

## OUTLINE OF CLINICAL PHENOMENOLOGY FOR EATING DISORDERS INSPIRED BY MERLEAU-PONTY'S PHILOSOPHY

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### *1. Introduction*

When psychiatrists identified that philosophical phenomenology enabled a new approach to clinical attitude interest in philosophical phenomenology was aroused. Thus, as of the 1920s, the clinical field began to be investigated and expanded, initially inspired by the contributions of Husserl and Heidegger. Psychiatrists such as Karl Jaspers, Ludwig Binswanger, Eugene Minkowski, Medard Boss, Erwin Strauss, Viktor von Gebsattel, Hubertus Tellenbach, Arthur Tatossian, among others, understood and used phenomenology to better understand mental disorders. Thus, clinical phenomenology rapidly developed out of the desire for an open 'dialogue' between phenomenology and psychiatry [Dastur 2014].

The option to use the term clinical phenomenology derives from a theoretical and practical point of view, combining two dimensions that are not clearly associated. On the one hand, phenomenology is a specific philosophical field that can cover several domains due to its breadth, methodological potential and diversity. On the other hand, clinic practice corresponds to the 'psy' domain (psychiatry, psychopathology, psycholo-

gy and psychotherapy) and interaction with the individuals who struggle with their existence and illness. Philosophical phenomenology is used as an inspiration, providing clinical tools for a better understanding of different pathological experiences and clinical interventions that contribute to the improvement of those who struggle with these experiences. It provides us with directions and sources to uncover and understand the phenomena as well as being present at the clinical meetings.

Most of the work in phenomenological psychopathology is focused on psychoses, particularly schizophrenia. However, we consider that philosophical phenomenology serves as an inspiration for an original and critical approach to clinical phenomenology when dealing with eating disorders. We believe that the philosophy of Merleau-Ponty, taken as a point of reference in this article, brings significant contributions that surpass the philosophical field and contribute to the clinical field in a fruitful and diverse way. Following the same lines of Husserl and Heidegger, who have traditionally inspired clinical phenomenology, we believe that Merleau-Ponty's phenomenology is a powerful tool for understanding eating disorders.

Merleau-Ponty's phenomenology is a source of inspiration for the clinical treatment of eating disorders mainly because of his contributions to the notion of body, providing a framework for the reflection and 'expansion' of the concept. The formulation, but also disruption, that Merleau-Ponty establishes between the notion of the body and other notions, such as those of body and flesh image, invites us to investigate further and, as far as possible, achieve the unity of his thinking. Our hypothesis is that Merleau-Ponty's work may be an essential tool for understanding eating disorders, since it allows us to address both the subjects' sensitive experience and the mundane constitution of their experience. His approach may be a primary tool for understanding the body experience in the carnal tissue of our existence.

The aim of this article is to propose an outline of clinical phenomenology for eating disorders inspired by the philosophical phenomenology of Merleau-Ponty. We first describe the phenomenology of the body, showing how the discussions about habit and ambiguity between being and having a body can contribute to elucidate eating disorders. Next, we discuss the notion of the body schema as the one that reveals the

architecture of corporeity and organization of the particular way of being a body in eating disorders. Finally, we explore the notion of flesh to further investigate corporeality in eating disorders through three fundamental elements: (in)visibility and invasion, mirror and incorporation.

## 2. *The phenomenology of the body in Merleau-Ponty*

The word ‘body’ has many meanings that will depend on the framework used as reference and its use changes according to associated cultural and historical elements. Investigating the body involves different sciences that use their own techniques and modes of expression, including methods and epistemologies to study sensations [Corbin *et al.* 2005]. The work of Merleau-Ponty occupies a central place in the phenomenological discussion about the body and addresses several notions in his work, such as the body, the lived body or even corporeality, emphasizing the experience of the body, from a perceptive, but also sensitive, perspective. In relation to the body schema and body image – widely used notions in psychiatry and neurology – Merleau-Ponty gives them specific status when he recognizes their role in organizing (inter) body experience. It seems, therefore, that Merleau-Ponty’s philosophical intent is relevant and rich because it gives the body a role that allows it to overcome attempts of objectification by involving it extensively in experience. It is a «process of subjectivation of the human being that is part of the structure of the body» [Sichère 1982, 202].

### 2.1. *The body as a primordial habit*

In the works of Merleau-Ponty, habit is recurrent. In the *Phenomenology of Perception*, habit is defined as a kind of «power we have to dilate our being-in-the-world or to change our existence by including new tools» [Merleau-Ponty 2010, 827]. It is neither knowledge nor automatism – «it is knowledge that is at hand, which only results from bodily effort and it cannot be translated into objective designation» [*ibid.*, 827]. Merleau-Ponty cites several examples, such as the habit of driving or typing. All this includes «knowledge of familiarity» and it «invites us

to rephrase our notion of ‘understanding’ and our notion of body» [*ibid.*, 828]. We have a habit that makes familiarity possible and it belongs to our habit how we see things and place them in relation to ourselves and the world. Habit thus expresses the way of being a body in the meeting of our being with the world in a common dimension.

Merleau-Ponty admits the existence of a generality of our habits and bodily functions. Habit can be understood as our ability to expand in the view of what is new, but it is also the result of daily experience that allows us or not to give it customary, habitual meaning. We may say that there is positivity with expansion, with the opening of possibilities, but also negativity when we are stuck in a habit and when it becomes the only possible way for us. Body functions are the way to relate to objects, expressing a movement of existence [Merleau-Ponty 2010].

The act of eating is an early acquired generality and it can change throughout life; it is simultaneously a habit and a bodily function. However, these two dimensions can also change. The non-recognition of a body function, for example, does not allow the development of a habit because there is no movement, as we can see, for example, in patients with anorexia who deprive themselves from the act of eating and disregard their functions as a vital element to exclusively focus on the body as an object. Over time, the habit of everyday eating is lost, which tends to hinder the habitual, and necessary, act of eating. In cases of hyperphagia, the centrality of the act of eating, evidenced by the function it exerts on the life of these people, (re)creates habits, changes the way of functioning of an individual who *cannot refrain from eating*.

There is a dialectic movement between habit and body function which, in the case of eating disorders, is often altered or unbalanced. It is the distancing between how one relates to the body, the act of eating as a movement of existence, and the constitution of a style through habits that are developed throughout life. Eating surpasses nutritional function and, over a lifetime, habits are created and recreated. Bodily functions play a role in intentional meaning for the world, and in this case for food, making it possible to develop a habit. Habit allows the flow of these bodily functions and makes the way of being effective, an existential style. If the habit is the communion of an act and knowledge shows us a personal style [Saint Aubert 2013], which is also constructed

in the world, the act of eating goes beyond a simple behavior in that it also carries a personal style built by «knowledge» imposed on and exposed by the subject and the world. As we are our body, we (re)live our daily habits full of meanings and (im)possibilities, constantly between change and permanence. The eating acts evoke, in their indispensable daily presence, the movement of the own existence.

## 2.2. *Being and having a body: necessary ambiguity and balance*

Approximately ten years before defending his thesis, in 1945, and influenced by Gabriel Marcel [Saint Aubert 2005], Merleau-Ponty writes about a body that cannot be neither as an object nor as a set of qualities and characteristics. In considering that «I am my body», Merleau-Ponty emphasizes a body in which we make common cause, going beyond something we only have. It is a perspective between *what I have* and *what I am*, because «if my body is more than an object that I possess, it can no longer be said that it is myself: it is on the border of what I am and what I have» [Merleau-Ponty 1997a, 39], at the limit of being and having. Merleau-Ponty sees a movement between «being» and «having» that defines the human condition. While it is *my* body, it is not like that of others. It is an ambiguous being, a thing that is, at the same time, ours and something that we are [Barbaras 2005].

The body itself has its «particular mode of existence» [Barbaras 2008, 69] in addition to an objectification. The body itself is our body and it is in the sense of intimacy with the body that we live with, feel and experience it as our own. Merleau-Ponty proposes a phenomenology of the body itself which emphasizes the ambiguous reality of the body that is both sentient and sensible, object and subject, the one that feels and is felt. The term body itself is ambiguous, for it is at the same time a body like the others (*Körper*), but it is also a lived body (*Leib*) that distinguishes itself from those of others by highlighting the lived experience in a body dwelling. This line of thought is present in a significant way in several later works of Merleau-Ponty and it eventually leads to the distinction between the *object body* and the *subject body*.

By living in the first person, the subject body guides the experience of the body, the lived experience in its sensitive, particular and spa-

tio-temporal dimension incarnated in the world, a body set in motion by intentionality and subjectivity. The object body, however, refers to the «way of being of a thing» [Dupond 2007, 38], which can be dissected, studied by sciences, and observed by others and by ourselves. The body itself is necessarily both subject and object. However, Merleau-Ponty considers that «the distinction of subject and object is scrambled in my body» [Merleau-Ponty 1960, 166]. There is an inversion and constant scrambling of the subject and object roles in the body [Barbaras 2005, 207]. Ambiguity rooted in bodily life may seem natural, particularly if we consider the balance between what we have and what we are. However, an imbalance may exist and open space for psychopathological experiences.

The relationship between the body and food is complex, since for man the act of eating has a meaning that goes beyond food itself and it is rooted in the body itself. There is always a «personal» position in relation to eating, which means that each of us has a particular style resulting from our relationship with the world, with others and with our own food.

Understanding eating disorders as a «form of existence» [Merleau-Ponty 2010, 787], whose body is expression, in the anorexic experience, one could argue that the *object body* is in evidence. The act of eating is related to body changes, to the possibility of the subject gaining weight and how others see it: it is the *body for others*. Although the individual is hungry, eating is a threat and it is not always a desired event. Hunger itself is imposed by the individual onto herself, it is a necessity whose implications go beyond necessity itself. In anorexia, experiencing hunger and struggling against it prevents it from being sufficient to force the act of eating. Being hungry or not is not a choice that the individual can constantly control. When the individual eats, she «confronts herself with the otherness of what she is not» [Legrand & Taramasco 2016, 310], because it is a demand that she does not want to be subjected to. It can be said that the experience of eating, or even of feeling hunger, is experienced by the subject body and «inevitably places the individual before the other» [*ibid.*, 311], it is an experience that is present from birth. The action of not eating enough in anorexia demonstrates the symbolic role of eating and the threat that goes beyond

its nutritional value. In addition, in more severe cases, there is a distortion of one's own body image. The imbalance between the *subject body* and the *object body* seems to create this distortion, a distance, between the body as it is seen and the one that perceives it and it is the symbol of ambiguity of the body and its mundane constitution. Evidence is placed on the present *object body* and the *subject body*, but it is discordant because the way others see it plays a growing role.

In the case of hyperphagic experience, we might suggest that there is a momentary suppression of the body itself. The individual loses control over the act of eating and intensity lives with the desire to eat. There is a kind of short circuit in the bodily experience that consists of an imbalance between the *subject body* and the *object body*. On the one hand, there is a difficulty in experiencing bodily feelings due to the distancing from the lived body as well as from others. The individual momentarily loses connection and contact with others and herself, which would favor possible control over eating. The act of eating becomes a necessity, an urgent need to eat immediately. The revival, then, of the object body is the possible feeling of guilt often experienced. It exists due to vulnerability that emerges from how others see it or even simply from the imminence of how others see it in its anthropological dimension: «eating behaviors are loaded by the images of the body and the images of the world» [Charbonneau & Moreira 2013, 537].

By acknowledging the ambiguity of the body, through the contributions of Merleau-Ponty, one may perceive the risk of losing balance between the body that we are and the body that we have. In the case of eating disorders, original and simplified circularity of hunger-eating-satiety is not evident, and dynamics becomes the origin or even the indication of intense suffering. Eating disorders cannot be solely reduced to eating. However, if these changes refer to that experience, it has a meaning. Attention must be given to the body but knowing that this body is both a subject and an object in the world and for the world; it is part of a story and it plays an ambiguous role. What we have just described is rooted in the body itself; understanding the (un)balance between being and having a body seems to be fundamental for cases of eating disorders.

### 3. *The body schema: the architecture of corporeality*

From the *Phenomenology of Perception* [2010, original 1945] to recent writings, Merleau-Ponty criticizes, discusses, investigates, and defines the notion of the body schema that has proved to be beneficial for the development of other concepts, such as that of the flesh. He introduced this notion into phenomenological philosophy [Petit 2010], which had only been previously used by neurologists and psychiatrists. This notion became increasingly important and further investigated by Merleau-Ponty, both for the definition of its theoretical course and for the development and consolidation of other concepts. It is an indispensable theoretical instrument for the development of Merleau-Ponty's ontological project [Verissimo 2012].

Since the beginning of his work, Merleau-Ponty distances himself from the cognitive definitions of the body schema as a representation to approach a pre-reflective, expressive understanding connected to the world. He considers that the body schema to be «a way of expressing that my body is in the world» [Merleau-Ponty 2010, 780]. The body schema «is related to the whole body, to all its vital dimensions, possibilities of expression and relation to the world» [Saint Aubert 2013, 84]; the body interacts with oneself and with the world. As the role of the body is to organize, the body schema is, according to Merleau-Ponty, «the architecture of corporeality that constructs the world» [*ibid.*, 18], and this happens through a relational fabric that involves the body, the world and others.

During the Sorbonne courses, Merleau-Ponty discusses the intersubjective character of the body schema. He is interested in the genesis of perception of the other, using different contributions from psychology, particularly in the works of Wallon and Piaget [Saint Aubert 2013]. In his course *Structure and conflict of childhood consciousness*, Merleau-Ponty argues for the existence of a unity of the body in relation to the world. It is a sensitive dimension lived in experience that transcends our own boundaries and reaches the world. The body schema is «connected to the field of animal and human expressiveness» [*ibid.*, 73]. From childhood, this expressiveness represents the original opening to the world, polarized by the relationship with others. The body schema is the «bearer of meanings» [Merleau-Ponty 2011, 162]. From an adap-

tation process, the body «adapts itself to the world to transform itself and change the world within the same movement; body and world are mutually changed, composing one another» [Saint Aubert 2013, 108]. It is a mutual metamorphosis, a double affectation, an invasion of one over the other.

In his course held in 1953 on *The Sensitive World and the World of Expression* [2011], Merleau-Ponty regards the body schema as an inter-bodily event. The influence of Schilder's work on his thought has become important and is the framework of his philosophical position: «The body schema has a libidinal structure and it is deeply inhabited by the relationship with others» [Saint Aubert 2013, 121]. This libidinal structure has an important dimension that affects our relationship with the world. In other words, the libido is «the animating principle of the body schema» [*ibid.*, 123]. This body has senses and desires. It should be noted that Merleau-Ponty replaces the libido with desire and insists on the truly relational dimension of the body schema. This evolution signifies an increasing association between the sensory-motor life and the desiring life. The explicitness of the body schema reveals a relationship with itself but is associated with a relationship with others. The other important affective component is the establishment of a relationship with others.

The audacious course proposed by Schilder seduced Merleau-Ponty. For both, the body schema is never isolated; there are permanent exchanges, a ceaseless trade supported by its ability to “destroy and build itself”. Merleau-Ponty does not abandon the motor dimension that had become so important, especially in the *Phenomenology of Perception*, but attention to desire and the relation of the body with the world intensifies as of 1953. It is the body schema that is responsible for relational fabric and makes the relationship with the world possible. In his courses on *The Nature*, Merleau-Ponty fully reveals his reflection on the body schema, on intercorporeality, and on the matter on the other. Thus, the progress and deepening throughout his works open new perspectives on the issue of eating disorders.

Returning to his 1945 thesis, Merleau-Ponty defends the intentional character of the body schema and emphasizes the lived dynamics, the experience *per se*. This indicates that there is lived experience of the

body and by the body that leads to the development of the body schema. This intentional dimension implies an openness that is built on the relationship between the body and the world. Meanings are produced in this relationship and are lived by the body. Unity does not only concern the body, it results from the (co)belonging of the body and the world. This unity does not necessarily mean harmony because it is an intense (co)relation in movement. This composition has dialectical tension that tends to establish a movement of exchanges, and the absence of this movement may not be, we might say, healthy insofar as it can produce disorganized being-in-the-world.

Although the study of eating disorders had never been the goal of Merleau-Ponty, his conception of the body schema can be useful for understanding eating disorders as they are considered as a kind of failure or even a distortion of this process of signification. The body schema is part of this development that is open and not limited only to the body itself, to the individual. Experiencing an eating disorder is associated with an existential operation rooted in the subject and world, body and world. The body schema is not a simple individual construction; the symptoms are not productions of an isolated subject and they cannot be considered as such, but rather as those which allow the revealing of the placement of the body in the world.

The perception of the body itself and the external perception that comprise our body schema cannot be singled out in eating disorders. Seeing the world and other bodies determines the way we see ourselves and the world. It is necessary, then, to go beyond behavior, without ignoring it, and to approach the meanings sustained by the body schema. Several behaviors, such as those present in the anorexic experience, for example, when one does not want to eat even when experiencing hunger, in the bulimic experience, in which one vomits after a hyperphagic episode, or in the obese experience, in which there may be significant episodes of food intake during an episode of loss of control of the act of eating, seem to be sustained by the action of the body schema that allows the placement and organization of the body in the world. It is a driving force that, in this case, is not positive, it is not regulated, and it may lead to the suffering of the subject: it is the body schema that allows action. There is in fact a desire in the genesis of these ways of being,

even though this way of being is pathological, such as in the examples cited; this desire is organized, present and produced intercorporeally.

The body schema allows expressive space while including several things that become familiar through habit. Incorporating everything does not necessarily mean integrating well or meaning good. We engage in a notion of incorporation. We are accustomed to eating from birth according to a process of regulation and “evolution”. But this is not as simple as it may seem because individuals have their own dynamics conditioned by necessity, but also conditioned by desire. People who suffer from eating disorders also have a unique way of being and it is the body schema that plays a significant role, it organizes itself in relation to the world and, in this case, in relation to food. The Merleau-Pontian body schema is always searching for organization, balance from the meanings, and desire always intervenes. It organizes itself intercorporeally in a dialectical movement between the subject and the world, one’s own world, and this means that eating disorders should not be addressed solely as (dis)organization of the body schema in the individual sphere, but as a change caused by the radical exchange between the subject and the world, between bodies in the plurality.

#### *4. The power of flesh: a deepening of corporeality*

The notion of flesh allows one to go «deeper into the meaning of corporeality» [Saint Aubert 2013, 16]. In Merleau-Ponty’s words «it is through the flesh of the world that one can finally understand one’s own body» [Merleau-Ponty 1964b, 299]. Its power is linked to its daring in that it signals and emphasizes the radicality of our (co)existence in the world and our (co)belonging. Insofar as it enables the understanding and deepening of the body itself, the flesh enables us to consider psychopathological experiences in a broader way. It encourages us to seek the sources of these modes of suffering in this carnal tissue. It is the understanding of eating disorders that radicalizes our relationships in the absence of rigid boundaries between the subject, the world, others, and culture.

The notion of flesh becomes a concept, a fundamental ontological category, for Merleau-Ponty realizes the insufficiency of what is ex-

pressed in the *Phenomenology of Perception* related to the unity of the phenomenal body and the objective body. According to Dupond [2007], instead of differentiating the subject body and the object body, the notion of flesh allows us to escape from the sense usually attributed to the body, placing the flesh as common matter that ensures the inseparability of the body that sees and the sensible world.

#### 4.1. (In)visibility and invasion: the body incruised in the flesh

The main reference when the discussion concerns the notion of flesh is the work *The Visible and the Invisible*, along with its notes. From the beginning of this unfinished work, Merleau-Ponty focuses on the visible. To the extent that the world is what we see, «we must learn how to see it» [Merleau-Ponty 1964a, 18], the philosopher argues. Its goal is to discover the meaning of being in the world. This meaning takes place in the world at an original intersection with the universe of others. Our being is always affected by how other people see us [Merleau-Ponty 1960; Saint Aubert 2013]. Our world is visual, and its field of view is an open and inexhaustible scope, making our lives concrete. Man is essentially in the world through his corporeality, that is, thanks to the mundane condition of the body, he has access to the world and establishes himself as an (in)visible being.

The flesh is chiasm as it is eminently ambiguous, leaving no room for dichotomies. As a «way of being» [Saint Aubert 2013, 111], the flesh is both a way of inhabiting the world and considering it as a «singular way of being a body whose most essential and existential characteristic is being open to others and to the world» [Saint Aubert 2016, 324-325]. This evokes an «experience of our condition» [Saint Aubert 2004, 201], instituted as a trade between ‘flesh’ – a trade constituted by the invasion between «I and the perceived world, between myself and others» [*ibid.*, 201]. As a way of expressing itself, the flesh expresses the being and it is animated by the desire in its body anchorage. We are in the world, with our body, a being of the world, that is, of the same *flesh*.

The notion of flesh expands the notion of body. If we mention flesh in this article, it is because we consider that this notion provides a better understanding of eating disorders insofar as it allows the recognition of

the radicality and the obligatory character of our insertion in the world in its intersubjective character. Becoming ill by experiencing an eating disorder is not an individual attribution, it is not simply a behavioral act, but a way of being in the world whose conditions are also provided by the world. The body in flesh does not fail to affect the world and to be deeply affected by it.

The body is a symbol, or a sign, of the invasion that haunts the body's relationship with the world. If the phenomenal body means the lived experience of a subject in its body and if the objective body allows intersubjectivity and the double experience of being seen and of seeing, despite the didactic separation, they revolve around themselves or even mutually invade the body dynamics [Merleau-Ponty 1964a]. However, the violence of invasion can lead to conditions that cause an imbalance between the *body we are* and the *body we have* (or should have). What is experienced by the body (our body) is invaded by others and by the world that does not cease to transgress, to invade us. The invasion of flesh, which marks the relationship between body and world, (dis)regards the own dimension of the body insofar as this alleged own dimension does not cease to be, at the same time, usurped and placed in the carnal ties – an inalienable, active and passive bond.

The bodily forms, the way others see us and how we see ourselves, the judgments, to mention just a few examples, reveal the impossibility of moving away from the current dynamics that places the body at the center of the preoccupations of the contemporary subject. Eating disorders can be seen, at the same time, as a sign and result of this invasion that places the body as a target and produces a subject, who is often lost in one's own body dynamics. To recognize this invasion, we need another way of seeing it, another way to understand these modes of existence in their particular dimension and identify their roots in a carnal fabric that transgress and mark subjectivity.

#### *4.2. The mirror phenomenon as an extension of the relationship with the body*

Merleau-Ponty states in his notes to the book *The Visible and the Invisible* that: «flesh is a mirror phenomenon, and the mirror is the extension

of my relation with my body» [Merleau-Ponty 1964b, 309]. This sentence illustrates the recurring position he assumes in his later writings regarding the mirror, an image often evoked in psychoanalysis, which is fundamental for the concept of flesh. The mirror highlights the fact that the phenomenal flesh can confuse the objective body and the phenomenal body. A community is established between the lived body and its outer image, revealing the dual condition of the flesh (of being here and there, in and out). We can say that, according to Merleau-Ponty, the flesh is a «mirror phenomenon» as it reveals our ways of being-in-the-world and visibility sustains us and establishes (or sometimes mixes) the connection between the *body object* and the *subject body*.

The mirror, in fact, besides evoking the visibility of the body itself, introduces a problem that forces us to face our body and our relationships with others and the world: it reveals the phenomenality of flesh. Of course, the mirror, that places us on “scene” as an “I” since childhood, such as Wallon, Lacan, Merleau-Ponty and many others have argued, continues to shape us and engage us in our condition of change, unfinishedness and vulnerability throughout our lives.

Reading Wallon allowed Merleau-Ponty to understand that the body schema from its origin invests and is invested by other images and that this is revealed by the experience of the mirror [Verissimo 2012], showing the proposed path for the symbolic representation of the body and its unification. Merleau-Ponty, however, criticizes Wallon’s dimension that seems to be too intellectualistic, since, in his opinion, the child in front of the mirror, when she can create a sense of distance from the image, is restructuring her experience. Merleau-Ponty sees the possibility of progress related to the mirror and its implications through the process of individualization of the body itself, associated with the reflective experiences, particularly in agreement with what psychoanalysis proposed and the aspects defended by Lacan.

The Lacanian mirror stage indicates the process of decentralization of the child and, in addition, its opening to the world [Verissimo 2012]. This idea is convenient for Merleau-Ponty for it enables the «relationship of the being with the world, with others» [Merleau-Ponty 1997b, 204]. Thus, a narcissistic function takes place simultaneously to the intrusion of the other, of the world. There is tension, «a restructuring

of the body schema» [Merleau-Ponty 2001, 527], which demonstrates the importance of the mirror image in child development and learning. However, this goes beyond the cognitive perspective. A particular sentence of Merleau-Ponty draws our attention: «Recognizing her image in the mirror means (the child) is learning that there can be a spectacle of herself [...] she becomes capable of being a spectator of herself. With the acquisition of the mirror image, the child perceives that she is visible to herself and to others» [Merleau-Ponty 1997b, 202]. This visibility tends to be perpetuated, lived and increasingly mixed due to the seer-seen ambiguity, a symbol of the flesh, of our own flesh. To be visible is also to be judged, valued and forced to be in a body that is in the world and cannot hide.

Eating disorders reveal a subject who suffers with her body, with her body reflected in the mirror, with her body that is still visible (to herself and others) and is lived as if she were not in accordance with the ideal body, the desired body; contemplating the body without suffering becomes impossible. By gaining visibility, the «body is under the jurisdiction of the visible», Merleau-Ponty states [2001, 527]. If the body is what stands out as the most visible and anchoring point in the world, it is constantly subject to judgments based on this visibility. However, what (others) see and what is seen (the body of the subject) is not only an impression of others on the subject and vice versa, but the result of our relational and cultural dynamics. This dynamic, highlighted by the mirror, makes it possible to understand how imbalance and confrontation between the *body we have* and the *body we are* is disturbed by the body seen in the mirror. This body of flesh that is reflected by the mirror is our body, but it is also the way others see it, how the world sees it. The mirror reveals our carnality and eating disorders reveal the impact of visibility to affect the experience of seeing one's own body. There is vulnerability by the visible in which the subject loses the nature of the body itself, which is lost between what one *is* and what one *has*.

Another important influence for Merleau-Ponty was Paul Schilder, a previously mentioned author in the discussion on the body schema. His approach to the mirror, irrespective of Wallon's approach, and considering that he did not know the work of Lacan, considers incompleteness as a permanent characteristic of the body schema that affects the

structuring of identity. Thus, the concept of being a body, our body, is increased if we admit that incompleteness is a characteristic, which is to say that «being is fundamentally unfinished, which induces a secret correlation between *being* one's body and *being in the world, being for others*» [Saint Aubert 2013, 187]. It is our «incompleteness» that fascinates us before the mirror. If our body (or even the image we have of it) did not change, there would be no need to look at it, to look at it often in the mirror. We have a «craving for the mirror» [Schilder 1968, 285]. This unfinishedness carries a weight: it deprives us from our own body, and it can disturb our relationship with others, with the world. In an unpublished manuscript, Merleau-Ponty asks the question: «Why do we build mirrors? To see us, to convert the seer into visible, to complete our body»<sup>1</sup> [cited by Saint Aubert 2013, 198]. The mirror pursues the seer-seen dynamics and leads us to the necessary attempt to complete an unfinished body. The subject who experiences an eating disorder is particularly affected and intensively lives this process, rejecting, questioning and, above all, suffering with the body and the dynamics involved in eating.

In *The Eye and the Spirit*, after discussing the sensations evoked by Schilder during the observation in front of the mirror, Merleau-Ponty emphasizes the «game» that takes place in front of the mirror, exposing the flesh and the dynamics of the visible (and invisible relations). The «man is a mirror to man» [Merleau-Ponty 1964a, 34], he states. Following this statement, he places the mirror as «the instrument of a universal magic that transforms things into spectacles, spectacles into things, I into others and others into me» [*ibid.*, 34], that is, beyond an object, the mirror has the power to change and place the subject before herself and others; this incompleteness is disturbing and it highlights the mixture of our flesh ties. Before the mirror, there is not only us, there is not only a *reflected object body*, everything is rearranged.

Merleau-Ponty thus expands the mirror phenomenon toward a circuit of relations, of (co)belonging whose «gaze of the other is the mirror, other human beings are 'a mirror to me through their bodies'» [Saint Aubert 2013, 197]. There is a susceptibility, even a vulnerability, due to

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<sup>1</sup> Merleau-Ponty, M., Notes de préparation du cours (cours du jeudi, janvier-avril 1961), in: *Notes de cours 1959-1961*, cours du 2 février 1961, 161.

the condition of being a mirror of our flesh, which reveals our relationship with the world characterized by our projections and introjections. The flesh makes everything a mirror and it becomes a mirror of others and the world. It is a “circular set” of meanings. The body in flesh denotes the subject’s complicity with the world [Zielinski 2002], that is, the reciprocal impact of the world on the subject and the subject on the world. The mirror denotes this impact and its importance in one’s world, our world, haunted by the others, but which demands and imposes both active and passive engagement. In the case of eating disorders, one lives a radical impact of the other’s gaze that affects the way of being-in-the-world and the way of experiencing one’s own body. What is seen in the mirror reveals not only the bodily form, but also the way of relating to one’s own body, to others, to food.

Undoubtedly, our eating habits are sustained by, and sustain, our relationships. There is a long journey between being nourished during childhood and feeding oneself later, a course that makes us able to choose, calculate and control what we eat. One of its characteristics is admitting the body as an unfinished, constantly changing, but increasingly singled out and controlled subject and object. Thus, the ways of being are constructed in relation to the established world and lived body that must eat to (live) survive. A body that calls into question the eating habit, which is always in a certain situation. One must obviously eat, but the consequences of this act (or its absence) go far beyond survival – the body is in scene in movement with the carnal ties that reflect this power of incorporation.

#### *4.3. The incorporation power of flesh*

The way others see us affects us, which can, for example, disturb our way of seeing each other, especially if we consider the power, even if introspective, of the other’s gaze. We can see the world and others, probably due to this perspective and with a certain projective tendency, as part of a circular game governed by incorporations. It is also, we must say, a dynamic that can change or is constantly changing in view of our (co)belonging and contact with others in the world. The absence of this openness may even be a sign of a pathological or rigid way of life in view of our worldliness.

Our body would then be affected by the other, creating an interaction dynamic marked by incorporation. Fuchs places incorporation as «an invasive characteristic of the ‘lived’ or subjective body (*Leib*) that always transcends itself and connects with the environment» [Fuchs 2016, 198]. To the extent that he points to a mutual incorporation, he shows that in our relationships the lived body extends and expands the relationships with other bodies. In other words, the evidence of incarnation manifested, above all, by the gaze, emerges from the mutual action of one over the other. We are mutually affected by the incarnation and presence of the other in the chiasmatic structure of our body, which allows our incorporations. It is a body that feels, expresses, affects, and is affected by the other in the dynamics created by the flesh.

Merleau-Ponty assumes a phenomenological bias of incorporation that is different from that of psychoanalysis that places it in relation to the objects and its assimilation of the body, considering, mainly, the parental relations and the oral phase. It is, in the psychoanalytic terms, a process that penetrates and maintains an object within its own body, which will constitute an objective drive and the characteristic ways of the oral phase. However, it should be noted that the emphasis is not on an erogenous zone, as described by Freud in the first edition of *Three Essays on Sexuality Theory*, but on the aspect of a relationship (incorporation). This relationship, often used in discussions on eating disorders, focuses on the oral activity and food intake, even if other areas and other functions may also be involved. Incorporation is brought to the level of a bodily experience, even though it has whimsical elements. The psychoanalytic discussion of incorporation was of great interest to Merleau-Ponty, who refers to it in the courses at Sorbonne in which he considers the psychology of the child. Nevertheless, its direction changes and, we may say, “incorporates” other elements insofar as its concept of flesh evolves and recognizes its incorporation power. Placing incorporation into the flesh should be considered as an expansion in the sense of placing it in a wider tissue, including the subject, the world, others, and culture, etc. Thus, incorporation is rooted in the bodily life from our carnal ties.

We have the hallmarks of our incorporations at take that constitute our ways of being-in-the-world, our style. With the concern of not overly hypostatizing, we may state that incorporation is a pathway in

psychopathology and, more specifically here, to the understanding of eating disorders. When one eats, there is an incorporation that reflects the constitution of this act and, concretely, the fact that an object coming from outside, from the exterior, is placed inside, passes through the interior of the body itself: food becomes body and, in this sense, it is incorporated. However, this incorporation is not only at the level of the *object body* (*Körper*), it reaches the subject in its totality and implies its ways of relating with others, with the world. But is everything incorporated? In this active-passive game, there are rejections, and therefore impossibilities to receive and assimilate everything, both at the level of the object body and at the relational level. Incorporating all would be an excess and nothing to incorporate would be a lack. Thus, the imbalance of incorporation can lead us both to the psychopathological experience by overcoming its absence. Eating reveals a meaning and, in eating disorders, there is excessive attention on eating (or not eating) and on the body that is in action. There is confusion and opposition between the lack of control and rigidity over eating. Suffering does not originate exclusively from the eating act itself, but from how it is translated into expressions. These expressions, these ways of being, are tied to the flesh that places us in this infinite notion of incorporation.

### 5. Conclusion

Throughout this article, we could perceive the richness of Merleau-Ponty's phenomenology for the study of eating disorders. Its phenomenological approach, traced through the body, and extending to the ways of organizing the body schema and the radicality of the carnal ties that evidence our (co)belonging with and in the world is evident in the eating disorders. We insist on the importance of going beyond the body without abandoning it, considering Merleau-Ponty's phenomenology within all its breadth, which gives broader perspective for understanding eating disorders inscribed in the structure of the body.

The outline of a clinical phenomenology for eating disorders, inspired by the contributions of Merleau-Ponty, sets forth the way of being body rooted in the world. Focusing on experience, we highlight the changes of the way the body experiences eating disorders that arise

from intersubjective dynamics. It is a bodily experience composed of habits revealing an objectification of the body that leads to an imbalance between the subject body and the object body; an imbalance which is (dis)organized intercorporeality on the dimension of the body schema and constitutes its carnality marked by (in)visibility, by the mirror, and by the endless notion of incorporation. These clues, which deserve to be further investigated with those experiencing eating disorders, can be followed and inspire the search for understanding the different ways of functioning that govern eating disorders.

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### **Keywords**

Clinical Phenomenology; Eating Disorders; Merleau-Ponty

### **Abstract**

The aim of this article is to propose an outline of clinical phenomenology for eating disorders inspired by the philosophical phenomenology of Merleau-Ponty. We first describe the phenomenology of the body, showing how the discussions about habit and ambiguity between being and having a body can contribute to explain eating disorders. Next, we discuss the notion of the body schema as one that reveals the architecture of corporeality and the specific organization of *being* a body in eating disorders. Finally, we explore the notion of flesh to further investigate corporeality in eating disorders. The outline of clinical phenomenology for eating disorders sheds light on how *being* a body is rooted in the world. Focusing on experience, we highlight the changes of how the body experiences eating disorders that arise from intersubjective dynamics. It is a bodily experience composed of habits revealing an objectification of the body that leads to an imbalance between the subject body and the object body. Such a bodily experience is (dis)organized intercorporeality on the dimension of the body schema which is present in the carnality marked by (in)visibility, by the mirror, and by the endless circuit of incorporations.

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