THE NATIONAL COLLEGE OF ART AND DESIGN

SELF PORTRAIT,
FROM NARCISSISTIC OR ODIOUS ORIGINS

A THESIS SUBMITTED TO
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colour photographs, 1991

Self Portrait, from Odious or Narcissistic Origins

This thesis is about the self, myself, and in a sense it acts as a portrait of how I perceive myself. When I look at myself I am often repulsed and disgusted by what I see. My body contradicts the normal (feminine) quantity and location of body hair; this I perceive as ugly and undesirable. Ugliness is always comparative, so also is beauty, both of these concepts represent a **difference** but in opposite directions of favour. I reject the maturing of my body because of the changes that have taken place, not in relation to the mature feminine form, but in contradiction of this form and the increasing loss of control of what my body represents. Similarly the anorexic also rejects her body, in terms of its maturity towards the feminine and the processes this involves. I reject the malfunction of these processes arising in the contradiction of gender clarification. I am continuously searching for a clear definition of what I am, which I feel is located somewhere in between the binary opposites of male and female. By using such a scale I think that I am enforcing too rigidly what I **should** represent, yet I find it difficult to be oblivious to these specifications. This is where the **fluctuation** arises.

My confidence fluctuates in the construction of an image of the self, whether the image is clear, blurred or distorted. I continuously make attempts to define my identity and at times I am very confident with my definition. Whether my true identity is variable or I am unable to grasp it or if it exists at all, I cannot clarify.

Society rigidly establishes the concept of 'normality', which I think is divided into three categories, normal, abnormal, and unacceptably abnormal. The third category encompasses feelings of disgust and repulsion in comparison to the first and establishes normality as ideal. Yet

normality represents average, and this is rejected because people want more than mere average, they desire to be extraordinary and different, but only different in one direction. This emphasis on comparison establishes the self as a barrier to one's own identity because of the conceptual notions it has developed and imposes on the self.

My rejection of my appearance is nurtured by these social constructs of normality and of desirability, and by the way I respond to them. I am inclined to take possession of these notions and manipulate, alter, and repair my appearance in terms of what is preferred. I often question the application of these manipulations but engage because of the need to fit and be accepted by others and society. Others that are close to me stimulate particular characteristics within me, but can also stimulate me to adopt particular characteristics.

The purpose in addressing these conflicts that I possess, in terms of the struggle within my identity between the mind and the body, is not to request any form of sympathy, but to analyse where exactly this split arises and how it continues to be nurtured by my surroundings and by myself.

The first chapter locates the reader in a personal history of the ways that I have been working through these concepts. The development of the work is also the development of my analysis of these concepts.

This work then stimulates an interest in theory (which is dealt with in the second chapter) and the studies of psychoanalysists on this subject. I think it is important to note here that the work is not theory informed initially. My selection of particular theories is edited by their relation to identity clarification and the contradictions that arise in an attempt to outline and define one's identity. Lacan's mirror phase is essential in this discussion.

The third chapter brings the experience of contradicting constituents within the identity a step further than my own experience. The hysteric and the anorexic are the cases I have chosen to represent, and are extreme splits of the identity.

I think it is important to note that I feel that there is no need to quote shocking statistics (of anorexia) in this chapter. They are helpful and indicate that there is a growth of the disease. For the anorexic they state that she is not alone, others exist and understand the nature and processes of the disease. But each case is individual in both circumstances and symptoms and must be viewed with this in mind.

Chapter one

Personal History and Motivation.

My work over the past two years has developed in a subjective direction, dealing with my situation within my surroundings and society. I was interested in exploring further the spaces which I exist within, both internal and external, and defining the limits and boundaries of these spaces.

I decided that it was necessary to address the obsessions and hang-ups that I had about my body, particularly towards body hair, and to question why I felt that these fixations take control of my perceptions of my surroundings. A barrier is created between my identity and that of another. This barrier constructs a laboured, inhibited and cautious atmosphere within which communication must take place; it prevents a comfortable exchange.

I began to articulate the feeling of the division between the mind and body, which Berger refers to in Ways of Seeing. I realised that I had formulated what I should be and how I should look through an intellectual denial of the body and what is natural as opposed to what is normal;

> The social presence of women has developed as a result of their ingenuity in living under such tutelage within such a limited space. But this has been at the cost of a woman's self being split in two...and so she comes to consider the surveyor and the surveyed within her as the two constituent yet always distinct elements of her identity as a woman.[1]

While Berger is right about the woman's self being split in two, I feel that this division is not isolated to women, I believe that every identity, male or female, is split between what they perceive and what they are. Social structures prescribe ideals and stereotypes for both men and women.

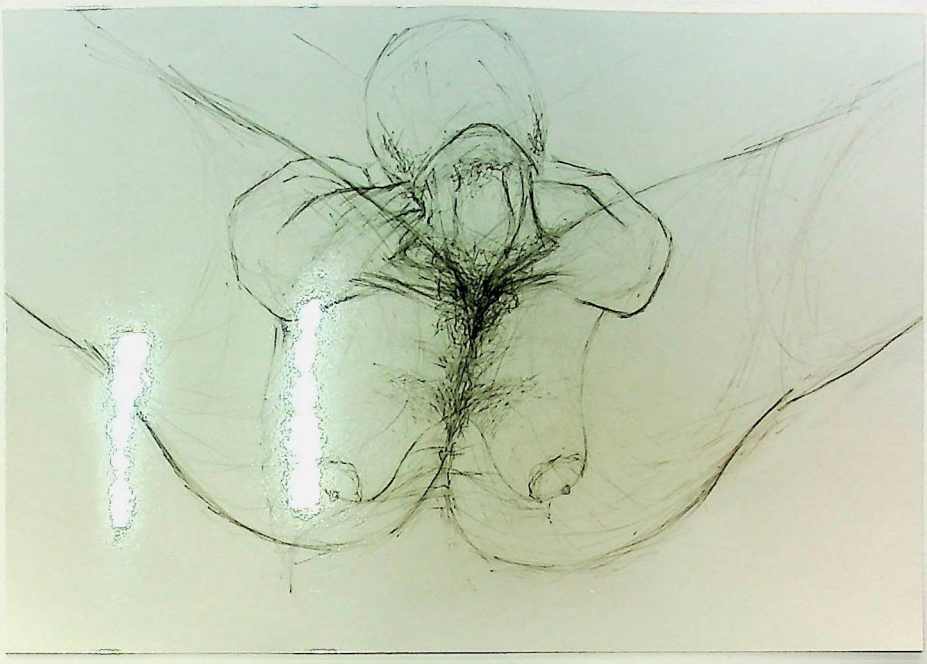


Fig.1 Untitled
graphite drawing, 1989

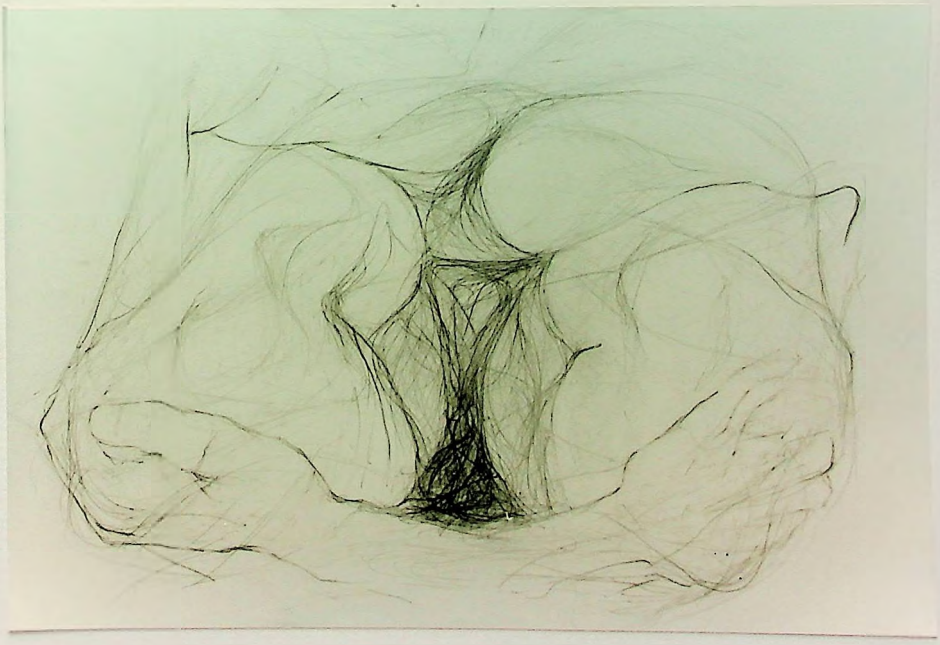


Fig.2 Untitled
graphite drawing, 1989

Fig.3 Untitled
graphite and ink drawing, 1989

Fig.4 Untitled
pencil and ink drawing, 1989

Fig.5 Untitled
polychromo drawing, 1989

Fig.6 Untitled
polychromo drawing
1989

Fig.6 Untitled
polychromo drawing
1989

At the initial stages I worked with figurative images in drawing, distorting the forms slightly as the poses twisted these into restrictive tangles (fig.1,2,3 and 4). Using tracing paper, I layered images of webs and bodies over the base drawing, leaving spaces between the layers so that the images became slightly opaque. (fig.5 and 6) This layering is a reference to the several barriers I have created, protecting myself, and within this security internal and external objects lack definition. The webs and spiders, represented an external force weaving slowly and carefully to restrict and dampen the instincts of the individual. This process can be so gradual that the individual practically grows into conformity. The webs are also a symbol of fine hair strands as well as the weaving surrounding the larva during metamorphis from caterpillar to butterfly.

I was interested in the more direct approach of photography as a medium, and I began taking photographs of myself, keeping in mind the perspectives from which I view my physical self. I worked with feelings of self repulsion and the contradictions of my body in relation to **feminine** clothes. I used a net curtain to construct a barrier between the viewer and the work. Normally net curtains act as one-way windows preserving the privacy of the interior of the houses, (when the light levels are reversed the heavier curtains prevent a reversal of the viewing direction). There is a voyeristic quality to observation from either side. I am interested in the luxury and wealth of the velvet curtains, which are often draped over windows in confining spaces in a thoughtless manner. They add to the shrinkage of a small space rather than complimenting the area. I referred to this paradox by hanging hideous twelve inch velvet curtains each side of the seven foot net curtain. A framed photograph (black and white, 11"x8") of myself looking downwards towards my body dressed in a camisole top, hung behind the net curtain. The head hangs in shame as it

surveyed the body. I hoped the piece would act as a mirror in which the viewer would refer to his or her own complexes and release some of the energy which has been bottled within these concepts, but the general response was one of resistance to the strangeness of the image which was not anticipated. The image were too blatant and direct to achieve the purpose intended, they needed to be refined towards a more acceptable image. In retrospect I have a lot of problems with the work, while the pieces were made at a very important stage and absolutely necessary in order to learn **through** working, the images are easily misunderstood. Too much emphasis is placed on an isolated specific case, rather than functioning as a two-way communication between the viewer and the piece.

This pushed me towards working similar ideas in a less subjective manner in colour photography. I changed my position from the front to behind the camera. I regard this work as self portraiture, metaphorically, because the representations are so anonymous. The photographs are of the body, in particular the female, and the velvet which is very rich, luscious and seductive, both in tactile and visual quality is a totally unnecessary and luxurious substance to adorn and **enhance** the body. The velvet is a reference to a dress-sense or style, a means of presenting one's identity visually. The body emerges from the fabric, and the two caress and bleed into each other, dissolving towards a unification of both. The body hides within and is dependent on the fabric, yet there is a discomfort with this concealment as the need to veil one's identity is problematic yet consistent in relation to one's location within a particular society.

In the Red Series of photographs (fig.7,8 and 9) I have chosen this particular model because the appearance of her nails emphasises the existence of an internal conflict in

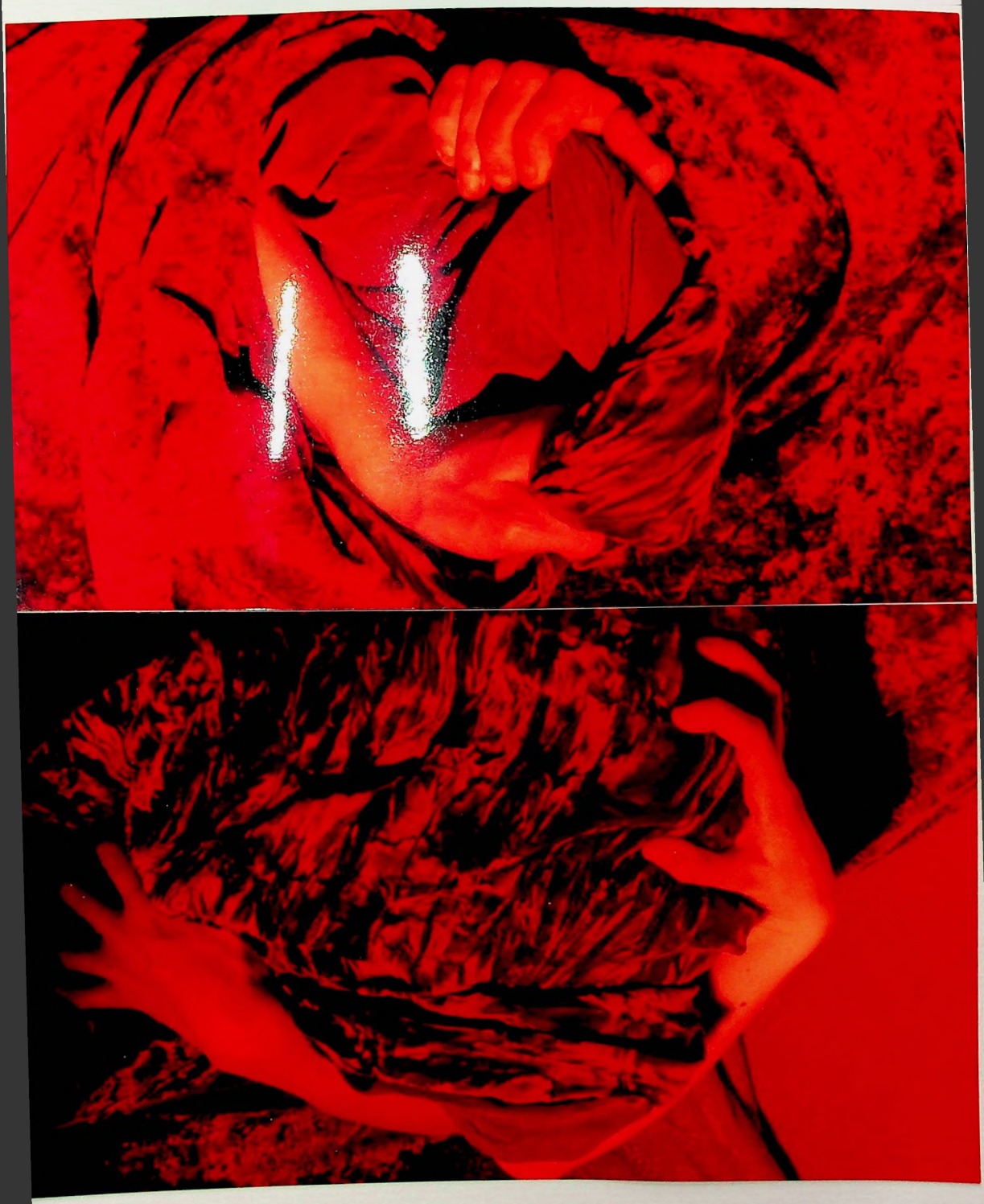


Fig.7 "The Red Series", (detail:16 photographs in complete piece) colour photographs, 1991

Fig.8 "The Red Series"
colour photographs, 1991

terms of identity definition, resulting in a physical anxiety. The repetition or habitual element of this manipulatory process, emphasise the obsession and consistency involved in this struggle. This obsessional interaction between mind and body is also emphasised by the similarity of the images to each other, and in their presentation which appear rather cluttered being on top and beside each other, as opposed to a more linear format. This form of presentation also facilitates a blending and dissolving of the images into each other in a similar way to the bleeding of fabric and flesh tones.

The poses convey a gripping of the velvet which surrounds and conceals the body. It prohibits the exposure of what is potentially vulnerable to external criticism, yet these hands are a physical expression of a vulnerability possibly of the same source. The twisting and restricting nature of the poses is echoed in the way that many of the photographs are viewed side-ways and upside-down. This adjusted perspective distorts the form slightly, in places elbows read as knees, shoulders as enlarged stomachs, and arms as legs.

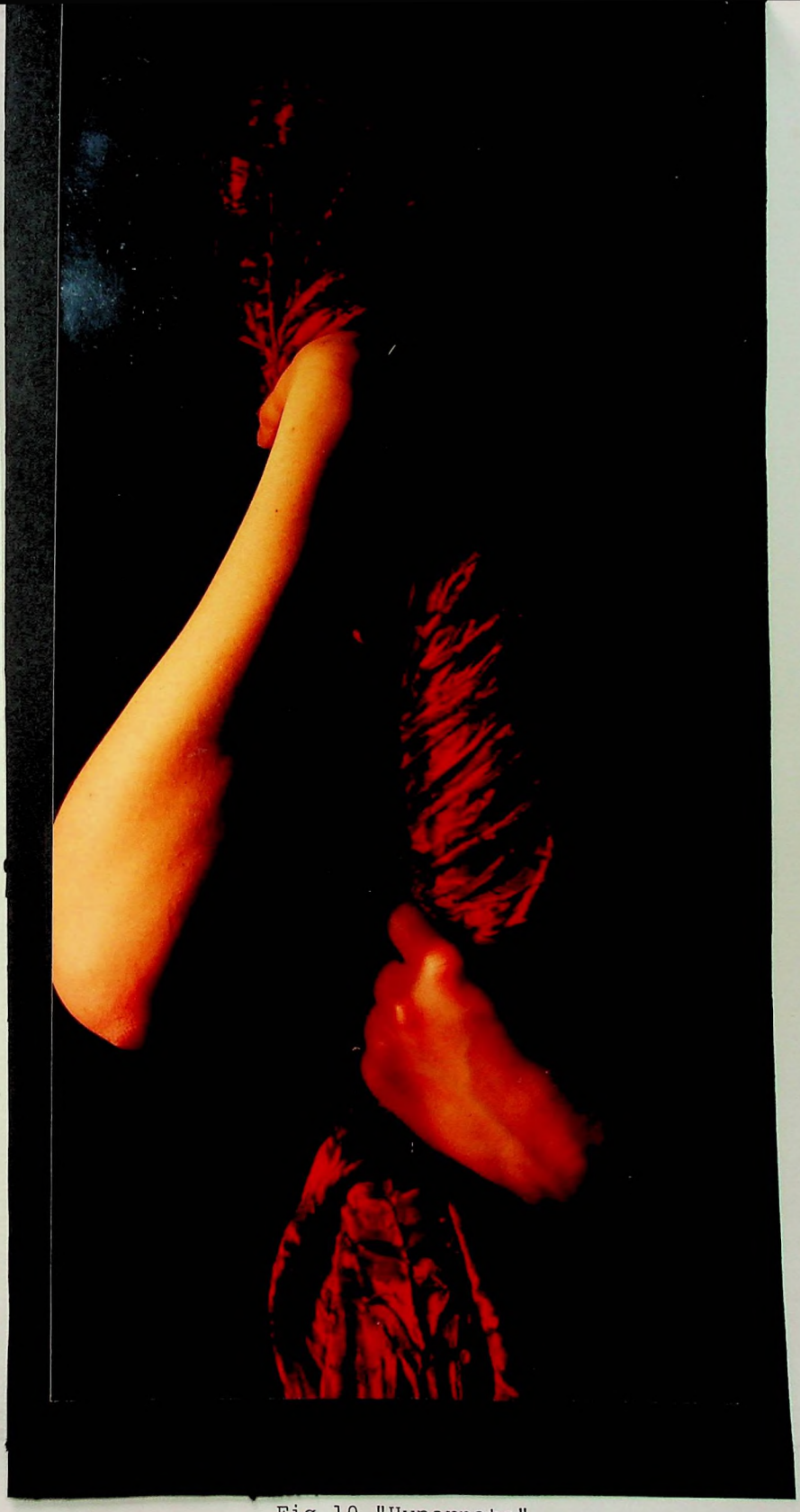
The piece 'Wound' (fig.10) contains some of the conventional elements of portraiture: the distanced background, the view of the figure above the waist and the decoration of the body in luxurious fabric. The pose again distorts the figure and the elbows grip the body almost in an ecstasy of narcissism, but also shields it within the velvet from shameful exposure. The head is thrown back and the chin echoes the form of the elbows, the elbows are also an echoing form, resembling the breasts. The lack of address between the subject and the viewer may establish the viewer in a voyeristic position, but the subject retains some authority because of the upward angle of the camera.

Fig.9 "Wound"
colour photograph, 1991

In 'Hypernate' (fig.11) the struggle and conflict between the body and the fabric is emphasised. The filtration is adjusted towards a separation of the body and fabric, using a slightly green cast to affect the flesh tones, the intensity of the red velvet remains. There is less dependency on the velvet transmitted as the figure is twisting the fabric into a specific form, a tight coil or rope binding and extending from the covered head, rather than the fabric dictating or disfiguring the form of the body. The **specific form** relates also to the umbilical cord which activates a different dependency and struggle. It is important that it is the head, metaphorically it is the intellect, that is wrapped and restricted and that the **extension** is the primary location of the conflict. The anonymity of the model suggests that the identity remains concealed.

LIFT

Fig.10 "Hypernate"
colour photograph, 1991



LIFT

Fig.10 "Hypernate"
colour photograph, 1991

Footnotes Chapter one

1. Berger John, Ways of seeing, 1972,p.46.

Chapter two

The Ego, rules and regulations

In view of the split between my mind and body, I perceive the functions of the mind as a perceptive sponge absorbing everything from reality, and the ego as a filter or editor of this information. The body acts as a visual medium to re-project the refined concepts. Freud establishes two view points of the ego; one the 'realist ego', and two, the narcissistic ego.

1) The realist ego protects the individual within society by rationalising the unreasonable or impossible demands of the id (source of instinctive energy and unconscious) in terms of what is socially acceptable. I think that this 'rationalising' occurs because of the desire of the other, and the desire to be the object of the other's desire, thus it conforms and modifies. It also functions in the other direction protecting the id from excessively strong, or even harmful, stimulus from reality, such as criticism or absence of fulfilment or desires. This side of the ego Freud considered innate and modifies the surface of the id through perception. I question whether this is innate or not, because it learns to modify slowly and laboriously through instruction and correction from external sources.

2) The narcissistic ego develops slowly within the individual and it is variable. It relates to a series of identifications and internalisations of images or perceptions (which I will deal with later in the mirror phase) invested within the energies and instincts of the id, within the libidinal cathexis. The narcissistic ego is considered a storehouse of libido, of which the sources are several including the body itself, and the projection of libido from others in the form of love, praise, and respect,

it builds up energy in anticipation of finding a suitable object to project libido onto. I believe that this is where caution is involved within the ego, it must maintain certain levels of energy thus considers the risk involved in projection, or even acceptance of projection from others.

The narcissistic ego fluctuates because of the various responses to projections and the levels of libido from external sources for introjection. Its contours are changeable, mobile and difficult to define at times. When a projection has been rejected, or failed to merit response, the ego is deflated and requires replenishing by reinvesting narcissistic cathexis in the subject's own body. During this consolation period the ego is in a state of **mourning**. The narcissistic ego responds to fantasy identification and introjection which make it dependent on the desire of the other. Due to the fact that the ego can defend itself against a part of itself, (for example its own body, or an emotion could be controlled if the ego considered it inappropriate at a particular time), it relates to itself as both subject and object which can cause a split within the ego.

I find that the ego moves in continuous rotations, although the ego **develops** it constantly takes steps backward in order to move forward. From an obsession with body hair and the gender connotations it suggests in relation to its location on the body, I have found myself returning to a stage from which I thought I had progressed in an attempt to reconcile my struggle. Occasionally this rotation confused me, because I have entertained these concepts for so long that I become unaware of what exactly motivates me to change, whether it is the body or the mind.

In an analysis of my interaction with **pruning** processes, I find that the nature of the body reinforces the obsessional

elements in its refusal to adhere to the conceptual norms, specifically in relation to body hair, as regrowth is immediate, the decision to remove it must be repeated continuously. This distracts and inhibits other functions of the mind.

Lacan refers to the establishment of social and family structures that each child is born **into** and its assimilation of a predetermined position within these structures. These structures outline rigidly what is considered 'natural' and 'normal' for both the physical and intellectual components of the child's identity. The child is moulded by criticism and correction. It responds by avoiding the same path that led to this originally, because the child strives to be the object of others' desire and attention it realises that it must adhere to the appropriate behavioral rules to merit attention and praise. In the place of the value of instinctual behaviour which animals depend on, the human must rely on language, language and (social) law regulate its existence. These Lacan considered our 'unnatural natures'. To call these 'natures' is to locate them too closely with something that is easily assimilated, if it needs assimilation at all. Language and law are enforced so deeply from an early stage by others that other forms of communication are inhibited. Not all of us 'naturally' wish to respond to language but are forced as no other form of common expression is as developed. This emphasises what is similar and the same about us which provides a hostile atmosphere for the acceptance of difference. The human source of its identity is primarily the **context** which it is born into, and his or her perceptions of it. I imagine that the **individuality** of each identity grows in conjunction with the ego in the editing of this context. This is where the problem for the anorexic occurs, he or she will find difficulty in defining identity as it is regarded as being so dependent on our perceptions of our surroundings. It is

easy to imagine that there is no individuality within our identities, that they only act as a **medium** to re-present social structures, norms and laws. It is a disillusioned perspective, the individuality of identities is often difficult to outline as I think it lies closer to the id within the unconscious than to the surface of the ego.

Lacan also referred to the 'assumption of an alienating' identity, an identity introjected from external sources through identification, which enables the id to survive within the laws of reality;

> The mirror stage is a drama whose internal thrust is precipitated from insuffiency to anticipation and which manufacturers for the subject caught up in the lure of spatial identification the succession of phantasies that extends from a fragmented body-image to a form of its totality...and lastly to the assumption of the armour of an alienating identity which will mark with its rigid structure the subjects entire mental development.[1]

The mirror stage occurs from the age of about five or six months to approximately eighteen months, and it is essential in the development of the identity as it is the actual point of ego genesis. This occurs when the security of the 'real', (different to reality, which is lived and known through perception), is lost and the search for a substitute begins. The child exists in the order of the real initially, in which it experiences a total unity with its mother and the environment. It is blissfully content at this stage because there is no knowledge of absence or lack of gratification of needs. Freud mentions that at this stage the child reactivates its previous perceptions of satisfaction, where the real object of satisfaction is missing (milk), in hallucinatory form by suckling. This contentment I am dubious about, as the child cries before the mirror stage in request for satisfaction. I suggest that it does not retain this frustration in its memory long enough for contemplation later.

When the child realises that his needs have not been

gratified and that he is separate from the mother and the environment he begins to search for a definition of his identity as a stable and unified form, this he articulates in his reflection in the mirror, although he can only see a fragment of himself he perceives it as complete, because he connects the image with images he has seen of the other, and the other is perceived as complete. This is in spite of his long term physical experience of 'motor incapacity and nursling dependence'. (Lacan 1977,p.2) At this time the senses of the child are developing, but unevenly. The senses in the right hand develop before the left and these before those in the feet.

Because the image perceived is a totality, the child is unaware of this uncoordination which can only be reconstructed in an analysis later, as it does not form part of the conscious memory. This **fragmentation** of the body is the source material for images

> manifested in dreams when the movement of the analysis encounters a certain level of aggressive disintegration in the individual. It then appears in the form of disjointed limbs...this form is even tangibly revealed at the organic level, in the lines of "fragilization" that define the anatomy of phantasy, as exhibited in the schizoid and spasmodic symptoms of hysteria'[2]

By identifying his image with that of the other the subject's image of the subject is also an internalised image of the object, here the 'individual fixes upon himself an image that alienates himself from himself' (Lacan 1977,p.19) which provokes a split within the ego because he has taken posession of an external image and integrated it with his own. The sources of his concepts of his identity become blurred so his identity becomes both of himself and of the other. This facilitates his perceptions of himself as both subject and object. By perceiving the self as object the ego can defend itself against a part of itself.

The child both recognises and misrecognises his image in the way he recognises the accuracy of the representation, as it is a reflection, and the inaccuracy of the potential maturity of his power as a totality which is simultaneously recognised in spite of the, 'turbulent movements that the subject feels are animating him.' (Lacan 1977,p.4) Because the subject takes an image of another, and identifies with the other as the self, he both stablises and weakens the identity, it becomes a false foundation. This recognition and misrecognition constantly tears the child between the demand for pleasure, gratification and self promotion, and feelings of jealousy and frustration.

In his desire for similarity of the other the child strives to be the object of the other's desire in this case the wishes of the other also are introjected and the need to please and gratify the needs of the other become of vital importance. This search for similarity encourages the child's interest in repetition and copying which results in transitivism. The child identifies with the other in either a complimentary transitivism, where he or she takes the passive role of the slave and the other assumes the active role of the master and visa versa, or a transitivism of similarity can occur where the roles become confused: 'the child who strikes another says that he has been struck; the child who sees another fall cries' (Lacan 1977,p.17). The roles of opposition in the complimentary transitivitism become indiscernible and ambivalent, 'the slave being identified with the despot, the actor with the spectator, the seduced with the seducer.' (Lacan 1977,p.17) These transitivisms linger longer in life than just in childhood. Not to the dramatic extent of one crying when another is injured, but generated in feelings of sympathy and empathy. The hysteric reflects many of the characterists of similarity transitivism, such as the manifestation of pain through psychological means. (I refer to this in greater

detail in chapter three.) The compilmentary form has residues in friendships and relationships later when one partner shows leadership traits.

This split within the identity because of its identifications is also referred to in what Lacan called the 'imaginary anatomy', which describes the ego as a product of internalised otherness and a physical projection of the body. Lacan suggests that the ego internalises images such as those of normality and stereotypes, from exterior sources and takes possession of them, and formulates a conceptual image of its own identity, and projects it through the body. This may or may not correspond to the image of the body in reality. Thus the individual's identity relies more on reprojecting introjections than projecting from internal sources. (this is possibly the root of my own fixation with growth of body hair.) A continuous denial of the biological structures of the body results from these conceptual structures which Lacan calls the 'imaginary anatomy'. This also relates to the perception of the child's body as a totality when in actuality it is experienced in fragments during the mirror stage. I feel it also creates the feeling of a split between mind and body and the frustration experienced when the mind realises that the body is made up of biological mechanisms and that it is impossible to consciously alter these forms and their processes in relation to conceptual ideals.

> Out of this largely biological chaos of neuronal prematurity will be constructed as lived anatomy, a psychic or libidinal map of the body which is organised not by the laws of biology but along the lines of parental or familial significations and fantasies about the body-fantasies (both private and collective) of the bodies organisation bound up with parental fantasies long before the child is born, the child's body is divided along lines of special meaning or significance, independent of biology. the body is lived in accordance with an individual's and culture's concepts of biology.[3]

The concept of an imaginary anatomy is central to the denial of bodily impulses by the anorexic. To control the body is

far more important to her than to submit to its requests for biological satisfaction.

This intense self observation, whatever response it merits, is always ~~be~~ considered 'narcissistic', as even though we may be repulsed by what we see, we are perceived in terms of searching for **perfection.** This concept of perfection is likely to have been introjected from external sources. An example of this is where the child behaves and achieves well, (for example in accademics,) in terms of the parents' expectations. The over abundance of praise and recommendation, external gratification, for the child may result in a lack of ability to find internal gratification. This results in a narcissistic disorder.[4] The support structures provided by this abundance are fragile and lack stability, especially in later life when the external sources have grown beyond the proctective grounds of the nuclear family.

This type of **disturbance** involves an external (false) basis for the devolopment of the identity. This is similar to the way the anorexic perceives her identity.

Footnotes Chapter Two

1. Lacan Jacques. Ecrits, 1977,p.4.
2. ibid p.45.
3. Grosz Elizabeth. Jacques Lacan a Feminist introduction, 1990,p.44.
4. Miller Alice. The Drama of the Child, 1987,p.30.

Chapter three

Hysteria and Anorexia, split of the extreme.

Section one; Hysteria

Hysteria represents a step further in the split of the mind and body, (which is central to the obsessional element of my character). This time the division occurs between the conscious and unconscious. The manifestation of this is through an unconscious body manipulation, such as the experience of physical pain, where there is no biological evidence that this should be experienced, or involuntary bodily movements or stiffening. The assimilation of a completely different characterisation in a second consciousness which is totally alien to reality or rationality is also possible. This can happen to such an extent that the two exist side by side with no connections between them. Lacan refers to the connection of a hysterical symptom to the fragmentation of the body experienced by the child in its first years.[1]

This is similar to the mind and body split in the way that there is a restriction of bodily functions, because of a mental imposition. But in hysteria it is a split **within** the mind which creates the division between mind and body.

> the splitting of the consciousness which is so striking in the well-known classical cases under the form of "double conscience" is present to a rudimentary degree in every hysteria, and that a tendency to such a dislocation, and with it the emergence of abnormal states of consciousness (which we shall bring together under the term "hypnoid"), is the basic phenomenon of this neurosis.

This split is said to arise because an incident from reality has consciously been repressed in the unconscious, because it was undesirable, but resurfaces in a **hysterical** symptom. Freud and Breuer suggested that, 'hysterics suffered mainly from reminiscences' (Freud and Breuer

1893,p.58) of what is most undesired, what they wish to completely dismiss from memory (which happens from conscious memory) and what they least want to discuss. They maintained that discussion brings the repressed memory back to the conscious mind and thus deleted the symptom.

> as a rule it is necessary to hypnotize the patient and to arouse his memories under hypnosis of the time at which the symptom made its first appearance; when this has been done, it becomes possible to demonstrate the connection in the **clearest and most convincing** fashion.[3] (emphasis mine)

The use of hypnosis allows the psychoanalyist to reveal what cannot be assessed by any other means, or without his or her assistance. The psychoanalyist's questionable authority is established here, which I will refer to later in the treatment of the anorexic. The event which has been the cause of the symptom can be recalled by other connections, such as a similar place to where it happened, and can provoke a hysterical attack. This implies that the original event is being memorised at that particular time, but not by the conscious mind.[4] More often than not the connection cannot be so easily located. I believe that in most cases the complicated symptoms of hysteria cannot be attributed to a simple repression to the unconscious. The context of the **particular event** is of vital importance and if the event involved specific people which would provoke a resisting response in the hysteric all need to be considered. I believe social structures also influence the occurrence of hysteria. Society determines favourable modes of behaviour, for example, when a person is mourning the death of a close friend or relative, he or she is said to behave well (especially in the case of children) if he or she manages to **contain** themselves enough not to be upset at the formal funeral. This requirement of emotional repression could pave the way for a hysterical interference.

In many cases the conscious mind is not totally lost but remains as a supervisor who is aware of all the strange activity, but unable to control it. When a character has

been split and expresses a struggle between the mind and body, the mind **observes** in a similar way the physical processes of the body, such as hair growth or menstruation. The anorexic also observes the body but chooses to reject its processes and **achieve** control of them. Breuer states that in hysteria:

> we have a situation in which the thought and ideation of the conscious waking ego stands alongside of the ideas which normally reside in the darkness of the unconscious but which have now gained control over the muscular apparatus and over speech, and indeed even over a large part of ideational activity itself: the splitting of the mind is manifest.[5]

As a result of this division within the mind, the control of the bodily activities is lost as a second almost alien character takes over. The second character is 'almost alien' because it is still the self that is represented, although this self may be unrecognisable and 'seem to a normal person (and to the patient himself, after it had been cleared up) to be out of all proportion.' (Breuer 1979, p.303) A confusion or bewilderment will exist because of 'all this madness' and the contradictions of the separate characters. Sheila MacLeod says that at the onset of her anorexia, 'I looked in the mirror and seeing myself "in the flesh" did not recognise myself.' But she continues with a fully conscious mind and states "That can't be me" soon became a determined "That won't be me". (MacLeod 1981,p.70) In the hysteric the conflict between the two which is the result of a conscious manipulation of the body does not exist.

The most likely **candidates** of hysteria were those who were already involved in auto-hypnosis, (for example day-dreaming), or were generally bored or insufficiently entertained by their life style. In Breuer's case of 'Anna O.', the girl,

> was bubbling over with intellectual vitality, led an extremely monotonous existence in her puritanically-minded family. She embellished her life in a manner which probably influenced her decisively in the direction of her illness, by indulging in a systematic day-dreaming, which

she described as her "private theatre".[6]

Her prescribed role in society was unable to cater for her outstanding intellectual ability thus the necessity to engage in self induced 'absences'[7] by day-dreaming. This, seemingly, was not a desirable pastime as it caused her, in an escape from predetermined and favourable activities for women, to become established in a more vulnerable state. It was inconvenient that she was not satisfied by the challenge of her duties. Is it inevitable that she, an intelligent woman, becomes hysterical (looses control) because of her routine day-dreams, which provide her with a form of escape from the frustrations of an unfulfilling life? Freud and Breuer thought women were more likely to be hysterical because generally their activities required little concentration or effort, and it was the intelligent woman (not the normal) who had difficulty retaining sanity, or remaining normal;[8]

> these dispositional hypnoid states...grow out of the day-dreams which are so common even in healthy people and to which needlework render women especially prone.[9]

Section two; Anorexia

> To say "Mother, I prefer a woman to you" is naively to believe one could ever totally separate the woman from the mother, could define femininity with no reference to maternity. It is naive to believe that one could ever totally separate the daughter from the mother, secure their separate identities. It is to deny that one's mother is a woman, to deny any identification with one's mother. Certainly it is a stultifying reduction to subsume femininity into the category of maternity. But it is an opposite and perhaps even equally defensive reduction to believe in some simple separation of the two categories. The relation to the other woman only approaches its full complexity with some recognition that the "other woman" as well as oneself is and is not "Mother".[1]

Sheila MacLeod states that her second relapse, of anorexia, after her mother's death,

> points to the possibility that the primary experience of introjection/projection had never been properly resolved. I had identified with my mother to such an extent that I took her symptoms and, by implication, her death, upon myself. In becoming anorexic at this time, I was saying (at least) three things. The first was: "I want to be free of you, mother, but I feel guilty about such disloyalty, and so I can't free myself altogether." The second was: "If I am I, I'm alive; if I am you, I'm dead, and I can't tell the difference." The third was: "I've got to be me (the anorexic) because I don't want to die."[2]

I quote these two passages here because I feel that the primary identification of one's own image is in comparison to the other, and the initial **other** is the mother. But the other both is and is not existent as it becomes the self through perception, identification and introjection.

I regard this as being essential to the anorexic's perception of herself or himself (more often herself), the need to establish her identity could stem from a feeling that what she **is**, is only what she receives from others and is uncontrollable by **herself**. It is easy to assume that there is no individual identity, only average, conformity, repetition, normality and predetermined **roles** for both sexes to slot into.

At the onset of the disease the anorexic is not trying to loose weight or to diet in order to be **slim**, this would only convey a direction towards another stereotype. Her main concern is in acquiring control of herself and this she manifests through discipline of her bodily desires, and a rejection of **foreign** substances such as food or established structures or laws.

Alice Miller Speaks about the possession of two sets of standards. One of severe discipline which only applies to the self and the second is expressed in a willingness to accept laziness and casual behaviour from others, 'others are allowed to be "ordinary" but that he [the narcissistically disturbed] can never be.' (Alice Miller 1987,p.44) The anorexic also possesses these standards and is determined to discipline herself in order to progress.

When the anorexic looses weight she sees this as an achievement of self control, of independence, and the need to maintain this independence becomes of vital importance. The anorexic continues to loose weight and as a result, begins to find it difficult to sleep. She becomes hyperactive and wishes to exercise compulsively in order to continue **achieving** weight loss. This hyperactivity is also a result of the insomnia. Her perceptions of herself are now changing, she has become different in habits, discipline, and most importantly independence, but her physical self is still viewed with repulsion as **fat is ugly** and she still perceives herself as over-weight. She continuously reduces her food intake but her interest in food grows towards obsession. It is not that she never is hungry but that she never allows herself to **admit** to hunger.

Anorexia is a condition which results from a search for one's own individuality, one's own identity, and the need to define these and determine one's destiny. It is primarily a

problem of control within the identity, the anorexic will often feel the need to determine her destiny and this is manifested in the strictest manner through the body. I feel that this stems from Lacan's 'imaginary anatomy' where the body is not perceived as a biological mechanism but as a means to express an intellectualisation of the individual's wishes. It also relates to, even reacts against, the social structures which we exist within, and the basis of our identities formed on the introjection of external images. Thus nothing comes from the inside, we become a medium or manifestation of our surroundings and of others.

It is wrong to generalise about the specific causes which result in anorexic symptoms because each case is different in terms of the person's location within society, the family and her personality. This mistake is often made in treating an anorexic patient. The anorexic is physically ill but as a result of a conceptual distortion. There is no point in admitting her to an orthodox hospital. In Hospitals treatment of an anorexic patient is carried out in biological terms, as opposed to dealing with the psychic condition of the patient. Medical Doctors prescribe force feeding (once the patient reaches a certain weight she is released) which only reimposes structural laws upon her. These she has been rebelling against in an attempt to define her individuality. This deals with the biological symptoms of a Psychological disease and is futile resulting only in frustration of both patient and doctor. The anorexic is clever enough to either remain marginally above the admittance weight or when admitted, regain a little in order to be released.

In psychoanalysis the analyst often is established in an authoritive position, and treats the anorexic by issuing instructions for proper behaviour. Thus the psychoanalyst is perceived as understanding the anorexic better than herself.

It is unlikely that she would respond to this approach, as it threatens to dissolve her definition and control of her identity, which she has spent so much time and energy working towards.

> the analyst appears to the anorexic to be a person apart, objective and without warmth, an authority figure to be feared and resisted. The anorexic herself tends to feel like a specimen lying on a couch, once more a thing. In her terms, the relationship cannot be said to be characterised by friendship. "Unless there is an acceptance by the therapist of equality with his patient," Lomas has said, "the undertaking is jeopardised from the start."[3]

In chapter one I have described how the social and family structures which both construct and affect our entire lives are established. Our relationships and reactions to other family members, mother, father, brother or sister are culturally constructed, irrespective of who we or they are, this is where control is lost. Family relationships between **individuals** grow from biological structures. Whether these relationships are **typical** or not is chosen by the individuals. In some cases the wish for autonomy, difference and isolation becomes a constituent part in identity definition. Sometimes this need surpasses the dependency on communication, exchange, company, identification or similarity in search of difference, the point where this occurs is vague. In the case of the anorexic, where does the need to nurture one's body, and physically survive, **submit** to individualism, autonomy, discipline and **control**? The biological needs of the anorexic's body are considered secondary to her individuality, she is more than an-other body, she is not average or normal, but different. The question is not existence, but how to live and what she is. The anorexic may ask where does the need to be different, the need to maintain discipline and control, the need for her disease **submit** to the needs of one's body?

I wish to refer again to Sheila MacLeod's quote in the beginning of this chapter and comment on the manifestation

of a hysterical symptom in the context of her anorexia. MacLeod's mother's symptom (at this stage she was so weak from cancer that her legs could not carry her upstairs) was experienced by MacLeod, much to her amazement; 'shocking because I thought I knew more about myself and about the rudiments of Freudian psychoanalysis than to behave in such a conventionally hysterical manner.'(MacLeod 1981,p.158) But this symptom really had nothing to do with anorexia, yet most anorexics hallucinate when viewing their bodies, and see themselves as fat and repulsive, when in **reality** they are extremely thin. Again I hesitate to associate hysteria here as the process to reach the point of hallucination is totally different. The **hysteric** arrives at this stage through a repression of an experience from the conscious mind to the unconscious, which results in a secondary conscious state where hallucinations are likely. More often than not the conscious state is absent or only looks 'on with curiosity and surprise at all the mad things they did and said.'(Breuer (1893)1974,p.307) The anorexic hallucinates and speaks of a type of supervision of her activities also in the form of a 'little man who objects when I eat,' (Caskey 1986,p.185) but she is fully conscious and **deliberate** in her activities. There is a certain point where she actually does loose control and **something** inside takes over, but still she is determined to continue.

> being hungry has the same effect as a drug, and you feel outside your body. You are truly beside yourself and then you are in a different state of consciousness[4] and you can undergo pain without reacting

This is where the notion of **achievement** arises. The anorexic acquires a form of psychological resistance to physical pain, in a similar way she resists the urgent need to nourish her body. Her consciousness seems to be on a different level, a level where she believes that she can learn about and establish her true identity.

> the anorexic grows up viewing her body as a reflected image of the desires of others. It is not **herself**; it is something exterior and foreign, and at the same time more

relevant to others than to herself.[5]

She needs a relevance to exist as an individual that projects from internal sources which can only now (from her perspective) be defined. While the need for difference is of utmost importance the anorexic experiences contradictory feelings expressed in her perceptions of normal people;

> To be normal...carries connotations of health, happiness, competence and, above all, good relationships with others. I didn't despise normality. On the contrary, I envied it while regarding it as something beyond my reach. Normal people fitted into their environment and, being able to grasp the rules which governed it, were also able to accept their roles within it and play them out with good grace.[6]

Alice Miller also referred to the envy of normality in the narcissisticly disturbed;

> Basically, he is envious of healthy people because they do not have to make a constant effort to earn admiration, and because they do not have to do something in order to impress, one way or the other, but are free to be "average".[7]

In both of these cases they have become dependent on, and find security in being **extraordinary** and must maintain this in order to maintain stability. The anorexic finds security within her disease and must risk the loss of this in conjunction with **acknowledgdment** of being **ill** when she, if ever, chooses to recover. While recovering it is important that she maintains control but perceives control differently.

Footnotes Chapter Three

Section one

1. Lacan Jacques, Ecrits, 1977,p.45.
2. Freud Sigmund and Breuer Joseph. Studies on Hysteria, 1974,p.63.
3. ibid. p.53.
4. ibid. p.303.
5. ibid. p.308.
6. ibid. p.74.
7. ibid. p.76.
8. ibid. p.74.
9. ibid. p.64.

Section Two

1. Gallop Jane. Feminism and Psychoanalysis, 1986,p.116.
2. MacLeod Sheila. The Art of Starvation, 1981,p.158,159.
3. ibid. p.136.
4. St. John. cited in The Female Body in Western Culture, 1986,p.184.
5. Caskey Noelle. cited in The Female Body in Western Culture, 1986,p.179.
6. Opsit 2,p.114.
7. Miller Alice, The Drama of the Child, 1987,p.41.

Conclusion

Similar to the development of the work I described in the first chapter, the thesis has progressed from a very specific subjective location towards a broader perspective of these subjective issues, towards theory and finally the experiences of others.

What the hysteric, anorexic and I have in common is the acknowledgement of a sense of exteriorty within our characters but the manifestation in each case is where (in this context) individuality arises. My work functions in some ways as a form of therapy which I am in total control of its production. Like the destructive element of the anorexic opposing the construction of her identity, the contradiction within the control of my work is evident because of the various interpretations that are received, thus the control is limited. Social organisation is also a form of control, of representations yet within this tightly arranged structure there is chaos, not massive chaos but many miniature cases that are protected from social exposure. This **protection** is probably in the form of fear, fear of what is socially feared within in the individual.

My position in society lies somewhere within the paradox between perfection and destruction. Rotations and fluctuations determine my situation in comparison to others, but to involve measurements is problematic as it inhibits and encourages simultaneously.

Because of the subject chosen the thesis remains openended and does not provide a solution, instead it provokes many questions concerning the individual's location within society. Again the **fluctuations** keep stability out of reach.

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