

**Spirit-Centred Personhood:
re-reading anorexia nervosa through a feminist practical theological frame**

Thesis submitted in accordance with the requirements of the University of Chester
for the degree of Doctor of Professional Studies

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Declaration

The material being presented for examination is my own work and has not been submitted for an award of this or another HEI except in minor particulars which are explicitly noted in the body of the thesis. Where research pertaining to the thesis was undertaken collaboratively, the nature and extent of my individual contribution has been made explicit.

Signed *Julia Bebbington Babb*

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Abstract

Anorexia nervosa is a ‘frequently lethal illness’ (Watson et al, 2019). Watson et al make this assertion as they and other researchers seek to understanding the role that genes play in the illness and its lethality. Recent biological research such as this has vastly extended knowledge about anorexia, as has recent psychological and sociological research into the illness. However, researchers in these areas acknowledge that understanding of anorexia remains insufficient notwithstanding the new knowledge that they are generating through their painstaking work (Nunn et al, 2011).

I argue across this thesis that biological, psychological and sociological models of anorexia are unable to generate more sufficient understanding because they are limited by the binary opposition that structures discourse in the West. I claim that this limitation results from the way in which Aristotle’s metaphysical figuration of the subject of discourse as a universal male continues to frame subjectivity in the West: a framing of subjectivity that I argue the experience of female anorexia brings into view when engaged in an interdisciplinary dialogue with feminist practical theology.

In order to respond to the limitation that inheres in biological, psychological and sociological models of anorexia, and to generate more sufficient understanding of the illness, I develop a model of spirit-centred personhood through which to embody subjectivity and women with anorexia. I establish a reflexive narrative methodology to underpin the dialogic nature and dialectic movement of the theoretical framework of this model. I argue that these combine through the relational subjectivity that is embodied by the intrapersonal and interpersonal dimensions of the traits of my model.

My model of spirit-centred personhood thus enables me to respond to the research problem in two important ways. First, it enables me to generate knowledge from an embodied and sexuate location as it frames my engagement with the philosophy of Luce Irigaray, my key conversation partner. Second, it enables me to employ that knowledge to embody subjectivity in theory and women with anorexia in practice. In enabling me to respond in these two ways, my model assists me to achieve the overarching aim of this research project: namely, to enable women with anorexia to recover and sustain recovery across time.

Summary of Portfolio

My decision to engage in doctoral research at the disciplinary intersection of anorexia nervosa, spirituality and feminist practical theology resulted from my personal experience of anorexia, my professional experience of being chaplain to a psychiatric hospital and my interest in, and commitment to, practical theology as a multivalent discipline. As I began my research, I saw reframing subjectivity as the necessary first step in reframing diagnostic discourse in order to reframe therapeutic practice and effect better treatment outcomes in relation to anorexia and recovery. I saw practical theology as a disciplinary frame within which to achieve this (TH8001).

In my literature review (TH8002) I began the work of reframing subjectivity in dialogue with Luce Irigaray whose conception of sexuate subjectivity offers a corrective to the male sociocultural symbolic within which subjectivity is viewed, and knowledge and power are constructed and maintained, within Western discourse. I engaged the reflexive connection between theoretical research and social practice that Irigaray deploys as she conceives sexuate subjectivity in order to reframe subjectivity at the disciplinary intersection of my own research. Out of this engagement I identified the traits of my conception of spirit-centred personhood.

In my publishable article (TH8003, Babb, 2015) I began the work of establishing spirit-centred personhood as a frame for subjectivity that could be read either through the frame of religious scriptures, beliefs and practices or through that of spiritual traits such as meaning, value, connectedness, hope, purpose and a sense of transcendence. I engaged the life and writings of Saint Catherine of Sienna, the religious or spiritual or psychiatric origins of whose

fasting are widely discussed (Bell, 1985, Walker Bynum, 1987). This engagement was fruitful but has not been central to the development of spirit-centred personhood as a frame for subjectivity across the thesis.

In my reflective practice paper (TH8004) I began the work of developing a critical and reflexive narrative methodology through which to engage experience of anorexia and recovery, as it is told by women who have chosen to publish their stories, in the generation of knowledge. Crucially, through developing a methodology of this kind I began the work of accounting for knowledge that is generated through the use of experience and for the use of my own personal and professional experience in the generation of such knowledge.

In my research proposal (TH8005) I focused the intersection of anorexia, spirituality and feminist practical theology, and my reframing of subjectivity through spirit-centred personhood, around the binary structure of diagnostic discourse that experience of anorexia and recovery brings into view within the wider binary structure of Western discourse. I identified two interconnected questions which develop the reflexive connection between theoretical research and social practice that I traced in my literature review (TH8002) and set the parameters of this thesis.

Abbreviations

Luce Irigaray

- AO *And the One Doesn't Stir without the Other*
- AWL *How Could We Achieve Women's Liberation*
- BA *To Begin with Breathing Anew*
- BEW *Between East and West*
- C *Conversations*
- CS *Ce Sexe Qui N'En Est Pas Un*
- E *Éthique de la Différence Sexuelle*
- ESD *An Ethics of Sexual Difference*
- EP *Everyday Prayers*
- EW *Equal to Whom?*
- ILTY *I love to you*
- IR *The Irigaray Reader*
- ITB *In the Beginning, She Was*
- JAT *J'aime à toi*
- JTN *Je, Tu, Nous*
- KW *Key Writings*
- LI *Luce Irigaray in Conversation*
- S *Speculum of the Other Woman*
- SA *Speculum de l'Autre Femme*
- SG *Sexes and Genealogies*
- SP *Sexes et Parentés*

- SW *Sharing the World*
- STF *Sharing the Fire*
- TDF *Toward a Divine in the Feminine*
- TVB *Through Vegetal Being*
- TS *This Sex Which Is Not One*
- WE *Women's Exile*
- WL *The Way of Love*
- WLST *When Our Lips Speak Together*
- WO *What Other Are We Talking About*

Chapter One

Introduction

The Research Problem

The research problem that I address across this thesis has two parts. The first relates to anorexia nervosa, a serious psychiatric condition with physiological causes and consequences in brain and body. The second relates to the binary opposition that structures classical theological discourse and Western discourse more widely, including the diagnostic and psychoanalytic discourses that frame knowledge about, and understanding of, anorexia nervosa in Western culture and society.

In relation to anorexia nervosa the problem is that the illness is ‘poorly understood and difficult to treat’ and has ‘no strong evidence base for any specific treatment’ (Nunn, Frampton, Fugslet, Törzsök-Sonnevend & Lask, 2011, 356). Anorexia nervosa has a higher mortality rate than other psychiatric illnesses which leads psychiatrists who are currently researching it to describe treatment outcomes as ‘unacceptably poor’ (Watson et al, 2019). This problem in itself necessitates research in order to reframe knowledge about, and understanding of, the illness. As Katharine Wealthall, one of the women whose narratives of anorexia and recovery I engage, writes: ‘A friend of mine I met during treatment put it most accurately when she said, ‘all books stopped exactly where I needed them to begin’ [sic], life in recovery is an extremely individual experience but each individual needs to know that the ongoing battle is the reality of life in recovery’ (2005, 10-11). More specifically, the problem requires that a realistic account of the experience of anorexia be the focus of research and that supporting and sustaining recovery be the goal of research.

In relation to classical theological discourse, and Western discourse more widely, the problem is that binary opposition structures the generation of subjectivity and knowledge. According to the Aristotelian metaphysical logic of A/not-A, the identity of the subject, A, is privileged through the negation of that which is not the subject, not-A. More specifically, according to the grammatical logic of this framework, the female subject is subordinated, particularised and objectified in order to privilege and universalise the male subject. Luce Irigaray, the philosopher and psychoanalyst who I engage as my key conversation partner, argues that the binary operation of this logic severs the subject from their sexuate subjectivity because it severs the subject from their origin in the maternal-feminine (ESD, 98, E, 98). That is, it severs the subject from their natural origin in their mother and the material world, and from their spiritual origin and human becoming at the 'sensible transcendental' threshold between subjects. It is this metaphysical severance of the subject that Irigaray's retrieval of the maternal-feminine seeks to remedy.

The two parts of the problem come together in the difficulty of embodying the subject, specifically the female subject, in Western discourse. This problem questions the speaking subject in Western discourse: In relation to this research project, it specifically questions who speaks diagnostic and psychoanalytic discourse and who speaks theological discourse. It also questions phenomenological and sensory experience, and the credible use of such experience in the generation of knowledge.

I frame and think the problem of embodying the subject through an engagement with Irigaray's notions of sexual difference and sexuate subjectivity, in dialogue with feminist practical theology. It is a problem I aim to resolve in relation to both anorexia nervosa and classical theological discourse by developing my notion of spirit-centred personhood at the

‘sensible transcendental’ threshold between subjects, something that Irigaray’s work makes possible through its rethinking of sexual difference. My model embodies the subject through bringing the biological, psychological and sociological dimensions of human personhood into a dialectic relation with its spiritual dimension, as I will show in Chapter Five.

Through bringing these dimensions of subjectivity into a dialectic relation, spirit-centred personhood is able to respond to what Carrie Arnold, another of the women whose narratives I engage, describes as the ‘complex push and pull of nature and nurture’ (2013, 40) in anorexia nervosa. This ‘push and pull’ reflects the binary opposition that structures Western culture. The person with anorexia experiences the ‘push and pull’, physically and culturally, as they interact with their environment, and this finds expression in the physiological causes and consequences of the illness in brain and body.

The Research Questions

In response to the two parts of the research problem, I have two research questions that I address across the thesis.

How does the experience of having anorexia nervosa bring into view the binary opposition between body and spirit through which Aristotle figures the metaphysical framework of his philosophy, and which underpins much of Western discourse?

How does interpreting, and responding to, that binary opposition from a feminist practical theological perspective help us to better understand anorexia nervosa and support and sustain recovery from it?

The first question operates at a theoretical level in relation to anorexia nervosa in particular, and to the binary opposition through which Aristotle figures the metaphysical framework which underpins Western discourse, in general. The second operates at a practical level in relation to the illness and is worked out in dialogue with diagnostic and psychoanalytic discourses and therapeutic practice, in particular, and in dialogue with feminist practical theological discourse, in general. The theoretical and practical interplay of the questions frame the two parts of the research problem so that the questions enable me to investigate, and defend, my use of experience in response to the interaction of ‘nature and nurture’ in anorexia nervosa. The theoretical and practical interplay of the questions also enables me to build on, and extend, the constitutive interdisciplinarity of feminist practical theology (Mercer, 2016) as I respond to the two parts of the problem. Most importantly, the theoretical and practical interplay of the questions enables me to bring into view the human person who suffers the physiological causes and consequences of anorexia nervosa in brain and body.

I employ the phrase Western discourse to refer to the theoretical texts that have structured thought and subjectivity in the West from the time of Aristotle and early Greek philosophy onwards (Felman, 1975, 3). These texts structure thought and subjectivity from the perspective of the universal male subject and, as Irigaray shows, they define the female subject as opposite to, and other to, the dominant male subject not only within philosophical discourse but also within all other fields of discourse, including those of psychoanalysis and theology, since philosophy has served historically as master discourse (S, SA, TS, CS, Moi, 1985, Jantzen, 1998). Moreover, they structure thought and subjectivity in two significant ways which relate to the argument that I make across this thesis. First, through the way in which they codify the myths and values that form the sociocultural symbolic which underpins the Western thought – and the worldview that it purveys (Jantzen, 1997, 266). Second,

through the way in which they codify the metaphors, images, symbols and representations that form the sociocultural imaginary which constructs subjectivity at an unconscious level (Jantzen, 1997, 267-268).

I approach subjectivity through discourse because the subject is framed symbolically and socially in their cultural context through ‘systemic instances of language (written or spoken)’ as Margaret Whitford terms it in her analysis of Irigaray’s philosophy (1991, 42). The enunciative power of language means for Irigaray that the subject is able only to take up the symbolic and social position that is ascribed to them in their context. In Irigaray’s view, the symbolic fixing of subject positions in language systematizes binary opposition in society, precluding real dialogue between subjects. More specifically, in her view, the symbolic positioning of subjects as either A or not-A in their sociocultural context, results in the universalised male subject becoming ‘the master of the world, of objects, of the other’ (ESD, 76-77, E, 79) and the particularised female subject being ‘the unconscious womb of man’s language’ whilst having ‘no relation to “her” unconscious except one that would be marked by an essential dispossession’ (TS, 94, CS, 92).

In approaching subjectivity through language my general intention, as a researcher, is to position subjects in dialogic relation to each other symbolically, socially and culturally, in order to rewrite the binary opposition through which they are represented in Western discourse. My specific intention is to embody subjectivity through bringing into view the ‘substance-mère / mother-substance ... du verbe des hommes / of the word of men’ (SG, 71, SP, 83) as Irigaray expresses it in relation to her retrieval of the maternal-feminine, where ‘verbe’ in the original French conveys the sense of ‘word’ as the *doing* of language. My intention as a feminist practical theologian is to position embodied subjects in theological

relation to the *doing* of the Word made flesh, Jesus the Son of God, the incarnate Word of God ‘who has made [God] known’ (John 1:18). I seek to do this through rereading and retrieving the doctrine of Trinity from the relational perspective of the economy of salvation (LaCugna, 1991).

Locating the Research Project

I chose to focus this research project on primary female anorexia nervosa from amongst the wider spectrum of classified and non-classified eating disorders. I made this choice because primary female anorexia nervosa is the eating disorder that I experienced during my late teenage years. My experience of it means that it is the eating disorder that I feel most able to research as an adult, practical theologian and chaplain to a psychiatric hospital. In primary anorexia nervosa, eating is characterised by severe restriction of food and fluid, almost always determined by calorific count, and is often accompanied by excessive exercise, to burn off any calories that are ingested. The term anorexia nervosa is the medico-diagnostic term for the illness and indicates some of the many paradoxes that are associated with it. ‘Anorexia’ means, literally, loss of appetite although experience of severe restriction is an experience of searing hunger and food-obsessed thoughts as the effects of starvation take over physically, psychologically, socially and spiritually. ‘Nervosa’ denotes the psychiatric nature of the core symptoms of the illness, for example fear or abhorrence of fat and weight gain, and points to the psychiatric source of those symptoms.

I will refer to primary female anorexia nervosa as anorexia, for short, across this thesis. I will refer to women with anorexia as women with anorexia except where I quote them referring to themselves as anorexics as, for example, Katharine Wealthall does: ‘I am an anorexic. I have

anorexia nervosa ... Accepting that has been one of my biggest challenges ... This illness is a part of me. It dictates to a great extent how my brain operates; how I think, how I feel, what I do – who I am' (2005, 36). Since my focus is on primary female anorexia nervosa, and the women whose narratives I engage identity as female, I will use the feminine pronoun to refer to the subject across this thesis. My use of the feminine pronoun should not obscure the fact that the embodied experience of gender identity and sexual orientation is not binary for Laurie Penny, another of the women whose narratives I engage (2017). Indeed, Penny's sociocultural experience of gender identity and sexual orientation as binary contributed to her falling ill with anorexia, while her experience of the subordination, objectification and particularisation of women in Western culture contributed to her choosing to identify as female in spite of her non-binary experience of gender identity and sexual orientation.

I chose to engage a range of women's narratives of anorexia and recovery as primary sources across the research project. I made this choice for two reasons. First, narrative offers a way of accessing experience and, in relation to this project, accessing experience of anorexia and recovery. Second, accessing experience in this way offers a way of embodying the subject at the threshold where the biological, psychological, sociological and spiritual dimensions of subjectivity intersect. I chose to engage narratives that women published specifically as a means of enunciating their experience and sharing it with the intention of helping others to make sense of their experience and find hope for recovery. I made the choice to engage experience through published narratives, rather than interviews with a sample group, for two reasons. First, there exists a body of narratives that women from different socio-cultural contexts have published across the last fifty years which has not received the academic attention that I believe the women's accounts merit. Second, the women frame and enunciate their experience in their own voices in the narratives, rather than in response to questions that

I voice as researcher in order to frame the experience of illness and recovery and their enunciation of it. I will discuss this choice, and the credible use of narrative to generate knowledge in academic research, in Chapter Four.

I undertook the research project within the framework of a professional doctorate in practical theology. This framework enabled me to locate the research in experience, in the form of narrative, and investigate that experience through conducting a dialogue (or tri-a-logue) between academic knowledge (from theology, philosophy, science and psychoanalysis), professional practice (as a healthcare chaplain who works alongside other healthcare professionals) and personal experience of anorexia (my own and that of other women) in order to generate knowledge. The experiential situating of the research project and dialogic (or tri-a-logic) investigation of narrative enables me to generate theoretical knowledge that is informed by experience and aims to transform practice. The practical locus of research is an intentional aspect of professional doctoral work since, as Bennett, Graham, Pattison and Walton write in their review of professional doctoral programmes in practical theology, ‘practices both perform and create worlds and world views’ (2018, 59). This practical locus enables me to bring into view the person who experiences the ‘complex push and pull of nature and nurture’ in anorexia as she interacts with her physical and cultural environment. Through bringing into view the person, it enables me to embody the subject in Western discourse and generate knowledge with which to enable the person with anorexia to recover and sustain recovery.

Making the Argument

My argument is in two parts in line with the two parts of my research problem, my two research questions and the practical locus of the project. First, I argue that experience of anorexia brings into view the problem of embodying the subject in Western discourse, as a result of the binary opposition that structures it. Second, I argue that the experience of anorexia locates the response to the problem of embodying the subject in the *doing* of subjectivity. That is, it locates the response in embodying the subject through a dialectic relation between body and mind, in the intrasubjective or horizontal dimension of subjectivity, and between sexuate subjects, in the intersubjective or vertical dimension of subjectivity. Irigaray articulates this as a spiritual becoming that is both human and divine, immanent and transcendent. It has two dimensions. First, as she herself puts it in the later, generative, phase of her work: ‘the world that we must first inhabit is the one of our living body, of our flesh, and not a world built and told ... by the logos. We must succeed in saying ourselves in order that we could place ourselves in the saying of the world in which we live’ (STF, 95). Second, we inhabit our bodies, succeed in saying ourselves and placing ourselves in the saying of the world through ‘desire as fire’, in particular ‘sexuate desire’ (STF, 106).

From the earliest, deconstructive, phase of her work, Irigaray placed the subject in the saying of the world through desire in order to counter the subject being spoken by the rational logos of discourse through which the subject is positioned in Western culture (S, 28, SA, 28). In the middle, constructive, phase of her work she enunciated the ‘sensible transcendental’ as the natural and spiritual threshold at which sexuate subjects say the world through the desiring, loving, mediation of the ‘sensible horizon’ (ESD, 32-33, E, 38-39). I will discuss this further in Chapters Three and Five. Across all three phases of her work, the natural and spiritual,

human and divine, meet in the maternal-feminine, the ‘mother-substance ... of the word of men’: ‘the feminine divine assures a bridge between the human world and the cosmic world, between micro- and macrocosmic nature, the body and the universe. The feminine divine never separates itself from nature, but transforms it, transsubstantiates it without ruining it’ (KW, 167). The feminine assures a bridge between the human and the divine, safeguarding human life and becoming (KW, 187) because it leads ‘towards an ethics which takes into account particularities, differences, contingencies, and requires us to rediscover the other as other, and to invent, along with him or her, a style of comportment that could in no way pre-exist our encounter’ (KW, 175).

I express the natural and spiritual values that the feminine assures through the idea of spirit-centred personhood. I conceived the idea of spirit-centred personhood, and the seven traits through which I frame it as a model of embodied subjectivity, as I reviewed primary and secondary Irigarayan literature during Stage One of this project. I developed the idea into what I refer to as my model of spirit-centred personhood, and defined its seven traits, through engaging the first-person experience of the women whose narratives I use as I constructed my reflexive narrative methodology and theoretical framework during Stage Two of this project. The idea of spirit-centred personhood is a way of thinking and speaking about consciousness, subjectivity and ethical relating to self, others, the divine Other and natural world, through a frame of embodied subjectivity which is sexuate and differentiated. The seven traits of my model of spirit-centred personhood combine to frame the embodied subjectivity that spirit mediates. Within my model, spirit mediates a dynamic account of intrapersonal and interpersonal subjectivity which supports human becoming in Irigarayan terms, or the formation of sexuate and differentiated subjectivity, and human flourishing in feminist practical theological terms, or practices that embody the love of God which was incarnate in

Jesus the Son of God through the action of the Holy Spirit and co-redemptive action of Mary, as I will discuss in Chapter Three. I will set out the idea of spirit-centred personhood in full, and I will discuss the traits through which I frame embodied subjectivity, in Chapter Five. Here, I briefly summarise the seven traits and the way in which they combine to embody subjectivity and women with anorexia.

Natural and spiritual values are rooted in the sensory experience of our bodies (Trait 1), and an ethic of sexual difference (Trait 2) since ‘sexuation is the structure which supports the unification of our being at a material and a spiritual level’ (TBB, 9). An ethic of sexual difference enables the subject to become human, or attain embodied subjectivity, through cultivating self-affection (Trait 3) as a form of perceiving and concentrating ‘one’s own inner energy’ in order to realize ‘what our limits are and the thresholds between the inside and the outside of the space that is ours’ (TBB, 17). Self-affection in turn enables the embodied subject to relate in a non-appropriative way to other embodied subjects (Trait 4) thus securing the autonomy and interdependence of both subjects in the dialectic relationship that energises my model (Trait 5). Together these traits create and assure the middle-space, or ‘sensible transcendental’ threshold, between subjects (Trait 6) that makes possible way-making, or embodied sexual subjectivity (Trait 7). Middle-space and way-making embody the subject of Western discourse, including the theological subject, in theory, and support women with anorexia to embody their subjectivity in a way that safeguards their natural and spiritual life and enables them to sustain recovery, in practice.

The women whose narratives I engage assist me in making my argument because through their narration of their experience, they question the binary opposition that structures diagnostic, psychoanalytic and theological discourses. Through this, they bring into view not

only the epistemological and actual harm that binary opposition does to persons who are not the universal male subject of Western discourse, but also the possibility of embodying subjectivity through narrative. I will argue that this constitutes Irigaray's 'new poetics' in Chapter Four where I discuss my narrative methodology.

The potential weakness in my engagement of Irigaray in constructing spirit-centred personhood is that the sexual difference which underpins her 'sensible transcendental' is potentially essentialist and dualistic, as I discuss in Chapter Three. The strength in my engagement of Irigaray is her intention is to take into account the 'particularities, differences, contingencies' that intersect in embodied subjectivity and between embodied subjects, as I discuss in Chapters Three and Five. The potential weakness in my employment of a narrative methodology is the problem of using phenomenological and sensory experience in a credible way to generate knowledge, as I discuss in Chapter Four. The strength in my use of a narrative methodology is that it not only problematises the difficulty of embodying the subject in Western discourse but also brings into view another way of conceiving the problem and responding to it which makes possible embodied subjectivity, in theory and practice. Or, as Irigaray summarises it: 'We must think about what our traditional discourse, about what the logos, is able to say and what it maintains outside its saying, either because it does not aim to tell it or because its way of saying prevents it from perceiving and expressing this non-said' (STF, 105-106).

Conversation Partners

I chose conversation partners to assist me with the theoretical and practical work that the two parts of my research problem, my two research questions, and the practical locus of my project, necessitate, namely:

- bringing into view the subject, specifically the female subject, and embodying subjectivity.
- locating the research project within the discipline of feminist practical theology and at the intersection of the academic discourses of theology, philosophy, science and psychoanalysis.
- working epistemologically and methodologically, theoretically and practically, at this intersection.
- making and advancing my argument in response to the two parts of the research problem and the two research questions.
- establishing my model of spirit-centred personhood as a form of embodied subjectivity
- generating knowledge with which to enable women to recover from anorexia and sustain their recovery.

Irigaray is my key conversation partner as I indicated above. I chose to engage Irigaray in this work because she rethinks subjectivity, and embodies the subject, through retrieving the maternal-feminine and remaking the relationship between theory and practice in discourse, from a psychoanalytic perspective. Irigaray's rethinking, retrieving and remaking is able to operate at the intersection of academic disciplines at which I problematise diagnostic and psychoanalytic discourses, in the form of biological, psychological and sociological models

of anorexia, in Chapter Two, and classical theological discourse, in the form of the doctrine of the Trinity, in Chapter Three. Moreover, because Irigaray's rethinking, retrieving and remaking is able to operate at this intersection I am able to engage it to construct spirit-centred personhood in Chapter Five, and to generate knowledge through embodying subjectivity and women with anorexia, the female subject, in Chapters Six and Seven.

I deliberately chose to place theological conversation partners in dialogue with Irigaray and the research problems and questions that I outlined above. In their thinking they assist me to critically engage with classical theological discourse and embody subjectivity from a feminist practical theological perspective, which is the aim of this project. Thus, I chose to engage Catherine LaCugna because her major work critically constructively reconceives the doctrine of the Trinity, which forms the grammatical framework for classical theological discourse and Christian faith, through 'rooting all speculation about the triune nature of God in the economy of salvation' (1991, 2). In other words, through her reconception of the Trinity, LaCugna retrieves theological discourse from the abstraction of ontological speculation and locates it in the embodied life of faith. I chose to engage Hannah Bacon because she critically engages Irigaray's work to rethink the doctrine of the Trinity from the perspective of feminist theology (2009a). Bacon's rethinking complements LaCugna's retrieval in the embodiment of the subject and the advancement of my argument.

I engage Heather Walton because she critically employs Irigaray's work to rethink the relationship between theology and literature from a feminist theological perspective (2007). This rethinking is vital to the credibility of my use of narrative. I also engage Walton because in her wider work she explores the methodological issues that inhere in representing first-person experience in a credible way in spiritual life writing and the methods that may be used to express this experience in a credible way (2014, 2015): Methodology and method are vital

dimensions of the way that I account for my personal and professional location in the research as researcher and for the credibility of the knowledge that I generate through my use of narrative. I engage Courtney Goto because she problematises the practical theological subject, the subject who *does* practical theology, from the perspective of her racial experience as a female minority ethnic practical theologian (2018). Through this, she brings into view and embodies the subjects who are ignored in practical theological discourse, enabling them to express '[their] understanding of [their] reality' (2017, 182) and generate practical theological knowledge.

Overview of Chapters

The chapters that follow work in pairs as I do my deconstructive work, in Chapters Two and Three, my constructive work, in Chapters Four and Five, and my generative work, in Chapters Six and Seven. Through combining in this way, the chapters enable me to respond to the two parts of the research problem and two research questions and generate theoretical and practical knowledge with which to embody subjectivity and enable women with anorexia to recover and sustain recovery.

In Chapters Two and Three, respectively, I outline the binary logic of A/not-A according to which Aristotle figures the metaphysical framework that structures Western discourse, and the notion of speaking (as) woman with which Irigaray changes the linguistic code in order to counter the logic of saming and othering that results from A/not-A. Across the two chapters I discuss biological, psychological and sociological models of anorexia, and the doctrine of the Trinity. In both chapters I employ the women's narratives to show how the knowledge that is produced by these models of anorexia and the doctrine of the Trinity, is limited in theory and

practice by its binary structure. In both chapters I engage Irigaray's thinking of difference to deconstruct subjectivity in theory and practice and to place me in a position to build on her notion of the 'sensible transcendental' as I embody subjectivity in theory and practice in the constructive work that I do.

In Chapters Four and Five respectively, I develop the narrative methodology and model of spirit-centred personhood through which I embody subjectivity in dialogue with Irigaray and the women whose narratives I engage. Across the two chapters I establish a new poetics with which to reread and rewrite theology and anorexia, frame embodied subjectivity and enable women to recover from anorexia and sustain recovery. My reflexive engagement of the women's narratives allows me to do two things. First, to demonstrate the credibility of my employment of narrative. Second, to show embodied subjectivity at the intersection of horizontal and vertical, intrapersonal and interpersonal, dimensions of the traits of my model. In both chapters I employ Irigaray's 'sensible transcendental' to construct the embodied subjectivity that I argue narrative methodology and spirit-centred personhood make possible and with which I generate knowledge in Chapters Six and Seven.

In Chapters Six and Seven respectively, I show the new knowledge with which women are able to recover from anorexia and sustain recovery, suggest the contribution that this makes to understanding anorexia and to feminist practical theological discourse, and indicate possible further research. I do this through using the traits of spirit-centred personhood as a framework within which to analyse the experience of anorexia and recovery of the women whose narratives I engage: a framework within which love mediates between embodied and sexuate subjects. Significantly, as I argue across these chapters, the integrative perspective of love assists women with anorexia to develop the narrative sense of self across time that is

crucial to recovering and sustaining recovery. It also locates feminist practical theological discourse within a relational economy of salvation that incarnates faithful practice, thereby overcoming binary opposition between immanence and transcendence in speech about God.

Chapter Two

Language Work

This language work would thus attempt to thwart any manipulation of discourse that would also leave discourse intact ... in its *autological presuppositions*. Its function would ... be to *cast phallocentrism, phallocratism*, loose from its moorings in order to return the masculine to its own language, leaving open the possibility of a different language. Which means that the masculine would no longer be “everything” ... it could no longer ... by itself, define, circumscribe, circumscribe, the properties of ... everything ... the right to define every value – including the abusive privilege of appropriation – would no longer belong to it. (TS, 80, CS, 77)

Introduction

In this chapter, I begin the language work through which I bring into view the subject of Western discourse and women with anorexia in response to the first of my research questions. I argue that the subject who speaks in Western discourse is the universal male whom Aristotle figures in the metaphysical framework of his philosophy. I identify the autological presuppositions, or binary logic that opposes A/Not-A, by which the speech of the universal male structures Western discourse grammatically. I show this binary logic through a dialogue between the experience of having anorexia and the diagnostic and psychoanalytic discourses that inform biological, psychological and sociological models of the illness in the West. I suggest that this logic prevents subjects who are not the universal male subject from speaking as subjects within Western discourse, thereby preventing embodied and sexuate subjectivity. I show that this logic excludes the experience of having anorexia from diagnostic and psychoanalytic discourses, thereby excluding important understanding of the illness. I compare the effect of this with the ‘blind spot’ that Irigaray identifies in psychoanalytic discourse: ‘A certain economy of the logos ... a logic ... of “desire” whose link to classical philosophy [Freud] fails to see’, defining ‘sexual difference as a function of the a priori of the same’, and thus fails to question (S, 28, SA, 28-29). A ‘blind spot’ that she sees reflected in

psychoanalytic practice with the result that ‘psychoanalysis does not question, or questions far too little, its own historical determinants’ (TS, 125, CS, 124). I conclude that the language work through which I bring into view the universal male subject of discourse and women with anorexia, generates important understanding with which to support women to recover and sustain recovery as embodied and sexuate subjects.

Diagnostic and Psychoanalytic Discourses

For Irigaray, psychoanalytic discourse fails to ‘interpret its entrapment within a certain type of regime or property ... a certain type of discourse (to simplify ... that of metaphysics), ... a certain type of religious mythology’ (TS, 125, CS, 124). Regime, property, discourse and religious mythology are, in her view, each connected with the ‘cultural capital’ and ‘general economy’ that underlie psychoanalytic discourse and Western discourse more widely. The entrapment of psychoanalytic and diagnostic discourses meant for Paula Saukko, another of the women whose narratives I engage, that ‘what I say is not to be taken at face value, but ... to be read as a symptom from which a diagnosis can be made by my psychiatrist, my friends, or any bystander’ (2008, 22). Questioning ‘diagnostic logic’ enabled her to interpret her ‘commitment to stop eating ... [as] ... an oblique attempt to attain a middle-class, composed, and controlled disposition’ (2008, 32). This in turn helped her to see that ‘embodied capital’ is a form of binary opposition that underpins power structures within Western discourse, and results in social and economic inequality (2008, 32). Or, to put it otherwise, questioning diagnostic logic reveals a culture and society that are ‘based upon the exchange of women’ as Irigaray writes as she critically questions the logic of psychoanalytic and diagnostic discourses (TS, 170, CS, 167).

Living in a culture and society that are based on the ‘exchange of women’ meant for Laurie Penny that having anorexia was ‘a private, violent expression of the cultural trauma whereby the female body is appropriated as a market resource’ and women ‘are fashioned as industrial inputs’ (2011, 22.). She attributes her falling ill with anorexia in part to her experience of gender dysphoria and bisexuality within this sociocultural context and recalls how healthcare professionals tried to ‘bully [her] back on to the right side of the gender binary’ (2017, 165-166). The binary logic of the diagnostic and psychoanalytic discourses that informed the healthcare professionals who treated Penny operated via what Nancy Jay describes as the basic rules of logic, the Principle of Identity, the Principle of Contradiction and the Principle of the Excluded Middle (Jay, 1981, 42): ‘If you [aren’t] a lesbian the route to good mental health [is] to ‘accept your femininity’’ (Penny, 2017, 167). In other words, if you are female you are female, you cannot be female and male since there exists no gender identity between them. Anorexia and other eating disorders are, as Penny observes, ‘political and cultural disorders with deep physiological effects’ (2011, 27)

Penny’s experience illustrates what Irigaray calls the ‘the abusive privilege of appropriation’ as a result of the way that the binary logic of diagnostic and psychoanalytic discourses informs therapeutic practice. Her experience shows it as it is experienced in relation to gender identity and anorexia in particular. It also shows the effect in relation to mental health and mental ill health more generally. Thus, mental health and mental ill health are thought as binary opposites: normal and abnormal. Thinking this binary with Irigaray, mental health, or normal, is defined by healthcare professionals through the universal male subject of diagnostic and psychoanalytic discourses. Again, thinking this binary with Irigaray, mental ill health, or abnormal, is the negated, excluded and oppressed female other of the universal male subject of diagnostic and psychoanalytic discourses. This binary structures the subject-

to-object relationship through which healthcare professionals appropriate the people whom they treat, as Penny's experience shows. Revealing the binary that inheres in the discourses that frame mental health and mental ill health reveals the binary that inheres in the practices that these discourses inform. Revealing this binary opens a way to guard against appropriation through rethinking normal and abnormal. This is crucial if therapeutic practice is to support and sustain recovery.

Anorexia Nervosa

In anorexia internal and external perception go awry biologically, psychologically and sociologically, in the disordered eating and the distorted body image that accompany it. The complex nature of this disorder and distortion frames, and questions, how the binary logic of diagnostic and psychoanalytic discourses objectify persons who are different to the male subject of Western discourse, culture and society. Neurological research suggests that disordered eating and distorted body image can be explained by insula dysfunction¹ (biological), which impairs cognitive ability to process internal and external information about physical, mental and emotional body state (psychological) (Nunn, Frampton, Fugslet, Törzsök-Sonnevend & Lask, 2011). This interacts with sense of self and the meanings that society inscribes on bodies, especially female bodies (sociological). Distorted body image is an experience of both physical and psychological bifurcation, as Grace Bowman describes:

¹ The insula connects different parts of the brain, coordinating 'the balance between those parts of the brain that deal with adaptation to the external environment and those responsible for internal homeostasis' (Nunn, Frampton, Fugslet, Törzsök-Sonnevend & Lask, 2011, 353-354). The dysfunction that results when different part of the brain are not connected and coordinated are recognized psychopathological features of anorexia: 'deficits in executive functioning and central coherence', 'distorted body image', 'anxiety' and 'obsessive-compulsive behaviour' (Nunn, Frampton, Fugslet, Törzsök-Sonnevend & Lask, 2011, 353).

‘Two sets of eyes see the size of the body completely differently. She fears her own shape – it becomes, like a monstrous creation, the seat of all discomfort, pain and anxiety, while the idea of an alternative, thinner shape provides comfort, stability and reassurance’ (2006, 118). Understanding how internal and external perception go awry offers ‘hope for transformations of systems of knowledge and ways of seeing’ through the situated and embodied knowledge of illness and society that it generates (Haraway, 1988, 585).

Hilde Bruch, a pioneering psychiatrist who advanced psychological understanding of anorexia, and psychotherapeutic approaches to it, in the twentieth century, contends that it represents ‘a problem in the development of identity and self-hood’ that relates to ‘underlying deficits in the sense of self, identity and autonomy’ (1982, 1532). Bruch considered anorexia to be a serious mental illness with physiological causes and consequences in brain and body (Treasure & Cardi, 2017, Bruch, 1982). Her work addresses those causes and consequences in the developmental context of familial, intrapersonal and interpersonal relationships and sociocultural environment, and remains influential as twenty first century genetic research gives greater insight into how physiological causes and consequences in brain and body interact with environment and life experience (Treasure & Cardi, 2017, Amianto et al, 2016, Skårderud, 2009). I follow Bruch in taking an overall psychotherapeutic approach to anorexia even as I question biological, psychological and sociological models of the illness, in dialogue with Irigaray’s thinking of difference and narrative experience of having anorexia, in what follows.

Saukko questions Bruch’s approach from the perspective of her own experience of having anorexia and that of her work as a sociologist within the academy, as does Catherine Garrett as we will see below. Saukko critiques Bruch’s unquestioning adoption of the gender norms

and idealised neoliberal society of her era (2008, 51-53) and pathologizing of ‘modes of being such as relationality, adherence to tradition and kin ... usually associated with women, lower socio-economic groups, new immigrants, and non-Western ethnic groups’ (2008, 55). For Saukko the ‘contradictory social agendas’ that characterise Bruch’s approach underpin diagnostic discourse and are reflected in ‘the internal universe of women, including myself, diagnosed with anorexia’ (2008, 55). Thus, she calls for ‘historical analysis’ of the ‘social underpinnings’ of diagnostic discourse (2008, 55). Irigaray calls for no less in relation to psychoanalytic discourse: ‘Psychoanalysis needs to reconsider the very limits of its theoretical and practical field ... to detour through an “interpretation” of the cultural background and the economy, especially the political economy, that have marked it, without its knowledge’ (TS, 66-67, CS, 62).

In order to reconsider the limits of diagnostic and psychoanalytic discourses, in this chapter, and theological and feminist practical theological discourses, in the next chapter, I work at the edges of their respective fields as I engage them in interdisciplinary dialogue.

Constructing ‘theological meanings adequate for the questions’ that relate to anorexia requires this (Mercer, 2016, 167). Through reconsidering the limits of each field my intention is not to dismiss knowledge from any field but to engage them in a critical dialogue and integrate knowledge from each as I generate new knowledge, thus moving each ‘beyond the previous boundaries’ (Mercer, 2016, 165). Moreover, through engaging them in dialogue my intention is to place human personhood and flourishing at the centre of the knowledge that I generate (Mercer, 2016, 163). As a practical theologian I concur with Goto that ‘understanding the human psyche is essential’ to Christian formation and also to theological discourse if this is to ‘liberate, heal, and bind together individuals and communities’, thus making theological engagement with psychanalytic theory critically important (2016, 11). I

turn now to biological, psychological and sociological models of anorexia, opening ‘the possibility of a different language’ (TS, 80, CS, 77) with which to discuss anorexia and frame therapeutic practice.

Biological Models of Anorexia

Biological models of anorexia attempt to identify and treat the physical origin of the disease, including pharmacologically and psychotherapeutically. Current biological research suggests insula dysfunction as the origin of the neurological dysfunction that explains ‘the *presence* (in anorexic individuals rather than the absence in healthy individuals) of the diverse phenomenology of AN, such as distorted body image, intense anxiety, anosognosia², altered pain threshold, and the neuropsychological deficits’³ (Nunn, Frampton, Fugslet, Törzsök-Sonnevend & Lask, 2011, 356). Nunn et al posit early developmental damage as a possible cause (2011, 355), and hypothesize further that genetic and epigenetic factors (heritable changes in gene expression that may be caused by environmental factors and which do not involve changes to the DNA base sequence) cause noradrenergic dysregulation which ultimately explains the presence of the illness⁴ (Nunn, Frampton & Lask, 2012, 581). Clinical

² Anosognosia, the inability to recognise that one is ill, results from impaired interoceptive skills due to insula dysfunction. It is seen in anorexia and in schizophrenia and bi-polar disorder and in some cases of stroke (Arnold, C., (2013, 30-31). *Decoding Anorexia: How Breakthroughs in Science Offer Hope for Eating Disorders*. London: Routledge).

³ The insula is often described as the internet server of the brain, because it is connected to each major part of it, except the occipital lobes, the pituitary and cerebellum, and serves as a centre of communication between the different regions and structures of it, including left and right sides of the brain, ‘the feeling brain and the thinking brain and between the expression and reception of speech and emotions’ (Nunn, Frampton, Fugslet, Törzsök-Sonnevend & Lask, 2011, 354).

⁴ Noradrenaline serves numerous functions, including ‘regulating sympathetic arousal and therefore levels of anxiety; mediation of neuroplasticity including cortical representation and regulation of cerebral blood flow’, the dysregulation of which ‘explains the pathogenesis, phenomenology and maintenance of anorexia’ (Nunn, Frampton & Lask, 2012, 582, 584).

researchers used neuroimaging and genetic profiling to provide an empirical base for the findings of these studies and identify these as areas for future research.

Biological models are used to conceptualize the etiology and psychopathology of anorexia and inform diagnostic criteria. ICD-10, the 1993 International Classification of Mental and Behavioural Disorders, identifies the following diagnostic criteria for anorexia:

- A. There is weight loss or, in children, a lack of weight gain, leading to a body weight at least 15% below the normal expected weight for age and height.
- B. The weight loss is induced by avoidance of “fattening foods”.
- C. There is self-perception of being too fat, with an intrusive dread of fatness, which leads to a self-imposed low weight threshold.
- D. A widespread endocrine disorder involving the hypothalamic-pituitary-gonadal axis is manifest in women as amenorrhea and in men as a loss of sexual interest and potency. (1993, 112)

DSM-5, the 2013 American Diagnostic and Statistical Manual of Physical and Mental Disorders, identifies three core features of anorexia: ‘persistent energy intake restriction;

Nunn et al identify a number of epigenetic factors which they believe are implicated in the development of anorexia, including ‘obstetric complications and a spring season of birth bias, possibly explained by exposure to ultra-violet sunlight radiation during early pregnancy contributing to abnormal neurodevelopment’ (2012, 582).

Epigenetic factors modify genetic information at a molecular level, producing heritable changes which do not affect the DNA sequence as a whole (whatisepigenetics.com, accessed 14/11/15).

Charlotte’s Helix, a current UK research project, is part of a wider international project to collect DNA samples from individuals who have, or have had, an eating disorder into order to develop understanding of the genetic base of anorexia and other eating disorders (charlotteshelix.net, accessed 14/11/15).

intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain; and a disturbance in self-perceived weight or shape' (2013, 339). It also identifies a number of associated features: physical disturbances, including 'amenorrhea and vital sign abnormalities', purging behaviour, 'depressive symptoms', 'obsessive compulsive features' and 'excessive levels of physical activity' (2013, 341). It notes that 'other features sometimes associated with anorexia ... include concerns about eating in public, feelings of ineffectiveness, a strong desire to control one's environment, inflexible thinking, limited social spontaneity, and overly restrained emotional expression' (2013, 341).

In both ICD-10 and DSM-5, lower than average weight for age and height, accompanied by a desire to lose weight and fear of gaining weight, is identified as a core feature that distinguishes anorexia from other diseases that present with weight loss. This enables clinicians to diagnose anorexia. Yet the identification of weight as a core feature, and its use as an empirical base for diagnosis, points to a paradox at the heart of anorexia and biological disease models of the illness, namely the attempt to empirically measure and fix something that fluctuates naturally. As Lask and Frampton note, weight is difficult to measure accurately and easy to manipulate ('any skilled patient can make her weight appear to be higher than it is'). Moreover, the use of population averages excludes natural variation between individuals, does not correlate BMI and target weight and with reproductive maturity, and can seriously hinder people with anorexia and healthcare professionals in forming a therapeutic alliance (Lask & Frampton, 2009, 166-167).

Lask and Frampton lament the paradox of using 'a management approach that so reinforces one of the problems we are trying to alleviate', and advocate 'greater emphasis on the far more valid indicators of good health' (2009, 168). Weight, and measurement of weight, do

not promote the self-acceptance that supports recovery, including acceptance of the weight, shape, needs and desires of an embodied self at different stages in life. As Bowman records in her memoir of anorexia and recovery, 'it's hard to accept that you have to find your own level, which is inevitably a different level from everyone else's. It's hard to stop ... wishing for a transformation to someone's else's idea of 'the right shape'. Your inside strength finds it hard to come through, but when it does, you stop the self-rejection. You start to think of yourself as your own unique shape' (2006, 248). In order to find and accept her own level Bowman decided to stop measuring her weight: 'perhaps it was because I had learned that the answers to my questions were never going to be resolved there' (2006, 247).

Current biological research indicates that anorexia 'has a multifaceted aetiology involving a complex interaction between genes and environment, both having been shown to be necessary preconditions for its development' (Lask, 2015, 1). This suggests that the presenting features of anorexia, including the maintenance of low weight, should be conceptualized as signs of illness (the experience of illness problems from the patient's perspective) rather than symptoms of disease (the theoretical (biological and mechanical) construction of disease problems from the clinician's perspective), and are best interpreted within a wider socio-cultural conceptualization of sickness (the interpretation of illness and disease from a socio-economic perspective) (Kleinman, 1988). Moreover, from the perspective of medical anthropology, 'illness is polysemic or multivocal; illness experiences and events usually radiate (or conceal) more than one meaning' (Kleinman, 1988, 8). The polysemic and multivocal nature of illness and suffering means that a biological model of disease produces a 'thinned-out image of patients and families' that is 'scientifically replicable but ontologically invalid', having 'statistical, not epistemological significance' (Kleinman, 1988, 28).

The anthropological perspective from which Kleinman conceptualizes disease and illness brings into focus the distorting effect of the body-self opposition that underpins biological models of anorexia and Western discourse more widely (1988, 26-27). A biological model of anorexia is able to explain how genes, environment and life experience interact in a woman who is vulnerable to the illness and cause her brain to dysfunction, producing the illness in her. But it is not able to tell her how to live with the psychopathology that results from this dysfunction. Nor can it remove the weight of social expectation and misunderstanding that she experiences around her gendered body and subjectivity. Nor can it explain, in a teleological sense ('relating to problems of bafflement, order and evil, which appear to be intrinsic to the human condition' (Kleinman 1988, 28)), why she has the disorder and others do, or do not, have it. As Emma Woolf contends, a biological model of anorexia is not able to articulate the significance of either illness or recovery for the individual woman, so 'what [do] you *do* with the information' (2013, 243)?

Psychological Models of Anorexia

Psychological models of anorexia attempt to formulate a cognitive and functional explanation of the illness and treat therapeutically the associated psychopathology. From the middle of the last century psychological models have been informed by Bruch's work (Strober, 1986, Skårderud, 2009, 2013). In her earlier theoretical and clinical research, Bruch identified distorted body image, impaired perception and cognitive interpretation, and paralyzing sense of ineffectiveness, as the core psychopathology of the illness (1974, 252-254, 1994, 4). In her later research, she came to visualise this 'under a more general heading ... as an expression of defective self-concept, the fear of inner emptiness or badness, as something to be concealed under all circumstances' (1994, 5). As Michael Strober summarises, this meant for

Bruch that ‘the driven and remorseless self-starvation of the anorexic patient was best understood in regard to its ultimate and functional adaptational effects ... the undoing of feelings of passivity, ineffectiveness, and control by outside forces’ (1986, 237). In line with the therapeutic perspective that she developed across her work, Bruch revised psychoanalytic treatment as a ‘process in which the patient’s own abilities are evoked or brought into her awareness’ (1986, 332) in order to counteract the functional (mal)adaptation that the core psychopathology of anorexia represents.

Bruch believed that the concept of self is defective in people with anorexia because they ‘were not encouraged during childhood to be honest or accurate in verbal communication or in their view of the world’ (1994, 12). For Bruch, lack of honesty and accuracy in verbal communication during the early developmental stages of childhood contributes to an inability to identify and express needs and emotions such as hunger and desire, and to differentiate self from others in inter-personal relationships, and to the construction of a false psychological reality with respect to self and world (1994, 6-8). This means that the specific task of therapy in anorexia is to correct the false psychological reality, ‘to repair the conceptual defects and distortions, the deep-seated sense of dissatisfaction and helplessness, and the conviction that her own self is empty and incomplete’ (1994, 8). Crucially, this involves ‘making the patient the significant explorer who was listened to, not only as a recounter of events but with encouragement to draw conclusions’ (1994, 9). It also entails a readiness, on the part of the therapist, to view ‘the patients’ communication as honestly reflecting their experience’ rather than being deliberately deceitful (1994, 12), one example of which is the denial of illness, or anosognosia, that results from impaired interoceptive skills due to insula dysfunction, as I discussed above.

Finn Skårderud suggests that Bruch's revision of the therapeutic process has contributed to a 'stronger focus on therapeutic stance and the therapeutic relationship' in current research and practice around anorexia (Skårderud, 2009, 87). For Skårderud, Bruch's insight into the therapeutic process helps to explain the often limited success of 'evidence based treatment' in adults with anorexia, including drug treatment such as anti-depressant medication, and psychological therapy such as cognitive behaviour therapy, behaviour therapy, cognitive analytic therapy, family based therapy, interpersonal therapy, specialised psychotherapies and nutritional counselling (Skårderud, 2009, Fairburn, 2005). Moreover, for Skårderud, Bruch's developmental understanding of defective self-concept is congruent with theory of mind and mentalisation in current empirical research into eating disorders and their treatment (2009, 86). Significantly, for that research and this thesis, he suggests that 'the biology of mental processing is among the most notable conundrums faced by scientists. Recognising mind as a sequence of functions performed by the brain, neuroscientists are increasingly joining forces with mental health practitioners to rid us of the Cartesian dualistic conception of mind-body' (2009, 86).

Skårderud claims that function rather than content is the 'main priority' in a mentalisation-based treatment approach to anorexia (2007c, 333). He regards the 'capacity of symbolising' as the function that enables 'minding oneself and others', distinguishing 'between bodily sensations and mental representations', identifying 'feelings, thoughts and impulses' and putting them 'into words' (2007c, 333). By prioritising function, Skårderud is not denying the importance of content but instead calling attention to the significance of function in terms of the psychological meaning that anorexic practices communicate, and purpose that they serve, for individuals (Nordbo, Espeset, Gulliksen, Skårderud, & Holte, 2006, 561). Thus understood, function refers to the way in which objectifying the body enables 'these persons

with impaired self-organisation [or defective self-concept] ... to find a sense of the self from the outside ... 'because the self is experienced as a physical being without psychological meaning'' (Skårderud, 2007b, 249). In this regard, 'anorexia can be described as a radical exercise in Cartesian body/thought dualism' (Duesund and Skårderud, 2003, 56).

In anorexia, function acquires such significance because 'the body is emotionally and cognitively experienced more via glances, on the weight scales, in the mirror, measuring circumferences of limbs, counting skin folds on the stomach and via fantasies about being looked at by others than by feeling one's own lived body' (Skårderud, 2013, 177). Function in anorexia, and in mentalisation more generally, is bound up with meaning, purpose and sense of self as *embodied*, and reminds us that 'the world as we represent it is the world we can represent, given the limitation of our senses' and is 'simultaneously perceived and constructed through the medium of the body, as shaped by our minds' representational abilities' (Rizzuto, 2001, 545). In anorexia, mentalisation is impaired biologically, psychologically and sociologically and presents as dissociation between external and internal information, thinking and feeling, and physical and psychological self, which results in an 'incapacity to give verbal accounts of one's inner states', one's physiological emotions and subjective feelings (Skårderud, 2007c, 328). Impaired mentalisation is termed alexithymia in psychological discourse, a lack of words for feelings which, in anorexia, profoundly shapes the individual's objectification of her body and her experience of other people and the world (Skårderud, 2007c, 328, Arnold, 2013, 30).

Bowman describes the objectifying and paradoxical effect of alexithymia as she recalls her own experience of illness; 'I was hugely articulate when describing world affairs – when it came down to my own emotions or ... feelings, it was as if I no longer had access to my own

senses. Looking back my senses seemed numbed ... my sight was in food-focused tunnel vision. I did not taste' (2006, 121). Bowman's description of lacking words for feelings, and thereby lacking access to *her* feelings, supports Bruch's insight that a woman with anorexia's 'failure in self-experience' results in the 'conviction that her own self is empty and incomplete'. As Duesund and Skårderud argue, 'language is basically metaphorical, and the primary metaphors originate from bodily experiences' (2003, 70). Likewise, Bowman's simultaneous sense that her 'speech was constrained by what I felt I had to say so as not to upset anyone' (2006, 121) supports Bruch's insight that a woman with anorexia adapts her feelings to the feelings of others 'out of helplessness' because she senses herself to be empty (1994, 8).

Bowman's description resonates with Nancy Tucker's account of understanding the biological and psychological pathology of anorexia, and its impact on her and those around her, yet still 'want[ing] it' (Tucker, 2015, 236). Tucker's account helps to substantiate Shan Guisinger's claim that the 'cognitive and behavioural symptoms [of anorexia] are not strictly volitional' (2008, 199). Guisinger makes this claim in the context of her bio-psychological interpretation of anorexia as a genetic adaptation to flee famine (Adaptation to Flee Famine Hypothesis, AFFH) that evolved amongst hunter gatherers across the Pleistocene period between two and a half million years ago and eleven and a half thousand years ago (2003, 2008)⁵. Guisinger's hypothesis seeks to make sense of the powerful physical pathology and apparently irrational psychopathology of anorexia, so that 'although no longer adaptive, some individuals' bodies respond to very low body weight ... as though they must migrate from famine conditions. Neuroendocrine changes turn on mobility, whereas cortical mechanisms

⁵ Measuring genetic evolution in geological time, or deep time, emphasizes the physiological depth of the adaptation that the pathology and psychopathology of anorexia represent according to Guisinger's hypothesis.

appear to create body image distortion, denial of starvation, and restrained eating' (2003, 757). Guisinger's hypothesis captures the central physical and psychological dynamic of anorexia, namely, famine or starvation, and flight (migratory movement) or excessive exercise, and stresses the genetic causation and functional motivation of the behaviour of people with anorexia.

The famine and flight dynamic that Guisinger's hypothesis captures, operates in relation to body and mind and needs to be interpreted in relation to the physical and psychological, or mental, processes that underlie them. That women with anorexia undertake a 'desperate journey' in response to the physical effects of starvation (Guisinger, 2008, 200) evokes the parallel question: What is the psychological starvation from which women with anorexia are fleeing in the Anthropocene,⁶ in settings where they have access to sufficient food? Bruch's research would suggest the answer: Women with anorexia are starved of, and hunger for, a psychological sense of themselves, and so undertake the life and death journey that the illness represents in search of a sense of themselves. Anorexia, then, can be interpreted as an illustration of how 'biological processes are part of all thought and feeling, disordered or not' as Michele Easter argues (2014, 852).

Illustrating the complex connection between biology, thought and feeling, raises the possibility that 'finer grained genetic distinctions' might replace the 'current implicit dualism 'genetic verses not genetic'' in biological, psychological and sociological models of anorexia (Easter, 2014, 852). This challenges the conceptualisation of anorexia as either a 'disease' or

⁶ The Anthropocene is the geological period which has now been accepted by geologists to have succeeded the Holocene which followed the Pleistocene. Geologists distinguish the Anthropocene from the Holocene through the traces of human activity that are written into geological strata.

a 'volitional decision', a 'medical problem' or a 'moral problem' (Easter, 2014, 846, 850), whilst contesting the body-self opposition that structures Western discourse, culture and society. Contesting dualistic conceptualisations of illness and subjectivity is crucial because the interaction of biological, psychological and sociological factors and functions in the self-experience of the individual, or the interaction of genes and environment in sense of self, is 'unsystematic' as are the 'processes that expose us to environmental events in the first place' as Eric Turkheimer shows (2000, 163). This suggests that more complex conceptualisations of anorexia need to take account of 'the antecedent conditions, as well as the maintaining positive and negative reinforcers' as Joanna Wiese argues (2009, 405).

But what if, and when, the antecedent conditions and negative reinforcers have included physical images of female bodies and psychological constructs of female subjectivity that are impossible for women and girls to embody in a positive way? What if, and when, the socio-cultural symbolic is a large part of the 'problem'? What if, and when, the sociocultural symbolic has left the individual feeling starved physically and psychologically whilst at the same time thinking (il)logically that she does not deserve food because her hunger for a sense of herself is too much? As Catherine Garrett asks, How can the individual "recover" from anorexia in the same society which gives rise to the phenomenon' (1996, 1493)? She answers that anorexia has symbolic value as 'a parody of Western attitudes to the body,' as we will see below, and suggests that 'for the symbolism to acquire its full "spiritual" value ... requires the completion of recovery ... re-acceptance of the body' (1996, 1500): an answer that has important points of contact with the significance that Irigaray attributes to the sociocultural symbolic in her construction of sexuate subjectivity.

In her account of her experience of impaired mentalisation, Tucker poses to psychological models of anorexia a similar question to that which Woolf poses to biological models of the illness ('What [do] you *do* with the information?'). Tucker was unable to order her eating, in spite of the information that she had about, and understanding that she had of, its disorder, until 'The Right Therapist' helped her to understand how food functioned for her when she was unhappy (2015, 341). Her unhappiness was embodied physically and psychologically in the 'Empty Child', the self that she did not know how to love, accept and care for. The rightness of the 'Right Therapist' was expressed in her not 'wielding the sword' for Tucker but being at her side she 'struck the demons down' (2015, 343). In her search for 'Self-Acceptance' and 'Recovery', Tucker used the information and understanding that she had to comprehend that 'the story which really needed telling was the one inside', the one that narrated her 'sudden 'hunger' for creation rather than destruction', her gaining a sense of herself (2015, 346).

Sociological Models of Anorexia

Sociological models of anorexia attend to how it 'appears less as the extreme expression of a character structure than as a remarkably overdetermined *symptom* of some of the multifaceted and heterogeneous distress of our age' (Bordo, 2003, 141). From Susan Bordo's feminist perspective, this distress results from a failure in female self-experience in Western culture and society and the discourse that underpins them, to adapt and develop Bruch's insight from the previous section. The challenge that feminism makes to (male) sociological models of (female) anorexia is, in the words of Matra Robertson, to 'subvert the discourse which constructs femininity for women in an oppressive manner without at the same time becoming part of a unitary conceptualisation of the self-starving woman, or anorexic' (1992, 75). The

particular challenge is to avoid replacing symptomatic failure in female self-experience with a further failure in female self-experience through ascribing to women with anorexia a medicalised identity that reaffirms society's denial of female identity, desire and appetite.

From a feminist and sociological perspective, Susie Orbach describes anorexia as an 'attempt to represent and exemplify the values' of a socio-cultural world 'from which at the most profound level one feels excluded', and through 'conformism find acceptance and safety' (1993, 84). An important insight that Orbach brings to her subversion of traditional (male) social constructs of femininity and understandings of female anorexia, relates to the role of the unconscious in self-experience: It 'mediates the experience of the individual in his or her social world so that world can be accommodated in a comprehensible form. The unconscious becomes the mechanism by which the individual accepts unacceptable aspects of the world as she sees it' (1993, 84). Orbach's insight chimes with Irigaray's claim that failure in female self-experience expresses the failure to accommodate and reflect the mother-daughter relationship in the sociocultural symbolic: 'In your hunger to find yourself, you move indefinitely far from yourself, from me. Assuming one model after another, one master after another, changing your face, form, and language according to the power that dominates you. Sundered' (WLST, 74).

Attachment and separation are crucial developmental stages in the mother-child relationship that have long been connected with the development of anorexia (Bruch, 1974, Chernin, 1994 (originally published 1985), Orbach, 1993 (originally published 1986), Lawrence, (2008). They are complicated for mother and daughter by the gender that they share within a symbolic that equates female self-development with assuming the reproductive role of mother and the social function of mothering, including feeding, and denies the legitimacy of

female desire. In psychoanalytic theory, separating from the mother and experiencing the self are achieved through resolving the Oedipus complex at successive stages between infancy and adulthood. Yet, as Kim Chernin writes, ‘for a girl in a developmental crisis [the] ancient myth [behind the Oedipus complex] ... will not serve unless she casts her development in masculine terms and plays it out exclusively with respect to the father’ (1994, 52). Bruch, writing just over a decade before Chernin, explores the mother-child relationship through the clarity or confusion of communication during early feeding, examining the role that this plays in individuation, awareness of hunger and satiety and development of “‘body identity”” (1974, 57). Orbach, writing soon after Chernin, attributes the ambivalence of the mother-daughter relationship, and its role in the development of anorexia, to the ‘circumscribed life’ that the mother lives within ‘patriarchy’ and the ‘unenviable task’ that she has of ‘directing her daughter to take up the very same position’ (1993, 23).

Marilyn Lawrence, a psychoanalyst who writes more than twenty years after Chernin, contrasts with both Chernin and Orbach, in her view that the complexity of the mother-daughter relationship in anorexia results from a lack of psycho-sexual maturity in the daughter who wishes to preserve a ‘primitive tie’ or merged identity with her mother in order to avoid assuming an adult female sexuality and reproductive role and function herself (2008, 95). Following traditional psychoanalytic theory, she predicates her view on the belief that ‘it is the role of the father, representing the other or the third position, to come between mother and infant to create the mental space necessary for symbolic functioning to develop’ (2008, 90). Further, she writes that ‘the failure to internalise a father, in the sense of culture and the world outside, contributes to the difficulties these patients have in establishing a working life’ (2008, 94). Lawrence, however, does not consider the possibility that the male structure of culture and society could be the reason that the mother-daughter relationship is complicated

and the daughter experiences difficulty in developing symbolic functioning. Indeed, as Irigaray suggests, ‘the relation to the mother is a mad desire, because it is the “dark continent” par excellence. It remains in the shadow of our culture’ (SG, 10, SP, 22); because the sexual identity and social role of women are defined by a male discourse within which ‘women and their words are not given the keys to the city when it comes developing the diagnosis and therapeutic decisions that concern them’ (SG, 10, SP, 22).

In a monologue that she addresses to her mother, symbolising the relationship between them and across the generations of mothers and daughters to which they belong, Irigaray explores the complex relationship between food and feeding, self-experience and sexual identity, for women within the male symbolic. In a play on the meaning of the French word *glace*, which refers to ice, ice cream and mirror, Irigaray describes how ‘with your milk, mother, you fed me ice. And if I leave, you lose the reflection of your life. And if I remain am I not the guarantor of your death? Each of us lacks her own image ... my paralysis signifying your abduction in the mirror’ (AO, 66). Here, ice / milk becomes an image for the way that the relationship between mother and daughter is frozen within the mirror, or sociocultural symbolic, in which they live and therefore lacks the warmth of emotional attachment between them as women and is unable to nourish either of them. For Chernin, the mother-daughter relationship is strained further by the fact that ‘with every act of self-assertion as women ... every movement into self-development and fulfilment’ the ‘values by which our mothers have tried to live’ are called into question (1994, 42). Calling mothers into question in this way causes the ‘anguished concern’ in daughters that Chernin sees hidden ‘beneath the surface of the eating problem’ (1994, 43).

In a sociocultural symbolic in which the identity of the mother, and function of mothering, are associated with feeding, the daughter comes to fear that food will not only make her fat, but also ‘turn her into a woman whose life is without ambition’ as Chernin notes (1994, 42). The daughter’s relationship with her mother, and with food, is further conflicted by the images of slenderness that surround her and have come to dominate the socio-cultural symbolic (Bordo, 2003, 187). Images of slenderness expose the symbolic weight and function of body size and shape in relation to female identity. Bordo outlines how body size and shape designate ‘social position, such as class status or gender role’ and indicate ‘the spiritual, moral, or emotional state of the individual’, thus equating slenderness with self-control, cultural acceptability, social success and mobility (2003, 187). In the current context of late capitalism, desire for, and consumption of, food and material goods, is to be both indulged and controlled by the individual. In this context the body ‘is seen as demonstrating correct or incorrect attitudes toward the demands of normalization itself’ (Bordo, 2003, 203). Female bodies are commoditised objects of exchange between men so that, as Irigaray insists, ‘woman – is divided into two irreconcilable “bodies”: her “natural” body and her socially valued, exchangeable body’ (TS, 180, CS, 176).

The objectified female body, natural and social, thus assumes a representative function within a male system of exchange in which women are divided from themselves and one another through their exclusion as subjects. Moreover, ‘the appropriation of woman’s body by the father or his substitutes’ is the ‘founding operation’ of a system that Irigaray interprets as ‘*the practical realisation of the meta-physical*’ (TS, 189, CS, 183-184). Interpreted within this frame, the body of a female with anorexia is the ultimate realisation of female objectification and expression of metaphysical (dis)embodiment – an extreme from which men are protected by the commodification of female bodies, the materiality of which supports ‘specularization

and speculation' as a 'mirage of [their] activity' (TS, 177, CS, 173). Or, as Orbach puts it, the woman with anorexia 'speaks with her body' because her body is 'offered' as her 'ticket into society', so that 'in her attempts to conform or reject contemporary ideals of femininity, she uses the weapon so often directed against her' (1993, 28). Orbach's insight into the practice of female anorexia further elucidates its development in a male socio-cultural symbolic within which women's "'development" [as subjects] lies in the passage' from 'natural value' to 'social value' (TS, 185, CS, 180).

Irigaray desires to 'put into play ... a syntax that would make women's "self-affection" possible' within the sociocultural symbolic and within their relationships with one another (TS, 132, CS, 130). This syntax, 'speaking (as) women' (TS, 119, CS, 119), would enable women to speak among themselves as embodied subjects and experience themselves as more than the negated, excluded and oppressed other of men. 'Speaking (as) women' offers an important way of interpreting the language that women with anorexia speak through their bodies, enabling them to define their subjectivity. This is important because 'the language through which the self-starving woman articulates her experience of embodiment is ... part of an unconscious code which makes women the objects of its gaze' as Robertson maintains (1992, 73). Therefore to 'speak (as) women', women with anorexia must speak 'about the meaning of [the] anorexic text [within them, which in turn] may lead to a territory where the self-starving woman can nourish herself and ... become independent and empowered' (Robertson, 1992, 76). Indeed, because language produces rather than merely expresses meaning, women 'can only claim their *own* experiences if they claim their *own* positions as subjects' whether in relation to the sociocultural symbolic or the discourses that surround anorexia and its social construction (Bacon, 2009a, 153).

In asking how the individual can recover from anorexia in the society that gives rise to it (1996, 1493, 1994, 15), Garrett shows that the ‘greatest strength of the sociological explanation is the way that it shows that eating disorders are not an isolated phenomenon attributable to individual pathology, but part of a continuum of body practices’ (1994, 21). She argues that the features of what is currently diagnosed as anorexia have not always been interpreted as illness behaviours, as the ascetic phenomenon of religious fasting illustrates (Bell, 1985, Bynum, 1987). Indeed, those features themselves ‘are constantly changing in response to altered social expectations about diet, exercise, fashion and body shape’ (1996, 1489-1490). Garrett suggests, further, that anorexia reveals the split that the sociocultural symbolic constructs between ‘body, self and spirit’, and represents a ‘quest’ that is ‘not always “religious”, but as a search for reconnection, it is always spiritual’ (1996, 1497). For her, the reconnection that is sought is with self, others, the divine Other and natural world (1996, 1491-1492).

The spiritual is connected with what I, adapting Garrett, call questing, ‘speak[ing] of Divinity ... as a question we ask of existence and for which we find answers in experience’ (1998, 101). Questing and experience are connected with knowing and the production of knowledge and meaning through ‘the idea that language arises from and expresses bodily experience and emotion and that it is always shaped by narrative; by the kinds of stories within which knowledge is articulated’ (1998, 101). Questing in anorexia is a (dis)embodied production of meaning that can only be fully spoken through women with anorexia becoming the subjects of their stories as they reconnect with themselves, others, the divine Other and natural world, and move through illness towards recovery. It produces knowledge and meaning through reconnecting women with anorexia as they ask, *‘Why did I abandon an ‘anorexic reality’?... How can my body ‘know’ and ‘speak’?... How can my body hold a story?... What bridges the*

gap between my 'body' and my 'self'? ... What is the gap?' as Garrett shows (1998, 173).

From a spiritual perspective, it is vital to enable women with anorexia to become the subjects of their stories through revealing the 'sociological factors' that are obscured by diagnostic and psychotherapeutic discourses and giving 'weight to the processes of recovery rather than illness' in theoretical conceptualisations of anorexia, as Garrett argues (1996, 1489).

Arnold suggests that women 'don't know what to do' with their appetites because 'society doesn't even acknowledge' that they and their appetites exist (2004, 176). In this she suggests conversely that it is through establishing embodied existence as subjects that women become able to answer the questions that are raised by biological, psychological and sociological models of anorexia. Sociological models of anorexia disclose the connection between denial of female subjectivity and appetite, and the relationship between real practice and theoretical conceptualisation. This disclosure opens discourse around anorexia to the possibility that 'deep and embodied understanding of what culture demands might be the source of the anorectic's ... suffering' and that 'the patient might have as much to teach the "experts" as the other way around' as Bordo claims (2003, 65). The mother daughter-relationship, far from being the "dark continent" of a 'mad desire' as it is represented in the male symbolic, is a source of female self-experience and self-affection, the first relationship in which women can learn to speak as women. While the complex role that it plays in the development of anorexia is well documented, what is less well documented is the positive role that it can play in recovery, as I will discuss in Chapter Five. Alice Kingsley, who writes with her mother, reflects that her relationship with her mother was the 'greatest advantage' that she had as she sought to recover from anorexia (2005, 199).

Conclusion

Through the language work that I have undertaken across this chapter, I have shown that the experience of having anorexia brings into view the binary logic which structures Western discourse through the way that it questions the disembodied universal male subject and the notions of subjectivity and embodiment that this subject enunciates. I have argued that experience of having anorexia reveals what Irigaray terms the blind spot of the disembodied universal male subject. I have suggested that enabling subjects who are not the universal male subject to speak is able to generate important understanding of both embodied and sexuate subjectivity and anorexia. I have argued that this twofold understanding can be used to counter binary logic in theory and practice. In relation to the experience of having anorexia, I have argued that countering binary logic in diagnostic and psychoanalytic discourses is able to generate important understanding of the illness with which to support women to recover and sustain recovery as embodied and sexuate subjects. I will build on the language work of this chapter to deconstruct classical theological discourse in the next chapter. I will undertake this theological language work through continuing my dialogue with Irigaray and speaking about God from a feminist practical theological perspective that is both embodied and sexuate.

Chapter Three

Speaking (as) Woman

Speaking (as) woman is not speaking of woman. It is not a matter of producing a discourse of which woman would be the object, or the subject ... by speaking (as) woman, one may attempt to provide a place for the “other” as feminine.

(TS, 135, CS, 133)

Introduction

In this chapter, I continue the task of answering the first of my research questions as I engage Irigaray’s notion of speaking (as) woman, or *parler femme*, in dialogue with the doctrine of the Trinity, as enunciated in classical theological discourse, and the experience of having anorexia. I understand doctrine to provide a grammatical framework for speech about God and, through my engagement of speaking (as) woman and the experience of having anorexia, I show that the logical, or theoretical, binary opposition that I traced in diagnostic and psychoanalytic discourses in Chapter Two, is also enunciated in the grammar of classical theological discourse. My purpose in showing the enunciation of this binary opposition is threefold. First, to attempt to provide a place within theological discourse where I may speak (as) woman about God. Second, to provide a place where women and men engage in dialogue about God the Father, the first person of the Trinity, as relational subjects whose human becoming and flourishing are rooted in the particularity of Jesus Christ, the second person of the Trinity, the redemptive action of the Holy Spirit, the third person of the Trinity, and the co-redemptive action of Mary, the Mother of Jesus. Third, to establish this dialogic and relational place as a figuration of Irigaray’s sensible transcendental. My intention, as I attempt to provide this place, is to ‘analyze one of [theological discourse’s] modes of operation, and from that starting point to modify its practice’, in line with Irigaray’s intention in relation to psychoanalytic discourse (TS, 146, CS, 143). Indeed, not to analyse modes of

operation in theological discourse is to fail in my critical responsibility as a theologian and a practitioner in pastoral ministry with respect to my commitment to the promotion of human becoming and flourishing.

God and Human Persons / saming and othering

Irigaray claims that the ‘mode of operation’ in classical theological discourse is conceived by the binary opposition of A/not-A that figures the ‘all-powerful “machine” we know as metaphysics,’ and practised by the ‘omnipotent “technique” of onto-theology’ (S, 166, SA, 208). The goal of the dialectic that this ‘mode of operation’ maintains between conceiving and practising, is ‘the realization of the *physis*’ and the affirmation of the ‘self-identity’ of ‘the male individual’ (S, 166, SA, 208) through saming and othering. This goal, of course, is achieved through the negation of the female individual’s, or the woman’s, ‘*place ... [and] ... existence*’ (S, 166, SA, 208), so that ‘even in her sexuateness, she is the cloth of fantasy from which a logical order is still cut’ (S, 167, SA, 208). This operation is designed to provide the male subject with ‘intermediaries to bring or bring back to the fullness of the self’s possession of substance’ (S, 166, SA, 208). In other words, it negates female subjectivity and then employs this ‘*privation*’ as an ontological foundation on which to construct male subjectivity (S, 166, SA, 208). Irigaray claims further that, according to such Aristotelian logic, ‘her whole existence amount[s] to an ... accident of reproduction ... for a human life takes its form only from its father’ (S, 167, SA, 209). This ontology, or onto-logic, operates theologically in God making woman from a rib of the man in the second story of creation at the beginning of the Bible (Genesis 2:21-23), and in God being gendered male in classical trinitarian discourse. These both make the substance or essential being of God ‘the ultimate

ontological category' rather than the person of God the Father in relation to the other persons of the Trinity and to creation (LaCugna, 1991, 14).

Feminist theological critiques of ontological rather than person-centred and relational readings of the doctrine of the Trinity, focus on the maleness of God the Father and God the Son which together affirm the male subject's identity in the image of God, and on the 'amorphous nature of the Spirit' which 'may serve to reinforce women within the realm of abstraction and non-being' as Hannah Bacon argues (2009a, 23). More specifically, feminist theologians criticise the use of male images of, and language for, God in classical trinitarian discourse for 'promoting patriarchal ideals of hierarchy, violence, dominance, role and control' and 'contributing to a particular patriarchal understanding of divine transcendence ... [within which] ... God is depicted as absolute, almighty all-powerful, controlling, self-sufficient, immutable, impassable, infinite and sovereign' (Bacon, 2009a, 16-17). The epistemic and actual violence to which such criticisms direct our attention is painfully attested by Hope Virgo who became ill with anorexia as a result of suffering sexual and psychological abuse in a church context: 'I beat myself up, wishing I had been more assertive and stopped that guy forcing himself onto me. I wish I hadn't let him guilt-trip me or take control ... because I felt I couldn't rely on anyone else, I came to believe that I could only ever rely on Anorexia. She would never let me down' (Virgo, 2017).

Classical trinitarian discourse 'presents some difficulty as far as God in the feminine gender is concerned' as Irigaray observes (SG, 62, SP, 74). The most significant difficulty is that it lets down women through the gendered power structures that its representation of men and women supports. For Irigaray the representation of 'a male trinitary God and a virgin mother' leaves women 'to make murderous choices' with respect to their identity since it represents

women as either ‘mother (given that a *boy* child is what makes us truly mothers)’ or ‘woman (prostitute and property of the male)’ (SG, 63, 63, SP, 74, 76). This representation means women that do not have ‘a divine made in [their] image’ and are thus unable to ‘establish [their] subjectivity or achieve a goal of [their] own’ (SG, 63, SP, 76). More specifically, it means that women cannot ‘accomplish [their] female subjectivity’ because they lack ‘a god who is a figure for the perfection of [*their*] subjectivity’ (SG, 64, SP, 76). This matters for Irigaray’s philosophy of sexuate subjectivity, and her engagement with classical trinitarian and wider theological discourse, because ‘in order to become it is essential to have a gender or an essence (... a sexuate essence) as a *horizon*. Otherwise, becoming remains partial and subject to the subject’ (SG, 61, SP, 73).

Irigaray argues that without such a horizon in discourse, a female subject remains other to the male subject so that ‘the most human and the most divine goal woman can conceive is to become man’ (SG, 64, SP, 76). In dialogue with Irigaray, I argue that without a concomitant horizon in culture women remain subject to men, and vulnerable to abuse by men in church contexts and other sociocultural contexts. This results in them establishing their personhood through disembodiment, through substance rather than form or matter, as Virgo’s experience of anorexia shows. The argument at this point, however, directs our attention to concerns that feminist philosophers and feminist theologians raise with respect to Irigaray’s conception of sexuate subjectivity and ‘a divine made in [woman’s] image’. First, that her insistence on gender, or sexuate essence, as the horizon for subjectivity equates female subjectivity with the female body thus essentialising women and reinforcing the male hierarchy, violence, dominance and control that characterise phallogentrism. Second, it creates God in the image of women, replacing patriarchy with matriarchy, one hierarchy with another, rather than changing relationships between the sexes and between all subjects. Third, if ‘the most divine

goal' is to become man or woman, then the divine goal becomes human being and divine transcendence becomes reduced to an immanence which has no transcendent figuration against which it is thought and spoken in relation to the immanent and the human.

Irigaray adopts a strategy of mimesis in order to disrupt the binary opposition, or logic of sameness, by which Aristotle figures the male subject as the universal subject. This serves to structure culture and society to the advantage of men (white, middle-class, heterosexual, able-bodied and neurotypical) and disadvantage of women (and all who are other to the universal male subject). Irigaray's mimesis is itself a binary strategy in so far as it figures subjects who are sexed either female or male ('the whole of humankind is composed of women and men and of nothing else' (ILTY, 46, JAT, 84)). Furthermore, it is exclusive in so far as her figuration of subjects as either female or male disadvantages those who do not experience their gender and sexuality according to that binary. Yet the notion of difference that underpins her conception of sexuate subjectivity, can be used by feminist theologians as part of a strategy that 'explodes even a binary view of difference and which pays attention to the multiplicity of subjectivity and difference' as Bacon demonstrates (2009a, 163). In order to use Irigaray's notion of sexual difference to figure multiple subject positions in theological discourse, it is possible to think the doctrine of the Trinity in dialogue with her retrieval of the maternal-feminine through her notion of speaking (as) woman: a notion that enables human becoming at the sensible transcendental threshold between subjects.

Irigaray identifies the potential of sexual difference to create a 'new *poetics*' which leads to a 'revolution in thought and ethics' and remakes the relationship between theory and practice (ESD, 5, 6, E, 13,14). Her identification of this generative potential points to the generative potential that her notion of difference holds for practical theology in its work in reinterpreting

what Irigaray describes as ‘the relations between the subject and discourse, the subject and the world’ (ESD, 6, E, 14). Irigaray’s notion of sexual difference problematises the binary and sexed nature of psychoanalytic discourse from the perspective of psychoanalytic practice. Jacques Lacan argues that this discourse speaks ‘of fucking’ and says that it is not working but that nevertheless psychoanalysis ‘works out anyway ... – thanks to a certain number of conventions, prohibitions, and inhibitions that are the effect of language’ in practice (1999, 32-33). Irigaray responds that psychoanalytic discourse works out anyway due to ‘the effect of a logical requirement, of the existence of a language that is transcendent with respect to bodies, which would necessitate, in order ... to become incarnate ... taking women one by one’ (TS 89, CS, 87). This logic leaves her to ask whether psychoanalysis might be ‘a negative theology?’ and to reflect that ‘concerning the movement of negative theology, psychoanalytic discourse also neglects the work on projections, whereby God is disinvested of worldly predicates, and of all predication’ (TS, 89, CS 88).

Speaking (as) Woman and Thinking the Trinity

In my view it is imperative that those who engage in theological discourse ‘work on projections’ so as not to disinvest God of either worldly or heavenly predicates in their thinking and through their speech. Irigaray considers this work to be particularly challenging because ‘we lack a culture of the divine in our relations with the other’ which results in us ‘too simply projecting all that we are onto a presumed God, who is then made according to our image and not the reverse’ (TDF, 22). Irigaray proposes that we cultivate the divine in our relations with others through consciously situating our being, and the theological and other discourses that frame our being, ‘at the crossroads between two transcendences’ (TDF, 22). The first is vertical and consists in ‘relating with an Other who corresponds to the

absolute perfection of ourselves; that is, the absolute Same' (TDF, 22). The second is horizontal and consists in 'relating with the other here and now in respect for their difference(s), for our difference(s), that is, for our concrete and irreducible singularities' (TDF, 22). She argues, moreover, that it is necessary to situate our being at this crossroads in order that our words about God and human beings are able to 'reach, for each one and in each one, their belonging to earth and to heaven', to humanity and divinity (TDF, 22). In this way our meeting with the divine Other and with human others is neither 'merely ecstatic' nor 'sensible immediacy' (TDF, 22). In other words, our meeting with the divine Other and with human others is neither exclusively in the ideal, or soul, nor exclusively in the real, or body. It is situated at the crossroads at which we become able to 'express and talk (to) our whole beings' (TDF, 24).

For Irigaray 'the closure of the Western tradition within metaphysics' resulted in a 'mental economy' that closed the (universal male) subject in his mind and exiled him from his body: a closure that also likely resulted in female mystics seeking to create a bridge between their female bodies and the divine Other through the senses, 'hurting, cutting, striking or dazzling' (TDF, 24, S, 191-202, SA, 238-252). Or through fasting, as have Saint Catherine of Siena and other female mystics over the centuries (Bell, 1985, Bynum, 1987, Vandereycken & van Deth, 1994), although discussion of their fasting lies outside of the scope of this thesis. The hurt caused to female subjects by the exile of the (universal male) subject from his body in the Western tradition is epistemic, in the form of psychological, cultural and spiritual harm, and actual, in the form of physical and social harm. Goto defines such harm as one person, or other persons, ignoring, obscuring and overriding a person's 'understanding of her reality' and, 'in words and actions', redefining that reality (2017, 182). In the case of theological discourse, Irigaray contends that it is the idea of the universal male subject that has defined

reality so harmfully and both exiled women from their bodies and prevented them from speaking about God and human persons as women. In the case of practical theology, Goto contends that it is the universalization of context as a symbol that causes harm (2018, 12) and leads to idolatry, ‘mak[ing] gods not only of the symbols themselves (displacing the symbolized), but also of the symbol makers ... it is a project of distorting the world (or Nature), one another, and the relations among them’ (2018, 14).

In order to avoid projection and distortion in theological discourse, Catherine LaCugna calls for Christian theology ‘to proceed from within a trinitarian perspective in such a way that the discussion of every theological theme is firmly rooted in salvation history and *intends through the economy the reality of the living God*’ (my italics, 1991, 364). LaCugna’s call coheres with the way in which the symbols and doctrines of Christian theology ‘form a basic grammar for Christian communities’ as members of those communities seek to embody faithful practices both individually and communally (Chopp & Lewis Taylor, 1994, 14). It coheres, too, with Irigaray’s call for an ‘examination of the *operation of the “grammar”* of each figure of discourse, its syntactic laws or requirements, its imaginary configurations, its metaphorical networks, and also ... *its silences*’ (TS, 75, CS, 73). The silence, of course, that such an examination exposes in theological discourse is that of the female subject who has no speaking position as a woman. Irigaray’s empirical research into language production shows that both the speaking subject and the grammatical subject are sexed, and that the sexing of the grammatical subject serves for both sexes to valorize masculinity and erase femininity (Hass, 2000, 70). Her stated intention in exposing this is to ‘thwart any manipulation of discourse that would also leave discourse intact’ thus ‘*cast[ing] phallocentrism, phallocratism*, loose from its moorings in order to return the masculine to its own language, leaving open the possibility of a different language’ (TS, 80, CS, 77). This language she

names 'speaking (as) woman', or *parler femme*, and through it she establishes a speaking position for women as women.

To intend the reality of the living God through proceeding from a trinitarian perspective requires opening the possibility of rethinking the sexing of the persons of the Trinity, and the grammatical sexing of their relations within the framework of the doctrine of the Trinity. It is arguably only through such a rethinking that the doctrine of the Holy Trinity is able to provide a grammatical framework, and theological context, for authentic speech about God and human persons. This is especially challenging however, since as LaCugna points out, 'the theological mode of speaking of God is far more proscribed than any other way ... because the theologian is bound by the actual details of God's self-revelation in the economy [of salvation]' (1991, 365). At the heart of the economy of salvation, and its framing by the doctrine of the Trinity, is the particular human embodiment of the male son of a male God. This particular human embodiment in turn is framed by the doctrine of the Incarnation, which itself is framed by Christological discourse. In other words, at the heart of the economy of salvation, the human particularity of God is sexed male according to traditional readings of the scriptures in which trinitarian and Christological doctrine is rooted. Yet, as Bacon and other feminist theologians argue, it is possible for the theologian to interpret this human particularity in an inclusive rather than exclusive manner whilst remaining bound by the actual details of God's self-revelation in the economy: 'it is not Jesus' maleness which is important in the incarnation but God becoming a body and taking on particularity ... that God chooses to be limited by the restrictions of such particularity' (2009a, 186).

Irigaray draws on the morphology of the female body to establish speaking (as) woman, position female subjectivity and open a generative threshold between sexuate subjects, the

two lips being the most famous iteration of this (TS, CS). Her drawing on the morphology of the female body has, predictably and regularly, elicited the charge of essentialism from her critics. It is imperative to evaluate Irigaray's intention in drawing on the morphology of the female body, and her explication of her thinking, when evaluating her critics' charge of essentialism. It is imperative, too, when engaging speaking (as) woman in discussing and reinterpreting the doctrine of the Trinity as I do here, as part of my work in deconstructing classical theological discourse. Irigaray insists that her critics misinterpret her work when they interpret speaking (as) woman through the anatomy of the female body rather than through its morphology. Anatomy and morphology are not coterminous. The former concerns the biological form of the female body while the latter concerns the representation of that form in culture, meaning that 'we must go back to the question not of the anatomy but of the morphology of the female sex' (WE, 64), which is precisely what she does through speaking (as) woman, as *sexuate subject*.

If we accept Irigaray's intention and explication, as I do, then her drawing on the morphology of the female body can be interpreted as a form of political essentialism and speaking (as) woman can be used to 'undo phallogocentric logic ... [and women] can actively use this language in order to construct another place for themselves within the symbolic order' (Bacon, 2009a, 165). Furthermore, as Bacon claims, this place can be used to 'connote the signification of multiplicity beyond the confines of sexual difference' (2009a, 165). In relation to the doctrine of the Trinity, thinking the three persons of the Trinity as diversity in communion in dialogue with the *sexuate subjectivity* that Irigaray establishes through speaking (as) woman, offers 'a theological logic which operates in contradistinction to phallogocentrism and which celebrates rather than curtails difference' (Bacon, 2009a, 174). It is able to do this because it embraces particularity and diversity in the Godhead, 'making all

metaphysical claims [about God] function directly with respect to the economy of salvation', and admits 'the partiality and inadequacy' of all speech about God, requiring 'that every interpretation of who God is be measured against what is revealed of God in the economy' (LaCugna, 1991, 380). To be sure, 'if God is more than one' as Bacon argues and I affirm, 'then God can support more than one subject position' (2009a, 188). This grounds female subjectivity in 'a relational identity that is held between nature and culture, and which assures a bridge from which it is possible to pass from one to the other while respecting them both' to return to Irigaray (TDF, 13-14), thereby providing the condition for women to speak the epistemic and actual truth of their experience.

The ability of women to speak the epistemic and actual truth of their experience is crucial to their being subjects. First, in psychological terms, as I discussed in Chapter Two in relation to Bruch's pioneering research into self-experience in female anorexia. Second, in social terms as I discussed in Chapter Two and discuss in this chapter. Third, in spiritual terms which bridge their natural and social being against a horizon of divine becoming as I discuss in this chapter. The epistemic and actual harm that is done to women when the structures of discourse and society prevent them from speaking is evident in Virgo's traumatic experience of sexual and psychological abuse and anorexia. At the time of the abuse, she did not feel that she had the energy to report the abuse and go through a criminal prosecution even with her mother's support and encouragement (2017, 18). Years later when she did report the abuse in spite of the obstacles that she faced in doing so, 'it ended up being his word against mine, so they dropped the case. This rocked me like nothing had ever done before, and it had that effect on me throughout the entire investigation' (2017, 181-182). Part of what made Virgo's experience so very traumatic and deeply damaging, was that her understanding of her reality was not upheld when she reported the abuse and the perpetrator was not brought to justice for

harming her as he did. Her experience shows the necessity of measuring all discourse ‘against what is revealed of God in the economy’ of human relations, to reiterate LaCugna’s point.

Human Becoming and Co-Redemption

The economy of trinitarian relations and the economy of human relations are arguably entwined in the person and action of the Holy Spirit, the third person of the Trinity, and the person of Mary, the mother of Jesus, and in turn in the notions of human becoming and co-redemption that they conceive. Yet, tellingly, that entwining, like the third person of the Trinity and the person of Mary, has been insufficiently thought through in classical trinitarian and wider theological discourse. Or, again as Irigaray summarises it, ‘the most influential representation of God in our culture over the last two thousand years has been a male trinitary God and a virgin mother: a mother of the son of God whose alliance with the father is given little consideration’ (SG, 62, SP, 74). Indeed, Gavin D’Costa contends that Irigaray’s engagement with the Trinity highlights the ‘hom(m)osexual construction’ of the doctrine and ‘a most disturbing denigration of the Holy Spirit in both western and eastern trinitarian taxonomies’ (2000, 38). He questions, however, whether Irigaray’s theoretical work attends adequately to practice and cautions that highlighting ‘specific semiotic configurations do[es] not [in itself] inevitably generate identical social configurations of practice’ (2000, 39, 40). I have begun to address D’Costa’s concern with respect to the relationship between theory and practice in both Irigaray’s work and theological discourse as I have engaged Virgo’s experience of having anorexia. I will continue to address it in what follows as I extend Irigaray’s notion of human becoming and the theological notion of co-redemption through a feminist practical theological rethinking of the doctrine of the Trinity.

Irigaray ‘theorizes’ in order to investigate and rethink the epistemic foundation that knowledge and subjectivity have in metaphysics and the representation of that foundation in the symbolic. She intends through her investigating and rethinking to establish more than one subject position in discourse, in order that knowledge and personhood may be generated from more than one subject position in ethical practice. Crucially, as Graham Ward argues, Irigaray is concerned to ‘move knowledge from the domain of rapacious self-affirmation of the cogito [of the universal male subject] ... and locate it in the space, the interval ... the between of the couple ... personhood is constituted only in the participation within an economy of desire for and by the other’ (1996, 230-231). It is important for us to note at this point that Irigaray investigates and rethinks theory and practice in dialogue with philosophers and psychoanalysts from across the history of Western tradition; and that Lacan is one of her key interlocutors as she questions the sexed and binary nature of the language and grammar from which Western discourse is constructed from the perspective of psychoanalytic practice. Lacan perceives ‘the whole structure of language’ in the unconscious (2006, 413) and links signification, identity and desire, arguing that ‘the phallus is the privileged signifier of this mark in which the role [*part*] of Logos is wedded to the advent of desire’ (2006, 581). This means for Lacan that ‘incarnation is only ever masculine’ and raises for Irigaray, and other feminist thinkers, the question of whether women are able to desire in a way that is ‘not determined by the phallus’ as Ward contends (1994, 319).

In response Irigaray establishes subjectivity as sexuate and relational, thus questioning the conception of epistemology in the Western tradition (Ward, 1994, 319). The divine and human horizon, then, against which Irigaray attempts to speak (as) woman is that of desire understood as ‘love mediated through a celebration of sexual difference; love that is integral to a sexual economy ... [and] ... manifests itself in a form of language that exceeds

signification' (Ward, 1994, 324). Irigaray's sexuete relationality thereby establishes an economy in which generativity replaces the sacrifice on which desire and social order are founded in the Lacanian economy (Whitford, 1991, 180). Importantly, her figuration of the two lips, in drawing on the morphology of the female body, positioning female subjectivity and opening a generative threshold between sexuete subjects, makes contiguous the vertical and horizontal relations of the divine and human horizon against which she attempts to speak (as) woman. And in making contiguous those relations she conceptualizes what Whitford calls a 'double syntax' and with it 'the possibility of a relationship between *two* economies, of which one would be metaphorical (the paternal one) and one would be metonymical (the maternal one)' (Whitford, 1991, 181). Without such contiguity, relations between women are prevented as are loving, or amorous, relations between women and men who are instead figured "“mother” and “father” ... as social roles' according to the reproductive function of their respective genitalia (TS, 27-28, CS, 27, Whitford, 1991, 181)

Irigaray conceives this 'double syntax' in direct response to Lacan's 'alleged metaphysics' as Ward puts it (1994, 319). Lacan perceives not only 'the whole structure of language' in the unconscious but also 'the very structure of desire' through which 'the law of the father is heard to speak' (Ward, 1994, 318). In linking the structure of language and the structure of desire Lacan links metonymy and metaphor at a metaphysical level 'in a double play of combination and substitution in the signifier, according to the two elements that generate the signified, metonymy and metaphor' (2006, 578). Further, and importantly for our present investigation and Irigaray's conceptual purposes as a practising psychoanalyst, he suggests that with respect to psychoanalysis 'the symptom *is* a metaphor, whether one likes it nor not, just as desire *is* a metonymy' (2006, 439). Irigaray claims that in correlating symptom and metaphor, desire and metonymy, Lacan inserts the symptom or drama of hysteria between

gesture and language, paralyzing desire and pathologizing it such that the language that the person with hysteria (who is usually a woman) ‘learned in the family, in school, in society’ is ‘in no way continuous with – nor, certainly, a metaphor for – the “movements” of [her] desire’ (TS, 136-137, CS, 134). Moreover, as Saukko argues from her experience of having anorexia and being subjected to treatment ‘regimes’, through such pathologizing, psychiatry and psychoanalysis operate as ‘accomplice[s] to the same cruel socio-cultural processes that inform anorexia’ (2008, 20). I will discuss this further in Chapter Five.

Ward, early in the engagement of Irigaray’s thought with theological discourse, argues that her thinking of sexual difference is able to assist with the task of establishing a theology of inclusive language (1994, 324). I wish to go further and argue that her thought is able to assist with the task of rethinking not only the sexed nature of theological language but more profoundly with that of rethinking the sexed nature of the grammatical structures through which theological knowledge is produced. In other words, the epistemological framework of theological discourse as shaped and measured by doctrine. In going further, it is necessary to avoid reducing divine transcendence to human immanence, as I discussed above. It is also necessary to avoid conflating divine transcendence with human self-transcendence, a conflation that Ward argues can be avoided through ‘Christology’ and the ‘operation of intratrinitarian love’ (1994, 324-325). The ‘operation of intratrinitarian love’ is evident not only in the person of Christ but also in the person and work of the Holy Spirit viewed within the economy of salvation, the relational link between the ‘double syntax’ of substance and person in the doctrine of the Trinity. Or, as LaCugna summarises it, ‘Jesus Christ remains the sole criterion of human personhood, and God’s Holy Spirit remains the sole means by which authentic personhood is achieved ... this ties the doctrine of the Holy Trinity to the actual

economy of salvation and curtails its tendency toward ungrounded speculation about God's inner life' (1993, 92).

Thus, as I go further in dialogue with Irigaray I understand the 'operation of intratrinitarian love', and the operation of love between human persons, to be characterized by relationality and non-appropriation. In my view, relationality and non-appropriation serve as the check and balance which ensures that reconfiguring the grammatical and epistemological framework of Western discourse is able to reconfigure social practice. Moreover, with respect to speech about God, relationality and non-appropriation open a place of spiritual and social healing within theological discourse. Indeed, as he extends Irigaray's engagement with the Trinity, D'Costa argues that 'the holy spirit does indeed create a new imaginary, a new counter-culture, in which women and men are redeemed from the name of the phallic Father, so that they might newly relate in forgiving and healing love' (2000, 35). He conceives the new imaginary that the Holy Spirit creates in the person of Mary, through whose cooperation with the Holy Spirit God in Christ takes particular human form, and the body of Christ through time, the Marian church, is formed (2000, 24-34). Thus Mary's 'status as 'Co-Redeemer' mirrors our own invitation to be co-redeemers in our constantly flawed, but graced, attempts to be the body of Christ' (2000, 30). Indeed, for Irigaray 'this "yes," for which Mary opens her lips, is nothing less than the threshold that makes it possible for us to enter into another era of divine becoming' (TDF, 19).

Crossing the threshold of this era is made possible, in Irigaray's view, by giving 'woman a decisive part in the figuration of divinity' (TDF, 20). The 'social outcome' of such a figuration is, in her view, 'respect for the incarnation of all bodies (men's and women's) as potentially divine; nothing more nor less than each man and each woman being virtually

gods' (EW, 202). Irigaray wishes for all women and men to be perceived, and to perceive each other, as co-redeemers in the world in sharing ethical responsibility for promoting the flourishing of other people and the planet. Irigaray figures the co-redemptive threshold through which we may enter 'into another era of divine becoming' as a sensible transcendental: 'The transcendental must unceasingly intervene between the other and myself ... turning the sensible immediacy of the relation into a cultivation of affect. This can save the irreducibility between the other and myself ... this will end in a transcendental feeling that remains carnal, sensible, and which does not relate only to the mind' (TDF, 18). It is at this generative threshold between subjects, this 'crossroads between two transcendences' (TDF, 22), that Irigaray enables the female subject to embody her experience in discourse and in practice for the flourishing of female subjects and male subjects.

Sensible Transcendental and Sacramentality

Irigaray's figuration of the sensible transcendental accords with Bacon's perception of the sacramentality of women's bodies through a trinitarian understanding of the *imago dei*: thus, because God became incarnate in the particular human body of Jesus, women can be perceived to be 'theomorphic (that is, in the likeness of God)' and also 'Christomorphic (in the likeness of Christ)' (2009b, 240). For Irigaray the incarnation of God in Jesus is 'the path to a more fulfilled human becoming' (KW, 151) that calls women and men to be faithful to 'the spirit rather than the letter' of the 'great events of Christianity' (KW, 146): the salvation history that is enunciated through the grammatical framework that the Trinity provides for theological discourse. To be sure, a spiritual interpretation of incarnation such as this is the only interpretation of redemption that Irigaray deems to be 'worthy of ... historical loyalty' to Christianity (EW, 202). At this point, as I engage Irigaray's thought with theological

discourse, it is important that we measure it ‘against what is revealed of God in the economy’ of human relations, to recall LaCugna above, and also that we measure it against Irigaray’s stated intention in questioning ‘epistemology as it has so far been conceived’, to recall Ward above. The two measures meet, I suggest, in ‘the immanence, the indwelling, of divine love, for which we were made as desired partners’ as LaCugna puts it of the mystery of God that is revealed by the economy of divine relations (1991, 367).

In a recently published summary of the intention that guided her entire philosophical project, Irigaray reflects that she ‘did not want to reach a metareal – as one speaks about metaphysics – but to work out an elaboration of the real towards a coexistence and sharing with all living beings with respect for their particular origin and growth – that is with respect for their difference(s) in being and existing’ (AWL, 31). She worked this out through confounding ‘the opposition between immanence and transcendence’ (ESD, 33, E, 39) at the place where sexuate subjects relate ‘beyond the circularity of discourse ... when the copula no longer veils the abyssal burial of the other in a gift of language which is neuter only in that it forgets the difference from which it draws its strength and energy’ (ESD, 129, 124). The maternal-feminine is the buried source of difference that Irigaray retrieves as she redeploys space, remaking ‘immanence and transcendence’ at the ‘threshold’ of the ‘female sex’ that has ‘never been examined as such’ (ESD, 18, E, 24). Her retrieval of the maternal-feminine figures the divine ‘among us, within us, as resurrection and transfiguration of blood, of flesh, through a language and an ethic that is ours’ as sexuate subjects (ESD, 129, E, 124). Moreover, the divine that Irigaray figures requires us to be the ‘mediators and bridges’ of the sensible transcendental that she opens through retrieving the maternal-feminine (ESD, 129, E, 124): reuniting ‘masculine and feminine’ in the ‘horizontal and vertical, terrestrial and

heavenly' dimensions of sexuate subjectivity (ESD, 17, E, 23).

In her pivotal work, *An Ethics of Sexual Difference*, Irigaray remakes these dimensions of discourse and subjectivity through her repositioning of Diotima, so as to enable Diotima to speak (as) woman, in her dialogue with Socrates on the subject of love, beauty, goodness, wisdom, and the relation between divine and human persons. She argues that Diotima's dialectical mode of teaching operates through establishing love as an intermediary term, or third term, rather than through opposing binary terms, showing that 'contrary to the usual methods of dialectic, one should not have to give up love in order to become wise or learned. It is love that leads to knowledge ... it is love that both leads the way and is the path' (ESD, 20-21, E, 27-28). Love, following her repositioning of Diotima, is the 'always already sensible horizon on the basis of which everything would appear' (ESD, 33, E, 39). Irigaray's repositioning of Diotima, and with it her remaking of discourse and subjectivity, are based on two premises as Virpi Lehtinen shows. First, that 'our understanding of Diotima's position as well as her relations to gods depends on how we conceive the dividing line between the divine/ideal and real', and second, that 'Diotima's words must be taken to mean that she is able to perceive the divine/ideal as inherent in the perceivable' (2014, 174-175). In other words, love reveals what is true in an embodied present as a foundation for the present and the future, and we are able to perceive this truth if and when we are positioned as sexuate subjects, and we are able to generate knowledge through this truth by virtue of our being positioned as sexuate subjects within discourse and in relation to divine and human persons.

Diotima's revelation of love as the sensible horizon of discourse and subjectivity thus, for Irigaray, gives perception, rooted in embodied experience, a critical role in the generation of knowledge 'because it is part of the philosophical and metaphysical process of defining the

scope of research and the methods of philosophy' as Lehtinen contends (2014, 176). It also gives perception a critical role in human becoming, first, because the sensible horizon of love is the sensible transcendental, 'the dimension of the divine par excellence', and second, because the sensible horizon of love incarnates and mediates 'grace' (divine grace) in the human becoming of sexuate subjects (ESD, 115, E, 111). Perception, moreover, takes on a sacramental quality for Irigaray as she associates it with breathing, and, through breathing, integrates the body and mind of the subject: 'Breathing is a question of survival, or it can become the medium of love and grace ... so also the body is ... weighed down by the flesh, or the flesh is transformed into the place of a divine incarnation of love. Which awakens or reawakens the flesh ... beyond its deaths' (EP, 48-49). In other words, it is through becoming aware of her breathing, that the subject becomes aware of herself as an embodied subject and is able to perceive the love and grace of God that are present in her embodied subjectivity. And it is through the Holy Spirit's mediation of the love and grace of God, that her body and mind are integrated.

The role of perception in human becoming is attested in Catherine Dunbar and Elena Dunkle's encounters with death and life during their respective experiences of having anorexia. Their responses illustrate the tragic consequences of body and mind becoming dissociated in the experience of anorexia and the importance of cultivating a sensible horizon in order to reassociate body and mind and support and sustain recovery from anorexia.

Catherine's mother, Maureen, recalls that the dissociation of body and mind that Catherine experienced in her anorexia 'trapped her in a maze of agony and delusions' from which she perceived death to be the only possible escape (1986, 10-11). Maureen reflects that it was only 'when [Catherine] was close to dying [and] she was living in the present and not longing

for death any more' that she 'was at last able to grasp the meaning of peace in Christ' (1986, 9-10). Catherine herself wrote in her diary 'I feel so trapped. I want to live for my family's sake but I cannot live with myself' (1986, 63). Catherine's own words in this entry and in others that her mother shares in the memoir show that she was in a place of dissociation where the love with which family members and friends surrounded her was unable to help her to overcome the longing for death that the dissociation caused in her, even though she was able to recognize and appreciate that love (1986, 81). Tragically, it was not until the few days before her death that Catherine 'seemed to have grasped that peace and happiness in Jesus are possible on this side of the grave' as Maureen recounts (1986, 115). Catherine's mental torment up to that point was such that 'at the very end the important thing' for Maureen as her mother, 'was that, whether she lived or died, she was happy' (1986, 9). Her last clear words before her death were 'I am so happy, God is with me' (1986, 117).

Elena also perceived death to be the only possible escape from the mental torment that she experienced following both the rape that led to her falling ill with anorexia as a teenager and the miscarriage that she suffered as a young adult which resulted from her suffering with anorexia for a number of years. She experiences the mental torment as 'a shell of death between me and my life' that for years 'stifled my better intentions,' and made physical contact with loved ones impossible: 'I feel my sister sit down on the bed. I want to take her hand, but the skull is between us' (Dunkle, E. & C. B., 2015, 245). She recalls a dream during which 'the lives that have touched mine gather until they become an enormous crowd ... the skull can't keep them out anymore ... freed from its shell, I feel the contact of those lives like a living current of love. It flows through the whole vast crowd of us and holds us safe in the cradling hands of God' (Dunkle, E. & C. B., 2015, 247). It is the embodied perception of the love that she experiences in the dream, the sensible transcendental which

forms for her a sensible horizon, that enables her to realize that ‘Life, in all its suffering, is love. And death is powerless to change that’ (Dunkle, E. & C. B., 2015, 248). This realization enables her to announce to her family that she is ‘putting [herself] back into treatment’ (Dunkle, E. & C. B., 2015, 248). Once back in treatment, it also enables her, with the support of a therapist, to work through the anger, fear, pain and self-hatred that she experienced following the rape and the miscarriage (Dunkle, E. & C. B., 2015, 260-273).

Maureen wrote her memoir of Catherine’s anorexia, and shared extracts from Catherine’s diary, in order to ‘create a climate of compassion, love and support from the families and friends of those unfortunate enough to be anorectic’ (1986, 11). Elena wrote her memoir of her anorexia, with the help of her mother, in order to speak the truth of her experience of having anorexia as she perceived it. Her perception of that truth ‘didn’t match the experiences in the books she read’ (Dunkle, E. & C. B., 2015, 287). The truth as she ‘lived it was more complicated’ (Dunkle, E. & C. B., 2015, 287). In Catherine and Elena’s contrasting experiences the sensible horizon of the sensible transcendental can be seen to enable women with anorexia to speak the complicated truth of their experiences because it enables them to speak as embodied sexuate subjects from more than one subject position. Or, to recall Goto above, it enables them to speak their ‘understanding of [their] reality’. Moreover, in Maureen and Elena’s intention in writing, the ‘sensible horizon’ of the ‘sensible transcendental’ embodies between speaking subjects what Goto calls a Critical Intersubjective space in which speaking subjects are ‘constantly’ reminded that they ‘are in relation to and depend on one another for being and becoming’ (2018, 219), and in which they generate new knowledge *because they speak as embodied subjects from their different subject positions* (2018, 189, 198). Indeed, it is only in such a space that the ‘climate of compassion, love and support’ that

Maureen intended can be enabled, and the family members, friends, and therapists, of women with anorexia can support them to recover and sustain recovery.

Goto's notion of a Critical Intersubjective space establishes a 'theological anthropology that is less individualistic and more relational' (2018, 219). When this theological anthropology is engaged with Irigaray's 'sensible horizon' and 'sensible transcendental', women are able to be positioned as embodied sexuate subjects within theological discourse and are therefore able to speak as women about God. When it is engaged with LaCugna's revitalization of the doctrine of the Trinity, it further binds the Trinity 'with every dimension of the economy where God and creature live together' and re-emphasizes that the doctrine is 'inherently practical' (1991, 378). Indeed, as Lacugna argues, 'theology and praxis would be quite different if the doctrine of the Trinity were allowed to serve at the center of Christian faith' (1991, 379) because the understanding of subjectivity and personhood that underpinned them would be able to embody not only the sexual difference that exists between subjects but also all other differences that exist between subjects. Or, as LaCugna puts it, women and men are 'partners in God's household. Jew and Greek, slave and free, circumcised and uncircumcised, belong equally to God's rule. The substitution of any one of these for the rule of God is idolatry' (1991, 394). Thus, when we engage the Critical Intersubjective space that Goto establishes with Irigaray's sensible horizon and sensible transcendental and position LaCugna's revitalization of Trinity at the heart of that space, we enable the doctrine to serve in the fullest sense as the grammatical framework that 'specifies the conditions and criteria under which we may speak about God' as women (LaCugna, 1991, 380).

Conclusion

In this chapter I have engaged Irigaray's notion of speaking (as) woman in dialogue with the doctrine of the Trinity and experience of having anorexia to show how the disconnection between body and mind that women with anorexia experience brings into view the metaphysical framework that underpins classical theological discourse. I have argued that this framework genders as male the grammatical framework that the doctrine of the Trinity provides for speech about God, thereby denying women the possibility of speaking as female subjects within classical theological discourse: 'Female sexuality [cannot] articulate itself, even minimally, within an Aristotelian type of logic' (WE, 64). This necessitates 'change in the linguistic code' which governs speech about God since 'the God of men requires the maintenance of grammatical rules' (LI, 64). Changing the linguistic code is thus the only possible way to position women as women within the metaphysical framework that underpins Western discourse and enable them to speak as women about God. In order to change the linguistic code, I have engaged the sensible horizon against which Irigaray figures the sensible transcendental with Goto's practical theological notion of Critical Intersubjective space between embodied subjects and with LaCugna's feminist theological revitalization of the doctrine of the Trinity. In bringing into view the metaphysical framework that underpins classical theological discourse and attempting to change the linguistic code that governs speech about God from a feminist theological perspective, I have laid the foundation for answering the second of my research questions as I construct my methodology and set out my notion of spirit-centred personhood in Chapters Four and Five respectively.

Chapter Four

A New Poetics

Sexual difference would constitute the horizon of worlds more fecund than any known to date – at least in the West – ... and [also] the production of a new age of thought, art, poetry, and language: the creation of a new poetics. (ESD, 5, E, 13).

Introduction

In this chapter I begin the task of answering the second of my research questions as I develop a reflexive narrative methodology. As I develop this methodology, I will argue that interpreting and responding to binary opposition from a feminist practical theological perspective helps us to better understand anorexia and sustain recovery from it as it embodies both subjectivity and women with anorexia. In order to embody subjectivity and women with anorexia, I will establish a new poetics in dialogue with Irigaray. I will use this to reread and rewrite theological discourse and anorexia reflexively. I will argue that poetic writing embodies both subjectivity and women with anorexia because ‘the advantage of poetic writing ... is that it does not separate form from matter. The spirit from the body?’ as Irigaray suggests (EP, 29). In not separating the spirit from the body, poetic writing makes it possible for a woman with anorexia to find out who she ‘would be beyond the grip of illness – what the future would hold for [her] if [she] were in control of the illness and was well’, and to do the hard work of recovering and sustaining recovery which Wealthall describes across her memoir (2005, 14). I will conclude that the reflexive narrative methodology that I develop across this chapter is able to generate embodied knowledge that goes beyond the limitation of the dis-embodied knowledge that is generated by classical theological discourse and biological, psychological and sociological models of anorexia. In Chapter Five I will

employ the generative potential of poetic writing to construct my model of spirit-centred personhood.

Reading and Writing with Irigaray

The poetic writing that Irigaray practises ‘seeks to preserve and promote ... [is] a becoming, which does not divide itself from nature’ and keeps ‘the telling open ended ... leav[ing] it to its own multiple germination and to the multiple ways in which it can be heard’ (EP, 30). In this, it provides the methodological framework through which Irigaray connects ‘becoming’ with ‘a real and carnal generation’, embodies sexuate subjects and establishes multiple subject positions in discourse (EP, 30). Most importantly in relation to my development of a reflexive narrative methodology, the poetic writing that Irigaray practises is located at the sensible transcendental threshold where body and spirit are integrated, or both ‘become flesh, and each by the other’ (EP, 30). Poetic writing makes possible the integration of body and spirit because it draws on what Cheryl Lynch-Lawler describes as the ‘capacity of the human subject to engage with the phenomenal world’ (2020, 42). Through this it opens ‘what remains closed to the purely analytic mind’, enabling the subject to experience ‘corporeality and knowledge – two different registers’ simultaneously (2020, 42). For Irigaray, it is through engaging with the phenomenal world and experiencing corporeality and knowledge simultaneously that women are able to speak as women: ‘the problem of “speaking (as) woman” is ... that of finding a possible continuity between ... gestural expression or ... speech of desire – which at present can only be identified in the form of symptoms and pathology – and a language’ (TS, 137, CS, 134-135).

Lynch-Lawler claims that corporeal knowledge is vital because ‘the *active* apprehension of *natural* interiority, of open-ended sentient life, opens nascent subjects to an awareness of inner fluidity and ongoing becoming that otherwise gets hardened in consumption of overly mediated cultural caricatures of life’ (2020, 43). Corporeal knowledge has what Lynch-Lawler terms an ‘extra-discursive fluidity’ (2020, 43) that is expressed through what Irigaray names ‘speak[ing] corporeal’ (IR, 43). For Irigaray, ‘Speak[ing] corporeal’ does not ‘replace the bodily encounter, as paternal language [*langue*] attempts to do’ but rather speaks the ‘most archaic and contemporary relationship with the body of the mother’ (IR, 43). In other words, ‘speak[ing] corporeal’ reconnects human subjectivity with its maternal-feminine origin thereby enabling women to find a language through which to position and express themselves as female subjects within the sociocultural symbolic. Moreover, for Irigaray, it is imperative that women find a language through which to express how ‘things stand with women’ when it comes to the ‘elaboration of diagnoses, of therapeutic decisions that affect them’ (IR, 34, 35).

Poetic writing as Irigaray practises it, attempts to ‘express our whole being and speak to the whole being of the other’ thereby ‘overcom[ing] the dichotomies of our past logic’ (AWL, 35). In this chapter, and across the chapters that follow, I will employ the integrative logic of poetic writing theoretically, methodologically and practically. Theoretically as I discuss the credibility of the knowledge that is generated through the dialogue that I will continue between the experience of having anorexia and diagnostic and psychoanalytic discourses. Methodologically as I read reflexively from a feminist practical theological perspective my experience of having anorexia alongside that of the women whose narratives I engage and the diagnostic and psychoanalytic discourses that frame our experience of illness and recovery. Practically as I establish my model of spirit-centred personhood as a form of

embodied subjectivity with which to support women to recover from anorexia and sustain recovery. Through each of these interconnected dimensions of my employment of poetic writing I seek to enable us to ‘go further towards the accomplishment of our humanity’ (AWL, 34) in theory and practice.

In order that the knowledge that I generate through my employment of poetic writing is credible, I have to account for both the research process and my position within it as researcher. This requires me to be aware of my subjectivity and positionality in relation to the power structures within which the narratives and discourses that I engage are located or, as Irigaray puts it, it requires me to ‘wonder about [myself] and [my] own manner of dwelling’ (SW, 7). The sensible transcendental threshold between sexuate subjects at which poetic writing operates theoretically, methodologically and practically, enables me to ‘meet with the subjectivity of the other and enter into exchange with respect for differences’ (SW, 3). It serves as a reflexive third term that ‘is emblematic of connection within difference’ as Lynch-Lawler puts it: connection, moreover, that we can conceive as ‘trinary in contrast to binary logic’ (2016, 259). In the sections that follow I set out the theoretical and practical necessity for, and methodological significance of, a reflexive trinary logic such as this for rereading and rewriting theological and psychoanalytic discourses, and for generating new knowledge with which to support women to recover from anorexia and sustain recovery.

Reading and Writing Reflexively

When I read other women’s narratives of anorexia and recovery I am immediately struck by the similarities and the differences in our experience of illness, and by the differences in our experience of treatment and of the diagnostic discourses that inform it. The similarities in our

experience relate to the core features of anorexia and the effects of starvation and low BMI. The differences relate to whether lack of appetite (a-norexia) is perceived to have a physical or psychological (nervosa, or nervous) origin and to the implications of that understanding for treatment – and, ultimately, for recovery – in the socio-cultural contexts and female generations in which the women were situated at the time when they were ill and narrated and embodied their experience. This means that as I write about the experience of anorexia and recovery that these women narrate alongside my own experience, my awareness of the similarities and differences in our experiences and between us is able to generate ‘new obligations and new possibilities’ (EP, 45) since ‘perceptions must be learnt as a means of knowledge and co-habitation’ (EP, 45) as Irigaray claims of ‘poetic writing’.

In my own experience, a consultant metabolist asked my mother whether she wished for my lack of appetite and accompanying weight-loss to be treated as physical or psychological in origin. My mother, not wishing me to be subjected to psychiatric treatment or the stigma that surrounded it in the 1980s when I was ill, chose for them to be treated as physical in origin. I was seventeen years old but was not invited by the consultant to take any significant part in the consultation and successfully evaded the few appetite-related questions that he asked me – just as I evaded the hunger that was produced by the appetite stimulants that he prescribed. I remember the blood tests that followed each review. I remember wondering how the word anorexia, which he never failed to scrawl across the blood request forms, applied to me. I remember the dietician, diet sheets and weigh-ins. I remember feeling that the dietician and diet sheets gave me permission to eat, because they suggested how much it might be safe to eat when I had no sense of hunger or satiety and felt that I could control neither. I remember struggling to eat, and not eat, that which I felt I had permission to eat. I remember feeling cold and numb as I stared at a grey world through the windows of the bus as I returned from

hospital appointments – that I attended without my mother. My maternal grandmother's death had shrouded me in layers of clothes that hid the skeleton off which they hung.

In the experience of the other women whose narratives I read, lack of appetite was framed by the diagnostic discourses that surround the biological, psychological and sociological models that I discussed in Chapter Two and was thus understood to have a psychological origin. The treatment to which they were subjected was backed by the framing operation of those diagnostic discourses. This framing itself is governed by the wider sociocultural discourses that frame subjectivity and operates to pathologize women with anorexia while seeking to normalize them as Saukko (2008) shows in her personal and political analysis of anorexia and the discourses that surround it, which I will discuss in Chapter Five. It can, in turn, deepen anorexic practices through the way in which it is governed by the wider sociocultural discourses with which the woman with anorexia is locked in a battle of wills.

These similarities and differences leave me wondering whether my own recovery would have been effected better or sooner if my lack of appetite had been treated as psychological rather than physical in origin. I worked through the psychological issues in which my lack of appetite originated on my own. This was hard. But my subjectivity was not framed by the diagnostic discourses that surrounded anorexia at the time when I was locked into a battle of wills with the discourses that surrounded, and continue to surround, female subjectivity. This, I think, was perhaps easier, especially as my maternal grandmother died and I became ill just as I was about to leave my mother to go to university to make for myself a life that was very different to either my grandmother's or my mother's working class lives. The particular insider / outsider position that my own experience gives me in relation to the experience of the other women, gives me a 'sensible horizon' that is critically reflexive: I have dis-

embodied experience of anorexia yet at the same time I am able to perceive the discourses that frame anorexia without my experience having been framed by those discourses. This critically reflexive ‘sensible horizon’ enables me to bring into view new knowledge about subjectivity which I argue can be used to support women to recover from anorexia and sustain recovery.

The similarities in mine and other women’s experience of the core features of anorexia position me, as researcher, as an insider in relation to the experience of anorexia and to the women whose narratives I read in dialogue alongside my own experience. The differences in our experience of treatment position me, as researcher, as an outsider in relation to the diagnostic discourses and treatment to which the women were subjected; and, to the extent that the women’s sense of their subjectivity has been framed by their experience of treatment, in relation to those women themselves. Being struck by those similarities and differences, and accounting for them as I, as researcher, generate new knowledge out of our experience, focuses attention on the way in which knowledge, and in particular feminist knowledge, is produced. As Ramazanoglu and Holland argue, it brings into view the way in which ‘feminist knowledge is worked out in practical struggles over exactly what people do and do not share in their conditions of existence’ and the ‘struggles over how, or whether, connections can be conceived between ideas, experience and reality’ (2002, 107). These struggles concern not only the ‘research skills and ethical practices’ that I use to generate knowledge but also the theoretical framework within which I work to produce feminist knowledge (Ramazanoglu with Holland, 2002, 107).

Similarities and differences in my and other women’s wider sociocultural experience complicate still further the perspective, or position, from which I read their stories of

anorexia because of the particular political and theoretical commitments, that I, as researcher, bring to reading as a result of my own sociocultural experience. We share female gender but have different experiences of what female gender means for women's cultural identity and social role in the different generations into which we were born. We share female gender but have different cultural and personal experiences of sexual identity and orientation. We share female gender but have different cultural and personal experiences of gendered violence. We share female gender but have different cultural and personal experiences of class and inequality. We share female gender but have different cultural and personal experiences of racial identity and oppression. We share female gender and write in the English language in the West, but English is not the first or only language for all of us, and we each write from different locations within the multiple societies that have formed, and form, the West across our generations.

The similarities and differences in my and other women's experience of anorexia, society and culture, together with the multiple positions from which we narrate our experience, means that generating knowledge that tells a 'better' story about anorexia and subjectivity is a 'thorny' issue (Ramazanoglu with Holland, 2002, 42). It means that I must account for the way in which I exercise sociocultural power as researcher (Ramazanoglu with Holland, 2002, 113) as I position our experience in the disciplinary and sociocultural contexts in which we narrate it, and read the gaps and silences, and as well as the words, with which we narrate and embody our subjectivity. In turning my and other women's experience 'into authoritative texts,' and using those narratives to generate knowledge with which to tell a 'better' story, I exercise sociocultural power as researcher (Ramazanoglu with Holland, 2002, 113). This means that I 'must represent not only how difference is constituted in specific instances, but also how it is experienced, what it feels like, whether it is positive or just, and what resistance

to change entails' (Ramazanoglu with Holland, 2002, 113). In short, I must attend to the way in which socio-cultural power is embodied and resistance to that power is embodied, or disembodied, in female experience of anorexia and of the discourses and treatment that surround it. I must also attend to the gendered and political nature of this power and to the gendered and political change that is needed in order to enable women with anorexia to become embodied subjects and to position women as embodied subjects who are able to tell a 'better' story about their experience in our wider sociocultural context.

Deciding which narratives to read is also a 'thorny issue' because deciding means engaging with some narratives, and the different positions from which they are embodied, and not with others. Moreover, using published memoirs means engaging with narratives that have been embodied because their authors are in the relatively privileged position of being able to choose to share their experiences, whilst not engaging with those that have not been published because their authors have not been in a position to share their experiences, or have chosen not to share them, but which also narrate experiences of anorexia and recovery from different positions. Deciding how and which points to the wider difficulty in deciding what constitutes a credible narrative about anorexia and which of the possible narratives most credibly embody experience of having anorexia: a difficulty that Ramazanoglu and Holland term 'the problem of not being able to establish once and for all what 'better' means' (2002, 11). In relation to anorexia deciding what constitutes a credible narrative brings us up against the objective (and potentially if not always actually objectifying) truth claims of biological, psychological and sociological models of the illness, and the subjective (and potentially though not necessarily subjectifying) truth claims of the experience that is narrated and embodied in stories.

I have come to know the narratives of anorexia and recovery that I read through book launches, book reviews, academic references and library searches, and recommendations from family members and friends who know of my experience and my research. I got to know them, first, as I sought to better understand my own experience of illness and recovery, and, second, as I sought to generate new knowledge with which to help other women to understand their experience and to reread and rewrite therapeutic practice in order to better support and sustain recovery. One of the women takes on ‘complicated topics such as what is recovery, psychiatric commitment, and the fact that there might be something different about the brains of individuals with anorexia nervosa that influences how they experience starvation’, as Cynthia Bulik writes in her foreword to Carrie Arnold’s narrative, *Decoding Anorexia* (2013, viii). Each of the women seeks to understand anorexia through narrating her ‘experiences and emotions’ whilst at the same time ‘connecting [these] with new ideas about what is happening’ thereby constructing ‘a new sense of what is real’ and making possible ‘new political responses and effects’ as Ramazanoglu and Holland write of the task of feminist research (2002, p.43): to ground knowledge in experience and effect transformative practice through making new connections between (personal) experience, (sociocultural) ideas and (material) reality.

In Appendix One I table the narratives that I have chosen to engage. I have chosen them specifically in order to generate new knowledge from as diverse a range of temporal and sociocultural positions and perspectives as possible so as to strengthen the credibility of the claims that I make. I have also chosen them in order to generate new knowledge from the particular similarities and differences that the women embody in their narratives. Together the narratives form what I consider to be a distinct literary canon in relation to anorexia and recovery, and female subjectivity, in the West across the past fifty years. The distinctiveness

of this canon comes from the women's shared purpose in narrating their experience (to enable other women to better understand their own experience of anorexia and sustain recovery), and from their different positions as they narrate their experience of illness, recovery and female subjectivity:

- Each of the women engage personal experience in narrative form
- Each of the women write from a distinct position in a Western context
- Three of the women write from the position of having experienced of sexual violence
- One of the women writes from the position of experiencing sexual identity as non-binary
- One of the women writes from the position of being mixed-race (Liu, 2000 (originally published 1979), 2007), the majority write from the position of being white
- Two of the women write from the position of what were originally working-class or upper working-class backgrounds (Bowman, 2006, Saukko, 2008), one writes from an upper middle-class background (Liu, 2000 (originally published 1979), 2007, 2011), the majority write from middle-class backgrounds
- One of the women writes from the position of science and personal experience, as a science writer (Arnold, 2013, 2004).
- One of the women writes from the position of medicine and personal experience, as a doctor (McNaught, 2017).
- One of the women writes from the position of feminist theory and personal experience, as a journalist and activist (Penny, 2017, 2014, 2011)
- One of the women writes from the position of literary criticism and personal experience (Freeman, 2018)

- Two of the women write from the position of sociology within the academy and personal experience (Garret, 1998, 1996, 1994, Saukko, 2008)
- Five of the women write with their mothers from the position of being daughters (Dunbar, M. & C., 1986, Himmel, S. & L., 2009, Kingsley, J. & A., 2005, Dunkle, E. & C.B., 2015, McNaught, E., 2017)

The women's narratives are what Christine Bold describes as 'naturally occurring stories' since they were narrated outside of an interview setting and were not, therefore, influenced by an interview format (2012, 25). The women's 'naturally occurring stories' form part of what David Silverman describes as 'naturally occurring data' (2010, 132). 'Naturally occurring data', like all data, has been touched by 'human hands' during the course of its production (2010, 132) and brings with it the methodological opportunities, limitations and responsibilities that I have outlined. It holds in view 'the problem of not being able to establish once and for all what 'better' means' in relation to the truth or understanding that the stories narrate, as Ramazanoglu and Holland argue (2002, 11). The women each and between them reframe and reconnect (personal) experience, (socio-cultural) ideas and (material) reality as they narrate their experience. In the next section I will unite the women's 'passion for telling a better story' with the 'contingency of knowledge of social life' (Ramazanoglu with Holland, 2002, 118) as I reread and rewrite theology. The experience that the women narrate speaks of the contingency of life and also the contingency of spiritual experience into which feminist practical theology speaks as it attempts to tell a 'better story' (Swinton and Mowat, 2006, 34).

Rereading and Rewriting Theology

In my own recovery it was reading the feminist psychoanalytic thought of Irigaray that first helped me to produce ‘new meanings’ beyond the non-‘negotiable’ and un-‘intelligible’ and therefore in-‘communicable’ (Walton, 2007, 14-15), experience of anorexia. Reading Irigaray helped me to understand how internal and external perception embody subjectivity, and to relate that to my experience of the intrapersonal and interpersonal aspects of the illness and the wider socio-cultural context in which I was ill. Beyond that, it helped me to understand that female subjectivity depends not on ‘the fact that [women] can be mothers’ but resides in ‘female identity, of which the half open lips are an affirmative expression’ (JTN, 104). It resides, in other words, in the morphology of the female body that Irigaray uses to conceive sexuate subjectivity, and at the theoretical and practical threshold where sexuate subjects exchange air and breathe autonomously and interdependently. I will discuss this further when I establish spirit-centred personhood in Chapter Five. This understanding enabled me to experience myself as a sociocultural and spiritual subject (JTN, 110), which in turn enables me to read and to speak words about God as a woman in relation to my experience of illness and recovery and in relation to theology as an academic discipline. Reading and speaking words about God as a woman means that I stray from the ‘straight and narrow’ (Walton, 2007, 15) of classical theological discourse. Yet this straying means that theology is able to ‘become strangely redemptive precisely because it resists the reconciliation of differences within the subject, in social affairs, or between humanity and the sacred’ (Walton, 2007, 31).

Narrative identity and theological subjectivity are based on the ‘narrative propensity’ of human beings to find coherence in ‘the discordances of personal existence’ as Walton shows (2007, 28). For Walton, following Irigaray, identity and subjectivity must be reread from the

discordant perspective of sexual difference. In relation to this thesis, they must also be reread from the discordant perspective of the experience of illness. As Tucker writes of her experience of anorexia, ‘it is vicious waves slamming you onto a rocky shore, and your tired body dragging itself up, and vicious waves slamming you back onto the rocks ... [and then] ... when the next wave comes – an unannounced, unkind fist – it knocks you forwards. You wipe grit from your eyes and swipe blood from your knees and cough mud from your lungs. In the distance there are smiling faces and raised hands: *Why do you keep falling over?! Just stand up! It’s gorgeous over here!*’ (Tucker, 2019, 3). In other words, narrative identity and theological subjectivity have to be found not in the coherence of identity and subjectivity that the sociocultural symbolic would impose upon the subject, but rather at the intersubjective and intrasubjective threshold between coherence and dissonance: the non-‘negotiable’ and un-‘intelligible’.

Irigaray finds identity and subjectivity at this threshold in the two sets of lips, horizontal and vertical, that form the threshold of the female body and female subjectivity which she names ‘a remaking of immanence and transcendence’ (ESD, 18, E, 24). She argues that the two sets of lips are ‘strangers to dichotomy and oppositions’ and so are able to speak truthfully, ‘gathered one against the other but without any possible suture ... provided they are not misused and reduced to a means of consumption and consummation’ (ESD, 18, E, 24). Moreover, she argues that if women’s lips are abused, by the objectification of female subjectivity within the sociocultural symbolic and by the gendered practices and sexual violence that it underpins, then ‘the portrayal of suffering’ itself becomes ‘for women an act of truthfulness’ (JTN, 101). For Walton, following Irigaray and other feminists, speaking theological truth means witnessing to, and resisting, ‘the forces of domination and control’ that objectify the female subject within classical theological discourse through rereading and

rewriting that discourse from a female perspective. The truthfulness of this speaking is predicated on that which classical theology resists, namely ‘the utter alterity of the other’ (2007, 31) as it is embodied in the female other that it ‘continually flees’ (2007, 35).

Speaking theological truth from a position of female witness and resistance is able to remake the relationship between narrative identity and discursive reason through showing how each ‘requires the other to gain access to transcendence’ (Walton, 2007, 143).

The narratives of anorexia and recovery that I read are akin to the narratives of the spiritual life writing tradition which Walton describes as having ‘deeply influenced the way we understand human personhood and communicate what is most important about ourselves to others’ (2015, 9). Insofar as they are narratives, they are not literary works whose distinctiveness is determined by the terms and forms of the literary canon. Yet as Walton writes, ‘once narrative is employed as a significant category of analysis, it is literary terms and forms that must be used to explicate its function’ (2007, 24). The danger, however, in employing literary terms and forms is that ‘the nature of literary construction’ undermines the ‘fragile realism’ of the experience that is communicated by the author, and positions the reader ‘in the realms of fiction’ as Walton warns (2007, 24). Thus, reading narratives from literary and theological perspectives raises questions similar to those that I raised above with regard to the connection between (personal) experience, (socio-cultural) ideas and (material) reality and the truthfulness of the story that is told. For Walton, experience, ideas and reality are connected by a journey ‘through politics towards a mystery ... which begins at the point of pain where we are challenged to ask how we may write about the divine after the disaster’ (2007, 36).

Walton journeys ‘through politics towards a mystery’ by showing the gendered nature of traditional readings of, and relationships between, literature and theology – in which literature is equated with imagination, flesh and the feminine whilst theology is equated with reason, spirit and the masculine – and reconceiving both by positioning them as sexuate subjects ‘in a passionate dialogue’ (2007, 143). Walton’s journey enables the theological reader to speak better words about the relationship between God and human persons because it ‘begins at the point of pain’ where sentient subjectivity is embodied. I make a similar journey as I read and write my and other women’s experience of anorexia and recovery through the reflexive narrative methodology of the ‘new poetics’ that Irigaray’s notion of sexual difference makes possible, and reread and rewrite subjectivity ‘after the disaster’ through spirit-centred personhood. Along this journey, literature is ‘imaged as laying hold of theology and confronting it with the claims of the feminised other’ (Walton, 2007, 35), just as the experience of Dickens’ literary characters in *Oliver Twist* confronted Laura Freeman with the claims of her body and the political nature of hunger: ‘There is no virtue in hunger in Dickens. It is a symptom of want, deprivation and poverty ... It brings no happiness, confers no blessings, has no goodness in it. I had aspired for so long to skeletal thinness, but here was a woman, starved so thin that, as her father puts it: ‘The worms would worry’’ (2018, 23).

This confrontation ultimately enabled Freeman to tell a ‘better story’ about her body and her worth as a subject, a story that enabled her to ‘pick up, order and shelve all the thoughts that [had] been scattered, upturned, torn and damaged’ by anorexia in the reading room of her mind (2018, 22). As a form of literary, and I would argue spiritual, life writing Freeman’s story generates ‘radical visions’ from what Walton terms ‘the earthy, commonplace material of lived experience’ (2015, 3). The spiritual nature of Freeman’s writing is embodied in the connections that she makes between literary experience, lived experience and subjectivity.

These connections are primarily psychotherapeutic and spiritual, rather than literary or theological, and can thus be read from either secular or theological perspectives. In this regard reading itself becomes, as Dawn Llewellyn argues, a ‘spiritual resource’ that cuts across similarities and difference in women’s sociocultural experience of gender, sexual orientation, class and race and the operation of power within and between them (2015, 5). The ‘spiritual resource’ in my reading and writing of my and other women’s experience is embodied in the spiritual nature of our intention in sharing our stories. It is embodied, too, in my reading and writing our stories at the intersubjective and intrasubjective threshold of spirit-centred personhood where reading and writing are reflexive practices.

If ‘the worms would [be] worr[ied]’ by a lack of flesh on female bones in *Oliver Twist*, Anna Fisk uses the image of a feminist theological bone collage to conceive how a ‘feminist repatterning of symbol and story are ... strange and discomforting’ (2014, xv). ‘Repatterning [theological] symbol and story’ through spiritual life writing, or narrating experience that generates new knowledge, brings with it an earthy warning for women who choose to use this method. As Fisk suggests, ‘theological truths do not always hold for everyone’ and an ‘emphasis on women’s ‘stories’, rather than ‘experience’, could underscore that experience is never unmediated’ (2014, 9). The mediated, and therefore constructed and interpreted, nature of experience is far from innocent as it embodies ‘fragments of feminist discourse’ and ‘broken shards of Christian theology’, to stay with Fisk (2014, xvi). Further, ‘the violence’ that Fisk perceives in ‘the image of human bones’ is apposite in relation to spiritual life writing from the perspective of female anorexia since the ‘scraping-back of flesh from bone ... is punishment, will to destruction ... the belief that you are not worthy of food, nourishment, life’ as Freeman recalls (2018, 24): It is self-loathing, recovery from which is made possible by self-acceptance and the nourishment of ‘hearty, warming food’ that enables

a woman with anorexia to live a ‘richer life than the mean one [she] had been living’ as Freeman writes of her experience (2018, 13).

Carol Christ suggests that self-acceptance, ‘wholeness ... movement toward overcoming the dualisms of self and world, body and soul, nature and spirit, rational and emotional’ can be traced in the narratives that women write about their experience through the four stages of women’s spiritual quest: nothingness, awakening, insight and new naming (1995, 13).

Reading the women’s narratives and tracing these stages at the relational threshold of spirit-centred personhood enables my reading, and the narratives themselves, to be a spiritual resource with which to reread and rewrite anorexia, and support and sustain recovery from it. In the next section I will bring my and the women’s narratives into dialogue with diagnostic discourse in order to show that narrative helps women to tell a better story about their experience and generates better knowledge with which to develop therapeutic practice and extend practical theological discourse. As Elspeth Probyn writes, narrating the ‘inside and the outside of the body’, or internal and external experience, offers a way of conceiving an ‘embodied self’ that ‘can be used to refigure the “real”’ (1991, 121). ‘Refiguring the “real”’ gives women an embodied position from which to speak words in relation to self, others, the divine Other and natural world.

Rereading and Rewriting Anorexia

In my own experience recovery was complicated by not knowing how the word anorexia applied to me and not understanding what the word meant either. I experienced my ‘self’ as ‘isolate pieces | all hollow’ as I wrote in a poem at the time (Appendix Two). Those ‘isolate pieces | all hollow’ put me beyond those who were trying to treat me – for a physical illness –

as I intended. But they also put me beyond understanding that the dissociated state of my body and mind was a paradoxical experience of illness and quest: quest for life on different terms to those that had sundered my body and mind. In this sundered state I experienced treatment as a ‘little Buddha | void of self | stupefied | ashen’ as I wrote at the end of the poem. I blamed myself for the starvation even as I intuited that volition and compulsion were somehow bound together in it and wondered whether that paradoxical binding and sundering meant that there was something wrong that meant that I would always be ‘isolate pieces | all hollow’. I had no way of reading my experiencing as a ‘self’, an embodied subject who could make life-giving rather than life-denying choices about her life. And I had no way of narrating my experience of ‘self’ / ‘void of self’ except through making it into poems.

Marya Hornbacher narrates her experience of anorexia and recovery because she wants to help other women to make their way back from the ‘darker side of reality’ and because she ‘disagree[s] with much of what is generally believed about eating disorders’ (1999, 5). ‘Writing this book’ was the only way that she thought she could ‘keep people from going where [she] went’ (1999, 7). Hornbacher engages (personal) experience, (socio-cultural) ideas and (material) reality to show how diagnostic discourse is dissociated from the subject and her quest and to uncover the ‘fissure’ between body and mind in which ‘an eating disorder may flourish’ and the ‘silence’ in which it ‘may fester and thrive’ (1999, 6). For Hornbacher, recovery resulted from ‘understand[ing] the emptiness rather than fear[ing] it and fight[ing] it and continu[ing] the futile attempt to fill it up’: understanding, and accepting, the self’s hunger for subjectivity and for life rather than being overwhelmed by them and experiencing them as too much (1999, 286, 281). It resulted from her understanding, and accepting, that no one else could live her life for her (1999, 155). It led,

eventually, to her being able ‘look in the mirror and see myself as I am – a woman – instead of as a piece of unwanted flesh, forever verging on excess’ (1999, 286).

Hornbacher’s experience of herself as ‘excess’ reflects the lack of self-worth that fed her anorexia, and the wider socio-cultural context in which female subjectivity, like female flesh, is perceived as ‘excess’. It reflects, too, Irigaray’s depiction of female identity and female role as ‘waste or excess’ within a socio-cultural symbolic that is ‘invested by the (masculine) “subject” to reflect himself’ (TS, 30, CS, 29). The biological (flesh), psychological (unwanted) and sociological (excess) meanings with which Hornbacher imbues her experience highlight what Caroline Banks calls ‘the cultural components and contexts of the disorder’ (1992, 873). These meanings also support Banks’ claim that the ‘psychosocial processes that may motivate food refusal’ should be the focus of clinical research and therapeutic practice since the ‘biophysical’ features of anorexia are widely accepted to result from starvation (1992, 871). Bank’s claim in turn highlights the twofold importance of narrative in relation to my rereading and rewriting of anorexia. First, as a source of the meaning(s) with which women themselves imbue and interpret their experience of thinness, self-denial, fasting and hunger (Banks, 1992). Second, as a source with which to critique both ‘the role of culture in the diagnostic system’ and ‘the role of the therapeutic process in reproducing’ the gendered construction of identity, domination and control within culture (Banks, 1992, 868).

Hornbacher describes with paradoxical clarity ‘the cultural components and contexts’ of dissociation in her experience: ‘One part is the part you’re trying to kill – the weak self, the body. One part is the part you’re trying to become – the powerful self, the mind. This is not psychosis, this splitting. It is the history of Western culture made manifest. Your ability to

withstand pain is your claim to fame. It is ascetic, holy. It is self-control.' (1999, 124). She tells how narrating her experience helped her to understand anorexia and find meaning in her experience of it. She recalls writing about what was a wordless experience: 'I've felt rather like I was dubbing in voices and adding Technicolor to a black-and-white silent film. This history is revisionist in that same way: I have added words, color, and chronology to a time of my life that appears to me a pile of random frames scattered over the floor of my brain. I am sometimes startled, now, when I stand up and turn to the door to catch myself in the mirror' (1999, 279). Hornbacher's narrative gives insight into the 'psychosocial processes that may motivate food refusal' through situating them within 'the cultural components and contexts' of the illness. As Banks argues, this is necessary if new knowledge is to be generated (1992, 873). Further, it illustrates Christine Bold's point that narrative differs from other forms of remembering because it is 'evaluated and interpreted, leading to developmental changes in understanding through the act of reminiscing' (2012, 28).

I read the narratives that Hornbacher and the other women write about their experience of life and illness as 'the material traces that are left of the practice of sense-making' (McKee, 2003, 15). Reading the women's narratives as part of a quest to make sense of, or meaning out of, experience enables me to reread anorexia in two ways. First, it enables me to speak about illness and recovery in a way that passes over neither the individual woman's experience of illness and recovery nor the sociocultural symbolic within which she experiences and interprets her illness and recovery and experiences them being interpreted by others. Second, it enables me to generate better knowledge about the environmental triggers which produce anorexia in women who are genetically vulnerable to the illness. Bringing into view the environmental triggers, and generating better knowledge of them, is an area of vital

importance to which current genetic research points, especially in connection with diathesis stress,⁷ resilience, recovery and sustaining recovery.

In order to increase knowledge about ‘the cultural components and contexts’ of anorexia, Pamela Keel and Kelly Klump (2003) take forward Banks’ research in dialogue with current ‘biophysical’ research into its etiology that attempts to identify the core genetic components of the illness (see Chapter Two). Keel and Klump conduct a cross cultural and cross historical study that compares anorexia with bulimia and discusses the extent to which anorexia can be described as a culture bound syndrome. They conclude that anorexia cannot be described as a culture bound syndrome since evidence for anorexia can be found in a range of distinct Western and non-Western historical and sociocultural contexts (2003, 763). Keel and Klump’s conclusion rests on the fact that motivation for food refusal differs in different historical and sociocultural contexts and ‘may represent culturally meaningful attempts to understand an affliction that leaves women feeling unable and unwilling to eat’ so that ‘fear of fat’, something often regarded as a core feature, ‘may be, in part, an illusion’ (2003, 754). They argue that ‘food refusal has been used as a means to different ends in different periods ... but in all periods it also becomes an end in itself’ with the result that ‘the internal motivation to avoid eating overrides all internal and external drives to eat, and for many adolescent girls throughout history this means becomes their ultimate end’ (2003, 754). This leads them to identify ‘intentional yet nonvolitional self-starvation’ as the core feature of anorexia across a range of historical and sociocultural contexts (2003, 754).

⁷ Diathesis stress is individual genetic vulnerability to biological, psychological and sociological stress factors in the environment.

Importantly, Keel and Klump's research points to a narrow genetic diathesis⁸ for anorexia across historical and socio-cultural contexts such that 'the disorder may be less common in different sociohistorical periods, but whenever the diathesis is tapped, it should produce the same narrow syndrome' (2003, 764). More recent genetic research has demonstrated 'a genetic component in the liability to AN' that suggests 'on a general level, the genetic architecture of AN is not fundamentally different from that of SCZ' (Brandys, M., de Kovel, C.G.F., Kas, M.J., van Elburg, A.A., & Adan, A.A., 2015, 814-815, 821),⁹ for which illness diathesis stress is well established (Pruessner, Cullen, Aas, & Walker, 2017, Sullivan, Daly & O'Donovan, 2012, Jones & Fernyhough, 2007). This research has shown that both 'longstanding environmental conditions (such as poverty, immigrant status, and social marginalization)' and 'uncontrollable and social-evaluative threats to the self ... are important in the etiology of schizophrenia' (Jones & Fernyhough, 2007, 1174). What it has not been able to show, however, is how environmental stressors trigger anorexia (Jones & Fernyhough, 2007, 1174). Pruessner et al emphasise the difficulty in assessing 'the covariance between biomarkers and symptom severity' and the importance of separating out 'the person's "average" distress and the increase in distress elicited by a particular event' (2017, 194). They advocate 'longitudinal studies' as they have 'greater power for detecting effects and greater potential for inferring causation' (2017, 206). Yet, significant as this genetic research is, it is limited because it is not able to access subjective life experience; it traces only the biomarkers that indicate that a woman's vulnerability has been triggered and the illness produced in her.

⁸ A narrow genetic diathesis is a very specific range of genetic vulnerability.

⁹ The abbreviations AN and SCZ refer to anorexia nervosa and schizophrenia respectively in psychiatric nomenclature.

In order to access the subjective life experience of women with anorexia, Banks studied two women, Jane and Margaret, over a number of years in non-clinical settings (1992). Jane, who did not consider herself to be anorexic because she had not been diagnosed as such during her illness, kept a journal in which she recorded ‘information on body weight, actual daily food consumption, as well as her feelings about her body, food, family, religion and sexuality’ (1992, 874). Banks argues that ‘through the journals it is possible to trace the beginnings, climax, and eventual cessation of Jane’s anorexia and to relate it to other circumstances in her life ... the chronological nature of the material in the diaries allows for important insights’ (1992, 874). The insight offered by Jane’s journals suggests the qualitative nature of research that is needed in order to access subjective experience and trace environmental triggers. Further, it suggests how knowledge about environmental triggers can help women with anorexia to ‘just fucking *deal*’ (Hornbacher, 1999, 279), thereby developing resilience with which to negotiate future environmental stressors. Both quantitative genetic and qualitative narrative research into anorexia emphasise the importance of resilience for recovery. Thus, Pruessner et al identify the importance of ‘social support, self-esteem, coping skills’ (2017, 208) while Hornbacher describes learning to ‘*deal*’ as she ‘wrote and published and read and researched and taught and went to school ... and found [herself] extremely wrapped up in the business of life’ (1999, 278-279).

I access the subjective life experience of the women with anorexia, and trace environmental triggers for their illness, as I read their narratives through the reflexive methodology of the poetic writing that I have developed across this chapter. This reflexive narrative methodology generates knowledge that a woman with anorexia and her therapist can use within the dialogic and dialectic framework of my model of spirit-centred personhood as I will argue in the next chapter. Used within the dialogic and dialectic framework of my model, the

knowledge that I generate embodies women with anorexia and assists them to recover and sustain recovery. It is able to do this because the narrative reflexivity that underpins my model is characterised by what Goto describes as critical intersubjectivity which transforms ‘the social dynamics by which the paradigm operates, disrupting how people relate to one another in the process of knowledge production’ (2018, 229). Crucially it is able to embody women with anorexia and assist them to recover and sustain recovery because it generates knowledge through lived experience of ‘intersubjectivity, mutuality and respect’ (2018, 234). For Goto, we come to know the truth of this knowledge in the same way that we come to know the meaning of love: through ‘creating it, participating in it, and repeatedly being shaped by experiences of its many shades and subversive shifts’ (2018, 234). I will discuss the lived and embodied meaning of love in the next chapter when I explore Irigaray’s engagement with Diotima, and with Diotima’s teaching about love in Plato’s *Symposium*, in relation to her construction of sexuate subjectivity and my construction of spirit-centred personhood.

Conclusion

In this chapter, in dialogue with Irigaray, I have established a new poetics as the basis of a reflexive narrative methodology for my model of spirit-centred personhood. Through my embodied rereading and rewriting of theological discourse, I have shown the limitation of the disembodied knowledge about subjectivity that classical theological discourse generates. Through my embodied rereading and rewriting of anorexia, I have shown the limitation of the disembodied knowledge about anorexia that biological, psychological and sociological models of the illness generate. I have argued that if subjectivity and women with anorexia are to be embodied, the limitation of disembodied knowledge requires a methodological response

of the kind that Irigaray's new poetics makes possible through the practice of poetic writing. The question in relation to the embodiment subjectivity, as Irigaray sees it, is that of 'the world each one has to build in order to dwell in their own subjectivity' (SW, 3). I will respond to this limitation in disembodied knowledge and attend to the question as Irigaray sees it in the next chapter as I construct my model of spirit-centred personhood: a model through which I will embody subjectivity and women with anorexia.

Chapter Five

Ethical Fidelity to Incarnation

The most intimate perception of the flesh escapes every sacrificial substitution, every assimilation into discourse, every surrender to the God. Scent or premonition between myself and the other, this memory of the flesh as the place of approach means ethical fidelity to incarnation. To destroy it is to risk the suppression of alterity, both the God's and the other's. Thereby dissolving any possibility of access to transcendence. (ESD, 217, E, 199).

Introduction

In this chapter I will continue the task of answering the second of my research questions as I construct my model of spirit-centred personhood. I will argue that my model embodies subjectivity and women with anorexia through the way in which it integrates the natural and spiritual dimensions of subjectivity and makes possible love of self, others, the divine Other and natural world. In order that my model is able to assist women with anorexia to develop a narrative sense of themselves as embodied subjects across time, I will discuss Irigaray's dialectic and dialogic thinking of love and sexuate subjectivity and the mother-daughter relationship: a relationship which Bruch implicates in the deficit of self that prevents the development of a narrative sense of self across time. I will also discuss Irigaray's integration of the natural and spiritual dimensions of human experience through her natural philosophy of intersubjectivity. I will then engage these discussions in dialogue with the experience of the women whose narratives I employ as I construct spirit-centred personhood and define the traits through which I establish it as a model of embodied subjectivity. I will show that interpreting and responding to binary opposition from a feminist practical theological perspective is faithful to the natural and spiritual dimensions of human experience and is therefore able to embody subjectivity and women with anorexia. I will conclude that it therefore helps us to better understand anorexia and support and sustain recovery from it.

Sexuate Subjectivity

Irigaray establishes sexuate subjectivity as a dialectic between subjects through entering into dialogue with the male subjects of Western philosophical and psychoanalytic discourses, from Aristotle to Freud and Lacan. Her ‘fling with the philosophers’ (TS, 150, CS, 147) establishes a dialogic and dialectic method which ‘moves us beyond the attitude of appropriation’ that characterises male philosophical discourse (Walker, 2006, 232), and makes it possible to be open and receptive towards others as sexuate subjects (Walker, 2006, 228). In making possible this openness and receptivity towards others, Irigaray also establishes the self as a sexuate subject. This is evident in her dialogue with the ‘philosophers’ reading of the figure of Diotima in Plato’s *Symposium* and her own reading of, and encounter with, Diotima as a sexuate subject (Walker, 2006), as I will discuss in this section. It is evident, too, in her dialogue with the ‘philosophers’ psychoanalytic reading of the mother-daughter relationship, as I will discuss in the next section. Sexuate subjects become, passing from the natural to the spiritual dimension of their being, through the dialogic and dialectic method of Irigaray’s reading because ‘the sensible and the transcendental are no longer alternatives, but meet ... in ... Irigaray’s response’ (Walker, 2006, 231-232).

Diotima appears in the speech of Socrates in Plato’s *Symposium* (1999). In this, Socrates reports Diotima’s theory of love as a mediating spirit which expresses desire for the good (understood as immortality), and which motivates the pursuit of happiness (understood in the context of interpersonal sexual relationships and gendered roles in civic life, and in relation to the pursuit of truth through philosophical discourse). Socrates reports a contrast between physical and mental forms of love in Diotima’s theory and suggests that Diotima teaches that

mental love is the highest form of love: a suggestion that gave rise to the concept of ‘Platonic love’ (1999, xxvii-xxxv). Symposiums were ritualized aristocratic dinner parties during which physical and mental love were pursued and philosophical discourse was conducted. The focus of symposias’ pursuit of love and conduct of philosophical discourse was erotic and sexual relationships between men in the socio-cultural context of ancient Greece where men and women were segregated before marriage and male and female roles were segregated within marriage. Socrates’ reporting of a theory of love enunciated by a woman, who is implied to be a priestess or prophetess, in such a setting is highly significant for a number of reasons.

First, Socrates’ reporting is significant in terms of the questions that it raises about how faithful Socrates, as a male philosophical subject, is to Diotima’s enunciation of her theory, as a female philosophical subject. Second, it is significant in terms of how Socrates’ reporting of Diotima’s theory has been interpreted by ‘the philosophers’ across history. Third, even taking into account questions about reporting and interpretation, it is significant in that the concepts that are contained in Diotima’s theory of love, open the possibility of a different philosophical subject position to the male subject position that is represented by Socrates and Plato: a female philosophical subject position, and with it a female subject position within the symbolic and social structures that frame Western subjectivity. It is to this possibility that Irigaray responds as she engages the four terms of Diotima’s dialectic to establish the natural and spiritual becoming of sexuate subjects (ESD, 21, E, 28). It is to this possibility that she responds as she establishes a ‘love that is both natural and spiritual ... sensible and transcendent ... non-sacrificial and ethical’ and that mediates between sexuate subjects such that, through the dialectic relation between the four terms, ‘nature and culture’ relate ‘within each sexuate subject and between sexuate subjects’ as Laura Roberts contends (2019, 100).

In the quotation with which I opened this chapter, the philosophical subject with whom Irigaray enters into dialogue is Emmanuel Levinas. She enters into dialogue with Levinas through figuring the lover (*amant*) as a male subject and the beloved (*aimée*) as a female subject. She shows that Levinas' male philosophical account of love and representation of male and female lovers, renders the male subject active and the female subject passive. She shows, further, that it equates the male subject with the metaphysical realm of 'evanescence', or transcendence, and the female subject with the material realm of nature, or immanence (ESD, 188-189, E, 176). The binary opposition that structures Levinas' account excludes the possibility of a sensible transcendental encounter between sexuate subjects. It prevents the subjects from embodying themselves and each other as they pass between the natural and spiritual realms through their carnal desire and spiritual love for each other. It means that 'fecundity and begetting' pertain only to their "biological category" rather than also to their 'spiritual value' (WO, 80-81). Thus, the 'evanescent' male subject appropriates the 'animalistic' female subject as the material 'being' on which he erects his subjectivity, in theory and practice, in philosophical discourse and real relationships.

Through entering into dialogue with the male philosophical subject at the threshold of her sensible transcendental, Irigaray counters the appropriative dynamic of the binary opposition that structures philosophical discourse and relationships between the sexes and reframes the 'being' of subjectivity. This is seen in her positing of love as the mediatorial third term in her encounter with Diotima. In this encounter she engages Diotima's dialectic questioning to reveal that appropriation is predicated on the 'philosophers' imagining themselves as '*beloveds*' rather than as '*lovers*' so that 'beautiful things become [theirs]' (ESD, 24-25, E, 30-31). The appropriative dynamic is seen, too, in the absence of Diotima's body and voice in Socrates' reporting of her 'account of Love' (1999, 37) and 'the philosophers'' use of that

absence in their discourse. Irigaray counters this by critically engaging Diotima's dialectic method: 'the insistence of a third term that is already there and that permits progression: from poverty to wealth, from ignorance to wisdom, from mortality to immortality. Which ... always comes to a greater perfection of and in love' (ESD, 20-21, E, 27). Crucially for Irigaray, Diotima's dialectic means that 'everything is always in movement, in a state of becoming' (ESD, 21, E, 28). This dialectic 'instantiates' (Walker, 2006, 232) the spiritual dynamic of 'being-with-the-other' through which sexuate beings become sexuate subjects in reciprocal relation to each other (WO, 81).

Irigaray's encounter with Diotima as a sexuate subject moves between the 'opposed poles' in Socrates' reporting of her 'account of Love' (Walker, 2006, 231): that is, spirit and nature as they are expressed in the fecundity of love and procreation respectively. This movement becomes 'love or beauty in action' (Walker, 2006, 231) as it brings the opposed poles into dialogue, thereby mediating between them. It enables Irigaray to read Diotima's words and be touched by them without either assimilating them or resolving the contradiction within them which is reported and employed in the philosophical tradition. For Irigaray, Diotima's absence as embodied presence and speaking subject in philosophical discourse reflects and perpetuates women's lack of subjectivity within Western culture and society. It also shows for her the double dynamic of change that is needed to counter the appropriative structure of 'pairs of opposites' (ESD, 24, E, 30) and establish the natural and spiritual being of women's sexuate subjectivity. As Irigaray reflects in conversation with two translators of her work, 'my way of questioning a universal subject ... permits, and even demands both a theoretical and practical refounding of culture' (C, 1).

We can see how this is relevant to understanding experience of anorexia and supporting and sustaining recovery from it if we turn to Saukko's narrative. Saukko engages her own and other women's experience from a sociological perspective to question knowledge about anorexia that is generated by the 'universal' male subject of diagnostic and psychoanalytic discourses. She argues that this knowledge is produced through the objectification of the female subject, with the result that 'psychiatry ends up as an accomplice to the same cruel socio-cultural processes that inform anorexia ... [and] ... fights its patients with their own method, control, deepening it' (2008, 20). Through her questioning, Saukko shows that since 'we cannot break "free" from discourses ... we need to become more literate in critically reading the multifaceted politics that discourses urging us to be this or that harbour' (2008, 26). In this chapter and in the generative work that follows across Chapters Six and Seven, I argue in dialogue with Saukko that multifaceted critical political literacy is made possible, in theory and practice, by the dialectic method through which Irigaray establishes sexuate subjectivity. I instantiate this possibility through the intrapersonal and interpersonal dimensions of the traits of spirit-centred personhood in the final section of this chapter and across Chapter Six.

Mothers and Daughters

Within diagnostic and psychoanalytic discourses, the dynamic of the mother-daughter relationship has long been considered a factor in the failure of a woman with anorexia to achieve what Bruch terms 'a sense of independence' (2001, 106). She describes the dynamic as a 'confining entanglement' (2001, 112) and cites mothers clinging to 'a childish dream of perfection' (2001, 112), 'dominat[ing] the home' (2001, 112), fearing exposure to their friends 'as an incompetent parent' (2001, 119), and keeping 'control over [their] daughter's

life' (2001, 119), as part of 'abnormal patterns of family interaction' that treatment should aim to resolve (2001, 106). Bruch reflects that when treatment such as family therapy is successful it can enable mother and daughter to form 'an unusually open, mutually respectful friendship, with much warmth and recognition of their needs and without intrusions on each other' (2001, 118). What Bruch does not consider, however, is the sociocultural context in which the dynamic of the mother-daughter relationship is problematic, and the way in which diagnostic and psychoanalytic discourses are themselves produced by the oppositional dynamic that frames and limits female subjectivity in Western culture. Or, as Saukko expresses it, Bruch's work is underpinned by the same 'contradictory social agendas' that 'characterize the internal universe of women, including myself, diagnosed with anorexia' (2008, 55) in the West.

Saukko generates a 'layered account' of these contradictions in order to 'set the discourses interrogated into motion' (2008, 33), thereby enabling her to read the multifaceted politics of the subjectivity that is framed by those discourses. Saukko's method of reading experiences of anorexia, and the cultural context of the discourses that frame those experiences, has important points of contact with Irigaray's dialogic and dialectic method. For Saukko anorexia requires layered and multi-perspectival analysis because 'dichotomous notions of healthy and pathological society and self are the problem underpinning eating disorders' (2008, 109). For Irigaray, these dichotomous notions are underpinned by the dialectic of the male subject's 'identificatory allegiance to the maternal' which negates 'female singularity' such that the female subject knows 'no difference between itself and the maternal' (S, 224, SA, 278). In other words, mother and daughter remain undifferentiated subjects because the female subject's subjectivity is appropriated by the male subject in order to secure his subjectivity as a particular and universal subject through the maternal-feminine (S, 224, SA,

278). Hence, as Irigaray remarks when she enters into dialogue with Freud, it is not surprising that girls find it more difficult to become women than boys do to become men, when “a normal woman’ is defined as ‘a man minus the possibility of (re)presenting oneself as a man’ in Western culture and discourse (S, 22, 27, SA, 20, 27).

In order to counter the impossibility of women representing themselves as women, Irigaray draws on the morphology of the female body as she extends her dialogue with Freud and enters into dialogue with Lacan. First, she draws on it to delineate the ‘dominant phallic economy’ by which female love and sexual desire are repressed, and female subjectivity is denied, in order to satisfy male sexual desire and support male subjectivity (TS, 24, CS, 24). Second, she draws on it to retrieve the maternal-feminine, represent the multiplicity of female love and sexual desire, and establish multiple female subject positions from which the female subject speaks as a woman (TS, 30, CS, 29), including lesbian, mother and heterosexual lover (Holmlund, 1991). Through this double dialectic, Irigaray opens the possibility of a ‘different economy’, ‘one that upsets the linearity of a project, undermines the goal-object of a desire, diffuses the polarization toward a single pleasure, disconcerts fidelity to a single discourse’ (TS, 30, CS, 29). She engages the disruptive potential of this different economy to suggest that there may be a ‘logic that challenges mastery’ (TS, 90, CS, 89): one that draws on the morphology of the female body to challenge the male sociocultural and linguistic mastery that depends on women “‘being taken only *quad matrem*’”, their bodies physically conceiving and nourishing children and metaphysically ‘conceiving-nourishing [the] body of signifiers’ that gives substance to phallogocentric discourse (TS, 102, CS, 99).

Within the ‘dominant phallic economy’ the mother-daughter relationship is erased as a ‘sacrifice to the spirit’ with the result that the ‘singularity and universality of love as the

natural and spiritual realization of human identity' is obscured in Irigaray's view (ILTY, 26, JAT, 51-52). A logic that challenges male sociocultural and linguistic mastery would mean that daughters do not have to 'abandon [their] mothers, substitute for them, eliminate them in order to be *same*' (ESD, 102, E, 101). In her essay *And the One Doesn't Stir without the Other* Irigaray imagines a dialogue between daughter and mother in order to make two points, the first theoretical, the second practical. First, to show how the 'dominant phallic economy' erases the female subject, and the relationship between daughter and mother as female subjects. Second, to show how a 'different economy' would allow the female subject to breathe, to become a differentiated and autonomous sexuate subject, thereby allowing daughter and mother to relate as differentiated, autonomous and interdependent female subjects. Significantly, the 'different economy' that she imagines would make it possible for the mother to 'remain alive' while giving life to her daughter (AO, 67). The female subject who emerges during the course of the dialogue, emerges at the sensible transcendental threshold between subjects through the non-sacrificial dialectic of sexual difference which constitutes a 'possible place for each sex, body, and flesh to inhabit' (ESD, 18, E, 24).

The emergence of the female subject in *And the One Doesn't Stir without the Other* illustrates how Irigaray's focus on breath and breathing refigures nature and culture and rearticulates the passage between them (Roberts, 2019, 96). In this, it instantiates the theoretical and practical change that Irigaray argues is necessary if a female subject is to emerge in Western discourse and sociocultural practice. The emergence of the female subject during the course of that essay also 'instantiates' that Irigaray thinks and speaks as a woman and that her thinking and speaking can only be engaged and interpreted through dialogue, as Whitford claimed early in the reception of Irigaray's work into Anglo-Saxon feminist discourse (1986, 3). Irigaray also refigures nature and culture and rearticulates the passage between them as she draws on the

morphology of the female body to conceive a ‘placental economy’ as an alternative to the ‘phallic economy’ that dominates the symbolic and sociocultural order in the West. Here, she focuses on how the placenta distinguishes mother and child as separate organisms as it carries oxygen from mother to child while the child is in the uterus and unable to breathe for itself (JTN, 31-38).

Through her conception of a placental economy Irigaray seeks to ‘free’ the subject from the natural and cultural determinism that results in essentialism and sameness (JTN, 31-32).

Through the elemental nature of oxygen and the physical and metaphysical role of breathing and breath, she seeks to enable the subject to pass from ‘the vital to the spiritual stage of its existence’ (TBB, 3). In Irigaray’s view the subject needs such a passage because ‘only an autonomous and cultured relation to the natural world – to air, to fire, to earth and to water – can grant us a separation from the mother that does not mean that we renounce our natural belonging’ (BA, 218). In other words, in order to be freed from natural and cultural determinism, the subject needs to acknowledge that the mother, the elemental or maternal-feminine source of the subject’s existence, exists as a differentiated sexuate subject. The subject needs to acknowledge this in order to become a sexuate subject who breathes independently, thereby integrating body and spirit rather than experiencing and living them in binary opposition as a result of renouncing the mother and erasing the maternal-feminine source of natural and spiritual life. In taking this view, Irigaray locates the mother-daughter relationship within the wider ethical frame of sexual difference and sexuate subjectivity that underpins her conception of the placental economy (Hom, 2013).

Irigaray’s location of the mother-daughter relationship within the wider ethical frame of sexual difference and sexuate subjectivity frees daughter and mother from the essentialism

and sameness that confine and entangle them. Her location of that relationship within the wider ethical frame of sexual difference and sexuate subjectivity also helps to free women with anorexia from the ‘contradictory agendas’ that Saukko describes as characterizing their ‘internal universe’. It does this through locating the mother-daughter relationship within the wider ethical frame that results from the fact that ‘the female body engenders with respect for difference’ in contrast with the ‘patriarchal social body’ that ‘constructs itself hierarchically, excluding difference’ (JTN, 39-40). Irigaray’s location of the mother-daughter relationship within this wider ethical frame makes possible the integration of body and spirit that the subject needs in order to become a differentiated sexuate subject who relates to the mother as a differentiated sexuate subject: rather than as a subject who ‘take[s] off [her] face of a mother’s daughter, of a daughter’s mother ... [who] lose[s] [her] mirror reflection ... [who] thaw[s] ... who melt[s] ... who flow[s] out of [her] self’ (AO, 63).

Making possible the integration of body and spirit is vital in view of the opposition between body and spirit, or dissociation of body and mind, that characterizes experience of female anorexia. Making possible that integration through establishing multiple female subject positions in discourse and society is imperative given that no two women have the exact same experience of being women and having anorexia in Western culture and society. I seek to do this through instantiating the integrative potential of Irigaray’s dialogic methodology and dialectic method in my model of spirit-centred personhood. As we will see across the final two sections of this chapter and in Chapter Six, I instantiate Irigaray’s dialogic methodology and dialectic method in spirit-centred personhood with two aims. First, to reconceptualise anorexia and enable clinicians and therapists to go beyond what one of the women whom Liu engages in dialogue describes as the ‘obvious concepts of weight management’ that inform the diagnostic and psychoanalytic discourses that frame understanding of anorexia (2011,

68). Second, to enable women with anorexia to integrate body and spirit through ‘exploring their own unique ways of talking, acting, thinking, feeling, and looking – both at themselves and to the world’ as Liu describes the journey that she and others have made to recover and sustain recovery (2011, 3). I will now construct my model of spirit-centred personhood and define each of its seven traits.

Spirit-Centred Personhood

In Appendix Three I set out my model of spirit-centred personhood in diagrammatic form.

The circular double line with hatching (|||||) that crosses it represents the ‘sensible transcendental’ threshold that Irigaray establishes between sexuate subjects.

The hatching crosses the circular double line between the three major pairs that figure the masculine subject in the metaphysical framework of Western philosophy, A/Not-A, self and other(s) including the divine Other, immanence and transcendence, which Irigaray remakes ontologically, methodologically and practically in order to retrieve the maternal-feminine and enable sexuate subjects to relate to each other and the divine at the sensible transcendental threshold that she establishes between them.

The hatching represents the ‘sensible horizon’ through which Irigaray brings into view the irreducible transcendence of sexuate subjects as they relate to each other and to the divine at the threshold of the sensible transcendental.

The Venn diagram at the centre of the model represents the sensible intrapersonal and interpersonal relationality that makes possible the ‘economy of intersubjectivity’ (SW, 128) that operates in the horizontal and vertical dimensions of the sexuate subjectivity that Irigaray establishes at the threshold of the sensible transcendental.

The seven circles that overlap to form the Venn diagram represent the seven contiguous traits through which I conceive spirit-centred personhood as embodied subjectivity, in dialogue with Irigaray’s notion of the sensible transcendental and conception of sexuate subjectivity.

The ‘mother’ from whom ‘the self of man is first received’ (SW, xiii) surrounds the circular double line with hatching and represents the maternal-feminine that Irigaray retrieves through remaking the three major pairs and bringing the (m)other into view.

The diagrammatic representation of spirit-centred personhood allows me to show how body and spirit are integrated through contiguity, or touch, as ‘the medium par excellence of interiority’ (SW, 128), or intrapersonal relations, and the desiring and loving medium of exteriority, or interpersonal relations, in the dialectic methodology and dialogic method of my model.

I developed the seven traits of spirit-centred personhood out of the review that I made of primary and secondary Irigarayan literature in Stage One of the professional doctoral research that forms the theoretical foundation for this thesis (TH8002). In the literature review I was concerned to establish my engagement of Irigarayan literature in relation to the figuration of subjectivity in Western discourse, and its embodiment in Western culture and society, from a feminist practical theological perspective. This concern led me to focus on

Irigaray's rethinking of the relationship between theory and practice in the ontological, methodological and practical dimensions of the generation of knowledge. This focus in turn led me to identify the traits and relate them to the ontological, methodological and practical dimensions of the generation of knowledge that I discuss across this thesis. As I discuss the traits in what follows in this chapter and the final two chapters of the thesis, I build on my Irigarayan theoretical foundation and feminist practical theological concern. As I generate knowledge through my engagement of the traits, I seek to replace the hierarchical relationship that operates between subject and object in Western discourse with the 'ongoing, unfolding interplay between and among equals' that Goto contends characterizes feminist practical theology as 'c/Critical i/Intersubjectivity' (2018, 232), in order to support women with anorexia to recover and sustain recovery through reframing therapeutic practice.

I engage my model of spirit-centred personhood ontologically through a dialectic between theory and practice, methodologically through a dialogue within the subject as she passes from the natural to the spiritual dimensions of her being, and practically through a dialogue between sexuate subjects as they encounter each other at the sensible transcendental threshold between them. Each of these dimensions of the generation of knowledge is enunciated as I speak about the divine from a feminist practical theological perspective, drawing on the deconstructive work that I did in Chapter Three, and as I engage my own and other women's experience of having anorexia, drawing on the constructive work that I did in Chapter Four and have done in the previous two sections of this chapter.

The dialectic and dialogic operation of my model allows me to enunciate spirit-centred personhood through an economy of intrasubjectivity and intersubjectivity that reflects the grammatical framework of the doctrine of the Trinity that I discussed in Chapter Three. This

is an economy that reflects the interior and exterior, intrapersonal and interpersonal, dimensions of the economy of divine relations and salvation through which that doctrine represents and enunciates the relationship between God and human persons. It also allows me to establish spirit-centred personhood as non-appropriative and non-sacrificial in practice, just as the questions that Irigaray poses to Levinas (IR, 178-189), for example, make possible an encounter between them as philosophers who are sexuate subjects 'rather than telling us the (final) truth about Levinas' as Walker argues (2006, 228).

Importantly, the economy of intrasubjective and intersubjective relations through which I enunciate spirit-centred personhood engages the agency of a woman with anorexia in the process of her recovery. It enables her to enunciate her truth as it allows her to become in the immanent and transcendent, natural and spiritual, dimensions of her being, rather than telling her the 'final' truth about anorexia or herself. Enabling, in this way, the agency of a woman with anorexia is vital as Liu narrates of her own experience and that of others who shared their experience with her (2007, 2011). Thus, within the economy of intrasubjective and intersubjective relations that I enunciate, Irigaray's sensible transcendental threshold is the mediatorial third term between desire and love, breathing and breath, immanence and transcendence, that 'put[s] everything in touch with itself' as she says of Diotima's teaching (ESD, 23, E, 29). Putting everything in touch with itself is essential since, as Irigaray argues elsewhere, one cannot love one's neighbour, and I would also argue oneself, 'without loving God' (SG, 68, SP, 81). In other words, a woman with anorexia is able to become a sexuate subject through the loving mediation of the spirit, within the sensible transcendental, as she relates to herself, others, the divine Other and natural world.

In relation to recovery from anorexia, the loving mediation of the spirit as a third term within the intersubjective and intersubjective economy of spirit-centred personhood enables a woman with anorexia to articulate, acknowledge and explore the thoughts and feelings that her body has symbolised in the language and practice of starvation as Bowman writes (2006, 58-59). In enabling this, it asks a woman with anorexia whether she is able to be kind to herself as Freeman's engagement with literature asked of her (2018, 185). It also asks a woman with anorexia whether she is able to 'challenge the culture of criticism and low self-esteem' that is promoted by 'the dominant phallic economy' (which I discussed above) rather than 'simply starve away the shame' that Western culture and society cause her to feel in relation to her body and herself, as Penny writes of her experience and that of others (2011, 22-23). The loving mediation of the spirit within spirit-centred personhood thus makes possible what Goto names in feminist practical theological terms as 'critical self-disclosive reflexivity ... with sufficient depth and vulnerability' (2017, 192).

Importantly, the loving mediation of the spirit within spirit-centred personhood makes possible 'critical self-disclosive reflexivity' ontologically, methodologically and practically. Ontologically, as I rethink subjectivity dialogically in relation to Irigaray's sensible transcendental. Methodologically, as I engage my own experience of anorexia and recovery and that of other women dialectically in relation to Irigaray's sensible horizon. Practically, as I generate new knowledge with which to reframe the diagnostic and psychoanalytic discourses that surround anorexia and support and sustain recovery from the illness. I now define the seven traits.

The Traits of Spirit Centred Personhood

Trait 1:

Bodies as ontological source of sensory experience of self, others, the divine Other and natural world

For Irigaray, bodies, and the natural world of which they are a material part, are the source of sexuate subjectivity and ethical relationships between sexuate subjects and with the divine Other and natural world (IR, 182-183). In other words, bodies are the ontological source of our sensible experience of being subjects in the intrapersonal and interpersonal dimensions of our subjectivity, the internal and external aspects of our self-experience. Sexed bodies, in particular, are for Irigaray the source of relating to ourselves, others, the divine Other and natural world, as subjects rather than objects. Moreover for Irigaray, in order for us to approach this ontological source of sensory experience ‘it is essential that the other touch us, particularly through words’ since ‘the word is also able to incarnate the body and the flesh that one wants to say to the other’ (WL, 18, 15): crucially, words that have their ontological source in bodies maintain relation with ‘desire’ without ‘naming, appropriating, immobilizing meaning’ or the subjects who exchange them at the sensible transcendental threshold between them (WL, 17, 21). In making bodies the ontological source of sensory experience, Irigaray relates ontology and ethics as she detaches ontology from metaphysical representation and reattaches it to the material signification that is embodied in touch and language (Ingram, 2008, 120).

Penelope Ingram argues that it is as a result of Irigaray’s recognition of the ‘indispensable relation between language and Being, and language and ethics’ and the creation of a ‘new

language', speaking (as) woman, that Irigaray is able to successfully relate ontology and ethics (2008, 120). Significantly for Ingram, Irigaray shows how Being, understood as non-appropriated and non-appropriating subjectivity, is disclosed to the subject in an 'ethical encounter with the Other' in the intrapersonal and interpersonal dimensions of sexuate subjectivity (2008, 120). Irigaray's location of non-appropriated and non-appropriating subjectivity in these dimensions of Being that are disclosed through an encounter between sexuate subjects, makes possible the integration of bodily experience with self-experience that women with anorexia find difficult for neurobiological and clinical-developmental reasons (Aminato, Northoff, Abbate Daga, Fassino and Tasca, 2016). Moreover, it acknowledges that 'the self plays a relational function because it defines and differentiates the participants of a relationship' (Aminato, Northoff, Abbate Daga, Fassino and Tasca, 2016, 3) without defining the self and differentiating selves according to a phallogocentric or universal male self which objectifies the female self, as we have seen in this chapter and in Chapters Two and Three.

For Aminato et al, the interruption in the experience of self across time that Bruch identified as contributing to a deficit of the self, means that adolescent girls with anorexia have difficulty integrating past and future into a 'current narrative of the self' which in turn makes more difficult for them the task of developing 'autonomous functions and intimacy' as adult women (2016, 2, 5). Further, a narrative sense of self across time, or diachronic sense of self, underpins 'neuroscientific and philosophical concepts of embodiment of emotional feelings' in theory and a secure and stable sense of self in practice (2016, 2, 6). The 'feelings of inadequacy and insecurity' that result from the lack of a narrative sense of self across time are 'among the most enduring maintaining factors of eating disorders' (2016, 3). It is these feelings that I seek to heal in framing a narrative and integrated sense of self across time

through the intrapersonal and interpersonal dimensions of the traits of spirit-centred personhood, beginning with bodies as an ontological source of sensory experience.

Trait 2:

Ethic of sexual difference

In order to become autonomous, non-appropriated and non-appropriating subjects, Irigaray argues that women need an ethic of sexual difference because the West lacks a ‘culture of relating’ in which ‘the place and the dwelling of the other ... their difference ... the space between [them]’ is respected (TDF, 22). Sexuate bodies form an ontological foundation for the relational ethic that Irigaray advocates as they mediate between the natural and spiritual, interpersonal and intrapersonal, dimensions of being (BA). The mediatorial role that she attributes to bodies ‘makes possible a spirit that remains flesh’ and keeps alive ‘love’ as sexuate subjects cultivate breath and breathing (BA, 224). It also makes possible an ontological foundation for a feminist theology that renders practices ‘divine material’ in that it enables theology to make faithful sense of them through engaging them in dialogue with a contextual account of ‘ultimate reality’ (Beaudoin, 2016, 9, 29). This would include the practices of women with anorexia who starve flesh from their bodies. Through this, ontology becomes more than the foundation for a ‘discourse or a law’ that is based on ‘an impersonal pattern that is presumed valid for everyone’ and operates ‘parallel to life’ (BA, 225). Instead, it becomes the foundation for a transformation of ‘our bonds with our origin, especially ... our mother’ (BA, 225): a transformation that is ethical and theological in practice.

Goto’s strategically slanted account of ‘critical self-disclosive reflexivity ... with sufficient depth and vulnerability’ offers a methodology which provides an ontological foundation for

practice that is ethical and theological in relation to spirit-centred personhood. First, it offers women with anorexia a dialectic framework within which to enunciate their ‘understanding of [their] reality’ (Goto, 2017, 182), enabling them to develop an embodied sense of self which is vital to recovery as we have seen. Second, it offers me as researcher a dialectic framework within which to interrogate *my representation* of the women whose narratives I engage alongside my own, embodying accountability in spirit-centred personhood in response to the question of accountability that I raised in Chapter Four with respect to the use of first-person experience in narrative form. Third, it offers me as researcher a dialectic framework within which to decentre the subject of discourse in order to ‘revise’ discourse in theory and practice (Goto, 2017, 190). This corresponds with my two-fold aim in writing this thesis. Strategic slanting, to coin a phrase from Goto’s account, thus places me as researcher in a position where I can ‘negotiate difference, to improve empathy, and develop increased understanding’ (2017, 191) in theoretical discourse and therapeutic practice.

The significance of sexuate bodies as the mediatorial and relational foundation of ontology in theory, and of strategic slanting in enunciating difference and supporting non-appropriated and non-appropriating subjectivity in practice, are shown in Penny’s experience of the harmful effect of appropriative ‘gender norms’ and ‘psychiatric orthodoxy’ during her treatment for anorexia (2017, 165-174). They are shown, too, in her experience of the healing effect of her and others affirming her ‘genderqueer’ identity: affirmation which enabled her to know that she ‘wasn’t alone’ and to acquire ‘the words and the community’ that she now has (2017, 172, 170). Penny’s lived experience shows the epistemic and actual violence that the ‘process of discourse’ obscures, to stay with Goto’s strategic slanting (2017, 179). In order to counter this violence, Goto argues that practical theologians need to ‘be alert to ways in which we practice (sic) not listening to the mother tongues and lived experiences of our

students' and substitute 'what we have valorized' (2017, 192). In relation to this thesis, I argue that therapists need to be alert to the ways in which they do not listen to their patients' experiences and valorise their own discursive worldview, thereby harming their patients.

Trait 3:

Self-affection

Penny was 'traumatised by hospital ... [and] by prejudice' (2017, 170). In the aftermath of this trauma, she came to terms with her 'genderqueer' identity as part of a continuing journey to affirm her identity herself and to work with others to create a world in which it is affirmed by others too: a world 'where gender is not oppressive or enforced, where there are as many ways to express and perform and relate to your own identity as there are people on Earth' (2017, 173-174). Penny's journey to affirm her identity helps to illuminate the internal and external dimensions of the love of self, or self-affection, that Irigaray describes in *Ethics* as a form of self-transcendent 'innerness' that enables the female subject to be open to others without 'loss of self' (ESD, 69, E, 71-72). This is an 'innerness' that belongs to what she calls the age of the spirit and the bride (the third age that follows the age of the Father in the Old Testament and the age of the Son in the New Testament), 'the time of a theology of the breath', during which the spirit mediates between God and human persons, and between human persons (ESD, 148-14, E, 140).

'A theology of the breath', according to Irigaray, is a theology in which female subjects 'share in the spirit' through being born into 'desire' and male subjects share in it through respecting 'the difference between him and her, in cosmic and aesthetic generation and creation' (ESD, 149,150, E, 140,141). It is one in which she claims that breathing and breath,

natural being and absolute Being, immanence and transcendence, nature and culture, body and spirit, are integrated through the mediation of 'sexuate desire' which transforms 'sexual attraction' into 'amorous union' (TVB, 86-87). Significantly for Irigaray, the mediation of breath, understood as sexuate desire, prevents the female subject from being reduced to nature in order to enable the male subject to return to 'his metaphysical absolute(s)' (TVB, 67). To put it otherwise, it overcomes the binary opposition that she claims structures philosophical discourse from the perspective of the male lover in her dialogue with Levinas as I discussed above (TVB, ESD, WO, IR). It also overcomes the 'paternal genealogy' by which she claims the male sex represents and transmits the divine through the male particularity, rather than human particularity, of Jesus within the trinitarian economy of salvation within classical theological discourse (TVB, 54): a point that I explored as I engaged Bacon's feminist rethinking of the doctrine of the Trinity in Chapter Three.

Reflecting on her own gendered experience of institutional trauma and societal prejudice in *Through Vegetal Being*, Irigaray asks 'What does the divine becoming man mean, if not the possibility that transcendence exists in *our humanity* (my italics)?' (TVB, 54). She argues that we human beings are sexuate beings who have access to transcendence through living and sharing *our humanity*, our immanence, rather than abstracting ourselves from our gendered identity and each other, through making universal and absolute the subjectivity to which male heterosexual experience gives rise while abjecting the subjectivity to which non-male and non-heterosexual experience give rise. In order for us to access transcendence through *our humanity*, and to frame the transcendence that we experience through *our humanity* theologically, we need to speak about the relationship between the divine and human persons, and between human persons, from the perspective of all lived experience through vulnerable, decentred, reflective practice, as Goto argues (2017, 2018). For Irigaray

lived experience begins with the ‘embodied, sexuate differences’ that she argues shape subjectivity as sensible transcendental through their shaping of ‘autoaffection’, being-in-touch-with-oneself, and ‘heteroaffection’, being-in-relation-with-the-other, which Michael Marder summarises as ‘cardinal moments in subject formation’ (2014, 220, 217).

Trait 4:

Non-appropriation of self, others, the divine Other and natural world

Ontology, methodology and practice combine in Irigaray’s thinking to embody subjectivity, enabling the sexuate subject to ‘become the whole’ of themselves ‘with the condition of not being the whole of the subject, of consciousness, of being’ (WD, 75). They combine, in other words, to enable subjects to belong to a gender without appropriating subjects who belong to a different gender. They embody sexuate subjects whose being is based on non-appropriation of the other / Other: on not negating the subjectivity of beings who are separate and different to them but instead recognising that the partial negation of self (or the limiting of the subject) that results from non-appropriation is ‘necessary for the construction of interiority’ (WD, 74, 75). The combination of ontology, methodology and practice was embodied for Irigaray through participation ‘in a universal communion through air’ as she recovered from her experience of institutional trauma and societal prejudice (TVB, 41). The elements and rhythms of the natural world enabled her to experience trauma and prejudice without ‘losing [her own] subjectivity’ (TVB, 42). In enabling her to retain her subjectivity and recover, the natural world enabled her to ‘turn [her] culture upside down ... [and] reverse’ what it had taught her (TVB, 42).

Irigaray's turning upside down and reversing, enables female subjects to 'share in the spirit' because the relational economy of her 'theology of the breath' is based on sharing gendered humanity rather than universalising male particularity, as we saw. This relational economy represents what Marder argues is Irigaray's enduring insight, namely that 'manners of relating to the other and creation of the worlds of immanence and transcendence' reflect the lived reality of 'sexuate difference' (2014, 220, 221). Irigaray employs this insight as the basis of her natural philosophy of 'intersubjectivity', a differentiated relational philosophy that she believes the Western tradition lacks (WD, 72). She bases 'intersubjectivity' on her experience of finding integration through the elements and rhythms of the natural world, especially air: an experience that enabled her to 'clear [her] path' as she puts it (TVB, 42). Air represented the natural and the spiritual dimensions of her being and the difference between those dimensions in intrapersonal and interpersonal relations (TVB, 23). It is on the basis of this experience, which reflects the four terms of Diotima's dialectic that I discussed above, that Irigaray establishes her natural philosophy as one of sexuate subjectivity.

Irigaray's natural philosophy is potentially problematic for two reasons as Alison Stone argues. First, because it can be interpreted as being based on a reproductive dimorphism that is human and not shared by all flora and fauna in the natural world. Second, because it is open to charges of essentialism and heterosexism (2006, 90-91). Stone suggests that it would be more accurate in relation both to reproduction in the natural world and Irigaray's sensible perception and ethical intention, to interpret her philosophy as being based on a 'rhythmic and bipolar' account of reproduction and fecundity in the natural world and of sexuate subjects as natural and spiritual beings (2006, 91). Stone's interpretation suggests how Irigaray's natural philosophy of sexuate being might have enabled Penny 'to clear her path', or embody and be her sexuate identity, instead of starving away the breasts and menstruation

that confirmed the female gender that was socioculturally assigned to her at birth and appropriated the genderqueer identity that she experienced as ‘a gay boy in a girl’s body’ (2017, 163-174): it might have enabled Penny to retain her subjectivity because through it Irigaray establishes a natural and spiritual basis for at least two sexuate subject positions. In establishing at least two positions, Irigaray makes sexuality ‘the place of a possible spiritual becoming and sharing’ rather than one of ‘infringement’ as the Western tradition makes it, suppressing sensory access to transcendence (TVB, 37).

Trait 5:

Autonomous and interdependent subjectivity

The sense of touch makes possible access to transcendence within the elemental economy and dialectic movement of Irigaray’s natural philosophy of intersubjectivity. Touch enables sexuate subjects to ‘differentiate [themselves] from the maternal world’ and become autonomous and interdependent because it embodies a ‘unique link’ with self and between self and others, and with the divine Other and natural world (BA, 225). Breath ‘tempers’ the immediacy of sexuate subjects’ passion, enabling them to keep ‘desire alive’ thereby ‘safeguard[ing] life’ in its natural and spiritual, immanent and transcendent, dimensions (BA, 225). Irigaray’s employment of the four terms of Diotima’s dialectic, and her rethinking and refiguring of the mother-daughter relationship which I discussed above, come together in her natural philosophy of intersubjectivity to engender subjects who are autonomous and interdependent. The ‘unique link’ that touch embodies is crucial for autonomous and interdependent subjectivity. It was the hope of restoring this ‘unique link’ that sustained Clare Dunkle as she sought to support her daughter Elena to recover from the self-starvation through which she held together her shattered teenage self after a violent and traumatic rape.

The hope that sustained Clare was something that she learned ‘you have to do’ (Dunkle, C.B., 2015, 4).

Clare had ‘to do’ hope as she coordinated therapy for Elena, journeyed with her through hospitalisations, day-care treatment programmes and relapses and faced the possibility that “‘Elena isn’t going to make it’” (Dunkle, C.B., 2015, 505). Out of doing hope, she realised that Elena was using the comfort of her parents’ home and love to find the security in which to “‘die in peace’” (Dunkle, 2015, 506). The only hope that Clare had of supporting Elena to choose life was to remove the comfort and security of a peaceful death and replace it with homelessness and the spectre of death “‘under an overpass bridge’” (Dunkle, C.B., 2015, 507). The lack of security and ‘that awful uncomfortable death’ were the only hope that she and her husband had that Elena would ‘back down’ and that they would be able to support her to live autonomously and interdependently rather than, indirectly, supporting her to die (Dunkle, C.B., 2015, 507). Doing hope in this way is analogous to Irigaray’s description of air as ‘an element both essential to life and to its surpassing, a surpassing of our existence here and now towards what transcends it (BA, 222). In this instance, transcendence is transforming Elena’s wish for death through changing the terms of death whilst at the same time leaving life open on embodied, sensible transcendental, terms: ‘She can turn this around at any time ... she can earn her privileges back as soon as she starts putting on weight’ (Dunkle, C.B., 2015, 507). Clare and her husband’s hope was as paradoxical as Elena’s self-starvation: ‘No hope’ (Dunkle, C.B., 2015, 507).

The paradoxical nature of Clare’s hope upends the ‘principle of non-contradiction, which underlies our cultural universe’ that Irigaray claims underpins the metaphysical split between ‘cultural identity’ and ‘natural identity’ that is so harmful for subjectivity (BA, 221). Hope, in

Clare and Elena's experience, is essential for the safeguarding of natural life and flourishing of spiritual life in Irigarayan terms. It is also essential for critical reflexivity in practical theological terms (Goto, 2017, 191). Clare arrived at her paradoxical hope by wrestling with her own identity as mother in a culture in which mothers are blamed for their daughters' anorexia (Dunkle, C.B., 2015, 443): by questioning whether her mothering had stopped Elena breathing before concluding, 'No, that's not right! I had my own goals, my happy marriage ... I had my imagination, my career' (Dunkle, C.B., 2015, 124). She arrived at it, too, by reflecting on her relationship with her mother and the decisions that she had made as she became a mother in order to escape the '*bad karma*' of her own childhood (Dunkle, C.B., 121, 243). That reflection, together with her exploration of her identity as a writer, enabled her to be '*the stepping-stone [Elena] pushes off to keep from getting stuck in the mud ... [Elena's] anger toward me keeps her going*' (Dunkle, C.B., 2015, 241). It also brought Clare 'almost to a standstill' (Dunkle, C.B., 2015, 241).

Trait 6:

Middle-space

Doing the hope that touch embodies as autonomous and interdependent subjectivity, so as to restore the 'unique link' with the self, between self and others and with the divine Other and natural world, creates a sensible transcendental middle-space in which sexuate subjects are able to be and become in the natural and spiritual dimensions of their being. Irigaray claims that creating such a space is 'a way to overcome the dependence on a truth, a discourse, or a master presumed to know the whole' that is harmful for human subjectivity in theoretical discourse and sociocultural practice (TVB, 50). Clare observed the harmful effect of one subject presuming to master another subject in the interaction between one particular

psychiatrist and Elena. She saw that ‘Elena ... had gone to the mattresses. She was locked in a war of wits and nerve with bullying Dr. Petras’ (C.B., Dunkle, 2015, 128). She reflected that if ‘Dr. Petras [had been] like one of the monsters in the *Neverending Story* ... Elena [might have met] one of those challenges just to show that she could ... [but] Dr. Petras had acted like a real-world villain instead. He had said, “Do what I say because I am stronger than you”’ (Dunkle, C.B., 2015, 129). In the real world, Elena asked Dr. Petras whether he had a ‘Messiah-complex’ and informed him that he would not win her trust and save her (Dunkle, E. & C.B., 2015, 6-7). And in the real world, with anorexic irony, Dr. Petras’ reading out of Elena’s weight caused her to further restrict her food and fluid intake (C.B., 2015, 436).

Elena asked Clare to use her skills as a writer to help her to write about her experience of anorexia and recovery, notwithstanding her suspicion of memoirs that she had read (‘they talk shit ... rainbow and unicorns’ (Dunkle, C.B., 2015, 495)). Initially, Clare hesitated to agree because she felt that the experience was Elena’s to write about and that she could become too involved as her mother (Dunkle, C.B., 2015, 420). Eventually, Clare did agree, and the memoir became a ‘lifeline’ for Elena and a ‘slice of hell’ for her (Dunkle, C.B., 2015, 434). Elena’s suspicion compelled her to speak truthfully about her experience of anorexia and the elusive, hard-won, reality of recovery (Dunkle, C.B., 2015, 495). Clare’s hesitancy compelled her to understand Elena’s experience as writer rather than mother. Yet the ‘sacred duty’ of a writer also revealed the sacred duty of a mother and the generative role of middle-space: ‘Sometimes the only thing a writer can do is be with a character while that character fails. We’re our character’s only witness ... We have to be honest and fair right through to the very last minute ... We have to watch right to the end’ (Dunkle, C.B., 2015, 505). Clare’s experience resonates with Irigaray’s description of the generative role of what I term middle-space: ‘We have to take on the void and preserve it as an insurmountable moment of our

becoming. Our way of growing and becoming ... needs a discontinuity that permits our individuation and respectful relations to and with other living beings' (TBV, 94).

Sheila Himmel witnessed her daughter Lisa's anorexia, and remained with her throughout her illness, no matter how emotionally painful it was for her herself (Himmel, S. & L., 2009).

Sheila understood that she and Lisa needed discontinuity, a space in which Lisa could grow and become and in which she could sustain her identity beyond that of being Lisa's mother: her identity as woman, wife and food critic journalist. She understood that she needed to sustain the other dimensions of her identity for both of their sakes. This understanding was brought into sharp relief when Sheila was nominated for a James Beard award for one of her journalistic pieces and the award ceremony coincided with the weekend of Lisa's high school prom. Sheila and her husband decided that they would attend the Beard ceremony, at which Sheila did win an award, and that they would arrange for a family member 'who wasn't drowning in the family drama' to be with Lisa and support her while they were away for a short time (Himmel, S. & L., 2009, 164). Important learning came out of the award ceremony and high school prom coinciding, for Sheila and her husband as they supported Lisa, and for Lisa as she 'cleared her path' to recovery. That learning came out of Lisa 'accept[ing] help but also draw[ing] on her own strength' so that she could 'look back on a wonderful evening and even look forward, to the possibility of others' (Himmel, S. & L., 2009, 164).

Trait 7:

Way-making

The future orientation of *middle-space* is important to *way-making*: to recovering and sustaining recovery, from anorexia. *Middle-space* enabled Elena to relinquish the anorexic

practices through which she held together her shattered teenage self, accept that she is loved even though she ‘still can’t see what other people seem to see when they look’ at her, and be with others at ‘the crossroads of life and death’ as a nurse (Dunkle, E. & C.B., 2015, 283, 285). It enabled Lisa to relinquish what Sheila describes as the ‘protective rigidity of anorexia’ (Himmel, S. & L., 2009, 164) and what she describes as feeling ‘so numb and disconnected from [her] environment ... a cardboard cutout with no insides’ and regain what she describes as her ‘normal self’ (Himmel, S. & L., 2009, 244). The love and support of her mother and family was crucial for Lisa while she ‘cleared her path’ to recovery. Therapeutic work with a psychoanalyst, whom she became able to trust, was also crucial for Lisa (Himmel, S. & L., 2009, 244). *Middle-space* also enabled Lisa to write a book with her mother, as it did Elena. Through writing *Hungry*, Lisa and Sheila came to understand the different kinds of hunger that each of them experienced (2009, xxi, 237, 271). They also came to understand that ‘love is the hunger that matters, why we go on’ as Sheila reflects (Himmel, S. & L., 2009, 271).

Familial love and connections were expressed in the Himmel household through food as Lisa grew up. As she grew older, food became entangled for her with her mother’s professional work as a food critic and with female identity and body image in a society in which food is the ‘elephant in the room’ and which ‘prizes thinness for women above all other qualities’ whilst at the same time the food industry, via the media, encourages women and men to ‘cook and eat like a great chef’ (Himmel, S. & L., 2009, xvii). In order for Lisa to *way-make*, recover and sustain recovery, she had to learn, with the support of her mother and healthcare professionals, that people eat or starve ‘to soothe emotional pain, avoid scary feelings, or perhaps narrow ... thighs or reach ... “ideal body weight”’ (Himmel, S. & L., 2009, xvii-xviii) when what is important ‘is to have a life that means something to you’ (Himmel, S. &

L., 2009, 237): a life in which meaning is sustained by love and connections. In order for Katharine Wealthall to *way-make* she had to recognise that ‘what I really wanted, [was] to be left alone, to not be questioned, to just be with my animals and not have humans know me at all’ (2005, 43-44). She also had to learn that she ‘relied on illness induced behaviours to keep [her] going, if [she] was punishing [herself she] could go on living, but of course [she] hadn’t really been living at all’ in the face of her parents ‘dreadful marriage and divorce’ and the things that ‘scared and damaged’ her ‘so deeply’ (2005, 61).

In Wealthall’s experience, relating to animals sustained her and gave her the capacity to ‘clear her path’: it enabled her to retain a link between the natural and spiritual dimensions of her being and ‘advance step-by-step,’ or *way-make*, on that unifying sensory basis (TVB, 42). Using our sensory perceptions to relate to the natural world, whether to its fauna, as was the case for Wealthall, or to its flora and avifauna, as was the case for Irigaray, opens a way to relate not only to the natural world but also to self, others and the divine Other (TVB, 46). Moreover, using our sensory perceptions opens a way to cultivate life rather than appropriate life, or the natural world, through a culture that is extraneous to life: extraneous to the energy, the return to and growth of, one’s natural and spiritual self which results from an encounter with a tree as a ‘singular’ being rather than the idea of a tree as expressed by its linguistic denomination as an oak, for example (TVB, 46). Relating in this way enables self and other to grow much as ‘the mother gives her breath and lets the other go,’ passing on ‘physical and metaphysical existence to the other’ (BEW, 81). As Marder argues in his analysis of Irigaray’s natural philosophy, ‘the mother’s unseen sharing of oxygen is probably the sole human instance of giving pure air to the other, reenacting the plants’ gift to the world of the living’ (2014, 222).

Conclusion

In this chapter I have completed the task of answering the second of my research questions as I have constructed spirit-centred personhood as a model that is able to assist women with anorexia to develop a narrative sense of themselves across time and become the embodied subjects of their lives. Through discussing Irigaray's dialectic and dialogic thinking of love and sexuate subjectivity and natural philosophy of intersubjectivity, and through engaging the experience of the women whose narratives I employ, I have shown that interpreting and responding to binary opposition from a feminist practical theological perspective helps us to better understand anorexia and support and sustain recovery from it. I have argued that it is able to do this because it is faithful to the natural and spiritual dimensions of human experience and is therefore able to embody subjectivity and women with anorexia. Indeed, the strength of the interdisciplinary feminist practical theological approach that I have taken as I have constructed spirit-centred personhood is that it is able to attend to, and take account of, the complex nature of human subjectivity and multi-layered experience of anorexia and generate knowledge out of the different dimensions and dynamics of knowing that these open up (Goto, 2018, 233-234). In the next chapter, I will generate knowledge as I employ the narrative methodology that I constructed in the previous chapter and the spirit-centred personhood that I have constructed across this chapter, to analyse the experience of the women whose narratives I engage under the headings of the traits of my model as I have defined them in this chapter.

Chapter Six

Love

Breathing is a question of survival, or it can become the medium of love and grace. And so also the body is more or less paralysed or weighed down by the flesh, or the flesh is transformed into the place of a divine incarnation of love. Which awakens or reawakens the flesh beyond its inertias and beyond its deaths. (EP, 48-49)

Introduction

Having answered my two research questions, in this chapter I will generate knowledge with the model of spirit centred personhood that I established as I answered those questions. I will do this through analysing from a feminist practical theological perspective the experience of the women whose narratives I engage under the headings of the traits of my model. Through this analysis I will aim to achieve two things. The first is to show that my claim to embody subjectivity and women with anorexia through reflexive narrative methodology of poetic writing that I established in Chapter Four, and the theoretical framework of spirit-centred personhood that I established in Chapter Five, is credible. The second is to argue that the knowledge about anorexia that I generate through this feminist practical theological analysis offers new understanding with which to enable women to recover from anorexia and sustain recovery. This latter is the overarching aim of my thesis as an interdisciplinary work within the field of practical theology. I will frame my analysis with love, the mediatorial third term of Irigaray's sensible transcendental which transforms embodiment into a locus for theological discourse. I will conduct it through the dialectic spiral of the four stages that Carol Christ identifies for the spiritual quest that women make in order to overcome the binary opposition that renders them Not-A to the A of the universal male subject. I will conclude that the theoretical and practical knowledge that I generate with my model of spirit-

centred personhood is knowledge that I and others are able to develop beyond the scope of this thesis.

Learning to Love Oneself

So far, I have been arguing that in the experience of anorexia, the body is ‘paralysed or weighed down’ by flesh (EP, 48): even flesh that a woman with anorexia has starved from her body. In learning to breathe and to love herself, a woman with anorexia becomes able to experience her body as ‘the place of a divine incarnation of love’ (EP, 48). This learning, like practical theology, begins in life experience, including the experience of pain, and grows through a spiritual quest to integrate that experience within a narrative sense of self across time. Through this quest, a woman with anorexia becomes the subject rather than object of her experience, and, as a result, the subject of her life. Becoming a subject in this way enables a woman with anorexia to recover and sustain recovery in the midst of the contingencies of her life. For Irigaray breathing is ‘the medium of love’ (EP, 48). For Carol Christ, Irigaray’s medium of love is characterised by empathy that is embodied in thought and enacted in one’s relationship to self, others, the divine Other and natural world (1997, 35). She contends that empathy enables women to awaken to ‘the depths of [their] soul and [their] place in the universe’ (1995, 8) via a spiritual quest that moves from Nothingness to Awakening and progresses through Insight to New Naming: a quest that is a ‘spiral of ever-deepening but never final understanding’ (1995, 14).

The dialectic spiral of Christ’s narrative framing of women’s spiritual quest means that learning to breathe and to love oneself emerges, like practical theological knowledge, “‘in between’” where ‘multiple worlds collide as assumptions are upended, confirmed, and

interrogated by all knowers' as Goto puts it (2018, 97). Because learning to breathe and to love oneself emerges in the 'in between' movement of a dialectic spiral, Christ's narrative framing enables women with anorexia to develop a sense of themselves that they are able to sustain through the vulnerable and self-disclosive reflexivity that it embodies (Goto, 2017, 192). By beginning their spiritual quest within their life experience, women with anorexia are able to integrate the body and spirit that are disconnected in their experience of the illness and opposed within Western discourse. Indeed, as we saw in Chapter Four, Christ explicitly argues that the dialectic spiral and narrative framing women's spiritual quest offers a way of 'overcoming the dualisms ... which have plagued Western consciousness' (1995, 13-14).

In offering a way to integrate body and mind, the four stages of women's spiritual quest open a way for women with anorexia to form a narrative sense of themselves that they are able to sustain across time as embodied subjects. I will use dialectic the spiral and narrative framing of the four stages to help me to analyse the experience of the women whose narratives I engage, under the headings of the traits of my model which I defined in the previous chapter. In this way, the narrative framing and dialectic movement of the four stages will work with the poetic writing and spirit-centred personhood that I established in order to awaken or reawaken 'the flesh beyond its inertias and beyond its deaths' as Irigaray puts it (EP, 48-49): an awakening or reawakening that embodies subjectivity and the woman with anorexia. I will highlight the four stages in bold-type and move between them as I examine the women's experience under the headings of the traits that my reflexive narrative methodology and theoretical framework support. Through this, I will seek to generate knowledge about embodied subjectivity that I and others are able to develop further in order to support women to recover from anorexia and sustain recovery.

Trait 1

Bodies as ontological source of sensory experience, of self, others, the divine Other and natural world

Arguably the greatest challenge that each of the women faced as they sought to recover was that of learning to recognise sensory perceptions such as hunger which express physical, psychological, social, emotional and spiritual needs and desires. The concomitant challenge for each of them was to learn to accept the needs and desires that these sensory perceptions express, and to respond to them. Through learning to recognise and respond to these sensory perceptions, the women each become the subject of their experience and embody their subjectivity. Woolf describes the challenge of overcoming fear of hunger and food bite by bite (2012, 94). Bowman recalls learning to be with her 'self' rather than dissociating the body and mind that form her 'self': 'It has helped to try and link my body and my mind, rather than separating them out and letting them fight each other' (2006, 269). If **nothingness** is 'muting everything' physically and emotionally as it was for Woolf (2012, 87), or an excruciating lack of self-confidence 'beneath the ... achieving, accelerating Grace' as it was for Bowman (2006, 65), **awakening** is recognising the tyrannical nature of anorexia (Woolf, 2012, 218) and realizing 'that the control that I thought I had was not actually there at all' (Bowman, 2006, 165). **Nothingness** and **awakening** are important stages for women with anorexia to negotiate as they gain weight which 'is the physical cure' (Woolf, 2012, 18). Negotiating these stages in itself does not 'deal with the sickness' since 'anorexia is a mental illness' (Woolf, 2012, 18). It means that the obstacle to gaining and maintaining weight, the fear of hunger and food, is biologically, psychologically and sociologically in the mind.

Dealing with the sickness, returning ‘to food, and to my body’ as Bowman puts it (2006, 240), requires the further stages of **insight** and **new naming**. For Elizabeth McNaught the **insight** that made it possible for her to begin to eat again came through experiencing God ‘at the point of pain’ and expressing her faith ‘after the disaster’ of anorexia to recall Walton (2007): it came through accepting that she is loved by God as she is, body and spirit, and learning how she ‘might be able to love [herself] again’ (2017, 80). She writes: ‘I began to change my focus from the weight I could lose in my body to the good I could do in the world. I began to regain a positive vision for my life ... I recognised that I could not achieve anything of any value if I kept starving myself’ (2017, 80-81). For Freeman **insight** came through recognising that ‘good food would give me strength for life and living ... for walking, reading, writing and imagining. (2018, 191). It enabled her to change her relationship with food from one of refusal to one of (cautious) enjoyment so that she could say: ‘I am eating this because I like it ... Because it is delicious’ (2018, 194). For both women **insight** led to **new naming** that was reflected in a changed relationship with food and self, and with others, including the divine Other, and a new sense of purpose in life.

In spite of the institutional bias that she experienced at medical school as a result of her history of anorexia, **new naming** meant that McNaught ‘became even more determined that I wanted to bring into my medicine the extra empathy and humanity that had developed in my heart and mind because of my journey through anorexia’ (2017, 97, 99-104). **New naming** meant that Freeman realised that ‘after a certain point, therapy and its talking made me feel trapped. I needed to find something that would take me *out* of my thoughts, not that asked me to return to them time and again’ (2018, 145). For her it is writing that takes her out of her thoughts so that ‘the more I reach for the right words to make sense of a shambled mind, the more certain I am that I am stronger than the illness, and that I can scribble any and all

Jabberwocks away' (2018, p.179)¹⁰. The **new naming** to which the stages of the female spiritual quest lead, enables the woman with anorexia to perceive herself and relate to herself as a subject and to perceive and relate to others, the divine Other and natural world as subjects within a web of subject-to-subject relationships. **New naming** of this kind not only repositions women with anorexia in relation to themselves, others, the divine other and natural world, it also repositions them in relation to the discourses and practices that objectify them.

Trait 2

Ethic of sexual difference

Whether through the discourses that surround female subjectivity and body image, sexual orientation, and psychiatry, or through sexual abuse, broken relationships and a sense of inadequacy, between them the women experienced the appropriation of their bodies and their subjectivity. For Bowman self-objectification was 'a survival instinct ... the only way to survive the self-destruction' that appropriation induced (2006, 165) since women with anorexia 'can't be a part of what they are doing because to admit it would mean collapse. So they just look on' (2006, 164). For Penny, 'the pain (of appropriation) is visceral ... political and ... as much a reaction against the insistent labour of beauty fascism as submission to objectification' (2011, 23). Moreover, 'the unbearable, contradictory pressures of gender weigh particularly heavily upon women and on queer ... men and women' (Penny, 2011, 23) as 'individual psychiatrists and doctors ... get to decide what 'living as a woman' entails', especially in relation to those who seek sex reassignment surgery (Penny, 2011, 43). For

¹⁰ Jabberwocks is the term that Freeman uses to refer to the anorexic 'monster', the internal voice that expresses her anorexic thoughts and thought patterns. She takes this term from Lewis Carroll's nonsense poem 'Jabberwocky' in *Through the Looking Glass*.

Elena the appropriation of her body in teenage rape made her both victim and able to resist being victim. It also made her defy the treatment that diagnostic discourse frames. As she wrote in her memoir, ‘Hey, you big bad psychiatrists and bitchy nurses, I’m not your victim. I’m not some cute little girl who’s going to get yelled at and cry’ (Dunkle E. & C.B., 2015, p.32).

The external and internal objectification of the body that results from appropriation expresses the **nothingness** that women with anorexia experience themselves to be within their particular sociocultural and life circumstances. Penny experienced **nothingness** as a result of female objectification, the ‘superstructure of oppression’ that is ‘vital to the very survival of the patriarchal capitalist machine’ (2011, 2). Woolf experienced **nothingness** in response to a relationship breaking up, such that starvation became ‘a way of coping with the pain ... [and] controlling [her] self’ (2012, 87). For Elena **awakening** began with realising that rather than having hidden ‘the rape inside [her]self’ the rape had hidden her so that ‘I can’t even remember who I was ... the person I used to be ... that bright, lively girl’ (Dunkle E. & C.B., 2015, 244). It was this, together with the **insight** that she gained from miscarrying her child and her parents’ ultimatum (see Chapter Five), that enabled Elena to become an embodied sexuate subject and accept the ‘contact’ of those who love her which she then experienced as ‘a living current’ that ‘flows through ... us and holds us safe in the cradling hands of God’ (Dunkle E. & C.B., 2015, 247). For Liu **awakening** and **insight** developed in stages as she reflected on the childhood rape that she had sought to escape through starvation. As a young woman she saw the rape as ‘a conviction for a crime I never committed. I vow to prove my innocence somehow and release myself from this punishment. I can’t stand to feel so powerless’ (2000, 34). As a middle-aged woman, she saw that she punished herself in

response to the rape and to 'being human' and learned that 'healing occurs when [a woman] dares to replace punishment with acceptance and understanding' (2007, 259).

For each of the women recovery depended on their developing non-appropriated and non-appropriative relationships to self, others, the divine Other and natural world that are mediated by their experiencing their bodies and their subjectivity as sexuate. For Elena and Liu, developing non-appropriated and non-appropriating relationships meant learning to live in their bodies beyond the pain and brokenness that they had experienced in their bodies. This learning led to **insight** that enabled **new naming**. For Elena **new naming** literally involved naming to herself and others the child that she lost in the miscarriage (Dunkle E. & C.B., 2015, 266-267). For Liu it included embodied self-transcendence: 'Gratitude, compassion, and a sense of purpose ... are as essential for health as calories. These traits can transform a history of private loss into gains that acquire transcendent weight and meaning' (2007, 252). It also included, for her, no longer feeling that 'I have to prove to myself and everyone watching that I ... need nothing to subsist. I must prove, in effect, that I am truly superhuman' (2000, 45). For both Elena and Liu it involved embodying Penny's **insight** that 'if human beings own anything by right and birth, we own an abundance of flesh ... dirt and sex and sublimity' the embracing of which enables human beings to 'liberate' themselves (2011, 16). Embracing this birth right transforms the fear that women with anorexia feel in relation to their bodies into hope that embodies them as subjects, as Liu writes (2007, 258).

Trait 3

Self-affection

Another significant challenge that the women each faced as they sought to recover was that of learning to counter their projection onto their bodies of each fearful flaw that they experience in themselves, their relationships and lives. They were thus enabled to replace self-punishment with self-affection. Woolf describes the **nothingness** of self-punishment as ‘small everyday cruelties, an inability to be kind to oneself or to say, *You’re tired, you’re cold*’ (2012, 91). Freeman describes it as hating herself, ‘my greed, my sloth, my stupidity, my clumsiness, my face, my body, my weight ... always some new inadequacy to despise’ (2018, 185). Such self-punishment and self-hatred are in reality ‘hard work’ as Woolf writes because ‘being constantly hungry requires focus, you mustn’t slip up and eat something, you mustn’t give in and show that you need food or a hug; you mustn’t allow your appetite to get the better of you. You don’t deserve to eat’ (2012, 87). Freeman frames **awakening** to the possibility of experiencing herself as a subject rather than **nothingness** through the question ‘“Are thou kind to thyself?”’ responding to which is difficult since ‘often I am not kind [to myself]’ (2018, 185). Moreover, as Hornbacher explains, ‘in truth you like the pain’ of hunger (1999, 124): ‘You like it because you believe you deserve it, and the fact that you’re putting yourself through pain means that you are doing what you ... ought to do’ (1999, 124). The **insight** that led Hornbacher to be kind to her body and herself and set her on her path to recovery, came through her hanging on ‘to the only thing that seemed real to me, and that was a basic ethical principle: if I was alive, then I had a responsibility to stay alive and do something with the life I had been given’ (1999, 280).

If anorexia ‘is itself an extreme form of desire; a spiritual craving expressed through the body’ as Garrett contends, (1998, 17), self-affection in recovery must include acceptance rather than rejection of, and self-punishment for, the needs and desires that the self, or subject, experiences through the body – for nourishment from food and nurturance from physical contact. It was through motherhood that Garrett first experienced this **awakening**: ‘I took on a new identity, shared my body more generously and learned to recognize, then meet, my physical needs; eating and sleeping when I had to’ (1998, p.14). It was through practising yoga that she gained **insight** into the objectification that frames the **nothingness** that women with anorexia experience themselves to be and for which they punish themselves: ‘Our (yoga) teacher made us do all the standing poses with pride: “not being proud *about* your body ... but feeling the pride that is *in* your body’. She meant pride, the virtue, not the vice. It had taken over forty years for me to learn the difference’ (1998, 16). For Elena it was also motherhood that led to **awakening**. When she heard her baby’s heartbeat during a scan, she realized that she was ‘holding that tiny, tiny precious little life safe in the love of both of us, God and me’ (Dunkle E. & C.B., 2015, 166). She understood that the uterine atrophy that led to the miscarriage resulted from her anorexia, thus gaining **insight** into her starvation: ‘This isn’t a lifestyle. It’s suicide. I’m killing myself. And I just killed my baby’ (Dunkle E. & C.B., 2015, 169). ‘Going into treatment’ following the miscarriage became for her ‘a penance I accept to make up for the damage I’ve done’ (Dunkle E. & C.B., 2015, 174). The **new naming** of self-affection rather than self-punishment came later.

For Bowman the **new naming** of self-affection came through ceasing to resist the changing shape of her body and life circumstances as she became an adult, so that ‘what I weigh today, or yesterday, or tomorrow will not tell you anything about me. It will not tell you who I am, what kind of person I am, what I believe or what I will be tomorrow’ (2006, 268). For Garrett

the **new naming** of self-affection emerged through coming to interpret her story as one of ‘loss and rediscovery, trauma and healing. In the suffering was the beginning of its resolution ... Healing leaves scars but it also brings energy and hope’ (1998, 17). For Elena the **new naming** of self-affection came through realising that although she cannot erase the trauma that she suffered, she can decide to keep it ‘where I can (not) see it anymore’ and choose not to ‘let it warp my vision again’ (Dunkle E. & C.B., 2015, 247). This realisation led to her having tattooed onto her back a skull that symbolised the trauma rather than punishing herself and her body for it through self-starvation. Each of the women gained a new understanding of themselves and their lives through accepting themselves and their experience of trauma and illness. This understanding enabled each of them to respond to their experience of illness and trauma with self-affection rather than self-punishment.

Trait 4

Non-appropriation of self, others, the divine Other and natural world

The women individually learned to ‘become the whole’ of themselves (WD, 75) as they returned to their bodies and their bodies became the non-appropriative, and non-appropriated, source of their natural and spiritual being (**new naming**). This learning made it possible for each of them, to relate to self, others, the divine Other and natural world subject-to-subject rather than rather than negating and objectifying themselves, and others (**nothingness**).

Woolf reflects that this learning is not ‘wasted’ since ‘everything is experience’ so that ‘in the oddest way, anorexia got me back in touch with myself’ (2012, 238). Bowman suggests that **awakening** to the reality that ‘the desire to get better has to come from the inside’, no matter how difficult and painful it is to break ‘the cycle of anorexia,’ enables the **insight** and growth that leads to the **new naming** of becoming the whole of oneself (Bowman, 2006, 203). In

learning to experience and to relate to herself as a subject, a woman with anorexia gains **insight** into her ability to be self-determining as the subject of her life, with which **insight** comes the knowledge that she has ‘the ability to reject the voice of anorexia outright and all that went with it’: knowledge which itself represents ‘hugely important learning’ as Bowman suggests (2006, 203).

The **new naming** that non-appropriative, and non-appropriated, relationships with self, others, the divine Other and natural world make possible, is represented across Bowman’s narrative through her movement from naming herself in the third person to writing herself in the first person. Tucker names herself in the third person through her scenic dramatization of her experience of the external and internal antecedents of her anorexia, her experience of being objectified by the anorexic voice that spoke as a result of those antecedents, and her experience of the diagnostic and popular discourses that framed her experience and anorexic voice (2015). She writes herself in the first-person in response to recognising that ‘the story which really needed telling was the one inside’, that of her being the subject of her body and life and learning to relate to both accordingly (2015, 346). Bowman experiences **new naming** and recovery as moving from ‘emotional paralysis to a sense of being flooded with fear and feeling ... as if all of the experience of the last few years had been unlocked and released’ which itself initially ‘knocked’ her down (2006, 246). Tucker experiences **new naming** as moving from ‘word-speak’, which was her ‘ally in describing the disparate and perplexing facets of [her] journey’ (2015, 347), to ‘colour-speak’, so that recovery ‘is a watercolour time’ rather than the ‘grey – cold, concrete-y, clinical’ time that she had first thought it was (2015, 348). **New naming** is made possible for both women through them experiencing themselves and their lives in the return of emotions that accompanies the return of flesh, or embodiment.

For Penny anorexia is ‘a private, violent expression of the cultural trauma whereby the female body is appropriated as a market resource, where women themselves are fashioned as industrial inputs’ (2011, 22). For Saukko, as for Penny, a critical move in enabling women to resist this appropriation is the **awakening** of attending to the complex ‘politics behind women’s starving and its treatment’ (2008, 109). Attending to this complexity is imperative since, as she claims, addressing anorexia ‘requires more subtle modes of both political and psychological analysis’ than the ‘dichotomous notions’ that are behind it (2008, 109). For Lisa Himmel it is important that those subtle modes of analysis extend to the role of food in the family and in society: ‘I have to wonder how I could not have an eating disorder with a food-critiquing Mom. She and I grew up in totally different times with different idealized women. For me, a woman’s worth ... was equated to body type and image. Restricting food was a skill ... and many of my friends excelled. How could I be like them, if food was so highly valued in my family? (Himmel, S. & L., 2009, 116). As a result of their **awakening**, Penny, Saukko and Himmel each offer different **insight** into the non-appropriation through which it is possible for women with anorexia to return to food and to their bodies and attain the **new naming** of recovery: of relating to themselves, others, the divine Other and natural world subject-to-subject.

Trait 5

Autonomous and interdependent subjectivity

A further challenge that the women experienced individually as they sought to recover from anorexia in the context of their particular life circumstances was that of becoming autonomous and interdependent subjects. In other words, they had to face the challenge of differentiating themselves as subjects, and developing their agency as subjects, within

subject-to-subject relationships. As they each responded to this challenge, they gained **insight** into their ability to be autonomous and interdependent and arrived at **new naming** within their relationships. Arriving at **new naming** removed from them need to starve themselves so as to control the **nothingness** that they experienced themselves to be amid ‘the uncontrollable world’ and to keep ‘other people out’ in order to avoid further hurt as Woolf puts it (2012, 120). Crucially, this enabled the women to overcome the ‘physical distance and emotional distance’ that starvation created between their bodies and spirits, and between themselves and others and the divine Other as Woolf describes (2012, 55). For Liu overcoming **nothingness** enabled the **awakening** of seeing her parents differently and the **insight** of perceiving that their concern for her was ‘founded on love, not criticism’ and ‘intended to help [her] choose what [she] wanted from life’ (2000, 210). This **insight** uncovered for her a **new naming**, subject-to-subject: ‘Just as I couldn’t find out who I would become by studying my reflection in the looking glass, so I couldn’t learn my family’s secrets by searching its veneer’ (Liu, 2000, 211). The interdependent nature of this autonomy is expressed by Bowman’s **insight** that the lack of control, or **nothingness**, that her starvation represented, ‘needed to be brought out by other people for [her] to recognize the seriousness of it’ (2006, 165).

Writing themselves ‘after the disaster’ as Walton puts it (2007, 36) enabled the women to become autonomous and interdependent subjects and form an embodied and spiritual sense of themselves across time in the process. This is illustrated in Elena’s recollection of her mother inviting her to pray the rosary with her as they drove home from Elena’s shift volunteering at the hospital on the US air base where her father worked. Elena refused. However, between the lines of Elena’s recollection, I read in her mother’s invitation to pray an attempt by her mother to create a shared space in which they could hold Elena’s anorexia and all that remained unspoken between them. I read in Elena’s refusal to pray her sense of

being judged by God in the death of her pet dog for whose life she had prayed and with whose death she associated her refusal at the time (Dunkle E. & C.B., 2015, 98). I also read in her refusal the hell to which she felt she had been sent by the rape that had happened years before her mother had asked her to pray, and for which she wrongly blamed herself ('for being there') (Dunkle C.B., 2015, 343). Writing herself after the disaster with the support of her mother, enabled Elena to integrate the multiple dimensions of the 'mental, physical, emotional and spiritual harm' that she had suffered whilst at the same time becoming an autonomous and interdependent subject as she represented 'her understanding of her reality' (Goto, 2017, 179, 182).

This spiritual nature of this movement, and of the subjectivity that it embodies, draws attention to the imperative of **new naming** within discourse: within diagnostic and practical theological discourses in particular if they are to frame therapeutic practice and spiritual care that are capable of embodying subjectivity and supporting women with anorexia to return to food and their bodies as relational and spirit-centred subjects. Indeed, for Elena it was 'the gamesmanship of the psychiatric people, who refuse to ask a normal question or have a normal reaction' that led her to taunt 'the first psychiatrist until he blew up' because she 'wanted to know if he was a real human being' (Dunkle E. & C.B., 2015, 57). The psychiatrist's 'gamesmanship' prevented him from establishing a therapeutic relationship with her whilst perpetuating the objectification and lack of self-determination that she had experienced externally through the rape and maintained internally through anorexic practices. Conversely, for McNaught, it was the spiritual quality of the relationship that a clinical psychologist established with her that supported her self-determination, thereby facilitating **new naming**: 'She was wonderfully skilled in her profession, and she had a warmth and humanity about her, treating me as a real person with my own beliefs and values, rather than

just a professional project' (2017, 80). For McNaught's mother, Carol, it was the appropriately autonomous and interdependent quality of their relationship as mother and daughter that allowed her to support her daughter's self-determination, thereby facilitating **new naming** and recovery: 'Lizzie's determination ... was one of the keys that I kept offering to her as I tried to help her find release from this dreadful disease' (2017, 122).

Trait 6

Middle-space

Through responding reflexively to the vulnerability that they experienced as a result of the various circumstances and traumas that they faced, the women learned to restore the unique link with themselves, and between themselves, others, the divine Other and natural world, and to be and grow in the natural and spiritual dimensions of their being. This learning helped them to move beyond the **nothingness** that they experienced themselves to be as a result of those different circumstances and traumas. Moving beyond the **nothingness** opened the middle-space within which the women were able to form what Irigaray calls 'respectful relations' as sexuate subjects and attain **new naming: new naming** that enabled them to form a narrative sense of themselves across time. Thus, Woolf finds it difficult to use the term anorexic because she feels that it traps women with anorexia 'in the condition' so that 'whenever you eat (even if it's just raw carrots) you feel like a fraud' (2012, 17), yet she chose to 'out' herself as an 'anorexic' (2012, 47) through writing a column for the *Times* newspaper in which she narrated her quest for recovery as a way of making herself accountable beyond herself for facing her fear of food and weight-gain: 'Whenever I've felt 'greedy' for eating, or tempted to lose weight, it has enabled me to say: *No Emma, you're*

doing this for a reason. You've made this public commitment and you have to follow through' (2012, 230).

The appropriative attempt of Elena's first psychiatrist to solve 'the Elena Dunkle mystery' (Dunkle E. & C.B., 2015, 4) is the opposite of subjects relating subject-to-subject in the middle-space, or at the sensible transcendental threshold, between them. Elena's response to the psychiatrist shows her **awakening** to the binary and unequal power structure that underpins diagnostic discourse and therapeutic practice. Further, her response reveals her **insight** into how her first psychiatrist was actually using his power to objectify and appropriate her in his practice. As Elena puts it: "You failed as a father with your own daughter, and now you've locked up another little girl so you can substitute-daddy me!" (Dunkle E. & C.B., 2015, 6). Saukko shows similar **insight** through her sensitivity 'both to the voices of women who have had eating disorders, and to the discourses that interlace their voices / experiences' as she analyses her own experience and that of other women (2008, 81). Through her sensitivity she embodies the 'openness, flexibility and creativity' of what Goto calls critical intersubjective approaches to analysis in research (2018, 100). Moreover, she shows her **awareness** of the danger of the researcher, or clinician, taking *their* interpretation of the voices and experiences of women with anorexia as the reality of the experience that the women were seeking to communicate as subjects in their context. As Goto writes, this reality 'can never be captured fully' by the researcher or clinician, just as the practical theologian can never fully capture, and should never seek to fully capture, practical theology's symbol of context (2018, 110).

The subject's 'understanding of her reality' (Goto, 2017, 182) needs to be interrogated by researcher, clinician and caregiver through critical intersubjective analysis as Alice

Kingsley's mother, Jo, shows in her **insight** into the power dynamic that operated between her and Alice as mother and daughter: 'I know now that behind my actions to support her was the most natural emotion: my maternal instinct to love and protect my child. This powerful emotion obliterated any idea in my mind that perhaps Alice was manipulating me so that she could continue with her obsessive behaviour' (2005, 48). Jo's **awakening** to the enormous emotional power that trauma exercises over those who are traumatised, and those who seek to care for them, draws attention to how that power is able to maintain anorexia when it remains uninterrogated by researcher, clinician and caregiver, and most significantly when it remains uninterrogated by the woman with anorexia herself. Garrett draws attention the role of trauma in maintaining anorexia and the role of non-appropriative relationships in enabling a woman with anorexia to attain **new naming** and live with and beyond trauma: 'The rigid barriers I had erected against anger, shame and loss had also shut off the awareness of connection that preceded my traumas. I had to find, and am still finding, many ways to open and feel connected again ... Teaching made me responsible for others ... It made me think again about knowledge and language. It made me tell stories' (1998, 12).

Trait 7

Way-making

Another great challenge that each of the women faced, arguably equally as great as that of learning to recognise sensory perceptions and accept the needs and desires that those sensory perceptions express, is that of recovering and maintaining their recovery. This challenge follows from, and corresponds with, the initial challenge of overcoming fear of hunger, food and weight-gain. For Arnold one part of the reality of living with and beyond anorexia is learning that 'giving up recovery and turning back to anorexia is much easier than pushing

forward' (2004, 180), another part is learning that 'life has its ups and downs, but you would rather take the worst of life without anorexia than the best days of your life as an anorexic' (2004, 181), while a further part is accepting that she has inherited 'a brain on the fritz' that plunges her 'into obsessions and compulsions one day, and seizures the next' (2004, 180). This genetic inheritance prompted Arnold to use her scientific training to gain the understanding that she had not been able to gain through therapy (2013, 4). It was through this that she gained **insight** into the 'interweave of biology and environment [that] produces anorexia nervosa on a loom that has existed for thousands of years' (2013, 6). Alice Kingsley prefers to focus on genetic rather than environmental causes of anorexia 'because this way it avoids anyone having to question whether they did something wrong' when both are so closely entwined in the illness (2005, 121). For Woolf understanding the 'underlying malfunction' in [her] brain circuitry' did not help her to 'come to terms with all that [she'd] wasted and lost' while she was ill (2012, 236), although recognising that recovery was a choice that she could make in spite of the 'malfunction' did help her to attain **new naming** (2012, 46).

For each of the women way-making was made possible by speaking truthfully about the experience of living with and beyond anorexia and the life traumas that triggered and maintained the illness. For Bowman speaking truthfully was made possible through the **insight** that hers 'is a story of the presence of something, which strangles and takes hold and manipulates. It is also about finding a centre, and discovering a shape' (2006, xiii). For Woolf speaking truthfully means speaking of anorexia as 'an addiction and a compulsion, a brain disorder and a crutch, your best friend and worst enemy, a fight between body and soul ... an illness which takes on a life of its own, feeding on itself as you starve ... a voice in your head which never, *ever* shuts up' (2012, 15). This **insight** lead her to the **new naming** of 'learning

to re-attach myself to this body, to live inside my body and nurture it, to ‘be’ my body, not just a chaotic bunch of feelings and emotions inhabiting a physical shell. My body isn’t just outside me, it *is* me’ (2012, 233). For Tucker speaking truthfully is made possible by love: ‘Recovery is recognising that some things have a place, but most do not; that, at any one time, some things will be in their place, but most will not – and that in these times there will still be a world which turns and a soul in your body and people who love you’ (2015, 345). For Bowman it means the **new naming** of becoming an embodied subject: ‘As I started to return to food, and to my body, I became hypersensitive. I felt things from the outside. I could feel other people around me with a strange intensity’ (2006, 240).

Returning to food made it possible for the women to change their relationship with food, and in turn, their relationship with themselves, others, the divine other and natural world. This change represents the **new naming** of relating respectfully to themselves, others, the divine other and natural world, as spirit-centred subjects beyond anorexia. As Bowman writes, ‘things can change, if you are able to sustain a real and lasting relationship outside the one you have with food’ (2006, 244). This change involves recognising that anorexia changed the nature of one’s relationship with food and that **new naming** requires a further change in one’s relationship with food in recovery. As Freeman recollects, her pre-anorexia ‘pre-teenage relationship with food ... was simply unthinking’ (2018, 164) while her post-anorexia relationship with food makes her wonder, ‘How will I eat meal after meal, year after year, when starvation seems so much easier? At such times, the future looks a long, old slog and I worry that my boots are not up to it’ (2018, 239). Crucially, ‘in writing this book,’ she wants to communicate that ‘it is possible to get better from an illness, to make for yourself a life worth living,’ but that ‘there will be days when it seems impossible’ (2018, 239).

Freeman writes of defeating the ‘nos, nots and nevers’ of her anorexic relationship with food

through her connection with others, through having ‘someone there to eat and share with, to talk to about books we’d read and would read’ (2018, 246). For Woolf changing her relationship with food was ‘a hugely fearful process’ which she engaged in for the sake of herself, and the physical and mental health on which her ‘self’ depends (2012, 218), and with the support of the loving relationships that she and her partner and her family share (2012, 46, 47, 228).

Being Kind to Oneself

As I have shown in my analysis, spirit-centred personhood is embodied through the dialectic spiral of the traits which combine to integrate body and spirit in the subject’s experience of herself in the midst of the circumstances and traumas of her life. The reflexive and narrative methodology of my model enables first-person experience to be the vulnerable locus of theological discourse and works with the theoretical framework of spirit-centred personhood to embody women with anorexia, enabling them to recover and sustain recovery. Together, these enable women with anorexia to embody their subjectivity as they learn to be kind to themselves: as they learn to accept their needs and desires, become autonomous and interdependent women whose subjectivity is neither appropriated nor appropriating, move through their experience of trauma and vulnerability, and integrate body and spirit through the relational medium of love. As I have argued through my analysis, the knowledge that I generate with my model is theoretical in relation to the embodiment of subjectivity and practical in relation to embodying women with anorexia. Because the knowledge that I generate begins in first-person experience, it is able to both bring into view and rethink subjectivity. It is only through both bringing into view and rethinking the binary opposition that disembodies women in Western discourse, and women with anorexia in diagnostic and

psychoanalytic discourses, that women with anorexia can become the embodied subjects of their lives in practice, which is the overarching aim of my thesis.

Analysing the women's stories subject-to-subject has for me at times been an experience of hearing my own thin-fat anorexic voice speak uncomfortably loudly and insistently. Hearing that voice speak so loudly and insistently has increased my insight into my own now intermittent deafness to the other internal and external voices that tell a different story about myself. Hearing that voice speak as I've listened to the speech of other women's thin-fat voices has been an experience of hearing the noise of multiple thin-fat voices rather than hearing my own thin-fat voice in the sound-proof room of the brain in which I heard it when I starved myself as a teenager. This has enabled me to listen as a subject to the content of my and our thin-fat voices. Hearing both the similarities and the differences in our experience of the seductive, paradoxical and ultimately self-destructive content of those thin-fat voices has enabled me to interrogate my own thin-fat voice and also the biological, psychological and sociological discourses that frame the content of our thin-fat voices and the therapeutic practices that seek to control the speech and volume of our thin-fat voices. What I have heard as I have listened to our voices is that the particular 'interweave of biology and environment' that each woman experiences makes recovery more complicated and more of a polyphony than the predominant biological, psychological and sociological models of anorexia permit. The most challenging and most hopeful question for me, and I think for the other women in different ways too, was voiced by Freeman: "'Are thou kind to thyself?'" (2018, 185).

Being kind to oneself while hearing one's thin-fat voice speak loudly and insistently, requires an act of will that is stronger than the physical and psychological nonvolitional act of will that is required in order to maintain the destructive violence of self-starvation. Garrett voices

both the strength and the spiritual nature of this stronger act of will: 'I had created a pattern of living which cut me off from connection with my body, with others and with nature ... I had fallen into a paradoxical form of spiritual suffering designed by my very attempt to escape from it' (1998, 11). She gained strength of will through 'new ways of seeing myself and others; from the outside in' and integrated 'sociological and personal understanding' as she studied and taught sociology (1998, 15). She gained the spiritual will through her practice of yoga when 'I would sometimes be swept with gusts of unlocked memory' (1998, 16). The strength of will to be kind to themselves came from different theoretical sources for each of the women, including biological, psychological, sociological and literary. The spiritual will to be kind to themselves came from different vocational and therapeutic practices and life goals for each of them too, including medicine, nursing, teaching, activism, writing, reading, yoga, walking, and motherhood.

Through analysing the women's narratives subject-to-subject, I have shown in practice the reflexive methodology which underpins the embodied subjectivity that I argue I establish in theory through my model of spirit-centred personhood. Showing and arguing have come together in my analysis of the way in which the women have rejected the multiple discourses that appropriate their subjectivity along with the anorexic thin-fat voices through which those discourses appropriated them and maintained their destructive hold over them. Through showing and arguing I have not only embodied subjectivity in discourse but also established multiple subject positions in it, thereby reframing therapeutic practice subject-to-subject and enabling a woman with anorexia to become the embodied subject of her life. Narrative is able to reframe discourse in this way because, as Goto argues, it 'helps to foster what Critical Intersubjectivity symbolizes, as narratives can decenter assumptions and relationships while creating opportunities for authentic relating, deep listening and community' (2018, 240-241).

Through its ability to reframe discourse, narrative offers hope as it enables a woman with anorexia to create 'new narratives' through speaking that which was hitherto unspeakable for her, as Penny shows (2014, 224). Offering hope of this kind beyond a critique of discourse is surely the responsibility of the practical theologian as Goto argues (2017, 191).

Conclusion

In this chapter I have generated knowledge with my model of spirit-centred personhood as I have analysed the experience of the women whose narratives I engage, under the headings of the traits of my model, from a feminist practical theological perspective. I have shown and argued that spirit-centred person embodies subjectivity in theory, and women with anorexia in practice, through its critical reflexive narrative engagement of first-person experience as a source of knowledge. I have claimed that this showing and arguing decentres the universal male subject of discourse, establishes multiple subject positions within discourse and generates knowledge through sexuate subjects relating subject-to-subject rather than subject-to-object. The showing and arguing that arises out of my critical reflexive narrative methodology is able to extend feminist practical theological discourse through its particular engagement with the complex and multi-faceted experience of anorexia alongside the diagnostic and psychoanalytic discourses that surround the illness and recovery from it. In line with the overarching aim of my thesis, I have argued most importantly that the embodied and experiential knowledge I have generated with my model enables women with anorexia to recover and sustain recovery. In this it offers hope that is faithful to human embodiment and divine incarnation, immanent and transcendent, and realistic about the experience of anorexia and recovery. In the next chapter I will seek to strengthen my claim to have generated new

knowledge when I suggest how I and others might build on my model of spirit-centred personhood to extend that knowledge further in both theory and practice.

Chapter Seven

Conclusion

Reviewing the Research Questions

The problem that I have sought to address through this research project was in two parts, which were interconnected as we saw as I responded to my two research questions. The first part of the problem related to poor understanding of and treatment for anorexia and the second part related to the binary opposition that structures Western discourse, including the diagnostic and psychoanalytic discourses that frame anorexia in the West. The first question enabled me to deconstruct biological, psychological and sociological models of anorexia and classical theological discourse as I brought into view the universal male subject (Chapters Two and Three). The second question enabled me to show that interpreting and responding to binary opposition from a feminist practical theological perspective helps us to better understand and respond to anorexia because it is able to embody subjectivity and women with anorexia (Chapters Four and Five). The interconnection of my two research questions helped me to show that the embodied subjectivity that I claim to have established through my model is credible and to argue that the knowledge that I generate through it is able to embody women with anorexia (Chapter Six).

Feminist practical theology enabled me to engage methodologically and theoretically with the interdisciplinary dialogue that the two parts of the problem necessitated. Methodologically as it formed the reflexive narrative basis for poetic writing (Chapter Four) and theoretically as it framed my model of spirit-centred personhood (Chapter Five). Through the way in which it formed poetic writing and framed spirit-centred personhood, feminist practical theology helped me to account for my position as researcher as I used narratives as a source of

knowledge, and for the knowledge that I generated through my use of the first-person experience that the narratives contained (Bold, 2012, Ramazanoglu with Holland, 2002, Walton, 2007, 2014, 2015). Through the way in which it enabled me to engage methodologically and theoretically, feminist practical theology also enabled me to account for my engagement of Irigaray as a key interdisciplinary conversation partner as I responded to the two parts of the problem.

I engaged Irigaray as a key interdisciplinary conversation partner as I sought to rethink subjectivity in Western discourse in order to embody subjectivity in theory and practice. Poor understanding of and treatment for anorexia along with the binary opposition that structures discourse required that deconstructing and (re)constructing discourse be a focus of the interdisciplinary dialogue I engaged because discourse frames thought and subjectivity. Currently discourse frames thought and subjectivity from the perspective of the universal male subject. The binary nature of discourse that is framed from this perspective excludes the possibility of thought and subjectivity being constructed from any other subject position within the sociocultural symbolic that this discourse underpins. The binary and exclusive nature of discourse means that we will only be able to respond to the problem differently if we are able to think subjectivity differently and understand anorexia differently. If we cannot think these differently, we will not be able to embody women with anorexia in diagnostic and psychoanalytic discourses. And if we cannot embody women with anorexia in these discourses, or in theory, we will not be able effect change in treatment programmes, or in practice, and improve treatment outcomes in reality.

Reviewing The Research Aims

In view of the binary and exclusive nature of the two-part problem that I have sought to address, the aim of the research was to embody subjectivity and women with anorexia. This twofold aim served my overarching aim of enabling women with anorexia to recover and sustain recovery through the embodied knowledge about subjectivity and anorexia that I have generated across the project. In order to think subjectivity and anorexia differently, as I have argued that we need to do if we are to generate the knowledge with which respond to the problem differently, I inflected my argument in two important ways which express the feminist practical theological character of the project. Theoretically, I engaged Irigaray's sensible transcendental as a relational frame through which to think subjectivity from the embodied perspective of her notion of sexuate subjectivity. Methodologically, I accessed knowledge of embodiment through first-person experience of anorexia in narrative form. These combined in poetic writing and my model of spirit-centred personhood to serve my overarching aim of enabling women with anorexia to recover and sustain recovery. Inflecting my argument in this way has had strengths on which I have sought to build, and weaknesses that I have sought to counter, through my interdisciplinary engagement of feminist practical theology.

The strength of inflecting my argument through engaging Irigaray's sensible transcendental as a theoretical frame through which to think differently, is that it helped me to do the language work that is necessary in order to embody subjectivity and speak words about God as a woman. This language work enabled me to move the locus of theological discourse from the substance of the divine to the economy of salvation, or from the essence of God in theory to the relational presence and healing action of the three persons of the Trinity in practice, as

I showed in my discussion of the doctrine of the Trinity (Chapter Three). This move in turn assisted me to speak words about God as I engaged the first-person experience of the women whose narratives I used. The weakness of inflecting my argument in this way is that Irigaray's notion of sexuate subjectivity is open to charges of white essentialism and heterosexualism. I countered this weakness through engaging Goto's notion of critical intersubjectivity to embody the theological subject as a gendered and racialised subject who speaks about God in dialogue with other gendered and racialised subjects from the perspective of faithful practice.

The strength of inflecting my argument by accessing embodied knowledge through first-person experience of anorexia in narrative form, is twofold. First, it helped me to show that the knowledge of anorexia that is produced by biological, psychological and sociological models of the illness, and the knowledge of subjectivity that is generated by classical theological models such as the doctrine of the Trinity, is limited by the binary opposition that structures them. Second, it helped me to argue that the subjectivity that is brought into view through accessing through first-person experience in narrative form, is both embodied and spirit-centred. It enabled this because first-person experience and narrative form assist the integration of what Irigaray calls the natural and cultural being of the subject, and of the body and mind that are disconnected in the experience of women with anorexia. The weakness of inflecting my argument in this way is the credibility of the embodied knowledge that is generated through accessing first-person experience in narrative form. I countered this weakness by establishing a reflexive methodology that allowed me to critically account for both the knowledge that I generated and my role as researcher in the research process, as I discussed above and argued in Chapter Four.

Spirit-Centred Personhood

Through the embodied subjectivity that underpins spirit-centred personhood theoretically and the narrative reflexivity that underpins it methodologically, I located female subjects beyond the binary opposition that structures biological, psychological and sociological models of anorexia and traditional theological accounts of subjectivity. I did not dismiss biological, psychological and sociological knowledge per se as we saw in my discussion of Garrett's (1998) and Saukko's (2008) critical engagement of their first-person experience of anorexia with sociology, the discipline within which they carry out their professional academic work. Indeed, my claim that spirit-centred personhood credibly locates the subject beyond the binary opposition of Western discourse depends on its ability to critically engage with a range of disciplines because embodying subjectivity lies beyond the scope of any one discipline as we saw in my discussion of biological, psychological and sociological models of anorexia (Chapter Two). I did, however, embody female subjects as storytellers and meaning-makers whose sexual and relational subjectivity is able to integrate the biological, psychological and sociological dimensions of their experience. Through embodying female subjects in this way, I located spirit at the centre of human being and becoming.

In the dialectic and spiral movement between the seven traits of my model that I showed as I engaged Christ's four stages of women's spiritual quest in Chapter Six, spirit was mediated by love: love of self, others, the divine Other and natural world. Crucially, love mediated the intrapersonal and interpersonal relationality that I embodied in my account of subjectivity through locating spirit at the centre of human being and becoming. I employed the intrapersonal and interpersonal relationality that I argued makes possible human being and becoming, to enable women with anorexia to develop a narrative sense of themselves across

time in response to the difficulty that they have in developing such a sense of themselves and the deficit in sense of self that Bruch identified. It is through the relationality that my location of spirit at the centre of human being and becoming makes possible, that I suggest I make the most significant contribution to knowledge in response to the overarching aim of my research project: to embody women with anorexia and enable them to recover and sustain recovery.

The contribution that I suggest I make to knowledge can be assessed in relation to understanding of anorexia, feminist practical theology and Irigarayan scholarship.

Understanding of Anorexia

Through locating spirit at the centre of human being and becoming in my model, I generated embodied understanding of subjectivity that is able to extend the understanding of anorexia that is produced by biological, psychological and sociological models of the illness. This understanding directly counters what Saukko terms the multifaceted politics that surround diagnostic and psychoanalytic discourses. It also serves specifically to enable women with anorexia to develop a narrative sense of themselves across time with which to recover and sustain recovery.

Feminist Practical Theology

Through speaking about the relationship between God and human persons as a woman from the perspective of first-person experience of anorexia in narrative form, I shifted the locus of theological discourse from that of the universal male subject to the multiple loci of embodied female subjects. I drew on existing feminist practical theological research, in particular that

of Bacon (2009a, 2009b), Christ (1995, 1997), Goto (2017, 2018) and Walton (2007, 2014, 2015), and extended it as I engaged Goto's notion of critical intersubjectivity with Irigaray's sensible transcendental in the context of an interdisciplinary project.

Irigarayan Scholarship

Through my engagement of Irigaray's sensible transcendental with theoretical understandings of anorexia and first-person experience of the illness within a feminist practical theological framework, I showed that Irigaray's thought is able to critique and develop understandings of theory and practice within theology and other disciplines and to be critiqued and developed in turn through this. In this I have extended the application that scholars of Irigaray's thought have made of her work within academic discourses and their associated fields of practice.

Further Research

Building on the contribution to knowledge that I suggested above, my research project indicates areas of possible further research in relation to therapeutic practice, spiritual care and Irigarayan scholarship, which fall beyond the scope of this thesis. These areas could be developed by me and / or other researchers and practitioners.

Three possible Areas of Further Research in Therapeutic Practice

The first of these areas is the development of a potential therapeutic assessment tool. The domains and questions of this would be based on the embodied subjectivity that is framed by my model of spirit-centred personhood. The aim of this would be to chart the development of

a narrative sense of self across time and to support the woman with anorexia in developing and sustaining a narrative sense of self across time. Building on the work of Stanghellini et al (2012), I and / or others could form a multidisciplinary team that would draw on psychiatry, psychoanalysis, narrative theory and practical theology, for example, to formulate and refine questions from the seven traits of spirit-centred personhood. The formation of such a team would ensure that the potential assessment tool could be used alongside more clinically based therapeutic tools such as Cognitive Behaviour Therapy (CBT) or CBT-E, a personalised psychological therapy that has been shown to be effective across the spectrum of eating disorders (Atwood and Friedman, 2020), and is used in the Healthcare Trust where I work. It would also ensure that the questions could be easily understood by women with anorexia and their therapists.

The second and third of these areas are related to, and build on, the work that I outlined in the first area.

The second area is the expansion of the range of eating disorders on which a research team might focus as it develops a potential therapeutic assessment tool that is based on my model of spirit-centred personhood. I focused on anorexia for reasons that I set out in Chapter One. The knowledge about anorexia that I generated through my use of a narrative methodology and discussed within the theoretical formwork of my model of spirit-centred personhood, suggests that a potential therapeutic assessment tool could be used in therapeutic practice with women and men with other eating disorders. Possible future work could include gathering data from narratives that recount first-person experience of other eating disorders or research participants who have first-person experience of other eating disorders.

The third area is the expansion of the range of narratives and / or research participants. As I discussed in Chapter Four, I engaged with as representative a range of published narratives of anorexia and recovery as it was possible for me to gather. Aimee Liu is the only woman of mixed race amongst the authors of the narratives. This does not mean that other women of mixed race, or that women who are not white and of a Western sociocultural background, do not suffer with anorexia. As Keel and Klump (2003) demonstrated, anorexia is not a culture-bound syndrome although culture and society are significant triggers of the illness and serve to maintain it once it has been triggered in genetically vulnerable women. What this does suggest is that the experience that women of mixed race, or who are not white and of a Western sociocultural background, do have of anorexia is underrepresented amongst the published narratives. Their experience is just now beginning to be more represented amongst the narratives as the 2020 publication of Carolina Mejía Rodríguez's memoir shows. In relation to eating disorders more widely, the 2009 publication of Stephanie Covington Armstrong's memoir of bulimia (*Not All Black Girls Know How To Eat*) shows that not all girls and women who are of mixed race, or who are not white and of a Western socio-cultural background, do know how to eat.

Three Possible Areas of Further Research in Spiritual Care

The first of these areas is broadening understanding of spirituality and its role in supporting the integration of self and the process of recovery in anorexia, and indeed in other mental illnesses, amongst researchers, spiritual care givers and healthcare professionals. This broadening would expand understanding of spirituality from a perception of it as organised and institutionalised religion to a perception of it as an embodied dimension of all human experience, and thus a mode of human being and becoming that is vital to the flourishing and

well-being of all human subjects. My model of spirit-centred personhood could offer a framework within which understanding could be broadened as part of a potential multidisciplinary dialogue in both theory and practice. Moreover, a broadening of understanding within the framework of spirit centred-personhood could help a range of practitioners to locate spiritual care within a wider framework of values-based practice across health and social care thereby building on, and extending, Walton's work on life writing within specific fields of practice (Walton, 2014, 94).

The second of these areas is extending the use of narrative by spiritual care givers in their professional practice. This has two aspects. The first is deepening the critical reflexivity with which spiritual care givers take responsibility for their own narrative, their first-person experience and associated vulnerability, as they offer spiritual care to those who are entrusted to them in the course of their professional practice. The second is expanding spiritual care givers' therapeutic use of the narratives, or first-person experience and associated vulnerability, of those who are entrusted to them so that their narratives can become a source of integration and subjectivity, or spirit-centred personhood, which is able to help them to live with and beyond their experience of illness and trauma. This development could be enabled through initial and continuing professional training that I and / or other researchers and spiritual care practitioners devise and deliver in dialogue with clinical and therapeutic practitioners within existing training programmes, such as the Continuing Professional Development seminar programme in which I participate, and to which I contribute, in the Healthcare Trust where I work, or within new training programmes in healthcare settings.

The third of these areas is combining the particular relational, non-appropriated and non-appropriative, embodied and spirit-centred understanding of the human subject that my

model frames with a narrative, integrative and values-based understanding of spirituality to develop spiritual care specifically for women with anorexia. This could enhance the spiritual care of women with anorexia and support them to recover and sustain recovery across time in two ways. First, it could ensure that the relationship between spiritual care givers and women with anorexia is a subject-to-subject relationship, thereby differentiating between the two subjects in the relationship and countering the imbalance of power in the relationship both of which can undermine women with anorexia's sense of self. Second, it could support women to recover and sustain recovery across time through helping them to relate to themselves, others, the divine Other and natural world as subjects. As with the development of a potential therapeutic assessment tool, the development of spiritual care specifically for women with anorexia could be developed by me and / or other researchers, spiritual care givers, and eating disorder professionals, in the context of a multi-disciplinary team.

Two Possible Areas of Further Research in Irigarayan Scholarship

The first of these areas is to seek to publish the findings of my research project as part of extending the work of engaging Irigaray's thought with feminist practical theology. There are three possible papers that I could seek to publish. One of these papers could engage Irigaray's work in dialogue with Goto on the relationship between theory and practice in order to show how Irigaray's thought helps to bring into the view the universal subject of practical theology and the blind spots that inhere in the unipolar worldview of this (white, male, middle class, heterosexual and neuro-typical) subject. Another of these papers could engage Irigaray's sensible transcendental threshold between subjects in dialogue with Goto's critical intersubjective space between subjects, in order to establish multiple positions from which embodied and racialised theological subjects speak about God. Yet another of these papers

could engage Irigaray's remaking of subjectivity and repositioning of the subject in dialogue with my model of spirit-centred personhood in order to instantiate an embodied locus for a feminist practical theological discourse which speaks about God from multiple subject positions. Each of these papers could potentially be critically received by other practical theologians and extended through their work.

The second of these areas is to engage Irigaray's remaking of subjectivity and repositioning of the subject with other fields of interdisciplinary practical theological work. One such field could be work in relation to the effect that human beings are having on the environment and ecosystems of the natural world: a planetary scale effect that can now be seen in the strata of the earth and that stratigraphers take to represent the beginning of a new geological era, the Anthropocene. This field of work is urgently important not only for stratigraphy and environmental and ecological science but also for philosophy and theology because these latter two fields are concerned with the *anthropoi*, or human beings, who are having such a detrimental effect on the planet (Deane-Drummond & Bedford-Strohm, 2011, Deane-Drummond, Bergman & Vogt, 2017). Here, Irigaray's remaking of subjectivity and repositioning of the subject could assist with the vital task of conceiving *anthropoi* as one life form amongst myriad other life forms on earth and placing them in relation to those life forms and the natural world on which they with them depend (TVB).

Hope

The feminist practical theological location of this research project has been informed by my first-person experience of anorexia and my professional practice as chaplain to a psychiatric hospital, and has, in turn, developed my understanding of my experience and my professional

practice. More than anything, I hope that the knowledge that I have generated during the course of this project will assist women to recover from anorexia and sustain recovery as the embodied and sexuate subjects of their lives that they are: whether through my and others' employment of the findings of the project through the further research that I have suggested, or through my ongoing professional practice.

Appendix One: Table of Narratives

Author	Title	Year of Publication	Western Context	Narrative Standpoint	Reason for Inclusion
Arnold, Carrie	Running on Empty: A Diary of Anorexia And Recovery	2004	USA	First Person	Engagement of personal experience Engagement of narrative Person with anorexia's perspective Particular experience of being female Particular historical time Particular Western context
Arnold, Carrie	Next to Nothing: A Firsthand Account of One Teenager's Experience with an Eating Disorder	2007	USA	First Person	Engagement of personal experience Engagement of narrative Person with anorexia's perspective Particular experience of being female Particular historical time Particular Western context
Arnold, Carrie	Decoding Anorexia: How Breakthroughs in Science Offer Hope for Eating Disorders	2013	USA	First Person	Engagement of personal experience Engagement of narrative Engagement of medical science Person with anorexia's perspective

					Particular experience of being female Particular historical time Particular Western context
Bowman, Grace	A Shape of My Own: A Memoir of Anorexia and Recovery	2006	UK	First Person	Engagement of personal experience Engagement of narrative Person with anorexia's perspective Particular experience of being female Particular experience of class, straddling working class and middle class Particular historical time Particular Western context
Dunbar, Maureen (with Catherine Dunbar)	Catherine: A Tragic Life: the Story of a Young Girl Who Died of Anorexia Nervosa	1987	UK	First Person	Engagement of personal experience Engagement of narrative Mother's perspective Father's perspective Daughter's perspective Family perspective Person with anorexia's perspective Particular experience of being female

					Particular historical time Particular Western context
Dunkle, Elena (with C.B.Dunkle)	Elena Vanishing: A Memoir	2015	USA	First Person	Engagement of personal experience Engagement of narrative Daughter writing with the support of her mother Person with anorexia's perspective Particular experience of being female, including experience of sexual violence Particular historical time Particular Western context
Dunkle, Clare B.	Hope and Other Luxuries:	2015	USA	First Person	Engagement of personal experience Engagement of narrative Writer's perspective Mother's perspective Family perspective Particular experience of being female, including daughter's experience of sexual violence Particular historical time

					Particular Western context
Freeman, Laura	The Reading Cure: How Books Restored my Appetite	2018	UK	First Person	Engagement of personal experience Engagement of literary criticism Engagement of narrative Person with anorexia's perspective Particular experience of being female Particular historical time Particular Western context
Garrett, Catherine	Beyond Anorexia: Narrative, Spirituality and Recovery	1998	Australia	First Person	Engagement of personal experience Engagement of sociology from within the academy Engagement of multiple narratives Person with anorexia's perspective Particular experience of being female, including experience of sexual violence Particular historical time Particular Western context
Himmel, Sheila, and	Hungry: A Mother and	2009	USA	First Person	Engagement of personal experience

Himmel, Lisa	Daughter Fight Anorexia				Engagement of narrative Mother's perspective Daughter's perspective Family perspective Person with anorexia's perspective Particular experience of being female Particular historical time Particular Western context
Hornbacher, Marya	Wasted: coming back from an addiction to starvation	1999	USA	First Person	Engagement of personal experience Engagement of narrative Person with anorexia's perspective Particular experience of being female Particular historical time Particular Western context
Kingsley, Jo, and Kingsley Alice	Alice in the Looking Glass: A Mother and Daughter's Experience of Anorexia	2005	UK	First Person	Engagement of personal experience Engagement of narrative Mother's perspective Daughter's perspective Family perspective Person with anorexia's perspective

					Particular experience of being female Particular historical time Particular Western context
Liu, Aimee	Solitaire	1979 / 2000	USA	First Person	Engagement of personal experience Engagement of narrative Mixed-race Chinese American perspective Person with anorexia's perspective Particular experience of being female, including experience of sexual violence Particular experience of middle class privilege Particular historical time Particular Western context
Liu, Aimee	Gaining: the truth about life after eating disorders	2007	USA	First Person	Engagement of personal experience Engagement of narrative Mixed-race Chinese American perspective Person with anorexia's perspective Particular experience of

					being female, including experience of sexual violence Particular experience of middle class privilege Particular historical time Particular Western context
Liu, Aimee	Restoring Our Bodies, Reclaiming Our Lives: Guidance and Reflections on Recovery From Eating Disorders	2011	USA	First Person	Engagement of personal experience Engagement of narrative Mixed-race Chinese American perspective Person with anorexia's perspective Particular experience of being female, including experience of sexual violence Particular experience of middle class privilege Particular historical time Particular Western context
McNaught, Elizabeth	Life Hurts: a doctor's personal journey through anorexia	2017	UK	First Person	Engagement of personal experience Engagement of medical science Clinician's perspective

					<p>Mother's perspective Father's perspective Daughter's perspective Person with anorexia's perspective Particular experience of being female Particular historical time Particular Western context</p>
Penny, Laurie	Meat Market: Female Flesh under Capitalism	2011	UK	First Person	<p>Engagement of personal experience Engagement of feminist theory Engagement of narrative Person with anorexia's perspective Particular experience of being female, including experience of non-binary sexual identity Particular historical time Particular Western context</p>
Penny, Laurie	Unspeakable Things: Sex, Lies and Revolution	2014	UK	First Person	<p>Engagement of personal experience Engagement of feminist theory Engagement of narrative</p>

					<p>Person with anorexia's perspective</p> <p>Particular experience of being female, including experience of non-binary sexual identity</p> <p>Particular historical time</p> <p>Particular Western context</p>
Penny, Laurie	Bitch Doctrine: Essays for Dissenting Adults	2017	UK USA	First Person	<p>Engagement of personal experience</p> <p>Engagement of feminist theory</p> <p>Engagement of narrative</p> <p>Person with anorexia's perspective</p> <p>Particular experience of being female, including experience of non-binary sexual identity</p> <p>Particular historical time</p> <p>Particular Western context</p>
Saukko, Paula	The Anorexic Self: A Personal Political Analysis of a Diagnostic Discourse	2008	Finland USA UK	First Person	<p>Engagement of personal experience</p> <p>Engagement of sociology from within the academy</p> <p>Engagement of multiple narratives</p>

					<p>Person with anorexia's perspective</p> <p>Particular experience of being female</p> <p>Particular experience of being working class</p> <p>Particular historical time</p> <p>Particular Western context</p>
Tucker, Nancy	The Time In Between: A Memoir of Hunger and Hope	2015	UK	First Person	<p>Engagement of personal experience</p> <p>Engagement of narrative</p> <p>Person with anorexia's perspective</p> <p>Particular experience of being female</p> <p>Particular historical time</p> <p>Particular Western context</p>
Tucker, Nancy	That Was When People Started to Worry: Young Women and Mental Illness	2019	UK	First Person	<p>Engagement of personal experience</p> <p>Engagement of narrative</p> <p>Person with anorexia's perspective</p> <p>Particular experience of being female</p> <p>Particular historical time</p> <p>Particular Western context</p>
Virgo, Hope	Stand Tall Little Girl	2019	UK	First Person	<p>Engagement of personal experience</p>

					Engagement of narrative Person with anorexia's perspective Particular experience of being female, including experience of sexual violence Particular historical time Particular Western context
Wealthall, Katharine	Little Steps: Surviving Anorexia and Bulimia Nervosa	2005	UK	First Person	Engagement of personal experience Engagement of narrative Person with anorexia's perspective Particular experience of being female Particular historical time Particular Western context
Woolf, Emma	An Apple a Day: a memoir of love and recovery from anorexia	2012	UK	First Person	Engagement of personal experience Engagement of narrative Person with anorexia's perspective Particular experience of being female Particular historical time Particular Western context

Woolf, Emma	The Ministry of Thin: how the pursuit of perfection got out of control	2013	UK	First Person	Engagement of personal experience Engagement of narrative Person with anorexia's perspective Particular experience of being female Particular historical time Particular Western context
Woolf, Emma	Letting Go: how to heal your hurt, love your body and transform your life	2015	UK	First Person	Engagement of personal experience Engagement of narrative Person with anorexia's perspective Particular experience of being female Particular historical time Particular Western context

Appendix Two: Poem**Marionette**

Wrought wires

jerk

limp wooden limbs

as

I trip out

my routine.

Clumsy puppet

I stumble

sway

and tumble

in a trice.

Down,

down in a

tangled heap,

isolate pieces

all hollow.

Compounded of

pure love

ether

smothers

oh so gently

as

they patch me up.

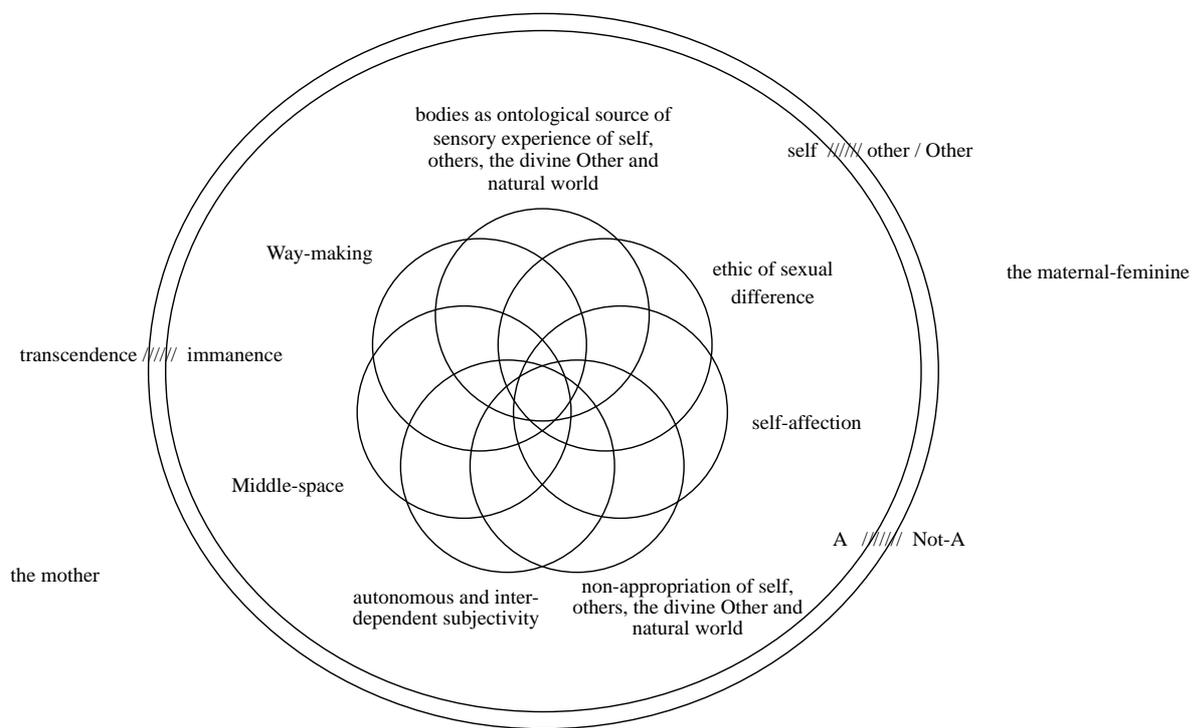
Little Buddha,

void of self,

stupefied,

ashen.

Appendix Three: Spirit-Centred Personhood



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