercising for weight loss, all of which occur on a continuum of severity (Stice et al., 1998), from non-diagnosable disturbed eating behaviour to diagnosable eating disorder (Hansson, 2017; Waadegaard et al., 2003).

Disordered eating in its many forms is common amongst adolescents (Hansson, Daukantaite & Johnsson, 2016; Viborg, Wångby, Lundh & Johnsson, 2012). Around 30% among adolescent girls and around 14% among boys will report disordered eating in cohorts outside of psychiatric care (e.g. Allen, Byrne, McLean & Davis, 2008; Hansson, Daukantaite & Johnsson, 2015; Herpertz-Dahlmann, Wille, Holling, Vloet & Ravens-Sieberer, 2008; Viborg, Wångby, Lundh & Johnsson, 2012). Comparably, the lifetime prevalence of developing an eating disorder, such as anorexia nervosa, bulimia nervosa or other specified is around 5% (Treasure, Claudino & Zucker, 2010).

Examples of questions asked regarding disordered eating are: Is the person dieting? Does the person feel guilty after eating "forbidden" food? Does the person purge? Are there strategies to control their eating, fears of losing control? Has the desire to lose weight gotten out of hand? And can the person enjoy eating together with others. Are thoughts of food dominating the person's life?

The path to an eating disorder leads through a borderland of disordered eating (Hansson, 2017). Teenagers who have different problems related to eating are 5.6 times more likely to develop an eating disorder (Hansson, 2017; Waadegaard, Thoning & Petersson, 2003; Foster, Lundh & Daukantaite, 2024). Eating disorders are an increasing public health concern amongst both youth and adults (Galmiche, Dechelotte, Lambert & Tavolacci, 2019; Mitchison, Hay, Slewa-Younan & Mond, 2014).

Disordered eating is investigated in Study I, along with the development of a scale measuring experiences of embodiment. Experiences of embodiment was here

empirically explored to see its possible connection with disordered eating and other mental health aspects such as depression, self-harm and anxiety. The purpose was also to study how these issues are expressed and patterned on the population level in order to validate the scale.

## **Anorexia nervosa**

People's experiences of anorexia could not be placed into neat, categorical, and homogeneous times or spaces. On the contrary, I was continually struck by the ambiguity of experiences and of the repeated descriptions of exasperated family members and friends who found the disorder confusing and contradictory.

from an ethnographic study by M. Warin (2010)

Anorexia nervosa is an eating disorder where people affected severely starve themselves. It is a psychiatric disorder centered on achieving a low body weight, not caused by medical conditions or lack of food availability ("International Classification of Diseases", ICD-11; World Health Organization, 2018).

People with anorexia aim to reach and maintain a low body weight through fasting, restrictive eating, excessive exercise and other energy expenditures, for instance, submitting oneself to intensely cold conditions.

Anorexia has a typical onset in adolescence (ages ranging from about 10 to 24), not unusually, following stressful events in life. It is more common in women with a 10:1 ratio, though anorexia appears to be increasing amongst men globally (ICD-11, World Health Organization, 2018).

Notably, anorexia nervosa is associated with premature death – it has the highest mortality rate of all the psychiatric condition (Chesney et al., 2014; van Hoeken & Hoek, 2020). Risk of death is five times greater than in the general population (Arcelus et al. 2011; Arnaud et al., 2024). And despite the burden, cost, and size of the problem worldwide, research on eating disorder is deemed as under-resourced and lacking compared with research on other psychiatric disorders (Treasure et al., 2020). Some will fully recover after only one episode, but mostly the disorder persists in continuous ebbs and flows, sometimes spanning several years. Less than a third of people with anorexia nervosa will fully recover long-term (Eddy et al., 2017). This figure, combined with the high mortality rate and lacking research is problematic.

Too many individuals are not helped by the current treatment options. To date, there is still no clear evidence for any specific treatment nor do we know which treatment best suits whom (e.g., Solmi et al., 2021; van den Berg et al., 2019; Treasure et al., 2020). Recovery needs to become more meaningful for each patient in modern psychiatric care.



Why some will develop anorexia is a complex question. Often, research tends to focus on studying larger groups and try to uncover meaning on large scale by studying patterns of the population (i.e. population level-studies; Lundh, 2023). However, at the personal level, we can ask what motivates the person who engages in self-starvation. What makes starvation a desirable solution for some? Investigating a person's motivation is a phenomenological question. In Study III we explore this phenomenological question by turning to an auto-biographical description of anorexia nervosa.

# Aim of the thesis

The primary aim of the thesis is to explore what other ways of studying and integrating the body in psychological research there are, beyond body image and body dissatisfaction. In particular, looking into the experiential aspect of the body. Another aim is to deepen the understanding of what it entails to be embodied, and how this can be disrupted in experiences of psychopathology.

A main argument of the thesis is that without an adequate understanding of the body and its role for our psychological being, theories and research regarding experiences of mental health issues that involves the body will not be precise enough, or grasping at the relevant issue at hand: *how do I live in and through my body?*

# Summary of studies

Here follows a brief summary of the studies that constitute this thesis.

## Study I – Embodiment and Psychological Health in Adolescence. Development and Validation of a Brief 12-item Questionnaire to Measure the Experience of Embodiment

### Background and Aim

Going through adolescence means drastic changes to the body. All in all, one loses the childhood habitual body in an abrupt way and familial embodiment is drastically changed in the span of a few years. This period is a well-known sensitive timeframe for developing mental health issues. For instance, eating disorders such as anorexia nervosa and almost all anxiety disorders have their first onset during this period in life.

In research with adolescents the most often studied body-related experience is probably *body dissatisfaction*. Several studies (Fairburn, Stice, Cooper, Doll, Norman & O'Connor, 2003; Ghaderi, 2001; Rodgers McLean, Marques, Dunstan & Paxton, 2016; Fatt et al., 2024; Stice et al., 2011) have found clear links between body dissatisfaction and disordered eating, yet, they tend to overlook other aspects of bodily experiences that could be relevant. Instead of using measures of body dissatisfaction, we wanted to explore other aspects of being embodied that might be challenged in adolescence.

No aspects of embodiment had previously been operationalised to suit quantitative research with adolescents. The primary aim of this study was therefore to develop and validate a short scale that could be used with adolescents. We generated a collection of items describing different aspects of living in one's body and tested their validity in several steps. We compared the newly developed scale with measures of body dissatisfaction and body awareness.

For this study, we defined embodiment as the combined experience of *having* a body and *being this* body. We wanted to include aspects of sensing the body, whether one primarily experiences the body in relation to others (body-for-others) and the degree that one identifies with the changing body. We named the newly developed scale the *Embodiment Scale-12* (ES-12).

## Methods

### *Participants and procedure*

In order to narrow down the suggested items, we asked three cohorts of adolescents to fill in the developed scale and other measures.

The first group comprised 323 adolescents in 7th to 9th grade, ages from 12 to 16. The second group comprised 238 adolescents in 7th to 9th grade, ages ranging from 13 to 16. 173 of these adolescents also did a test-retest. The final group comprised of 292 adolescents in 7th to 9th grade, ages ranging from 13 to 17.

### *Data analysis*

We created 45 items which we then analysed with exploratory factor analysis in two stages, resulting in 12 items. These 12 items were tested using confirmatory factor analysis, and tests of internal consistency, test-retest reliability, measure invariance, subscale intercorrelations, and construct validity. Finally, we tested whether our scale added anything new to the study of mental health other than what body dissatisfaction addresses (so called, incremental validity).

### *Measures*

*Body satisfaction* was measured using Body Esteem Scale for Adolescents and Adults – Appearance subscale. It consists of three subscales, but we only used the Appearance subscale with ten items (e.g., “I look as good as I’d like”).

*Interoceptive awareness* was measured using Multidimensional Assessment of Interoceptive Awareness 2. It consists of 32 items with eight subscales of interoceptive body awareness (Noticing; Non-distracting; Not worrying; Attention regulation; Emotional awareness; Self-regulation; Body listening; Trusting).

*Life satisfaction* was measured using the Students’ Life Satisfaction Scale. It consists of six items (e.g., “My life is going well”).

*Self-esteem* was measured using Rosenberg’s Self-Esteem Scale. It consists of ten items (e.g., “On the whole, I am satisfied with myself”).

*Psychological difficulties* were measured using the Strengths and Difficulties Questionnaire-self-report version. We used four subscales, hyperactivity/inattention (e.g., “I am easily distracted, I find it difficult to concentrate”), emotional symptoms

(e.g., “I worry a lot”), conduct problems (e.g., “I get very angry and often lose my temper”) and peer relationship problems (e.g., “Other children or young people pick on me or bully me”).

*Depression and anxiety* were measured using Revised Children’s Anxiety and Depression Scale. It consists of 25 items with two subscales assessing anxiety (e.g., “I worry when I think I have done poorly at something”) and depression (e.g., “Nothing is much fun anymore”).

*Disordered eating* was measured using Risk Behaviour related to Eating Disorders, an eight-item screening instrument for eating disorders (e.g., “I vomit to rid myself of food I have eaten”). We also used SCOFF (five items: “Do you make yourself sick (vomit) because you feel uncomfortably full?”; “Do you worry that you have lost control over how much you eat?”; “Have you recently lost more than one stone (15 pounds or about 6.8 kg) in a 3-month period?”; “Do you believe yourself to be fat when others say you are thin?”; and “Would you say that food dominates your life?”).

*Non-suicidal self-harm* was measured using the Deliberate Self-Harm Inventory. We used a shortened nine item version (indicating how often one deliberately injures oneself, e.g., by cutting, carving, or severely scratching oneself, or preventing wounds from healing).

## Results

The newly developed ES-12 appeared to have robust psychometric properties. We found a distinct three-factor structure amongst the items, meaning there were three sub-categories that seemed to group together. The scale had strong internal consistency and a good test-retest reliability. It demonstrated good convergent validity and divergent validity, meaning that the three sub-categories were significantly associated with a range of mental health issues. As far as psychometrics goes, the scale also had consistent incremental validity, meaning that the scale appeared to predict something unique, other than body dissatisfaction alone. We named the three subscales *Harmonious Body*, *Disharmonious Body* and *Body for Others*.

We found that scores on Harmonious Body were inversely related to scores on Body for Others and Disharmonious Body. Objectifying one's body or trying to infer what others might see whilst inspecting one's body for instance, might lower a more harmonious experiencing of the body.

Since the initial development of this scale, we questioned whether Body for Others ought to be part of this operationalisation of embodiment. Perhaps Body for Others should be a separate construct that is empirically related with the scale instead. Body for others or being-for-the-Other, is mentioned in several phenomenological

writings of anorexia nervosa and embodiment (Bowden, 2010; Osler, 2021b; Fuchs, 2022; Stanghellini et al., 2019; Legrand, 2010). Piran (2016b) mentions the objectifying aspect in her conceptualisation of a negative embodiment in adult women, and Stanghellini et al. (2019) argues that a common experience among people with eating disorders is based on this objectified mode, that is: “The way they feel looked at by the others is the principal mode to feel themselves and define their identity” (p. 6). These aspects prompted further study of embodiment in the phenomenological literature.

The scale predicted scores on disordered eating, non-suicidal self-harm, depression and anxiety, above and beyond what body dissatisfaction alone could explain. Body dissatisfaction is known to be a vulnerability factor when it comes to eating disorders, depression and self-harm. Our finding suggested that the ES-12 seems to capture other aspects of bodily experience that appears to be relevant for mental health (which also would need to be explored longitudinally, as this study was only cross-sectional).

A limitation of the study was that we did not include more aspects of movement, and the body that is active and engaged with its surrounding. Equally, we could have had items referring to bodily expressiveness (for example the ability to move spontaneously and let go of self-focus when entering rhythms in dancing and music) or quiet bodily harmony where the body is not in direct focus.

## **Contributions**

The main contribution of this study was a validated scale called ES-12 with items of different experiences of the body that could be used in psychological research. Instead of measuring body dissatisfaction we offered a different type of scale consisting of other bodily experiences. The finding that a more embodied perspective can help explore the variation of psychological difficulties in adolescence might ignite further interest into the wider experiential basis of embodiment.

# Study II – Embodiment as a Synthesis of Having a Body and Being a Body, and its Role in Self-identity and Mental Health

## Background and Aim

In the development of the embodiment scale it became clear that we needed a more elemental understanding of embodiment and therefore turned to the phenomenological literature.

The starting point of this theoretical study were themes found in Husserl's classical writings on the experience of the body (1912/1989; 1936/1978). We looked for general phenomenological observations, as well as phenomenological thought-experiments that captured some of the foundational aspects of being embodied. Phenomenological observations about experiences are in principle available to anyone, meaning, anyone can try them for themselves and either refute or concur with them. One example is Husserl's observation that the perception of the body is typically "restricted in a definite way" (1912/1989), no-one can see the back of their head without assistance of a mirror, for example.

The aim of this study was to describe what embodiment involves; of having and being a body and which is the foundation for psychological processes.

## Results

The most important result from this study was that embodiment can be conceptualised as a synthesis. A synthesis signifies the combination or unification of aspects of experience.

What is synthesised are different aspects of the experience of our body. The body is experienced as having a physical dimension, i.e. I *have* a body that is an object amongst objects in the world. This aspect of the body is the most public, and more fully observable to others than to myself. These experiences are of the first-person perspective of the body's object-like qualities, and here we divert from Stanghellini's work who state that the experience of the body's object qualities are of the third-person perspective. The third person perspective might be important in body image research (i.e. how others and we ourselves view our body and any concurrent affections). Included in the synthesis is also the subjective dimension; the experience of our body which involves our sensing, feeling, kinaesthetic and spacious-time orienting aspects. All of these aspects are intertwined or synthesised into embodiment.

The intertwining of these dimensions of the body is captured in the so-called "double sensation" described by Husserl (1912/1989), which occurs when one hand touches the other. In the double sensation, we both feel the hand's objective side through touch, and we also feel the body as touching. This type of multitude is important for the constitution of the experience of "my body", as it connects bodily *sensations* with the *sensed* aspects of the body.

Other phenomenologists refer to this intertwining as the body being a "sensing-sensed object" (Al-Saji, 2010, p.23), as a "twofold dynamic structure in which the sensing and the sensed are intertwined or interlaced" (Heinämaa, 2021, p.252) or simply as "body as a subject-object" (Merleau-Ponty, 1945/1962, p.109).

We suggest that the embodiment synthesis is fundamental to our experience of the body. Our consciousness might be constructed in a way that unifies the experience of the body as an observable object with the body as felt "from within" into an integrated experience of "my body".

Further, we distinguish the embodiment synthesis as having different layers, as *passive* and *active* syntheses. A passive synthesis occurs associatively at a pre-reflective level, whereas the active synthesis is carried out at a conscious level by means of attention, reflection and judgment.

We described the passive embodiment synthesis as something which we all share and which could be actively elaborated in different ways, of which some are rather harmonious whereas others may be disharmonious. Optimally, a person can experience a rich and differentiated experience of their body. Of sensing and feeling, of movement, of experiencing their physical, object-characteristics, etc.

A harmonious embodiment synthesis does not imply some kind of continuous body awareness, which is one of the reasons interoception, although a key part of embodiment, might not be something actively reflected upon. A harmonious embodiment synthesis could instead involve the capacity to move one's attention freely between say, bodily orientation in the room to being absorbed in whatever the person talking to you is saying, a type of flexibility rather than a constant bodily awareness.

A disharmonious embodiment could be described as different ways of experiencing disruptions in the way the body is lived, and here we refer to different phenomenological accounts of anorexia nervosa and assume that these can be described as different kinds of disharmonious embodiment. As an example, the phenomenologist Lucy Osler (2021b) describes the experience of loss of autonomy and agency following the bodily changes in adolescence, arguing that it is both the object-side of the body as well as the visceral (hunger) side of the body that is needed to be silenced.

Not entirely satisfied with the answers of the descriptions of embodiment in the previous conceptualisations of anorexia nervosa, we went forward to formulate our



own take on how embodiment could be involved in anorexia nervosa which gave the ideas for Study III.

## Contributions

The main contribution of this study was the formulation of embodiment as a synthesis. Though other theorists have formulated their theories of embodiment and its role for mental health, they have not conceptualised embodiment in terms of a synthesis in the way we did.

As the concept embodiment has become more popular within research and in everyday speech, it is important to retain some of its original connotation and what makes it a radical reimagining of the experiential aspects of being a body that has remained somewhat separated from modern psychological research.

Through considering the more flowing and dynamic nature and its interweaving quality, the embodiment synthesis opens for new explorations of psychopathological experiences; what is disruptive, what aids balancing, how much attentive awareness, how little, etc., which makes psychopathological experiences less of an internal problem, but something lived through.

## Study III – Readiness for the Leap – Hunter Mode in Anorexia Nervosa

### Background and Aim

What if anorexia nervosa is not *about* the body per se, but the body *used* as an instrument to shift into another state of consciousness?

This study was a phenomenological investigation of an experience of anorexia depicted in an autobiographical text. We described a peculiar mode of being, called *hunter mode* which is a concept described by Sara Meidell in her book "Ut ur min kropp" ("Out of my body", 2022). Hunter mode is a sought-after state that is reached through self-starvation and that transforms a person's experiencing. We illuminated hunter mode by relating it to the writings of phenomenological philosophers and theoretical clinicians such as Winnicott, Bruch and Merleau-Ponty. We also put the concept embodiment synthesis from Study II to use.

The overarching question was: *how and why is hunter mode a desirable state to be in?* The purpose of the study was to make a core symptom of anorexia nervosa, self-starvation, more comprehensible when explored at the personal level.

## Results

Hunter mode is characterised by a desirable, crystal-clear perception and a sense of vitality. Entering this mode marks a shift in one's experiences partly similar to the euphoria of intoxication, although very different.

Our analysis led to the conclusion that if a person's subjectivity is diminished or over-looked (i.e. living in circumstances demanding extreme compliance, abnormal submission, lack of autonomy, etc.), then the solution of entering hunter mode feels more meaningful than it would otherwise. Hunter mode is an enhancement of subjectivity, as we interpreted it. Related to what Bruch noted in her anorectic patients, that self-starvation offers a sense of power, or giving the patient "another kind of 'weight', the right to be recognized as an individual." (1978, p.4-5).

Other descriptions of an enhancement of subjectivity comes from Winnicott (1971/2005), it can be experienced as the moment where time and physicality effectively melt away, an immersive, excited and electrified experiencing that involves the body.

Hunter mode is also compared with a vitality awoken in moments of danger, of threat to one's life, as found in the writings of Merleau-Ponty (1999). Near-death experience invokes a jolt of *aliveness*, becoming aware of the body as the pulsating life-source.

Though anorexia nervosa is sometimes portrayed as a pathology affecting the *view* of the body, the findings of this study emphasised the active search for a desired *state* and an exercise against being reduced as an individual. Hunter mode signifies having found a way of staying present in the body through severe numbing, offering a brief absorbing, addictive state, which is deadly in the long run.

## Contributions

The concept of hunter mode differs from mainstream understandings of anorexia nervosa in that it does not describe the body as defected, but vitalised in a destructive way. Understood as a desired state to be in, hunter mode offers one incentive as to why self-starvation might become a solution to a person's situation.

## Methodological considerations

Study III aimed to clarify a phenomenon: hunter mode, a state of being established by extended starvation. It is a theoretical study, applying the embodiment synthesis described in Study II to understand this mode.

To reiterate, in Study II, we concluded that the embodiment synthesis differs from person to person, and that the synthesis is useful when trying to understand

psychopathological experiences. The exploration of possible forms of tension and conflict in a person's embodiment synthesis could be a possible research venture in order to further our knowledge of psychiatric disorders.

The study of hunter mode is a description and analysis of a phenomenological account of experiences during anorexia nervosa. There are many other examples of phenomenological accounts (see Fuchs, 2022; Legrand, 2010; Osler, 2021b; Stanghellini, 2019; Bowden, 2012; Svenaeus, 2013). Importantly, different phenomenological accounts need not be seen as competing theories of what applies to people with anorexia *in general*. This would imply that there is only one phenomenological account that is the most accurate, the most correct. Rather, one could see the varied accounts of anorexia as examples of different forms of embodiment syntheses that may be real, or exist, but in different individuals.

For example, in Study II we used the embodiment synthesis to question the theory put forward by Fuchs (2022) of anorectic individuals seeking a state of disembodiment. It is possible, perhaps, that the sought after disembodiment is merely one account of an embodiment synthesis amongst many possible variants in anorexia nervosa. In Study III, we developed this argument further, by offering another phenomenological account that runs counter to that particular theory put forward by Fuchs (and others, e.g. Granieri & Schimmenti, 2014; Svenaeus, 2013; Mirabella et al., 2023). In essence, describing another variant of an embodiment synthesis.

The purpose of the study of hunter mode, was to shine light on a completely different motive for self-starvation than trying to conform to beauty ideals, striving towards disembodiment or thinness. In that sense, it is a study that goes against most of the mainstream theories of anorexia nervosa. However, the study should be seen as just that – a theoretical invitation to another way of looking at anorexia, and an example of one embodiment synthesis amongst a variety that could be explicated and explored further.

The significance of the study of hunter mode is that it translates a description of a sought-after state in anorexia nervosa drawn from an autobiographical text, into a scientific context. The study of hunter mode holds methodological significance as it describes an alternative explanation of a drive of anorexia nervosa. Another way describing this drive to self-starvation is a *longing*. Of longing to remain "in hunter mode constantly, being a shark", as well as "longing to experience this ethereal state just once more", either through self-starvation or seeking other shortcuts to intoxication, such as drugs or alcohol (Meidell, 2022, p.62).

As we state in Study II, a phenomenological account does not make a claim to be the sole explanation, it is an account that could hold more or less relevance for understanding anorexia. For example, Lucy Osler (2021b) also offers a

phenomenological account of anorexia nervosa drawn from an autobiographical text by Marya Hornbacher (1999). According to the phenomenological account put forward by Osler, self-starvation is a personal project where the primary pursuit is not thinness, but empowerment. However, she clearly states that her described account "should not be treated as a universal" (Osler, 2021b, p.45). It is an empirical question to explore how common this incentive might be for people with anorexia. Similarly, hunter mode might not actually be an incentive that most individuals with experience of anorexia can relate to. That needs to be explored empirically.

Phenomenological accounts of any sort still have a value and importance. They offer alternatives, different ways to think, helping clinicians, lay people and fellow researchers to be agile in face of standardised ways of understanding psychiatric disorders. At their best, phenomenological accounts elaborate beyond the common narratives regarding psychopathological experiences. They allow us to test or try out other ways of imagining what could drive a person so close to their mortal limit.

# General discussion

**Could situating psychiatric disorders in the body** make their ungraspable aspects more comprehensible? In the following section I will discuss some of the conclusions of this thesis.

**Interesting things happen** when one stops trying to control anorexia and genuinely probe these themes of human experiencing. Approaching the topic like a phenomenologist (Merleau-Ponty, 1999; Stanghellini et al., 2019), suspending judgement and actively listening, creating room for non-purposive spaciousness (Winnicott, 1971/2005) – daring to stay with the person and their experiences, despite the sometimes fearful presentation of the disorder. Resisting simple or taken-for-granted explanations.

**The topic of this thesis**, the sensuous body, moved from being studied purely quantitatively, to gradually insisting on being explored through phenomenological excursions. The phenomenological approach of studying the body is not about reigning it in, nor making the body feel at its most objectified, rigid, stiff and at its least animated. In Study I, for example, we introduced a scale with items of experiential aspects of being and having a body, of feeling at home in one's body and more.

**It has been said** that the practice of phenomenological seeing is meant to disrupt the everyday outlook, writes Moran (2019), and disrupt it did. Throughout our studies it became harder to pin embodiment down. Any perspective on embodiment that could not contain the animated aspects, the sensuous part, became unappealing. Introducing embodiment as a synthesis in Study II was an attempt to complement this understanding: adding layers to the bodily experience, and making dynamic the whole sensing-sensed body.

**Stepping into** a much wider discussion of the body's centrality for psychology, phenomenologists suggest that the body's constituting role for our perspective makes it a good starting point for our scientific explorations. Phenomenology enables a different way of sensing and experiencing, and that this can be a foundation for psychological knowledge.

**Phenomenology** offers a different approach to studying the human experience of psychopathology, treating the human subject as an indestructible consciousness that is fully present in all its manifestations, as Merleau-Ponty writes (1999). The

phenomenological approach could be seen as a protection against efforts to reduce the subjective perspective in psychopathological phenomena; theories and treatments that might miss the individual and their experience, theories and treatments that might miss or extinguish the life that wants to live and be. Widening the margins of freedom for our patients and for our ideas, phenomenology as an approach is an important counter-weight within the search for better understanding of human experiencing and what makes life worth living.

**The concept *vitality*** arose as a persistent theme in the writing of this thesis. First as a bothersome sensation, wondering why it had been left out in the first iteration of embodiment. After a while, my sensation approaching this concept turned into a rousing feeling, an assuring premonition of being on to something.

**Vitality is clearly bodily.** A person's pulse of life, the projectile force of a person (Tillich, 1952/1962). Tillich writes that a person's vitality is what enables creating beyond oneself, to transcend every given situation in any direction.

**Feeling vital** is also an example of how the bodily experience shapes a person's being; what she sees, her stance, the way she moves and acts within the world. It is very much related to imaginative living and intense, electrifying experiencing. The opposite to vitality is deadness, depression, the world no longer speaking and no longer welcoming, seeing no possibilities, meaninglessness, of having to arduously connect fragmented movements, thoughts and initiatives. If we ask Winnicott (1971/2005), the sense of vitality cannot come from being forced to comply with another person's agenda, it only muddles what was left of one's intentions.

**There are different questions to be asked when vitality is involved.** What causes loss of vitality? What in people's milieu is insensible and anaemic to their being? When does a person stop leading their life for themselves and have to use self-starvation in order to speak out and keep their center?

**Though Winnicott is not a phenomenologist**, there are themes in his work that are reminiscent of the work of Merleau-Ponty. It seems to me that both Winnicott and Merleau-Ponty have written about the exploration of the possible; the creative act. Merleau-Ponty (1999) calls it the projecting function of a person, the evocative function that reveals or discloses a thousand signs. For the person who cannot make use of their projecting function the world simply exists as something definitive, closed for interpretation, it tells her nothing, it does not speak to the perceiver.

**Philosophy starts with the bodily experience**, says Winnicott (1971/2005). A similar statement can probably be ascribed to the work of Merleau-Ponty. The body is the origin (*originair*, in Merleau-Ponty, 1999), or the hidden aspect. Both write of a *third area*, which in fortunate circumstances can evolve into shared worlds of culture and theories; of the capacity to explore imagined fields of ideas and enabling overwhelming experiences of art, nature or what is sacred, etc. Everything starts with the bodily experiences and making use of its capacity of colouring reality.

**True philosophy**, writes Merleau-Ponty, should be about learning to see the world anew (xxiii, 1945/1962). And that this seeing or sensing can be research. It is the projecting function that creates a *free space*, an area where we can play around within, express ourselves without words being spoken.

**Whilst doing my research** I realised that instead of thinking that I knew what embodiment was, phenomenology made me want to explore. To be absorbed in movement, investigating what a keen perceptual awareness entails, being tuned into the surrounding, actively making sense of what is habitually taken for granted; *truly* exploring the topic of disordered eating and anorexia nervosa, that much has been written about already.

**Back in one of the first large waves of anorexia and bulimia nervosa** in the 80s, a leading clinician in the field, William Davis (1985), contemplated on the meagre interest in women's psychology and women's experiences. Whilst anorexia commonly affects the young, marginalised in the sense of being children, often girls, and not of age to fully decide for themselves, it is important to not infantilise these issues. Legrand argues that anorexia grows when a person is de-subjectivised, seen as a non-person without their own agenda or autonomy, when treated as a *something*, without subjectivity, someone whose experiences (if any) need not be taken into consideration (Legrand, 2010; Nussbaum, 1995, p.257).

**Hilde Bruch's emphasis** on finding out what the young patients wanted, not demanding them to conform to yet another authority figure was a particularly powerful read. It is a radical acknowledging of whatever the patient brings that is truly her own. Bruch's way of framing the purpose of treatment is that what a psychiatrist helps their patient to do is finding out what it is *they* truly want, underneath the rigour of holding on to non-eating.

**Still, it is a troubling aspect to write about.** When Sara Meidell's book "Ut ur min kropp" (2022) was published it set off a heated debate all over the cultural sphere. Were these experiences allowed to be shared? Critics thought the book glorified anorexia nervosa. There seemed to be aspects of being woman with psychopathological experiences that called for censoring. As one critic summarised the debate that ensued over the autumn when it was published: "The book has been called a bible for self-starvation, a source of transmission, narcissistic fantasy and a leaflet for anorexia" (Grönlund, 2022, Dagens Nyheter). However, not engaging with key aspects of a disorder and their practicalities is to further reduce the complexity and multiple reasons as to why a person might continue engaging with disordered eating. It discredits the powerful forces at play.

**Staying with Meidell's depiction of anorexia**, the findings of Study III might be condensed into a striving to regain vitality and an intense experience that feels true, unspoiled. The hyperacuity of perception and the rush of vitality, what is called "hunter mode" (after Meidell's concept "jägerläget") gave a hint that there was more to write about regarding anorexia nervosa.

**Seen as motive to engage in self-starvation** to experience that rush gave a distinct perspective set apart from the current understanding of anorexia. Meidell's experiences painted a very different picture than merely "body image distortion" or weight dissatisfaction. The large recognition by many readers shows that there was something clearly lacking in our collective understanding of this disorder.

**Hunter mode encapsulates a source to what is wild and unyielding**, at odds with correct, civilised living. Offering a moment of brute "odd clarity"; of seeing black-on-white what is really important; how absurd a normal everyday life can look when you are within arm's reach of death, when nothing else matters but your heightened, hyper perception and calm focus. A mode that helps a person see signs and creative possibilities, the world speaking again.

**The dimension of it being young girls** that are most likely to begin starving themselves still begs the question of what it means to become a young woman today, and how large the margins of freedom are within womanhood. Does becoming a young woman mean the loss of what was spirited and meaningful living? Perhaps it is not womanhood in and of itself, but what the Jungian psychoanalyst Clarissa Pinkola Estés (1992, p.236) describes as the loss of a "self-designed life", and "the taking on of a too-tame life ... eventually lead[ing] to loss of accurate perception ... loss of feet."

**If anorexia is the firm steering away from being anyone's something** (Meidell, 2022; Legrand, 2010), a way of re-establishing one's subjective perspective and clarifying one's perceptual capacities, one's footing so to speak, then it suggests that a different emphasis and tact in therapeutical work is needed. A person's own meaning-making gets lost when she tries to follow another person's will or demand, when she is forced to conform (May, 2005), and there are other ways of treatment that do not demand conformity from patients. To not objectify/de-subjectivise in Legrand's sense.

**The illogic of some psychiatric states**, the experiences that cannot be understood on a rational level, could they be understood "on another level"? If we want to make research contributions that are of value to the people affected, we better engage with what appears *nonsensical*, not possible to put into words, yet still harbouring something meaningful for the person. What sort of solution does non-eating hold for this individual? The phenomenological approach can train a researcher or clinician in the "kind of presence that lets them be open for the new. ... This is achieved by consciously dwelling in the place of *not knowing* rather than knowing." (Dahlberg & Dahlberg, 2020b, p.894). That is, holding space for the "chaos of phenomena", and taking mindful steps forward (Stanghellini et al., 2019).

**In my research** it was important to respect the complexity of non-eating. Wanting very much not to fall into common traps of making anorexia out to be "about the body", even though the body is very much involved in the presentation of the disorder. Study III is by no means aiming at an absolute description of anorexia, nor



is it a universal explanation. Anorexia as a disorder is as multidimensional because humans are multidimensional. That is to say, there are many different reasons a person stops eating.

**Through involving what we learn from our phenomenological studies** of the sensuous, what Merleau-Ponty calls the banal and cyclical (1999), we might enrich our modern psychological knowledge-production; that is, a visceral knowing. As the psychoanalyst Nancy McWilliams writes regarding the type of insights and knowledge needed in psychotherapeutic work: *we can “know” something cognitively and yet not know it at all* (2004, p.38). If we seriously want to develop our knowledge in modern psychiatry and psychology, we need to invite a myriad of psychopathological experiences that do not follow rational rules or that cannot yet neatly be measured by biological markers. A humanistic framework, such as the phenomenological approach to knowledge-production, offers something different. In order to understand the experiences of people with psychiatric ailments, we need emotional, *empathic*, as well as intellectual insights. Paradoxically, understanding more, not through thousands of results, but through igniting curiosity into the depth of human experience, and that is available to clinicians, researchers within psychology, and for anyone setting aside their preassumptions and actively listening.

**Then, imagine a psychology** capable of truly expanding knowledge of psychopathological states, their rhythm and cycles, the way these states colour a person's being, their perspective and their reality.

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