



REVISTA INCLUSIONES

INVESTIGACIÓN Y CIENCIA DESDE EURASIA

Revista de Humanidades y Ciencias Sociales

Volumen 7 . Número Especial

Julio / Septiembre

2020

ISSN 0719-4706

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**HOSPITAL CLOWNING IN THE RESOCIALIZATION OF ADOLESCENT GIRLS AND YOUTH
WITH HEALTH RESTRICTIONS**

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Fecha de Recepción: 16 de marzo de 2020 – **Fecha Revisión:** 22 de abril de 2020

Fecha de Aceptación: 29 de junio de 2020 – **Fecha de Publicación:** 01 de julio de 2020

Abstract

The article examines anorexia nervosa and bulimia as prerequisites for the formation of multiple health restrictions. The author focuses on the cases of the development of anorexia nervosa and bulimia provoked by the person's desire to identify with an artistic image resulting in the person finding themselves in a difficult life situation with the desire and ability to abandon the identification with an artistic image is temporarily lost. The impact of artistic image on personality is examined on the example of a biographical portrait of a young woman with progressive schizophrenia suffering from vomitomania, as well as on the example of a bulimic path of anorexia nervosa development (without brain pathologies) in young women with experience in performing and theatrical activities and the members of online communities consolidating around the images of anorexic beauty, promoting the superiority of this lifestyle of a person with special health needs, and encouraging the use of diuretics, laxatives, regular stomach cleansing procedures, etc. It is concluded that, along with the widespread belief that young women seek to imitate feminine images cultivated in society, anorexic and bulimic behavior can be found to be a signal of the lack of societal demand for their androgynous, trickster-like, comic female nature and the resistance against the recognized "Barbie standards".

Keywords

Anorexia nervosa – Bulimia – Vomitomania – Hospital clowning

Para Citar este Artículo:

Semenova, Elena Elexandrovna. Hospital clowning in the resocialization of adolescent girls and youth with health restrictions. Revista Inclusiones Vol: 7 num Especial (2020): 465-480.

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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 increased¹. Food addiction refers to such eating disorders as anorexia nervosa, bulimia nervosa, and vomitomania.

Young women with eating disorders demonstrate perfectionism, obsessive-compulsive syndrome, low cooperativity, signs of autism, etc.², low body mass accompanied by the fear of weight gain, increased attention to certain body parts, and reduced attention to one’s face³, 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 norm⁴.

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 behavior.

In the chronic course of anorexia and bulimia, adolescents often have various heart complications, echocardiographic disorders, various dysfunctions⁵, endocrine changes, hypothalamic amenorrhea⁶, 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 diseases⁷.

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 ago⁸. This forces researchers to reconsider their

¹ A. E. Briukhin; M. S. Artemeva & M. B. Sologub, “Sluchai tiazheloi vomitomanii u bolnoi nervnoi anoreksiei”, Zhurnal nevrologii i psikiatrii im. S. S. Korsakova num 9 (2004).

² M. Björnsdotter, “Grey Matter Correlates of Autistic Traits in Women with Anorexia Nervosa”, Journal of Psychiatry & Neuroscience, Vo: 43 num 2 (2017): 79. Doi: 10.1503/jpn.170072

³ A. Phillipou; S. L. Rossell; C. Gurchich; D. J. Castle; N. F. Troje & L. A. Abel, “Body image in anorexia nervosa: Body size estimation utilizing a biological motion task and eye-tracking”, European Eating Disorders Review Vol: 24 num 2 (2016).

⁴ C. G. Fairburn & P. J. Cooper, “The clinical features of bulimia nervosa”, Brit. J. Psychiat. Vol: 144(1984): 240.

⁵ M. J. Cooper; G. Todd & A. Wells, “Content, Origins, and Consequences of Dysfunctional Beliefs in Anorexia Nervosa and Bulimia Nervosa”, Journal of Cognitive Psychotherapy: An International Quarterly, Vol: 12 num 3 (1998).

⁶ M. Misra & A. Klibanski, “Endocrine consequences of anorexia nervosa”, Lancet Diabetes Endocrinol num 2 Vol: 7 (2014): 581-92.

⁷ N. Rollins & A. Blackwell, “The treatment of anorexia nervosa in children and adolescents: stage 1”. Child Psychol. Psychiat., Pergamon Press. Printed in Great Britain. Vol: 9 (1968).

⁸ V. Hirani; L. Serpell; K. Willoughby; M. Neiderman & B. Lask, “Typology of obsessive-compulsive symptoms in children and adolescents with anorexia nervosa”, Eat Weight Disord. Vol: 15 num 1-2 (2010):e86-9.

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”⁹, 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 disorders¹⁰. 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-esteem¹¹.

Anorexia nervosa and bulimia 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”))¹².

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

⁹ V. V. Marilov; M. B. Sologub & A. A. Gudkova, “EEG u bolnykh s rasstroistvami pishchevogo povedeniia”, Zhurnal nevrologii i psikiatrii num 5 (2013).

¹⁰ P. L. Goetz; R. A. Succop; J. B. Reinhart & A. Miller, “Anorexia Nervosa in children: A Follow-Up Study”, Amer. J. Orthopsychiat. Vol: 47 num 4 (1977) y J. Lock & D. Le Grange, “Can family-based treatment of anorexia nervosa be manualized?”, J Psychother Pract Res. Vol: 10 num 4 (2001): 253-261.

¹¹ V. V. Grachev; Iu. S. Shevchenko; T. A. Nizova & E. A. Gordeeva, “Osobennosti gendernoi identifikatsii devushek podrostkovogo vozrasta, stradaiushchikh nervnoi anoreksiei”, Voprosy psikhicheskogo zdorovia detei i podrostkov Vol: 19 num 2 (2019).

¹² I. A. Koneva & K. E. Kuznetsova, “K probleme obraza ia i samoosenki mladshikh shkolnikov s zaderzhkoi psikhicheskogo razvitiia”, Sovremennye problemy nauki i obrazovaniia num 2-3 2015): 149-156.

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 hebephrenia¹³ (from Greek “hebe” – youth and “phren” – mind) and neoteny¹⁴ (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”¹⁵ 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 program.

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

¹³ O. A. Gilburd, “Evolitsionnyi analiz gebefrenicheskoi shizofrenii”, Surgut State University Bulletin, Meditsina num 2 (2009).

¹⁴ B. V. Ovchinnikov, “Sblizhenie psikhologii i psikiatrii na osnove teorii biologicheskoi evoliutsii”, Bulletin of the South Ural State University num 19 (2012).

¹⁵ A. G. Kozintsev, “Smekh, plach, zevota: psikhologiya chuvstv ili etologiya obshcheniia?”, Etologiya cheloveka na poroge XXI veka. M. L. Butovskaia, ed. (Moscow: Staryi Sad, 1999).

relevant to this day. 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 approach¹⁶, family influence¹⁷, the activation of personal creative resources at the post-critical stages of resocialization (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.

Materials and methods

The methodological base of the study is constructed by the concepts of “grotesque body” and “aesthetic object” introduced by M. M. Bakhtin, the theoretical position of A. G. Kozintsev on laughter as neoteny and displaced activity, and the definition of “celebrity anorexia” by E. Burke. The present study is a pilot based on the methods of participatory observation, analysis of written¹⁸, oral and Internet-based memoirs of those who are recovering, have recovered, or “wish to get sick” previously used by L. Willems who examined anorexia nervosa from the point of 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 from the medical diagnosis¹⁹. The study of the relationship between anorexia and writing is also carried out by E. Seaber who studies the mysterious influence the “pro-ana” biographical narrative genre, the description of the life of an anorexic woman written in such a romantic, melancholic manner that the charm of this divine figure of “ana” causes the desire to try the things described in the book in healthy readers²⁰. A valuable study in this direction was carried out by 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 expectations²¹.

The object of our study lies in the field of pathography and clinical psychotherapy, focuses on the oral and written narrative of the disease as a special, specific artistic, and biographical literary genre. 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 is this disease in such close contact with the artistic field? We draw attention to the fact that the stories about anorexia themselves are a rather complex genre with a large percentage of fiction, science

¹⁶ N. L. Zucker; M. Losh; C. M. Bulik; K. S. LaBar; J. Piven & K. A. Pelphrey, “Anorexia nervosa and autism spectrum disorders: guided investigation of social cognitive endophenotypes”, *Psychological Bulletin* Copyright 2007 by the American Psychological Association. Vol: 133 num 6 (2007).

¹⁷ A. Honey; D. Boughtwood; S. Clarke; C. Halse; M. Kohn & S. Madden, “Support for parents of children with anorexia: what parents want”, *Eating disorders*, Vol: 16 num 1 (2007): 48-49.

¹⁸ M. Hornbacher, *Wasted: A Memoir of Anorexia and Bulimia* (London: Flamingo, 1998)

¹⁹ L. Willems, *What Is Normal, What Is Healthy? A Comparative Study of Anorexia Nervosa through the Lens of Autobiographical Illness Narratives*. MA Thesis Research Master Comparative Literary Studies (Utrecht University. 2018).

²⁰ E. Seaber, *Reading Disorders: Pro-Eating Disorder Rhetoric and Anorexia Life-Writing*, *Literature and Medicine*. Vol: 34 num 2 (2016): 484-485.

²¹ C. Ralph-Nearman & R. Filik, “Eating disorder symptomatology and body mass index are associated with readers’ expectations about character behavior: Evidence from eye-tracking during reading”, *Wiley Periodicals, International Journal of Eating Disorders*. Vol: 51 (2018): 1070–1071.

fiction, idealization of oneself as a hero of one's dreams, romanization, 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. These statements include the book by N. Wolf and the book by S. Bordeaux. In particular, Bordeaux, a feminist and a researcher who suffered from anorexia herself in her controversial book "Unbearable Weight: Feminism, Western Culture and the Body" argues that disorders like anorexia nervosa and bulimia should be understood in relation to the specific cultural contexts within which they arise. She argues that extreme and gender-specific body practices such as restrictive nutrition and cosmetic surgery should not be seen as "bizarre or abnormal" but rather as logical (although extreme) manifestations of the anxieties and fantasies generated by our culture²². Bordeaux believes that eating disorders in women are historically predetermined. The greatest outbreaks of this disorder, according to Bordeaux, occur at the turning points when the usual female roles expand in range and, in consequence, various psychopathologies increase in demand in the cinema and show industry. An example of this is the American film actress Megan Fox²³. On the one hand, the standards of female beauty dictate fashion for thinness and harmony. On the other hand, in society food industry advertises high-carb foods that cause food dependence often leading to becoming overweight along with the promotion of healthy nutrition.

These inconsistencies are indicated by Wolf in her bestseller. She notes that, on the one hand, information on eating disorders, their addictive nature, and methods of treatment has become available to everyone. On the other hand, these disorders have become so widespread that they began to be perceived as normal. Wolf indicates that today the models on the pages of Glamour magazine openly talk about their fasting regimes. Moreover, in one of the newspaper articles about thin, ambitious young women who talk about weight, one of them even asked a question: "What is wrong with inducing vomiting?". In addition, according to Wolf, sites promoting anorexia have appeared on the Internet which testifies to the emergence of a youth female subculture advocating for anorexia, finding the anorexic appearance attractive²⁴. Burke who devoted her dissertation research to the phenomenon of "celebrity anorexia", i.e. anorexia of famous people, believes that this phenomenon is related not to a medical diagnosis but to the sphere of artistic imagery²⁵ that has a great impact on the emotional sphere of girls. 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. The cases of anorexia nervosa and bulimia 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

²² S. Bordeaux, *Unbearable Weight: Feminism, Western Culture and the Body* (Berkeley: U of California, 1993).

²³ B. V. Ovchinnikov, "Sblizhenie psikhologii i psikiatrii na osnove teorii biologicheskoi evoliutsii", *Bulletin of the South Ural State University* num 19 (2012).

²⁴ N. Wolf, *The Beauty Myth: How Images of Beauty are used Against Women* (London: Vintage, 2002).

²⁵ E. Burke, *Celebrity anorexia: a semiotic of anorexia nervosa* (School of Literary, Visual and Performance Studies Monash University, January. 2003).

channel and rushes to its realization which presents an important step in the process of self-discovery.

With this goal, we conducted a comparative analysis of several autobiographical portraits. We referred to the comparative analysis of clinical portraits of patients diagnosed with vomitomania, bulimia nervosa, and anorexia nervosa described in 2004 in an article by A. E. Briukhin, M. B. Sologub, and M. S. Artemeva and in the dissertational study by E. E. Balakireva comparing them to those that we managed to compile personally after observing patients in 2012, 2013, and 2015 at the Scientific and Practical Psychoneurological Center named after Z. P. Soloviev and the Moscow City Medical and Psychological Center named after V. M. Bekhterev. We also analyzed 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 the first case, we will focus on the portrait of a patient with typical clinical schizophrenia with anorexia nervosa and vomitomania syndrome (getting pleasure from vomiting) compiled by Briukhin, Sologub, and Artemeva. Omitting the portrait itself, we focus only on the patient's pathological fantasies and behaviors generated by certain experiences and the progressive mental illness that can be called performative. Upon arriving at the hospital, in her conversation with the doctor, the patient "said that the first vomiting occurred spontaneously while she was watching the movie "Titanic", at that moment she felt sexual pleasure, as if "something appeared" in the vagina". Since that time, she overeats certain products, most often it is home-made beetroot soup, gingerbread cookies, marshmallows. In this case, food must be taken in a certain sequence so that later it comes out in a certain way "beautifully". During the vomiting, she imagined the hero of the movie simultaneously feeling pleasure, compared the feeling with an orgasm. After the course of treatment followed by some improvement in the patient's condition, the vomiting increased again. The young woman slept in the same bed with her grandmother, forced her mother to cook plenty of food in the morning, "then at 11 o'clock she made her mother leave the flat and forbid her to return until 17 o'clock, her grandmother served food on a special beautiful coverlet, placed 12 plates on the bed. The last plate must have had beets in it, cut into pieces. The patient made her grandmother sit down and observe her overeating and vomiting. She ate one or two spoons from each plate, then drank two bottles of sparkling water and made herself vomit using her hand or a special long rag. Vomiting was caused on the floor so that the grandmother would pick the vomit up with her hands. After vomiting, experiencing euphoria, she went to bed with her grandmother and lay all day"²⁶.

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 bulimia nervosa using an example of a transcript made based on a dictaphone recording of a group therapy session in the Psychoneurological Center named after Z. P. Soloviev in 2015.

²⁶ A. E. Briukhin; M. S. Artemeva & M. B. Sologub, "Sluchai tiazheloi vomitomanii u bolnoi nervnoi anoreksiei, Zhurnal nevrologii i psikiatrii im. S. S. Korsakova num 9 (2004).

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 theater institute was the image of a girl named Rita who was an embodiment of life and creativity for her.

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 therapy²⁷. 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 activity²⁸. 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 recovery²⁹. This corresponds well to the conclusion drawn by the doctor of medical science, professor B. V. Ovchinnikov who notes that "The

²⁷ J. Lock & D. Le Grange, "Can family-based treatment of anorexia nervosa be manualized?", *J Psychother Pract Res*. Vol: 10 num 4 (2001).

²⁸ M. M. Bakhtin, *Estetika slovesnogo tvorchestva* (Moscow: Iskusstvo, 1979).

²⁹ E. A. Semenova, "Karnavalnyi potentsial v norme i patologii". *Ulichnyi teatr protiv teatra voennykh deistvii*. Collection of scientific papers of the International Bakhtin's Scientific and Practical Conference (October 16–18, Moscow, 2019) (Moscow: FSBSI "IAEaCS RAE", 2020).

system of I has another opportunity – to construct new (non-instinctive) behavior 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 villain³⁰.

We analyzed 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. The results of the study demonstrate that there is a reason to attribute the anorexic community to the modern self-destructive youth subculture³¹. 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”³². 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.³³. 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”³⁴. 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 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.

Results

The acquired results are in some aspects consistent with the conclusions reached by the researchers of the problems of gender identification of adolescent girls suffering from

³⁰ B. V. Ovchinnikov, “Sblizhenie psikhologii i psikhiatrii na osnove teorii biologicheskoi evoliutsii, Bulletin of the South Ural State University num 19 (2012).

³¹ A. R. Boiarskaia, Kultura anoreksii kak molodezhnaia autodestruktivnaia internet subkultura. Kultura. Dukhovnost. Obshchestvo (Novosibirsk: “Tsentr razvitiia nauchnogo sotrudnichestva”, LLC. 2014) y lu. S. Shevchenko, “Traditsionnye, stikhiinye, patologicheskie i psikhokorreksionnye formy podrostkovoi initsiatsii (chast II)”, Voprosy psikhicheskogo zdorovia detei i podrostkov num 17 (S2) (2017).

³² L. R. Aptikieva & A. I. Druzhinina, “Eksperimentirovanie so svoim telom v podrostkovom vozraste kak proiavlenie asotsialnoi napravlenosti”. Sotsialno-gumanitarnye innovatsii: strategii fundamentalnykh i prikladnykh nauchnykh issledovaniy (Materials of the All-Russian Scientific and Practical Conference. 2019).

³³ I. Stewart; S. Chancellor; M. De Choudhury & J. Eisenstein, “#Anorexia, #anorexia, #anorexia: Characterizing online community practices with orthographic variation”. Proceedings - 2017 IEEE International Conference on Big Data (Big Data 2017. 2018).

³⁴ E. Seaber, Reading Disorders: Pro-Eating Disorder Rhetoric and Anorexia Life-Writing”, Literature and Medicine. Vol: 34 num 2 (2016).

anorexia nervosa. Employees of the Scientific and Practical Center for Mental Health of Children and Adolescents named after G. E. Sukhareva and the Russian Medical Academy of Continuing Professional Education in Moscow revealed that the features of “the formation of the psychological gender (masculine, androgynous, feminine)” have a significant impact “on the manifestation, clinical presentation, and dynamics of anorexia nervosa in adolescent girls”³⁵. Anorexia nervosa occurs in adolescent girls with androgynous and feminine gender identification with the same frequency but a favorable 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, modeling (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. Our observations are also consistent with the findings of Seaber who concluded that pro-ana internet memoir authors suffer from a maladaptive analytical disorder in reading and writing which may provide additional clues for understanding anorexia diagnosis and treatment. The conducted study provides reasons to conclude that anorexia nervosa and bulimia nervosa as a paradoxical over-adaptive intraspecific human activity are directly related to creative and problematic activity during which the species-specific reactions become dull and individual ones begin to dominate leading to the inhibition of the reactions necessary for survival (decreased hunger and sexual desire, etc.). Eating disorders including anorexia nervosa and bulimia nervosa present a threat to the survival of the species since an individual starts to creatively adapt and over-adapt for ultra-complicated situations created artificially by themselves in which the adaptive reactions responsible for self-preservation instinct are oppressed.

Discussion

The three examined types of eating disorders (bulimia nervosa, anorexia nervosa, vomitomania) can be considered to be the variations of displaced activity, are similar to laughter, crying, and yawning as the types of displaced activity that present a great competition for speech and action. Anorexia and bulimia are the forms of “displaced activity” which, according to the ethologist N. Tinbergen, represents a special behavioral strategy that has developed “as a result of a conflict of motives (protection and flight) manifesting in inappropriate actions in a certain situation. “Displaced activity” can manifest in humans and animals in various types of impulsive and compulsive behavior: eating (anorexia, bulimia, vomitomania); auto-grooming and nest building; sexual behavior; sleep”³⁶ and laughter as a kind of inhibition. Vomiting and overeating are also the “reactions of abandonment” of culture. The “infectiousness” of these diseases is explained by the same logic as the infectiousness of laughter, yawning, and crying which “break out and awaken the collective

³⁵ V. V. Grachev; Iu. S. Shevchenko; T. A. Nizova & E. A. Gordeeva, “Osobennosti gendernoi identifikatsii devushek podrostkovogo vozrasta, stradaiushchikh nervnoi anoreksiei”, *Voprosy psikhicheskogo zdorovia detei i podrostkov* Vol: 19 num 2 (2019).

³⁶ E. A. Semenova, “Psychophysiological aspects of aggression and laughter in the contemporary culture of Russian rap battle”, *Journal of Pharmaceutical Sciences and Research* Vol: 10 num 7 (2018): 1873-1874.

imitation reflex” when the control of culture is reduced. “This can only happen in the short “gaps” between the periods of normal activity”³⁷. We also note that at the time of vomiting and overeating anorexia patients become extremely vulnerable just like those laughing, crying, or yawning, suffering from hysteria, “hiccups” or clicks. Just like a bulimic person spews vomit, a hysteric person spews verbal flow. In further research, bulimia and anorexia 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. In their work titled “The Politics and Poetics of Transgression”, the authors P. Stallybrass and A. White analyze 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 behavior³⁸. Thus, patients with anorexia nervosa suffer from acute attacks of disgust towards the grotesque carnival body and experience a phobic alienation from carnival images. All of this may be considered evidence of a complex relationship between the fragments of archaic parody forms of holidays squeezed out of society⁴² and the memory of the birth body of a modern anorexic and bulimic who seeks to break the connection with the birth carnival body. Studies on the nature of anger expressed not in verbal aggression and uncontrolled curses as it occurs in patients with Tourette’s syndrome and coprolalia³⁹ but through vomiting, starvation, and internal speech appear to be promising.

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. The interim results of the study suggest that even though therapy with hospital clowns or doctor clowns is recognized worldwide as a popular and effective medical practice integrating a professional medical approach and the art of clowning which is widely used in pediatrics in the hospital treatment⁴⁰, in the training of medical students, and in nursing homes⁴¹. This practice is, however, never used in the treatment of patients with anorexia nervosa, bulimia

³⁷ A. G. Kozintsev, “Smekh, plach, zevota: psikhologiiia chuvstv ili etologiiia obshcheniia?”, *Etologiiia cheloveka na poroge XXI veka*. M. L. Butovskaia, ed. (Moscow: Staryi Sad, 1999).

³⁸ P. Stallybrass & A. White, “Politics and Poetics of Transgression”. Cornell University Press. 1986.

³⁹ J. Timothy, *Why we curse: a neuro-psycho-social theory of speech* (Philadelphia: John Benjamins Publishing Company, Amsterdam, 2000).

⁴⁰ D. Tener; S. Ofir; R. Lev-Wiesel, N. L. Franco & A. On, “Seriously clowning: Medical clowning interaction with children undergoing invasive examinations in hospitals”. *Social Work in Health Care*. Vol: 55 num 4 (2016): 984-985 y E. M. Ivanova, “Bolnichnaia klounada: mezhdou lecheniem i obshcheniem”, *Problema khronotopa v sovremennykh nauchnykh issledovaniiaxh*. International round table dedicated to M.M. Bakhtin (April 19-20, 2017, Moscow: A collection of reports and articles. Moscow: FSBSI “IAEaCS RAE”).

⁴¹ K. Molterer & P. Hoyer, A serious matter: Clowning as an ethical care practice. In Fotaki, M., Islam, G. & Antoni, A. (eds), *Business Ethics and Care in Organizations* (London, UK: Routledge, 2019).

nervosa, and vomitomania. However, the methods of hospital clowning previously used in therapy aimed at mobilizing a joyful, carnival worldview, teaching how to overcome the disease with laughter by going beyond not only its limits but also “beyond yourself, your state” approaching the state of being “out-of-contact” in relation to the disease through carnival self-denial and laughter⁴² can be successfully used to treat patients with these diagnoses but should be adapted to the psychophysical characteristics of these patients who are concentrated on their own person. The patient’s hospital clowning plays a role of socializing and art therapy, since in laughter behavior a person can attempt to try on the models of normative and abnormal behavior, master various social norms, conditionally violate them, ridicule antisocial norms thereby relieving the stress and fear in a playful way. The inclusion of laughter reactions into the symptoms of patient recovery as well as the use of accumulated experience in studying phenomena like gelotophobia, gelotophilia, and catagelastism⁴³ can significantly enrich the approaches to the treatment of eating disorders in children, adolescents, and youth.

Acknowledgments

The article was written as part of the state task of the Ministry of Education of the Russian Federation No. GZ-073-00026-20-01 “Socialization of children in difficult situations by means of art” for 2020. The author expresses their gratitude to the administration of the Federal State Budget Scientific Institution “Institute of Art Education and Cultural Studies of the Russian Academy of Education” for the opportunity to conduct the present study.

References

Aptikieva, L. R. & A. I. Druzhinina. “Eksperimentirovanie so svoim telom v podrostkovom vozraste kak proiavlenie asotsialnoi napravlenosti”. Sotsialno-gumanitarnye innovatsii: strategii fundamentalnykh i prikladnykh nauchnykh issledovani. Materials of the All-Russian Scientific and Practical Conference. 2019.

Bakhtin, M. M. Estetika slovesnogo tvorchestva. Moscow: Iskusstvo. 1979.

Björnsdotter, M. “Grey Matter Correlates of Autistic Traits in Women with Anorexia Nervosa”. *Journal of Psychiatry & Neuroscience*, Vol: 43 num 2 (2017): 79-96.

Boiarskaia, A. R. Kultura anoreksii kak molodezhnaia autodestruktivnaia internet subkultura. Kultura. Dukhovnost. Obshchestvo. Novosibirsk: “Tsentrazvitiia nauchnogo sotrudnichestva”, LLC. 2014. 147-154.

Bordeaux, S. *Unbearable Weight: Feminism, Western Culture and the Body*. Berkeley: U of California. 1993.

Briukhin, A. E.; M. S. Artemeva & M. B. Sologub. “Sluchai tiazheloi vomitomanii u bolnoi nervnoi anoreksiei”. *Zhurnal nevrologii i psikhatrii im. S. S. Korsakova* num 9 (2004): 59–61.

⁴² E. A. Semenova, “Karnavalnyi potentsial v norme i patologii”. Ulichnyi teatr protiv teatra voennykh deistvii. Collection of scientific papers of the International Bakhtin’s Scientific and Practical Conference (October 16–18, Moscow, 2019) (Moscow: FSBSI “IAEaCS RAE”, 2020).

⁴³ E. A. Stefanenko; E. M. Ivanova & S. N. Enikolopov, “Adaptatsiia oprosnika gelotofobii, gelotofilii i katagelastitsizma PhoPhiKa dlia podrostkov”, *Psikhologicheskaia nauka i obrazovanie* Vol: 21 num 4 (2016).

Burke, E. Celebrity anorexia: a semiotic of anorexia nervosa. School of Literary, Visual and Performance Studies Monash University. January. 2003.

Cooper, M. J., G. Todd & A. Wells. "Content, Origins, and Consequences of Dysfunctional Beliefs in Anorexia Nervosa and Bulimia Nervosa". *Journal of Cognitive Psychotherapy: An International Quarterly*, Vol: 12 num 3 (1998): 213-230.

Fairburn, C. G. & P. J. Cooper. "The clinical features of bulimia nervosa". *Brit. J. Psychiat.* Vol: 144 (1984): 238-246.

Gilburd, O. A. Evoliutsionnyi analiz gebefrenicheskoi shizofrenii. Surgut State University Bulletin, Meditsina num 2 (2009): 8-21.

Goetz, P. L.; R. A. Succop; J. B. Reinhart & A. Miller. "Anorexia Nervosa in children: A Follow-Up Study". *Amer. J. Orthopsychiat.* Vol: 47 num 4 (1977): 597-603.

Grachev, V. V.; Iu. S. Shevchenko; T. A. Nizova & E. A. Gordeeva. "Osobennosti gendernoi identifikatsii devushek podrostkovogo vozrasta, stradaiushchikh nervnoi anoreksiei". *Voprosy psikhicheskogo zdorovia detei i podrostkov* Vol: 19 num 2 (2019): 14-23.

Hirani, V.; L. Serpell; K. Willoughby; M. Neiderman & B. Lask. "Typology of obsessive-compulsive symptoms in children and adolescents with anorexia nervosa". *Eat Weight Disord* Vol: 15 num 1-2 (2010):e86-9.

Honey, A.; D. Boughtwood; S. Clarke; C. Halse, M. Kohn & S. Madden. "Support for parents of children with anorexia: what parents want". *Eating disorders*, Vol:16 num 1 (2007): 40-51.

Hornbacher, M. *Wasted: A Memoir of Anorexia and Bulimia*. London: Flamingo. 1998.

Ivanova, E. M. "Bolnichnaia klounada: mezhdru lecheniem i obshcheniem". *Problema khronotopa v sovremennykh nauchnykh issledovaniiax*. International round table dedicated to M.M. Bakhtin (April 19-20, 2017, Moscow): A collection of reports and articles. Moscow: FSBSI "IAEaCS RAE". 301-314.

Koneva, I. A. & K. E. Kuznetsova. "K probleme obraza ia i samoosenki mladshikh shkolnikov s zaderzhkoi psikhicheskogo razvitiia". *Sovremennye problemy nauki i obrazovaniia* num 2-3 (2015): 149-156.

Kozintsev, A. G. "Smekh, plach, zevota: psikhologiiia chuvstv ili etologiiia obshcheniia?". *Etologiiia cheloveka na poroge XXI veka*. M. L. Butovskaia, ed. Moscow: Staryi Sad. 1999. 97-121.

Lock, J. & D. Le Grange. "Can family-based treatment of anorexia nervosa be manualized?" *J Psychother Pract Res*. Vol: 10 num 4 (2001): 253-261.

Marilov, V. V.; M. B. Sologub & A. A. Gudkova. "EEG u bolnykh s rasstroistvami pishchevogo povedeniia". *Zhurnal nevrologii i psikiatrii* num 5 (2013): 66-68.

Misra, M. & A. Klibanski. "Endocrine consequences of anorexia nervosa". *Lancet Diabetes Endocrinol* num 2 Vol: 7 (2014): 581-92. Doi: 10.1016/S2213-8587(13)70180-3.

Molterer, K. & P. Hoyer. A serious matter: Clowning as an ethical care practice. In Fotaki, M., Islam, G. & Antoni, A. (eds), *Business Ethics and Care in Organizations*. London, UK: Routledge. 2019.

Ovchinnikov, B. V. "Sblizhenie psikhologii i psikhiiatrii na osnove teorii biologicheskoi evoliutsii". *Bulletin of the South Ural State University* num 19 (2012): 98-104.

Phillipou, A.; S. L. Rossell; C. Gurchich; D. J. Castle; N. F. Troje & L. A. Abel. "Body image in anorexia nervosa: Body size estimation utilizing a biological motion task and eye-tracking". *European Eating Disorders Review*. Vol: 24 num 2 (2016): 131–138.

Ralph-Nearman, C. & R. Filik. "Eating disorder symptomatology and body mass index are associated with readers' expectations about character behavior: Evidence from eye-tracking during reading". *Wiley Periodicals, International Journal of Eating Disorders*. Vol: 51 (2018): 1070–1079.

Rollins, N. & A. Blackwell. "The treatment of anorexia nervosa in children and adolescents: stage 1". *Child Psychol. Psychiat.*, Pergamon Press. Printed in Great Britain. Vol: 9 (1968): 81-91.

Seaber, E. *Reading Disorders: Pro-Eating Disorder Rhetoric and Anorexia Life-Writing.* Literature and Medicine. Vol: 34 num 2 (2016):484-508.

Semenova, E. A. "Carnival in the absence of the actor". *Southern Semiotic Review*. Issue 11 Vol: 3 (2019): 33-48.

Semenova, E. A. "Karnavalnyi potentsial v norme i patologii". *Ulichnyi teatr protiv teatra voennykh deistvii*. Collection of scientific papers of the International Bakhtin's Scientific and Practical Conference (October 16–18, Moscow, 2019). Moscow: FSBSI "IAEaCS RAE". 2020. 372-386.

Semenova, E. A. "Psychophysiological aspects of aggression and laughter in the contemporary culture of Russian rap battle". *Journal of Pharmaceutical Sciences and Research* Vol: 10 num 7 (2018): 1873-1875.

Shevchenko, Iu.S. *Traditsionnye, stikhiinye, patologicheskie i psikhokorreksionnye formy podrostkovoi initsiatsii (chast II)*. *Voprosy psikhicheskogo zdorovia detei i podrostkov*. Vol: 17 (S2) (2017): 261-263.

Stallybrass, P. & A. White. *"Politics and Poetics of Transgression"*. Cornell University Press. 1986.

Stefanenko, E. A.; E. M. Ivanova & S. N. Enikolopov. "Adaptatsiia oprosnika gelotofobii, gelotofilii i katagelastitsizma PhoPhiKa dlia podrostkov". *Psikhologicheskai nauka i obrazovanie*. Vol: 21 num 4 (2016): 61–74.

Stewart, I.; S. Chancellor; M. De Choudhury & J. Eisenstein. "#Anorexia, #anarexia, #anarexyia: Characterizing online community practices with orthographic variation". *Proceedings - 2017 IEEE International Conference on Big Data*. Big Data 2017. 2018. 4353-4361.

Hospital clowning in the resocialization of adolescent girls and youth with health restrictions pág. 480

Tener, D.; S. Ofir; R. Lev-Wiesel; N. L. Franco & A. On. "Seriously clowning: Medical clowning interaction with children undergoing invasive examinations in hospitals". *Social Work in Health Care*. Vol: 55 num 4 (2016): 296-313.

Timothy, J. *Why we curse: a neuro-psycho-social theory of speech*. Philadelphia: John Benjamins Publishing Company, Amsterdam. 2000.

Willems, L. *What Is Normal, What Is Healthy? A Comparative Study of Anorexia Nervosa through the Lens of Autobiographical Illness Narratives*. MA Thesis Research Master Comparative Literary Studies. Utrext University. 2018.

Wolf, N. *The Beauty Myth: How Images of Beauty are used Against Women*, London: Vintage. 2002.

Zucker, N. L.; M. Losh; C. M. Bulik; K. S. LaBar; J. Piven & K. A. Pelphrey. "Anorexia nervosa and autism spectrum disorders: guided investigation of social cognitive endophenotypes". *Psychological Bulletin* Copyright 2007 by the American Psychological Association. Vol: 133 num 6 (2007): 976–1006.

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