CHAPTER I

INTRODUCTION

We are all going to die one day. This fact is so fundamental to what it means to be human that is seems unlikely that it does not profoundly influence our development and our psychic lives. And yet this existential reality has frequently been ignored or dismissed in clinical social work and psychological theory. Existential and humanistic psychotherapeutic thinkers such as Becker, Yalom, May & Maslow believe that existential issues, including life and death anxiety, isolation, free will, meaning-making, and responsibility permeate our psychic lives and have an profound influence upon most, if not all, human behavior. If they are right then it is essential that social workers, as well as other clinicians in the mental health fields, have a basic understanding of the ways in which existential concerns influence the human experience. With this in mind, chapter 2 of this thesis is an exploration of existential psychotherapeutic theory.

In chapter 2, I will discuss some of the key tenets of existential theory including how existential concerns are connected to our basic human needs, the connections between existentialism and psychodynamic theory, and research in the now growing field of experimental existential psychology. I will explain key existential concepts such as self-consciousness, paradox, awareness of death and life, the process of becoming, non-being, anxiety, guilt, responsibility, meaning-making, and isolation. I will also touch on ideas about the value of attempting to come to terms with existential concerns. The
The ultimate goal of this exploration of existentialism is to apply existential concepts to existing theories of eating disorder etiology in an effort to gain a deeper understanding of the forces at work in the development of eating disorders in Western culture.

Eating disorders are relatively new psychological phenomena. While there is evidence of some cases of what we now call bulimia nervosa and anorexia nervosa stretching back into history, these disorders were only recently described as mental disorders as we understand them today. Early religious literature contains many descriptions of people starving themselves in an effort to reject the pleasures of the flesh and to purify themselves (Silverman, 1997, Lelwica, 1999). Further, there are historical records of overeating and induced vomiting ranging from antiquity to the 18th century (Russell, 1997). However, bulimia nervosa as we know it today was virtually unknown before the latter half of the 20th century. Bulimia nervosa was recognized in the late 1970’s when patients began to seek treatment but likely commenced sometime in the 1940’s and 1960’s. It has become relatively common since then (Russell, 1997). The frequency of anorexia nervosa has also increased in recent decades (American Psychiatric Association [APA], 2000).

The Diagnostic and Statistical Manual of Mental Disorders (APA, 2000) reports the incidence of bulimia nervosa at 1%-3% lifetime prevalence for women, with men at about one-tenth of that. For anorexia nervosa, the lifetime prevalence rate for females is approximately .5%, with males also showing a rate of about one-tenth of that. When one considers the diagnostic category of eating disorder not otherwise specified, which captures eating disorders that do not meet the criteria for anorexia or bulimia, including
the proposed diagnosis of binge eating disorder, the numbers of those suffering from eating related disorders is quite large.

Eating disorders are some of the most frequently encountered clinical disorders and they have morbidity and mortality rates that are among the highest of any psychological conditions (Thompson, 2004). Individuals with eating disorders also have the highest rates of treatment seeking, inpatient hospitalization, and attempted suicide of common psychiatric disorders (Stice, 2001). Anorexia nervosa has the highest mortality rate of any psychiatric disorder—one 21-year follow-up study showed a death rate of 15.6% (Thompson, 2004). According to another source, the mortality rate for BN & AN is high with 15-20% of patients with eating disorders dying over the long term (Rivas-Vazquez, Rice, & Kalman, 2003).

Further, co-morbidity with other disorders such as depression, obsessive-compulsive disorder, and personality disorders range from 30% to 50% (Thompson, 2004). Other commonly co-morbid disorders include posttraumatic stress disorder, anxiety, bipolar disorder, and substance disorders (Richards, Hardman, & Berrett, 2007). One study which followed a community sample of 717 adolescents for 10 years found that those with eating disorders were at greater risk for development of affective disorders, infectious diseases, suicide attempts, chronic pain, insomnia, neurological symptoms and cardiovascular problems (Thompson, 2004).

In addition to the frequency and mortality risks of eating disorders, those with eating disorders put their bodies at risk for many severe medical conditions (Richards et al., 2007). People with bulimia who engage in extreme purging behavior (via laxative abuse or vomiting) can develop dangerous electrolyte imbalances. Those with anorexia
are at risk for sudden heart and organ failure. In addition there is an extensive list of serious physical consequences that may result from eating disorders that includes irregular menstruation or amenorrhea, esophageal tears, gastric ruptures, cardiac arrhythmias, edema, hypothermia, hypotension, enlarged salivary glands, impaired kidney function, osteoporosis, muscle loss and weakness, permanent loss of dental enamel, peptic ulcers, pancreatitis, and other complications (Richards et al., 2007).

Thus, we see that eating disorders are common, serious, dangerous psychiatric disorders and a thorough understanding of their origins is crucial in their effective treatment and therefore of interest to clinical social work.

There are many types of treatment for eating disorders with varying rates of success. Therapeutic approaches include cognitive-behavioral therapy, interpersonal therapy, pharmacological treatment, family approaches, dialectical behavior therapy, integrative cognitive therapy, feminist therapy, spiritual approaches, and inpatient and out-patient approaches among others. The success rates of these therapies and approaches vary as does the availability of empirical study of the efficacy of the various approaches. The wide variety of treatment approaches reflects the diversity of etiological theories. These etiological theories encompass sociocultural, feminist, psychodynamic, family, biological, and spiritual approaches to understanding eating disorders. No approach directly or explicitly incorporates existential ideas in an attempt to understand the origins and the maintenance of eating disorders. However, spiritual approaches implicitly explore existential concerns as factors in eating disorders. This is a short coming in the field. If existential concerns are as prevalent as some suggest, then it is a worthwhile and potentially fruitful undertaking to explore the ways that existential concerns may
influence the development of eating disorders. Ultimately, theory that incorporates existential perspectives may be used to enhance treatment and prevention efforts.

In chapter 3, I will review existing theories of eating disorder etiology limiting my exploration primarily to etiologies of anorexia nervosa and bulimia nervosa. In chapter 4, I will use existential psychotherapeutic theory to explicitly inform existing eating disorder etiology with the goal of gaining a deeper and perhaps more complete understanding of the factors that combine and lead to the develop and maintenance of eating disorder etiology. It is my hope that the synthesis of existential psychotherapeutic theory and eating disorder etiologies will ultimately lead to improved prevention and treatment of eating disorders.

In the final and concluding chapter, in addition to summarizing the previous chapters, I will make suggestions for further study and discuss implications for social work practice, research and policy.

Methodology

This theoretical thesis is based upon literature reviews in three areas. Firstly, I researched existential psychotherapeutic theory. This included reading works from the first writers and thinkers to apply the work of existential philosophers such as Kierkegaard and Heidegger to the problems of psychological in the modern world. Primarily I relied upon Becker, Yalom and May as starting points in this exploration. I used both references found in these works as well as suggestions from others to expand my readings. I also included an exploration of theoretical writing and empirical research of those working in the new field of experimental existential psychology which has used
the research principles of social and cognitive psychology in conducting to understand how existential concerns might influence human behavior.

Secondly, I conducted an extensive literature review of eating disorder etiologies, also touching upon treatment methods and epidemiology. In this search I primarily relied on EBSCO’s psycARTICLES and psycINFO databases to conduct searches on topics relating to eating disorders and eating disorder etiologies. This yielded a wealth of information that I sorted through with an eye for any articles that might be related to existential topics such as concerns with meaning-making, spirituality, and conformity.

Thirdly, I conducted searches combining existentialism and eating disorders and related key words which resulted in virtually no material. This indicated to me that very little work has been done on this topic. I was, however, able to make connections between the two topics by being alert for ideas that were not explicitly described as existential but that in fact deal with existential concerns. Examples include isolation, death anxiety and other topics relating to the body or mortality.

Acknowledgement of Personal Bias & Theoretical Perspective

I believe it is important to understand the personal biases I bring to this work since it is impossible, and I believe undesirable, to be objective or neutral in undertaking such an in-depth project. If this topic were not interesting to me on a personal level, I would not have been able to summon the energy or motivation to complete it. This interest that motivates me also directs my attention in certain directions and away from others. Therefore I do not claim to be presenting an unbiased or completely comprehensive study of the connections between eating disorders and existential concerns. Despite the fact that I have endeavored to maintain the academic integrity of
this study by maintaining a self-aware stance that is mindful of my biases, I certainly have produced a work that is influenced by my personal biases. I have tried to maintain a spirit of skepticism and have endeavored to use systematic investigation and to be reflexive in order to protect the academic integrity of this project.

The early psychologist William James said that our “willing nature” determines which hypotheses are alive for us (as cited in Fuller, 1994, p. 2). Along these lines, I have chosen my topic and made decisions during my research based on the ideas that are alive for me. I struggled with bulimia nervosa during my adolescence and now as an adult am very interested in attempting to understand why I, and so many other young women, developed this disorder. In my undergraduate work and in my personal life I have repeatedly sought to understand why people develop eating disorders and frequently I found the explanations available that seemed to be inadequate in explaining why I developed an eating disorder. From this I assumed that this was likely to be the case for others as well—that while there are many useful ideas out there about eating disorder etiology, they don’t quite explain the phenomenon. Thus I clearly have followed my own bias in choosing this thesis topic.

On a less personal level, I carry biases that are mine by virtue of the fact that I was raised in and continue to be immersed in a racist, sexist and classist culture. Despite the fact that I consciously abhor ideologies that oppress people, I carry deep inside of me thoughts, ideas, and biases that can reproduce these systems unconsciously. I have tired to be aware of these cultural biases while working on this project but they are no doubt evident from to readers who were not raised in the dominant Western cultural worldview as a white, middle class woman.
From a theoretical perspective, my biases as manifested in this work are towards psychodynamic and feminist theories of psychotherapy and I rely heavily on their sensibilities in formulating my synthesis of existential psychotherapeutic theory and eating disorder etiology. To briefly summarize, feminist therapy is based on the premise that both men and women suffer from the effects of living in a sexist, racist and classist society. The feminist approach pays special attention to power dynamics between unequal parties. It encourages clients to explore the inner contradictions they experience as a result of living in an unjust society and encourages the development of inner resources and understanding in order to cope with the problems stemming from these contradictions (Feminist therapy, n.d.).

Psychodynamic therapy is very broad and encompasses classical Freudian drive/conflict theory, ego psychology, object relations and self-psychology as well as existential psychotherapy, relational therapy and other approaches. Psychodynamic theory conceptualizes an underlying model of mental functioning in the human psyche comprised of forces that are in conflict with each other. Behavior, both functional and dysfunctional, is a result of these conflicting forces. Psychodynamic theory conceptualizes these forces as existing at varying levels of conscious awareness; ranging from complete awareness to the entirely unconscious (Yalom, 1980).

A final word about the use of non-biased language in this paper; it is my intent to use gender neutral language in this work whenever grammatically possible. However, many of my sources come from an earlier time when ‘man’ meant humanity and ‘he’ was assumed to encompass all genders. While I have made an effort to quote from these sources in a manner that reflects current understanding of the importance of using
non-biased language, I do not, in most cases, change archaic usage when quoting original sources. It should be understood by the reader that these forms are left in place in order to preserve the original authors’ language and meaning but they do not reflect my personal views. Furthermore, in situations where the neutral use of they/their or he/she is awkward or impractical, I have alternated between using male and female pronouns in discussing general topics of existential concerns. When discussing eating disorders I have used female pronouns because more than 90% of those who suffer with eating disorders are female.
CHAPTER II
EXISTENTIAL PSYCHOTHERAPEUTIC THEORY

Existentialism deals with “the questions of what it means to be human, how we human beings relate to the physical and metaphysical world…how we can find meaning given the realities of life and death” (Greenberg, Koole, & Pyszczynski, 2004). In this chapter I will explore existentialism as it relates to psychotherapeutic theories of human motivation and behavior. Existentialism and psychoanalysis arose out of the same cultural situation (May, 1958a). “Both analyze anxiety, despair, alienation of man from himself and his society” (May, 1958a, p. 19). Kierkegaard is perhaps the most direct progenitor of existential understanding of human life. He strongly reacted against the rationalism of his day which he felt reduced humans to anonymous units as suited the industrial and political forces emerging during the early 19th century. This rationalism led to an increase in anxiety for humans and to a decrease their sense in meaningfulness and ultimately of their sense of being. “Existentialism is immersed in and arises directly out of Western man’s anxiety, estrangement, and conflicts and is indigenous to our culture” (May, 1958a, p. 19). According to Becker (1973), Kierkegaard understood that the task of psychology was to discover the strategies a person uses to avoid anxiety.

I will use Maslow’s hierarchy of human needs as a framework for exploring existential concerns. In particular we will see how human needs for belongingness,
self-esteem, meaning-making, self-actualization and protection from anxiety are existentially driven needs. Existentialism will be compared to psychodynamic theory. We will see the ways that these approaches are similar and different to each other and how existentialism has been used to reformulate the stages of psychosexual development.

Self-consciousness is the human characteristic that enables existential contemplation. It leads to awareness of existential paradox which arises out of awareness of life and awareness of death. Awareness of life and death lead to anxiety and other concerns such as isolation, responsibility, guilt, and meaning-making. We will see that awareness can be overwhelming, and because of this, humans go to great lengths to create cultural and personal symbolic constructions that protect them from being overwhelmed by anxiety and awareness. We will take a detailed look at both death anxiety and the various forms denial of death can take. Research conducted on various forms of anxiety management will be explored as well. Finally, we will consider how grappling with the terror and anxiety engendered by existential concerns can ultimately lead to richer and more fulfilling experiences.

Ultimately, the existential topics explored in this chapter will be combined with theories of eating disorder etiologies as presented in the following chapter through the explicit application of existential psychotherapeutic understanding of human behavior in order to gain a more comprehensive understanding of eating disorder etiology.

Existentialism and Human Needs

Batson & Stocks (2004) use Maslow’s basic psychological needs hierarchy to provide a structure around the multifarious nature of existential questions we face as human beings. According to Maslow (1954) our conative (i.e. natural, inborn and
developmental) needs include physiological needs, safety needs, belongingness and love needs, esteem needs, and the need for self-actualization. From each of these needs flow specific sorts of existential questions and concerns.

Our needs for food, drink, warmth, sex and health care lead to questions such as: How will I feed, clothe and shelter my family and myself? What will I do if I am no longer able to provide these basics? How will I deal with injury and disease? Our need for safety prompts questions such as what can I do to protect myself? Are there powerful forces to which I should appeal for protection? How can I influence the future? The need for belongingness and love prompts questions such as Where do I belong? Who are my people? Who loves me? Whom do I love? What is my responsibility to others? The need for esteem encompasses both the need for a sense of strength and competence and also the need for status and appreciation. Existential questions flowing from this need include Am I a person of worth? How do others value me? How do I live with my shortcomings? Finally, the human need for self-actualization, i.e. the need to become everything one is capable of becoming and to express one’s true nature generates questions such as what is my true nature? What will make me truly happy? How can I be fulfilled? (Batson & Stocks, 2004)

In addition to these conative needs, we also have cognitive needs which include a need to know and understand; to have a sense of meaning and purpose in one’s life (Maslow, 1954). What is the meaning and purpose of my life? What will happen to me when I die? What should I do to cope with the inevitability of my death? These are existential questions Maslow suggests our cognitive needs generate (Batson & Stocks, 2004).
However, our cognitive needs are greater and more complex than a simple need to know and understand the meaning and purpose in our lives. We also have a need to not know, to protect ourselves from the overwhelming, paradoxical, sometimes magnificent and sometimes terrifying nature of the world and of humanity (Becker, 1973; Maslow, 1963). This chapter will focus on the existential questions that arise primarily from humanity’s cognitive needs and the conative needs for esteem, belongingness, and self-actualization.

Existentialism and Psychodynamics

Existentialism is a dynamic approach in the Freudian sense of the word—the underlying model of mental functioning posits that there are forces in the human psyche that are in conflict with each other and that behavior, both functional and dysfunctional, is a result of these conflicting forces. Further, these forces exist at varying levels of conscious awareness; ranging from complete awareness to the entirely unconscious (Yalom, 1980). While the existential approach is a psychodynamic one, it differs from other psychodynamic theories in important ways. For instance, it differs in the manner in which forces are conceptualized as being in conflict; i.e., in the content of the internal struggles. Existential theory posits that the basic internal human conflict “flows from the individual’s confrontation with the givens of existence” (Yalom, 1980, p. 8) rather than from psychosexual conflicts. Another difference between existential dynamics and Freudian dynamics is one of depth. In the Freudian model, the most fundamental or deepest conflicts are conceptualized as those that are the earliest in terms of psychosexual development. In existential dynamics, the deepest levels of conflict are not
necessarily the oldest developmentally but rather are those that are most basic to the human condition such as the fear of death.

Existentialism is not simply another in a line of schools that have broken off from Freudianism such as Jungian or Adlerian therapy (May, 1958a). Existentialism differs from these deviating schools in two respects. First, existentialism is not the creation of one leader. Rather, existential thinking emerged simultaneously and spontaneously and in some cases without the various individual thinkers being aware of one another’s work. May (1958a) sees this as a response to “a widespread need in our times in the fields of psychiatry and psychology” (p. 4) to be able to understand and analyze the underlying assumptions about human nature in order to arrive at a structure upon which all specific therapeutic systems can be based. Early existential therapists had become disquieted over the fact that although they were effecting cures by the techniques they had learned, they could not, so long as they confined themselves to Freudian and Jungian assumptions, arrive at any clear understanding of why these cures did or did not occur or what actually was happening in the patients’ existence. (May, 1958a, p. 5)

Secondly, May (1958a) suggests that existentialism differs from other schools of therapy in that it doesn’t purport a new school or technique that is to supersede all others. Rather, it seeks to analyze the structure of human existence with the goal of understanding the reality underlying all situations of human beings in crises.

According to May,

The existentialists are centrally concerned with rediscovering the living person amid the compartmentalization and dehumanization of modern culture, and in order to do this they engage in depth psychological analysis. Their concern is not with isolated psychological reactions in themselves but rather with the psychological being of the living man who is doing the experiencing. (1958a, p. 15)
Existentialists do not exclude the study of drives, dynamisms, or patterns of behavior from their inquiries. Rather, they maintain that these can’t be understood “except in the context of the overarching fact of a person who happens to exist, to be” (May, 1958a, p. 12). Thus, in another way, existentialism is a dynamic approach because it concerns itself with the individual’s coming into being (also referred to as becoming or self-actualization) and this becoming is seen as “the fundamental structure of human existence” (May, 1958a, p. 12). Thus existentialism has its roots in psychodynamic theory yet it differs in important ways that have implications for the understanding of humanity.

_Psychosexual Development Revisited_

Becker (1973), in reviewing the work of Norman O. Brown, revisits some of the basic concepts of Freud’s theory of psychosexual development from an existential standpoint. In keeping with the existential theory that the basic human conflicts flow from an individual’s confrontation with the givens of existence (Yalom, 1980), Brown reformulates the stages of psychosexual development in the context of the young person’s unfolding efforts at dealing with existential paradox and self-actualization (Becker, 1973).

In this view, psychosexual development is seen as the process of the child engaged at coming to terms with the nature of its being, with existential paradox. The unfolding of self-awareness of necessity includes awareness of death and also awareness of life, awareness that one is responsible for oneself and yet is constantly thwarted in the drive towards self-actualization by one’s body and by others. “The child eventually learns that his or her freedom as a unique being is dragged back by the body and its appendages
which dictate ‘what’ he or she is” (Becker, 1973, p. 42). The body thus represents determinism and boundness, the antithesis of symbolism. The body is a constant reminder that we are mortal creatures that are not so very different from other animals; we eat, sleep, get ill, excrete, have sex and bear children, and eventually die, just as other animals do. All of these activities make it difficult for us to remain in the symbolic world that we have constructed to protect ourselves from the knowledge that we are mortal and will die. In this view, the thing that really bothers the child is not his or her inner drives but rather the nature of the world.

**Anal Stage.** Brown reinterprets the anal stage with the understanding that the basic key to the problem of anality is that it reflects the dualism of the human condition (Becker, 1973). It is in childhood that we discover the strangeness of the body; its alarming needs and demands; and its powerful ability to compel us to act on its behalf. In this phase, the child discovers his anus and feces and learns that these are repulsive to others. “His main task in life becomes the denial of what the anus represents: that in fact he is nothing but body so far as nature is concerned” (Becker, 1973, p. 31). The child experiences the existential paradox acutely as he discovers his body. The body is the source of such pleasure and satisfaction but also of filth and shame.

The child’s struggle over control of the body—over holding on and letting go is seen as an initial attempt to come to terms with the nature of humanity and with the paradoxical nature of the world. Further, it is also during the anal stage that the child begins to direct her energy toward self-mastery. We can understand the child’s attempts at self-mastery that begin in the anal stage as protests against accident and death, against mortality and against paradox.
Thus, we can see from this perspective that:

To say that someone is ‘anal’ means that someone is trying extra-hard to protect himself against the accidents of life and danger of death, trying to use the symbols of culture as a sure means of triumph over natural mystery, trying to pass himself off as anything but an animal. (Becker, 1973, p. 32)

*Oedipus Project.* From this new perspective on the anal stage, Brown reinterprets the Oedipus complex (Becker, 1973). It is not simply the narrowly sexual problem of lust and competitiveness that Freud described. Brown proposes the Oedipus Project—the project of working out whether a person “will be a passive object of fate…or whether he will be an active center within himself, whether we will control his own destiny” (Becker, 1973, p. 35). The child moves the project of self-mastery and denial of the reality of the world out from the narrow realm of the body and into the world of relationships in which she conquers death by becoming the parent of herself. Of necessity this involves setting oneself against one’s parents. In other words, in the Oedipus stage of development, the child begins his or her path towards becoming. How the child negotiates the struggles for autonomy and relatedness in this period, will have an impact on how he or she approaches the existential task of self-actualization.

*Conflict With the Mother.* Similarly, the castration complex is reformulated as confrontation with the mother rather than the father. The mother is the child’s world. The child can not survive without the mother and yet in order to get control of one’s own powers one must be free from her. “The mother, by representing pure biological dependence, is also a fundamental threat” (Becker, 1973, p. 38). The child must set herself against something in order to deal with her powerlessness. The male “child ‘fetishizes’ the mother’s body as an object of global danger to himself. It is one way of
cutting her down to size” (Becker, 1973, p. 39) and thus gains in power and stature himself. Relationships with the mother are further complicated for both boys and girls because mother represents sheer physicalness. She feeds us, gives birth to us, and comforts us in her arms. Her physicality comes to represent our animal nature and both boys and girls desire to flee the sex represented by her—thus Brown explains penis envy in girls.

Through this reformulation of some of Freud’s basic ideas about psychosexual development we can see how psychodynamics and existentialism inform each other and together they offer us a deeper understanding of the underlying structure of the human existence. As we will see in the next section, self-consciousness is also a crucial aspect of the underlying structure of human existence and as well as key component in the formulation of existential psychotherapeutic theory.

Self-Consciousness

In this section, I will explore self-consciousness as the human characteristic from which all other existential structures and concerns flow. Self-consciousness is an intrinsic and inseparable element of humanity. Humans are beings who can be conscious of, and therefore responsible for, their existence. This awareness is the capacity which distinguishes humans from other animals. Self-consciousness entails awareness that one day we will all cease to exist. May (1958b) states:

Man (or Dasein) is the particular being who has to be aware of himself, be responsible for himself, if he is to become himself. He also is that particular being who knows that at some future moment he will not be; he is the being who is always in a dialectical relation with non-being, death. (p. 42)
Self-consciousness allows for reflective awareness of ourselves and the world around us—awareness that can be overwhelming and which generates anxiety. It is from this awareness that both of humanity’s cognitive needs flow—the need to know and the need to not know.

Existential Paradox

Self-consciousness reveals the paradoxical nature of human existence. We are alive and yet must live in the face of our impending doom; we are powerful and yet ultimately powerless; we are intellectual, even spiritual beings housed in mortal, animal bodies that decay and will die. People are “out of nature and hopelessly in it; [they are] dual, up in the stars and yet housed in a heart pumping, breath-gasping body that once belonged to a fish and still carries the gill-marks to prove it” (Becker, 1973, p. 26).

Again this awareness can be overwhelming and our need to not know, to avoid being overwhelmed by our awareness of this paradox leads to a kind of “necessary madness” that is acted out individually and on a cultural level. The existential dualism of life and death makes an impossible situation and

Everything that man does in his symbolic world is an attempt to deny and overcome his grotesque fate. He literally drives himself into a blind obliviousness with social games, psychological tricks, personal preoccupations so far removed from the reality of his situation that they are forms of madness—agreed madness, shared madness, disguised and dignified madness, but madness all the same. (Becker, 1973, p. 27)

Thus existential dualism or paradox awareness necessitates cultural structures that attempt to simultaneously provide paths to self-actualization and that limit our awareness in order to protect us from being overwhelmed with fear and anxiety.
Existential paradox is the constant thing about humanity; it is its essence (May, 1958a). We can embrace knowledge of paradox, of life and death and use it to motivate us and to enrich our lives (being, becoming) or we can turn away from it, even actively run from it (non-being). It is just this tension which ultimately can be used to transform and enrich our lives. But of course this tension also has the capacity to overwhelm us.

*Life and Death Awareness*

Inherent in self-consciousness is awareness of life and awareness of death—each of which poses existential challenges and has the potential to overwhelm us with anxiety. It is the overwhelming nature life and death awareness that gives rise to our need to not know and has lead humanity to create cultural structures that protect us from being overwhelmed through the narrowing of experience. These structures allow us to function, albeit within a limited scope, in the face of awareness. The specific dynamics flowing from life and death awareness will be explored in detail later in this chapter.

*Being/Becoming, Self-Actualization*

A central proposition of existentialism is that humans have a special responsibility, as well as a developmental imperative, to try to fulfill our potentialities and possibilities—to become who we really are. The existentialist ideal is “authentic becoming” (Kasser & Sheldon, 2004) which is also called self-actualization or being. However, authentic becoming is not guaranteed and people can be sidetracked by the pulls of non-being. Kasser and Sheldon describe three types of becoming; authentic becoming, alienated becoming, and nonbecoming.

Nonbecoming is a state of being stuck in the past and denying the existence of a future. Kasser and Sheldon (2004) describe three types of nonbecoming; catatonia,
avoidance, and obsession. In catatonia, the person lacks goals for the future and has no intentions to develop their potentials. They are not necessarily content with how they are but they are doing nothing to change or move forward. This state is associated with identity diffusion. It is stagnant, “going nowhere fast”. In avoidance, people are future focused but their primary concern is with keeping things the same or avoiding feared changes. They do not actively strive towards something that is desired. These people do not succeed very well in their goals and end up feeling worse about themselves. In obsession, people are “obsessed with goals that are inappropriate for the current situation” (Kasser & Sheldon, 2004, p. 483). They have failed to disengage in goals that are no longer suitable. Theoreticians suggest that failure to disengage from inappropriate goals can lead to depression.

Alienated becoming is a state “in which people move into the future in ways that alienate them from their deepest desires and ‘true selves’” (Kasser & Sheldon, 2004, p. 480). Alienated becoming comes about by following goals that do not fit our interests, our needs, or our potentials. When we do this we become alienated from our deepest possibilities, real needs and true self. This can happen when there is low congruence between a person’s true self and the goals they are pursuing. Incongruent goals are marked by the pursuit of extrinsic goals of financial success, image, and popularity particularly when this pursuit is motivated by internal and external pressures that ignore one’s actual needs, interests, and potentials.

Authentic becoming is the process of becoming who we truly are. It is what May (1958b), called being or self-actualization. Authentic becoming occurs when people pursue goals out of personal interest and identification. Goals that lead to authentic
becoming are generally aimed toward intrinsic pursuits of personal growth, affiliation, and community feeling (Kasser & Sheldon, 2004). Rogers (1964) theorized that all humans have an “organismic valuing process (OVP) that gives them subtle signals and deep internal information that can be used developing intrinsic goals. The organismic valuing process can be defined as “an emergent sense, hunch, intuition, or feeling that coalesces a good deal of information about the state of both the organism and its environment and then suggests the actions to undertake next in service of the organism’s overall health” (Kasser & Sheldon, 2004, p. 487). This process of authentic becoming is, paradoxically, enriched by awareness of the threats of non-being--We need to acknowledge death and the potential for failure in becoming in order to live fully.

**Awareness of Non-being**

Awareness of non-being is an inseparable part of being, of becoming. It is the awareness that not only must we die and thus come to terms with the ultimate form of non-being; but also that we can fail to live fully. One cannot understand what it means to exist without grasping the fact that one might not exist.

Without this awareness of non-being—that is awareness of the threats to one’s being in death, anxiety, and the less dramatic but persistent threats of loss of potentialities in conformism—existence is vapid, unreal, and characterized by lack of concrete self-awareness. But with the confronting of non-being, existence takes on vitality and immediacy, and the individual experiences a heightened consciousness of himself, his world, and others around him. (May, 1958b, p. 48)

Death is the ultimate form of non-being. But there are other forms as well. These include various cultural structures that protect us from full awareness. They are approaches to life that limit one’s awareness of death but also limit one’s potential to live fully and experience authentic becoming. Whatever we do that prevents us from
tolerating the realities of existence and from constructively engaging in the world and our lives i.e., that which limits our experience, can be thought of as non-being.

Non-being is similar to but also different from nonbecoming. Nonbecoming refers narrowly to a psychological state in which a person is stuck in the past and lives their life as if there were no future, or in such a way as to try to prevent that future from coming into being. Non-being is a larger concept that encompasses death and other forms of limited existence in which the process of self-actualization is being thwarted.

Nonbecoming is a form of non-being as is alienated becoming.

**Guilt and Anxiety**

Guilt and anxiety are products of self-consciousness and life and death awareness. The urge most people experience in the face of self-awareness and existential paradox is to turn from it to some degree because of its overwhelming nature. Unfortunately, turning from this knowledge usually means curtailing the potential richness, depth, and authenticity of one’s experience. It means denying “the fundamental structure of human existence” (May, 1958a, p. 12). It involves leaving one’s potential unfulfilled, choosing security over living fully. The result is existential guilt.

Turning towards and embracing awareness is not easy. When we embrace our awareness and contemplate our potentialities, we experience anxiety—anxiety that is potentially psychologically overwhelming in its intensity.

**Awareness of Life**

Humans, because of their self-consciousness, have two great fears that other animals are protected from —fear of life and fear of death. Each type of awareness generates its own particular, though sometimes overlapping, set of existential challenges.
Awareness of life leads to anxiety generated by contemplation of one’s potentialities, by the difficulties of making choices, by the encounters with the basics of human experience such as responsibility and guilt, meaning-making, and isolation. Humanity’s needs to know and to not know are both responses, in part, to life anxiety. In the following sections I will discussion life anxiety and each of these difficulties in detail.

Life Anxiety

Heidegger (Becker, 1973) argued that the basic anxiety of humanity is anxiety about being-in-the-world—fear of life, of experience, and of individuation. Maslow saw that humans have natural developmental urges toward self-actualization and toward fulfilling one’s human potential (Maslow, 1954). However he also observed that people frequently turned away from self-actualization, often in very puzzling and apparently self-defeating ways. He wondered what holds them back from more consistently pursuing and achieving self-actualization. He answered that question with “fear of one’s own greatness” and the “evasion of one’s destiny” (Becker, 1973, p. 48). Maslow felt we are not strong enough to endure the full intensity of life and thus shy away from it. He describes this retreat from experience as “partly a justified fear of being torn apart, of losing control, of being shattered and disintegrated, even of being killed by the experience” (Becker, 1973, p. 49). The result of this fear is a tendency to cut back the full intensity of life. Further, Maslow states that the greatest cause of much psychological illness is the fear of knowledge of oneself. It is a defensive fear in that it protects our self-esteem, love and respect for ourselves (Maslow, 1963).

Likewise, Kierkegaard (Becker, 1973) believed that one of the great dangers of life is too much possibility and when people succumb to this, they go mad; extreme
mental illnesses are clumsy attempts to come to grips with our potentialities and the anxiety generated by our self-awareness. Schizophrenia comes out of too much possibility, depression from too little. Most people avoid either by staying in a middle ground (Becker, 1973). This middle ground is a compromise position one in which people tranquilize themselves with triviality in order to avoid knowing the wonder and terror of reality.

Thus life anxiety is a primary force behind the need to not know, behind the symbolic world that humanity has constructed through culture in order to protect itself from overwhelming anxiety and guilt. This protective function of culture is complemented by a meaning-making function that also symbolically protects us from being overwhelmed by existential paradox. This meaning-making function of culture works to satisfy our need to know, our need to understand why we are here and what we should do while we are here. It provides the context within which we pursue or avoid our paths to self-actualization and authentic becoming.

*Meaning-Making*

Our awareness of life requires that we attempt to understand why we are here, to find meaning in our existence. Frankl (1967) believed that a search from meaning is a primary force in life. The need for a sense of meaning and purpose in life is one of Maslow’s cognitive needs (Maslow, 1954). It is the need to know. The absence of meaning leads to distress. The need for meaning is deep and struggles with finding, making, or understanding the meaning of one’s life are basic existential concerns.

The development of industrial society led to a loss of meaning for many people (Yalom, 1980). In pre-industrial society meaning was more readily apparent in people’s
lives. The ubiquity of religious worldviews provided authoritative answers regarding most questions of life and death and clearly explained our purpose. In addition, pre-industrial people lived close to the earth and the natural cycles, and they usually had a strong sense of community. As a result, the meaning and value of their everyday lives was immediately apparent. Most people in industrial societies no longer have these things. Work no longer readily supplies meaning. People are often quite isolated. Meaning must now be actively sought and its apparent lack is at the root of much distress. This lack is often addressed by immersion in cultural forms of denial such as conformism.

Isolation

Isolation is a painful but inevitable human experience. Yalom (1980) describes three types of isolation: existential, interpersonal, and intrapersonal. Existential isolation refers to the unbridgeable gap between ourselves and the rest of existence. This isolation is particularly evident when we contemplate our own death—not only must we die, but we must die alone. Existential isolation is also evident when we face freedom which entails that we are responsible for our lives, and when we attempt to engage in our lives fully. Ultimately each of us must come face to face with the isolation and loneliness inherent in the realization that responsibility for one’s life lies within oneself.

Interpersonal isolation refers to isolation from other individuals. There are many factors that interfere with a person’s ability to meet their needs for belongingness and love and to minimize interpersonal isolation: geographical isolation, lack of social skills, personality styles, and conflicted feelings about intimacy. Cultural factors can also contribute to interpersonal isolation. In many Western cultures the decline of
intimacy-sponsoring institutions such as the extended family, religious institutions, neighborhoods, and local merchants make maintaining satisfying interpersonal relationships difficult (Yalom, 1980). As we will see later, close relationships play an important role in protecting us from existential anxiety (Mikulincer, Florian, & Hirschberger, 2004).

Intrapersonal isolation results when a person stifles their feelings or desires, accepts another’s goals as their own, distrusts their own judgment or buries their potential (Yalom, 1980). Interpersonal isolation can be a factor in alienated becoming.

Responsibility and Guilt

Life awareness entails the understanding that we have ultimate responsibility for our own lives. Responsibility is “the individual’s freedom to create his or her own life” (Yalom, 1980, p. 217). It requires us to deal with the realization that no one else can know what is best for us, nor live our lives for us. No one can die for us. We must ultimately be our own parents and claim responsibility for ourselves. Failure to accept responsibility leads to guilt.

Each person has an innate set of capacities and potentials and has a primordial knowledge of these potentials (Yalom, 1980), an organismic valuing process (Rogers, 1964). Along with that set of potentialities comes a responsibility to actualize them. When we fail to live as fully as we can, we experience a deep, powerful feeling which Yalom refers to as “existential guilt”. This feeling is a signal that we are not living our lives fully, that we are not on the path towards self-actualization. Similarly, Maslow describes the feeling a person experiences when denying his or her potentialities as ontological guilt (May, 1958b).
Guilt and responsibility are intimately related. Heidegger uses the same word (schuldig) to refer to both and states “being guilty also has the signification of ‘being responsible for’—that is being the cause, or author, or even the occasion for something” (Yalom, 1980, p. 272). “One is … guilty to the same extent that one is responsible for one-self and one’s world. Guilt is a fundamental part of Dasein…Guilt is thus intimately related to possibility or potentiality” (Yalom, 1980, p. 277).

According to May (1958b), everyone has ontological guilt. It is not a result of culture but rather of our self-awareness and it does not lead to symptom formation but has constructive effects on the personality. It can lead to humility, sharpened sensitivity in relationships, and increased creativity in the use of one’s potentialities. Thus existential or ontological guilt is seen as a positive force. May characterizes it as “a positive constructive emotion…a perception of the difference between what a thing is and what it ought to be” (Yalom, 1980, p. 279). Existential guilt is the mechanism by which one knows that one has lost one’s way on their unique path to self-actualization. “Existential guilt is more than a dysphoric affect state, a symptom to be worked through and eliminated; [one] should regard it as a call from within which, if heeded, can function as a guide to personal fulfillment” (Yalom, 1980, p. 285).

Existential guilt may be an aspect of the mechanism in work in the Rogers’ organismic valuing process, a crucial means by which we can fulfill our responsibility to live our lives fully. It may be one of the ways that we know we are on the right track towards self-actualization and can be used as a guide. One would be expected to experience existential guilt when one is engaged in extrinsically motivated pursuits rather
than intrinsically motivated ones. Conversely, the absence of existential guilt is an indication that one is pursuing intrinsic goals.

Life awareness, which is a result of self-consciousness, generates life anxiety—a response to the overwhelming nature of the human experience. Life awareness and life anxiety are related to concerns with isolation, meaning-making, guilt, and responsibility. Life awareness is a major component of the cognitive human needs to know and to not know. Death awareness is also an important factor in these needs and it generates its own set of existential concerns.

Awareness of Death and Death Anxiety

Our self-awareness necessarily leads to awareness of our death and death anxiety. “Of all of the things that move man, one of the principal ones is his terror of death” (Becker, 1973, p. 11). That we will die one day and that we are aware of this fact fundamentally shapes our experience of life. And it is terrifying. In humans, the awareness of death is heightened over that of other animals causing us to be hyper anxious. “The knowledge of death is reflective and conceptual, and animals are spared it” (Becker, 1973, p. 23). Fear of death is an aspect of the expression of the self-preservation instinct which exists in order to maintain life and allows us to master the dangers that threaten us. However, this knowledge can be overwhelming and must not be constantly felt. If we were to live with this knowledge constantly in awareness, we would be unable to function normally.

According to Yalom (1980), awareness of death has important affect on human experience. The fear of death is a fundamental fear that plays a major role in our internal experience. Further, this fear “rumbles continuously under the surface” (Becker, 1973, p.
In order to cope with the fear of death, “we erect defenses against death awareness, defenses that are based on denial, that shape character structure, and that, if maladaptive, result in clinical syndromes” (Becker, 1973, p. 27). Children become aware of death at an early age and one of the major developmental tasks of childhood is to deal with the fear of death. Understanding of death awareness can be an effective foundation for the understanding of human behavior.

**The Ubiquity of Death Anxiety**

Zilboorg, as quoted in Becker (1973), says that most people will argue that death fear is absent because it rarely shows its face but in fact “underneath all appearances fear of death is universal” (Becker, 1973, p. 13). Because we would risk going mad were we to feel this fear constantly, we have learned to repress it—we have not only learned to put it away and forget about it but also “to maintain a constant psychological effort to keep the lid on and inwardly never relax our watchfulness” (Becker, 1973, p. 17).

However, the need to deny death leads to the development of individual characters and eventually of entire cultures built upon a denial of reality. We fear death so deeply that we go to extraordinary measures to avoid dealing with it. We accept cultural programming uncritically. We use “character defenses” and come to exist in the imagined infallibility of the world around us.

He doesn’t have to have fears when his feet are solidly mired and his life mapped out in a ready-made maze. All he has to do is to plunge ahead in a compulsive style of drivenness in the ‘ways of the world’ that the child learns and in which he lives later as a kind of grim equanimity. (Becker, 1973, p. 23)

When we have moments of awareness that our frenetic activity has been blotting out our fears—death emerges in pure essence as overwhelming anxiety.
Death Awareness as a Developmental Process

Yalom (1980) postulates that a major developmental task of childhood is to deal with the fear of death. The emergence of death awareness in children and the developmental processes through which children repress this awareness are normal processes of childhood. Yalom, drawing upon his clinical work and his survey of the relevant literature concludes that children are “extraordinarily preoccupied with death. Children’s concerns about death are pervasive and exert far-reaching influence on their experiential worlds” (Yalom, 1980, p. 76). He finds too that children’s concerns with death begin at a very early age and follow an orderly progression of stages of awareness of death and subsequent repression of this awareness. Children’s awareness of death is not on the level of that of an adult. However, they are aware of the physical vulnerability of living beings. They observe that sometimes people or pets get sick or go away and never come back, that bugs get stepped upon and no longer move, that the beloved family cat eats mice. They are able to grasp the essence of the matter of death. As Yalom puts it, “the child at an early age stumbles upon the ‘true facts of life’ … the child’s solitary researches lead him or her to the discovery of death. But the child is overwhelmed by the discovery and experiences primal anxiety” (Yalom, 1980, p. 91). This anxiety drives the processes of denial and repression.

In a study conducted by Irving Alexander and Arthur Alderstein (Yalom, 1980), children between 5-8 years of age had greater anxiety as measured by galvanic skin response when exposed to a series of death-related words than did latency age children (9-12). Yalom believes that this reflects the gradual development of efficient and sophisticated forms of denial. Young children are very vulnerable to death fears and to
being overwhelmed by knowledge of death. As the child matures and ego strengths develop, so too do defenses against death awareness, hence the reduced presence of anxiety response seen in the latency age children. In this study, adolescents (13-16) (similar to young children) showed greater reactivity to death-related words than the latency age children. Yalom theorizes that in adolescence, the childhood denial systems become less effective but increasing intellectual abilities and internal resources permit the exploration of death concerns once again and enable adolescents to search for additional modes of coping with their reemerged awareness of the inevitability of death.

Denial of Death

The overwhelming nature of death leads humans to seek to deny its existence and to escape constant awareness of its looming presence. There are various forms of death denial and these forms vary between childhood and adulthood.

*Childhood Defenses*

In young children, death is sometimes viewed as temporary or is diminished in significance by being characterized as sleep or some other form of suspended animation. During latency, death is sometimes anthropomorphized. The bogeyman, ghosts, and the grim reaper are examples of this. Personifying death allows the child to externalize it—death is not something that is at work in the child already. Death, as a sentient being, can be influenced on matters of life and death and can perhaps be convinced to spare one’s parents, for example. Other denial responses of children include taunting death and believing that children don’t die. Eventually these forms of denial are outgrown.
The child protects itself from being overwhelmed by building defenses against death and also by giving up a sense of wonder and awe (that is connected to terror). This enables the child to become unaware of despair and to function “with a certain oblivious self-confidence” (Becker, 1973, p. 55).

Personal Inviolability and the Ultimate Rescuer

According to Yalom, there are two other basic defenses against death which have their roots in childhood but persist throughout life: a deep belief in personal inviolability and belief in the existence of an ultimate rescuer. We each carry deep narcissistic beliefs that we will somehow be spared the fate of others, that we are inviolable. Psychoanalytic thinking traces this belief to the boundarylessness of earliest childhood when our caregivers satisfied our needs with no effort on our part.

Belief in an ultimate rescuer is also related to our earliest experiences and reinforced throughout childhood by the watchful and protective presence of our parents. We protect ourselves from fear of death with this belief—even if we get in a sticky situation, we will be rescued. These beliefs serve the child well and allow him or her carry on living without being overwhelmed by terror of dying. They are the foundation of other adult defenses and are deeply ingrained as we can see in the persistence of immortality myths and belief in God (Yalom, 1980). There are other complex strategies for managing death (and life) anxiety which are explored in the following section.

Anxiety Management Strategies

Humans have created ways to avoid being overwhelmed by life and death anxiety. There are three main theories of the mechanisms by which people avoid being overwhelmed by anxiety. Earlier thinkers in existential psychology conceptualized
non-being as a means for escaping aspects of awareness that are potentially overwhelming, as a way to meet our need to not know. More recently, in experimental existential psychology, investment in one’s cultural worldview and in relationships are conceptualized as mechanisms for managing the terror that can be felt in the face of full awareness. Each of these theoretical approaches will be explored in this section.

Non-Being — Escape from Awareness

Freud’s work shows us that humans were not instinctually equipped to shut out the parts of the world that don’t concern us, thus assuring equanimity and forceful action. Rather, people have had to create and invent their own limitations of perception (Becker, 1973). May describes this escape from awareness as conformism. Becker describes a similar concept in his understanding of heroism. In either case “the individual temporarily escapes the anxiety of non-being by this means, but at the price of forfeiting his own powers and sense of existence” (Becker, 1973, p. 49).

According to May (1958b), conformism is the most ubiquitous and ever-present form of non-being. It is “the tendency of the individual to let himself be absorbed in the sea of collective responses and attitudes… with the corresponding loss of his own awareness, potentialities, and whatever characterizes him as a unique and original being” (May, 1958b, p. 49).

Similarly, Becker (1973) describes the cultural hero system in which people serve in order to earn a feeling of primary value, of cosmic specialness, of ultimate usefulness to creation, of unshakable meaning. They earn this feeling by carving out a place in nature, by building an edifice that reflects human value… The hope and belief is that the things that man creates in society are of lasting worth and meaning, that they outlive or outshine death and decay, that man and his products count. (p. 5)
Fromm, viewing the matter from a more sociological perspective, reveals how capitalism exploits the need of humans in industrial cultures to not know, to escape full awareness of existential paradox. Capitalism compels us to fill up our lives with often meaningless production and consumption activities and at the same times offers us a pseudo-solution to all that ails us by the offering us ever newer and better products.

Our civilization offers many palliatives which help people to be consciously unaware of this aloneness: first of all the strict routine of bureaucratized, mechanical work, which helps people to remain unaware of their most fundamental human desires, of the longing for transcendence and unity. Inasmuch as the routine does not succeed in this, man overcomes his unconscious despair by the routine of amusement, the passive consumption of sounds and sights offered by the amusement industry; furthermore by the satisfaction of buying ever new things, and soon exchanging them for others. (Fromm, 2001, p. 217-218)

These defenses, these forms of non-being, allow people to feel that they have control where they do not—over life and death, and provide a basic sense of self-worth and power. They provide meaning in a world that can appear meaningless. We actively resist knowing, accepting, and recognizing that we are essentially powerless over life and death. Yet, it would be a mistake to view repression of death awareness as a wholly negative force. Repression makes creative use of life’s energies (Becker, 1973). The life force gets its very power from repression. It allows people to carve out a manageable piece of the world and then throw themselves into action uncritically. Escape from awareness, regardless of the form, both offers a solution to the anxiety of life and death awareness and takes its toll in terms of limiting human potential.

**Self-Esteem and Cultural Worldview Identification**

A new field of social psychology, experimental existential psychology, has emerged in the past twenty or so years which endeavors to apply the scientific rigors of
cognitive psychological research to the theoretical issues of existential therapy (Greenberg et al., 2004). One theory to come out of experimental existential psychology, Terror Management Theory (TMT), posits that death anxiety is a primary psychological force with the potential to overwhelm the psyche if not dealt with in a meaningful manner (Solomon, Greenberg, & Pyszczynski, 2004). According to TMT, self-esteem and cultural worldview identification are the mechanisms of containing the terror engendered by the knowledge of our eventual demise.

In TMT, “self-esteem consists of the belief that one is a person of value in a world of meaning, and the primary function of self-esteem is to buffer anxiety, especially anxiety engendered by the uniquely human awareness of death” (Solomon et al., 2004, p. 17). The primary mechanism for managing self-esteem is via acceptance and adherence to a culturally relevant worldview which enables the individual to see his or herself as “a valuable contributor to a meaningful universe” (Solomon et al., 2004, p. 20).

Extensive research coming out of this field supports the primacy of existential concerns in behavior and offers explanations of how people manage the concerns that the awareness of death engender. TMT posits that our awareness of death, combined with our self-preservation instincts, creates the potential for extreme anxiety in humans. However, people are generally not plagued by the anxiety one would expect—we are able to manage this terror unconsciously by identifying with cultural beliefs and ideologies that lend meaning to our perception of the world and provide an avenue for self-esteem within that worldview (Arndt, Cook, & Routledge, 2004). TMT’s extensive body of empirical research tells us that reminders of death lead to trenchant investment in symbolic conceptions of meaning without evoking conscious feelings of death or anxiety.
TMT and related research is largely based on two hypotheses—mortality salience and anxiety buffering. According to the mortality salience hypothesis, death reminders should increase the activation of psychological mechanisms that buffer against thoughts of death (Mikulincer et al., 2004). The anxiety buffering hypothesis says “if a psychological mechanism buffers death anxiety, then the successful activation of this mechanism following mortality salience should satisfy terror management needs and reduce the need to activate other defensive mechanisms” (Mikulincer et al., 2004, p. 294).

TMT research has its roots in cognitive psychology which has been used “to illuminate the nature and processes involved with human social inference and interaction” (Arndt et al., 2004, p. 37). Cognitive psychology conceptualizes mental representations as linked via associative networks. These connections are being formed and manifested outside of conscious awareness. This perspective informs TMT’s understanding of the repression and management of death awareness. Research in cognitive psychology tells us that via “any number of both conscious and unconscious means (i.e., conditioning, learning, and semantic relatedness), information is stored in the mind within a web of connected ideas or cognitions” (Arndt et al., 2004, p. 37). Thus, certain ideas can activate others making them more available to working memory and more likely to influence information processing. “To the extent that one can consider existential processes at this cognitive level of analysis, a framework can be adapted to understand how it is that thoughts of death would lead to the powerful effects that they do” (Arndt et al., 2004, p. 37).

In TMT, defense against death-related thought is conceptualized as a dual cognitive process involving both logical and intuitive information processing. Conscious
thoughts of death instigate proximal or direct defenses which block further thoughts of death. Proximal defenses “entail the suppression of death-related thoughts or pushing the problem of death into the distant future by denying one’s vulnerability” (Solomon et al., 2004, p. 23). These are rational defenses are focused on threats and are activated when thoughts of death are in conscious awareness. For example, a young woman with an extensive family history of cancer related deaths and serious illnesses may manage conscious death related thoughts and the resulting anxiety generated when thinking about her own cancer risk via rationalization. For instance, she may say to herself such things as “I take better care of myself better than they did” or “I’m young. I don’t need to think about that right now”.

Distal defenses entail the use of self-esteem and faith in one’s cultural worldview and act to control the potential for anxiety that results from death awareness. These are experiential defenses and are not related to the problem of death in any semantic or rational way. They are activated more frequently when accessibility of death-related thoughts increases—up to the point of conscious awareness of such thoughts at which point proximal defenses are activated (Solomon et al., 2004). When death thoughts later increase outside of awareness, for instance in response to a death reminder such as a story about a relatives brush with a fatal ill (referred to as mortality salience), “the symbolic system is engaged and activates beliefs that serve the self-protective goal of imbuing the world with a sense of meaning and value” (Arndt et al., 2004, p. 38). In these situations TMT research has shown that individuals tend to respond to threats to their worldview “by clinging more rigidly to their cultural worldview, exhibiting more discomfort when violating a cultural norm, and recommending harsher penalties against others who
transgress cultural standards” (Goldenberg, Arndt, Hart, & Brown, 2005) more strongly than in the absence of these mortality salience primes. Thus they demonstrate a link between existential concerns and investment in one’s cultural worldview.

**Close Personal Relationships**

In response to criticisms that TMT has overlooked basic interpersonal processes in its explanations of terror management, other researchers and theorists have proposed that close personal relationships play an important part in terror management (Mikulincer et al., 2004). They assert that one of the major motivations underlying the pursuit and maintenance of close relationships is the need to deny the existential threat of one’s finitude.

The maintenance of close relationships, which represents both a universal need for bonding to significant others and a culturally valued interpersonal behavior, accomplishes major survival functions, has basic anxiety-reducing properties, involves the accomplishment of cultural standards and expectations, is a primary source for the construction of a positive sense of self-esteem, and offers the promise of symbolic immortality. As a result, close relationships can be useful tools for mitigating death concerns and protecting the individual from death awareness. (Mikulincer et al., 2004, p. 288)

Mikulincer et al. (2004) put forth a four point hypothesis of the interaction between close relationships and protection from death anxiety. Firstly, mortality reminders heighten attempts to form and maintain close relationships in order to defend against the terror of death by providing a symbolic shield against death awareness. Secondly, potential or actual threats in the form of separation or loss to the integrity of close relationships result in an increase of awareness of one’s existential plight. Thirdly, increased relational strivings made in response to death reminders override the activation of other terror management devices. And finally, the extent to which an individual relies
on close relationships as a terror management mechanism depends on the person’s inner resources such as self-esteem and attachment security. They reviewed recent empirical evidence on the terror management function of close relationships which clearly indicates that these relationships provide a fundamental buffer from existential anxieties on each of their four hypotheses.

As an example of this empirical research, the authors tested the anxiety-buffering hypothesis of TMT in regard to the possible death-related effects of romantic commitment (Florian, Mikulincer, & Hirschberger, 2002). The participants were divided into two subgroups according to a manipulation of romantic commitment salience. In the romantic-commitment-salience subgroup participants were asked to reflect upon and write about the emotions that commitment to a romantic partner arouses in them and about how this commitment is manifested in their romantic relationship. In the no-commitment-salience subgroup participants were asked similar questions about listening to the radio. All participants were asked to rate the severity of social transgressions as a way to examine the activation of worldview validation defenses. Induction of mortality salience followed. The findings showed anxiety-buffering effects of romantic commitment; that is, asking people to think about their romantic relationships reduced the need to activate cultural worldview defense following the induction of mortality salience.

**Summary**

In sum, management of existential anxiety, whether life anxiety or death anxiety, occurs via different of mechanisms. Earlier existential theory posits that people escape from the awareness of existential concerns through various forms of non-being that limit the scope of their experiences and provide meaning on a limited scale such as conformity.
to culturally prescribed roles. More recent empirical research supports the roles of close relationships and of self-esteem maintenance via adherence to culturally relevant worldviews as mechanisms through which people manage the terror and anxiety of death and life related concerns.

### Meaninglessness vs. Faith

The existential thinkers that I have reviewed are in essential agreement regarding the ubiquity of existential paradox; the defenses employed to cope with paradox, and in the therapeutic value of facing the anxiety that arises from awareness of life and death. For example, they would agree that the anxiety generated by life and death awareness is the School that provides man with the ultimate education, the final maturity. It is a better teacher than reality, says Kierkegaard, because reality can be lied about twisted by the tricks of cultural perception and repression. But anxiety cannot be lied about. Once you face up to it, it reveals the truth of your situation; and only by seeing that truth can you open a new possibility for yourself. (Becker, 1973, p. 88)

And all agree that there is therapeutic value in examining anxiety that undertaking an unflinching look at existential paradox can lead to greater fulfillment in life. This process brings the arrival at a new possibility, at new reality, by the destruction of the self through facing up to the anxiety of the terror of existence. The self must be destroyed, brought down to nothing, in order for self-transcendence to begin. (Becker, 1973, p. 89)

There are differences, however, in understanding regarding the place that this examination of human existence leads us. Yalom, following Freud and other secularly oriented thinkers, believes that the world is devoid of any inherent meaning. Thus it is a place in which humans must create a personally relevant sense of meaning in order to
avoid distress (Yalom, 1980). From this point of view, part of the benefit derived from facing our anxiety is to come to terms with the apparent meaninglessness of existence and consequently, bravely create one’s own meaning.

Becker, following Kierkegaard, Frankl, May and others, ends in a very different place. Having faced one’s anxiety, one arrives at a place of faith and self-transcendence. According to Kierkegaard, by facing anxiety and destruction of the false self, “the self can begin to relate itself to powers beyond itself” (Becker, 1973, p. 89). Facing paradox ultimately leads to faith—faith that one’s very creatureliness has some meaning to a Creator; that despite one’s true insignificance, weakness, death, one’s existence has meaning in some ultimate sense because it exists within an eternal and infinite scheme of things brought about and maintained to some kind of design by some creative force. (Becker, 1973, p. 91)

In sum, in facing one’s anxiety and attempting to come to terms with existential paradox, one breaks through the bonds of denial. In doing so one opens oneself up to infinity and to the possibility of self-transcendence in the service of God. Life acquires ultimate value in the place of mere social, cultural and historical value (Becker, 1973).

As long as man is an ambiguous creature he can never banish anxiety; what he can do instead is to use anxiety as an eternal spring for growth into new dimensions of thought and trust. Faith poses a new life task, the adventure in openness to a multidimensional reality. (Becker, 1973, p. 92)

Conclusion

In this chapter I have used Maslow’s hierarchy of human needs as a framework for exploring existential concerns. I showed how human needs for belongingness, self-esteem, meaning-making, self-actualization, and protection from anxiety are existentially driven needs. I also described the ways that existentialism and
psychodynamic theory are similar and different to each other and how existentialism has been used to reformulate the stages of psychosexual development.

Also covered in this chapter is the idea that self-consciousness is the human characteristic that enables existential contemplation. It leads to awareness of existential paradox and thus to awareness of life and awareness of death. Awareness of life and death lead to anxiety and other concerns such as isolation, responsibility, guilt, and meaning-making. Because awareness can be overwhelming, humans go to great lengths to create cultural and personal symbolic constructions that protect them from being overwhelmed by anxiety and awareness. There are three mechanisms for managing overwhelming anxiety or terror engendered by awareness of death and death anxiety; non-being, cultural worldview investment, and involvement in close personal relationships. Finally, grappling with the terror and anxiety engendered by existential concerns can ultimately lead to richer and more fulfilling experiences.

In the next chapter I will review the major categories of eating disorder etiology in order to lay the groundwork for a synthesis of the existential ideas of this chapter with theories of eating disorder etiology.
CHAPTER III
EATING DISORDER ETIOLOGIES

In this chapter, I will examine existing theories of eating disorder etiology. This will be the basis in following chapter of a synthesis of existential psychotherapeutic theory and existing eating disorder etiological theory. The ultimate goal is to expand our understanding of the origins of eating disorders. Existing etiologies of eating disorders can be roughly categorized into four perspectives; sociocultural/feminist, biomedical, psychological, and spiritual. The nature of eating disorders is complex and their origins are multidimensional so that ultimately no one perspective offers the key to understanding. Further, these perspectives and the phenomena that they describe sometimes overlap and don’t always fit neatly into separate categories. Nevertheless, the categories provide a convenient framework for the following discussion of eating disorder etiology.

While I will focus on the eating disorders anorexia nervosa (AN) and bulimia nervosa (BN) as defined by DSM-IV-TR (APA, 2000), it is important to understand that eating disorders may exist at the extreme end of a continuum of weight and eating concerns. Striegel-Moore, Silberstein and Rodin (1986) argue that in the U. S. a moderate degree of concern regarding body size, shape and weight is “normative” among women and is related to culturally normative body discontent. Therefore, much of this discussion
is relevant, not only to those with full blown eating disorders, but also to most girls and women (and increasingly boys and men) in the United States and other industrialized and post industrial societies.

Eating disorders are characterized by clinically significant disturbances in body image and eating behaviors. They are remarkable amongst psychological disorders in that they primarily affect girls and women; more than 90% of individuals with anorexia nervosa and bulimia nervosa are female (APA, 2000). Because of this, I will use female pronouns in this chapter.

Bulimia nervosa is characterized by recurrent episodes of binge eating followed by recurrent inappropriate compensatory behavior. Binge eating is defined as eating, in a discrete period of time, more food than most people would eat in that same time period under similar circumstances. In order to meet the diagnostic criteria for bulimia nervosa, the individual must experience a lack of control over eating during the binge period. These behaviors must be prevalent on average of twice per week for at least three months. This disorder is also characterized by self-evaluation that is unduly influenced by body shape and weight. The disturbance must not occur exclusively during the course of anorexia nervosa (APA, 2000).

Anorexia nervosa is characterized by a refusal to maintain body weight at or above a minimally normal weight for age and height, an intense fear of becoming fat or gaining weight despite being underweight, disturbance body weight and/or shape perception, and amenorrhea (APA, 2000).

In addition to the lists of diagnostic symptoms for eating disorders, there are many other important features of these disorders. They can be extremely disruptive
psychosocially for those with eating disorders and their families. People who have these disorders often become preoccupied with thoughts of food, withdraw socially, feel ineffective, demonstrate inflexible thinking and have restrained initiative and emotional affect (Richards et al., 2007). Further, family routines, decision-making capacities, and developmental needs may be interrupted or interfered with by the amount of attention and energy taken up by the eating disorder (Richards et al., 2007). Additionally, individuals with eating disorders often have a restricted range of emotions and have difficulty identifying their feelings. Instead, their awareness is preoccupied with extremely negative thoughts related to their body which is an effective diversion from their emotional pain and turmoil.

Prevalence studies show that eating disorders are more common in industrial and post industrial, Western societies (Anderson-Fye & Becker, 2004). However, eating disorders do have global distribution and have been reported in Asia, Africa, the Middle East, Latin America, the Caribbean and Eastern Europe though they are less common in pre-industrialized, non-Western societies. This paper will focus on eating disorders in North America, though an attempt to integrate understanding of eating disorders in other sociocultural contexts will be made.

It has long been assumed that, in the United States at least, people from ethnic minorities are at lower risk for eating disordered behaviors than whites (Shaw, Ramirez, Trost, Randall & Stice, 2004). However, recent research counters this assumption and suggests that “ethnic groups have reached parity in terms of eating disturbances because sociocultural pressures for thinness are so widespread that they are now reaching all
ethnic groups” (p 16). The similarities appear to be greater than the differences in eating disturbances across ethnic groups.

Much early research, and even some more recent studies, on eating disorders have linked them primarily with higher socioeconomic status (SES; Anderson-Fye & Becker, 2004), while other studies show no association between higher SES and eating disorders. Still others show an inverse relationship between SES and eating disorders so that females of lower SES exhibit more disordered eating. Thus it is important to note that no SES group is immune from eating disorders.

Sociocultural/Feminist Perspectives

The sociocultural/feminist perspective incorporates sociological, social, psychological, and feminist theories in examining relationships between capitalism, patriarchy, and eating disorders. This perspective shows how the ubiquitous pressures and influences exerted by patriarchy and capitalism on girls and women in North America put them at risk for psychological troubles, including eating disorders.

Striegel-Moore et al. (1986) assert that sociocultural influences are paramount in understanding the etiology of eating disorders. The global distribution of eating disorders, which shows that they are most prevalent in postindustrial and Western societies, supports the role of sociocultural factors in their development (Anderson-Fye & Becker, 2004).

Patriarchy

Throughout ancient times, until quite recently, women’s alternatives to marriage as a means of economic survival were extremely limited. Consequently in patriarchic societies where men, mainly as husbands and fathers, hold much of the economic power,
the pressure for women to conform to male ideals and desires is intense. Over time the nature of control placed on women and their bodies has evolved, yet the control still exits and it is often subtle and not easily detected.

As an early example, in ancient Israel, men’s control over women’s bodies was explicitly stated in the Hebrew Bible and was probably motivated by men’s social and economic need to be certain of paternity of the children born to their wives and daughters. Social order was maintained by strict adherence to social roles and people were well aware of “the power of sex to blur the lines of distinction between units of a family [and] of sex’s power to dissolve categories” (Frymer-Kensky, 1999, p. 298). Thus men exerted control over women on a very basic level by governing their sexual and reproductive lives. Today this control has been at least partially internalized by women but it still reflects the social and economic imperatives of patriarchy and capitalism.

Because of the link for women between economic survival and their sexuality, there has long been enormous pressure on girls and women to meet cultural ideals of beauty. Sharlene Hesse-Biber, in Am I thin enough yet? (1996), traces the origins of the emphasis placed on women’s appearance in Western culture to development in ancient Greece of the mind-body dichotomy and to Aristotle’s assertion that males are superior to females. He described women as overly emotional and as prisoners of their bodies. The mind was something only males had and was connected to the divine soul. Christian doctrine and the development of scientific thinking further developed Aristotle’s ideas so that the concepts of mind and body became increasing differentiated and so that femaleness became almost exclusively associated with the body. Today, though much has
changed, “along with modern patriarchy, [capitalism] continues to control women through pressures to be thin” (Hesse-Biber, 1996, p. 26).

*Capitalism and the Rise of the Thin Ideal*

The attempts at extreme alterations to girls’ and women’s bodies seen in eating disorders are not new. Two notable examples are the practice of foot binding in China and corseting in America and England in the 19th century. Both of these practices made women more submissive and dependent by limiting their ability to move and by linking the desired traits (tiny feet or waspish waistline) to the primary economic opportunity available to women, marriage. In both practices, a women’s worth was very closely linked to her body or to a body trait.

More recently, thinness as the ideal for women’s beauty became popular with the rise of mass production and industrialization. Hesse-Biber links this new ideal to the capitalist consumer culture’s need to sell products. Increasingly, the body and its care and maintenance have been the focus of capitalist interests. Women were targeted through advertising in their role as homemakers and beauty objects. Ready-made garments introduced the idea of standardized sizes. The machine age promoted the metaphor of the sleekness of new machines as an ideal for the human body; streamlined, efficient, and economical (Hesse-Biber, 1996). Obesity for the first time became linked with mortality, and thinness began to lose its association with sickness and frailty. Fat began to become distasteful, particularly on women.

During the twentieth century, as women fought for and won increasing economic independence, this ideal of thinness increased. As Jackson Katz describes in his film *Tough Guise: Violence, media and the crisis in masculinity* (1999), while women have
demanded more power, cultural standards of attractiveness have demanded that they become smaller, to the point where women held up as the standard for feminine beauty have figures that are extremely rare and do not portray the reality of most women’s bodies. That this new ideal for feminine beauty has become as distorted today as it is is not surprising in light of a long history of extreme modification of women’s bodies.

Economic and power deficits for women are still significant and ignoring the ideal can have substantial social and economic consequences. “Fat women risk downward social mobility” (Hesse-Biber, 1996, p. 61). Women who are overweight date less often and are less satisfied with their mate (Stake & Lauer, 1987). Thinness gives women access to a number of important resources: feelings of power, self-confidence, even femininity; male attention or protection; and the social and economic benefits that can follow. While women have gained power, “the fact remains that regardless of their economic worth, women are socialized to rely on their ‘natural’ resources – beauty, charm, nurturance—to attract the opposite sex” (Hesse-Biber, 1996, p. 29).

The Ideal v. Reality

The difference between the cultural ideal for women’s bodies and reality of them is significant. In her study, Hesse-Biber (1996) found that women strive for a culturally defined ideal weight that is considerably less than a medically defined standard. The culturally defined model in the study is based upon the weight/height charts from leading American diet centers and the medically defined model is based upon insurance actuarial charts used by physicians. Hesse-Biber found that the college women in her survey consistently expressed a desire to be close to 20 pounds lighter than the medical model with 77% of them choosing the cultural model as their desired image and 23% choosing
the medical model. Yet she found that women’s actual weights fell comfortably into the medically defined standard. Further, these women did not have an accurate view of themselves; they overestimated their weights and believed they were heavier than medically desirable. So while the weights of the women in her study were normal and healthy, the women themselves felt they were overweight and were unhappy with their bodies. Having administered the Eating Attitudes Test to these women as part of the study, the findings suggest that women who believed in the cultural definition of the ideal body were at greater risk for the development of disordered eating (Hesse-Biber, 1996).

Ironically, as the cultural standard for women’s weight decreases, the average American woman has become heavier. “Because women feel their bodies fail the beauty test, American industry benefits enormously, continually nurturing feminine insecurities” (Hesse-Biber, 1996, p. 32). Aside from the profits that women’s obsession with being thin create, the energy women use to control and monitor their weight and appearance distract them from “other important aspects of self-hood that might challenge the status quo” (Hesse-Biber, 1996, p. 32).

*From External to Internal Control*

During the course of the development of the thin ideal for women as a cultural standard, the source of control over women’s bodies in maintaining and promoting thinness has moved from external sources to internal sources. In early capitalism, corseting was a form of external control used to achieve the ideal figure. As capitalism has developed, women have internalized the thin ideal and now seek to meet it through self-regulated controls such as dieting, exercise, elective plastic surgery, and restricted eating (Hesse-Biber, 1996). Hesse-Biber maintains that taken to an extreme, eating
disorders are a logical conclusion of this internalization of an unrealistic ideal of feminine beauty.

An explanation for how women and girls come to internalize these standards is put forth by Frederickson, Roberts, Noll, Quinn and Twenge, (1998) in their Objectification Theory. Sexual objectification occurs when people or their body parts or sexual functions become separated from their identity to the point that people come to be viewed, not as whole human beings, but instead as bodies, particularly as objects that exist for the use and pleasure of others. Building on the ideas of Simone De Beauvoir and other feminists, they have posited that “the cultural milieu of sexual objectification functions to socialize girls and women to treat themselves as objects to be evaluated on the basis of appearance” (Frederickson et al., 1998, p. 270). Girls and women learn that it matters how they look. Their experiences and observations teach them that their appearance affects most aspects of their lives and can have profound influences on their social and economic opportunities and outcomes. With the stakes so high, most girls and women learn to be their own first surveyors. In other words, they adopt the external standards as internal ones in order to anticipate and better meet the standard.

“Objectification theory, then, suggests that our culture socializes girls and women to internalize an objectifying observer’s perspective on their own bodies, becoming preoccupied with their own physical appearance” (Frederickson et al., 1998, p. 270). Thus, they learn to regard themselves as sexual objects. This process is called self-objectification. The consequences of self-objectification are a vigilant monitoring of the body’s outward appearance, which can disrupt a person’s stream of consciousness and limit mental resources available for other activities, increase feelings of shame and
anxiety, reduce opportunities for spontaneous experiences and diminish awareness of internal body states. Self-objectification is the tendency to view one’s physical attractiveness, sex appeal, measurements, and weight as more central to one’s physical identity than health, strength, energy level, coordination, or fitness. The study shows that these consequences can lead to mental health risks such as eating disorders, depression, and sexual dysfunction.

Frederickson et al. (1998) found, in testing Objectification Theory, that individuals vary in the extent they self-objectify, that women self-objectify more than men and that certain situations are more likely to trigger self-objectification than are others. They found that women felt disgust and shame (conceptualized as a failure to meet moral ideals) when trying on swimwear and they interpret this finding as reflecting the greater cultural demands placed on women to meet physical attractiveness ideals. They also found that self-objectifying situations decrease math performance for women but not for men, a finding that is consistent with their hypothesis that self-objectification consumes mental resources. Finally, they found that the shame caused by self-objectification predicts restrained eating in women. Thus, they linked the pressures experienced by girls and women to be thin to the development of states that may precede the onset of eating disorders.

Media as a Vehicle for Socialization

Capitalism actively promotes women’s preoccupation with their bodies via the media by maintaining and exploiting body dissatisfaction and then offering products to help women achieve a beautiful body. Stice, Schupak-Neuberg, Shaw and Stein (1994) conducted a study to assess the relation of media exposure to eating disorder symptoms
and to test whether gender-role endorsement, ideal-body stereotype internalization, and body satisfaction mediated this effect. Their findings support the assertion that exposure to the media portrayed thin ideal is connected to eating pathology and even suggests that women may directly model disordered eating behavior seen in the media.

Another study conducted by Morry and Staska (2001) found that magazine reading is related to concerns with physical appearance and eating behaviors for both women and men. The greater women’s exposure to beauty magazines and men’s exposure to fitness magazines, the greater the reader’s concerns about physical appearance and the greater the incidence of disordered eating behaviors.

Refrained Eating as the Norm

Disordered eating has become normative behavior for women seeking to control their weight and to meet the cultural model for thinness (Hesse-Biber, 1996; Striegel-Moore et al. 1986; Surrey, 1984). In order to meet the standard, girls and women engage in calorie restriction, chronic dieting, bingeing and purging, and excessive exercise. These women do not necessarily meet the criteria for diagnosis of an eating disorder. However these behaviors have been found to put people at greater risk for the development of full-fledged eating disorders (Hesse-Biber, 1996).

Globalization, Acculturation and Assimilation

Stresses related to globalization, acculturation and assimilation may play a significant role in eating disorder etiology for individuals from non-Western societies or for those whose societies are undergoing social and economic change. Immigration to a Western society has been shown to increase risk for eating disorders (Anderson-Fye & Becker, 2004). The stress associated with simultaneous negotiation of multiple cultures
and gender role expectations might be related to this increased risk. Westernization has also been associated with reported increases in eating disorders throughout the world. Studies document this phenomenon is Egypt, Hong Kong, India, Japan, Malaysia, Pakistan and Zimbabwe (Anderson-Fye & Becker, 2004). Some have argued that the stress of modernization rather than that of Westernization contributes to the development of eating disorders. Modernization brings with it an abundance of food, changing weight norms, material affluence, and transitioning social roles for women. These factors may contribute to increased risk for eating disorders as found in East Asia (Anderson-Fye & Becker, 2004)

Treatment from this sociocultural and feminist perspective involves encouraging clients to explore the ways they have internalized the contradictory expectations that arise from living in an unjust society that places contradictory demands upon them. It uses psychoeducation in this effort. Further treatment encourages the development of inner resources and understanding in order to cope with the problems stemming from these contradictions

Summary

In summary, when girls and women have adopted an outside observer’s perspective and have internalized the thin ideal of feminine beauty, they are likely to be dissatisfied with their own body and subsequently they may become preoccupied with their appearance. This preoccupation is validated by the importance of appearance in women’s social and economic success, and reinforced by capitalist interests via the media and the marketplace. When these circumstances are combined with the experience of the discrepancy that exits between the reality of most female bodies and the cultural ideal,
restrained eating is a logical step to take for those striving to meet this ideal. Stresses related to globalization, acculturation and assimilation can create further vulnerabilities. Unfortunately the costs to the individual are high, as risks for eating disorders and other psychological disorders are great in these circumstances.

Biomedical Perspectives

Biomedical perspectives focus on the physical, rather than mental aspects of eating disorders. They describe these disorders, at least in part, as involuntary illnesses arising out of biological factors such as genetics, physiological responses to inadequate nutrition following dietary restriction, and neurochemistry, rather than as consciously or unconsciously chosen disorders.

Strong support exists for a genetic component to eating disorders. Bulik (2004), in surveying a series of large, well-controlled family studies of eating disorders, found that a significantly greater lifetime prevalence of eating disorders among relatives of eating-disordered individuals in comparison to relatives of controls. Further studies indicate that AN, BN and milder eating disturbances co-aggregate in families. Twin studies of AN point toward an additive genetic effect in etiology though definitive resolution of the independent contributions of genetics and shared environment still requires more research. Twin studies in BN are more definite in establishing a link between genetics and the disorder in part due to the larger prevalence of the disorder that enables larger sample sizes. From these studies there appears to be a “moderate to substantial contribution” made by genetic factors and unique environmental factors.

Much of the mental distress related to eating disorders can originate from such factors as inadequate nutrition--irritability, lack of concentration, preoccupation with
food, compulsiveness. A study conducted at the University of Minnesota in 1950 is the source of much of what we know about the physical, social, and psychological changes associated with extreme dietary restriction and weight loss (Garner, 1997). A group of 36 young, healthy psychologically normal male volunteers participated in a starvation study that included six months on a diet of approximately half of their normal caloric intake. Dramatic changes were observed in these men. One of the most striking changes was a dramatic increase in food preoccupations. These preoccupations interfered with their usual activities. For some men the experience of dietary restriction created intense concern and led to a complete breakdown in control. These men reported episodes of binge eating followed by self-reproach. Most participants also experienced significant mental deterioration. This was characterized by severe depression, irritability, frequent anger outbursts and anxiety. Two participants developed severe disturbances of “psychotic” proportions. Socially the participants became more withdrawn and isolated and humor and camaraderie diminished. Interest and participation in sexual activities diminished. Cognitive changes experienced by volunteers included impaired concentration, alertness, comprehension and judgment. Physical changes experienced included gastrointestinal discomfort, decreased need for sleep, dizziness, headaches, hypersensitivity to noise and light, reduced strength, poor motor control, edema, hair loss, decreased tolerance for cold temperatures, visual and auditory disturbances and paresthesias (tingling in hands and feet). After six months on the starvation diet, the participants were followed for a six month refeeding phase. This time was also characterized by binge eating, food preoccupation and emotional disturbance.
Because of the many physical complications accompanying AN & BN and the role of these physical manifestations in the development and maintenance of many of the symptoms of eating disorders, it is essential that treatment address the physical aspects of these disorders (Lelwica, 1999). Treatment from a biomedical perspective includes pharmacological treatment and psychoeducational approaches. Psychoeducational treatment is a component of cognitive-behavioral therapy but is relevant to the biomedical understanding of eating disorders because it addresses assumed misconceptions on the part of eating disordered clients about the factors that cause and maintain their symptoms (Garner, 1997). Understanding of the biological and physiological factors that perpetuate eating disorders is believed to encourage recovery.

Pharmacological treatments focus on the chemical similarities between those with affective disorders and those with eating disorders (Lelwica, 1999). Antidepressant drug treatment for bulimia nervosa is the best documented psychopharmacological treatment for eating disorders (Rivas-Vazquez et al., 2003). A meta-analysis of 1,300 BN patients treated in 16 randomized trials with various classes of antidepressants found that those on medication experienced a statistically significant reduction in bulimic symptoms as those on a placebo, regardless of the type of antidepressant taken (Rivas-Vazquez et al., 2003). However, only fluoxetine (Prozac) has been approved by the FDA for treatment of BN. Several studies and meta-analyses of BN treatment have shown that a combination of psychotherapy and pharmacotherapy is more effective than a single-modality approach. The efficacy of pharmacological treatment for AN is less well established and no medication has been approved for treatment of this disorder. Antipsychotics, antihistamines and antidepressants have been used in the treatment of AN in targeting
circumscribed symptoms such as weight restriction, obsessionality, possible delusional thoughts and binge eating, but clinical trials supporting the efficacy of these treatments are lacking.

In summary, it is clear that biological factors play a role in the development and maintenance of eating disorders. Genetics have been shown to play a role as seen in family and twin studies. The efficacy of pharmacological therapy in treating eating disorders points to the likely role of imbalances in brain chemistry. Finally, the physiological responses to dietary restriction are extensive and appear to play a role in eating disorder etiology.

Psychological Perspectives

Psychological approaches to understanding eating disorders focus on disturbances in psychological functioning and development and most fall into one of three categories; psychodynamic, cognitive behavioral theories, or family systems.

*Psychodynamic Theories*

Psychodynamic theories of eating disorder etiology focus on eating disorders as responses to deficiencies in the individual resulting from developmental antecedents, “including childhood and adult traumas, losses that have not been fully mourned, the impact of parental misattunement, failed attempts at completing age-appropriate separation-individuation processes, and lack of affirmation of the self at crucial developmental periods” (Zerbe, 2001). I will briefly review conflict/drive theory, object relations theory, and self-psychological theory. While the influences of ego psychology on object relations and self psychology perspectives are apparent, there is limited evidence in the literature that directly addresses ego psychology and eating disorders.
Drive/Conflict Theory. The earliest psychodynamic attempts at understanding eating disorders utilized Freud’s drive-conflict model in which pathologies are explained as the result of internal conflicts among the three portions of the mind; the id, ego and superego. The id contains biologically driven urges which seek behavioral expression. The superego reflects culturally influenced constraints against the id’s urges and the ego mediates between these two often opposing forces. Eating disorder symptoms are seen as symbolic expressions of forbidden sexual and/or aggressive urges of the id or as defenses against these urges. Conflicts are related to the Freud’s psychosexual stages of development and the nature of a particular conflict or defense can often be related to a specific stage of development.

Initially, Freud and Breuer emphasized the role of traumatic experience in the development of anorexia in their patients (Caparrotta & Ghaffari, 2006). Freud also linked eating disturbances to melancholia noting that the affect of those with eating disorders corresponded to melancholia, i.e., the longing for something lost. He saw anorexia as the nutritional neurosis parallel of melancholia.

Later Freud and other drive/conflict theorists (including Abraham, Anna Freud, Rose, Waller and others) postulated self-starvation variously as a defense against fantasies of oral impregnation, an expression of an aversion to sexuality tied to Oedipal issues, a wish to avoid maturation, and as a defense against ambivalent oral sadistic fantasies (Caparrotta & Ghaffari, 2006; Goodsitt, 1997).

In 1932, Wulff described his work with four young women who struggled with irresistible cravings for food (Russell, 1997). One patient in particular, Patient D, alternated between periods of fasting, binge eating, and purging behavior. In addition to
linking her condition to melancholic depression, Wulff believed that her cravings were initiated by a loss of love and were related to childhood sexual experiences with her older brother. He proposed a sexual symbolism for her eating disorder, believing that food had an unconscious association for her with the forbidden penis.

Treatment from a drive/conflict perspective focuses on interpretation of the behavior in terms of the underlying psychosexual conflict and the development of insight into this process. It is thought to work best for neurotic patients with well-structured psyches and less effectively for those with borderline or psychotic psychic structures (Goodsitt, 1997).

*Object Relations Theories.* Object relations theories are based upon a developmental model which emphasizes relationships between the self and others rather than the discharge of biological drives. In the model, pathologies result from deficiencies or distortions in the development of object relationships and their internal representations. As with drive/conflict theory, these pathologies are seen as symbolic though in this case they are considered symbolic representations of self and object relationships rather than of conflicts.

The object relations model of Selvini-Palazzoli (Caparrotta & Ghaaffari, 2006; Goodsitt, 1997) focused on the relationship between mothers and daughters. She concluded that girls or women with anorexia experience their bodies as threatening in nature. She conceptualizes these people as having difficulties in the oral incorporative stage of development which interfere with their separation-individuation process. In this model, the child fantasizes oral incorporation of the over-controlling mother who then becomes equated with the child’s body. “The anorexic experiences an identity of her
body as her mother” (Goodsitt, 1997, p. 208). Self-starvation becomes the individual’s attempt to end the feminization of her body and thus minimize her ambivalent identification with her mother.

Bruch (Caparrotta & Ghaffari, 2006), like Selvini-Palazzoli, considered the mother-daughter relationship to be key to the development of eating disorders. She saw the self-starvation of anorexia nervosa as representing a struggle for autonomy, competence, control, and self-respect (Silverman, 1997). In her view, the mother’s failure to recognize and respond appropriately to the independent needs of the child results in inner confusion which is expressed in three overlapping areas of perceptual/conceptual disturbance—(1) body image distortions (2) interoceptive disturbance, reflected by an inability to accurately identify and respond to internal cues such as hunger and satiety, sexual feelings and affective states, and (3) all pervasive feelings of ineffectiveness reflected as feelings of loss of control (Silverman, 1997). Body image disturbances such as the fear of fatness are equated with the bad object and a failure to recognize the body’s needs. By exerting control over her body in the form of anorexia, the person gains autonomy and a sense of effectiveness that they lack (Caparrotta & Ghaffari, 2006; Goodsitt, 1997).

Following Winnicott, failure of the holding environment in childhood and subsequent failure of the development of a sense of self and a feeling of security is implicated in the development of eating disorders (Caparrotta & Ghaffari, 2006). Winnicott (Caparrotta & Ghaffari, 2006) speculated that anorexia nervosa represented an extreme form of an intermediate stage of development in which the individual refuses the good or potentially satisfying object as a part of the process of creating it.
According to Blatt (Caparrotta, & Ghaffari, 2006), people suffering from eating disorders have failed to reach a mature object-representation. Sours (Caparrotta, & Ghaffari, 2006) noted that the development histories of eating disordered patients typically showed ego defects, a poor sense of self, and failures in object constancy and self development. Sugarman and Kurash (Caparrotta, & Ghaffari, 2006) and Kurash (Caparrotta, & Ghaffari, 2006) found in their study of bulimic patients that these people had difficulties in expressing needs and affects in “verbal symbolic form” and thus for them the body becomes the vehicle of communication. Further, Sugarman implicated ego deficits as central causative factors, primarily in the area of object constancy; binge eating becomes a means of evoking the symbiotic relationship with the mother as well as a means of self-soothing in her absence (Goodsitt, 1997).

Like that from a drive/conflict perspective, treatment from an object relations standpoint focuses on interpretation of distorted self and object representations and in repair of these distortions through the relationship between the client and therapist (Goodsitt, 1997).

*Self-Psychological Theory.* Self psychologists focus on developmental failures in the provision of mirroring, idealizing, and validating needs which lead to deficits in the self. Specifically in eating disorders, there appear to be self-deficits in the areas of self-esteem maintenance, cohesion, and self-regulation. From a self-psychological viewpoint, eating disorder symptoms are viewed as emergency measures employed to restore or to gain a sense of vitalization, wholeness, or effectiveness that is missing due to developmental failures and that is “aimed at stemming the rising ride of anxiety that accompanies a disrupted self” (Goodsitt, 1997, p. 225). Eating disorders are viewed as
disorders of the self and the symptoms are seen as the person’s attempt to maintain a
sense of self (Barth, 1988). The symptoms are not seen as primarily symbolic as in
drive/conflict and object relations theories.

Self-regulation, cohesion, and self-esteem are positive functions of the self that
are believed to develop in good enough developmental environments (Goodsitt, 1997).
Many people with eating disorders appear to have deficits in each of these areas. The
absence of reliable self-regulation may manifest, in eating disordered people, in feelings
of inadequacy, ineffectiveness, and a sense of being out of control which is often
expressed as feeling fat. Emotional eating and/or food restriction become substitute
methods of self-regulation. A lack of integration or cohesion in self-organization is
evident in the ability of people with anorexia to ignore their hunger and in their strange
indifference to the severity of their illness. They are seen as out of touch with their inner
body experiences and as having failed to cathect to their bodies in a wholesome manner.
By rigidly controlling their food intake and weight or by purging, eating disordered
people give themselves a sense of control and self-organization. Complying with the rigid
strictures of an eating disordered world, enables these women to feel superior to others
which in turn provides an antidote to feelings of shame, weakness, and inadequacy
related to their “true need for others”.

Further, in self-psychology, all children go through a developmentally appropriate
and necessary period of grandiosity during toddlerhood. When this grandiosity is
discouraged or stifled, self-deficits may ensue. Because girls are frequently denied
developmentally appropriate and necessary indulgence in grandiosity in a wide variety of
interests and pursuits, grandiosity in the realm of caretaking and of attaining desirable
physical appearance become overdetermined (Riebel, 2000). Riebel, in exploring the prevalence of grandiosity in those with bulimia, maintains that underneath the negativity of low self-esteem, insecurity, poor body image, and self-criticism common to this disorder, there is frequently hidden grandiosity. This grandiosity is connected to the perfectionism, self-criticism, black and white thinking, comparing and judging behavior, and feelings of specialness that are common traits of those with bulimia. Psychodynamically, she explains this grandiosity as a splitting mechanism which enables the person with bulimia to protect the small portion of herself that she feels is good from being overwhelmed. Grandiosity in this way is seen as a response to the narcissistic injury that gender inequality of our culture inflicts upon girls.

When children are raised by parents who can’t adequately meet their needs, pseudo-self-sufficiency is common (Goodsitt, 1997). These children learn to care for others rather than for themselves. Their own needs become unimportant—the female child “functions as a selfobject for [her inadequate parents] while thereby negating her own selfobject needs” (Goodsitt, 1997, p. 209). From this dynamic can develop self-guilt and self-negating behavior. Girls and women who are unable to experience a “true self” become hypervigilant about how they appear to others, often resulting in amplified attention to physical appearance” (Striegel-Moore, 1993, p. 151). Despite an attempt to deny personal needs, eventually these needs demand attention—in anorexia the drama of the emaciated body demands the attention that was earlier denied. “The illness permits the expression of these wishes to be the center of all things and to be in omnipotent control of at least a narrowly defined world” (Goodsitt, 1997, p. 209). In bulimia, the conflict between pursuing her own needs and satisfying those of her unhappy parent is
more conscious. “The bulimic enters puberty and adolescence poorly equipped to regulate her moods, tensions, self-esteem, and cohesion. She turns to bodily manipulation in the form of bingeing, purging, and weight control to temporarily restitute a sense of vitalization and effectiveness” (Goodsitt, 1997, p. 209). In bingeing and purging, “the bulimic steals a self-space that is solely her own; these are often the only moments in her busy day devoted to (restitutional) self-experience” (Goodsitt, 1997, p. 214).

Self-guilt derives from failure in the need for validating that is common in families where the children function as selfobjects for their parents. Goodsitt (1997) conceptualizes self-guilt as an important component of eating disorders. Self-guilt is a pervasive sense of discomfort for simply existing and occupying psychological and physical space. The emaciated body of the person with anorexia embodies this guilt and is an attempt at self-negation. Similarly, purging can be seen as “a form of violence against the self” linked to “bodily shame, sense of worthlessness, and self-loathing” (Allen, 2001, p. 214). Self-guilt helps us to understand the meaning of food to eating disordered people. To feed oneself is to give to oneself and to acknowledge one’s inner needs. It legitimates self-interest. But to the child who has learned to deny her needs in order to meet the needs of others eating means depriving another of sustenance and is unjustifiable self-indulgence.

The intense affective states associated with eating disorders serve to temporarily enliven and vitalize the depleted or underdeveloped self of those with these disorders. “The eating disorder is an attempt to preserve the self” (Allen, 2001, p. 216). While the bodily manipulation of those with eating disorders provides a momentary sense of vitalization or effectiveness,
they have given up on obtaining satisfaction in human relationships via an engagement of their true or real selfobject needs. They have traded competence in relationship for the illusion of effectiveness, control, mastery, and competence that come with self-starvation or with purging to be thin. (Goodsitt, 1997, p. 222)

Treatment from a self-psychological perspective focuses on using the relationship between the client and therapist to develop a more effective and vitalized self. The therapist provides a holding environment and aims to provide some of the client’s unmet selfobject needs.

Summary

There are three major approaches to eating disorder etiology in psychodynamic psychology. Drive/conflict theory postulates inner conflicts as the source of distress that leads to eating disorders. In object relations theory, emphasis is placed on relationships between the self and others. Theorists stress difficulties in the separation-individuation process and difficulties in the mother-daughter relationship that lead to a problematic relationship to the body and to fears of maturity that are manifested in eating disorders. In self-psychology, difficulties in the development of cohesion, self-esteem and self-regulation result from being raised by self-absorbed parents. Eating disorders are seen as attempts at restitution of the self. In the absence of true self, eating disorders provide temporary feelings of control, cohesion and esteem.

Cognitive-Behavioral Perspective

The cognitive-behavioral perspective focuses on current beliefs and behaviors rather than upon childhood development or familial interactions (Lelwica, 1997). Treatment emphasizes changing thought and behavior patterns relating to food and body image. Psychoeducation is often a key component to this approach. The effectiveness of
CBT treatment as demonstrated by a number of randomized controlled trials lends support for the reasonableness of this perspective.

The cognitive-behavioral theory of eating disorders puts weight concerns (cognitions) and dieting (behavior) at the center of eating disorder etiology. Fairburn, Marcus, and Wilson (1993) have developed an etiological model that emphasizes the critical role of both cognitive and behavioral factors in the maintenance of bulimia. First, the individual must value an idealized body weight and shape. This leads the person to restrict their food intake in an attempt to achieve the ideal which subsequently leaves them susceptible to periodic loss of control. Purging follows in attempt to compensate for the effect of bingeing behavior. Purging reinforces the binge eating as it reduces the person’s anxiety about potential weight gain and by disrupting learned satiety which normally regulates food intake. Further the bingeing and purging cycle lowers self-esteem and causes distress which further fosters the conditions that lead to intake restraint and bingeing.

Cognitive theorists (Wechselblatt, Gurnick & Simon, 2000) have directed their attention towards the role self-esteem deficits play in patients with anorexia nervosa. These deficits are seen as related to the cognitive belief that they are incompetent, ineffective, unable to stand up for themselves and ultimately unimportant.

**Social and Cognitive Psychological Perspectives**

Insight into eating disorder etiology can be found in Wegner’s theory of ironic processes (Horowitz, 2004) which attempts to explain why people who are highly socialized and self-restrained sometimes lose control over their impulses and urges. Wegner, Schneider, Carter and White (1987) conducted two experiments in thought
suppression in order to gain understanding of this phenomenon. They found that the act of suppressing a thought paradoxically increases the probability of its occurrence. The process may unfold as follows: a person attempts to put a particular thought out of mind. The person then finds the thought hard to suppress and wonders why it is so insistent. Continued suppression may lead to success in removing the thought from consciousness, however later some reminder occurs and the person, in a moment of weakness, ruminates on the thought. The results of these studies suggest “that in this moment, an unusual preoccupation with the formerly suppressed thought may begin” (Wegner et al., 1987, p. 11). This thought may then grow in strength and meaning in the person’s mind. “And quite ironically, the person who is first most successful in carrying out the suppression may eventually be most susceptible to the resulting obsession” (Wegner et al., 1987, p. 11). This process has obvious implications for understanding eating disorders as it helps to explain the cyclical nature of food intake restriction and the loss of control experienced in subsequent bingeing described above in the cognitive-behavioral etiological model.

Vohs and Baumeister (2004) have drawn similar conclusions from their work on self-regulation. They posit that self-regulation draws on a psychological resource that operates like a strength or an energy supply. When people resist temptation, override natural or overlearned tendencies, or regulate their responses, they seem to deplete this common resource, and subsequently the psyche is in a weakened state and exhibits impaired regulatory functioning. (Vohs & Baumeister, 2004, p. 398)

Again, the implications for understanding eating disorders are clear. The efforts exerted to maintain strict self-regulation around food intake deplete the psychological resource that enables one to maintain control resulting in inevitable loss of control.
Family Systems Perspective

The familial model “sees eating disorders as family pathologies that are rooted in familial dynamics that impede a young woman’s growth as an individual” (Lelwica, 1999, p. 22). Strober and Humphrey (1987) conclude in their survey of knowledge of familial influences on anorexia nervosa and bulimia nervosa that the family environment of people who have developed eating disorders appears to hamper the development of a stable identity, of autonomy, and of self-efficacy through a cluster of disturbed patterns of relating and interacting that are characterized by enmeshment, poor conflict resolution, emotional overinvolvement or detachment, and a lack of affection and empathy. (p. 657)

They also conclude that family-related factors appear to shape the nature of eating disorders through a number of constitutional and experiential pathways that include poor self-regulation, tendencies towards alcoholism and obesity, emotional deprivation and family discord. Finally, as seen in the biomedical perspective eating disorders seem to aggregate in families though understanding of the extent to which the contributions stem from genetics or the environment is unclear.

A modification of this family systems view is found in self-in-relation theory and offered by Carol Gilligan which sees the development of girls and women as characterized by differing forms of connection within relationships rather than by successive states of separation and individuation (Wechselblatt et al, 2000). From a self-in-relation perspective, eating disorders are seen as problems arising out of girls’ struggles for both independence and connectedness.

Wechselblatt et al. (2000) conducted a qualitative study using a diverse sample of 11 anorexic women in the US with the aim of exploring the historical pattern of
relationships for women with anorexia nervosa in order to develop a prototype of the
development of the disorder in women. From this study they developed a prototype
which posits that the development of anorexia nervosa results from and prolongs stalled
development of both mutual relationships and self-formation. Specifically

(1) Women who had certain personality characteristics of perfectionism,
compliance, and dichotomous reasoning, and (2) who grew up within families and
social structures that emphasized substituting others’ needs for one’s own were at
particularly high risk for developing anorexia nervosa during (3) conditions of the
stress of development. (Wechselblatt et al., 2000, p. 117)

They found common problematic social structures to include overvaluing of
appearance and a belief that what one does is more important than who one is.
Problematic family structures in this formulation include emotional role reversal,
triangulation, a sense of inconsistent specialness, and a belief that some emotions are
dangerous.

Family therapy is the centerpiece of treatment from a family systems perspective.
Since the disorder is believed to have developed in response to familial patterns, relief is
obtained through recognizing and changing those patterns in work with the family as a
whole as an adjunct to individual treatment for the person with the eating disorder.

Summary of Psychological Perspectives

In sum, the various psychological perspectives on eating disorder etiology attempt
to explain eating disorders in the content of the development of the individual psyche
largely in the context of the family. Eating disorders are seen as attempts to compensate
for internal conflicts or developmental failures which result in pathological behavior.
Psychodynamic theories of eating disorder etiology focus on eating disorders as
responses to deficiencies in the individual resulting from developmental failure and
traumas. The cognitive-behavioral perspective focuses on current beliefs and behaviors rather than upon childhood development or familial interactions, putting emphasis on the cognitions and behaviors common in those with eating disorders. Social and cognitive psychological concepts are helpful in understanding the thought processes that can give rise to the disordered thinking found in eating disorders. Finally, the familial model sees eating disorders as arising out of family dynamics that interfere with the development of a young women’s ability to care for herself and to negotiate her conflicting needs for independence and connectedness.

Spiritual Perspective

Michelle Lelwica (1999), in her book Starving for Salvation, analyzes the "quasi-religious quality and function of girls’ and women’s struggles with food and their bodies” (p. 7). She argues that “eating problems point to spiritual hungers—desires for a sense of meaning and wholeness” (Lelwica, 1999, p. 7). These spiritual hungers have developed in response to living in a society that continues “to be organized through the logic of dualism and domination: spirit over body, men over women, thought over feeling, white over colored, individual over community, rich over poor and so forth” (Lelwica, 1999, p. 7). Eating disorders seen in this context “signal a desire for meaning and wholeness in the face of injustice, suffering, and uncertainty” (Lelwica, 1999, p. 7), are a solution to a crisis of meaning, and are “symbolic-ritualizing attempts to fill a void, to construct hope” (Lelwica, 1999, p. 7).

Eating problems emerge from and respond to a culture’s prevailing social values and conditions. “Situated amid the symbolic systems and social structures of America today, girls’ and women’s preoccupations with their bodies and appetites are extremely,
though tragically, meaningful” (Lelwica, 1999, p. 12). Lelwica argues that living in American society leaves many girls and women feeling profoundly empty. They experience this society “as void of truth and they carry this void in their bodies, feeding it, starving it, vomiting it up” (Lelwica, 1999, p. 7).

In Lelwica’s (1999) analysis, eating problems entail multiple levels of struggle: “the links between a woman’s efforts to redefine the margins of her own body, her desire for a self-determining voice and presence in society, and her need for a sense of meaning and fulfillment amid the conflicts and disappointments surrounding her life as a whole” (p. 10).

While Lelwica (1999) sees the dynamics of the sociocultural system as essential to eating disorder etiology, her emphasis on the spiritual dimensions of eating disorders distinguishes her perspective from the sociocultural perspective. She sees the search for meaning in the face of meaninglessness, suffering, and injustice to be a religious undertaking. The attempts of girls and women to seek coherence, meaning and redemption in the rigid and narrowly constructed world of food and body obsession fills a gap that has traditionally been filled by religious practice and doctrine.

Pargament, Koenig, and Perez, (2000) have identified five key religious functions: meaning, control, comfort/spirituality, intimacy/spirituality, and life transformation. In the spiritual perspective of eating disorders, we can see that many of the functions of religion are being met for some women in their eating disorders—meaning, control, comfort, and life transformation. Referring to the works of theorists such as Erich Fromm, Pargament et al. (2000) consider control to be a key function of religion. Religion offers people a sense of control when events push them beyond their
own resources. So too does the rigid and narrow world of eating disorders offer a sense of control in a world that often seems out of control.

The comfort and spirituality function of religion involves both comfort seeking designed to reduce apprehension about living in the world and comfort seeking in the form of a desire to connect with a force greater than the individual, i.e., spirituality. We can connect this religious function to eating disorder behavior in the self-soothing, emotion regulating aspects of binging and dietary restriction.

Pargament (2000) also believes that a key function of religion is the facilitation of major life transformations, that is, “giving up old objects of value and finding new sources of significance” (Pargament et al., 2000, p. 521). While the effect of eating disorders is clearly not self-transformative in the positive sense clearly intended in this quote, we can see that girls and women often embark on a path for self transformation via weight control that is meant to bring about such transformation.

Richards et al. (2007) also find a strong connection between eating disorder etiology and spiritual issues based on the importance many women place on the role of faith and spirituality in their recovery from eating disorders.

Treatment modalities which incorporate spiritual and religious themes are gaining popularity and initial research into these approaches show that spiritual exploration and growth during treatment is positively associated with better treatment outcomes (Richards et al., 2007).

Conclusion

There is substantial epidemiologic evidence linking the cultural and social context to eating disorders and disordered eating but the specific mechanisms by which these
contexts contribute to risk for eating disorders is incompletely understood. Further, there exists much appealing theory regarding eating disorder etiology in feminist, social and psychodynamic models. Nevertheless, the hypotheses in this literature remain largely unevaluated by empirical studies (Anderson-Fye & Becker, 2004). The biomedical perspective offers insights into the etiological and physiological mechanisms of eating disorders as well. But again understanding of the role of genetic and biological contributions to eating disorders requires more research.

Likewise criticisms of a purely psychodynamic understanding of eating disorders charge that they focus exclusively upon developmental issues and individual deficiencies. This “obsures the responses to psychic turmoil, namely, the social conditions and cultural values that promote and reward women’s self-negating eating practices” (Lelwica, 1999, p. 23). In response to this criticism psychoanalytically minded clinicians have developed a multimodal perspective to eating disorder etiology. In this multimodal psychodynamic perspective, eating disorders are understood as complex disorders in which individual and family dynamics are seen in interaction with the external environment. This model places “the individual and family attitudes (including the attitudes to food) within the context of biological determinants, society demands on body shape, cultural and gender expectations” (Caparrotta & Ghaffari, 2006, p. 190).

The theories of eating disorder etiology are varied and complex and there is much overlap between the various perspectives. Yet no theory seems to provide a comprehensive explanation for why and how people develop eating disorders. By combining multiple perspectives we begin to gain a comprehensive understanding of the factors that lead to eating disorders. In summary, we live in a patriarchal culture that
emphasizes the value of appearance for women’s success while devaluing women’s contributions and experience, while also promoting a consumer oriented perspective on problem solving. Family systems that are unable to meet the needs of their young people for autonomy and relatedness in developmentally appropriate ways, that encourage girls to put other’s needs before their own are contributing factors. Biological and physiological factors contribute to the predisposition toward and maintenance of disordered eating. Thought patterns, which are encouraged and maintained by both the cultural and familial environment, contribute to eating pathology as well. Finally, spiritual matters are linked to eating disorder pathology in that eating disorders appear to be, in part, a response by some to the spiritual and moral vacuity of much of Western culture. All of these perspectives, when taken together provide a fairly comprehensive way to look at eating disorders and to understand their origin. Yet our understanding still can feel incomplete.

Existentialism grew out of a need in psychiatry and psychology as a whole to be able to understand the underlying mechanisms in human nature and to thereby construct a structure upon which all specific therapeutic systems can be based. This need for an underlying structure is relevant to eating disorders. In the next chapter I will explore how the explicit application of existential psychological theory to the problem of eating disorders can be used to provide a structure for understanding eating disorder etiology in a more comprehensive manner.
CHAPTER IV
SYNTHESIS

In the two previous chapters, I explored existential psychology and existing theories of eating disorder etiology. In this chapter I will use existential psychotherapeutic concepts to enrich our understanding of eating disorder etiology and to explain some eating disorder phenomena.

Existentialism claims that existential concerns are primary motivators of human behavior and, as thus, are essential in understanding humanity. Building on psychodynamic theory, existentialism conceptualizes existential concerns as fundamental to the internal conflict that motivates both functional and dysfunctional human behavior. If this is so then the application of existential concepts to eating disorder etiology is essential if we are to gain a thorough and accurate understanding of eating disorders. In this chapter I will show how the explicit inclusion of existential theories in eating disorder etiology round out our understanding of the topic. The existential topics most directly relevant to this discussion are death anxiety and related terror, meaning-making, the process of becoming or self-actualization, and struggles with isolation and connection. These topics will be related to various aspects of sociocultural, spiritual and psychological etiologies of eating disorders. I will also explore how the body, as a reminder of one’s creatureliness and thus of existential paradox, can become the locus of women’s struggles with existential concerns. Biomedical perspectives on eating disorder
etiology will be incorporated as I explore how the physiology of eating disorders interacts with existential, psychological, sociocultural and spiritual issues in the development of these disorders. Finally, I will explore how problems in close relationships can lead to existential vulnerabilities that in turn can lead to eating disorders.

Sociocultural and Spiritual Issues, Existentialism and Eating Disorders

There are many indications that existential concerns play a role in the etiology of eating disorders. Terror Management Theory (TMT), which has much in common with the sociocultural and psychological perspectives on eating disorder etiology, provides us with a framework for thinking about the interaction of cultural, spiritual, and psychological forces, existential concerns, and eating disorder development. Eating disorders can be seen as symptoms that have developed in response to living in a culture that has failed to adequately address existential issues. Paradoxically, they can also be seen as an attempt to restore security within that failed system.

The sociocultural and spiritual perspectives of eating disorder etiology emphasize the ways in which our culture fails to meet our human needs that, while not specifically labeled as such, are existential in nature. The existential topics dealt with in these theories include: self-actualization, self-esteem, meaning-making (the need to know), and protection from anxiety (the need to not know). In this section, I will use the insights and research of Terror Management Theory, as well as feminist theories, to describe the complex interactions between existential concerns and eating disorders on a cultural and spiritual level.

According to TMT, effective terror management requires faith in a cultural worldview (CWV) and belief that one is able to meet the standards of that worldview.
When both of these requirements are in place, culture effectively buffers its members from existential anxiety by simultaneously providing explanations for why we are here and by distracting us from awareness of existential paradox. (Culture also provides the structure for developing and maintaining social connection which has an important role in terror management. I will explore the interaction of close relationships, existential concerns and eating disorders later in this chapter). Cultural worldviews “imbue the world with order, meaning, and permanence and then provide the promise of protection and death transcendence” (Mikulincer et al., 2004, p. 288). Further, faith in the CWV and belief in one’s ability to meet the standards of the CWV also facilitate the process of becoming with in the values of that CWV. Unfortunately, in North America the dominant cultural worldview provides a belief system that many girls and women find difficult to have faith in and/or that sets largely unattainable standards for fulfillment resulting in an inability to maintain the belief that they can meet the standards of that worldview and thus in a collapse of self-esteem.

Cultural worldviews must simultaneously meet our need to know-- to live fully and strive towards self-actualization and our need to not know—to deny the inevitability of our death and to protect us from being overwhelmed by the reality of existence (see Figure 1, p. 80). However, as we shall see, culture is not always successful in fulfilling both of these functions or fulfilling them simultaneously. Culture may fail to buffer terror and anxiety by failing to offer meaningful explanations for why we are here. Culture may also fail to suggest attainable paths to self-actualization/authentic becoming or may promote paths that encourage alienated becoming or non-becoming. Another way of saying this is that culture may promote standards for success in terms that are not
Cultural Worldviews (CWV) have two existential functions
1. anxiety buffering (the need to not know)
2. aid meaning-making & self-actualization (need to know)

CWV is successful in buffering and ideal is accepted

CWVs can fail in two ways
2. Failure in to aid in meaning-making
3. Standards for self-actualization are unattainable

1. Failure CWV explanations are inadequate or contradictory

2. CWV is intact but standards are unattainable

Break—through of existential anxiety

Figure 1. When cultural worldviews fail to in their anxiety-buffering and/or meaning-making functions, individuals are subject to existential anxiety and at risk for eating disorders.
attainable by most people and that do not reflect the reality of the natural world. Further, culture’s attempt to provide protection from terror can be at odds with its attempt to aid us in the path toward self-actualization.

Each scenario can lead to a break through of terror and to despair. Within this framework, eating disorders can develop along three pathways (see Figure 2, p. 82). Some people develop eating disorders as a direct response to their despair resulting from the failure of the CWV to either provide a path to self-actualization or to protect them from terror. Others, when faced with despair generated by failures in the CWV may redouble their efforts to comply with the standards of the CWV in order to maintain their belief in their ability to meet the CWV standards and to thus maintain their self-esteem. Increased attempts at compliance with CWV standards can result in successful buffering of terror and provide a path towards becoming though this may be alienated becoming rather than authentic becoming. These increased attempts at compliance can result in eating disordered behavior. Finally, in the context of a CWV that promotes a path to self-actualization or success for girls and women that is based upon extrinsic values over intrinsic values, the CWV may be both successful in buffering terror and in providing meaning and direction. However, the individual may still develop an eating disorder as a result of pursuing a path of alienated becoming that promotes disordered eating behavior.

**Failures of the Dominant Cultural Worldview**

There are two ways that the dominant Western CWV fails in its existential functions. Firstly, the dominant CWV fails in its meaning-making role. For many people, it fails to provide satisfactory explanations for why we are here and for what our role is in this existence. The ways that the culture describes itself are contradictory and fail to
Figure 2. Three possible paths to eating disorders. Two flow from a break-through of existential anxiety related to the CWV failure to buffer existential terror; 1) the first path is direct; 2) the second arises from increased efforts to comply with standards of the CWV. 3) The third arises when the CWV is successful in its existential functions. 4) A break-through of existential anxiety can also lead to rejection of the CWV. 5) Increased attempts to comply with the standards of the CWV can lead to alienated becoming but not necessarily to an eating disorder.
inspire belief or to provide meaning. Our world is unjust, unequal, and rife with suffering. Yet it promotes the myth that it is just and equitable. In Lelwica’s (1999) analysis of eating disorders and spirituality, she describes North American culture as previously predominantly religiously oriented. Gradually this has changed so that now it is a media-saturated and profit-driven culture in which religious questions about the meaning of life are often relegated to the universe of the individual self, or treated with absolute assurances in the public sphere, or commodified in the interests of consumer capitalism. (Lelwica, 1999, p. 6)

With the decline of religious thinking, our society no longer offers a deeply meaningful worldview—one that genuinely grapples with existential concerns or that offers palliatives to existential pain. Instead, it offers us relief via consumerism and the pursuit of physical perfection. Our CWV is rife with contradictions, false promises of equality and fairness, dead end paths to happiness and fulfillment. It only takes a moderately inquisitive mind to see that this is the case. According to Kilbourne (2004), “girls with eating disorders have a heightened, albeit confused, grasp of the dangerous imbalance of the culture’s abject denial of their adolescent intuitive truth, so they tell their story with their bodies” (p. 110). Similarly, Lelwica (1999) argues that living in American society leaves many girls and women feeling profoundly empty. They experience this society “as void of truth and they carry this void in their bodies, feeding it, starving it, vomiting it up” (p. 7).

Secondly, the CWV is organized around domination, dualism, and consumerism; systems of value in which extrinsic goals are valued more highly than intrinsic ones and in which “spirit over body, men over women, thought over feeling, white over colored, individual over community, rich over poor” (Lelwica, 1999, p. 7) are the organizing
principles. In this culture, thinness is overvalued and women’s appearance and the standards for success for girls and women, which are very closely associated with appearance, are unrealistic and largely impossible to achieve. Thus the CWV fails to offer paths to self-actualization that are possible and based on intrinsic goals. “The culture… urges girls to adopt a false self, to bury alive their real selves, to become feminine” (Kilbourne, 2004, p. 253). Ultimately, this is an empty and unnourishing perspective, one that promotes alienated becoming over authentic becoming. “The dominant cultural ideals, beliefs, and practices that are used to feed girls’ and women’s creative spirits” (Lelwica, 1999, p. 14) are potentially lethal in their shallowness.

Thus, girls and women may have trouble in both areas that TMT says will protect them from existential terror; they have difficulty believing in the cultural worldview and/or in seeing themselves as valuable contributors to it because the standards for success are unrealistic, contradictory and superficial. Thus the CWV fails to provide a system of meaning and belief that girls and women can have faith in. This allows for the break through of existential terror and many experience despair.

*Three Paths to Eating Disorders*

With this understanding of the two ways that the cultural worldview can failure in its existential functions we can trace the three paths to eating disorders proposed herein (see Figure 2, p. 82). Firstly, in the most direct path to eating disorders, some girls and women engage in disordered eating behaviors in an attempt to regulate the unpleasant emotions associated with the damaged self-esteem, despair and hopelessness, fear of the future, and fear of death which can result from the failures of the CWV in its existential
functions of providing buffering of terror and providing meaning and direction (See Figure 1, p. 80).

Secondly, within the framework of TMT, we see that when it has become difficult for an individual to maintain her belief in her CWV or to meet the standards of that worldview, she is subject to terror. In this situation, she has a choice in responding to this breakthrough of anxiety. She can confront the problems in that worldview by examining it critically and even perhaps rejecting it. Or, she can turn from that potentially terrifying task and instead locate the source of the problem within herself and decide to increase her efforts to comply with the expectations of the worldview. Perhaps it is easier and less frightening to temporarily sacrifice one’s self-esteem by admitting that one does not adequately meet the standards of the worldview than it is to give up one’s worldview entirely, especially since the dominant CWV supports the idea that one can change one’s appearance. Thus in the face of despair resulting either from inadequate buffering or from an inability to meet the standards of the CWV, some women may increase their attempts at compliance with the standards of thinness and beauty. Goldenberg et al. (2005) conducted three studies exploring the connections between body mass index, mortality salience and restricted eating. They found that the desperate measures by which women strive to be thin are motivated, in part, by an existential “need to conform to internalized cultural standards” (Goldenberg et al., 2005, p. 1410).

This decision making process by which a woman decides to increase her efforts to comply with the cultural ideal for thinness is an example of a distal defense and probably takes place on an unconscious or preconscious level. Bodily modification is normal in our culture and when women are successful, as they often are, at least temporarily, in
modifying their appearance in a way that brings them closer to the cultural ideal, they are rewarded and their self-esteem in restored. They are complimented on how great they look; they get more dates; they get to purchase smaller sized clothing; they feel the pleasure of seeing lower numbers on the scale. And their terror is successfully contained and they are able to maintain their faith in their CWV and feel secure in their ability to meet its standards.

This initial success in increased efforts to meet the body ideal standards may be an end in itself. Certainly for many women, equilibrium of sorts is restored. They have been successful in meeting the standards of the culture and their belief the CWV is reinforced by their success. Terror is buffered. And probably for most people, their efforts to conform have not taken on pathological dimensions. If they have engaged in any disordered eating behaviors, they have not escalated to the level of pathology.

Of course for others who have opted to increase their efforts at compliance, things may go differently. For instance they may not be successful in changing their weight or body shape. Or they may be successful in changing their body shape or size but this doesn’t adequately buffer their anxiety. This can lead to more despair and to escalating efforts to attain the ideals. Either of which can lead to excessive dietary restriction or to binge and purge cycles.

The third path to eating disorders in this model isn’t one that develops in response to despair or other negative affects resulting from failures in the CWV. Rather this path is, in a sense, a result of the success of the CWV. In this scenario, the individual accepts the explanations offered by the CWV and has a belief in their ability to meet the standards of the CWV. They accept the path to success offered and they readily and
successfully comply with the culturally defined ideal. Nevertheless, they may develop an eating disorder in a congruent attempt to meet these standards simply because the physiological responses of the body to dietary restriction may trigger the beginning of the bulimic cycle or may snowball into anorexic self-starvation.

According to the cognitive behavioral perspective on eating disorder etiology, the starting point of the bulimic cycle is the individual’s acceptance of the value of the culturally defined idealized body weight and shape (Fairburn et al., 1993). This acceptance can be seen as an act of conformism on the part of girls and women in which they surrender to the collective attitudes and responses of their CWV at the risk of losing awareness of their own potentialities and uniqueness. In accepting this ideal and attempting to conform to it they are bolstering their sense of belonging, their belief in their CWV’s ability to provide them with a path towards happiness, success or security. Further, in acting to comply with the ideal through such things as restriction of food intake, excessive exercise, they are expressing their self-esteem preserving belief that they are able to meet the demands of their CWV and contribute meaningfully to society. Thus the two conditions that terror management theory proposes for management of existential terror are met when girls and women accept these beauty standards for themselves. However, while they are protecting themselves from existential terror on one level via the non-being of conformism with the CWV, they are, in many cases beginning a cycle of cognitions and behaviors that are associated with increased risk for eating disorder pathology.
Problems with Self-Actualization

Acceptance of the culturally defined idealized body weight and shape can be seen as problematic on another level (see Figure 2, p. 82). Acceptance of the CWV standards for beauty may reflect the incorporation of incongruent goals which are marked by pursuit of extrinsic values of financial success, image, and popularity. Because the organismic valuing process acts as a guide towards health and well-being it should, in most circumstances, lead people toward authentic becoming (Kasser & Sheldon, 2004). However, becoming sometimes goes awry. Certain types of experiences can lead people away from their organismic valuing process and thus away from authentic becoming.

Research suggests two processes that can lead people away from becoming (Kasser & Sheldon, 2004). First, exposure to environmental messages that suggest pathways to happiness can be at odds with an individual’s organismic valuing process (OVP) such as when these messages tell girls that they will be happy and successful when and if they lose weight. This leads to alienated becoming. Second, when people experience environments in which they feel insecure, unloved, or highly controlled this can lead to people either giving up on goal pursuit (non-becoming) or lead them in pursuit of goals that are concerned with gaining approval of others rather than authentic becoming. In the social modeling theory, a problem “occurs when social institutions suggest beliefs, values, and goals that are at odds with the OVP and the person’s real needs” (Kasser & Sheldon, 2004, p. 489). Western cultural worldviews which demand thinness for women do just that.
We live in a culture in which the government and the corporate-controlled media continually suggest that the good life is the goods life, that success and happiness depend largely on one’s wealth, status, and the possessions one has accumulated. This view is, of course, useful in maintaining the consumer-based hypercapitalistic economic system under which much of the world exists, but...the internalization of such values actually leads people away from health and authentic becoming. (Kasser & Sheldon, 2004, p. 489)

This becomes a problem for many girls and women. “To the extent that women and girls take on such messages, they often ignore their own inner desires to express themselves in other ways, to accept their imperfect bodies, and sometimes even to eat healthily” (Kasser & Sheldon, 2004, p. 489). Studies show that when people emphasize goals related to money, image, and status that they report less happiness and more distress on indices of well-being. This suggests that extrinsic goals lead people to lifestyle choices that poorly satisfy psychological needs for competence, relatedness, and autonomy. In following goals that do not fit one’s interests, needs, or potentials, people become alienated from their deepest possibilities, real needs and true self. The belief that one’s body shape and sexuality are largely determinative of one’s worth is an example of societal values that are at odds with health and authentic becoming.

*The Absence of Eating Disorders*

Of course there are options other than despair and eating disorders for those who fail to meet the cultural standards for body weight and shape. Failure to meet cultural standards does not necessarily mean that one is subject to lasting terror (see Figure 2, p. 82). For instance, sometimes people do not care about specific cultural standards because of how they were socialized as children or because they have defensively disengaged from standards that they feel they are incapable of attaining. One study (Goldenberg, Pyszczynski, Greenberg, & Solomon, 2000) proposed that groups that are stigmatized can
and do maintain self-esteem by rejecting the values of the cultural mainstream and by finding value in meeting alternative standards. Thus their failure to meet the standards of the CWV does not negatively impact their self-esteem and they do not experience a breakdown of anxiety buffers. Another response to cultural standards that one cannot meet is to defensively disengage from the standards that they do not feel capable of meeting—they reject or discount these standards which unimportant to them and to the maintenance of their self-esteem. Finally, for some, increased attempts at compliance with the cultural ideal may not lead to an eating disorder at all and the individual’s increased efforts to comply provide anxiety buffering (see Figure 2, p. 82). Nevertheless, for most people this would be a state on alienated becoming.

**Eating Disorders as Buffers of Existential Terror**

In some instances, eating disorders themselves can be seen as alternative cultural worldviews that provide anxiety buffering and a path towards becoming. As we have seen, for some people failures in anxiety buffering and meaning-making functions of their cultural worldview lead to the escalation of normative patterns of disordered eating into the realm of full-blown eating disorders which then take on a life of their own. At this point, individuals with eating disorders enter another world in which the scope of what’s important and meaningful narrows to exclude most concerns outside of food and weight. Metabolic imbalances and other physical responses to dietary restriction such as mood disregulation; failed thought suppression; self-esteem garnered from successful weight loss; the cycle of bingeing and purging—some or all of these things begin to take over and to take on a life and meaning of their own (Lelwica, 1999). They provide meaning where the larger society’s worldview, with its inconsistencies and hypocrisies,
failed. In this way, eating disorders are also a solution—a means of managing terror in the face of the failure or the culture to assist in this task.

And yet, despite the anxiety buffering properties of eating disorders, they are a form of non-being in the sense that they result in the loss of potentialities and derail authentic becoming. Eating disorders prevent girls and women from tolerating the realities of existence and from constructively engaging in the world and their lives. Eating disorders limit cognitive resources as when self-objectification comes into play. And of course they pose serious risks to health and even to life.

*Ostracism and Pressure to Comply*

One compelling explanation for girl’s and women’s efforts to conform to the cultural standards of beauty is suggested by Case & Williams (2004) in their work on the fear of ostracism. Ostracism may be one mechanism through which existential concerns are activated and used to encourage compliance with cultural standards. People are motivated to conform to the CWV, in part out of fear of ostracism. “Ostracism occurs when an individual or group excludes or ignores other individuals or groups” (Case & Williams, 2004, p. 337) and is commonly used in response to unacceptable behavior as a punitive measure. However, it also occurs when an individual is considered unworthy of attention. This may be even more difficult to bear than punitive ostracism. In this case, ostracism is a reminder of what life would be like if we did not exist--the ostracized person ceases to exist as a social being, they are cut off from their social network and experience a social death. “The withdrawal of attention and recognition … may remind targets of their fragile and temporary existence, and its lack of meaning and worth” (Case & Williams, 2004, p. 341). Thus, it may be that existential concern with isolation may be
triggered by ostracism. It may “serve as a very frequent and potent reminder of the deeper anxieties that people have about their existential isolation from others” (Case & Williams, 2004, p. 348). Further, “because humans have the capacity to consider and reflect on their own mortality, ostracism also presents a powerful and palpable mortality metaphor. In effect, being subjected to ostracism is experiencing what life would be like if one was dead” (Case & Williams, 2004, p. 338).

Case and Williams (2004) conclude that when girls and women fail to meet the cultural standards for beauty they are at risk for ostracism. The fear of ostracism based on one’s body shape or appearance may have the effect of making mortality salient to many girls and women and may consequently provoke attempts to increase faith in their CWV. Thus, fear of ostracism and its potential to remind us of our existential anxieties may be a powerful motivator for girls and women to attempt to conform to the unrealistic standards of the CWV.

Nearly every child in North America has either witnessed or been the victim of teasing or rejection based on body size and shape. “Fat children are ostracized and ridiculed from the moment they enter school, and fat adults, women in particular, are subjected to public contempt and scorn. This strikes terror into the hearts of all women” (Kilbourne, 2004, p. 256). Kilbourne relates a letter written to New Moon, a feminist magazine for girls, by a 10 year-old girl which provides an illustration of the brushes with ostracism that are so common in our culture.

I was at the beach and was in my bathing suit. I have kind of fat legs, and my uncle told me I had fat legs in front of all my cousins and my cousins’ friends. I was so embarrassed, I went up to my room and shut the door. When I went downstairs again, everyone started teasing me. (H. Henderson, personal communication, March 22, 1999 as cited in Kilbourne, 2004)
When subjected to this sort of treatment many girls diet, they exercise, they count calories or grams of fat, they weigh themselves and inspect their bodies in mirrors and shop windows. They start down the path that leads, for some, to eating disorders.

*Assimilation Pressures*

As noted in Chapter 3, individuals from non-Western cultures who immigrate to Western cultures or whose societies are undergoing social and economic change are subject to a great deal of stress which puts them at risk for eating disorders. This stress is related to the difficulties of negotiating multiple cultures and gender role expectations. Looking at this through the TMT lens we see that the stress placed on the individual’s faith in their CWV by exposure to competing worldviews may make them vulnerable to existential anxiety. This in turn can lead to increased efforts to comply with standards of either the new CWV or the old CWV. The economic benefits offered by adherence to the Western CWV is compelling to many young people in the developing world. Thus it follows that efforts to comply with the standards of the new CWV would be undertaken by young women faced with assimilation, acculturation and/or globalization in order to assure success in the new society and also in order to stave off existential anxiety. However, since the ideals are unobtainable by most people, pursuit of these ideals, combined with the additional stresses experienced by people caught in the confrontation of the old and new, makes them vulnerable to eating disorders.

* Bodies as a Site for Existential Struggles*

As humans with both animal bodies and self-consciousness, we feel an underlying ambivalence toward our bodies because they are constant reminders of our mortality
while they are also the medium through which we experience the richness and vitality of life. Since we find it distressing and anxiety provoking to live in constant awareness of our mortality, we have devised culturally based symbolic constructions of meaning that help us to distance ourselves from the creatureliness of our bodies. This distancing is an “inherent existential need” (Goldenberg & Roberts, 2004, p. 74).

And yet, we can never be completely successful in distancing ourselves from the physicality of our bodies. Our bodies are directly related to the satisfaction of our basic human needs for safety, food, shelter and sex and must be dealt with constantly. They are also the locus of some of the most pleasurable, invigorating and live affirming experiences we can have. They are the medium through which we live and feel alive.

When we consider the historical cultural association tying women to physicality, alongside the current continued emphasis on slenderness as a means for success and the existential need to distance ourselves from the mortality reminding properties of our bodies, we see that the body is a natural site for the girls’ and women’s struggles with existential issues. As Steiner-Adair (1986) notes “girls with eating disorders…tell their story with their bodies” (p. 110). Thus bodies can become a stage in the human drama of the struggle with existential paradox. Eating disorders are one act in this drama.

According to Goldenberg & Roberts, (2004),

There are two ways to defend against the threatening aspects of human physicality. First we can deny, conceal, and certainly devalue our more creaturely features, but alternatively, we can also strip the threatening connotations of the physical body by imbuing those aspects of nature with symbolic, cultural meaning and value. (p.74)

The simultaneous use of these two defensive postures creates contradiction in our attitudes and relationships to our bodies. This is particularly apparent in cultural reactions
to women and their bodies. On the one hand, women are devalued when they are viewed as evil, dirty, and animalistic. On the other hand, they are transformed when they are revered as pure, beautiful goddesses (Goldenberg & Roberts, 2004). An example of these contradictory responses to female bodies is noted by Kilbourne (2004). She states that girls are put in a terrible double bind in our culture: they are supposed to repress their power yet be successful, be nice but compete in the business world. They are expected to be overtly sexual and yet essentially passive and virginal. The tension of these contradictory expectations placed on girls and women is often acted out on their bodies and one form of this acting out is manifested as eating disorders.

We can see that eating disorders embody both defensive postures. Acceptance of the idealized female body that is sought by most women and that it is often the starting point for eating disorders is perhaps an example of an attempt to remove the body of its threatening connotations by framing it with symbolic meaning. “By subjecting the body to cultural standards, it is transformed into a symbolic entity and thus becomes rather than a reminder of death a vehicle for defense against it” (Goldenberg et al., 2005). Conversely, the intense body dissatisfaction that is a part of eating disorder symptomology is reflective of the devaluing defensive response as it reflects the negative attitudes with which the culture has imbued female physicality.

This position is supported by studies conducted by Goldenberg and Roberts (2004) that “illustrate that existential concerns in particular can fuel women’s self-objectification practices and desire to attain cultural standards for their bodies” (p. 78).
They argue that

women themselves go to great lengths to conceal and control their bodies more creaturely features and functions, and hence their association with nature, in order to live up to cultural beauty standards for the female body that provide protection from existential concerns. (Goldenberg & Roberts, 2004, p. 79)

Thus we can see that the existential difficulties inherent in being human and living in a body combined with the unique cultural response to human creatureliness can create the circumstances in which eating disorders come into being.

We can gain some insight into the reasons why girls’ and women’s bodies become the staging ground for existential struggles that may develop into eating disorders from experimental existential psychology, object relations, biology, and self-in-relation theory. In experimental existential psychology the work done by Goldenberg, Hart, Pyszczynski, Landau and Thomas (2006). They conducted three experiments that explored the relationship between ambivalence toward the body, death, neuroticism, and the experience of physical sensation. They found that priming participants’ thoughts about their death led individuals high in neuroticism to flee from both unpleasant and pleasant physical sensations. They theorize that “that which makes one feel most acutely alive also has the potential to serve as a reminder of one’s vulnerability to decay and death” (Goldenberg et al., 2006, p. 1273).

The implications of these findings on the understanding of eating disorders from an existential perspective are interesting. If reminders of death cause highly neurotic individuals to flee from physical sensation, might this not be a factor in the avoidance of eating all together found in anorexia nervosa? In this study, they also found that there was
a tendency for people who rate high in neuroticism to more strongly approach tactile experiences in the absence of death thought priming. The authors speculate that perhaps neurotic individuals’ difficulties with meaning, value, and anxiety may make them especially attracted to that which is pleasurable or intense...as long as its association with the human body is relatively weak. Reminding neurotic individuals of their mortality may make these associations stronger, more salient, or more troubling and thus lead to the avoidance of tactile sensations and other experiences that provide reminders of our animal nature. (Goldenberg et al., 2000, p. 1274)

Perhaps individuals struggling with bulimia nervosa can be viewed from this lens. They are attracted strongly attracted to the pleasurable sensations of eating, in part to cope with their existential concerns. However, the act of eating itself may actually provide a mortality reminder (not unlike that in the study) which triggers an intense need to be free of the physical sensations of fullness leading to purging behavior.

Eating disorder etiology from an object relations perspective locates the body as the sight of girl’s struggles with independence and guilt. Existential issues can easily be combined with the object relations perspective on eating disorders to show the connection between eating disorders, existential concerns, and the body. In object relations, the mother –daughter relationship is seen as problematic in individuals with eating disorders due to developmental failures in the oral incorporative stage of development. This is thought to lead to later problems with separation-individuation. The child is believed to have fantasies of oral incorporation of her over controlling mother. Because of this incorporation she equates her body with her mother and experiences it as threatening in nature which leads to attempts to thwart her maturation via food restriction in order to minimize her identification with her mother. Perhaps another explanation for why she feels threatened by her body could also be that it reminds her that she will die one day
and her attempts to thwart her maturation are in fact attempts to stave off death. Or, her body may be threatening because she is becoming aware of the contradictory and impossible expectations that will be placed upon her when she matures into womanhood. Further, object relations theorists note that bulimic girls have difficulties expressing their emotions and needs verbally and have thus turned to the body as the vehicle for communication (Caparrotta & Ghaffari, 2006). Thus, through the object relations perspective we see how the body may be the sight for existential struggles.

Another reason that bodies become the focus of existential struggles in the form of eating disorders is because of the interaction of the cultural pressure to be thin and psychological forces with the body’s own response to dietary restriction. We saw in chapter 3 that dietary restriction leads to physiologically driven changes in affect regulation, social interaction, and physical and cognitive functioning that tend to perpetuate the cycle of eating disorder pathology. Initial culturally sanctioned attempts to reduce weight and body size that are exacerbated and encouraged by existentially related concerns can, through dietary restriction, touch off a cycle of thought suppression and rebound. When combined with physiologically based changes this can feed the bulimic cycle of binge and purge behavior.

In summary, girl’s and women’s bodies are prone to become a site of existential struggles which can develop into eating disorders. Humans have a natural ambivalence toward their bodies because they act as constant reminders of mortality. Because of this humans have inherent existential need to distance themselves from their bodies. When this is combined with contradictory demands placed on girls and women the tension of these various forces can lead to eating disordered behavior. Further, psychological and
biological factors interact with these existential and cultural forces in ways that emphasize the body further reinforcing the body as a site for existential struggle.

Relationships, Existential Concerns, and Eating Disorders

Thus far we have looked at the interactions between existing theories of eating disorder etiology and existential psychotherapeutic theory in the realms of culture and the body. In this section, I will explore the interaction of eating disorder etiologies that emphasize interpersonal relationships with existential concerns. Particularly I will look at how problems in the close relationships can interfere with an individual’s ability to use these relationships to buffer anxiety and regulate emotions and how this failure can lead to the development of eating disorders. Further, I will look at how problems in the development of close relationships can interfere with the development of a self that is equipped to move in a healthy manner towards self-actualization and the assumption of personal responsibility.

Close Relationships

In their adjunct to terror management theory, Mikulincer et al. (2004) posit that close personal relationships can act as symbolic shields against the terror of death awareness by offering a sense of security and self-esteem as well as protection from death awareness. Relationships provide a fundamental buffer from existential anxiety and are, among other things, a source for the construction of a positive sense of self-esteem. Research shows that the use of close relationships as terror management mechanisms is characteristic of individuals who have a strong sense of self-worth and connectedness to the world (Mikulincer et al., 2004). Conversely, negative interpersonal relationships can thwart a person’s sense of security, continuity and connectedness to the world. This can
lead to the development of alternative regulatory strategies in the place of seeking close relationships. In these situations, research has shown that these persons tend to adhere to cultural worldviews as an alternative regulatory strategy for enhancing their self-esteem and gaining some sense of value and meaning that can protect them from death awareness. In other words, in the presence of healthy attachment and development of close relationships, people tend to rely on their close relationships to buffer the anxiety of death awareness and other existential concerns and to regulate their emotions in the face of these concerns. However, when close relationships have been absent or unhealthy, people tend to turn to alternative strategies for buffering their existential concerns and regulating their emotions.

In the absence of healthy, close personal relationships, some use of food to allay existential anxieties. Schneider (1990), in his work with obese compulsive eaters, found that many of his patients were using food to control anxiety that was existentially existential in origin. For example, some clients turned to food as a form of comfort and solace during stressful periods “to quell a desperate sense of isolation and uncertainty about their lives” (Schneider, 1990, p. 96). One patient directly acknowledged using food in the place of the love she never received as a child. Food was also used as a way of avoiding taking responsibility for one’s life (eating out of boredom), avoiding the freedom to choose (eating in response to the expectations of others), and avoiding the inherent limitations of life (eating for instant gratification).

Similarly, from a psychodynamic perspective on eating disorders we see that ego deficits in object constancy are considered causative factors in eating disorders. In these situations, binge eating may develop in an attempt to control anxiety in the absence of
current close relationships by evoking the symbiotic connection experienced as an infant while being fed (Goodsitt, 1997). Resorting to disordered eating as a means of emotion regulation “may stem partly from a failure to develop secure attachment relationships that provide the bedrock for self-regulation and enable the individual to reach out for support” (Allen, 2001, p. 215).

Thus, in the absence of satisfying close personal relationships, people turn to alternative regulatory mechanisms for managing existential concerns. The use of food as mechanism to regulate emotion and to stave off existential anxiety is a significant alternative mechanism which may be a significant factor in eating disorder etiology.

*Further Problems with Self-Actualization*

The absence of satisfying relationships can also thwart the existential need for self-actualization. Self-psychology theorizes that failures in the development of a cohesive self are the cause of eating disorders. Eating disorder symptoms are seen as attempts to gain or restore a sense of wholeness, vitalization and effectiveness; all key components to a healthy self and necessary in the process of self-actualization. Having missed aspects of nurturing and selfobject relations that promote the development of a true or actualized self, the development of a false self is common.

From an existential perspective, the development of a false self (also known as an alienated self) leads to existential guilt. This guilt is conceptualized as a positive force in that it can help to guide one towards one’s true or authentic self (May, 1958b). However, if the development of the self has been too compromised it may not be possible to utilize that guilt as a positive motivating force and the guilt may become overwhelming. In this case, the guilt experienced may be similar to self-guilt described by Goodsitt (1997) as
guilt for simply existing and taking up space. Goodsitt relates self-guilt to anorexia in particular and suggests that self-guilt makes it difficult for eating disordered people to feed themselves as they see it is an act of giving to oneself and acknowledging one’s inner needs. When a person has difficulty identifying and gratifying even her most basic needs, she will be thwarted in the existential need for self-actualization.

*Isolation v. Connection*

Adolescent girls’ struggles with the existential concerns of isolation and connection are seen as key components in eating disorder development from the object relations and self-in-relation perspectives. Self-in-relation theory criticizes Mahler’s theory of separation-individuation as it pertains to women’s development (Wechselblatt et al, 2000). Implicit in Mahler’s view is that “the healthy person is individuated, autonomous, and separate with clear boundaries and that merger in relationships along with more permeable boundaries is pathological” (Goldstein, 1995, p. 129). In contrast, self-in-relation theory sees women’s development as evolving in the context of relatedness. They argue that the major developmental goal for women is enhanced connection rather than increased self-object differentiation and separateness. Optimal conditions for women’s growth occurs when they experience mutual engagement, empathy, and empowerment with significant others. Non-responsive relationships and disconnection lead to pathology rather than problems with separation-individuation per se (Goldstein, 1995).

There are multiple pressures on girls at this stage of life that make developing independence (as valued by Western culture) and maintaining relatedness (a crucial aspect of girls’ developmental process) very difficult. Catherine Steiner-Adair (1986)
noted that girls in adolescence “experience themselves to be at a crossroads in their lives where they must shift from a relational approach to life to an autonomous one, a shift that can represent an intolerable loss when independence is associated with isolation” (p. 107). Close relationships, if they were not already problematic, can become so for girls at this stage. The quest for independence encouraged by women’s movement and American ideals can also be problematic if it leads to the denial of the importance of and need for interpersonal relationships (Kilbourne, 2004).

Given the emphasis of the CWV for girls upon appearance and the inherent contradictions in expectations for girls and women, as we have seen, eating disordered behavior is one common response to struggles with and failures in relatedness for girls and women. Through the process described above, in which problems with close relationships can lead to the break through of death anxiety, girls and women with eating disorders have come to rely upon adherence to cultural worldviews for self-esteem maintenance. “Cultivating a thinner body offers some hope of control and success to a young woman with poor self-image, overwhelming personal problems, and no easy solutions” (Kilbourne, 2004, p. 255).

Another Option

The breakdown of the various mechanisms buffering us from the anxiety of a confrontation with the realities of our existence can lead to eating disorders or other forms of non-being in an attempt to avoid being overwhelmed. The various forms of non-being are not always effective in providing protection from existential concerns and ultimately can lead to a stark confrontation with terror. This is not necessarily a bad thing. The outcome of an unflinching exploration of existential fears and the realities of
existence can instead lead to a deeper sense of aliveness or faith, and can lead to healing, self-transcendence and to richer and more fulfilling lives. “Redemption is achieved by plunging oneself into the ‘true’ vocation of the human being, which, as Kierkegaard said, “is to will to be oneself” (Yalom, 1980, p. 285).

Conclusion

In this chapter, I have attempted to show how existential concerns explicitly interact with cultural pressures, the experiences of living in human bodies, and relational problems in complex ways that can lead to the formation and maintenance of eating disorders. I have shown how close relationships, faith in a cultural worldview and belief in one’s ability to meet the standards of that worldview protect people from existential terror and moderate other existential concerns. In the first section I described three possible pathways to eating disorders relating to failures of Western cultural worldviews to adequately buffer individuals from existential anxieties or to provide paths to self-actualization that are based on intrinsic values. Anxiety and despair experienced as a result of these CWV failures can lead directly to eating disorders in an attempt to regulate emotion and control anxiety. They can also lead to eating disorders when individuals increase their investment in the cultural worldview as a response to their anxiety and thus increase their attempts to meet the cultural ideal of thinness and beauty. These attempts can lead to eating disorders. Even when the CWV is found adequate by individuals in its roles of buffering and providing meaning, acceptance and pursuit of the thin ideal can lead to eating disorders.

I have discussed the link between eating disorders and humanity’s existential difficulties with human bodies. This was explored in the context of a historical emphasis
on women as physical creatures and in the context of contradictory expectations placed on girls and women. We saw how these phenomena can interact to make the body a natural staging ground for existential struggles that sometimes manifest as eating disorders.

Further, I have shown how problems in the close relationships can lead to difficulties in emotion regulation and terror management which can interfere with an individual’s ability to use these relationships to buffer anxiety and regulate emotions. Food is sometimes used as a regulatory mechanism in the absence of close relationships. Further, difficulties in close relationships either in early development or during adolescence in negotiating the need for both individuation and connection can lead to the failure of close relationships to adequately protect one from existential concerns. This can lead to restriction of food or to eating to manage existential concerns and to regulate emotions which in turn can lead to the development of eating disorders. Finally, difficulties in close relationships can lead to problems in self-actualization processes that can contribute to the development of eating disorders.
CHAPTER V
CONCLUSION

In this thesis I have conducted an in-depth exploration of existential psychotherapeutic theory showing the pervasiveness of existential concerns in human psychological functioning. In particular, I have shown how human self-consciousness is the characteristic that enables existential contemplation. The connections between self-consciousness and awareness of existential paradox and thus of awareness of life and death were examined. Awareness of life and death lead to anxiety and other existential concerns such as isolation, responsibility, guilt, and meaning-making. Awareness can be overwhelming and because of this humans go to great lengths to create cultural and personal symbolic constructions that protect them from being overwhelmed by anxiety and awareness. I explored in detailed death anxiety and the various forms of death denial can take. Research into the role of death anxiety management (terror management) was explored as well. Humans have a psychological need to know, to understand their world and to find meaning in the world and in their existence. Further, humans have a need to not know, a need to be protected from the potentially overwhelming awareness of the realities of existence. Finally, I considered how grappling with the terror and anxiety engendered by existential concerns can ultimately lead to richer and more fulfilling experiences. Ultimately, actively confronting existential concerns can free up some of the psychological resources used to protect people from awareness of existential concerns
and can thus create space and energy for healing and growth that might not have otherwise been possible.

Following the exploration of existential thinking, I reviewed each of the major categories of eating disorder etiology; sociocultural/feminist, psychological (including psychodynamic, familial and cognitive behavioral perspectives), biological, and spiritual. I also touched on treatment approaches and epidemiology. Next I attempted a synthesis of existential psychotherapeutic theory with existing eating disorder etiology in an effort to enrich understanding of the dynamics and factors which lead to the development and maintenance of eating disorders.

In this synthesis of existential thinking and eating disorder etiology I showed how investment in one’s cultural worldview and belief in one’s ability to meet the standards of that worldview, both tenets of the Terror Management Theory, interact with certain characteristics of Western society to create conditions that may lead to eating disorders along different pathways. Failures in Western dominant cultural worldviews to provide meaning (need to know) and to adequately buffer us from terror (need to not know) combined with cultural expectations in the area of body shape and size that are unrealistic and unattainable for most women can lead to despair in girls and women. This despair leaves them vulnerable to existential terror which in turn can leave them vulnerable to eating disorders. Eating disorders appear to provide some of the same terror buffering effects as do cultural worldviews.

In the synthesis I also showed how girls and women’s bodies become the site for both struggles with existential concerns and with attempts to conform to the demands of
the dominant Western cultural worldview to be thin and fit and how this combination of forces can set the stage for the development and maintenance of eating disorders.

Finally, I explored how relationships play an important role in buffering us from existential concerns and how problems with relationships for girls and women may lead to problems in adequately managing existential terror that in turn can lead to eating disorder development.

There are weaknesses in this new theory which incorporates existential psychotherapeutic theory in the understanding of eating disorder etiology. Firstly, as mentioned in the introduction, this research effort was shaped by my subjectivity. My personal biases, interests, and perspectives have no doubt shaped this work, perhaps in a way that has negatively impacted the development of the ideas herein or that caused thoughts or ideas that would offer a different or more critical view on the topic to be inadvertently excluded. For example, as a white, middle class woman, I perhaps found it too easy to write one more paper that deals with eating disorders primarily from this perspective. Another author might have spent more time and energy on issues of race, class, gender, sexual orientation, and ethnicity as they relate to eating disorders and existentialism and may therefore have been able to draw different conclusions than those that I have drawn. There are emerging trends in eating disorders that include boys and men, people of color, those living in developing and non-Western cultures.

Secondly, this theory was developed with minimal support from direct empirical research. I did not conduct any empirical research on this topic myself. And I was able to find only one study that directly addressed the connections that I have made between eating disorder etiology and existential concerns. Thus we see that there is a need for
more research on this and related topics to support or discredit the connections I have made between the two topics.

On the other hand, there are strengths in this work. While there is minimal direct empirical evidence for the theory I have put forth, there is important evidence for connections between eating disorder development and maintenance and existential concerns as seen in much of the research cited in this work, particularly that coming out of the field of experimental existential psychology. Another strength of this work is that it ties together two important areas of clinical concern in a way that enriches current understanding of eating disorder etiology and that may lead ultimately to improvements in treatment and prevention.

The connections made in this paper are important for social workers working in practice, research and in developing policy. In practice, social workers working with individuals with eating disorders or with those at risk for the development of eating disorders can benefit from having an understanding of the potential impact of existential concerns in the three realms discussed herein—culturally, bodily and relationally—for their clients and of the complex interaction of existential concerns and weight, body shape, and eating concerns. Further, understanding existential concerns in their own right is, I would argue, essential for clinical practice as these concerns underlie or play a role in most, if not all, human endeavors. Most clients seeking help will have some concerns with such things as life and/or death anxiety, responsibility, isolation, and meaning-making whether they come in seeking help for these issues or not. Many will have struggles with the process of becoming or with their attempts to avoid awareness of existential concerns and consequent suffering caused by the various forms of non-being.
This work points toward a potentially fruitful area of study in empirical research in order to directly explore the connections between eating disorders and existential concerns made in this paper. In this area it would be important to devise methods for directly testing the connections between weight, body shape and both eating and existential concerns. It would also be important to ensure that research was conducted with diverse groups of people—men and women, young and old, from a variety of racial, socioeconomic and cultural backgrounds. Do the ideas herein hold up under empirical testing? Are they valid for a narrow group of people or do they have generalizability? These are a few of the questions that should be addressed in empirical research.

In a policy level, this work is relevant because it may suggest ways that policy makers on many different levels can direct resources in the future. Policy makers in education and government can direct resources towards research on this and related topics in order to increase understanding of the eating disorder etiology and to test the validity of the connections I have made. Education policymakers can also direct resources and energies towards education in order to inform clinicians and students of all levels. Policy makers on the agency level can also direct staff and resources to greater understanding of existential concerns and to their intersection with eating disorders with the goal of better serving their clients.

In conclusion, I have attempted to use existential psychotherapeutic theory to explicitly inform existing eating disorder etiology with the goal of gaining a deeper and more complete understanding of the factors that combine and lead to the development and maintenance of eating disorder etiology. With more study and research, it is my
hope that this synthesis of existential psychotherapeutic theory and eating disorder etiologies will ultimately lead to improved prevention and treatment of eating disorders.
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