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Anorexics as Homo Necroperformers. Affective Agents

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The article is a proposal to look at anorexics as performers and an interpretation of the spectacle they make of their own bodies in the context of *homo* necroperformance in which the subversive and affective causality of the liminal subject (half-living being) and emaciated bodies becomes important. The article places the problems of the representation of a certain kind of disorder in the field of cultural experience. The article is an excerpt from a master's thesis written under the supervision of Professor Katarzyna Fazan.

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At the foundation of the perspective on anorexics as affective agents as *homo* necroperformers lies the concept of necroperformance proposed by Dorota Sajewska, for whom it was initially a tool for exploring the 'performative power of [human and material] remains' within the context of Polish cultural memory.[1] In her further studies, Sajewska emphasizes various aspects of necroperformative reflection. However, in my view, the crucial point is the connection between the researcher's theory and the 'concept of

historical agency that cannot be reduced to human action' (Sajewska, 2022, p. 147). This involves the updating of history through dead and residual matter subjected to multiple mediations. It is about performing history through remains, or to put it more strongly, 'the action of the corpse,' which is not necessarily a human subject, but above all a (non-)material residue that can serve as a medium for the absent/dead human body. However, my interest does not lie in the historical context, the body-archive that animates the past in the present, but rather in that which, while not carrying what has passed, generates tangible changes in the situation 'here and now'. Respecting Sajewska's original project, in this work I aim to reorient the researcher's perspective and redirect the vector towards the future and the affective agency of a body in crisis. For the purposes of my research, I do not adapt the theory of necroperformance in its known form, as I do not rely on the fundamental assumptions of this theory. Instead, I draw inspiration from Sajewska's insights on necroperformance as a phenomenon with an active influence of 'that which is dead on that which is alive' (Sajewska, 2016, p. 39).

My use of the term 'necroperformance' arises from the perception of the semi-dead status of anorexic individuals and their performative actions. I adopt the definition of performativity understood as the agency of a given phenomenon or object, matter, or attributed power to actively shape its environment (Wojnowski, 2017, p. 176), while 'performance,' in this context, refers to the spectacle of bodies which cause real changes in the viewer. The anorexic subject is conceived as 'Nekros;' more precisely termed *homo necros*: a semi-living being in a liminal position between life and death. I understand necroperformance as a phenomenon that fits within the interpretive realm of both dead body studies and performative studies. The broad conceptual horizon of the terms *necros* and 'performance' can be both

inspiring and troublesome. The plethora of semantic configurations means that the combination of these terms and the use of the category of ‘necroperformance’ (with a slightly different meaning than that given by Sajewska) require clarification of the interpretive field in which I intend to operate. Therefore, for the clarity of the starting point of this research, it is necessary to untangle these concepts.

In my considerations, I take into account the model of affective agency, which alters the consciousness and disposition, with the body being the primary source of change and influence. My aim is to examine the affective effects of anorexics on both the individual and on society, thereby uncovering the political, emotional and performative nature of the necrotic body. Additionally, I wish to highlight the challenges faced by individuals suffering from anorexia and to generate societal interest in the topic of eating disorders. In this article, I rely on statements from participants in talk shows, documentaries, video blogs, reports, interviews and personal experiences. I also draw from public reactions to the advertizing campaign of Isabelle Caro; I utilize the online activities of Eugenia Cooney and interpret a scene from the popular TV series *Skins*.

Preliminary remarks

I will begin my contemplation on the status of anorexic individuals as *homo* necroperformers with a few clarifications. Firstly, I exclude men and non-binary individuals from my observations. This does not imply a disregard for the presence of anorexia among the non-female portion of society, but examining this issue in those groups would require separate research; my focus is on women and girls, who most frequently suffer from this illness. According to poststructuralist feminist researchers,[2] it is precisely the

female gender and patriarchal culture that are the primary factors causing anorexia. Secondly, I consider anorexic individuals in advanced stages of the disease, with bodies in a state of cachexia, while being aware that this illness also affects individuals whose body mass index falls within the normal range. Thirdly, a portion of my observations and conclusions stems from direct experiences of the affective actions of anorexic bodies. In 2021, I spent several days at a Specialized Therapy Centre, where I had close contact with six individuals suffering from anorexia at various stages of the disease. I observed the treatment methods and behaviours, and I conducted conversations with the anorexics and with the medical and caregiving team. I have a sense that embodied knowledge and a form of auto-ethnography[3] are significant in affective research. When writing about affective agency, it is difficult to escape one's own emotions, which are increasingly considered a research method (see Chaberski et al., 2022). Hence, my experiences appear pertinent, too; yet I am aware they might be insufficient; therefore, I confront all my findings with theories and scientific works. Finally, I deliberately omit considerations regarding the causes of the disease, as I am interested in the performative actions of anorexics rather than the aetiology of anorexia.

I have divided the article into two parts; in the first part, I address the issue of the status of anorexic individuals, which I interpret as *homo necros*. I believe that only in this way can I explain why I refer to anorexic individuals as 'semi-living beings.' Only then can I take a step further towards establishing the concept of *homo* necro-performance; it is in the second part that I examine the affective and subversive *homo* necro-agency of anorexic individuals.

1. The ontology of liminal beings

Homo necros

I borrowed the term *homo necros* from Ewa Domańska, who, drawing from Giorgio Agamben's insights (2008), uses this concept in her analysis of the phenomenon of the Muslim camp inmate as an example of biopolitical action and a post-human/non-human form of *homo* existence. *Homo necros* is a being situated on the threshold between life and death, neither entirely alive nor entirely dead. The researcher's study of the Muslim figure serves as an analogy for my considerations regarding anorexic individuals – *homo necroperformers*. The common elements connecting both subjects are: a starvation disease, an unprecedented state of bodily destruction, dehumanization, a significant stage of mortality, the difficulty of leaving the state of *homo necros*, the affective reception of a necrotic body, the effects of biopolitics/necroviolence, of balancing on the verge of life and death. It is also necessary to point out the difference in the reasons for the emergence of the subject of *homo necros* and the conditions of its existence. Of course, the life of a concentration camp prisoner was different from the life of anorexic women in the 21st century. Therefore, below, I analyze two points characterizing *homo necros* that may be controversial in the context of the status of anorexic women.

Dehumanization

Negative dehumanization[4] involves stripping a person of dignity, debasing them, depersonalizing them, and reducing them to the category of sub-humans. However, even the slightest gesture perceived as treating an individual in an objectifying manner constitutes an act of dehumanization. In

the case of anorexic individuals, this process occurs on two levels: through self-destructive actions leading to instinctual, behavioural (often labelled ‘inhuman’) conduct, and through the frequently violent treatment of anorexic individuals by the caregiving and medical environment.[5]

One of the common points of feminist research on anorexia is the conviction that medical and psychiatric discourse treats anorexics in an inhuman and objective manner. This is manifested in, among other things, the way they are commonly hospitalized that consists in total control over patients, depriving them of decision-making and taking away subjectivity in the treatment process. With eating disorders, total control over eating, movement and body is used. The degree of supervision is most often associated with tightly-controlled meals, in extreme cases with an obligatory feeding tube – the interference in the patient’s body may take place under duress; if she resists, she can be tied to the bed. It is worth listening to at least a few voices of participants in disciplinary therapy to understand the scale of their problems related to the experience of oppression and humiliation.

> They told me to eat, threatened that if I didn’t eat within half an hour, I’d be tubed. Which means I’ll have food fed by a feeding tube. They scared all those who resisted with this. It did happen, but only as a last resort. The nurse yelled at me when I ate too slowly or dropped crumbs because they were wasted calories. I kept hearing: ‘Stop yammering and eat.’ (Pawłowska, 2022, p. 56)

Language as the main therapeutic tool and a medium of information and communication is sometimes used for commands, prohibitions and threats.

On the other hand, control over movement includes the banning of exercise, but also of any bodily activity, e.g. the manner of sitting at meals (it is forbidden to sit cross-legged),[6] standing time, number and length of showers and walks.

> Once a doctor called me because the nurses reported that I was walking around talking to patients, another time that I was talking to them standing up. The task of nurses is to control the consumption of calories by patients with anorexia. (ibid., p. 54)

In extreme malnutrition, the so-called bed regime consists in limiting the patient's movements to a minimum. In turn, their clothing should be layered and warm. In some centres, there is also video monitoring in the patients' rooms, so anorexics are deprived of privacy. In various institutions (public and non-public), girls are weighed and measured daily or several times a week; then their bodies are put on display and accompanied by a norm-based judgment full of comments.

> Lena mentions weighing as the most embarrassing thing about her hospital stay. It took place twice a week, in the morning, in just underpants. (…) It happened that bustling nurses opened the door wide, the almost naked girls could be seen by other patients. – When the nurses forgot about weighing in the morning, they called me even a moment before breakfast, (…) they simply told me to undress and stand on the scale. It was terribly humiliating, because there were many nurses. (ibid., p. 55)

Many anorexia sufferers' stories[7] relate hurtful comments made by medical

staff while observing their bodies: ‘When I was weighed, when I stood naked on the scale, [the nurses] looked me up and down and said, God, the way you look. […] One nurse blasphemed me once, another said that I should not be here at all, that I was taking the place of those in need’ (Famulska, 2021). In addition to the standard weighing, various places on the body of anorexics are touched to verify new wounds or disease symptoms. My observations and interviews with patients show that such examinations were never preceded by a request for consent to touch.

The analysis of cultural, historical and gender contexts of the occurrence of anorexia has been made by, among others, Helen Malson. The researcher combines feminist academic discourse with interviews with people suffering from the disease. On body inspection practices, Malson concludes that ‘it is indeed a disciplinary technique that characterizes medical, psychiatric and psychological practices as a whole in terms of their procedures of observation, measurement and categorization and normalization (…)’ (Malson, 1998, p. 173).[8] She also argues that, in the case of anorexia, the disciplining process can equally be self-control through measurement, but I believe also through excessive exercise, inducing vomiting, using laxatives, obsessively counting calories, limiting or giving up food, and having cold showers and baths. Numerous discipline practices lead the body to a state of cachexia and the already mentioned autodehumanization of anorexics. In a situation of extreme hunger, the biological survival instinct is triggered; the starved organism demands food, so it begins to govern human behaviour, which becomes non-human. In many narratives of the sick and their relatives, one can hear about irrational, pathological actions, deprived of dignity. Among anorexics and bulimics, drastic experiments with tubes, or tearing out of the flexible drain are common, which often leads to haemorrhaging. ‘I immediately realized that I had easy access to my

stomach. When I tensed my muscles, I could squeeze food out or pull it out with a syringe.'[9] Other self-humiliating behaviours include taking food out of garbage cans, eating other people's leftovers or spoiled food, extorting money, stealing food, regurgitating meals to different places and objects.[10] These are just some of the instinctive actions of anorexics leading to autodehumanization.

Another practice that is part of the process of dehumanization is incapacitation. According to Article 23 of the 'Mental Health Protection Act,' a mentally ill person may be deprived of the right to self-determination (See Tylec et al., 2013, p. 537). Deprived of the ability to make choices or influence one's own life, deprived of faith in one's own activity inevitably leads to the de-subjectification of the individual and the deprivation of their autonomy. Therefore, it is worth considering whether depriving people with anorexia of rationality and subjecting them to incapacitation is an ethical action taken for the good of these people. It should be added that, according to feminist research, an anorexic woman is not an insane being who has a distorted view of reality, but is someone 'who has too closely adopted cultural standards of appearance and applies them too precisely, not someone who has a wrong perception of their body' (Derra, 2010, p. 40). It seems that the sick quite sensibly (and at the same time to an extreme extent) interpreted the social requirement of being thin to perfectly meet cultural expectations.

The last aspect causing dehumanization is depersonalization, which is one of the symptoms of anorexia and consists in disturbing the experience of corporeality. In the stories of ill women, there are many conclusions about the separateness of the body from the self, about its strangeness. Splitting the body and mind, the feeling of disintegration is accompanied by a

separation from one's past self, by losing the memory of one's self from before the onset of the disease. The loss of knowledge about one's own appearance, interests, features and relationships leads to a sense of alienation from oneself. Finally, in extreme cases, these people lose their identity or define it only as anorexic: 'I am the anorexia, this is my identity'[11] (Malson, 1998, p. 147).

Biopolitics or already *homo* necroviolence?

The concept of necroviolence gained scholarly elaboration in 2015 thanks to the anthropologist Jason De Leon, who defines this phenomenon as 'violence carried out through special treatment of corpses, perceived by the perpetrator and/or the victim ... as derogatory, sacrilegious or inhumane' (Orzeszek, Rosiek, 2022, p. 1). Following the researcher's diagnosis, I would like to consider whether political actions on 'skeletons,' 'the living dead,' such as anorexics, are only biopolitics or also *homo* necroviolence. However, I would not mean violence perpetrated on a dead body, but actions on a half-dead subject that lead to the death of people suffering from anorexia. These oppressive practices do not work directly on the body but are located in the exclusion and limitation of accessibility. It should be emphasized that, other than depression, anorexia is characterized by the highest mortality rate among all mental illnesses, not only due to somatic complications and suicide decisions,[12] I believe, but also due to the specific health and education policy of the state. Therefore, the fundamental problem lies in systemic solutions, or rather their absence.

The number of psychiatric hospitals with units for individuals with eating disorders is so limited that they usually end up on general wards lacking in specialized care such as psycho-dietetics. The waiting time for admission is

at least a year, and the units and clinics set specific admission criteria for patients.[13] An example of this common practice can be seen in the conditions outlined by the Clinic for Neuroses and Eating Disorders at the Institute of Psychiatry and Neurology in Warsaw. Before an individual with an illness is added to the waiting list, they must undergo a qualifying interview to determine, among other things, their motivation for getting better. In the case of eating disorders, patients planning to be admitted to a 24-hour ward must have a BMI above 14.5 (similar conditions are set by general psychiatric hospital units). Individuals with anorexia may also attempt to gain admission to gastroenterological or endocrinological wards, though these do not provide psychotherapy. Another option is treatment at a few very costly private clinics. Additionally, there is the possibility of individual psychotherapy, funded by the National Health Fund, but this entails a minimum one-year waiting period, while similarly, the private route of treatment also exceeds the budgets of many citizens. In Poland, there is a lack of learned societies devoted to eating disorders, in contrast to Western European countries. Education in this area is treated marginally, resulting in minimal societal awareness and a scarcity of specialists.

This brief outline of the situation of people suffering from anorexia shows their entanglement in the violent actions of biopower (see Foucault, 1998). The entire repertoire of failures, systemic condemnation to life in disease, despite the existence of measures to counteract psychopathologies, is a form of biopolitics. This is also related to decisions on drug reimbursement, access to tests or treatment. The fact that psychiatry is the most neglected medical sector, that knowledge about anorexia is negligible, that no statistics are kept or data collected[14] is the result of specific political arrangements.

These are practices that not only control the body and life, but also condemn to death subjects who are useless to society; these people very often do not work or drop out of school due to their health, and therefore are not economically productive. I think it is also worth considering the gender role of women; according to Judith Butler, Pierre Bourdieu or Michel Foucault, depending on our biological sex, our bodies are given specific meanings and specific requirements are imposed on them, which emerge in response to social expectations addressed to both women and men. Not without significance is the fact that anorexia affects mainly women, so perhaps that is why it is underestimated and considered a whim. In many countries, including Poland, women are still perceived in terms of their role in reproduction.[15] This is evident in the actions of the government: simply look at the tightening of the anti-abortion law in 2021 or the state's pro-family policy encouraging an increase in the number of offspring. One of the symptoms of anorexia is the loss of menstruation and the difficulty in restoring normal hormonal balance, which results in infertility. When a woman's body is in a state of destruction, it is difficult to talk about the implementation of procreative proposals, so the anorexic does not fulfil the imposed role of a parent/mother. That is why the lack of specialists and public centres supporting treatment seems so meaningful if we think of anorexics as reproductively 'useless' individuals. At this point, I would like to emphasize that I am not putting forward the thesis that the government's actions are aimed at the deliberate liquidation of people suffering from anorexia, because those actions are unable to increase demographics. I just want to signal that one should look at the motivations behind the state's health policy, which results in the elimination of sick, weak and economically non-productive individuals.

Causes, goals, means and scale are key issues when discussing the

difference between biopolitics and necropolitics or, more broadly, necroviolence. Achille Mbembe, radicalising Foucault's concept of biopolitics, introduced the notion of necropolitics, which he defined as the 'contemporary form of subordination of life to the power of death.' It represents a form of governance that takes death as its main objective and targets civilians (see Mbembe, 2018). Radicalism would entail more specific methods and greater impact compared to biopolitics, which, despite its hypocritical premise of controlling life and building a healthy, productive society, results in death as a kind of unintended side effect. According to Foucault, what characterises biopolitics is primarily the affirmation of the body-population, which involves ensuring that no dangers emerge within it (Foucault, 1998). Would individuals with anorexia be such a danger? I believe so, considering the significant increase in cases in recent years[16] and the activities of the pro-ana community. This environment, mostly found online, supports and encourages destructive weight loss; sharing photos, thoughts, methods of (not) eating, and exercise routines, as well as offering critical and affirming comments about one's own body. It is a movement that promotes anorexia as a lifestyle rather than an illness. Pro-ana is growing each year, gaining more and more followers.

I believe that the stakes in attempting to discuss biopolitics or necropolitics would involve not only ruthlessness and radicalism but also intentional action. Therefore, it is impossible to determine whether the countless failures and systemic methods concerning individuals with anorexia constitute a form of biopolitics or even *homo* necroviolence. However, in my opinion, it is worth introducing discussions about the status of anorexic individuals as subjects of *homonecros*.

2. From the body, through the body and on the body

Homo necroperformance

I refer to an encounter with an anorexic individual as a *homo* necroperformance not only due to the spectacle of the body of *homo necros*, which we observe with a mixture of curiosity, disgust, shame and shock, much like the bodies of performers in body art.[17] What I consider fundamental to the *homo* necroperformance is the embodied action at the intersection of life and death, with its cognitive and political potential and of an affective nature. I would like to discuss two fields of action by anorexic individuals, while noting that they are not separate performances but rather illuminate the *homo* necroperformance from different angles. The first context pertains to the practices that anorexic individuals carry out on their own bodies, while the second context relates to how an anorexic individual affectively influences the observer through her body, eliciting somatic reactions.

Homo necroperformance subversion

The self-destructive practices by which anorexics push their bodies can be interpreted as acts of resistance,[18] subject to ‘daily trials and repetitions in the public and private spheres’ (Taylor, 2014, p. 22). As mentioned earlier, an anorexic individual is someone who has ‘internalized cultural appearance standards and applies them meticulously,’ to an extreme degree. This recognition, according to Susie Orbach, does not necessarily position anorexic individuals as victims of a patriarchal world. As demonstrated by Susie Orbach, the behaviours of anorexic individuals are not characterized

by submission but by opposition and action. According to the psychoanalyst, anorexia is a form of protest, manifesting not through withdrawal but through continuous engagement in shaping one's own embodiment reflectively (Giddens, 2001, p. 147).

Strictly counting the calories of each product, exhausting regular exercise, eating one meal or product slowly, cutting food into small pieces, setting specific times of the day and times for meals, recording the progress of weight loss, regularly weighing and measuring. All this ritualization of activities performed for the benefit of the body always has its own rhythm, place and time; it is discursive and repetitive; it is brutal, exhausting, but also obsessive behaviour. All these practices may be associated with resistance to socially and politically imposed cultural scenarios that objectify women and impose specific care and educational roles on them (see Rojek, Opoczyńska, 2014, p. 301). The anorexic could express opposition to traditionally understood femininity, social roles, but also to gender divisions into two sexes. 'For example, a skinny anorexic body can be experienced as sexually attractive or as childish and sick. Or as androgynous and boyish at the same time' (Józefik, 2014, p. 116). The disappearance of menstruation and female body proportions means a 'regression' of the woman's body to the period before puberty, or a halting of the process of reaching puberty, which shows that the anorexic is not only in the liminal phase between life and death, but is accompanied by a gender-identity suspension of the continuity of being. From a biological point of view, an anorexic is not a woman (she lacks female tertiary sexual characteristics), but she is not a man either, thus breaking with the binary understanding of gender identities.

Katarzyna Szopa, referring to, for example, the views of Orbach and Malson,

raises the issue of various interpretations of the actions of anorexic women (see Szopa, 2014). Writing about 'mismatched' bodies,[19] the author draws attention to their subversive potential. Therefore, one can ask whether rebellion against one's own body can also be a gesture of resistance against the rules imposed by the patriarchal system. Medical sociologist Maria Adamczyk ponders a similar issue, considering whether anorexia is a manifestation of opposition to the binding canons of beauty, the requirements of sexual attractiveness, constructs of femininity and girlhood, imposed gender and social roles, or perhaps it is about extreme conformity to these requirements, orders and restrictions. Submissive, disciplined or subversive bodies?

One example of a bodily practice that can be seen as a subversive performance is training in public; the anorexic undertakes exhausting exercise not only at home, but also at the gym or in the park. Training an emaciated body grabs the attention of the audience of a given place, shifting its meaning. The gym is a place where the goal is to take care of one's health, but it can also be seen as a place of oppression, where bodies are shaped to meet the aesthetic standards of modern culture. An anorexic exercising at the gym not only creates a spectacle of her own corporeality but dismantles the patriarchal system from within. She sabotages its operation, 'damaging' the machine that is supposed to produce athletic and shapely bodies. The very appearance of a physiognomy that is not normative for this space is a gesture of rebellion, which through intensive training is forged into a *homo* necroperformance of subversion. Another such place where anorexic practices of the body become a public, subversive performance is school. A scene from an episode of *Skins*[20] shows anorexic teen Cassie talking to her friend Sid. In the school cafeteria over lunch, the boy asks the girl how she manages to hide her illness: 'Come on, Cass, you

never eat anything. Your parents must have noticed something,' he says. The teenager decides to divulge her 'method,' takes away Sid's plate with his meal and begins to cut the food vigorously, talking constantly. As she lifts the fork to her lips, she distracts the boy by asking him questions, sharing her food, engaging in conversation. Cassie eats nothing and her plate lies filled with mixed-up food. The boy is impressed by the methods of masking, but after a while, as if speaking to himself, he says: 'This is fucked up,' and he probably does not mean the strategy that the girl has showed him. What seems surprising is the answer of the ever-nice and charming Cassie, who says with an ironic smile: 'You know what? It's like it's nobody's fucking business.' The girl's reaction seems to me to be extremely significant, as it is a strong expression of opposition not so much to the boy's evaluative comment as to patriarchy. Cassie resists the appropriation of her body; as she says, it is only her business. It is also worth noting the whole performance that the girl performs in the canteen in front of one spectator; I think it is easy to imagine similar camouflaging practices being performed in front of many people. Does the fact that we cannot see the reactions of others in the cafeteria mean that there could not have been any? And if so, what kind? Did those present not notice Cassie's behaviour? After all, from the very beginning, a surprised Sid says that her parents must have noticed that Cassie has a problem. It turns out that having a very low body weight and not eating is as suggestive and performative as people suffering from obesity eating in public. Not eating is not a lack of action, as it might seem, but a causative practice, which, combined with a frail and emaciated body, never goes unnoticed, almost becoming a spectacle.

Social media are also becoming an important public space for *homo* necro-performance, with blogs, videos and photographs of anorexic women

appearing on Internet portals. These places engage not only supporters of the pro-anamovement, but a wide range of Internet users who manifest their disagreement with the presence of thin bodies in public spaces and convey affective feelings. These media performances are special because they show the inseparability of the *homo* necro-performance of subversion with the affective *homo* necro-performance. Affective reactions followed, for example, the *No-anorexia* campaign, in which Isabelle Caro, an anorexia sufferer, took part. Photographs of the naked model appeared on billboards and in magazines the day before Milan Fashion Week in 2007. Reactions to the photo showing a drastically thin body were so strong that the campaign was almost immediately banned by the Italian advertising authority ('Italy Bans,' 2007). Despite this, Caro became famous; she appeared in the public media many times and blogged regularly, which provoked extreme, emotional comments. Even Oliviero Toscani himself, who photographed Caro for the campaign, stated after her death: 'She wanted to be a star, she craved fame, she even died for this idea! Idiot. I regret that today everyone knows her name thanks to this picture. … I should have put a mask on her head, a bag over her head' (Oliviero Toscani, 2015).

The way disgust emerges in the context of affective coupling and how challenging it is to interact with an anorexic body are perfectly evident in the reactions to Eugenia Cooney's activities. In social media, the twenty-eight-year-old American publishes videos whose content is located in the sphere of the emo subculture. Cooney mainly presents gothic stylizations, shows recently purchased clothes, creates makeup tutorials, talks about her private life in video blogs, but rarely mentions her illness. As of 2011, she has attracted over two million subscribers and a wide audience. The influencer evokes extreme emotions: on the one hand, she has become an icon and inspiration for the pro-ana community, which affirms her slimness

and encourages, supports and motivates her to maintain her low weight; on the other, there are reactions filled with concern for her health, and then, in addition, voices are heard calling for the influencer's account to be blocked[21] or encouraging her to give up her social media activities. All these suggestions and proposals register the affective reactions to the anorexic physicality:

> Everytime i see her i feel physically sick. I get so nauseous it feels like im looking at a dead body. the way her skin just wrapsaround the bone. and how the skin on her armit streches, fuck, it just makes me wanna puke [sic].[22]

In the whole range of resonating difficult intensities, not only a feeling of disgust emerges, but also a strange kind of discomfort mixed with shock, astonishment constrained by helplessness, fear and incomprehension intertwined with shock. We can speak of emotions that originate from a bodily reaction – nausea, headache, chills. If looking at Cooney hurts, breaks your heart,[23] it means that it is extremely difficult to pass by a ravaged body unaffected. It is a way of feeling that cannot be put into exact wording, yet it hurts and hurts, and at the same time repels and disgusts.

A few more, similar examples of media spectacles showing, on the one hand, resistance to the standards of beauty and, on the other, the affective agitation of a wide Internet audience could be listed. Yet, if the media-mediated images of anorexic bodies already evoke a whole range of 'ugly' feelings in the recipients, then imagine the explosion of emotions when faced with an anorexic in real life.

Affective *homo* necroperformance

The most important causative forces regulating the intensity of the perception of the physicality of *homo necros* are actual proximity to and length of time spent around the devastated body. I consider these two categories important because it brings home the details of the devastated physicality as an intense emotional experience. The reaction that is produced during a meeting with a devastated anorexic body is very individual; therefore, recognizing such personal experience as a valuable source of knowledge allows these feelings to gain wider attention. What is felt, combined with theory, can give a fuller picture of the story of anorexics as *homo* necroperformers. In this context, I consider my personal, close encounters with anorexics of a few years ago to be affective homo necroperformance. The performative character would consist in the agency of the bodies of anorexic women. This is realized through agitation, and I am interested in that word in its noun and verb form because, first, it is an affective agitation that has left psycho-corporeal traces in me and fostered an embodied knowledge of the disease. Secondly, in the context of cultural research, I can agitate for the subject of anorexia to gain wider prominence. Yes, I am doing this by writing this text, but it would not have been possible without meeting these anorexic bodies.

The sight of limbs devoid of muscle tissue, bonzes surrounded by a thin layer of skin is shocking. The head seems disproportionately large compared to the frail body, as are the clothes that hang loosely from the shoulders. Whenever I met an anorexic in public, I never saw an uncovered body, not even in the heat of summer. The reason for this lies in anorexia’s effect of causing hypothermia and the constant perception of being cold, and thus the need to cover up, even in warm conditions. However, it was only during the

first, close and prolonged meeting that I felt disorientation and shock. I remember holding my breath for a long time, as if afraid that the slightest puff of air might blow over their frail body at any moment. With each subsequent contact, my throat tightened, probably in response to the fear of death, of which anorexics were the image. Then I realized that it is not without reason that in media publications and in colloquial speech they are described as the 'living dead,' as 'walking death' or 'skeletons.'

These connotations not only refer to *homo necros* but are inevitably associated with a reaction of disgust to anorexic bodies. From the uneven handwriting in my notebook, I read memories that tell of the shivers on the skin and the nausea caused by the sight of worn faces, yellowed teeth and the feeling of a specific, sour body smell. Julia Kristeva (2007), writing about the causes and reasons for the emergence of this disgust, similarly to Sara Ahmed (see 2014), points to the fear of crossing physical limits, of the outside entering the inside. Disgust comes when the almost-anatomical is brutally shown to us; something we usually do not see, but now the disappearing fat and muscle layers reveal what has been hidden until now – bones that look as if they are about to break through the skin, but also the lines of blood vessels wandering over the body and face. Blue veins are as visible as the changes to the skin that leave it a sallow, grey complexion: acne, abscesses, psoriasis – the decomposition leaves traces in the form of dead skin and nail chips. There are wounds in the corners of the mouth, and the lips are covered with blisters full of sticky liquid which seals them; the notion of the corpse is evident. Widely spaced teeth and dull eyes are the dominant components on the small faces of these young girls. Hair, brittle and thin, revealing pale strands of the scalp, attracts attention and repels at the same time. Hair loss is compensated by lanugo, so the back, neck, forearms and face of the girls are covered with a fluffy nap. The softness of

the hair in combination with the dry, porous and rough structure of the skin is a peculiar property of the anorexic body. It was odd enough that when I touched the forearm of one of the girls, the familiar, experientially stored expectation fell short, as if all reference values were exhausted, expired. These numerous, peculiar bodily anomalies meant that when I was among anorexics, I experienced complicity in the process of self-annihilation by these necromonsters.

Anorexia is often combined with bulimic behaviour, the effects of which are also visible on the body. The frequent proximity of the incisors to the back of the fingers, resulting from provoking the gag reflex, leaves abrasions and calluses (Russell's sign). In contrast, the increased contact of the bones of the spine with the ground during intense exercise rubs the skin, creating bloody wounds. I saw such a back once, by chance, when the door of the medical office was ajar during the morning weigh-in. The image was so paralyzing that I could not look away. I had the feeling of a specific fascination with a view usually hidden from my eyes.

The faces evoked a similar amalgam of disgust, amazement and fascination: the high cheekbones, sharp jawline, sunken cheeks and huge, bulging eyes. The deathly pale colours of the face often took on a yellow-orange hue (carotenoderma) that also spread to other areas of the body. The skin tones of the hands, feet, nose and ears; except for the yellows, they turned bluish, as the result, I believe, of disturbances to blood circulation and thermoregulation. Low body temperature and hypothermia are a syndrome of death. Anaemia caused by iron deficiency results in poor blood clotting and bruises, accompanying diseases and disorders such as scabies, diarrhoea, osteoporosis, hypothermia and depression manifested through self-mutilation. I vividly remember shivering at the sight of fresh scars from

deep wounds on one of the girls' forearms and neck. I later found out they were the result of a suicide attempt. The devastated and scarred body is not only a harbinger of death, but also a carrier of a liminal state of limbo. It is the sight of a veritable disintegration – a corpse – that is the highest kind of abject for Kristeva.

> The corpse (or cadaver: cadere, to fall), that which has irremediably come a cropper, is cesspool, and death; it upsets even more violently the one who confronts it as fragile and fallacious chance. A wound with blood and pus, or the sickly, acrid smell of sweat, of decay, does not signify death. … No, as in true theater, without makeup or masks, refuse and corpses show me what I permanently thrust aside in order to live. These body fluids, this defilement, this shit are what life withstands, hardly and with difficulty, on the part of death. There, I am at the border of my condition as a living being. … If dung signifies the other side of the border, the place where I am not and which permits me to be, the corpse, the most sickening of wastes, is a boarded that has encroached upon everything. … The corpse, seen without God and outside of science, is the utmost of abjection. It is death infecting life. Abject. (1982, p. 3).

The degraded perception of anorexic women is not just about the sight of a devastated body; it is not merely a spectacle of destruction and ruin. The point is what this decay evokes. The dying body of anorexic women appears disgusting because it is a manifestation of death – repulsed and repulsive at the same time. *Homo necros* is death that ravages life, interfering with what is alive in our world (ibid., p. 3). The 'walking death' weakens the boundaries

of the integrity and identity of the subject who comes into contact with it. This half-dead matter disturbs the delicate fabrics of life, it wants to transcend life while preserving it. ‘What is disgusting is what disturbs identity, system, order. That which does not respect boundaries, places, rules. A certain in-between, ambiguous, mixed’ (ibid., p. 3). The ‘Living Corpse’ is a subject that, extending beyond life, does not yet enter the space of death, and thus becomes an abject border. It breaks the rules of existence – not only its own, but also of those people close to me. Because how should one deal with one’s own functioning and sustaining one’s life processes when death is personified? When there is no sign of vitality, when contact is broken because mental acuity has disappeared, because pulse and speech have slowed down?

All the visible features of an anorexic body, physically ill, make these people appear as liminal subjectivities. The sight of an anorexic body and interacting with it are quite simply violent sensations. This term was introduced by Agnieszka Dauksza, who writes about the violent effect of art and affective literature, which ‘activates the viewer through a strong, sometimes shocking impact’ (2017, p. 338). In this case, this suggestive activation, this violent agitation, with feelings stretched over time, sees meanings and associations emerging and materializing as a result of the considerations presented here. I would like both the substantive and emotional value of this text to influence the reader, thus contributing to the broadening of social awareness.

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Footnotes

1. The concept was introduced and defined for the first time by Dorota Sajewska in 2015, through the article 'Nekroperformans,' 2015. Subsequently, Sajewska introduced the term into English-speaking circulation in the essay 'Postmortal Life of Savages: Witkiewicz and Malinowski Disinterred,' 2016. The concept reached full maturity in the book *Necroperformance: Cultural Reconstruction of the Theatre of the Great War*, 2016 (English edition 2019). Also, see Sajewska, 'Archaeology of Abortion Trauma,' 2017; Sajewska, 'Nekroperformans. Teoria jako resztka,' 2018; Sajewska, 'Niewolnictwo poza grób. Od nekropolityki do nekroperformansu,' 2022. It is also worth noting texts that utilize Sajewska's concept, e.g. Boruszkowska, 'Necroperformance of the Avant-Garde or Theorizing Death in Paul Mann's *Critical Project*,' 2021.
2. In-depth sociocultural analyses and extensive research on anorexia have been conducted by Susan Bordo, Julie Hepworth, Susie Orbach, Helen Malson and Elspeth Probyn, among others.
3. Autoethnography is a developed and quite extensive research method (but also an artefact), which performs various functions depending on the choice of the subject of research and the research process and the narrative practices selected. However, the core of the diverse perspectives is the 'fusion between autobiography and ethnography'; the merging of the personal with the cultural and social through the introspective approach of the researcher. In my case, I use analytical and evocative autoethnography. See Kacperczyk, 2014; Szwabowski, 2019.
4. Domańska distinguishes between negative and positive dehumanization; the latter would involve incorporating decomposed remains into the ecosystem and recognizing their

biological potential in creating an '*oecumene* of various life forms' and a multi-species community.
5. The complexity of the relationship between patients and employees of hospital institutions was discussed by, for example, Agnieszka Dauksza. See Dauksza, 2021.
6. This type of disciplinary practices can be witnessed in YouTube videos. See, e.g. Julia Sanczenko, ANOREXIA-my story https://www.youtube.com/watch?v=4UtBDndhuPE [accessed: 7.02.2023].
7. See, e.g. Zagórski, 2022.
8. Malson adds: 'And the widespread attention that many girls and women (both those diagnosed as anorexic and others) give to the details of their food and body weight can similarly be understood in terms of a normalizing gaze, as critical self-examination, as a process that disciplines through self-surveillance, measurement and comparison with a norm or, rather, with a fictive norm, an 'ideal'.
9. *Thin*, directed by Lauren Greenfield (2006), available on HBO Max.
10. See e.g. *Rozmowy w toku*, https://player.pl/programy-online/rozmowy-w-toku-odcinki,63/odcinek-2311,S07E2311,28963, [accessed:7.02.2023].
11. And the physician there refused to listen to all my bantering on about food or anything like that […] And it was as if he said well you know: yeah OK I don't want to hear about your anorexia. I want to hear about you. And I started thinking: But I am the anorexia./H: mm/This is my identity … it had actually become my identity /H: mm (.) yeah/ and I think that's that's a problem with it. /H: mm/ I think itbecomes (.) can become an all-consuming identity.
12. It is worth noting that, since 2016, suicidology studies have been conducted at the Faculty of 'Artes Liberales' of the University of Warsaw, indicating an increase in suicides in Poland in recent years. See e.g. *Nikt nie chce umierać. Autodestrukcja w perspektywie kulturowej*, 2022.
13. The guidelines that must be met by the patient on the day of admission to the clinic can be found on the website of the Institute of Psychiatry and Neurology (Neurosis, Personality and Eating Disorders Clinic).
https://ipin.edu.pl/o-instytucie/dzialalnosc-lecznicza/psychiatria/ [accessed: 7.02.2023].
14. From the website of the Ministry of Health and the National Health Fund: 'In Poland, no extensive epidemiological research on this subject has been conducted, but it is estimated that anorexia may affect 0.8-1.8% of girls under the age of 18,'
https://pacjent.gov.pl/zapobiegaj/anoreksja-i-bulimia [accessed: 31.12.2022].
15. Lucy Irigaray, among others, wrote about the 'reproductive use value' of women in the context of economic exploitation and violence within the oppressive capitalist-patriarchal system in 2003.
16. Over the past fifty years (see J. Treasure et al., 2020), the number of cases of anorexia and bulimia has significantly increased. According to research published in 2019 (see M. Galmiche et al., 2019, p. 1402-1413), while eating disorders affected 3.5% of the global population between 2000 and 2006, between 2007 and 2012 this number rose to 4.9%, and between 2013 and 2018 the prevalence of these disorders reached 7.8% of the global population. Narodowe Stowarzyszenie Anoreksji i Zaburzeń Towarzyszących (the National Association of Anorexia Nervosa and Associated Disorders) reports that this issue currently affects at least 9% of the world's population. Statistical data can also be found on the association's website. See https://anad.org/eating-disorders-statistics/.

17. Bogna Olszewska discussed anorexic individuals as body-art performers in her article ‘The Spectacle of Corporeality. Can Anorexia be Called Body Art?’ in 2009. Meanwhile, the referenced Maria Adamczyk associates the spectacle of anorexia with a contemporary variation of the ‘freak show.’ The phenomenon of displaying emaciated bodies and the fascination with practices of extreme food restriction require separate analysis, especially when considering the scale of phenomena like the ‘fasting girls’ in the 16th to 19th centuries or the phenomenon of starving circus performers (Józefik, 2014, p. 79).
18. As Diana Taylor notes, the term ‘performance’ can be a kind of methodological lens that allows us to analyze various types of phenomena as performances, including, for example, acts of resistance. See Taylor, 2014.
19. One of Szopa’s theses on bulimia seems to be especially important. The author points out that it is the subject of anorexia that is of greater interest to researchers, while bulimia is marginalized even in feminist studies. This realization seems to reveal a burning, massive problem not only of anorexia or bulimia, but also of various other types of eating disorders – hitherto overlooked or poorly recognized in academic discussions.
20. The scene I am writing about can be viewed on YouTube: https://www.youtube.com/watch?v=X8yIqhHPr70&t=258s [accessed: 7.02.2023].
21. In 2016, an online petition was created that garnered over 18,000 signatures and was intended to temporarily block Cooney’s activities.
22. https://www.reddit.com/r/EUGENIACOONEY/comments/tq5a6u/i_know_its_bad_to_say_but_i_genuinely_find/ [accessed: 28.12.2022].
23. Also it hurts to look at her, not so much because of her appearance but because I kind of imagine how she might feel about herselfand others. It is so damn sad it breaks my heart. https://www.reddit.com/r/EUGENIACOONEY/comments/tq5a6u/i_know_its_bad_to_say_but_i_genuinely_find/ [accessed: 28.12.2022].

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