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1

INTRODUCTION

Eating disorders are one of the most common forms of mental health problem and are associated with increased risk to life. Over the last 30 years they have become more finely differentiated so that nowadays we talk of anorexia nervosa, bulimia nervosa, binge-eating, sub-acute eating disorders, eating disorders not otherwise specified (EDNOS) or may refer to obesity and self-starvation. We no longer believe anorexics are not hungry or that they are only ever young, white, middle-class females. Indeed, we are very well informed about eating disorders: our magazines and newspapers are full of information about the dangers of eating disorders and fascinated by the body-size of celebrities and the diets to which they subscribe. Obesity has become a major priority for governments across the world and according to the World Health Organisation is 'the single biggest European public health challenge of the 21st century' (Wallop, 2003) and may necessitate taxing fatty and sugary foods. Diets are big business, the fast food industry even bigger, and increasingly, so is litigation. Obese people have begun to sue food companies and retailers such as McDonalds for apparently making them obese. Eating disorders bring together the private and the public in a very profitable way. And furthermore, we all know what it feels like to question whether or not we are eating 'properly' or look 'right'.

Eating is an activity that involves the external and the internal world. Menzies summed this up as: 'One may truly say people never eat alone or uninfluenced by others, since they always eat in the context of the "internal society"' (Menzies, 1970: 223). This internal society is made up of the relationships we experienced when young but further external influences cannot be avoided whether we wish them to be or not and we are all subject to external judgement about what are acceptable or unacceptable ways of dealing with our earlier feeding experiences. Menzies reminds us of a scene from one of the

films, 'John', made by the Robertsons (1969), in a residential nursery. In it we see children stealing food from each other even though food is plentiful. What is scarce is a stable relationship to a good, loving adult: a mother substitute which is lost to them, so they fight for the food that represents her instead. Menzies tells us that mothers also use food, for example, to deal with separation by giving their children food to take to school with them while they themselves may deal with loneliness and boredom at home by feeding themselves. She links rituals around food and drink with reconciliation – the repair of a good society, sitting down and eating together. Some readers may remember the advertising campaign for 'Cadbury's Snack' which had a jingle 'Bridge that gap with Cadbury's snack!' The gap, Menzies pointed out, was a relationship gap not a food gap (Menzies, 1970: 225). This idea sums up the basis of the book: it aims to consider the different ways in which eating and not eating compensate for an absence of an emotional and relational kind, and the conflicts which might ensue.

The incidence of eating disorders

According to the National Service Framework for the National Health Service (NHS), the most common mental health problems are depression, eating disorders and anxiety disorders (DOH, 1999: 32) yet only 48 per cent of health authorities have local specialist services and access to services is unevenly spread across the country. The mortality rate is very high for eating disorders (see Royal College of Psychiatrists, 2000: 68), falling behind only the rates for prescription drugs and illegal drug abuse, opioid abuse, mental retardation (sic) and suicide attempt by self-poisoning. The south east of England has 60 per cent of consultant psychiatry sessions dedicated to eating disorders, yet it only has 33 per cent of the population (see Royal College of Psychiatrists, 2000). The lack of provision and seriousness of the nature of the problems has led the Royal College to call for more provision and more specialist training. Although the emphasis is, appropriately, on their own profession, there are many other practitioners in the NHS, in student counselling, and in the private sector, who are challenged by the nature of the difficulties such patients present. Student counselling services in particular are likely to see a wide range and very large numbers of people who want help with an eating disorder.

Eating disorders as an end-point for different pathological processes

Stephen L. Post, in a panel discussion of a meeting of the American Psychoanalytic Association (discussed in Castelnuovo-Tedesco and Whisnant Reiser, 1988: 167) noted that all the papers that were presented there on eating disorders showed a fundamental interrelatedness between anorexia, bulimia and obesity. However, he did not consider them to have enough in common to be viewed as on a continuum, despite additional shared body-image preoccupations. He drew attention to the local, historical and economic influences on obesity. One linking theme was impulsivity. However, others have commented on how an eating disorder may be an expression of varying degrees and levels of pathology from an underlying potential psychosis, through to a borderline personality disorder, a neurotic disposition or a fleeting transitional problem in adolescence. It is also the case that as eating is a basic human function it is also affected by most major changes as it is in depression, for example, or hypomania. Anorexia, when it is simply a physical symptom, can be caused by a range of problems, not necessarily psychological, which is why when it is part of an eating disorder it is often called anorexia nervosa, in order to distinguish it. I have sometimes used anorexia as a term on its own because within the context of this book it is clearly the eating disorder which is indicated, but at other times I have employed the full term. Similarly, I have used the term bulimia or bulimia nervosa interchangeably. Seeing patients for psychotherapy over fairly substantial periods of time has also alerted me to the fact that many people who suffer from a difficulty in later years have had an eating disorder which has gone unnoticed when they were young, especially at adolescence or early adulthood.

As more has been written about working successfully with people with an eating disorder and as the influence of self-help groups and the women's health movement has diminished, there has been a professionalisation of help offered. Although enormously important organisations such as the Eating Disorders Association (EDA) have helped people with a problem and their close associates, there has been an increase in specialised eating disorder units and services. There are now specialist training courses on eating disorders including a Masters Degree at the Tavistock Clinic.

Children with eating disorders

The book does not go into the eating disorders as they are found in childhood: this would be a whole book in itself. In some quarters in the USA, childhood eating disorders like anorexia are thought of as 'a developmental disorder of separation and individuation' (Chatoor and Egon, 1983; Chatoor, 1991). By contrast, in Britain there is also a tradition which emphasises the role of unconscious phantasy. The work carried out at the Tavistock Clinic with adolescents and children is mentioned later in the book and for further insights into their approach, in which the work of Bion is especially pertinent, readers might want to refer to Anderson and Dartington (1998) and Williams (1997).

Men with eating disorders

The overwhelming majority of people with eating disorders are heterosexual women. It is not clear how many men have eating disorders, but a figure commonly quoted is that an estimated 10 per cent of all cases of eating disorders are male. As 60 000–90 000 people with eating disorders are referred to clinics at any one time in the UK, this suggests that between 6000 and 9000 men should be considering or receiving treatment. However, for a variety of reasons this seems not to be the case. Gender and sexuality appear to be significant factors, with approximately 20 per cent of men with eating disorders identifying themselves as gay, double the estimated proportion of gay men in the population. The reasons for these divergences in gender and sexuality are debatable and will be considered in later chapters. All these statistics come from a report written for the Eating Disorders Association by Jeanette Copperman (2000) which found that not enough was being done to explore and address the specific treatment needs of men with eating disorders. One clear problem was access to services and a tendency of some clinicians to view anorexia and bulimia, in particular, as 'women's problems' therefore they did not diagnose them accurately when they were present in male patients. The criteria for recognising anorexia, for example, include consideration of whether menstruation has ceased. There is no equivalent for men. I have concentrated mainly on women with eating disorders in this book because my experience is overwhelmingly with women patients but I hope some of its contents will be helpful in working with men, since in the report mentioned, patients and professionals alike found that there was an 'overlap' of issues. There is, however,

a short section on men with eating disorders and their particular problems with gender identity and body image in Chapter 6.

Moving in a psychoanalytic direction

The orientation developed in this book is object relations. When I began working with eating disordered patients I was not qualified as a psychotherapist but had some counselling, group, and creative therapy training from my occupational therapy background. I was also undertaking family therapy training, and was inspired by Minuchin's book *'Psychosomatic Families: Anorexia Nervosa in Context'*. My interest shifted to the work of the Women's Therapy Centre (WTC) in London because of the way they were able to combine therapeutic insights and an analysis of how society impacted on the individual psyche and the family system. The slogan 'the personal is political' expressed the zeitgeist and the feelings of a generation of men and women who wanted to bring about radical change in many different areas of life. I went to events at WTC and helped to organise workshops locally, and therapists from WTC came north to demonstrate the way they worked. Workshop leaders like Mira Dana, Marilyn Lawrence and others utilised a psychoanalytic as well as a feminist approach. I was inspired and decided to train formally as a psychotherapist. I have thus evolved as a therapist in a culture influenced by radicalism as well as psychoanalysis, and by systemic as well as individual approaches to change. There is a considerable role for family therapy and group therapy in the treatment of people with eating disorders and their families but the focus here is on an individual approach, although group therapy is mentioned briefly in Chapter 4.

Much of the American literature on Eating Disorders proceeded from a reaction to a classical kind of psychoanalysis which favoured an emphasis on interpreting drives in a fairly implacable way (though this may be more a stereotype of bad, rather than classical psychoanalysis). Hilda Bruch advanced an alternative way of responding to anorexics in particular, which challenged the classical approach. The American self-psychologists advanced yet another framework in reaction to some of the limitations of her work. It is a research and clinical field which has been extensively investigated and theorised.

As I have developed, moving from the NHS to working in a student counselling setting, then becoming a psychotherapist in private practice and an academic, I have found the ideas in object relations

theory to be very helpful in making sense of working with eating disorders in various settings. I hope this book will help others who share my interests, and that the limited range of theory offered will not duplicate too much of what is already familiar to them. What I trust is that the concepts and technique I have found useful and the clinical experiences that have shaped my views may be of benefit to others. The aim is not to try to map out the whole gamut of eating disorders, theory, technique, aetiology and cultural dimensions. Instead, I propose to focus on a psychoanalytic perspective which opens up several possibilities for understanding and treating eating disorders, agreeing with Hamburg that: "The "deconstruction" of a symptom seeks to restore the complexity concealed in its construction" (Hamburg, 1989: 137).

Who is this book for?

This book is intended for anyone who works psychotherapeutically with people with eating disorders. Not everyone who does this work has undertaken a coherent psychoanalytic or psychodynamic training. For example, many clinical psychologists work with people with eating disorders, and they may have been trained in a broad and eclectic way. However, the insights from psychoanalytic theory are so rich it seems to me that they can be used to illuminate a range of clinical material, dealing as they do with unconscious processes that affect both practitioner and patient or client. In a book such as this one, there is not the space for a thorough discussion of the different definitions that have been employed to distinguish psychoanalysis from psychotherapy or psychotherapy from counselling. However, it is helpful to draw out one or two implications for readers. In this book, whoever is doing the clinical work and with whatever training, it is taken for granted that they are not seeing patients or clients for more than once- or twice-a-week therapy. While frequency of sessions alone is not an indicator of the kind of work going on in them, it is nonetheless true, that the possibility of exploring and working through conflicts is hampered if time has not been put aside for the therapeutic couple to give themselves over to a free associative process. In the full analytic process, the priority is for the patient to understand him or herself. The analyst does not know or yet fully understand, and is a partner in the journey of exploration with the patient. In psychotherapy, it might be more the job of the therapist to offer ways of understanding to the patient (see Spillius, 2002: 5). This puts greater pressure on the therapist to be able to hold the patient

from one session to the next. In counselling, I am assuming a general tendency to follow the external realities of which the client speaks more closely than in psychotherapy, and where the client is less likely to be able to regress (see Shipton and Smith, 1998: 9–26 for a fuller attempt at distinguishing counselling from psychotherapy). For the purposes of this book, it seems rather unhelpful to get too closely involved in the intricacies of differentiating one practice from another, and almost certainly will end up alienating someone who feels misrepresented by my inadequate efforts.

The main point is that this book is not a guide to working as a psychoanalyst but is informed and inspired by both psychoanalytic theory and practice. Readers are invited to take what they can from it but in the sure knowledge that it can only be useful if insights can be integrated successfully with their own way of practising.

The structure of the book

This introduction is followed by Chapter 2 which situates the nosological category of eating disorder in a much wider cultural context. The chapter starts with a brief history of eating itself so as to prepare the ground for the premise that there is no ‘normal’ eating pattern which is universal and consistent over time, and especially to avoid the mistaken belief that eating has traditionally been a private matter. The way in which the female body in particular has been affected is mentioned. Feminists have criticised patriarchal culture in relation to oppressive practices towards the body and the mind. The pioneering work of several feminists is referred to, some are clinicians and psychoanalytic, others more interested in developing a critique of contemporary cultural representations of the female body and eating. Anorexia in particular has been viewed almost as a ‘star’ pathology with some commentators seeing a lineage going right back to antiquity. Some of the difficulties in this backwards reading into history are contemplated. The role of dieting, self-management and embodiment in general is discussed from a more sociological slant. Finally, the vexed question of the role of culture in the creation of pathological eating disorders and in less acute problems with eating and body image is considered. The belief that an ‘epidemic’ of eating disorders is spreading across the globe to less affluent parts of the world is assessed. The issue of globalisation and the cultural context is also returned to briefly in Chapter 7.

Having outlined a historical and ideological background, there are then three chapters which are more clinically orientated. Chapter 3 is

concerned with anorexia and describes several criteria which are used for diagnostic purposes and presents a range of theories about its aetiology. There are several clinical vignettes and one major case-study. The notion that anorexia may be linked to bulimia is central to the argument outlined. The clinical work, which is portrayed in some detail, is mainly related to starting psychotherapy with an anorexic patient. It draws on the extensive literature which suggests that creating a safe holding environment and an internal space for potential emotional digestion are absolute necessities for engaging anorexic people in the psychotherapeutic process. The issue of fear of intrusion is highlighted and set against the essential loneliness of many anorexics who may also wish not to feel isolated. There is also a brief description of a therapy which broke down, and a more successful but short-term therapeutic encounter with an anorexic student.

A similar pattern is followed in Chapter 4, starting with the problem of what to include under the heading bulimia and whether or not to incorporate aspects of the literature on anorexia. Some of the various ways in which bulimia has been understood in the past (that is since 1979, when it became clinically distinguished from some kinds of anorexia by psychiatrists) are mentioned, as well as more contemporary views. The propensity for some bulimics to be conceived of as having borderline personality disorder features of pathology is considered. There then follows a brief vignette about a young bulimic man who could not be satisfactorily contained in a group. Finally, there is a description of the most salient features of a once-a-week psychotherapy of a woman over five years.

Chapter 5 takes up the subject of obesity and compulsive eating. This category of eating disorder has been linked with non-psychological/psychiatric medicine historically, and the reasons for this are discussed. The story is told of a brief encounter with an extremely obese woman, and it is argued that listening and counselling skills, though not sufficient to bring about any change in such a patient, may help the patient sustain a belief in a therapeutic alliance which could be entered into at a deeper level in the future. The limited psychoanalytic literature about obesity is then reiterated. A long, twice-a-week therapy with a person who was overweight and who continued to increase her weight for part of her therapy is reflected upon, in the light of the theory.

The clinical examples given throughout the book are heavily disguised to protect the identity of the individuals concerned. Where it has been possible to get permission from patients to write about them I have done so and where not, for reasons such as change of

address or no address, I have composited various characters as well as disguising some features which could identify people. Experience has taught me that people will identify with material that does not come from a real patient, and are sometimes shocked by the extent to which it feels familiar to them. I once invented a clinical scenario when running a large workshop in order to demonstrate a particular point. One participant spoke movingly about how I had just described how he felt at one point in his life but he did not think to tell the rest of the group that I had never met him before.

Chapter 6 picks up on some of the important issues that clinicians need to think about in relation to eating disorders and begins with the problems in starting therapy with someone. When assessing patients there is a need to be sensitive to both the problem in helping them give up what might feel like a solution to their problems and their terror of feeling more out of control or exposed as fundamentally unacceptable. The debate about whether or not psychoanalytic approaches to working with eating disorders are appropriate or should be modified, or indeed, are counter-indicated is explored briefly and some thought given to the challenge an eating disordered person makes to the analytic stance of neutrality. Body image is then discussed and what it might represent in men, in particular, is considered. The chapter ends with a reiteration of the value of good supervision, not just for formal psychotherapy and therapeutic counselling, but for professionals whose role may be auxiliary to therapy but who can become very stirred up by projections from patients.

Chapter 7 gathers together some of the psychoanalytic concepts that readers may find valuable in thinking about their work. These include psychic retreats, psychotic parts of the mind, symbolic equation, negation and mental space. There is then a brief consideration of other factors that may be important for some patients with eating disorders. These are: psychosomatic disorders, in particular Irritable Bowel Syndrome, self-harm and sexual abuse. The role of self-help is mentioned and the delicate nature of helping families and friends of people with eating disorders where the patient is reluctant to seek professional help is discussed. Some thoughts about research are given and the issue of the cultural context of eating disorders is revisited.

Each of the chapters is rounded off with a list of key points for consideration and discussion where appropriate. At the end of the book are notes referred to in the text and addresses or websites which readers may find useful and a full list of references.

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