

BODY IDENTITY SEARCH: THE SUSPENDED BODY

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SUMMARY

The morphological transformations that occur during adolescence with rapid rhythm have an unprecedented psychological resonance and it is of fundamental importance to understand the way in which they are lived, perceived and elaborated. These fast body changes and the related social pressures make young people paying more attention to their physical appearance. Among the changes that the adolescent must face are: accepting their own body, acquiring a social role, establishing new relationships with peers, achieving emotional independence from parents. All of this is not always easy and many times they face a so difficult path that can produce the onset of some mental pathologies. Typical disorders that adolescents can face are the ones related to food. In these pathologies there is an isolation of the soul which corresponds to an alienation from the body: what remains in this loneliness is the gap between the idealized body and the objectified body. In this process of identity determination the idealized body is not able to relate to the real body (Cuzzolaro 2017). The dimension of their own body and the ability to meet the other bodies in the world are compromised; the only possible knowledge is represented by the impoverishment of their own subjectivity and by the attempt to recover it at an abstract level. Adolescents live in a condition of temporal suspension: the future is compromised and the past is demonized; what remains is a present moment made eternal by an indefinitely suspended instant (Juli 2018). Too fat for the anorexic, repulsive for binge eating; Merleau-Ponty already in 1945 expressed the concept of corporeality by using the following simple and very effective statement: "I am my body". This statement highlights the centrality of the body, of the person and his/her identity; this aspects are highly conflicting and, at the same time, pathologically united, in eating disorders.

Key words: eating disorders, anorexia, bulimia, perception of the body image, the body of teenagers, the body in adolescence

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INTRODUCTION

Ancient philosophy considered the body as subordinated to the soul, in particular a tool by which doing actions and/or expressing ideas, feelings. Cartesio was referring to the body as a machine of the soul when he was using wordings like *Res Cogitans* and *Res Extensa*; Platone was stating that the body was the crossroads of the soul; Socrates was considering the death as a liberation of the soul. Only starting from 900 the body was considered in a different way and the whole human being composed by body and spirit together. There are many theories and statements about it: it can be considered as a primary element because many things, ways of being or feeling are depending on it. Between us and our body there is a very strong relationship that cannot be ignored. It becomes the place where discomforts are manifested: what is internal becomes external. And especially eating disorders use the body to communicate the inner pain. In Italy these disorders affect millions of people and the number is constantly increasing. In more than 90% of cases, impacted people are young women: mainly girls between 12 and 25 years old, but also adult women. In recent years the phenomenon has also spread among young men. These disorders must not be mistaken for appetite diseases; they are very serious psychological problems. The relationship with food - denied, desired, refused or ingested in exaggerated quantities - expresses, in different ways, the same need: a desperate hunger for love. The current DSM V and ICD-11

diagnostic classifications consider eating disorders as one category called "Infancy and early childhood eating disorders". What is happening in people suffering from these disorders is a sort of gap between the real body and the ideal or desired body. Therefore they create a "ghost image" of a body that they do not accept and the desire for a different image. This becomes an intense need and alters the way of nourishing the real body. Mental image and corporeity define the concept of identity together with the psychological characteristics, the characteristics related to the personality and the socio-cultural environment. It is necessary to clarify how much important this concept is in the study and treatment of Eating Disorders; it is a very long and demanding work that does not always guarantee positive results and complete resolution. For sure first of all it requires a knowledge of ourselves that transcends from the ideas that others may have of us, from prejudices and stereotypes. There are different stages of life to be faced and overcoming them will determine the people we will be in the future. Each age has some evolutionary challenges to be faced: childhood with the phases of addiction and fusion; adolescence with its main characteristic of ambivalence between desire for independence and feeling of dependence; the first adulthood with the phases of detachment from the family of origin and the pressing requests from the society, the working world and the emotional and sexual relationships that differ from the unique, absolute and extreme loves of the adolescence time; the most mature age to take stock, with its truths and still uncertainties. For sure, in the

treatment of Eating Disorders, a careful analysis of the patient's identity will be important: how it is evolved, what impacted their most relevant choices, which pressures they had to bear, which battles they had to face and, among these, in which ones they were able to win and in which ones they lost. The reference to food is an appeal to the original relationship: the dysfunctional management of food as a mean of nourishment becomes, by refusing it or craving it too much, a very deep condition that goes beyond the desire to appear becoming a manifestation of being. The Eating Disorders can be read as a rejection of their body, as a need for security and as aggression and determination to defend what belongs to their world. Many studies on eating disorders have analyzed the body image by highlighting the aspects of body perception, for example how sizes and measures are perceived. This makes perceptions, feelings and behaviors difficult to be separated from the body perception; in addition, all these aspects are related to social factors which influence the models of the ideal body. Perception seems to play a role of primary importance in the definition of the body image that is the mental representation of the body self. It looks that since childhood this aspect is already influenced by the maternal behavior. In 1935 Schilder gave the first definition of body image as "that picture of our body that we create in our mind, that is the way our body appears to ourselves", distinguishing it from the concept of body scheme used by neurologists. The alteration of the body image, which has deep psychological roots, has often been discussed and considered by many as the central aspect of the pathology of eating disorders and even the starting point of other symptoms. DSM V simply summarizes the effects of body image as follows: self-esteem levels are highly influenced by the perception of body shape and weight. Levy, going deeper in his studies, in 1932 stated that the attitude of the parents is included in the process of developing and preserving the image so that, for example, a feeling of contempt will have a strong effect on the perception of one's own body. In addition, it is necessary to take into account the cultural context and over time the mass media as decisive elements for the spreading of ideals, beliefs and expectations of the individual. The reference to the investment and the importance that the individual gives to his physical appearance and the discrepancy between perceived body and ideal body seems to unite the most recent studies on body image. It therefore becomes "the image that we have in our mind regarding the shape and size of our body and what we feel about these characteristics and the single parts of the body" (Slade 1994). A distortion of this image has like consequence the implementation of strategies such as food restriction, elimination behaviors, physical hyperactivity, excessive control of body shapes and exasperated attempts to hide physical defects up to surgery. The socio-psychological factors that give their contribution to the development of eating disorders and

a negative body image are based on the idealization of thinness and on the denigration of obesity. This leads to the development of a continuum in body perception: on one hand the anorexic patient will tend to dissociate herself from her body image by developing a real disorder that leads her to always feel too fat even she is extremely thin, on the other hand, in the Binge Eating, seeing yourself always overweight or obese only reinforces the belief that you are a person who will never be able to lose weight, to reach goals and only capable to fail all the time. The psychopathological core of the eating behaviors is the body, whether we speak about anorexia or bulimia or binge eating (Fairburn 2003). Impacted people are not happy with their bodies in all three cases of mentioned disorder, therefore many of their thoughts are focused on the body and its control. Furthermore, the desire to rebuild one's own world and interiority is born from a different, hidden and diverted sense towards a goal that can only be missed. Therefore we have identities that are destroyed in the process of their construction, in which the double, the idealized body, should be as a medium for a re-composition of the lost unity. Identity becomes a prisoner of the obsession, the controlled becomes its controller. The excessive use of the body could be read as a failed attempt to regain a way of thinking. Girls report to think all the time without being able to stop; actually they do not think about anything, the thought is completely taken by the disease so that they uninterruptedly and obsessively dwell on the body.

THE SUSPENDED BODY

Understanding and interpreting the complex messages of the body in the contemporary reality of adolescents is a very hard work. The body is the first means of communication that we have. The physical aspect is the first immediate contact with the world, easily visible and the first part of us to be known by others. The way of dressing, behaving and interacting passes by it. It changes visibly and constantly in our lives, it is the great protagonist of adolescence, with its transformations and the eruption of sexuality, it is also the place of social interaction. A big part of the discomfort and mental suffering in adolescence is expressed through the body. It is used as a place of expression and communication of deep conflicts (Juli 2018). We know for sure that the relationship with the body begins with the maternal gaze, with the mutual relationship and that over time it will replace the gaze of the mother with that of the others; this will create the image of the body. The concept of body image is ambiguous, poorly defined; it is defined as a notion and a psychosomatic hypothesis (Cuzzolaro 2018). The body image is influenced by multiple individual factors, first of all self-esteem. In the first ten years of life, the child learns to recognize himself and to build his mental image, reaching a balance based on which he builds continuity and identity. The transformation in the adolescence time

breaks this balance and puts him at a crossroads: nostalgia for childhood body and moving into the direction of the biological change. The loss of the childhood body makes the adolescent experiencing a kind of mourning which must be overcome in order to find new balances (Juli 2017). Body transformations begin already in pre-adolescence (10-13 years), the hormonal and endocrine systems change with an acceleration of growth followed by a slowdown, an increase and redistribution of body weight and the maturation of secondary sexual characteristics. This comes together with a temporary devaluation of the parents, the transfer of emotional investments on people outside the family environment; additionally, the sensation of estrangement linked to the body comes together with some insecurity in the perception of one's identity. Among the friends the body is decorated with all the signs that express a specific belonging, the time spent in front of the mirror, the exaggerated interest in the physical aspect highlight a big investment in oneself; the teenager has also to choose himself as an object of interest, respect and esteem. In this period of total transformation conflicts and anxieties often express themselves by the body: hypochondria, dysmorphophobias, eating disorders. The obsession with beauty in this period becomes so conditioning that it seems to be a real disease. Body Image Disorder represents a true alteration of the perception, independent from the body shape itself. Worries can concern practically every aspect of the body: slight or imaginary defects of the face, the shape or size of the nose, ears, breast, etc. In young people the fast body changes question not only the representation of the self, but also that of one's own body, often not accepted and considered unacceptable. Therefore the desire for an adjustment, for a surgical transformation of parts not in harmony with one's own identity or considered too far from the most popular cultural stereotypes of beauty, becomes strong (Juli 2019). It is interesting to try to catch the meaning of the manipulation of the body, perceived as a blackboard where to draw one's own identity... The manipulations on the body, a place of individuation – separation, communication and exchange between the personal dimension and the collective and social one, determines a mix of motivations, desires and deep meanings. What is distinguishing this normal process of separation and detection from a possible body image disorder is the pervasiveness, obsession and attachment to the body that has nothing to do with the typical playful way of an adolescent in interacting with the body. In the Eating Disorders the body is really damaged, it is a wall that does not speak; if we think about anorexia, there is no theater, it is skin and bones, pure suffering for the body. There are no meanings, but only a body that risks the death! It is a body without any pleasure, without sexuality of the relationship; it is a body suspended in an interrupted identity process! It is a body with no joys, food, forms, relationships; the body is rejected and dead, with no life, therefore manipulations are put into practice to achieve

it. You can just think about amenorrhea that is experienced as a victory by anorexics. Furthermore, by stopping eating, the body does not grow; it stops, remains childish, delays adulthood: filling it with a lot of food, it gets deformed and confused. It is an anesthetized body that should be kept under control and that keeps psychic anguish; the goal will be to make *res cogitans* and *res extensa* interacting so that the body does not become a place to be mistreated but something that can face psychic pain. In the BED patient the problem of corporeality has new perspectives compared to other Eating Disorders. In anorexia the body is perceived as “always fat and full of defects”, in the best of cases “swollen” (this is what patients say), while in bulimia it becomes a precious ally to be always kept in good shape to face the excesses of binge eating. Sometimes it looks like a spy of the exaggerations in eating but in the end, thanks to the compensatory methods and exaggerated physical exercise, it becomes a good projection of successful control attempts. Something even more paradoxical happens in Binge eating. According to Castel-franchi, beliefs are all the more difficult to be changed the more the subject is convinced of their truthfulness; if a belief is supported by many it is even more difficult to be changed and it will be all the more powerful the more easily it will get integrated into that pre-existing system of purposes and beliefs of the person. In BED patients, beliefs of having no value are very strong, supported by real perceptions, weight scale and mirror. Overweight people feel fat, judged, not accepted because they are not conformed to the common social stereotypes. The Self is deeply heterodefined: the BED is reflected in the others to get the confirmation regarding their own value and disapproval generates a big disorientation; however the need for approval clashes with the fear of being invaded and disconfirmed. The alternatives are: getting adapted to be accepted, but without being able to succeed, or opposing, succeeding but without being accepted. The body is not an enemy to be annihilated as in anorexia or an uncomfortable tool of seduction as in bulimia, but a tiring and useless appendage to one's self. They do not appreciate it, they do not gratify or care for it, they do not know how to get pleasure from it; the shame for their unacceptable physical aspect removes all possibilities of benefiting from it. Only unpleasant sensations, regrettable and uncontrollable requested for food come from it. Not considering it as a positive element of the Self, the patient applies a “selective attention” to it, typical of depressed subjects always ready to catch the glass half empty; they notice and amplify its negative characteristics (sensation of heaviness, sweat, difficult in movement) ignoring the positive body sensations, except those that come from the food sphere. Although the body is so neglected, misunderstood, ignored, imprisoned in a cave of sadness and shame, binge eating delegates precisely to the body structure the hard task of communicating the message of inner pain to the outside, to the others and in all interpersonal relationships. People

with Binge Eating Disorder often shows a vision of themselves that oscillates between the highest esteem in their efficiency and the strongest criticism; often they are people dominated by the obsessive fear of blame and disappointments. This anxiety generated by such an irrational fear is never well managed; it is a very weak personality unable to deal with anxiety and manage frustrations. Often, in order to escape these negative feelings, BED people take refuge in wonderful projects and fantasies that can never be realized and when this awareness arrives, they go into an even more negative and intolerable psychological state. The physical aspect in this complex network of feelings and emotions that oscillate rapidly between hope and total disillusionment unconsciously becomes a defense and a refuge: by gaining weight the patient limits the judgment of others to the body only without exposing their own feelings and more personal values; by losing weight they are happy with the "social approval" and the approval of their family members, without necessarily being analyzed "inside". Finally, they often use the status of "being fat" as a very small issue: preferring to show off their fat and be judged on their body appearance rather than losing their defense and protection. They "hide" themselves inside their body, in a suspended dimension, and being judged by weight make them much less anxious and dangerous. Actually people with Binge Eating disorder are aware of their overweight; they do not show a real distortion of body perception; the distortion arises when the body aspect becomes the only measuring instrument to "judge" all the different aspects of daily life. They consciously prefer to adhere to prejudices about fat and efficiency, obesity and laziness, obesity and inadequacy, fat is not very nice, exactly because it is safer and more protected. Actually it is mostly on a socio-cultural level that the patient suffering from Binge Eating Disorder shows himself in line with a "distortion" of the body image: on the one hand the perfect body proposed by the media is self-denied; on the other, by moving so far from the current physical canons, the person with Binge Eating disorder punishes himself openly. The inner discomfort that caused it screams through the body that is so debased and disguised by fat. People suffering from this disorder wear their fat as a protection and a way to hide themselves, to deny their emotions that remain so frozen and repressed, buried "under an overweight" of 30, 40 kg of pain, in a body suspended with hidden emotions.

CONCLUSIONS

Starting from pre-adolescence, the certainties relating to the body disappear and people have to build new ones, based on anatomical and physical transformations and social expectations regarding body identity. The strong changes of puberty produce a revolution in the general perceptions and in the perceptions that people have about themselves so that they start questioning the body image that they have gradually built. For the

adolescent the body is often a place of expression and communication of their deepest conflicts. If rejected or not fully accepted, it can be attacked by the adolescent through body manipulations or eating disorders. Our body speaks, belongs to us and tells us if it has become a young man or a young woman, reveals what the mind is unable to think and reveals doubts and conflicts of our emotions; we could consider it as the theater of our emotions and as an expressive, meaningful and representative place where every phenomenon speaks. The search for the ideal body can become an obsession, a dominant thought that can become the precursor of deeper problems. Every day young people are bombarded by images proposed by the media: beautiful faces and beautiful bodies that reinforce the "cultural ideal" according to which men should be tall and muscular and women skinny and sensual: "the ideal body". Obviously few people correspond to it. Genetic aspects, which were not very salient in early childhood, appear in their full physical characteristic during adolescence. This means that puberty requires many teenagers to find a compromise with their body shape, normally far from that proposed by the media. This is the reason for which many of them are dissatisfied with their bodies. Overall, compared to boys, girls are more dissatisfied with their body and their concern is normally focused on specific areas of the body (breasts, hips, legs, etc.). The body image can be defined as the internal representation that each one has of his external appearance. The mental picture we have of our body that is the way the body appears to ourselves (Schilder 2019). The body image is the set of perceptions, affects, ideas that, through the personal history and the attitudes of the society, a person attributes to the body. Therefore the body image is not a simple cognitive concept but is closely linked to the internal emotional world, the relationship with the significant references of the external world and the personal history of each one. During the adolescence the body image reflects: - the type of consideration that the adolescent has in the social environment, - the adolescent's reactions to the self-image based on the group's opinions, - the attitudes derived from observation of others and by the comparison of one's own body with that of others. For an adolescent the self-image becomes the search for his own personal identity. Therefore it can be considered in relation to the global self-image, that is: self-esteem, confidence in one's own possibilities, personal adaptation, dependence or not on the outside. The body image influences the person's experiences more than the real image with consequent repercussions in terms of self-esteem, relationship difficulties, insecurity and emotional reactions. Those who have a good self-esteem can protect themselves from the comments of others; on the other hand, those who have low self-esteem are vulnerable to the judgments of others and therefore also to the way others perceive their body. A good self-esteem helps you to accept yourself as you are, with strengths and weaknesses, both physically and temperamentally. It also helps to be less

influenced by what others think of us and by how "we should be" for society. It is the assessment that a person makes regarding himself. It can be positive or negative and shows how important, capable and valuable a person considers himself. It is the value we give to what concerns us, to our appearance, to our characteristics and to how we see ourselves. Eating Disorders concern destroyed existences in the process of establishing the identity in which the idealized body cannot relate to the real one. It is a suspended body: suspended between what you want to be and ignoring who you really are, between wanting to exist and not knowing how, suspended between lightness and burden of living and, inevitably, of suffering. In order for this not to happen children should learn to organize sensory experiences in a healthy way; accepting the body in its changes, in its needs, in the signals it sends us. Many researchers agree in directing the interventions in the following two points: 1. developing creative potential by analyzing all the dynamics that prevent finding alternatives in difficult situations and learning to apply those that favor the production of new solutions; 2. increasing emotional and cognitive awareness by identifying the obstacles that prevent understanding. Adults / teachers can facilitate the process of growth and maturation, motivating people to take responsibility for their own behavior, to organize themselves and therefore to evolve. We should commit ourselves to a practice of accompaniment, recognition and sharing, which does not avoid the presence of adults, rather it is enriched by it (Falconi 2008). Recalling a well-known aphorism by Bernanos who warned the society against forgetting to train the spirit of young people: "because when the spirit of young people cools, all humanity beats the teeth".

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