Embodied Subjects, Self-ed Bodies:

Exploring Emotionality of Eating Disorders in Georgia

By

Medea Sulamanidze

Submitted to

Central European University

Department of Sociology and Social Anthropology

In partial fulfillment of the requirements for the degree of Master of Arts in Sociology and Social Anthropology

Supervisors:

Prof. Vlad Naumescu

Prof. Daniel Monterescu

Vienna, 2024

Abstract

The thesis explores the complex emotionality of eating disorders among Georgian women. While studied extensively across the countries and disciplines, eating disorders have never been studied in Georgia before. In the absence of public awareness and institutionalized practices, the study explores cultural and social situatedness of eating disorders in the dynamic and changing environments where they remain undocumented and underdiagnosed. Drawing on in-depth interviews and self-descriptive biographical accounts, the study focuses on the less explored aspects of subjective experience of eating disorders. Relying on the theoretical and methodological framework of phenomenological anthropology, the paper argues that eating disorders are existential projects of selfhood, grounded in emotionality and epistemologies of socially and culturally informed body. By analyzing both first-person experience and contexts in which these experiences are shaped, the research concludes that eating disorders can be read as emotional practices through which the dialectics and frictions between social structures, cultural schemes, and embodied self are felt, registered, and expressed, while the women struggle to attain certain embodied subjectivity that reconciles their conflicted, ambiguous experiences.

Acknowledgement

I am infinitely grateful to all my informants – the bravest women I have ever met.

(And to my mother, one of the bravest women I have ever met.)

Table of Contents

Introduction: "Beyond boundaries and frames" 1

Chapter 1: Notes on theory 8

1.1 Theories of eating disorders: what is missing? 8

1.2 *Logic of Practice*: on emotions and embodiment 11

Chapter 2: "Nothing in Georgian" 16

2.1 Contextualizing eating disorders in Georgia 16

2.2. Notes on Methodology 21

Chapter 3: To eat or not to eat? 25

3.1 Embodied Selves, Self-ed bodies 26

3.2 Putting *theories* in *practice* 30

3.3 Emotional practice: an existential ground for embodied subjectivity 35

Chapter 4: Naming the present *other* 41

4.1 How could this be right? 41

4.2 Notes on *supra*, gender, and class 44

Conclusion: to eat and to be! 49

Bibliography 51

Introduction: "Beyond boundaries and frames"

> I often think about being able to speak [about eating disorders], about having a platform or influence to speak of not only what is already framed, but *what is beyond boundaries and frames*… But I also hold myself back from speaking publicly because my family has taught me from childhood to be mindful of what other people might say… I posted about my story in one of the closed [Facebook] groups years ago, because I had a feeling that it is not just about me, it is not just about my consolation, I am sure that a lot of people in Georgia suffer from one eating disorder or another, but single post is not enough to create public awareness. Even if you try to search information [on internet], you will not find any in Georgian.[1] - Baia[2].

The quote comes from an interview with Baia, a twenty-three-year-old currently studying in two BA programs and working part-time in Tbilisi. She has been living with multiple eating disorders, including entangled episodes of bulimia nervosa, anorexia nervosa and binge-eating disorder, since she was fifteen. After telling me about her ongoing struggle and conflicting relationship with eating, food, her body, social environment, family, our conversation touched to lack of awareness and absence of eating disorders from Georgian popular discourses related to mental health or eating. Her response was immediate and passionate. As even the above quote shows, she spoke with a reluctant urgency that reflected both – a need to publicly articulate her experience to fill the informational void about eating disorders, coupled with an awareness of certain implicit social conventions that silences the voices of women with the similar experience.

Baia is not alone in her conflicted desire to communicate what she has experienced. In the closed Facebook groups, she referred in the quote one can find a quite a few anonymous and non-anonymous posts telling stories of different eating disorders, ask for advice about where to seek professional help or simply looking for connection with people with similar experience. The mentioned closed online communities of women were the platforms where I

[1] This and all the quotes from informants used in the text are translated from original Georgian to English by the author of the text.

[2] Almost all of my informants quoted in the text, are quoted with pseudonyms, demographic details about them are slightly modified. I do not use any composite characters, each of the quoted person represents their own unique story and perspective.

first encountered stories of Georgian women who have suffered from something that seemed completely distinct from even the most extreme anecdotes of diet culture – extremely omnipresent discourse that has always been significant aspect of my own social environment as a Georgian woman.

American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines eating disorders as behavioral conditions characterized with "a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food that significantly impairs physical health or psychosocial functioning" (American Psychiatric Association, 2013, p. 329). While the DSM-5 provides the classification scheme for six types of eating disorders, only two of them – anorexia nervosa and bulimia nervosa include cultural and/or gender related factors as a part of diagnostic criteria.

Both conditions could involve some form of binge-eating episodes followed by compensatory practices of "purging" from excessive calories. However, anorexia nervosa develops into the direction of self-imposed starvation aiming at maintenance of body weight below healthy minimal body mass index. The practice not only damages and interferes with physiological functioning of the body, but also potentially leads to fatal outcomes. In the case of bulimia nervosa, patient shifts between binge-eating and compensatory practices, including self-induced vomiting, extreme exercise, taking laxative substances, etc. (American Psychiatric Association, 2013). The patients diagnosed with bulimia sometimes develop anorexia, but bulimia itself is damaging "enough" as it harms several organ systems, interferes healthy functioning, causes psychological and social distress even when the person does not lose significant weight. As the DSM-5 states, both anorexia and bulimia are closely related to the disturbance of experience of one's body weight and shape (often linked to internalization of "thin ideal"), affecting mostly female population of primarily highly industrialized countries

of the global north, however the prevalence across other cultures as well as among the men remains under-documented and understudied (American Psychiatric Association, 2013). The manual separately classifies binge eating disorder that only includes episodes of uncontrolled, compulsory consumption of food to the point of physical discomfort and emotional distress, which is not followed by any of the compensatory behaviors.

Despite its practical usage in psychiatric practices, the DSM's schematization of eating disorders provides only limited understanding of reasons, motivations, and contextual constituents of practices grouped under generalizable medical category and labeled as "disordered" (Rikani et al., 2013). Although providing functional schema for making sense of what appears abnormal patterns of behaviors, DSM fails to provide theorization of eating disorders, complexity of their etiologies and fluctuating paths the diagnosed patients take to recovery. Even if we consider the brief quote from Baia's life-story narrated in through the experience of eating disorders, we will encounter themes such as agency to self-describe, a sense of certain imagined community, awareness on context-specific problems, emotions – an entanglement of multiple components of her lived experience. The themes that often remain beyond boundaries and frames provided by clinical definitions and medical schemes of eating disorders.

Psychological and anthropological modes of understanding eating disorders acknowledge the deep socio-cultural roots and gendered character of the mental condition (Eli & Warin, 2018; Lester, 1995; Munro et al., 2017). Attempts to explain the origins of unusual eating behaviors among anorexic women has long history, starting in nineteenth-century British psychiatric literature (Fuchs, 2022). However, the modern Western discourse on eating disorders (which DSM's definition also relies on) fundamentally shifted in the 1970s and 1980s, when the feminist psychologists and psychiatrists started rethinking eating disorders as a culturally embedded phenomena, emerging as a side-effect of patriarchal ideas of femininity, consumer

culture and imagery of women promoted by global beauty industry (Orbach, 1978; Wolf, 1991).

However, the later explorations into the first-person experiences of the practice reveal the significant complexity and diversity of reasons, rationales, understandings, emotions connected to set of practices associated with eating disorders (Gooldin, 2008; Lester, 2019). Thus, even feminist psychiatric and psychological lenses that view eating disorders through the discourse about beauty, thinness, and contradictory, oppressive ideals of femininity are reductive as they homogenize complexities of what has become rapidly globalized phenomena (Becker, 2004a), affecting women (as well as the increasing, but indefinite number of men) inside and outside the Western societies (Lester, 2019).

The more women I met throughout my research, the more I was convinced that different "types" of eating disorders, which often cooccur and are entangled in the intimate personal biographies, exist on intersection of culturally and socially situated entities such as body, self, emotions, imageries, etc. Approaching eating disorders from an anthropological perspective means to recognize the "disordered" practices as a site of social construction that occurs within and through embodied experience of the subjects.

In other words, the main contribution of anthropological research to the existing understanding of eating disorders should be the grasp on first-person experience of intimate and often hardly verbalizable states that integrate cognition, knowledge, affects, memories, structural situatedness, cultural schemas, material routines and habits, dialectics of self and others into embodied epistemologies through which eating disorders are made sense of by the experiencing subjects. With this in mind, the main question I asked at the beginning of my research was very close to what Baia, among many other informants, considers to be the most

important message that needs to be articulated, shared, spread – namely, what is "beyond boundaries and frames" when it comes to eating disorders?

To answer that question, during the fieldwork carried in Tbilisi, Georgia, I conducted twelve in-depth interviews (that often grew into hours-long intimate conversations) with women of different ages and backgrounds who had suffered or were struggling with different eating disorders during the fieldwork. Through their narratives, I aim to understand how they describe their practices and contexts in which those practices emerged and existed. I soon discovered that in their biographic narratives, remembered and told sometimes for the first time in their life, practice and emotions, self, and body, subjective and social, public, and intimate were inseparably linked. However, emotions remained the main characters from story to story – underlying not only the memory and the lived experience of the eating disorder, but also the speech acts and encounters through which those memories and experiences were shared and communicated.

For example, as Jana, who recovered from anorexia three years ago, noted several times during the conversation we had at her backyard, her experience of anorexia that drove her to the edge of life and death, is not only emotionally charged memory, but a memory of something deeply shaped by emotions. As she was recalling her old routines of dieting, exercising, vomiting, rituals of cooking and eating, Jana stumbled over words, paused for moments to catch a breath, and still went on speaking about the episodes that she cannot disentangle from the rest of her life. After a one of the silent moments, she reflected with a smile on her face, while touching her arms covered in goosebumps:

> Even remembering is tricky… I shiver and get thrown back to those emotions… Emotions I felt when I laid in my bed, thinking that if the God saved me, I would never ever diet again… even if I gained eighty kilos… But I do want to speak, I just keep forgetting and losing words, you know... It is too emotional because I have never talked about this before… I still cannot look into your eyes while I speak. However, it somehow feels good, good for

> me. By returning to the most difficult moments of my life I prove to myself that I am strong. Still, I am nervous and lose words…

Ana's example is not radical, rather it is representative of emotionality that patterned not only the personal stories of my informants, but also their motivations to speak as well as the dynamics of our encounters – emotional exchanges were at the center of the communicative acts that conveyed meanings pointing to unmapped areas beyond existing frameworks of eating disorders. Supposing that emotions can be defined as "embodiments of thoughts" (Rosaldo, 1984) that underly complex and multifaced process through which socially informed and situated bodies "think" along the mind (Scheer, 2012), emotionality of eating disorders can provide unique analytical insights into the phenomenon as well as to its social implications and cultural variability.

Drawing on self-descriptive, biographic narratives of Georgian women who have experienced different eating disorders, this paper constructs emotion-focused anthropological account of eating disorders as existential projects of selfhood, grounded in emotionality and epistemologies of socially and culturally informed body. I argue that eating disorders can be read as emotional practices through which the dialectics and frictions between social structures, cultural schemes and embodied self are felt, registered, and expressed, while the women struggle to attain certain embodied subjectivity that reconciles their conflicted, ambiguous experiences.

By focusing on Georgian cases of eating disorders, my research contributes to limited empirical and theoretical understanding of eating disorders outside the "industrial" western societies – a far from the setting where the DSM's definition and the most anthropological studies locate the phenomenon. Additionally, the paper also addresses the void that exists when it comes to contextually specific knowledge about eating disorders in Georgia – the gap often pointed out by my informants (here again Baia's quote is not exception). Filling this gap

was equally motivating for my informants and I throughout the research project. In that respect, the paper presents insights from relational knowledge deriving from epistemic horizontality and mutual exchange between the researcher and the participants.

The body of the thesis consists of four chapters. The first chapter provides a brief review of existing multidisciplinary literature about eating disorders and situates the following argument in relation to existing knowledge on the topic. While the second half of the chapter develops a broader theoretical framework of emotions and embodiment for the analysis. The second chapter establishes the phenomenon under the study, by examining context of eating disorders in Georgia and discusses the methodology of the study in relation to the context. The chapter three develops the central argument of the thesis statement, while the chapter four provides additional contextualization and social situatedness of my arguments in the contemporary Georgia.

Chapter 1: Notes on theory

1.1 Theories of eating disorders: what is missing?

A famished, emaciated female body reduced to bones and skin that refuses to eat and willingly starves herself to the point of physical disappearing has been powerful and fascinating visual trope that represents not only popular image of anorexia, but by extension the whole spectrum of eating disorders. The image comes from the late 19th century when the unusual food restrictive practices of young women were medicalized and brought into Western scientific paradigm as a subcategory of hysteria (Brumberg, 2000). Some modern scholars have argued that women's food ascetism in the West dates back to premodern period when the practices similar to anorexia nervosa were taken up by Christian women as the route of radical self-denial (Bell, 2014; Brumberg, 2000). However, Caroline Bynum criticizes the generalizations across the historic periods and argues that while for middle age starving saints asceticism was a way to autonomy and authority, it was strongly tied with the idea of eternal life that distinguishes it from modern forms of self-starvation (Bynum, 1988).

The multidisciplinary interest in anorexia, the most lethal of mental conditions, produced different theoretical perspectives coming from the attempts to grasp the enigma of the disease. In medical and psychiatric approaches deriving from clinical research of anorexic patients and different therapeutic methods, eating disorders are theorized as a result of cooccurring biological, psychological and social disfunctions that lead to pathologies in feeling regulation and maladaptive social behaviors that result in anorexia (Munro et al., 2017). According to this model, anorexia originates in patients' inability communicate their core needs through normal patterns of expressing feelings, resulting in difunctional modes of managing negative emotions through self-destructive behaviors often stemming from disgust, anger, shame, anxiety (Fox et al., 2014; Munro et al., 2017).

On the level of cultural critique, the emphasis is on analysis of dominant discourses of femininity that disciplines and reproduces docile female body, turning it into a spectacle and a resource for modern power structures (Bordo, 1993). Within feminist epistemologies, anorexic body is disempowered, reduced to "crystallization of culture" that embodies modern fetishism of thinness, youthful beauty, infantilized vulnerability associated with femininity (Bordo, 1993). Thus, anorexia stands for all the symbolic assemblage of pathologized feminine traits that are simultaneously downgraded and reinforced by the cultural machinery that entraps women within a multiple chains of material and symbolic consumption (Wolf, 1991).

Starting from critical examination of both, clinical explanations and discursive theories, the anthropological studies of eating disorders as socially embedded, yet dynamic lived phenomena, bring cultural, institutional and contextual aspects of the disease into focus (Eli & Warin, 2018). Employing ethnographic methods in the clinical sites and treatment center in different locations, anthropologists have examined a range of dimensions of eating disorders, including: specificities of diagnostic and therapeutic practices contextualized in rapidly westernized and modernized settings (Lester, 2007), political-economic shaping of anorexia through paradoxical views of female body seen as simultaneously limited and resourceful (Gremillion, 2003), complex forms of relationships and belongings that emerge from the lived experience of diagnosis (Warin, 2010), failures and shortcomings of marketized medical care in treatment of eating disorders (Lester, 2019), influence of globalized images of slender white women as examples of successful individuality and economic mobility (Becker, 2004b), cultivation of moral and heroic subjectivity embedded in local meanings (Gooldin, 2008), etc.

In short, anthropologists situated both western and non-western field sites (the most commonly in treatment facilities that primarily provide their services for anorexic or bulimic

patients) illuminated that meanings of symptomatology of the diseases vary across contexts, thus questioning the usefulness of universalizing frameworks of understanding eating disorders (Becker, 2004a). The mentioned anthropological works systematically address how social relations and one's identity embodied in eating disorders implicate cultural values, political processes, economic shifts, and local schemes of signification i.e., factors transcending individual experience of patients (Eli & Warin, 2018).

In more phenomenologically oriented studies, key analytical approach attempts to understand anorexia as conflict between dependency and agency materialized through body as it is affected by broader socio-cultural and historical technologies of the self (Lester, 1997); Other ethnographers of anorexia either focus on narratives of heroic subjectivities rooted in embodied moralities of ascetic self-starvation (Gooldin, 2008) and stories of recovery (Cheney et al., 2018), or attempt to trace self-directed disgust and abjection as a source of problematic and ambiguous forms of relatedness that ties anorexic self to its body, food and its social environment by taking close look on everyday relationships and spaces inhabited by people with anorexia (Warin, 2010).

The mentioned anthropological works have been illuminating in their insightful attempts to de-pathologize and humanize experience of anorexia as a struggle constituted by severity and blurriness of mind-body dualism, giving rise to ambiguous intrapersonal phenomenology of embodied self that inhabits intersubjective environment. However, their analytical approaches touch, but do not explore the emotionality of the disorder and how it might contribute to larger issues of selfhood, embodiment and subjectivity framed by diagnosis. Anthropological research accounting for emotionality and complex ways in which eating disorders can become embodied emotional practices of inhabiting socially and culturally determined realities are still limited. Lester's latest monograph (2019) must be mentioned as an exception. Although the book focuses on constitution of eating disorders and recovery in the

scarcity of care, Lester insightfully points out affective atmospheres of eating disorders lived and felt in everyday experience of fear, anxiety, shame that are turned into capacities of self-destruction, that paradoxically, serve as "technologies of presence" for the patients (Lester, 2019).

While my research follows the path of Gooldin (2008) and Warin (2010) in grounding its analysis in the "paradigm of embodiment" (Csordas, 1990), the paper will take the look into the nature of emotionally that constitutes the "presence" of self in the world outlined by Lester (2019). I believe emotions deserve special attention not only because their predominance in first-person stories, but also because of the earlier works theorizing eating disorders (again, mostly anorexia) as embodied moral and ethical projects (Cheney et al., 2018; Gooldin, 2008; Lester, 2019). If a certain moralized commitments are at the heart of the diseases, we also need to look at how moral subjecthood in eating disorders is practiced and *felt*, given that morality is coded with a spectrum of corresponding "moral" emotions (Haidt, 2003; Harkness & Hitlin, 2014). In that respect, I believe that cultural phenomenological approaches of modern anthropology can enrich existing theories of eating disorders.

1.2 *Logic of Practice*: on emotions and embodiment

Theories of emotions and affects are even more diverse than conceptualizations of eating disorders, often approaching the question of what emotional experience is through the common dualisms of mind and body, individual and collective, private, and public, etc. The fascination with the specificity of emotional lives of humans comes from slippery, ambiguous character of emotions that make them hard to easily fit into any of those dichotomies – thinking and feeling both are involved in emotional processes while the overall experience cannot be reduced neither to only cognitive, nor to the bodily sensations (Leavitt, 1996). The

anthropological accounts relativized and publicized emotions by illustrating how cultural formulations, social contexts, language and local meaning-making systems contribute to variety of emotional experience, thus redefining them in terms of cognitive processes (Lutz & White, 1986). However, phenomenological and communicative aspects of emotions that refer to *something felt* call for a need to ground emotion-related cognitions into sensory everydayness of human lives (Leavitt, 1996).

Since my research tries to grasp precisely those parts of the experience that made socially, medically, culturally determined concepts of eating, health, gender, mental and physical, right and wrong animated in terms feelings accompanied by efforts to enact, interpret and articulate them, I adopt the Bordieuan approach to emotions as formulated by Monique Sheer (2012). Relying on multidisciplinary developments in "emotionology", Sheer introduces concepts of Bourdieu's *habitus* and *hexis* (1977) into analysis of socialized body that "thinks" along the mind and generates practices that channel translations of physical feelings into culturally and historically framed emotional repertoires (2012).

According to this approach, emotions are joint operation of conceptual and non-conceptual forms of cognition, physical plasticity of body and habituation as external and social factor, concluding that emotional practices are not simply technologies of the body, but also culturally specific and socially learned "distributions of attention to inner process of thought, feeling, and perception" (2012, p. 200). Thus, just like other practices, emotions too, follow *practical logic* acquired from social environment, stored in the habitus of agent as a "feel of the game" (Bourdieu, 1990), manifesting itself in skillful orientation of bodily movements, unconscious intuitions and conscious attendance needed in each meaningful interaction between oneself and environment.

By defining emotions as practices within the Bourdieu's theoretical frame, Sheer arrives at a few intriguing implications on emotions. Firstly, viewed as culturally specific practices, emotions no longer appear to be passive experience and triggered reflexes, rather her analysis point to multidirectional model of emotional process involving both *active doing-emotion* and *passive having-emotion* in corporeal experience in relation of other practices of socially informed body; Secondly, historically contextualized emotional practices can be understood as concrete activities that aim to evoke certain emotions by "manipulating" embodied mind to enact schemas and techniques that mobilize, name, communicate, regulate specific emotional states (Scheer, 2012).

Following Sheer's theorization of emotions as practices of socially situated body and mind leads to interesting implications for methodology of studying emotions from anthropological perspective – focusing on what people do and how their doing is situated in social environment as well as tracing linkages between body and mind in the language used by people to speak of their practices (Scheer, 2012). This approach brings back phenomenological methods for studying emotional states as a mix of cultural knowledge and subjective experience, grounding the study of cultural process in the embodied experience and vice-versa (Csordas, 1990; Jackson, 1996).

In his seminal works on embodiment Csordas emphasizes the role of social and cultural process in formation of self as both existential and embodied entity (1990, 1994). Arguing that individual subject as embodied self is constituted by perception i.e. process of self-objectification and practice situated in behavioral and social environment, Csordas attempts to integrate the dualities of subject and object, structure and practice by grounding both - phenomenology of self and theory of practice in a notion of socially informed body (1990). Csordas critically examines Merleau-Pontian account of perception as constituting process for the world of objects, starting at the level of individual consciousness being bodily present

in the world (Merleau-Ponty, 1945). Merleau-Ponty introduces the concept of "pre-objective" as a starting point of analysis – the fact of simply being embodied in the world, to grasp the experiential sequence of perception as an open-ended process of inhabiting social and cultural world (1990). Despite the descriptive power of "pre-objective" as conceptualization of existential beginnings of constitution of world of objects, according to Csordas, it falls short to account how the embodied process of perception is determined by already constituted "cultural products" i.e., realities and contexts of social structures (1990).

To supplement this shortcoming of perception-based embodiment, Csordas brings Bourdieu's theory of practice-based embodiment in the picture. Bourdieu's understanding of socially informed body as generating and unifying principle of all possible practices borrows systematicity and coherence to the experience of embodied subject whose perception not only constructs the objects but is also formed by the objective that outlines the totality of aspirations and practices possible in the given environment and temporality (Csordas, 1990). In his study of religious healing, Csordas in the context of contradicting theoretical approaches of phenomenology and structuralism argues that in affective and charismatic experiences of religious healing pre-objective process merge with practices arising from acquisitions and dispositions of habitus, unconsciously present in the subject as schemes of perception and meaning (1990). On the one hand, feeling of "otherness" characteristic of religious experiences comes from misrecognizing pre-objective self as "other" (in Csordas's study – as God or demon), while the misrecognition arises from the schemas that systematize the experiences of socially informed body (Csordas, 1990).

Thus, taking embodiment as paradigm in cultural studies enables tracing dynamic of individual and cultural across a spectrum of embodied practices informed by habitual cognitive schemes of knowing and perceiving. An attending subject can recognize or feel this dynamic as systematizing ground for their first-person experience or register them as

something alien, violating their (habitual) sense of agentic self. Embodied practices, including emotional performances and speech acts, mediate the process of understanding and making sense of preconscious and preconceptual structures of lived experience – a process that often also takes place on preconscious and preconceptual level of *feeling* (Van Wolputte, 2004), while emotional practices are also shaped in relation to the "structuring structures" they relate.

Attempting to understand eating disorders as emotional practices, embodying several cultural schemes of selfhood, socialization, moral sensibility, value, worth, allows us to go beyond discourse-focused understanding of eating disorders that ascribe meaning to experience from outside. While my informants noted and often consciously reflected on the discursive frames that gave rise to their initial motivations to pursue thinness, perfection, beauty, moral virtues such as independence and willpower, their overall experience as well as the narratives that they have about their lives is embedded in what they have *felt* and what they have (or have not) *done* as subjects embodied in the certain arrangement of material and intersubjective fields around them. It must be noted though that the subsequent analysis does not establishes linear and one-directional relationship between emotion and eating disorders, rather I am sketching the ways in which emotions can serve as the most efficient language for accounting for and analyzing the lived experience of eating disorders.

Chapter 2: "Nothing in Georgian"

2.1 Contextualizing eating disorders in Georgia

> I am disgusted with myself because of my weight. Disgusted to the extent that sometimes I want to do something horrible to myself. Every part, I hate every part of it and instead of eating less out of disgust, I eat more and more, as if I am crazy. Then I throw myself into the corner of bathroom, weep, and howl… It feels like everyone makes fun of me and calls me miserable. I would not even leave my room if it were not for my job. I have a perfect husband, a perfect family, perfect friends, a perfect job, the only thing I lack is a body I can even slightly tolerate. I do not ask anything from you, I just needed to say this somewhere, to spell my disgust out. Thank you all who read. #bingeeating #eatingdisoder – Anonymous, March 23, 2022.

The above quote comes from private Facebook group ***Space For Female Talk*** – the popular and the largest group with more than 100 000 female users that has become the main online platform for Georgian women to speak openly among each other about otherwise tabooed topics concerning their physical and mental health, sexuality and intimate relationships, or just share their thoughts, comments, problems, questions on any topic concerning of being a woman in Georgia. The administrators and moderators of the group strictly monitor the profiles that join the group as well as the compliance to the rules of group activity to ensure that the group remains safe, private, and trustworthy space for women who post there anonymously or using their name. The group was the first place I have encountered posts of women speaking about eating disorders and when I was about to start my research that aimed to find, connect, and get to know to concrete women who might want to voluntarily share their stories, the same group was my starting point.

While I could not find any interesting results by searching any possible information, article or story related to eating disorders in Georgia in any language by Google search, when I entered "eating disorder" in the search of the Facebook group, I came across a substantial archive of predominantly anonymous posts, very similar to the one I have quoted in the beginning of the chapter. The posts were telling stories and experiences of different eating disorders and asked

for help, advice, attention, empathy, or simply communal emotional support. Apparently, eating disorders exist on a significant scale against the background of social, economic, and psychological challenges of modern Georgia affected by local cultural frames as well as the global flows of images, signs and discourses about health, beauty, femininity, sexuality, etc. However, they remain "invisible" problems in Georgian context as there is neither any systematic study, nor reliable quantitative data documenting particularity or simply the scale of the problem, leaving eating disorders mostly outside of the realm of systematized medical knowledge and adequate professional care.

Treatment and dealing with eating disorders are typically left up to individual psychotherapists or psychiatrists and only severe, late-stage cases of anorexia nervosa draw serious attention of family and community, only after the hospitalization is inevitable. Considering the feeling of shame, disgust, guilt, isolation that characterize all major types of eating disorders leading the sufferers to hide their condition and separate from their social circles, in the absence of context-specific medical knowledge, systematic approaches in diagnosis and therapy, nonexistence of medical programs or treatment facilities which are widely used for treatment and therapeutic practices in the western countries, living with eating disorder in Georgia seems solitary and silent experience, often left unrecognized and somewhat tabooed.

Thus, the example of anonymous user writing the post with no specific purpose, but simply out of desperate need to open about her emotions reflects of what I have found in the mentioned private group with the hashtag of "#eatingdisorder." Interestingly, in the comment section of the post hundreds of responses were written, expressing different forms of support to the creator – varying from offering effective diets to lose weight to emphasizing the importance of self-acceptance. However, what grasped my attention the most was the name of Georgian psychotherapist who was repeatedly mentioned in different posts as the leading

and only professional specialized on eating disorders in Georgia. When I reached out Nino – extremely nice and pleasant woman, and asked for a meeting, she agreed without hesitation:

> When I started my practice seven years ago, the cases of eating disorders were rear… well, at least the people who came to me were few. Gradually, the more patients came to me with this issue… I do not know what is the reason – maybe the cases got more frequent over the time and eating disorders had not been such prevalent in Georgia before? I do not know, but my theory is that after the economic crisis and hunger the Georgians experienced in the 1990s, our mindset was oriented toward having enough to eat – families literally struggled to survive the constant shortages of food, and no one thought that eating disorder would be a thing if one could manage to eat at all… But I do not know… The fact is that the situation has worsened in terms of eating disorders over the past few years.

Recalling her experience of treating eating disorders, Nino mentioned that she keeps her own statistics of eating disorders. According to her records, she treated a little more than one hundred patients in the last five years, roughly 40% of her patients were diagnosed with anorexia nervosa, 30% - bulimia nervosa and 30% - binge eating disorder and all her patients were women in age range of 11-40. However, Nino specified that she has to reject many patients as she cannot keep up with the "demand".

The increase in the number of people who seek her help causes her to be selective and develop her criteria to decide on whom to treat based on severity of their mental and physical condition. "I prioritize cases of anorexia, of course, that is where I am most needed – I look at the [anorexic] girls who come to me and I see death – an immediate threat to life," – she explained. The logic behind Nino's selection criteria does not differ from the logic the treatment centers employ in the US – body mass and results of general anamnesis, a rationale that has been convincingly criticized by Lester for overlooking a number of mental and emotional factors when judging how severe the patient's condition is (2019).

On the other hand, the professional service Nino offers does not have many alternatives in Georgia. The most of my informants have spent years navigating in search of competent, empathetic, and trustworthy medical care, which would not only provide with accurate

diagnosis, but also provide a hope and motivation for recovery – two factors that made a crucial difference in my participant's journey with eating disorders. Additionally, it must be noted that psychotherapy (as much as any prolonged medical service) remains largely inaccessible service in Georgia not only because of the lack of practitioners, but also due to prices of the service. As Ana, twenty-six-year-old activist, recently recovered from binge eating disorder, was telling me her long history of looking for "good enough" psychologist, she rightly pointed out, that it is already a sign of important economic and social privilege to afford therapy. However, even when financial barriers and stigma of becoming "psychiatric patient" were overcame, the most of my informants spoke about their frustration with inadequacy and unhelpfulness of most medical professionals (the problem, that Ana called *"a psychiatric hell of Georgia"*).

In short, Nino's statistics and my observations made in the digital field points to a small tip of the iceberg of underreported and underdiagnosed, not only hidden, but also unknown state in which eating disorders exist in Georgia. While Nino shared me her insights, she refused to refer me to any of her former patients who could possibly participate in my research. However, she did give me two names to look up – Manu, twenty-one-year-old recovery of anorexia and Ana who I already mentioned above[3]. Both Manu and Ana publicized their stories on social media after they finished their treatment. Their posts became extremely popular online, attracting hundreds of comments and shares on Facebook and even more private messages as both Manu and Ana said.

Ana is feminist and civil activist who was the first girl to publicize her experience of binge eating disorder (but as she later told me, her story with eating disorders began with bulimia when she was thirteen) in the video made by feminist platform GrlzWave (2024). As she was

[3] Only persons who appear in the text with their real names are Ana and Manu as they wished to remain so.

showing me around the new office her organization rented, she recalled how she recorded the video with her friend after feeling anxious and reluctant to "go public" for months:

> I do not know how it seems from outside, but I do not like being perceived, I do not like being in the front. I work for very visible and influential organizations, but I always remain in the back. This video was the first step toward openness, toward being seen and being perceived. But I did it because I always think about my younger self… No one speaks about these things; nothing can be found in Georgian… It pains me, keeping all I have learned and experienced inside, to myself, because I have a platform, privilege, information, and I feel huge responsibility.

Ana's words grasp the ambiguities and difficulties Georgian women face when they try to articulate their stories of eating disorders. The topic is the subject to double censoring in Georgia: on the one hand, among other mental health conditions, it is marked with stigma that pathologizes each case that somehow intersects with psychiatry and associates it with problematic label of "madness." However, there is another taboo that further pushes eating disorders away from the public discussion – the fact that they concern the body, and its "dysfunctionality" is not only issue, since in the most cases of eating disorders involve female body, which does not perform in line with social expectations, further demonizes attempts to articulate narratives of living with eating disorders.

However, Manu described painful effects of this invisibility, when she was elaborating on her motivations to write publicly about her recovery from anorexia:

> Back then I really needed to have someone with similar experience to talk to. Especially when I was about to move into the hospital. I was terrified, not of dying, but of staying in the hospital. I searched YouTube for videos of anorexics in recovery and I learned what it is like abroad, where they have specialized clinics. At first my doctors suggested to my parents to send me to Germany or Turkey to one of those specialized treatment centers, we tried but they rejected us, saying they could not treat patient whose first language doctors could not speak. So, I had to stay in general hospital, and I had no clue what to expect, I had no idea how Georgian anorexics live and recover. There was nothing in Georgian, not a single article or story. So, I told myself if I make it, I will be the one who speaks.

With this context in mind and knowing that there are no informal or institutionalized physical or online sites where I might find "my field," I also felt anxiousness to begin my research: where do I find women whose stories I need? Even if I find them, will they want to share their experience with me? What could be their motivation to speak? Yet, I relied on my intuition that wherever there is silence about the issue that exists, there must be a desire or a need to break it.

Starting from a couple of public stories, my fieldwork led me to the unmarked territory defined by what I might call three dimensions along which eating disorders exist in Georgian context – secrecy, solitude, and silence. While the secrecy of practices that are associated with eating disorders are well-recognized by psychiatric definitions of the conditions, solitude seems to be frequent social consequence of the experience. Although as the above quotes illustrate, the *silence* – in Georgian case does not only refer to sufferers' inability to ask for help or speak of her struggles, but it also denotes inability to reach out to others with similar problems, find helpful information in their native language, have access to stories to which they can relate to. "Nothing in Georgian" is repeated theme, almost a cry of additional emotional distress and pain that all my informants suffered in one way or another, along the *secrecy* and *solitude* that accompanied to their disease.

2.2. Notes on Methodology

Considering the above outlined social context in which eating disorders are situated in Georgia, there are several methodological advantages to study and conceptualize eating disorders beyond existing frames, emerging from the very same context of the field. The most ethnographers and anthropologists of eating disorders conduct fieldwork in the specialized medical facilities that primarily treat anorexia and bulimia. Although sharing a space with their informants gives them unique opportunity for ethnographic observations, they remain

situated in the context where narratives and life-stories, even the most immediate experiences are framed with medical labels and categories, and encounters are caught up in the infrastructure that supports, produces and reproduces diagnosis in its own way. My experience of the field is different, reflecting the uncertainties and fragmentation my informants also experienced as they struggled to identify, name, define their suffering in the absence of institutionalized, ready-made frameworks.

I had no pre-defined physical site that could shape my encounters with my informants or narrow down my research to one type of eating disorder. Instead of reaching to my participants with mediation of medical professionals and meeting them in clinical settings as spaces structured with pre-given meanings, I announced about my research project in the mentioned Facebook groups (with primary consultations with group's moderators) and contacted to the activists who publicized their stories of eating disorders in social media.

Both Ana and Manu instantly agreed to participate in the project, while twelve women responded to my announcement placed in the Facebook group either in the comments or in private messages. After a preliminary online communication, where I explained the aim and format of the research, ten women agreed to arrange face-to-face in-depth interviews that lead to unstructured, conversational, informal meetings in the private and public spaces chosen by participants, including coffee shops, parks, their homes, offices, etc. I had several meetings with Manu and Ana, including one meeting with Manu's mother who figured in Manu's story as a key character. In addition to mentioned thirteen interviews, by the end of my fieldwork Manu also shared with me the diaries she kept during the recovering period of anorexia with a consent to use them as research materials.

As I was aiming to maintain my initial open-ended approach throughout the fieldwork, instead of focusing on formal medical diagnosis as recruitment criteria for potential

participants, I focused on embodied and lived experience of the research subjects, their self-description and articulations that intersected, but was not reducible to medical and clinical paradigms of meaning. The stories of my informants (with age range 19-40) capture the entanglement of distinct types of eating disorders within one experience as well as the connections of "disordered" practices to their biographies and life stories, illuminating broader contexts in which specific eating disorders as emotional practices emerge and operate.

The essential socio-emotionality of eating disorders, as well as their unique and intimate relation with embodied consciousness of individual, one's lived experience of body could be adequately grasped by anthropological method of listening, communicating, connecting, and immersing into unique epistemology of research subject. The method, which is described by Lock as "ethno-epistemology" explains and maps fluidity of body that is situated and produced within discourses as object that bears marks of ongoing encounters and exchanges between local and global knowledge (Lock, 1993). Although biomedically body is stable and fixed in time and space, the lived experience of body, embodied consciousness of individual reveals something different – that body, its contours, spatiality and temporality are constantly redefined and recreated within the cultural context, thus agents find themselves in constant need to align one's understanding, epistemological standpoint to make sense of their everchanging condition.

Due to theoretical and empirical focus on body and emotions, my fieldwork as well as the subsequent analysis in the paper are situated within the methodology of phenomenological anthropology that concentrates on language as an embodied practice including verbal and nonverbal aspects of the speech acts (Jackson, 1996). Gestures, expressions, pauses, poses, relation to setting and space all elements that constitute a conversation, an encounter become valuable material that is not separable from informant's story. Thus, the interview as an

experience of intersubjective exchange is not a mere gathering of verbal data, rather it holds same level of "primacy" as any immediate experience the ethnographer might have in the field. The phenomenological paradigm also implies nonhierarchical positioning of ethnographer and a subject. The researcher does not claim to hold the objective "viewpoint from nowhere," rather intersubjective communication between ethnographer and informer is based on methodological postulate that reality can be grasped only through "indefinite series of perspectival views, none of which can exhaust the given object" of study (Csordas, 1990, p. 38).

The above methodological paradigm further justifies the choice of research site. Firstly, the immerse importance of language as a complex system of meanings, signs, connotations, and contexts for analytical accuracy of the research required carrying out interviews and all related fieldwork in the language equally accessible for ethnographer and informants – in my case, my native language seems to be the best choice. Moreover, studying eating disorders as embodied emotional practices implied uniqueness of each perspective. As the perspective of a woman embodied and embedded in modern Georgia, living with eating disorder had not been articulated yet, the research presents essentially new standpoint, enriching the understanding of eating disorders by addressing a major empirical gap that exists in qualitative research of non-western women's experiences of eating disorders, while looking for ways in which local contexts influenced by global flows affect eating disorders and related emotionality.

However, given the limited period of fieldwork and number of participants, the subsequent analysis does not claim to draw the fully representative picture of eating disorders in Georgia, neither it aims to present single, generalized, composite voice of Georgian women with eating disorders. If anything, I aim to present as many voices and perspectives in my account as possible and illuminate touching points in the polyphony of these voices.

Chapter 3: To eat or not to eat?

"Come! Come, please and sit here! I will get an ice cream quickly and will be right back!" Jana, a thirty-year-old journalist, born and raised in Tbilisi, led me to the small, quiet backyard that she shares with her neighbors and pointed to two chairs and a small coffee table she had set up in front of the open door of her kitchen. While Jana was gone to buy an ice cream, I took a chance to catch a breath in the shadow after walking under the April sun in noisy, dusty streets to find the address Jana had sent me. On my way, I stopped by a grocery store and contemplated buying some sweets or fruit, because it is the most intuitive unspoken code not to show up at hosts home emptyhanded, but I had to pause there and reexamine my initial instinct.

Jana commented on my post in the Space for the Female Talk, saying she would gladly participate in the research if I judged her experience fitted. After chatting for a couple of weeks, Jana finally found time to meet in person and she suggested meeting at hers for a coffee and ice cream. What I learned from the chat, Jana described herself as recovered from anorexia, but being halfway through my fieldwork, I knew *food* still could have been a sensitive topic. Even her invitation to share ice cream sounded unusual as I had never shared anything but simple black coffee (without sugar or milk) with any of my informants. So, in my moment of contemplation, I wondered if the traditional rules of hospitality applied to my upcoming meeting? Should I have brought something to my host, who kindly invited me to her home? But how could I possibly show up with a box of chocolate or some cakes in my hand when I had yet to find out what Jana meant by "recovered anorexic"? While I chose to go against my "Georgian intuition," sitting in the meditative silence of Jana's backyard in anticipation of her coming back with ice cream brought new question in focus – *to eat, or not to eat?*

3.1 Embodied Selves, Self-ed bodies

I do not borrow formulation of the above question from Shakespear for mere rhetorical effect. Rather, the existential anxiety and dramatic depth of the original dilemma concerning the choice between being and not being is echoed in what Lester calls underlying *theory* that constitutes the true crux (or even enigma) of eating disorders (1997). Criticizing both, traditional medical model of understanding anorexia as denial of female body inhabited by disembodied self and feminist critiques of the "pathology" interpreted as taking contradictory patriarchal demands towards women to the radical extreme by compliance to pregiven categories, Lester argues that anorexia originates in overwhelmingly painful realization that one is her body (Lester, 1997). The body in the given culture is overdetermining and overdetermined materiality that signals to others what the *one* is. This realization defines anorexia as metaphysical and ontological project aiming to transform the self through manipulating the body, thus the symptomatology that centers around the banal, everyday practices and above all among them, eating, becomes "technology" of subjectification and *presence* (Lester, 1997, 2019) – being in the world at specific temporal, historical, cultural point. While the conscious or articulated orientation of "anorexic projects" can vary from the case to case, the ultimate aspiration is not a thinness, but some sort of modification of *Sosein* ("being so" that differs from *Dasein* - "being there")[4] i.e., the way embodied self and self-ed body are experienced by a subject.

In her later and more extensive work, Lester argues that same *theory* underlies not only anorexia, but all other types of eating disorders (Lester, 2019), despite the fact that correlating *practices* vary across different diagnoses and within individual experiences of each diagnosis. Nia - a fitness trainer in her early thirties who lived with bulimia and binge eating disorder

[4] I borrow the concept from Aurel Kolnai's essay (1929) on phenomenology of disgust where he elaborates aesthetic aspect of the emotions as a state of being captivated by *how* the object is given to senses.

for more than a half of her life, made the same point when elaborating on her experience: “It was an attempt to control… When you are unable to control other aspects of your life, your body and your weight become easy targets. The things that you *can* change about yourself. I wanted to transform me so the context around me would also change.” However, neither the *self*, nor the *transformation* can be imagined as fixed, abstract, linear processes that necessarily lead to stabilization and crystallization of aspired subjectivities of eating disorders. As Nia later stated, at the peak of her experience of bulimia, she lived with double self - two personalities that were competing to take control over her body, while “the one always tried to punish the other to enact *her* constant regret and guilt for *her* uncontrollable actions [eating].” Interestingly, in Nia’s quotes *duality* or *split* between two selves inhabiting her body is not rigid, rather fluctuating and dynamic as vicious cycle of action (eating), emotion (regret) and counteraction (punishing) presuppose ambiguous *her*-s – a plurality grounded in singularity of physical body that carries out both – successful and failed episodes of “transformative” project.

Similarly, Salome – another informant in her forties, reflected on setting certain goal of transforming herself through changing her eating habits and then failing to realize her decision through practice that led her to sense of tearing apart and losing parts of herself. As she recalled the first therapy session, she had in her long journey to learn “managing” her binge eating disorder (as she claimed, there is no “recovery” from eating disorder), she spoke with vivid metaphorical language:

> My therapists asked me to imagine where I was, to visualize my starting point [of therapy]. I closed my eyes and *it felt* like I was in outer space, having nothing solid in reach to hold on, floating away as my parts were detaching from my body and scattering as if I was a puzzle… I started each day with *a purpose* not to eat anything at all, only to end up eating everything, absolutely everything, I mean, inconceivable amount of food, in the evening. I ate to the point of nausea… and emotional effects were heavy and lasting – a complete loss of self-respect, for I could not simply understand how I failed to control myself every time.

Salome's visualization of her "failed" and "disrespected" *self* as certain configuration and spatial extension of body illustrates Lester's insightful point of merging self and body in the experience of eating disorders (2019). Looking closely at Salome description of her body as "floating away" and "scattering", the metaphors communicate "imaginative elaboration" (Van Wolputte, 2004, p. 257) around self that is rooted in bodily experiences such as touch ("nothing solid in reach to hold on") or proximity with other bodies (in the example, absence of other bodies). Thus, eating disorder not only physically manipulates bodily sensations, but also "unmakes" the embodied self through specific emotional effects that shape a way in which Salome related to herself. The relation that she explained in the following way:

> It is emotional breaking point because you perceive yourself in one dimension… The fact that you are a good mother, a good lawyer, a good professor loved by her students – none of these counts at the end of the day, because you weight eighty kilos, and you are unable to find anything in yourself independent from this overshadowing and overwhelming reality…

The "emotional breaking points" expressed in terms of negative emotions such as shame, disgust, guilt, anger, figure as recurrent themes in the narratives of body, self and eating disorder. Their involvement as a constituent forms of attachments and detachments in experiences of anorexia are noted by psychological (Fox et al., 2014; Munro et al., 2017) and anthropological (Eli & Warin, 2018; Lester, 2019; Warin, 2010) theories. For example, analyzing phenomenology of everyday worlds of anorexia, Warin locates *abjection* and disgust as the core mode of relatedness between anorexic selves and their bodies, food, social environments. Despite the negative and rejection-based practices and attitudes associated with disgust and shame, or hostility implied in anger, the "painful" bond between self and body is not dismantled by them, rather it is amplified and dramatized (as illustrated even by Salome's quote).

Paradoxically, the more the self is embodied and the body is self-ed, the practices and narratives of eating disorders seem to diverge towards the reestablishing culturally and

historically reproduced epistemic dualisms of mind/body, self/other - the "recalcitrant dichotomies" of Western metaphysics (Lock, 1993). For example, in Baia's story of anorexia, she repeatedly mentioned disgust towards her body that manifested in her obsession to lose weight, to eliminate and reduce the flesh she carried around. However, the more she "succeeded" in bodily practice of rejection, that at first glance looked like her determined and willful self actively separating from her corporeality, the more acute her disgust got:

> I was disgusted by my body in my anorexic period the most, even though I was thin, really thin. I recall writing about this… I wrote in English because I could not write it in Georgian… I wrote that no matter how thin I got, even if I had reached zero kilo, I would still be repelled by myself. I restrained myself to an extreme level and avoided leaving home because I did not want my body to be seen. It is not so severe now, but sometimes I still feel the same way.

What Baia recalls above reveals the collapse of Cartesian dualism in the lived experience of anorexia as the intentional object of her disgust (i.e., mode of relating) is not fixed and crystalized idea of "body," neither it is abstracted, disembodied self, trapped within repulsive corporeality. Rather, it is entanglement of the body that can be seen as physical reality and an entity that would remain as a problem even if the body were reduced to "zero kilo" i.e., disappear. What is denied through disgust and repellence are altogether what makes *"myself"* that is experienced in inseparable link with corporeal being.

While thinking and theorizing eating disorders through traditional dichotomies lead to interpretations of the conditions (especially, anorexia) as disorders of embodiment resulting in active war waged against one's body (Fuchs, 2022), I argue that under the dynamic of rejection and hostility, lies the deep commitment to attain a reconciled embodied subjectivity that not only grasps, but also tolerates the self-ed body. This underlying desire for reconciliation realized in various practices and narratives persisted and reoccurred in the stories of my informants. Despite that any attempt to generalize even across the two cases of eating disorders would look like enforcing certain explanatory model onto the lived

experiences that were always unique and deeply linked to personal lives as well as to contexts in which these lives are lived and narrated, by looking at practices through which *felt* subjectivities and bodies were materialized, the content of eating disorder as existentially and ethically transformative project could be illuminated. In my subsequent analysis, I rely on emotions as guiding threads that demark and define where my informants felt their selves and bodies stood in relation to their subjective commitments as well as to intersubjective realities as the latter always informs and interacts with the former.

3.2 Putting *theories* in *practice*

"This is my favorite place! When my neighbors are not around, I come here to sit with a book or lay in the sun! I love when I am tanned, even though I know it is harmful for skin, but I still do it, you know…" – Jana explained the personal meaning of the backyard while she was making coffee for me. Once she was done, she put a small, white tablecloth on the coffee table, laid two cups with ice cream and my cup of coffee. "It is not perfect, but it works fine" – she said with a smile and sat down to start the interview. "What happens now? Should I eat or should not eat?" – the question returned in my focus and as we proceed with the interview, I hoped to find the answer at some point along the way.

In her distinguished ethnographic study of everydayness of anorexia, Warin explores the complex and ambiguous relationship anorexic patients develop towards food that shapes their experience of food and eating in a way that contests taken-for-granted nature of everyday routines (2010). Drawing upon Heidegger's concept of ready-to-hand, Warin reflects that for her food was another object among objects that facilitated certain routines, needs, sensations, relationships by default, without much awareness of calories, nutritional elements, sensations evoked by distinctive textures, tastes, smells experienced while chewing and swallowing (Warin, 2010). In Heidegger's terms, for Warin, as much as for me, the food was "forgotten"

because of its being was “ready-to-hand” – fixed and routinized through certain habits and implicit, embodied knowledge (2010). However, my informants, not only with the experience of anorexia, but also other eating disorders, were coming to the table with radically different experience of food that cannot be simply reduced their detailed knowledge about calories, portion sizes, nutritional elements, etc. Rather, throughout their experience of one eating disorder or another, food and eating were in the frontlines of their stories – not as a mere symbols or representations, but visceral and sensual embodiment of their struggles and daily sufferings translated into dynamics of self-ed body and social settings. What is even more important, food was always attached to emotional meanings and through emotionality ritualized practices of eating were connected to broader ideas my informants held about themselves and their life, the ideas what I have named as existential and ethical projects in the previous section.

The awareness of the difference in my and my informant’s relation with food came to me at the very earliest moments of my fieldwork, when I spoke to Gvantsa, twenty-one, a student at medical university aspiring to specialize in psychiatry one day. Gvantsa who recovered from her anorexic episode two years ago and now considers that she struggles with binge eating disorder, explained the routines and attitudes she used to have around eating:

> It all started with dieting and grew into fear… When I looked at food, I saw only a bundle of calories. I could tell exact amounts of calories and weight by simply looking at package and it terrified me… After some time, I lost my appetite completely, I was convinced that eating would devastate me, and I did not want it… I used to skip the breakfasts to save the calories and I did not eat lunches with my friends at the university, because it would also be a waste of calories… [Me: why a waste?] Because I would not be alone, and food would not bring me any emotional comfort it was supposed to bring. It would satisfy physical hunger, but not the emotional one. I would have to focus too much on chewing, biting, swallowing if others were around. Because of this I starved from 6 am to 6-7 pm, but then I found myself thinking about food 90% of the day.

Considering that food, cooking, eating, sharing food has been examined across cultures and societies as carriers of immense symbolic and representational meanings signifying kinship, identities, attachment, hierarchies and structures of power, care, etc. (Fischler, 1988; Lupton, 1998), an act of eating is never devoid of cultural and ritual meanings, rather always communicates in terms of both physical sensations, biological needs and the arrangement of environment around us. Thus, "ready-to-hand" givenness of food in our experience, which grants the act of eating and consuming food intuitiveness or (to borrow Heidegger's terminology again) "phenomenological transparency" (Wheeler, 2020), comes from the complex process of habituation through which the preconscious, but not precultural intuitions and embodied skillsets are formed as "technologies of body" (Bourdieu, 1977; Mauss, 1973). These "technologies" derive from the process of acculturation and enable us to skillfully navigate in the given fields of symbolic meanings and interpersonal relationships by competently using bodily practices among which eating is immensely important.

As Gvantsa's quote illustrates, in the everydayness of eating disorders the practices and habits around eating diverge from what we can call *normative* skillset of accultured body. For her, similarly to many of Warin's informants (2003, 2010), eating is no longer "phenomenologically transparent" experience as the food loses its ready-to-hand nature and obtains ontologically new mode of being where it is decontextualized and detached from its regular meanings and viewed as an object being in relationship to the subject that contemplates it (Wheeler, 2020). For example, in Gvantsa's experience food products transformed into "bundles of calories," while the act of eating lost its function as a mean of socialization and bonding. Thus, certain sensory experiences related to food, for example hunger or desire for pleasure and comfort derived from eating, turn into experientially present *feelings* triggering fear, terror, anticipation of devastation.

Similarly, Manu recalled a moment from her "anorexic past" when she had to attend family celebration and sit by the traditional Georgian feast - *Supra* that not only presented her with challenge to be in proximity of highly nutritious Georgian food rich in fats and carbohydrates, but also put culturally well-accepted explicit pressure to eat on her:

> It was the birthday of my mother and there was newly baked Khachapuri[5] right in front of me. Suddenly my brother took a piece and put it on my plate. I remember looking at my plate and realizing that there is not a chance of me eating it, not a chance, just impossible, I just could not! Somewhere in the deep down I craved to eat it, *but I could not betray to myself*, I could not do such a thing to myself… And this belief, a voice in your head shuts down the taste, you do not want to taste a thing anymore. Only thing in focus is *doing the right thing*, the thing that is good for you… When my brother did this, I became terribly anxious and there were so many people around… So, I tried to take a little bite. Then I lost it, ran to bathroom, and cried a lot. Even a single bite felt like betrayal, a failure, the end of everything.

The tension that emerges between the first-person experience of being confronted with food and socially expected performance of "phenomenologically transparent" habitual activity that has additional ritual meaning due to tradition associated with *Supra,* does not feature only in stories of anorexia. For example, Elene, a nineteen-year-old informant who was still struggling with bulimia when we spoke, remembered family feasts as one of the most devastating episodes:

> "Whenever there is *Supra,* I have to eat. I cannot avoid it, I like it or not, everyone offers you something, everyone tells you to eat… And I cannot say no, or simply lie that I am not hungry… I eat and then have a mental breakdown. Sometimes I run to my room and cry while others are feasting and having fun… I used to cry before and after each meal, then it turned into anger toward myself – I just went to my room and hit the walls with my hands. I do not throw up anymore, but I binge and then starve and then harm myself… I am ashamed of all these, all that I have been doing for the last three years."

As culturally signified sites of collective ritual eating, *supra* challenged alternative rituals and meanings women with eating disorders construct around food. Experienced as a field of extreme vulnerability, emotional and practical challenge, many informants who generally avoided eating with anyone else, especially dreaded traditional Georgian feasts. Telling her

[5] Traditional Georgian cheese-filled bread.

journey with binge eating disorder and bulimia, Nia recalled her extremely negative attitude toward Georgian *Supra:*

> The more obsessed I was with food, the more I tried to distance myself from it. It was reflected in the language I used to describe others simply eating. "They are stuffing their stomachs and care of nothing else" – I would often say to myself disgusted by Georgian culture to eat on every special occasion, even after funerals… I looked down on these traditions, while wishing to make my own hunger disappear from my life. It took me time to regain respect and appreciation toward these rituals, after I regained respect for my own hunger and body…

Although ruptures, antagonisms and vulnerabilities experienced as the food and eating lost their habitually shaped "ready-to-hand" nature for my informants, I argue, that these shifts does not result in new phenomenological immediacy or unmediated-ness through which the eating is experienced in eating disorders. Instead, the new metaphors and embodied epistemologies enter in the narratives that determine subjective rituals invented and practiced for regulating the ambiguities and double binds associated with an act of eating.

In ethnographic studied of anorexia (Gooldin, 2008; Lester, 1997; Warin, 2010) the meaning-making process around eating is conceptualized through the language and symbolism of purity and contamination that regulates ambiguous relationships between inside/outside, self/others, separation/dependency, turning anorexia into embodied morality through which certain sense of heroic, purified self-ed body is attained (Gooldin, 2008). Moralization of eating is what puts the *"theoretical"* or existential commitments related to becoming embodied subject and self-ed body into *practice*. From the experience of my informants, this process is articulated in individual, but still similar emotional language across the different diagnoses. The moral emotions such as disgust, anger, shame, guilt, work as generative principles of a variety of practices through which "moral failures" and "moral victories" (embodied in eating or not eating) were felt, remembered, narrated.

3.3 Emotional practice: an existential ground for embodied subjectivity

By the end of our conversation, I asked Nino (a psychotherapists I referred to in the chapter 2) what did if felt like for her to work with the patients:

> Very, very difficult… I feel fear each time as if I face a vile enemy that is the hardest to fight! You see, these are the people in love with their disease, they do not want to let it go, they do not want me to take it away from them! But they still come to me, because it is even harder for them to go on with their dislocated lives. Yes, their entire lives are dislocated.

What Nino describes in embodied metaphor of "dislocation" puzzled me for my entire fieldwork – eating disorders seem to grow intro very definite ordering of people's life, ordering that looks like a major "dislocation" from medical perspective. Yet, Nino claimed that the patients are "in love" implying that they *choose* not to let go of the intimate affective bond they develop with their condition. This paradox, which refers to anorexia the most, is also explored by Gooldin – the fact that anorectics feel "fine" with their condition seem to be additional clinical evidence that they are "disordered" or dislocated (2008). However, what looks like "being in love" with disease is multi-dimensional and conflicted emotional relationship, which best can be illustrated by two quotes from Manu's diaries of "anorexic times" where she first dared to speak back to anorexia – a voice that had been dictating her for two years:

> I know others fear your name, but I have a lot of good things to say to you. First, ***thank you*** for never leaving me alone. It feels the most comfortable to rely on you without needing anyone else. You taught me patience and self-control… Our relationship might seem toxic from outside, but we do not feel that. Believe it or not, you do not bother me, you make me feel special and I feel with every inch of my being that you are mine, only mine… You brought me closer to myself, showed me the importance of thinking about me… When I look into the mirror and see the parts of me, I remember that you were the one who dictated all these, to make me feel good, confident… I am not ready to let you go… Please stay with me a little longer.

The paragraph indeed seems to be from a love-letter, only after of couple of pages, I read the following:

> You live in my brain and laugh at me, because you know all too well my weakness, you know that you can take control over me at any time… You are all powerful and my decisions to escape from you fail… Sometimes when I want to speak to my family members, I cannot, and it is because of you! Because I have your assignments to complete! You take away precious moments that I would spend with the people I love, doing the things I love… For this I despise you! You truly and deeply disgust me. I exist only in myself and there is no joy in things anymore, all is grey, sank into mist or a stinking smoke… I cannot do my exercises seated on the floor, because you remind me of yourself through the pain in my bones! You hurt me from every side, from outside and within… You froze me and nothing can warm me up. You disgust me because you are my weakness. I confess that you are my weakness.

As Manu told me, these diaries come from the "bottom point" of her experience, where she was about to start her recovery, also "painful" and "hellish" way up from the bottom. These texts come from the time, when according to their author: "I had lost myself completely, anorexia was 100% of my being." On the one hand, anorectic self is split between pleasures and pains of solipsism, control, embodiment manifested in fluctuations from "feeling good" to feeling too weak to perform the desired and loved daily activities. However, the most intriguing aspect of anorexia that is revealed from Manu's writings, is emotionality of *anorexia* as a specific ethical project that dictates, gives "assignments," orders the practices, rewards positive feelings for achievements and on the very deep existential level becomes unique signifier of a person as fully embodied self.

In phenomenological analyses of anorexia *disgust* is positioned as central emotional experience that splits the ties between the body and the self, turning the body into the source of contamination, impurity, abject that needs to be cast away by denying it to exist in its fleshiness and fluidity (Fuchs, 2022; Warin, 2010). These theories stress that in the experience of anorexia the first-person experience of body as "me" is replaced by the experience of objectified body as a material thing among other things (Fuchs, 2022). While such dynamic in disgust as *other-condemning* emotion that not only triggers physical aversion towards unacceptable other, but also moralizes the *other-condemning* feelings and practices as "right" (Bagnoli, 2011), is certainly present in the stories of many of my

informants who have suffered different eating disorders and still have felt self-directed disgust, Manu's diary escapes this model.

Her account shows that at certain point of anorexia her body and her self are not under attack of *other-condemning* emotions, rather they are "brought close" to each other through anorectic practices and strength of the self expressed on "every part of the body" is source of emotional comfort, a pleasure of being a subject embodied in a certain bodily configuration. On the other hand, the disgust and despair come into picture, when self-ed body feels its physical weakness, pain, isolation from other bodies and accepts it as a part of her subjectivity. Thus, strength does not belong to abstracted triumphant self, neither the weakness belongs to othered body, as the self-body duality is merged in her experience as the conflicting emotional tension finds its resolution in condemning *anorexia,* othering and marking it something "alien" to both the self and the body. The point when the disorder (and not either body or the self) is disgusted i.e. othered was the landmark in Manu's story: "I drove myself to that extreme on purpose, as if I could not start getting better, until I reached to the lowest place."

Lester also documents similar "paradoxical liberations" of anorexia when the patients found the practice that they employed to achieve sense of control and independence self-defeating and disempowering, leading them to frustration that sometimes, but not necessarily, is mobilized as motivation for treatment (Lester, 1997). As much as this "paradoxical" point collapses opposition and antagonism between body and self, it reveals the recalcitrant "promise" of anorexia – *existential commitment* that seems to be a way of attaining reconciled embodied presence in the world. Through the purgatory and restrictive practices women with eating disorders attempt to liberate themselves from the feeling that one in its embodied selfhood is somehow fundamentally damaged, that one is "wrong by default," as one of my informants explained it. Moralization of eating that introduces polarized ethics of

hunger and satiation correspondingly translated into opposition of moral virtue and moral failure (Lester, 2019), redefines the repertoires of practices through which the corresponding moral emotions are felt and expressed, while at the fundamental level these emotional practices signal *how* "wrong" the person is in the given moment.

Interestingly, in this embodied moral system of eating disorders "reaching the bottom" to become worthy of getting "better" seems to be shared notion among my participants. With wording similar to Manu's phrase, Elene, youngest of my informants, with bulimia, said:

> "It is exhausting to fight this… I need to reach the lowest point of me to start recovery… I do not even want to meet people with same problems, because then I would start comparing myself to them, questioning if I suffer enough… At the beginning I only felt happiness and satisfaction when I went to sleep hungry, touching my waist, thinking that I had accomplished something. But most of the time, I was and am ashamed."

Reflecting on her experience of bulimia and anorexia, Jana explicitly touched this morally and emotionally dense core of her personality that she believed to be the root cause of her near-to-death experience of eating disorder:

> I wanted to be perfect. I demanded more from myself than I could handle, that I could do. This is why it happened to me, I have high moral and high standards… And I cannot tolerate feeling of guilt… Even today, when my family members remind me of that time, asking me, why I did that to myself, I get anxious, I cannot bear to be blamed… Because I was ashamed even back then of what I was doing... It was my weakness to choose the most wrong way to deal with myself.

Interestingly, words "better," "worse," "wrong," "right," "perfect," "weakness" in the above quotes have shifting, blurry meanings, simultaneously referring to two systems of meaning that coexist as two contradictory modes of knowing in epistemologies of eating disorders. In the commonsensical sense "becoming better" refers to recovering from an eating disorder, while sinking to the "lowest point" of disease is something wrong, sign of weakness, source of guilt and shame. However, these morally saturated terms also refer to counterintuitive ethics of eating disorders, according to which going "low," doing the "wrong" are linked to

becoming worthy, deserving, accomplished, perfect self that is not "wrong by default" anymore. Leading one to believe that through hunger and other ritualized practices of eating disorders a certain deserving self will emerge, and its moral worthiness will be embodied in happy moments of "going to sleep hungry."

The same implicit and felt moral compass persists among the people who suffer with binge eating disorder, their perceived position in the imagined hierarchy of embodied subjectivities places them in the bottom, the most "underserving" to be recognized. This *felt* moralized notion of what constitutes eating disorder and legitimizes experiential struggle seems to overshadow the commonsensical knowledge that there is something "disordered" about disorder. For example, Nia recoveree of binge eating disorder explained:

> "I felt, noticed that it was not normal, but I would also tell myself that it could not be eating disorder… Because I ate and I was not thin… eating disorders are hierarchical, anorexia is the most glamourous of all, desirable. It would be accomplishment if I had anorexia. It takes strength and willpower to drive yourself there… I was just eating and then punishing myself with exercising."

Looking across the narratives, Manu as anorexic driven to the point of life and death, embodies the "heroic anorexic" (Gooldin, 2008) that reaches the point of ultimate moral victory in the counterintuitive world of eating disorders. However, in her case the dramatization of tension between embodied moral triumph and bodily weakness lead to recognition of alien presence in her self-ed body - loved and disgusted, yet still othered anorexia that saturates the self, yet still stands apart from her. According to Csordas, in rare moments of complete merging of mind and body, subjective and objective, preconscious yet not precultural schemes structuring our embodied experience of feeling and doing reveal themselves as *others* present in first-person sensuality (Csordas, 1990). These schemes are (mis)recognized and (mis)labeled according to culturally available concepts of meaning-making, when in fact they present workings of socially informed body *hexis*. Following Csordas's premise, the subsequent chapter analyses how socialization and intersubjective

experience of socio-cultural milieu patterns *felt* and *practiced* moral sensibilities of eating disorders.

Chapter 4: Naming the present *other*

"You will be back in summer? Maybe we can record podcast here together or do something after you are done with your research" – suggested Ana, while she was giving me a tour in a new office of feminist non-profit organization GrlzWave where she works as fundraiser and project manager. "Is this where you recorded the video?" – I asked about the video where she told her story of recovering from binge eating disorder. "No, it was in my friend's home, where I felt safer, I would not be able to do it anywhere else." As we sit on the traditional wooden balcony of an empty office overlooking the old town of Tbilisi, sharing coffee, Ana recalls how it all started. Turns out that for her, struggles with eating disorder began with bulimia, when she was in her early teens, and she even remembers the specific event as "origin story" of the decade that followed:

> "My grandmother was the main caregiver and I have always been golden child… It means she was always concerned about me. I must have been eleven or twelve when my grandmother took me to my classmate's birthday. I remember wanting a piece of cake badly, but she did not let me have it. I begged, I cried, and she finally said okey. Only she took me to the bathroom and told me, just this once, eat it, satisfy your mouth, and then throw up. She did not offer it as a method, but it remained in head. This is what does the trick… I remember feeling insecure and vulnerable the whole time - in my secrecy, in binging, in anxiety to be found, in the process of vomiting… I orchestrated it all so masterfully, yet there was a feeling, like an intuition, a though of the body – *how could this be right?*"

4.1 How could this be right?

The role of family relationships and dynamics in etiology and treatment of eating disorders has been the extensively studied in psychological theories of the condition, that locate the causes of the disorder in dysfunctional familial settings where the child is exposed to rigid control, overprotective treatment, unresolved conflicts, etc. (J. Lock & le Grange, 2005). Family-based theories stress that for successful recovery from eating disorders, patterns of family organization should change. As in Ana's example, many informants spoke of their mothers and grandmothers who have been primary caregivers, setting models for their food

habits, self-perceptions, emotional expression, etc. However, the informants, including Ana, insisted that their parents or caregivers should not be *blamed* for their later struggles – highlighting the responsibility they felt for their eating disorder while also attempting to articulate ambiguities and pressures of the overall macrosocial context that defined their path. As Ana said in the same conversation:

> My grandmother is not alive anymore… And when it comes to my mother, I have never criticized her. I do not assign guilt, especially mothers have it enough, they always feel that they somehow failed, did not do enough for their children. My mother too is a woman in this world, in this society, she too struggled with problems to accept her body… Sometimes women role models and authorities push us to that way, unconsciously, but it is a form of care… They know only too well this system of perpetual attack and they want to protect you from it.

References to abstract, although deeply felt and differently conceptualized "system" that perpetually attacks and interferes with self-ed body of a woman, reoccurred in the interviews, often integrated into biographic narratives as hidden villain of the story of eating disorders. Tata, mother of Manu whom I met for late-night tea in the cafe where I had already spent several hours sitting with her daughter, embodied both "mother's guilt", feeling that she somehow failed her daughter and critical views of the same structures that pressured her, her mother, her grandparents, and her daughter:

> I grew up in a family of dancers, my mother was a ballet dancer. I was looking at her body, skin and bones, and that was what I thought the beauty was. The market works in the same way, in every shop you look at slender mannequins, in every beauty salon and lobby Fashion TV is on and you are confronted with images of tall, thin women, they are coming, coming, coming, coming to you endlessly. What can you do about it? Nothing. I see the nonconforming bodies that differ from these standards, and I fail to see the beauty. But is this failure me? No, it is not, it is the culture that shaped me, and it is the way the world works.

These quotes touches back to feminist critical models of eating disorders and returns discursive imageries into contextual constitution of the experience (Orbach, 1978; Wolf, 1991). While the explanatory tropes and argument borrowed from feminist theory were repeatedly mentioned, their overdetermining powers were elaborated in relation to *me* that

negotiates, resists, yet inescapably embodies them in one form or another. Thus, the self, mentioned many times in the previous chapters of the paper, implied in the stories and quotes of my informants is not solidified, inaccessible private entity, rather it is gendered, socialized and shaped in encounters with both discursive and interpersonal relationships (Van Wolputte, 2004).

Theorizations of socialized self-ed body often refer to emotion as the core element through which culturally defined and regulated semiotic domains connect to embodied experience and ensure the socially informed reflexivity, awareness, sensibility coded in "felt thoughts" arising from body (Lock, 1993; Peterson, 2006). Emotions mediate and are made of "body knowledge" as the capacities of self-ed body habituated in specific cultural, historical, social settings (Scheer, 2012). The *moral emotions* that engage with evaluative cultural codes that define right and wrong, good and bad, acceptable and unacceptable, are particularly illustrative examples of Sheer's argument, as being angry, grateful, ashamed or disgusted by specific social and interpersonal arrangements not only involve certain physical performance, but also come from internalized, preconscious rules of experiencing and expressing such performance. In short, emotional practices referring to both deliberate and unconscious embodied performances that enable *feeling* in certain way arise not within privacy of enclosed individual, but in the intersubjective process of communicating meanings, symbols, norms essential for competent, skillful socialization i.e., performing in accordance with logic of practice.

Eating disorders as emotional practices embodying a certain culturally and historically defined projects of the way one's gendered, acceptable, appropriately socialized bodies should *be* and *feel*, follow their own logic manifested in intuitions, preconscious appraisals of what is *right* and what is *wrong* with the self – inseparably linked to the body. From the practice theory perspective, ritualized routines connected to each form of eating disorders are

not a mere manifestation, triggered behaviors, rather they are one of the many ways for people to perform the moral emotions implied in underlying existential projects of eating disorders. However, linked to the conflicts and tensions of socialization within "systems" that are often experienced as hostile, manipulative, contradictory, the participants often reflected on their ambiguous emotional states as *logic* of eating disorder and *logic* of normative feeling present in their sense of self-ed body often clashed, generating frictions and dissonances, alienation and othering from within. This blurred, confusing experience expressed in Ana's question *"How could this be right?"* verbalizes the counterintuitive, yet all too powerful sense of what is right according to embodied moralities of eating disorders.

Tina, who has been "managing" her bulimia since she was fourteen, described the similar "secondary" moral emotional evaluation of her practices which has integral yet *othered* presence in her first-person experience:

> I feel regret when it [bulimia] takes over me. I consider myself a strong, capable person and I cannot understand how it defeats me, how I fail to convince myself that it is not necessary to go to bathroom and stick my fingers down to my throat every time I feel like I overeat. Yet I cannot resist it, and this makes me angry at myself, especially when I break the promise given to myself that I would not do it. Sometimes I look in the mirror and feel disgusted by all of it… But it is also disgusting not to do it after eating, even when I know that I have not overeaten.

4.2 Notes on *supra*, gender, and class

The common methodological question that arises from the constructionist approach to study of emotion, concerns the problem of understanding and translating (Leavitt, 1996). How can the researcher know what her informants indeed feel when they name or practice certain physical expression of their emotions? In that respect, my informants and I shared the same sign language and system of meaning that has been part of our embodied experience of culture. This was not only my assumption, but my informants also implied that I understood them, grasped what they felt and meant in the moments when they struggled to precisely

name the embodied thoughts they tried to explain. Thus, the long conversations I had during the fieldwork were full of phrases "you know…" when referring to certain cultural norms, contexts, social arrangements that were implied in the feelings my informants wanted to communicate. Even my questions to specify what I am expected to know were charged with certain anticipations, intuitions, assumptions about the possible answers. In this section I attempt to specify the most important "you know"-s implied as structuring factors in each story mentioned above.

The last decades of Georgia have been the period of rapid modernization and social transformations that resulted in significant shifts about public discourses on tradition, Georgianness, including the contestation of traditional patriarchal organization of Georgian family, changes in economic division of labor and recent rise of feminism along the other liberal values firmly tied to political value systems stressing *Europeanness* and pro-Western future of Georgia (Waterston, 2017). However, Georgian society, especially in the rural Georgia, still remains patriarchal in many ways, including the popular imagination of who the proper Georgian woman is, referring to combination of traditional gender roles as well as a certain physical performance informed with Orthodox Christian values of virginity, modesty, patience, docility. Even though in the economic crisis and turbulences following the collapse of the Soviet Union resulting in rapid growth of labor migration of Georgian women who became sole providers of their extended families, as well as the more recent repositioning of discourse about modern, empowered, individualist image of Georgian woman, the gender equality as a cultural idea bears certain alienation, while the structures of inequality is dynamically modified and reshaped in the times of change (Barkaia et al., 2017). As Salome, a married lawyer explained the "commonsensical" pressures the Georgian women have to deal with, she elaborated on complex, gendered system of expectations:

> Our culture does not expect the same thing from men… A man can allow their belly fat to grow to the point where they can not even see their penis the rest of their lives, yet they are manly, proper Georgian men, who eat and drink unrestricted… It is okey for them. If you are born as a woman, you need to be a good mother, a good wife, even better housewife, look good, polished, cleaned, yet still manage to do everything at once – you are literally expected to be the princess and a hard-working donkey at the same time. I am very lucky that my husband is not typical Georgian man, but we do not live on the island… You need to be smart, but moderate and of course always keep a roasted pork in the fridge for unexpected supra, just in case guests show up…

Salome's reference to Georgian supra as a metaphor to explain her frustration of contradictory and pressuring social expectations insightfully grasps the point she and I want to make in this section. Supra has been studied by several anthropologists (Linderman, 2011; Manning, 2014; Tsitsishvili, 2006) as it is one of the first cultural experience a foreigner will come across and find intriguing in Georgia. In line with the southern-Mediterranean cultures of hospitality (Tsitsishvili, 2006), Supra is characterized with abundance of traditional Georgian food and alcoholic drinks, organized by a chosen head of the table *Tamada* who orchestrates rounds of toasts, regulating the wine-drinking as well as who and for how long speaks during the feast. Tamada is traditional male role, often performed by the patriarch of hosting family. As men sit, speak, eat, and drink, women serve, making sure that amount of food on the supra would not diminish as the feast goes on and on for hours. While the tradition of supra is far from being fixed and rigid, followed flexibly, it remains a ritual of collective overconsumption that plays crucial role in male homosociality and emotional expression. Where do women belong at the Supra points to how their traditional roles are perceived. As Nia humorously said:

> "Georgian supra is an experience of social and collective binge eating. To eat nonstop, as much as you can, when the abundance is at hand… It is very Georgian in that sense; Do you know may Georgian women who cook the same amount of meat and other stuff just for themselves? A very few, right? And once you cook to serve the guests, it is all there, and you are trying to have as much of it as you can."

Additionally, supra is a place of emotional expression and *feeling rules* of supra are also gendered (Linderman, 2011). While it is socially acceptable, even essential part of the ritual that men get more emotional, expressive as they drink and give speeches, the space – physical and symbolic, women should take up at the supra is limited, defined in terms of listening rather speaking, maintaining moderation in contrast to men and also remain in the position of primary caregiver of the needs and wants of the whole supra.

On the other hand, a cultural trope of supra – a tradition of gendered, collective binge eating, does not accurately express the availability of resources that my informants have experienced throughout their lives. Belonging to different economic classes, the biographies of my informants referred to economic ruptures, shifts, transformations that defined their family traditions of eating that later translated into their experience of eating disorders. For example, Barbare who is in her thirties and struggles with bulimia recalled her past experience of binge eating disorder in relation to her family's economic turbulence:

> My preteen period coincided with the economic crisis of the 1990s and early 2000s, our family suffered back then. We moved from having a lot to barely having enough to eat. There was no choice, no regard to healthy eating, whatever was on the table, you ate it. Then things got better and as my teenage started, I had very conflicting experiences of what it means to eat and how much one should eat. Add to this a pressure to be thin and beautify, plus the endless supras and guests at home, because my family was especially hospitable… And you get an eating disorder.

Ana recalled the similar episodes from her early childhood and the ways in which it affected experience of care received from her mother and grandmother:

> My caregivers, my mother and my grandmother were traumatized by the social and economic shocks of the 1990s, when food, even bread, was scarce. My grandmother was always concerned about feeding me when I was a little. That was not easy for them to manage all the time, my mother used to work

> two jobs just to earn enough. Feeding a child was the main act of care for them, there was no time to think of my emotional needs. I remember eating the last scoops of porridge from an almost empty jar as dinner… However, when my teen years were about to begin things changed, we were more stable financially, I moved from public to private school. And suddenly, how much I weighed and ate, became a problem… This is when it all started.

In sum, as socially informed emotional practices eating disorders are embedded in overall cultural milieu of modern Georgia. While there are apparent global and cross-cultural elements in narratives that articulate experience of eating disorders, these narratives also offer brief shots of overall social and cultural structures operating in contemporary Georgian society that inform, grip, reshape the emotional lives of women who attempt to find their existential and social place as embodied subjects and self-ed bodies.

Conclusion: to eat and to be!

On our second meeting Manu and I dived deep into her story of recovery from anorexia, the story of movement from the "bottom point" to the way "up." She spoke a lot about days spent in the clinic, the fear of nurses coming into the room with the seventh meal of the day, the panic attacks she had over her physical transformation. "I endured hell" – she said, - "But I do not want to imagine what my parents went through. I saw it on their faces, when they looked at me and imagined their teenage daughter laying in the grave…" At the end of the meeting, we agreed to meet again, but next time she promised to bring her mother with her.

I was introduced to Tata on the last night of my field stay. All three of us were exhausted in our own way, yet as time passed Tata and Manu were recalling the memories remembered and relived in a mix of fear, love, care, closeness, desperation, hope. One of such memories stayed with me as something special:

> **Tata:** When we took her from the hospital to home, she saw a banner of sushi advertisement and for the first time in long period, she asked for food. She loves sushi. Of course, we ordered sushi as soon as we got home, sat as a family to eat together, all of us… And suddenly she tells me, mom I cannot put it in the mouth, and she asked me to feed her by hand… I did, I used to feed her by hand at the beginning, can you imagine? We joked about this later, but there were such episodes…
>
> **Manu:** I had lost myself. I needed you to remind me who I was before. You know, what Lasha [father] told me? Before recovery he could not recognize me, he thought I was possessed.
>
> **Tata:** No, I did not think you were possessed. I recognized you; I was just terrified to lose you.

This episode illustrates the argument I built over the previous chapters. In every story of eating disorders, unique and distinct in their own ways, multiple characters are involved. Once we go beyond boundaries and frames of medical definitions, psychological theories, discourse critiques and take a deep look into the "heart of darkness," we find the complex intersubjective experience of social relationships, hierarchies, cultural significations, all

wrapped and entangled in the dynamic webs of subjective meaning. From this perspective, we can *recognize* things as they are or at least, as they are *felt* to be. In the lived experience of eating disorders statistically exceptional and socially stigmatized labels merge into broader existential and ethical questions of being as a subject embodied among others whose presence, effects, closeness, and need is inescapable as much as our bodies seem to be inseparably involved in our sense of being.

What does it mean to recover from an eating disorder? The answer to this question goes beyond the scope of my research. I bring Manu's example in the focus as an exception, far from being the rule. However, the need to be recognized, to be responded to, to be felt as present by others seem to be the main message which my informants wanted to speak of, for which I believe they agreed to tell their stories. Here I conclude along the lines with Lester – if anything, eating disorders are "technologies of presence" (2019), practiced and experienced as emotional mechanisms of attaining reconciled and recognized subjectivity that is always in relation to *others* whose presence can be a source of both – horror and relief.

Bibliography

American Psychiatric Association (Ed.). (2013). Feeding and Eating Disorders. In *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed, pp. 329–359). American Psychiatric Association.

Bagnoli, C. (2011). *Morality and the Emotions*. Oxford University Press.

Barkaia, M., Waterston, A., & Sumbadze, N. (Eds.). (2017). Gender Equality: Still a disputed value in Georgian society. In *Gender in Georgia: Feminist Perspectives on Culture, Nation, and History in the South Caucasus* (pp. 172–181). Berghahn Books.

Becker, A. E. (2004a). New Global Perspectives on Eating Disorders. *Culture, Medicine and Psychiatry*, *28*(4), 433–437. https://doi.org/10.1007/s11013-004-1063-9

Becker, A. E. (2004b). Television, Disordered Eating, and Young Women in Fiji: Negotiating Body Image and Identity during Rapid Social Change. *Culture, Medicine and Psychiatry*, *28*(4), 533–559. https://doi.org/10.1007/s11013-004-1067-5

Bell, R. M. (2014). *Holy Anorexia*. University of Chicago Press.

Bordo, S. (1993). *Unbearable Weight: Feminism, Western Culture, and the Body*. University of California Press.

Bourdieu, P. (1977). *Outline of a Theory of Practice*. Cambridge University Press.

Bourdieu, P. (1990). *The Logic of Practice* (R. Nice, Trans.). Stanford University Press.

Brumberg, J. J. (2000). *Fasting Girls: The History of Anorexia Nervosa*. Knopf Doubleday Publishing Group.

Bynum, C. W. (1988). *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women*. University of California Press.

Cheney, A. M., Sullivan, S., & Grubbs, K. (2018). The Morality of Disordered Eating and Recovery in Southern Italy. *Medical Anthropology Quarterly*, *32*(3), 443–457. https://doi.org/10.1111/maq.12429

Csordas, T. J. (1990). Embodiment as a Paradigm for Anthropology. *Ethos*, *18*(1), 5–47.

Csordas, T. J. (1994). *Embodiment and Experience: The Existential Ground of Culture and Self*. Cambridge University Press.

Eli, K., & Warin, M. (2018). Anthropological Perspectives on Eating Disorders: Deciphering Cultural Logics. *Transcultural Psychiatry*, *55*(4), 443–453. https://doi.org/10.1177/1363461518784385

Fischler, C. (1988). Food, self and identity. *Social Science Information*, *27*(2), 275–292. https://doi.org/10.1177/053901888027002005

Fox, J., Grange, N., & Power, M. (2014). Self-disgust in eating disorders: A review of the literature and clinical implications. In P. A. Powell, P. G. Overton, & J. Simpson (Eds.), *The revolting self: Perspectives on the psychologica, social, and clinical implications of self-directed disgust* (pp. 167–186). https://doi.org/10.4324/9780429483042-9

Fuchs, T. (2022). The disappearing body: Anorexia as a conflict of embodiment. *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*, *27*(1), 109–117. https://doi.org/10.1007/s40519-021-01122-7

Gooldin, S. (2008). Being Anorexic: Hunger, Subjectivity, and Embodied Morality. *Medical Anthropology Quarterly*, *22*(3), 274–296.

Gremillion, H. (2003). *Feeding Anorexia: Gender and Power at a Treatment Center*. Duke University Press.

GrlzWave (Director). (2024, March 4). *ანა თავაძე | როგორ ვცხოვრობთ ერთად მე და ჩემი სხეული [Ana Tavadze | How do my body and I live together]*. https://www.youtube.com/watch?v=w8fMQ5s4cfk

Haidt, J. (2003). The moral emotions. In *Handbook of affective sciences* (pp. 852–870). Oxford University Press.

Harkness, S. K., & Hitlin, S. (2014). Morality and Emotions. In J. E. Stets & J. H. Turner (Eds.), *Handbook of the Sociology of Emotions: Volume II* (pp. 451–471). Springer Netherlands. https://doi.org/10.1007/978-94-017-9130-4_21

Jackson, M. (1996). *Things As They Are: New Directions in Phenomenological Anthropology*. Georgetown University Press.

Kolnai, A. (1929). *On disgust*. Open Court.

Leavitt, J. (1996). Meaning and Feeling in the Anthropology of Emotions. *American Ethnologist*, *23*(3), 514–539.

Lester, R. J. (1995). Embodied voices: Women's food asceticism and the negotiation of identity. *Ethos*, *23*(2), 187–222. https://doi.org/10.1525/eth.1995.23.2.02a00040

Lester, R. J. (1997). The (dis)embodied self in anorexia nervosa. *Social Science & Medicine*, *44*(4), 479–489. https://doi.org/10.1016/S0277-9536(96)00166-9

Lester, R. J. (2007). Critical Therapeutics: Cultural Politics and Clinical Reality in Two Eating Disorder Treatment Centers. *Medical Anthropology Quarterly*, *21*(4), 369–387. https://doi.org/10.1525/maq.2007.21.4.369

Lester, R. J. (2019). *Famished: Eating disorders and failed care in America*. University of California Press.

Linderman, L. J. (2011). The Gendered Feast: Experiencing a Georgian Supra. *Anthropology of East Europe Review*, *29*(2), Article 2.

Lock, J., & le Grange, D. (2005). Family-based treatment of eating disorders. *International Journal of Eating Disorders*, *37*(S1), S64–S67. https://doi.org/10.1002/eat.20122

Lock, M. (1993). Cultivating the Body: Anthropology and Epistemologies of Bodily Practice and Knowledge. *Annual Review of Anthropology*, *22*(1), 133–155. https://doi.org/10.1146/annurev.an.22.100193.001025

Lupton, D. (1998). *Food, the Body and the Self*. https://doi.org/10.4135/9781446221761

Lutz, C., & White, G. M. (1986). The Anthropology of Emotions. *Annual Review of Anthropology*, *15*, 405–436.

Manning, P. (2014). Domestication of the Wild Supra. *Ab Imperio*, *2014*, 53–62. https://doi.org/10.1353/imp.2014.0115

Mauss, M. (1973). Techniques of the body ∗. *Economy and Society*, *2*(1), 70–88. https://doi.org/10.1080/03085147300000003

Merleau-Ponty, M. (1945). *Phenomenology of Perception*. Routledge.

Munro, C., Randell, L., & Lawrie, S. M. (2017). An Integrative Bio-Psycho-Social Theory of Anorexia Nervosa. *Clinical Psychology & Psychotherapy*, *24*(1), 1–21. https://doi.org/10.1002/cpp.2047

Orbach, S. (1978). *Fat is a feminist issue* ([New edition]). Arrow Books.

Peterson, G. (2006). Cultural Theory and Emotions. In J. E. Stets & J. H. Turner (Eds.), *Handbook of the Sociology of Emotions* (pp. 114–134). Springer US. https://doi.org/10.1007/978-0-387-30715-2_6

Rikani, A. A., Choudhry, Z., Choudhry, A. M., Ikram, H., Asghar, M. W., Kajal, D., Waheed, A., & Mobassarah, N. J. (2013). A critique of the literature on etiology of eating disorders. *Annals of Neurosciences*, *20*(4), 157–161. https://doi.org/10.5214/ans.0972.7531.200409

Rosaldo, M. Z. (1984). *Toward an Anthropology of Self and Feeling*.

Scheer, M. (2012). Are Emotions a Kind of Practice (and Is That What Makes Them Have a History)? A Bourdieuian Approach to Understanding Emotion. *History and Theory*, *51*(2), 193–220.

Tsitsishvili, N. (2006). "A Man Can Sing and Play Better than a Woman": Singing and Patriarchy at the Georgian Supra Feast. *Ethnomusicology*, *50*(3), 452–493.

Van Wolputte, S. (2004). Hang on to Your Self: Of Bodies, Embodiment, and Selves. *Annual Review of Anthropology*, *33*, 251–269.

Warin, M. (2003). Miasmatic Calories and Saturating Fats: Fear of Contamination in Anorexia. *Culture, Medicine and Psychiatry*, *27*(1), 77–93. https://doi.org/10.1023/A:1023683905157

Warin, M. (2010). *Abject Relations: Everyday Worlds of Anorexia*. Rutgers University Press.

Waterston, A. (2017). Contextualizing Gender in Georgia: Nation, Culture, Power and Politics. In M. Barkaia & A. Waterston (Eds.), *Gender in Georgia: Feminist Perspectives on Culture, Nation, and History in the South Caucasus* (pp. 1–20). Berghahn Books.

Wheeler, M. (2020). Martin Heidegger. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Fall 2020). Metaphysics Research Lab, Stanford University. https://plato.stanford.edu/archives/fall2020/entries/heidegger/

Wolf, N. (1991). *The Beauty Myth: How Images of Beauty Are Used Against Women*. HarperCollins.