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EMOTIONAL DEPERSONALIZATION IN PERSONS WITH FEEDING AND EATING DISORDERS

abstract

In a previous paper, we discussed a model that considers abnormal eating behaviour epiphenomena of a more profound disorder of lived corporeality and identity (Stanghellini and Mancini, this issue). The core idea is that persons with FEDs experience their own body first and foremost as an object being looked at by another, rather than coenaesthetically or from a first-person perspective. In this paper, alienation from one's own emotions, disgust and shame for one's body of persons with FED, will be discussed in the light of the embodiment and identity model of FED.

keywords

disgust, emotions, feeding and eating disorders, identity construction, shame, values

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1. Emotions: what are they and how are connected to values and identity?

Emotions are the primordial medium in which I encounter the world as a set of affordances: a set of relevant possibilities that are my own possibilities as a person situated in this particular world. Being affected by a certain emotion allows me to see the things that surrounds me as disclosing certain (and not other) possibilities. The significance of an event or state of affairs is not merely a matter of its intrinsic properties, but rather of its relation to me and my current emotional engagement.
Emotions thus uncover my situatedness in the world – they are not merely passions of the mind that get in the way of rational thinking and action. Rather, they are the key for my self-understanding in a given situation. This means that the analysis of a person's emotions is the via regia for understanding this person. Emotions reveal how the world is *for me*. Emotions are closely tied to understanding. I can only understand myself and the world in which I am situated through the context of my practical engagement, and this engagement is primordially enveloped in a certain emotion.
But what are emotions? Emotions are kinetic, dynamic forces that drive us in our ongoing interactions with the environment. This definition focuses on the embodied nature of emotions. There is a close resemblance between an emotion (emotion comes from Latin *ex movere*, that is, what makes us move, the origin of movement) as the embodied motivation to move in a given way, and intentionality – a force that directs and connects (Husserl, 1912-1915a, b) to reality. Emotions can be understood as *embodied intentionality*. They provide my orientation in the life-world. Emotions orient my movement and my receptivity. They make me turn my attention in a given direction, to be absorbed by a more or less defined object, to move (or move away) in a given direction.
This definition of "emotion" rejects the reduction of the person to a biological mechanism (like visceral changes mediated by the autonomic nervous system). When I experience a given emotion, say anger, I as a human person am not compelled to act in a hostile way. As a human person, I can decide whether to behave aggressively or not, to evaluate whether my anger is good or bad, and finally to use my angry feelings as a means to understand myself in the situation in which I am engaged. I am not just passive with respect to my emotions. I can voluntarily relate myself to my emotions.
This definition also rejects the conceptualization of emotions as pure "mental" or disembodied phenomena because an emotion is not a purely and primarily cognitive phenomenon affecting the mind, but a phenomenon rooted in one's lived body, and it can to a certain extent be pre-cognitive and subconscious (Panksepp, 2005; Prinz, 2005).

Emotions are primarily embodied phenomena since they are characterized by their connection to motivation and movement. Emotions are bodily functional states, which motivate and may produce movements (Sheets-Johnstone, 1999a, 1999b). As functional states that motivate movement, emotions are protentional states in the sense that they project the person into the future providing a felt readiness for action (Gallagher, 2005). Emotions are closely connected to values through feelings, and through values to the process of constructing one's identity. Although what is valued is framed cognitively (it is thought, perceived, remembered, imagined, etc.), actually attaching value (valuing something as good, or bad, or with indifference) always involves emotions. Values are beliefs, but not cold beliefs. Valuing is a process rooted in the emotional dimension of life. "Values" is one of those terms that although familiar in everyday discourse has no settled meaning. Values are "what matters" or "is important" for a given person. Values are attitudes that regulate the felt-meanings of the world and the significant actions of the person, being organized into concepts that do not arise from rational activity but rather within the sphere of feelings. Thus, grasping the values of a person is key to understanding her way of understanding and representing herself and the surrounding world. In general, comprehending a person's values is a key to understanding her "form of life" or "being in the world," that is, the "pragmatic motive" and the "system of relevance" that determine the meaning structure of the world she lives in, and regulate her style of experience and action (Stanghellini, 2016; Stanghellini and Mancini, 2018). Emotions and values are fundamental features of the process of building one's identity. Comparative emotions are essential to the conative processes of deciding and choosing. Valuing entails comparative emotions since it is through comparing emotions that we value something as better or worse than something else. The value system of a given person, is, first and foremost, a matter of emotional experience, not a matter of general principles justifying pre-set rules of right conduct (Husserl, 1988).

2. Emotional depersonalization in persons with FEDs

In persons with FEDs the building of their identity is at jeopardy because their emotional life is characterized by feelings of depersonalization. They feel extraneous from their body and emotions and this experience affetcs their whole sense of identity. Their emotional depersonalization is not merely of a kind of apathy or unfeeling: person with FED indeed feel their emotions but these are discontinuous over time and often so intense that patients may feel scared by them (Stanghellini and Mancini, 2019).
The following can be considered typical narratives in people with FED related to their emotional experiences:

> *Chaos takes over me when I cannot control my emotions.*
>
> *I've never understood anything about emotions. It's all a chaos!.*
>
> *I feel the emotion of lightness of my bones.*
>
> *This savage time blows in my face my uselessness ... Pure anguish!*

Patients experience violent changes in their emotions, and more generally in body experience: they may feel invaded or overwhelmed by emotions, impulses or desires. They experience a state of loss of control on themselves and on the situation. These experiences are felt as a threaten to their sense of sameness over time and of personal identity and lead to a feeling of inner vacuum and isolation. Their inability to define what is happening throws them into

a state of confusion. We named this phenomenon 'sudden irruption of disturbing bodily experiences' - its basic core for the temporal experience is a discontinuity and suddenness related to body and emotional experience this is characterized by a disorder of the basic continuity of experience (Stanghellini and Mancini, 2019). Patients live the present as an urgency, and feel unable to define what happens and what they are feeling. When they have a feeling coming from their body, an emotion or bodily sensation, FED patients are surprised and upset by these experiences as they imply the frightening sensation of loss of control.
Next to this overall condition of emotional depersonalization, FED persons also show three specific emotions, namely disgust, shame, and anxiety. These emotions are all related to one's body: shame and disgust for the shapelessness of one's body, and anxiety related to the feeling of loss of control over the incessant changes in body shape and functions.
These feelings of shame and disgust derive from the fact that experiencing one's body as an object seen by another person – as it is the case with persons with FED (see Stanghellini and Mancini, *Body experience, identity and the other's gaze in persons with feeding and eating disorders*, this issue) reduces the body to mere anonymous matter. One feels deprived of the power of imagination, that is deprived of what one could imagine and desire to do with the 'whatness' of one's body (Gennart, 2011).
Disgust is the emotion that accompanies the separation of a part from the whole. All the parts coming from the disintegration of things become waste. Anything is disgusting when it loses the harmony of completeness. We are disgusted by the physiognomy of decay, whose central characteristic is the *un-form*. Seemingly, discontinuity over time of body perception can contribute to the emotion of disgust towards one's own body in persons with FED, but first and foremost it is the feeling that one's 'lower' bodily needs must be separated from and opposed to the 'higher' spiritual values that contributes to it (see Scheler, 1923).
Shame seems to share this origin with disgust in persons with FED. Shame is the emotion whereby I am aware of being seen by another person whose devaluating gaze and annihilating contempt uncovers a part of who I am, usually a part that makes me feel inadequate and dishonored. This part, in the case of FED persons is obviously their body. The origin of the feeling of shame is the feeling of a sort of imbalance and disharmony between the claim of spiritual personhood and embodied needs. Shame arises by way of the contiguity between higher levels of consciousness and lower drive-awareness. Disgust and shame for one's body are rooted in one's experience of one's own bodily values as uncoupled from one's spiritual values.
Next to this feeling of shame that is related to the human condition as such, another main category of shame in FED persons refers to a general sense of being unworthy: the shame of being the person one is. This nuance of shame is closely related to guilt feelings or other 'depressive' emotions like feeling insufficient, undeserving, contemptible and insignificant. Also, there are several specific or 'local' intentional objects of shame (what they feel ashamed for, the focuses of their shame) in persons with FED (Skarderud, 2007a; b): greed (related to food), envy (for the success of other persons), sadness (for one's own miserable condition and achievement failures), grandiosity (for challenging death through starvation), rage (against one's own fate). Other focuses of shame are one's body appearance and body function. FED persons may also feel ashamed for their lack of self-control and self-destructive behavior. Their shame can be related to sexual abuse or to experiences in which they were being made inferior. Finally, they may feel shame for suffering from FED and the related social stigma.
Shame is both a cause and consequence in FED. Shame constitutes an emotional point of departure for anorexic behavior. Individuals with negative or low self-esteem will seek ways to compensate such feelings. As we have seen, negative emotions in FED people are controlled

via the concrete body. The focus of coping is on body, weight, and dietary control. Shame can also be a consequence of anorexic behavior (for instance in terms of social stigma, or failure in achieving the anorexic value of self-control), hence inducing a shame-shame cycle.
Shame is also a very relevant concept for understanding therapeutic processes. Profound shame can complicate the therapeutic process by challenging its very foundation: dialogue and the therapeutic relationship itself as health promoting. Understanding the role of shame in the therapeutic relationship can be useful for enabling therapists to persevere, by gaining an understanding of the behavior which may be experienced as a rejection (Skarderud, 2007a; b).
Anxiety is a mood and as such has no specific intentional object – one single thing one can be afraid of. In anxiety one feels suspended over an inner bottomlessness, while notone single thing, but an atmosphere is felt as a menace. Narratives of persons with FED show that anxiety is the emotion that arises in them when they feel a pervasive lack of control over their body. Yet what may remain in the background is that this anxiety around food and gaining weight and the almost constant preoccupation with the control of shape and weight can be traced back to the experience of a body that has ceased to be a guarantee of selfhood and identity. Yet these feelings related to body and self mainly remain unfocused and persons with FED may be unable to make explicit the ultimate 'object' from which their concern arises.
Generalizing, we can say that specific emotions like anxiety as well as disgust and shame are secondary with respect to a global feeling of emotional depersonalization. They all point to the global lack of feeling of being that lies at the bottom of the FED life-world that we must focus on in greater detail. Disgust, shame, and anxiety for one's body are deep-rooted in a special kind of *feeling of incompleteness* that is better understood as shapelessness or lack of form. This is not simply the lack of form in an aesthetic sense as is the case with being fat, ugly, or deformed. Rather, this feeling refers to the incapacity to give a form or shape to one's existence and to the unpredictability and uncontrollability of one's bodily and emotional workings and reactions. At the bottom of the inquietude they experience their body as an incomplete source of foundation and of harmony between organic and spiritual values, and more as an insufficient ground for establishing one's identity and place in the world. This is a global *bad mood* related to facticity (the matter-of-factness) as such, primarily directed to one's body. The body as such elicits feelings of disgust, shame, and anxiety, but the meaning of this nebula of feelings must be understood at a more general level. It is the concern for being formless and inconstant in an existential sense, that is, featureless, characterless, chaotic, indeterminate as well as discontinuous, unsteady, inconstant, wavering in a temporal sense.

3. Differential phenomenology of emotions in FEDs and other psychopathological conditions

There are analogies as well as differences between the emotional life in persons with FEDs and in other severe psychopathological conditions.
Melancholic persons suffer from severe emotional depersonalization - a painful feeling of being unable to feel (Schulte, 1961). They are deeply concerned with their incapacity to feel, and feel guilty for that. Also, the kind of emotional depersonalization in persons with FED is different from depersonalization in persons with schizophrenia since in persons with FED we do not find the schizoid emotional ataxia or *psychoesthetic disproportion*, that is the presence of two, opposite aspects or tendencies: on the one hand, hypersensitivity, tenderness, nervousness or vulnerability; on the other hand, insensitivity, coldness, numbness or indifference - as described for instance by Kretschmer (1925) (see Sass, 2004).
Also, acute states of perplexity in the sense of *trema* (Conrad, 1958) is extremely uncommon: FED persons do not live in an unfamiliar and uncanny world where the capacity to maintain a relationship with oneself and the world is threatened. Last nut not least, the disorder of self-affection in persons with schizophrenia is a much more

profound kind of ontological insecurity (Laing, 2010) or vulnerability than the feelings of shame and disgust for one's body that we find in persons with FEDs: in schizophrenia, it is the sense that one's very self is unstable and vulnerable to imploding or to being destroyed or annihilated by others.
Some analogies between the emotional life of FED and borderline persons can be drawn, as for instance they can both experience deep feelings of shame, but FED patients do not display the typical dysphoria–anger oscillations characterizing borderline persons (Rossi Monti and D'Agostino, 2014; 2019; Stanghellini and Rosfort, 2013). Also, borderline persons typically feel unquiet about their own body, but their concern is basically about their body as a locus of agency, that is, about what causes their body to behave in that given way (e.g. impulsively). Both borderline and FED persons may feel that their body is unable to feel, but the difference between the two is in the way they compensate or cope with this: borderline persons typically use strategies like self-harm, drugs, or promiscuity, whereas the kinds of coping strategy with respect to their emotional difficulties displayed by persons with FED (different in kind from all the other groups of patients) involve feeling oneself through the gaze of the other and defining oneself through the evaluation of the other, starvation, and quantification of one's body measures. These are the typical coping responses to the sense of alienation from oneself and fleeting selfhood and identity.

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