

The Literary Genre of a “Diary of Anorexia”: Aspects of Artistic Semiotics and the Practice of Thanatology

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ABSTRACT

The paper continues the author's research series in the field of women's eating disorders. The focus of this work is on cases of anorexia nervosa, provoked by the desire of the individual to identify himself with the ideal body image, in which the thanatological intention is clearly traced. The destructive impact of an ideal aesthetic image on a person with these features of artistic perception is considered on the example of biographical fiction portraits, stories, novels of teenage girls and young women suffering from anorexia nervosa or bulimia nervosa. The author examines the manifesto of anorexia “I don't want to have a doll — I want to be a doll” in the framework of a social semiotic concept. The author sees this phenomenon as interdisciplinary problem that lies on the border of art, psychopathology and thanatology philosophy. The methodological basis of the research is the art semiotic concepts, notion “celebrity anorexia” by E. Burke, the theory of performance by E. Fischer-Lichte, the concept “an aesthetic object” of M.M. Bakhtin.

KEYWORDS: anorexia nervosa, thanatology, semiotics, art.

The transformation of life into a text appears as mortification and as its new confirmation. Therefore, to write oneself and make oneself dying means not seeing the double and dying, but seeing the double dying and experiencing it

N.K.Khart “The aesthetics of death”

INTRODUCTION

In recent decades, female adolescent food addiction characterized by “insatiable hunger, a feeling of unsaturation, a pathological craving for food, overeating, and artificial inducing of vomiting” has significantly increased (Briukhin, Artemeva, Sologub, 2004).

Food addiction refers to such eating disorders (EDs) as anorexia nervosa (AN) and bulimia nervosa (BN). These eating disorders “characterized by pathological concerns about body weight (BW) and body shape and abnormal patterns of feeding behaviour and energy expenditure. [...]. BN is characterized by recurrent episodes of uncontrolled binge eating coupled with inappropriate compensatory behaviours, such as vomiting, laxative abuse, food restriction, and/or excessive exercising, in order to prevent BW gain, because of the patient’s pathological fear of becoming fat” (Monteleone, Maj, 2011: 1176).

Young women with eating disorders demonstrate perfectionism, obsessive compulsive syndrome, low cooperation, signs of autism, etc.(Björnsdotter, 2017: 79), low body mass accompanied by the fear of weight gain, increased attention to certain body parts (Phillipou, Rossell, Gurvich, Castle, Troje, Abel, 2016), as well as significantly disturbed eating habits and painful beliefs and values regarding body shape and weight even though most of them weight within or below the norm (Fairburn & Cooper,1984: 240). In the period of adolescence when the narcissist feeling of ownership over one’s mother should be replaced by a sort of “devaluation”, the reduction in identification with her, the parents of young women, particularly the mothers, typically either tend to artificially prolong this period of teenage heterosexuality of their daughters to see them as children with no signs of puberty as long as possible or raise their daughter as a perfect woman (slim, well-mannered). Oftentimes this leads to a protest of adolescents resulting in the development of anorexic behaviour.

In the chronic course of anorexia and bulimia, adolescents often have various heart complications, echocardiographic disorders, various dysfunctions (Cooper, Todd, Wells, 1998), endocrine changes, hypothalamic amenorrhea (Misra, Klibanski, 2014: 581-92), renal failure resulting in an urgent need for hemodialysis procedures, hypercortisolemia, bone fragility, clinical fractures. Overall, the effects of anorexia influence the neurocognitive perception negatively and

provoke depression and suicidal thoughts. Its consequences may include infertility, frigidity, gastrointestinal diseases (Rollins, Blackwell, 1968).

Nowadays, the age limits of manifestation of anorexia and bulimia symptoms range from 11 to 35 years old as opposed to childhood and adolescence being the typical manifestation periods two or three decades ago (Hirani, Serpell, Willoughby, Neiderman, Lask, 2010: 86-89). More than 15 years ago, employees of the National Institute of Mental Health of the United States of America noted the lack of innovative approaches to the treatment of anorexia nervosa and bulimia nervosa over the past few decades. This problem remains relevant to this day³³. There is an urgent need for more flexible, “sensitive” approaches to the treatment of these diseases that would account for the special health needs of patients, focuses on the study of pre-manifestation periods of development of the disease including the endophenotypic approach (Zucker, Losh, Bulik, LaBar, Piven & Pelphre, 2007), family influence (Honey, Boughtwood, Clarke, Halse, Kohn & Madden, 2007:48-49), the activation of personal creative resources at the post-critical stages of re-socialization (secondary and tertiary socialization) and rehabilitation when a person is already able to solve more complex tasks related to social adaptation, personal goal-setting, and the construction of personal identity.

Women's anorexia nervosa as a problem of destructive self-identification

Given that the age range of the disease extends beyond adolescence, and individual manifestations defy medical explanations, we focused on the study of anorexia nervosa in women as a problem of artistic consciousness.

This problem has become a global catastrophe because in adolescents and young adults with eating disorders, “resistance to treatment and denial of illness seem to result from the fact that anorexia

³³ This forces researchers to reconsider their interpretation of this phenomenon as a developmental stage or a product of the influence of youth and teenage subculture. This disease is increasingly more often found in people successful in their profession and creative in nature, those who have achieved the results that significantly exceed the average. On the part of psychologists, teachers, and doctors, this calls for long-term observation of patients at the different stages of the disease. Even though the brain encephalograms of patients diagnosed with anorexia nervosa and bulimia nervosa demonstrate that “changes in the EEG reflecting the function of the brain stem structures are associated with a high frequency of vomiting” (Marilov, Sologub & Gudkova, 2013), in most cases, the reactions of patients (without schizophrenia) to stimuli remain normal which may be the result of deeply veiled personality processes. Four decades ago, social control, pharmacotherapy, and family therapy were considered the most authoritative methods for treatment and correction of these eating disorders (Goetz, Succop, Reinhart & Miller, 2001: 253-261).

Modern practice demonstrates that these methods are effective only in severe cases when there is a threat of the patient dying. Based on modern approaches and definitions of disabilities that include various types of mental retardation, anorexia nervosa can be attributed to a temporary delay in development, a characteristic inadequacy of personal self-esteem (Grachev, Shevchenko, Nizova & Gordeeva, 2019).

nervosa provides the afflicted person with a sense of identity. Many scientists assume that anorexia nervosa is caused by impairment of healthful identity development and failure to establish a self-definition” (Starzomska, Smulczyk, 2011: 2503-2504).

Anorexia nervosa as the types of mental retardation are typically determined by mixed causes (biological and socio-psychological). Mental retardation is believed to be caused by biological reasons (congenital pathologies, injuries, and socio-psychological causes (“early separation of the child from the mother”; “deficit in full-fledged, age-appropriate activities: substantive activity, gaming activity, communication with adults”; distorted family conditions for raising a child”)) (Koneva & Kuznetsova, 2015: 149-156). Researchers conclude that the treatment of anorexia nervosa and bulimia nervosa patients should be based on the characteristics of an individual autobiographical portrait. Three personality types are observed in anorexia nervosa patients below 16 years old: hysterical, obsessive-compulsive, and schizoid. A person with chronic anorexia nervosa or bulimia nervosa without any other psychiatric disorders has more chances to adapt and function productively in society compared to those having emotional dysfunctions and additional mental disorders. Infantilism presents a typical concomitant symptom in the diagnosis of anorexia nervosa and bulimia nervosa and is observed not only along with hebephrenia and various delays in mental development but also in normal development (each child has their personal history of pilgrimage to the earliest forms of the “infantile” stage).

Infantilism as a violation of the maturation rate of the most recently formed brain systems is divided into harmonic, related to the immaturity of the frontal lobe structures and disharmonious, associated with brain pathologies. In anorexia nervosa cases, the typically observed types of infantilism include harmonic infantilism which may be the result of a combination of mental and physical immaturity, is often hereditary or determined by the specific characteristics of intrauterine and early postnatal development, disharmonious infantilism (related to the lack of growth hormones), hypogenital infantilism (underdevelopment of secondary sexual characteristics), and somatogenic infantilism determined by neurotic neoplasms. In anorexia nervosa infantilism often has a mixed nature and manifests in an “increasingly effective state observed at the initial stage of weight loss” accompanied by a “euphoric mood <...>, reduced criticism to the severity” of its “somatic state at the cachexic stage”. Patients suffering from anorexia often demonstrate the “Barbie syndrome”, passion for chocolate, dolls, children’s things, toys, etc. It seems productive to address the manifestation of infantilism in anorexia nervosa and bulimia as a special obligate factor

in the evolution of Homo Sapiens along with hebephrenia (Gilburd, 2009) (from Greek “hebe” – youth and “phren” – mind) and neoteny (Ovchinnikov, 2012) (from Greek “neos” – immature, young and “teino” – stretch, lengthen).

Neoteny is the ability of an individual representative of a species that has not reached biological maturity to leave an offspring, a sort of heterochrony responsible for the development and modification of the life of animals and plants under changing conditions. In animals with complete neoteny, only the reproductive system of a larvae reaches the level of development characteristic of adult organisms and other organ systems retain the larval state. In partial neoteny, the larvae do not have the ability to reproduce during the process of growth. Neoteny emerged in wildlife as an adaptation mechanism. In humans, neoteny manifests in the lack of hair on the body and face during the entire course of life. In chimpanzees, such manifestations can only be observed in childhood. One of the manifestations of neoteny common for monkeys and humans is playfulness, laughter.

However, drawing the parallels between the neoteny of humans and animals, A.G. Kozintsev indicates several differences. “In apes, it is adolescents who have an inclination towards laughter, rather than adults who experience the problem of aggression as especially relevant”, and “humans seem to have “lingered” at the early stage of ontogenetic development of their ancestors in relation to laughter” (Kozintsev, 1999) preserving the ability to play and laugh up to extremely old age. Compared to neoteny, in which an adult person retains the features of youth, in anorexia nervosa, these features (low body mass index, a lack of menstruation) are imitated. Hypertrichosis is a characteristic general somatic feature of anorexia nervosa (in Latin, hypertrichosis from Ancient Greek ὑπερ – overly + θρίξ, genitive case. τριχός – hair + -osis; syn. hairy) — excessive hair growth in the areas of skin where it is not typical. It can be said that anorexia indicates the loss of neoteny (manifesting in excessive body hair), a loss of the self-preservation instinct followed by the launch of the self destruction, dying program.

MATERIAL AND METHODS

Anorexia nervosa as a problem of practice thanatology and semiotics of art

The phenomenon of anorexia nervosa is the desire of a person to poeticize and romanticize the process of dying and to bodily embody an artistic image of death. This problem is area of art

consciousness. We examine the tanatological narrative manifesto of anorexia “I don't want to have a doll — I want to be a doll” in the framework of the semiotics of art and philosophy thanatology (Varava, 2013).

The methodological basis of the research is the art semiotic concepts (Uspensky, 1995), notion “celebrity anorexia” by E. Burke, the theory of performance by E. Fischer-Lichte (2015), the concept “an aesthetic object” of M.M. Bakhtin, the theoretical position of A.G. Kozintsev on laughter as neoteny and displaced activity.

The present study is based on the methods of the observation, analysis of written (Hornbacher, 1998) and oral memoirs, autobiographical story about the disease applying the ideas and concepts that allow approaching a better understanding of what caused anorexia in a particular case and why the patients' biographical descriptions diverge with the medical diagnosis (Willems, 2018; Bordo, 1993; Wolf, 2002). The study is based on experience, realized by E. Seaber, which was study the mysterious influence the “pro-ana” biographical tanatological narrative genre (Seaber, 2016).

C. Ralph-Nearman and R. Filik who found that people suffering from eating disorders demonstrate distinct pronounced negative reactions to the actions of a character in the texts that do not meet their expectations (Ralph-Nearman & Filik, 2018: 1070-1071) carried out a valuable study in this direction. Our pilot study based on the social semiotic concept of “celebrity anorexia” by E. Burke (Burke, 2003), the theory of aesthetic of the theatre performance by E. Fischer-Lichte (Fischer-Lichte, 2015). Bakhtin notion “grotesque body” and concept “aesthetic object”.

The object of our study lies in the field of pathography, clinical psychotherapy, focuses on the oral and written narrative of the disease as a special, specific artistic, and biographical literary and Internet genre. This is genre “life of anorexic woman” written in the romantic, melancholic diary manner. This are histories by Ana and Mia. The specific feature of our study is that it focuses on the outstanding cases in which anorexia is a specific kind of creativity of gifted people associated with the acting profession and artistic work that correspond to their specific characteristics. We examine not only the autobiographical written descriptions of patients but also in oral and dialogical statements about the disease. We ask ourselves why this disease is so connected with the artistic sphere. We draw attention to the fact that the stories about anorexia themselves are a rather complex genre with a large percentage of fiction, science fiction, idealization of oneself as a hero of one's Southern Semiotic Review (14) 2021

dreams, romanticism and humor. The value for our research is presented only by those memoirs and oral statements that not only detail and accurately set out the whole difficult, spiritual, and intellectually rich path to recovery but also the ones in which the appearance of a carnival saying and confession about one's medical history from the perspective of a carnival mask acquired in the course of the illness becomes a turning point, a symptom of recovery, and a criterion of self-regulation.

We also analysed the meanings of Internet utterances, the content of accounts on the Instagram platform, as well as the comments of members of various online communities professing self-destructive standards of anorexic beauty.

RESULTS

Popular books on anorexia

Scientific and medical books about anorexia has a little interest to young people. For example, books "Captive by Food: Bulimia, Anorexia, Vomiting. Short Term Therapy for Eating Disorders", "Owl used to be a baker's daughter. Obesity, anorexia nervosa and suppressed femininity", "Another Piece! How to take control of a brutal appetite and stop thinking constantly about what to chew", "Anxiety. Journey into yourself" are do not attract of the young people by their scientific evidence.

The author of this paper is frightened by the interest of young girls and women to thanatological narratives in the autobiographical books on anorexia

"My bones bulge, my hair falls out in strands [...] I look like a ghost in a white fog [...] I float, I float, I fly around the house to the kitchen, I look like a skeleton from a biology classroom. [...] My chest died. It is terrible to have something dead in the place of the breast" (Zhyustin). In the most popular romantic books about anorexia are heroes which remembers their dramatic stories related to the body transformation. The most popular literary image of anorexia is the thanatological symbol of the goddess Ana. Ana lives in the "Palace of the cold heart", "children's mausoleum", "abode of the winds".

Among popular books on anorexia can be noted “ANA forever: the confession of an excellent student. Life-long anorexia” by Shipilova, “38 kg. Life in the mode of ‘0 calories’” by A. Kovrigina, “This morning I decided to stop eating” by Justine, “NRXA, I love you!” by C. Panica, “Unbearable Lightness: History and Growth Loss” by P. De Rossi, “I’m Slimmer Than You!” by K. Reed, “There is happiness! The story of my struggle with ANO” by A. Terrina, “The Girl with Hungry Eyes” by M. Tsareva. As a rule, the narration is conducted in the first person, in the form of a diary.

Despite the abundance of fake Internet communities promoting the standards of the anorexic female body, according to the statistics from the National Association of Eating Disorders, 1 to 2% of American girls and women do suffer from anorexia. The rate of anorexia-related mortality reaches 56% per decade.

Anorexic internet community

The results of the study demonstrate that there is a reason to attribute the anorexic community to the modern self-destructive youth subculture. This is indicated by the presence of certain symbols; self-destructive group symbol (“Ana” – a symbol of the anorexic community, “Mia” — a symbol of bulimics); verbal stereotypes or slang, abbreviations forming a special terminological vocabulary and instruction for those who want to become a member of the community (ana – anorexia; mia – bulimia; AD – a rigid diet with a calculation of kilocalories for 90 days; KP – compulsive overeating; flu – prescription antidepressant fluoxetine; bisak – laxative bisacodyl; drink – drinking diet, etc.). The participants of these online communities demonstrate mutual solidarity, share recipes for effective weight loss with the correct technique of “inducing vomiting” (Boiarskaia, 2017). On the Instagram platform, 335 thousand of publications with the hashtag #anorexia. In 33.8 thousand publications hashtag #anorexia was joined by words or phrases like #anorexiaheaven, #anorexiaonelove, #anorexiamotivation, #anorexiawaitforme, #anorexiaisbeautiful, #anorexiamylove, #anaandmia, etc. (Stewart, Chancellor, De Choudhury & Eisenstein, 2018). Most often such hashtags lead to accounts of women’s stories in which there is an intention to make anorexia a myth, create a visual and literary artistic image thereby forming a “poetry of anorexia”, a special “rhetoric of the disease” (Seaber, 2016; Semenova, 2020: 475). Internet posts on such accounts often present photos of ballerinas, beautifully served dishes, sweets, flowers, romantic self-portraits against picturesque landscapes often accompanied by shocking remarks (“I don’t want

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to have a doll - I want to be a doll”). The accounts with ironic remarks such as “If a person makes jokes about hunger, anorexia, and bulimia, pay attention to it” are rare.

The cases of anorexia nervosa which development was influenced by artistic images are of special interest to us. In the first case, carnival energy is realized in an ugly form deformed under the influence of schizophrenia. In the other case, having gone through recovery, being the result of creative work and accumulation associated with the temporary blurring of the boundaries between reality and image, the carnival potential finds the right channel and rushes to its realization which presents an important step in the process of self discovery.

Individual patients

With this goal, we conducted a comparative analysis of several autobiographical portraits of clinic patients. We also analysed the content of online communities consolidating around the images and standards of anorexic beauty, encouraging strict food restrictions, and propagating the lifestyle of a person with special health needs.

In 2012-2015, we observed girls and young women aged 16 to 30 years old diagnosed with anorexia nervosa and bulimia who were undergoing rehabilitation treatment and outpatient treatment aimed at adapting to life in a new community of people who want to recover. The group included 13 people undergoing treatment in the hospital and 20 people attending group psychotherapy sessions during outpatient treatment. 80% of the young women undergoing treatment in the hospital did not want to recover. Among the young women on outpatient treatment, 50% were motivated to recover. It was these young women who turned out to be more prone to public confessions containing public ironic and humorous self-criticism with the elements of self-interrogation.

Next, we examined a case of anorexia nervosa using an example of a transcript made based on a dictaphone recording of a group therapy session in the Psychoneurological Center. We provide excerpts from the transcripts of conversations, dialogues, and patient monologues from group psychotherapy sessions. A brief medical history of the main character of the transcript is as follows.

A woman at the age of 23 is being treated in ambulatory care. Profession — drama theater actress.

The current weight is 45 kg. Height — 165 cm. A year ago (in 2014) the woman underwent outpatient treatment in the same clinic with the diagnosis of bulimia nervosa. A year ago she weighed 61 kg. Has had the disease since the age of 14. In the two-year period, she lost 42 kg for the first time (from 78 to 36 kg). At 17 years old, the patient weighed 36 kg. At the time the recording was made, she was observed as an outpatient. This portrait is of interest to us due to the fact that it illustrates the transformation of the image the patient identifies with that changes with the stages of the disease to the conscious desire to recover. In particular, on the severe stages the patient with an idealistic image incarnating childishness (neoteny) and femininity, beauty, and grace (an image of a pregnant ballerina).

On the stage of recovery patient applies the methods of “hospital clowning” based on the clown not distinguishing themselves from other patients but representing one of them who, being in the status of a patient, nevertheless, ridicules their illness temporarily relieving the stress from themselves and others. Next, we give an excerpt of the transcript of the monologue of this heroine during a group therapy session that demonstrates the normal process of getting used to the image and identifying with it, the carnival and reflexive attitude to the image.

A: When I was accepted to the theater institute, I called my grandmother and said: “I imitated you so funny”. She answered: “What, me? Wait a minute, I don’t understand you”. I continued to explain: “I did not just imitate you. You were my character [...] Because to me, you’re the closest being. And those who are the most touching and funny are the most amusing”. We provide an example that demonstrates the patient using hospital clowning in the group with fractions of public ironic confession and carnival utterances embedded in her speech: “H: I think if I had scales on my hands, I could carry them around. I love them so much. I would carry them with me. I love them so much. I would never part with them. Imagine: scales on a hand? (the group laughs). You know your weight at any moment. Or on your chest. This is even better... Who do you trust? Scales. How can we attach them? Oh! By the way, I would love to have that in shoes! Perfect! It always shows your weight. We can develop a series of shoes for anorexic and bulimic with built-in scales. (the group laughs). We would get rich. (laughter). Shoes that burn a certain amount of calories when walking and immediately show your weight. Can you imagine that degree of control? What a thrill! Here are the lips that reduce the number of bulimia attacks. So, I’ve already come up with everything. We will be suppliers. The loss of a bracelet is fraught with the acquisition of a new meaning in life. And

no need to go to “M-Video”. First, no one will ever find out. You go into the doctor’s office and he will never reproach you, he will not suspect you.

Doctor: Doesn't the display on the scales see the device on the boots?

A: But we make good, high-quality shoes. No, you did not understand. It will show the weight in a completely different place. We are cunning, we are smart – those who own this disease. That is, it does not own us, we own it.

Doctor: Katya, and you will promote non-standard market solutions.

A: We will have our own bureau, our office right here. We have everything. Why would we need pills when we can design shoes ourselves?

W: I have a couple of customers at the university.

A: Even better. We will find our customers. Let’s open a new clinic: “Scales on the way” or “Scales Light” (an explosion of laughter in the group). A bulimic and anorexic person is the trickster. They are two-faced. There are both angels and demons in them. In other words, bulimic and anorexic people are both avant-garde and classic. For an anorexic to become a classic, they have to at least die of starvation [...]. Why do I like bulimics and anorexics? Whatever happens, they will always jump out from under the covers with a notebook and start writing down. There is a huge creative potential among us but, unfortunately, it is aimed in the wrong direction. It is no coincidence that today we invented the sole and wonderful shoes. On this beautiful note, we should finish for the day”.

The provided example demonstrates the “instantaneous” effect of hospital clowning that stimulates carnival communication between the doctor and the patients. Through laughter and self-irony, this patient tried to relieve herself and other patients of the stress of hospitalization, fear, and helplessness. The results are consistent with the previous studies of the positive impact of hospital clowning on the psychophysical state of patients. This portrait would, however, be incomplete without the fragment of confession of the young woman in which she shared her artistic experience that preceded the illness by reading an excerpt from her book during a group therapy session, a fragment in which she wrote that the most beloved character she performed in was the image of a pregnant ballerina. The woman wrote that it was this image that invoked her anorexia but this did not happen in an instant. It all started with her only wanting her image to become more beautiful (although those around her already appreciated the ballerina as beautiful and interesting) so that the image would turn out to be one of “inhuman beauty”. In the book, the woman also admits that before the ballerina, her most beloved characters found as a result of many improvisations at the

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theater institute was the image of a girl named Rita who was an embodiment of life and creativity for her (Semenova, 2020: 473).

This portrait of the patient can be considered an example of the transition to a special carnival stage of reflection (from late Latin, *reflexio* — reversal) at which a kind of universal ambivalent melting of the disease into carnival energy occurs accompanied by a phase of separation of the patient from the disease on the base of the narrative self and group therapy (Lock & Le Grange, 2001).

This example supports the accuracy of Bakhtin's view on the stages of "getting used to", the sympathetic projection that occurs in the relationship of the author and the hero in the aesthetic activity (Bakhtin, 1979). On this example we can follow the way in which in the process of autobiographical public and written description of the course of their illness by a patient with anorexia nervosa (without schizophrenia) the typical models of anorexia are internalized and become the inner personal regulators of recovery by being transformed into the carnival "means of self-reflection", thus leading to recovery (Semenova, 2020; Semenova, 2020a). This corresponds well to the conclusion drawn by the doctor of medical science, professor B.V. Ovchinnikov who notes that "The system of I has another opportunity — to construct new (non-instinctive) behaviour programs guided by artificial motives out of mental functions. This is the area of the so-called over-adaptive activity that, at one pole, makes a person a creator and a hero, and at the other turns them into an infinitely cruel and inventive villain" (Ovchinnikov, 2012).

Anorexia nervosa occurs in adolescent girls with androgynous and feminine gender identification with the same frequency but a favourable outcome of the disease is more often observed in girls with a predominance of feminine traits. The young women with a chronic diagnosis of anorexia nervosa and bulimia nervosa we observed for 15 years are related to artistic activity, modelling (in the past), acting, and circus professions. It was revealed that among the people suffering from chronic forms of the bulimic type of anorexia nervosa most young women's activity is concentrated around complex gender identities, is associated with the acting, choreographic, artistic, and comic professions. The respondents confessed that their illness turned into a chronic form, that they have adapted to it, changed their attitude to it (started to joke and laugh at themselves more), that the course of the chronic form of the disease does not interfere with their professional activities, and

that they consider it to be not a disease or a pathology but their special physical and mental health needs.

DISCUSSION

In further research, anorexia nervosa as a special ultra paradoxical type of mental retardation can be considered within the framework of theatrical and compensatory approaches to art, from the point of performative potential, speech acts described by D. Austin which can be compared with parrhesia, in the interpretation provided by M. Foucault or the interpretation of “carnival hysteria” which occurs when a person who cannot find socially acceptable carnival outlet among other people starts building their own new parallel social reality and reacting through their mockingbird-like double (Semenova, 2020: 478). P. Stellibrais and A. White analyse the studies of hysteria and conclude that the carnival offers a new interpretation of hostility as a consequence of the feeling of the incompatibility of rational knowledge and ritualistic behaviour (Stallybrass & White, 1986).

The study of anorexia outside of medical approaches may be promising in the future. We believe that the study of anorexia nervosa may be effective in the framework of practical thanatology, an object of metasemiotics, since anorexia combines the animal nature of man and his ability to model sign systems. Therefore, anorexia nervosa can be called the problem of homo sapiens as a “semiotic animal” (Petrilli, 2020: 92).

CONCLUSION

The transcript presented above reveals an intuitive defensive reaction of the patient’s laughter to their own ailment expressed through an individualized, personalized carnival statement similar to the speech strategies of a clown, particularly a hospital clown who, knowing this disease thoroughly, behaves, on the one hand, as one of the patients with the same problems (fear of weight gain, eating, disgusts and panic fear of the images of food, drinks, gluttony, etc.), and on the other hand, demonstrates the ability and desire to parody and ridicule the characteristic symptoms of female anorexia, to play with them freely.

As a result of the lack of healthy self-irony in society, such speech acts as “I don’t want to have a doll — I myself want to be a doll” are perceived not as an artistic image, but as a guide to action, often causing high mortality among girls who fall under the charm of anorexia as performance (Semenova, 2020a:66).

Applying a narrative method of analysis to these written autobiographical statements can be effective treatment for anorexia nervosa. According to Bakhtin, an aesthetic object cannot be comprehended outside the creativity intention to art image. For Bakhtin, an aesthetic object as an architectonic whole, may be comprehended by directing to it one's excessive aesthetic activity, colored by a participatory-volitional intonation.

It seems promising to develop a method for dis-identifying individuality with its thanatological artistic image. In the process of literary creation, girls diagnosed with anorexia nervosa can disarm, neutralize the thanatological narrative image by their gelotological (comedy) theatrical and performance form.

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