What does abnormal eating tell us about normal eating?

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5.1 Introduction

Because we are intrigued with understanding normal eating, we are eager to address and answer the question posed by the editors of this volume. Compared with normal eating, abnormal eating has received the lion's share of research and professional attention, owing to its dramatic manifestations and consequences. (The major categories of abnormal eating are anorexia nervosa and bulimia nervosa, obesity having receded as an eating disorder because of professional uncertainty as to whether eating in the obese is truly disordered.) We are not sure that we understand the etiology and dynamics of anorexia and bulimia, and it seems clear that they are probably not the only abnormalities of eating worth attending to, but progress is being made. Certainly tremendous resources of time, effort and money have been dedicated to delineating and explaining these disorders, and to eliminating them either before or, more often, after they appear. Normal eating is the goal of therapy, and if perfectly normal eating is too much to hope for, then we will settle for eating that at least more closely approximates normality.

But what is normal eating? Less flamboyant than abnormal eating, it is nevertheless equally elusive. Little attention is paid, professionally or otherwise, to normal eating. No-one has a very good idea of what exactly it is. (This latter claim must be qualified by noting that almost everyone thinks that they know what normal eating is. You can disturb people’s complacent assumption that they know what normal eating is by asking them to specify more precisely what they mean by ‘normal eating’ and forbidding them to respond glibly with a circular response involving ‘the absence of abnormal eating.’ Regrettably, this qualification must itself be qualified: most people ought to be disturbed by their inability to describe normal eating adequately, but more often than not, the demonstration of their ignorance and confusion does not disturb them.) The description and analysis of normal eating, then, remains woefully incomplete, and deserving of our concerted efforts.

How can we better understand normal eating? Presumably, the best thing to do would be to identify it and study it as it occurs in nature or society. But
the problem here, of course, is identifying it. If we don’t know what it is, how can we identify it, define it, isolate it—even begin to study it? Maybe the glib circular approach deserves another look. If we actually know something about abnormal eating—and psychology and psychiatry have certainly invested enough effort toward accumulating such knowledge—then maybe we can develop a better notion of normal eating by regarding it as what abnormal eating is not.

In principle, then, perhaps by describing the characteristics of abnormal eating and then engaging in a process of negation, we can delineate the characteristics of normal eating. This approach can escape the charge of glibness, though, only if it embraces some content: we are required to develop the picture of abnormal eating, so that normality may be seen in its negative image. Of course, when it comes to eating, this simple negation approach may not work too well. For instance, the difference between abnormal and normal may be a matter of degree. Consider the speed of eating. Normal eating may proceed at a certain pace, whereas abnormal eating may be quicker (as in binge eating), or slower (as in anorexia, where each bite seems to take forever). If eating is fast in bulimia, then what does that tell us about normal eating? That normal eating is not fast (but probably not too slow). But what exactly, or even roughly, is the pace of normal eating? There’s no way of telling from studying the speed of abnormal eating (assuming that we could study the speed of eating in bulimia, a disorder about which there are plenty of anecdotal reports but few hard facts). In fact, there is no way of knowing that abnormal eating is fast, except insofar as we assume that the speed of eating we see in abnormal eaters is fast compared to some implicit normal rate. This exercise quickly becomes complicated, and perhaps impossible. We may not even be able to recognize abnormal eating unless and until we have a firm idea of normal eating.

Of course, the key element here may be ‘the idea of normal eating.’ What we consider abnormal about abnormal eating reveals what we assume is normal about normal eating. In other words, our very description of abnormal eating contains within it clues to what we mean by normal eating. Characterizing abnormal eating, then, uncovers our implicit theories of normal eating. Whether these theories are correct or not is, of course, an empirical question. But regardless of whether these theories are correct, they are useful as a window on the common assumptions that we hold about normal eating. These assumptions, in turn, provide an interesting springboard for research; assumptions can be tested. In the case of assumptions about normal eating, we will frequently find that these assumptions are simply incorrect. And as these incorrect assumptions are replaced by facts, we may in turn be forced to challenge our assumptions about what is abnormal in abnormal eating. After all, if we adopt new notions about what constitutes normal eating, we may well be forced to adopt correspondingly