

A perspective on the patterns of loss, lack, disappointment and shame encountered in the treatment of six women with severe and chronic anorexia nervosa

Sue Austin, *Sydney, Australia*

Abstract: This paper explores how the aggressive fantasies and energies expressed in anorexic self-hatred can be recycled to become the basis of psychological growth and recovery. This shift is made possible by focusing on the *telos* of the analysand's psychological system as it expresses itself through her illness, and using Clark's idea that sanity is a form of recycled madness. It also draws on Jung's view of the unconscious as an active and purposive agent, and libido as a neutral psychic energy which can serve different purposes.

I discuss a number of clinical vignettes, focusing on the hard, ruthless, defiant and hateful aspects of (what might appear to be) 'monstrous' anorexic behaviour, and the kinds of countertransference reactions these behaviours can provoke. I also explore what these kinds of behaviours might represent in terms of multi-generational family dynamics, as well as mother-daughter dynamics.

At the core of the paper is the idea that the capacity to use aggression in clear ways, but within the limits of conscience, is essential for the protection of one's physical and psychological boundaries. Without the capacity to defend oneself, and the ability to decide quickly and clearly when it is right to risk hurting the other in order to do so, one cannot take any level of risk in life, or draw close to the other. I suggest that for recovery from anorexia to occur, the aggressive, self-hateful, destructive energies which are so central to the illness need to be recycled into these kinds of awarenesses and life-skills.

Key words: aggression, anorexia nervosa, conscience, destructiveness, family dynamics, sanity as recycled madness, self-hatred

Introduction

In this paper I explore how the aggressive fantasies and energies¹ caught up in anorexic self-hatred can be re-used for psychological growth, based on two of the seven elements which Knox identifies as central to the Jungian tradition

¹ My choice to use the language of aggression (rather than assertion) is deliberate and is discussed in Austin 2005, pp. 19–20.

in 'Who owns the unconscious? Or why psychoanalysts need to 'own' Jung' (2006, p. 319).

The two elements I will be using from Knox's list are 1) that the unconscious is an active and purposive agent, and 2) that libido is a neutral psychic energy which can serve different purposes.

In *The Plural Psyche*, Andrew Samuels (1989) applies the first of these ideas to aggressive fantasy, suggesting that it has a connective *telos*² and can serve as an agent of change and growth:

Aggressive fantasy has much to do with our desire to know ... [It] can bring into play that interpersonal separation without which the word 'relationship' would have no meaning. In this sense, aggressive fantasy may want to make contact, get in touch, relate ... Without aggressive fantasy, there would simply be no cause for concern about other people and so aggressive fantasy points beyond ruthlessness to discover the reality and mystery of persons. 'It is only when intense aggressiveness exists between two individuals that love can arise'.

(1989, pp. 208–09, quoting Storr 1970, p. 57)

The second idea that Knox identifies as key to the Jungian tradition finds particularly useful expression in Giles Clark's observation (based on Santayana's work) that 'normal madness' (i.e., sanity), is 'madness put to good use' (2006, p. 81). This idea that madness can (and, perhaps, must) be recycled into sanity underpins how I work clinically. About half of my analysands have eating disorders and my work with six of the severely and chronically anorexic women whom I have seen for a number of years forms the basis of this paper.³ The paper also draws on my experience of having supervised a number of eating disorders-specialist clinicians from a range of theoretical orientations and clinical trainings.

Holding in mind the possibility that the aggressive energies in self-hatred and self-destructiveness can form the basis of change and recovery can be extremely challenging. Working with these dynamics frequently provokes the kind of countertransference reaction which Susan Wooley describes when she writes:

No matter how well prepared I may be, I am often baffled and stung by the rejection of my care and offended by the anorexic patient's lack of concern with others. Viewed

² Here and throughout this paper I am using 'telos' to indicate the immediate goal or purpose of a particular psychological dynamic *within its own terms*. I am not using the term to indicate that a specific psychological dynamic seeks to fulfil a grand, archetypal scheme of meaning.

³ Melanie Katzman comments that the common ground between female and male anorexics is a sense of oneself as profoundly powerless (1997). Nonetheless, the ratio of female to male anorexics is about 20:1, and all the severely and chronically ill anorexics with whom I have worked for extended periods have been female. The extent of this gender bias means that (for the purposes of this paper) I will focus specifically on the experience of this illness as something associated primarily with certain struggles with what it is like to be female, although one could, as Katzman suggests, view it as a struggle with experiences of identity which are more usually associated with femaleness.

solely by the standards of female development, she is a monster. And I know that there will be moments when I will recoil from her . . . just as she will recoil from the monster she sees in me and in the bodily changes that threaten to make her like me.

(Wooley 1991, p. 258)

Anyone who has worked with people who have anorexia knows that these aggressive, rejecting, refusing dynamics can be extraordinarily powerful, as illustrated by a diary entry from an analysand whom I will call Lizzie:

All that is left is the will, clenched iron-fisted will. Radar on hyper-alert. Siege. Minefields. There is no hope other than defiance. The last soldier on the battlefield. Anything other than fighting feels like giving up and burrowing into rotting, dead corpses, and I cannot be grateful for that. Food is sickening, full of worms. So is my body. It's all poisoned. Keep your maggoty, therapeutic intimacy. I WON'T be grateful. I HATE anyone who TRIES TO GIVE ME THINGS AND MAKE ME/IT BETTER. Let me go. Your hope is my betrayal and my humiliation.

(Austin 2005, p. 183)

I assume that Wooley's observations about anorexic monstrousness are based on the kind of ruthless, hateful, rejecting fury which Lizzie's diary entry expresses. In order to explore the possibilities of growth that might be embedded in this monstrousness, I need to juxtapose Lizzie's diary entry with a very different use of aggressive energies as described by Helen Garner in an essay called 'The Feel of Steel'. Garner recounts her experiences of the sport of fencing and she describes the teacher she had at age 15 in the following terms:

What [he] had at his disposal was a way of focusing and directing aggression: of making fighting beautiful. The aggression in me, however, was deeply buried. Though I was quick on my feet, I was scared – not of getting hurt, but of attacking.

(Garner 2001, p. 173)

Garner went on to flirt with fencing, but eventually lost interest through 'a couple of inglorious competition bouts'. But she became involved in the sport again in her fifties and describes her second lesson, attended with her sister, Judi, as follows:

Judi and I pulled on masks and breastplates, stepped on to the piste and crossed swords. I went for her. She blocked me. I went again. It was thrilling. Adrenalin streamed through me. I wanted to attack, to be attacked, to have to fight back. I remember the lunges, the sliding clash of metal, how the sword hand rises as the foil-tip hits the target. It was glorious. We both burst out laughing. We only stopped because she didn't have a glove: I almost struck her hand and she flinched back. We lowered the blades. She pulled off her mask. Her eyes were bright, but I saw with a shock how gentle her face was, how feminine, under the cloud of hair.

(*ibid.*, p. 174)

The disciplined, aggressive tussle of fencing connects Garner to her sister's gentleness and beauty, but it also brings with it a state of mindfulness through which she experiences her own radical aliveness. Garner recognizes the rarity and value of what her aggression offers and concludes:

That's what I want. I want to learn to fight, but not in the ordinary wretched way of the worst of my personal life – desperate, ragged, emotional. I want to learn an ancient discipline, with formal control and purpose. Will my body hold out? I hope it's not too late.

(*ibid.*, p. 175)

Garner's comments echo Leo Bersani's reading of Freud which is that in *Civilization and Its Discontents* we 'don't move *from* love to aggressiveness . . . rather, love is redefined, re-presented, *as* aggressiveness' (1986, pp. 20–21; italics in original).

Translating this into everyday life, one might say that one of the marks of a good relationship is the capacity to enjoy a really muscular, 'down to the wire' disagreement from time to time, and know that it is not only safe to do so, but that committed, aggressive engagement is an expression of one's own deepest love, and, likewise, that of the other's deepest love too.

Often, however, these potentially connective aggressive energies are caught up in terrifying and unbearable amalgams of fear, radical despair, helplessness, shame and humiliation. Consequently, when expressed, they come out in the 'desperate, ragged and emotional' ways which Garner refers to, and which Lizzie's diary entry illustrates. Viewed from this perspective Garner's wanting to learn to fight in a disciplined, focused way can be seen as a desire to learn how to separate her aggression from the destructive amalgams of affect in which it habitually resides. If this separation can be brought about, her aggression will become available for forming new amalgams with more connective psychological states and emotions such as generosity, optimism, playfulness and thoughtful clear-mindedness.

One of the main influences on this approach to drawing out and re-cycling the aggression embedded in self-hatred is the work of analysts such as Marie-Louise von Franz and Irene Claremont de Castillejo (see Austin 2005, pp. 30–36). These analysts made an important link between a woman's 'self-hater' (or negative animus) and her sense of agency. What is missing from their accounts is, however, a discussion of the extreme levels of distress which can be encountered when a woman tries to take back the self-hater's aggressive energies for her own life-projects, rather than allowing those energies to police her identity in ways which are often brutal and humiliating.

Elsewhere I have suggested that the disavowal of aggressive energies is a crucial aspect of the performance of recognizable female identity (Austin 2005, pp. 141–73). Consequently, the process of recycling aggression can be especially hard for women, and this has implications for the majority of eating disorders sufferers since most are female. Embarking on this process of recycling can unravel a woman's sense of identity to the point where she feels as if she is going mad.

The kinds of phenomena which analysts report as they start to make these explorations include a sense that they are starting to disintegrate into, or get sucked into, terrifyingly psychotic, mindless places. It is as if they encounter the

no-go zones which police the edges of liveable female identity, the uninhabitable psychic spaces which keep women within a corridor of recognizable femaleness. In subsequent publications I will return to these phenomena, exploring how a third element from Knox's list of key Jungian concepts, the dissociability of the psyche, can be used to approach the very edges of identity itself, and how this can open up a whole other dimension of analytic work.

In this paper, however, I want to stay with the question of how the aggressive energies which manifest as self-hatred in severe and chronic anorexia can be recycled into sanity and some form of recovery. Anorexic self-hatred is immensely powerful and working against it in order to foster the kind of normal female development Wooley refers to is, in my experience, a losing battle. The alternative which I propose is to try to find out what kinds of sanities the energies embedded in the (seemingly mad) self-hatred will support, and encourage those sanities to come into being, instead of trying to tame or convert the anorexic 'monster'.

In order to explore how this approach can work, I will start by describing two case vignettes, a countertransference image, and a vignette from a clinical supervisee. These clinical fragments form the basis of the ideas which follow.

Two cases

GWEN

When I started seeing Gwen she had had restrictive anorexia for over 30 years and had tried numerous forms of treatment, all to no avail. At the end of our work, Gwen's weight remained unchanged (in spite of several hospitalizations, although these were of her choosing because she had managed to stay above medical emergency weights). She still wept uncontrollably when she talked about her ex-husband leaving her and still felt like the victim of his incomprehensible cruelty. Occasionally she could see that after years of living under the tyranny of her illness, he had finally seen a chance of having a life, grabbed it and fled. That kind of insight was, however, rare.

One day, however, while talking about her experience of analysis, Gwen said, 'You know, Sue, if we were shipwrecked, and there was only one life-jacket left, I'd push you under to get it'. Some while after that, Gwen made a dismissive comment about the culturally-popular expression 'inner child', saying 'never mind about the inner child, what about the inner crocodile?'. I often found myself imagining Gwen and I as a pair of old crocodiles sunning ourselves by a pool together, managing an uneasy truce while there were enough resources to support us both, but knowing that things might get ugly if that were to cease to be the case.

Gwen was very clear that she had been the object of her mother's disappointment and disgust. Numerous stories about Gwen's mother's behaviour indicated that she had been a vain, self-absorbed woman who was, at times,

neglectful and cruel to her children. Gwen's daughter, Lucy, had been very spoiled by her grandmother, and Gwen recognized that many of Lucy's problems in life were connected to this, especially given that she herself had joined in with the spoiling as a way of getting closer to her own mother. Although talented, Lucy found it difficult to achieve anything and Gwen's descriptions of her behaviour indicated that she might have a disorder of the self.

When, however, Lucy got into a relationship with a man and became pregnant, Gwen made a choice which seemed to me to show what she had achieved by way of recovery. Gwen explained that she could see that motherhood was going to 'hit Lucy very hard', and that Lucy would need to punish someone as a result. Gwen had thought a great deal about this (without saying much in analysis) and had decided that it was her job to step in and bear the brunt of Lucy's temper, rather than let it come out at her baby. Gwen was very clear that she could not stay in analysis and take on this job: to do it, she needed to focus 'out', not 'in'. She was also clear that she might well fail: Lucy might simply refuse to allow her this buffering role.

To me, Gwen's choice had very little to do with 'saving the baby'. Far more powerful was her need to feel the pleasure and relief of finally making something of the toughest, coldest, most monstrous, crocodile-like aspects of herself. Previously, Gwen would have wept for hours in analysis about how she had failed her daughter, and how, as a result, Lucy was now failing as a mother. My sense was that what had changed was that Gwen felt that she needed to find out what she was made of and recycle the refusal at the heart of her anorexia into a refusal to let her family's pattern of intergenerational damage happen again in an unmediated way. This choice was based on her need to find a better use for her anorexic capacity to sustain a defiant act of refusal, a determined 'no'.

MEG

Unlike Gwen, Meg did manage to gain some weight in analysis, although never quite to normal levels. One of the main themes which drove Meg's analysis was coming to realize that the other's disappointment was not a result of her lack, or her fault. As she did so, some of the aggression and fear which had previously expressed itself as her anorexic self-hatred was recycled into an ability to see the darkness in others more accurately and honestly.

Meg once described how it was 'as if disappointment had a life of its own'. It streamed off the face and body of the middle-aged man who, as he stomped along the city street, glared at her. Her job was to gather up his disappointment, holding it in her body. His disappointment was, after all, her fault, and she should find a way to fix it. But she could not, so the next best thing was to swallow it down and give it a home in her body until she could find a solution. Recovery was about finding the space to wonder if such a man's bad-temperedness might be the result of his own previous choices. Maybe he was

trapped in a job he hated, but had to hold on to it to meet the bills that went with the responsibilities and the lifestyle he had chosen. Maybe he and his wife had 'grown apart', and his children had disappointed him. If so, it was not Meg's fault.

Meg struggled to get and maintain any distance from the powerful inner imperative that she must take responsibility for all those disappointed, desperate, angry people out there. All those reminders of what a failure she was, and how she *must* try harder at *everything*, never step on the cracks in the pavement, be thinner, prettier, more helpful, and so on, endlessly.

Meg described recovery as demanding that she become a monster. It meant that she had to watch other people's disappointment (and her mother's in particular) 'spill out in all directions, slop all over the ground' and not rush in to catch it and swallow it down. She described it as meaning that she had to leave their disappointment 'homeless, howling and raging in its loneliness'. In particular it meant not trying to get between the other and their 'brokenness' in an attempt to protect them from their despair and humiliation. Of course, it also meant starting to face the loneliness of her own homeless, howling, raging disappointment as well.

Meg's anorexic world had been one where disappointment was *the* story: every thought and every event was experienced as a manifestation of that story. In recovery it became more of *a* story among other stories, a process which Michael Horne (2004) describes in his 2004 paper 'The universe of our concerns: the human person in the praxis of analysis'.

A 9/11 countertransference image

Before exploring Gwen's and Meg's recycling of their anorexic 'monstrousness' further, I need to introduce another two pieces of illustrative material. One is a countertransference image which came up while I was sitting with another severely and chronically ill anorexic patient (Clare), and the other is a story from a supervisee's work which gave me an insight into this countertransference image, and into my work with Gwen and Meg.

In one of the frequent, long, uncomfortable silences which dominated sessions with Clare, I found myself recalling a story reported in the newspapers shortly after 9/11. The account was of a man who had received a telephone call from his brother who was trapped on the roof of one of the towers, having made his way there after one of the planes had hit the building in which he was working. After talking for a while about what was happening around him, the trapped man asked his brother to tell his family that he loved them very much, and finished the call saying that he would have to go now, because the smoke was making it impossible for him to breathe. I felt like Clare was about to say something similar to me.

At the simplest level, my image reflects my sense of Clare's helplessness and desperation as signalled to the world through her emaciation. It also speaks of

my own feeling of utter helplessness in the face of her illness. Clearly, however, this image also invites thought about the psychological worlds within the world of Clare's illness, especially the world of the suicide bomber. Specifically, I found myself wondering whether the suicide bomber in this countertransference image might be related to Wooley's countertransferential monstrous anorexic.

On having a 'broken' mother

Some time later, a supervisee described an incident which threw light on Gwen's, Meg's and Clare's split off aggressive energies and their struggles to find the *telos* of those energies and recycle them into some form of sanity.

In order to try to move a very stuck therapy forward, my supervisee and her patient had decided to ask the patient's mother to attend one of the patient's twice weekly sessions. In these sessions my supervisee's patient became increasingly monosyllabic and uncooperative, and her mother became more and more desperate. Eventually, the patient's mother suggested that they could try a trust-building game which she had seen in a film/movie recently. In it, one person drove a car while blindfolded and under the instruction of the person they were learning to trust. This story was not being offered as a metaphor: the patient's mother was suggesting it as an exercise for her and her daughter to do.

As my supervisee described this, I inwardly cringed with embarrassment on the daughter's behalf, feeling that (irrespective of the situation) it must have been awful for her to hear her mother offer this dangerous and totally inappropriate suggestion. It was as if she had somehow forced a situation in which something important about her mother was shown to the therapist.

This scenario resonated with accounts given by a number of other severely and chronically anorexic women. Each had had a mother who, in different ways, could be described (from their anorexic daughter's perspective) as 'broken'. My analysands described how their mother had been of no use to them when they needed help to work out how to deal with the 'mean' girls at school, or with a teacher who 'had it in for them'. Even more problematically, when help was offered and the daughter tried it, it usually made things worse.⁴

⁴ A number of my severely and chronically anorexic analysands have described specific moments when they realized that their mother's advice was useless or dangerous. Often, they concluded that the best solution was never to ask for help. When help was offered unbidden, they lied and pretended it had been useful. They then had to remember their lies and that, in turn, necessitated still further withdrawal from the relationship with their mother. For some, this pattern was also part of their sense of themselves as not just a liar, but being a lie, a state of affairs which they experience as requiring that they withdraw from all relationships.

A multi-generational projective system

Clare's experience (like Gwen's and Meg's) of having a 'broken' mother can be seen as part of a massively complex, multi-generational projective system. In what follows I will try to draw out some of the threads I have observed in these kinds of systems, and the sort of contexts in which they arise, before linking these ideas back to the task of recycling anorexic 'monstrousness'.

A few of my anorexic analysands (including Gwen) indicated that their mother was vain and self-absorbed. Much more frequently, however, what emerged over time was a picture of a mother who was preoccupied with a wider, usually multi-generational, repeating pattern of lack or multiple, tragic, sometimes traumatic, losses. For example, perhaps the anorexic daughter was born to a mother who was at breaking point (or already broken) by the intolerable weight of sadness of her own mother's (and grandmothers') unliveable and unliveable lives.

Such a mother may present well, appearing to be quite 'ordinary' in many ways. She may have deliberately or unconsciously tried to 'leave all that behind', but something of her own, or her family's, experience remained unbearable and undigested. It is as though this 'lump' of indigestible, unapproachable experience got in the way, distorting her ability to read the world accurately, and (in the cases I have in mind) her ability to think about the dangerous, frightening and humiliating aspects of life, and help her daughter to do so as well.

Having a mother whose judgement is unreliable in this way is terrifying. From a child's perspective, it can be experienced as an awful, gnawing, amorphous awareness that something is badly, horribly wrong and a desperate, mind-fogging, but urgent sense that you *must* find a way to fix it. Of course, the child cannot, and, as a result, her experience of herself is dominated by a shapeless sense of failure, shame and (often) self-disgust.⁵

In search of a thinker: the sharp goad of an enigma

It is as if—to use Bion's idiom—the unthinkable, usually multi-generational, thoughts which run this family's unconscious life seek a thinker. Whether as a result of order of birth, early events in life, or a pre-disposition to a certain kind of psychological porosity, the child (usually a daughter) who is to become severely and chronically anorexic is 'selected' for this impossible job.

Meanwhile, although this task has been allocated unconsciously, the behaviour of other members of the family (especially siblings) often indicates

⁵ My choice to concentrate on the psychology of the anorexic daughter's maternal relationship in this paper is based on my experience that these are usually the most pressing dynamics in the transference-countertransference dynamic in the earlier stages of the analysis. I hope to explore other aspects of anorexia and eating disorders more fully in subsequent publications.

that they sensed that the to-be-anorexic child had been singled out for a different and powerful role in the family from early on. The redemptive nature of her role made the to-be-anorexic child 'special', but since her role was to relieve everyone of their multi-generational, unconscious shit, it probably also rendered her 'untouchable'. Over time, the complexity of this muddle is likely to have been compounded as the anorexia set in and the daughter's illness was identified as the source of the family's distress (and especially mum's).

Such an overly powerful position in a family can imbue the to-be-anorexic child with a sense that she has a very special job to do in life. But she has no idea what it is, or how to do it. A paper by Allyson Stack called 'Culture, cognition and Jean Laplanche's enigmatic signifier' (2005) amplifies this point. In it, Stack describes how the writer Edith Wharton fell ill with typhoid at the age of nine. During her convalescence, Wharton read many books, but one had a profound impact. It contained a 'super-natural' tale whose effect on her psyche was so profound that she relapsed and nearly died. She found herself in a world 'haunted by formless horrors' and hallucinations that lasted for six or seven years (2005, p. 63). Stack goes on to explore how reading affects us, arguing that a textual encounter places the reader at risk, 'making them vulnerable to the trauma of the text's enigma – much as Wharton was vulnerable to the enigmatic message in her ghost stories' (2005, p. 72).

Stack uses Laplanche's theories to offer powerful insights into these dynamics and suggests that the most enlivening response the reader can have is a form of repression of the text's traumatic mystery which preserves what Laplanche calls 'the sharp goad of its enigma' (2005, p. 74). This is a specific kind of repression which serves to make everyday life possible, while demanding that the receiver of the communication continues to explore their relationship with the text's enigma.⁶

This is the dilemma of the anorexic analysand: she is (somehow) the child who could not close herself off well enough from the trauma of the enigma at the heart of her mother's (and perhaps her family's, possibly even her culture's) unconscious life. Her problem is that the enigma at the heart of the other's communication has taken over her whole being, and recovery is about slowly and painfully gaining whatever distance from that communication she can come to bear.

Viewed from this perspective, it makes sense that the child who is most likely to be unconsciously 'elected' to this job will be female, given that traditionally, female socialization has been heavily geared to serving the other's needs before one's own. (Hence my concern that this pattern may be compounded if the

⁶ It must be borne in mind, however, that Laplanche's idea of the enigmatic signifier is based on a subtle reading of the sexual nature of humanness. For example he comments that '[t]he biological individual, the living human, is saturated from head to foot by the invasion of the cultural, which is by definition intrusive, stimulating and sexual' (1999, p. 225).

therapeutic discourse used to treat it is unreflectively over-invested in images of the redemptive powers of feminine nurturance).

Likewise, from this perspective, the intense fear, anger and shame which one encounters in so many severely and chronically anorexic analysands also starts to make more sense. It is as though they have a massive, multi-generational pattern bearing down on their mind and body, and are supposed to find a way of making that pattern conscious and so liberate the generations past, present and future from the unspoken, undealt with losses and lacks that have haunted their lives.

Perhaps, along the lines of Rudolph Bell's work on the phenomenon of 'holy anorexia' (1985), this perspective also offers a way of thinking about why so many anorexic analysands are either strongly drawn to religious practices, or are very concerned about their relationship with God.⁷ To be 'elected' to such a redemptive role in one's family can generate a powerful, yet terrifying sense of fate or destiny, with anorexia acting as a container and vehicle for the struggles which attend it. In such circumstances, getting better, or 'buying out of the illness' is (as one analysand put it) 'breaking faith with God'. The fear of punishment which can accompany this can be a very real deterrent to any kind of recovery.

Meg's experience of these dynamics through her relationship with her broken mother

Meg described her mother as seeming very normal, and as a woman who loved her children and wanted to be supportive of them. But Meg also had a sense of a terrifyingly 'other' experience of her mother, which she used a vignette from Joseph Heller's novel, *Catch-22* to illustrate. In Heller's novel the protagonist, Captain John Yossarian, a US Army Air Forces bombardier in the 256th Squadron, is stationed on a fictionalized version of the island of Pianosa (in the Mediterranean) during World War II. Towards the end of the book, Yossarian has a flashback memory of a bombing mission to Avignon, in which Snowden, the radio-gunner was hit by enemy fire. Yossarian applies a tourniquet to the wound on the outside of Snowden's thigh while in a soft, frail, childlike voice, the gunner says over and over, 'I'm cold. I'm cold'.

Yossarian thinks that the first aid he has administered is adequate, but the gunner shakes his head and motions slightly toward his armpit with his chin. Yossarian realizes that Snowden is wounded inside his flak suit. As Yossarian undoes Snowden's flak suit, the gunner's insides slither to the floor, spilling out his 'liver, lungs, kidneys, ribs, stomach and bits of the stewed tomatoes Snowden had eaten that day for lunch'. There is nothing Yossarian can do but

⁷ And, as we know, fasting has long been known as a 'psychedelic', used by a number of religious traditions to accelerate spiritual learning.

cover the man with a parachute and say, over and over, 'there, there' (Heller 1961, pp. 460–64).

Meg's sense was that she knew her mother's 'shot-up insides' in a pre-verbal, through-her-own-body way, and her job in life had been to protect her mother from any sense of failure, inadequacy, disappointment or limitation which might start to 'undo' her. Meg also used her *Catch-22* image to talk about the physical disgust she felt at the amount of deadness she experienced in her mother's body. This disgust was deeply disturbing to her and at times it had led her to respond with real cruelty to her mother's attempts to connect to her, perhaps echoing Wooley's experience of the anorexic patient's capacity for stinging rejection.

Meg's relationship with her mother was dominated by shame and guilt about this state of affairs. Meg's sense of self was, however, very muddled up with her sense of her mother's self, so that the disgust and nausea she felt for her mother's body was also what she felt for her own body. Of course, this sense of disgust and nausea (and the anticipation of being found out and punished for it) also haunted Meg's experience of my body and the analytic space.

If healthy narcissism can be thought of as the internalization of a sense of resourcefulness based on coming from lively people who are able to make something of life's ups and downs (and thus attract the respect of other people), this sense of one's mother's (or family's) terrifying brokenness has the opposite effect. Instead of carrying around an internal 'snap-shot' of one's family which one is comfortable, even proud to show to others, this unbearable image of brokenness must be put as far away as possible. It is imperative that the outside world never, ever catches sight of it.

In such a situation self-starvation has much to offer: as another analysand described it, being anorexic 'was like looking at the world through the wrong end of a telescope—everything felt like it was a long way away and that was a great relief'. This sense of detachment is one of the cognitive effects of starvation, and for someone who is desperate to get away from the kind of experiences I am describing, that detachment can look a lot like the solution they have been desperately searching for. Similarly, self-cutting and other forms of self-harm can help to create a temporary sense of distance and ease the unbearable tension. Or maybe compulsive exercise works to briefly shut out the distress. Whatever the pattern, its effectiveness usually diminishes with use, so that the dose has to be increased to achieve the same effect.

Over time, Meg found ways of talking about her rage at feeling controlled and persecuted by her experience of her mother's (and, by implication, my) fragility. Amid distraught attacks of shame and self-hatred she would catch glimpses of her impulse to smash open (or rip to pieces) objects which symbolized the unbearable maternal brokenness that she felt she was forced to protect and, most infuriatingly, whose existence she felt forced to deny. Meg's descriptions of her rage resonated with my fantasies about the perspective of the suicide bomber in my 9/11 countertransference image with Clare. In my fantasy, the outside world's decision to look away, preferring, instead to convince itself that

this (maternal) other is whole and well makes the suicide bomber's already nightmarish knowledge of the other's shot-up insides even more isolating and maddening. That distress is then compounded by the world also ignoring the (maternal) other's flawed and potentially deadly lack of emotional or practical judgement.

For Meg, the result was a tormenting, bitter rage and a desire to expose her mother's shot-up insides to the world and make it see what she could see. At the same time, she felt she must protect her mother at all costs. Just as Wharton got lost in the enigmatic message embedded in the supernatural story she read, the anorexic daughter can become lost in a life-and-death battle with the multi-generational enigmatic message which her mother carries. By turns, this maternal message may be experienced by the daughter as fascinating in its 'awe-full' way, or it may be experienced as unbearably repulsive. For Meg, this tangle manifested as an idealization of her mother, entwined with a murderous, contempt and disgust-filled rage towards her. And of course, all of these layers of communication were embedded in her fleshy being and actions, unavailable as images, thoughts or feelings for many, many years in our work. Instead, they turned up as fragments of dreams, struggles with the frame and terrible feelings in the room which mostly numbed and deadened both of us.

Complete identification with the task of receiving and transforming the enigma which structures her mother's (and possibly her family's) communications can leave the anorexic with no sense of self. Trying to put this nightmarish position into language, I would say something like:

If I become separate, and am not structured entirely around the task of holding my mother's insides together or redeeming my family, I will be expected to have a life of my own. I cannot do that: I am an amoeba whose job is to surround and protect others from the world, and from their own brokenness. For that and that alone do I have any value and without that symbiotic relationship I cannot live.

Clearly, one of the central elements of recovery is the achievement of some degree of separation from this enigmatic message. Problematically, however, the absence of the kind of space or capacity which is needed for mourning, and for this kind of separation to occur, is one of the most consistent characteristics I have encountered in the families of severely and chronically anorexic analysands.⁸

For another analysand an opening into this grieving process finally came in the form of a dream in which she saw a baby version of herself glowing like a hot coal, which she associated with intense aliveness. The dream showed her

⁸ In his paper 'Imagination and the imaginary' (2006) Warren Colman discusses how defending against absence, loss, difference and otherness closes down any possibility of real imagination, since real imagination demands the acknowledgement of lack as the basis of the process of symbolization. These dynamics are crucial in the process of recovery from anorexia, and again, I hope to return to them in subsequent publications.

wrapped in aluminium foil, which she saw as the way her family had responded in order to protect themselves from her intense, alive energies. She felt that had they been able to use her aggressive liveliness to warm themselves, or had she just been allowed to burn it off in their presence, it would have been all right. Instead, their self-protective action had left her with third degree burns in the dream.

One of the central processes in this woman's recovery was grieving the losses and lacks which had re-routed her lively connective aggression into various combinations of despair, rage and defensively attacking contempt.

Fear and shame, aggression and connection

With these ideas and images in place, I can return to Clark's suggestion that sanity is 'madness put to good use' (2006). Based on the perspective I have outlined, I would say that the most sane part of the severely and chronically ill anorexic is the fury and fear she feels at the way she has seen people destroy themselves and each other by projecting psychological material into each other. But the anorexic analysand is also enacting these dynamics both within herself (through her splitting mechanisms and her attack on her body), and with others through her projections. She is not separate from the system, just as Clare was not merely the victim in my 9/11 countertransference image, she was also very much the suicide bomber.

For Meg, the fear and shame which accompanied her rage ran the sessions. The violence of the splitting and projective systems with which she was familiar (and replicated in her relationships) meant that she was terrified of her desire to get parts of her world into mine. Sitting with Meg reminded me of the old joke about the man who, having broken his own lawn mower, wants to borrow his neighbour's. Over a number of weekends he stew on this and builds up a fearful, resentful anticipation of the humiliating rejection which he expects to get from his neighbour if he asks to borrow his mower. One day, seeing his neighbour in his garden, he shouts at him '... keep your bloody lawn mower then!', leaving his poor neighbour somewhat confused. Such is the power of projection ...

Meg's terror of the other's anticipated capacity to humiliate, torment and shame her made it impossible for her to engage in the thing she most wanted: a powerful tussle through which she could find out what she was really made of. Her anticipation of me being useless and unable to help (i.e., the analyst as 'broken mother') often all but closed the analytic space down before the session had even started.

It was crucial that this was brought into the room since Meg desperately needed to find out if her demands would push me out of shape, undo me catastrophically, or drive me to lash out at her or kill her off. For a long while, these needs were expressed through her urgent and intense use of the frame. My task was to allow a certain degree of thoughtful flexibility around the

frame, without ever signalling that I was letting her do just what she wanted because I had given up on her. My image of Gwen and I as a pair of old crocodiles sunning ourselves by a pool taps into the same need for a fight which would reveal whether the other is dangerously weak, viciously and excessively attacking, or punitive in their subsequent resentful withdrawal.

Putting madness to good use

Leo Bersani suggests that the socialized superego 'is merely a cultural metaphor for the psychic fulfilment in each of us of a narcissistically thrilling wish to destroy the world' (1986, p. 23). In other words, as we experience that thrilling wish to destroy (or the pleasures of having destroyed), we simultaneously experience the cultural metaphor for it, which is conscience.

The possibility of conscience is one of the key elements of the enigma which seems to lie at the heart of the dynamics which my severely and chronically anorexic analysands describe in their relationships with their mothers and their families. But conscience cannot emerge while there is a desperate fight to the death going on at the level of splitting, projection and counter projection within the anorexic herself; nor can it emerge while she is terrified that her maternal object has insides which are shot to pieces and she must do everything in her power to hold that other together. If the kind of leap of imagination needed for conscience to emerge is to occur, the processes of mourning, grief and separation are crucial to liberate that imagination, and to create the space in which it can do its transformative work. (See also note 8)

Often it is only by letting go of the other, perhaps even pushing the other away or hating them, that the enigma at the heart of their communication is revealed. Sylvia Brinton Perera describes how, for Jung, there was an aspect of hatred which 'one would describe in Western philosophical terms as an urge or instinct towards individuation for its function is to destroy *participation mystique* by separating and setting apart an individual who has previously been merged, identical with loved ones' (1981, p. 31).

Jung also saw the development of a sense of personal morality as central to the process of analysis (1958, para. 390), suggesting that the aggressive, destructive dimensions of anorexia can be thought of as dangerously misplaced expressions of impulses which are intended to generate an individual understanding of morality. One of the muddles which often has to be sorted through in recovery is the need to separate personal moral responsibility from a mad and maddeningly inflated sense of total moral responsibility for the other, arising from an unconscious fusion with their shot-up insides. This is what Meg was struggling with when she talked about having to let the other's disappointment go homeless, leaving it, instead, 'howling and raging in its loneliness'. Meg's experience of the other's brokenness and disappointment made endless demands on her, and she had to develop a personal moral compass so that she could navigate those demands, just as she had to work out why it was not right to

give *all* the money in her wallet to the people who collected for charities on the streets. ‘Off-the-peg’ morality was useless to Meg: every interaction had to be worked out anew, based on her emerging understandings of herself and the world.

Conclusions

The analyses of most of the chronically and severely anorexic analysands I have worked with have been dominated by discussions of the role of morality and ethics in identity and in having a sense of self. These discussions may have taken the form of conversations about the minutiae of their lives and of our work together, but they were actually structured around the analysand’s urgent need to work out what to do with their knowledge of the shot-up, dark and terrifying places in themselves and in the other. Such discussions are essential for three reasons.

First, developing a conscious awareness of their hypersensitivity to the other’s insides and to the inner mysteries of their communications means that the analysand has to work out how to live with those communications and what to do with them. The clearest example I have of this comes from a non-eating disordered male analysand. One blistering hot, Sydney summer day, not long after we started working together, he arrived with two cans of cold drink and offered me one. I declined politely, but said I was interested in how he chose the one for himself and the one for me. He explained his own preference, and then said that he had looked through the drinks cabinet of the shop to find the one with least sugar in it for me. I asked why, and he said ‘because you don’t use sugar’. I asked how he had reached that conclusion and he replied, ‘if it walks like a duck, and it quacks like a duck, it is a duck. You don’t use sugar and I can tell that by the way your mind works’. And he was shockingly right: I don’t use sugar because I don’t like the way it affects my capacity to think and feel.

My sense is that this man was, in many ways, like Meg: he had grown up holding his (apparently highly self-contained and emotionally distant) mother’s insides together, and as a result he ‘knew’ others from the inside. He could make ‘bits’ of sense of his insights, but mostly experienced them as crazy making, and consequently came into analysis because he was unable to make his day-to-day life work at all.

Second, through these discussions of morality and ethics, the analysand is developing her own understanding of what I referred to earlier as the dangerous, frightening and humiliating aspects of life. Without some understanding of these matters, one is in the position of my supervisee’s patient’s mother: reduced to clutching at dangerous and potentially deadly straws when it comes to working through the risks associated with trusting others and drawing close to them. The mother’s fantasy of playing the blindfolded driving game might have been expressing murderous hatred towards her daughter, or at the very least murderous hatred towards the problems which her daughter’s illness had

caused her. More likely it was (also) expressing an uncontained, child-like desire to take dangerous risks, learn about life-and-death levels of danger, and explore the shot-up, damaged places in the family and global psyche together. But even this more generous reading still points to the daughter being allocated a potentially lethal, magical role in sorting out a terrifying, mindless void in her mother's and her family's psyche.

Third, the capacity to use aggression in clear ways, but within the limits of conscience is essential for the protection of one's physical and psychological boundaries. Without the capacity to defend oneself, and the ability to decide quickly and clearly when it is right to risk hurting the other in order to do so, one cannot take any level of risk in life, or draw close to the other.

Thus if any degree of recovery is to be possible, the anorexic must step out of the role of taking responsibility for multi-generational, possibly cultural levels of psychological transformation. It requires that she focus, instead, on what she, personally, is being driven to understand by the sharp goad of the enigma which she experiences as the heart of the other's communication.

Finally, I would say that this is the *telos* of the selfish 'monstrousness' of the anorexia—in other words, what it is actually *for*. It demands an ethically agonizing, but existentially necessary, hard-edged decision to get on with living one's own aliveness, while remaining open to (but not responsible for) the ways in which others will respond to that choice.

This recycling of aggressive energies caught up in self-hatred into a highly personalized, often tough and idiosyncratic sense of relational morality can provide a powerful vehicle for change at depth for analysands with severe and chronic anorexia. I suggest, however, that facilitating this process can be especially alarming for the analyst because, as Jessica Benjamin says, men and women are anxious that the 'the primary other, the mother, could be greedy, dangerous, violent' (1998, p. 43). For such patients to recover, I believe that the analyst must be willing to subject the primitive fears aroused in *them* (about their own relational histories) by the anorexic's 'monstrousness' to further analysis since in that monstrousness lie energies which can form the basis of sanity, relationship and recovery.

TRANSLATIONS OF ABSTRACT

Dans cet article, j'étudie la manière dont les phantasmes agressifs et les énergies à l'oeuvre dans la haine de soi des anorexiques, peuvent être recyclés pour former la base de la guérison et de la maturation psychologiques. Ce changement est possible en s'appuyant sur le *telos* de l'analysant, tel qu'il se manifeste dans son fonctionnement psychique et à travers la maladie. Nous nous appuyons sur l'idée de Clark selon laquelle la santé mentale est une forme recyclée de la folie, ainsi que sur la conception jungienne de l'inconscient comme agent actif et intentionnel et de la libido envisagée comme une énergie psychique neutre, susceptible de servir des buts divers.

J'évoque des vignettes cliniques axées sur les aspects durs, impitoyables, provocants et haïssables de ce qui peut apparaître comme la "monstruosité" anorexique, ainsi que les réactions contre transférentielles que de telles attitudes sont susceptibles de provoquer. J'essaie également de déterminer ce que ce type de comportement peut représenter en termes de dynamique familiale multi-générationnelle et de dynamique mère-fille.

L'article repose sur l'idée que l'aptitude à utiliser l'agressivité à des fins clairement et consciemment établies, est primordiale pour assurer la protection de ses propres limites physiques et psychologiques. Sans cette capacité à se défendre et une aptitude à déterminer rapidement et clairement l'opportunité de prendre le risque de blesser l'autre, il est impossible pour un individu de prendre un risque à quelque niveau que ce soit ni de se rapprocher d'autrui. J'avance l'idée que la guérison de l'anorexie n'est possible que si les énergies agressives, haineuses à l'égard de soi et destructrices à l'oeuvre dans la maladie, sont recyclées au service de ce type de vigilance et de savoir-faire.

In diesem Aufsatz untersuche ich, wie die aggressiven Phantasien und Energien, die im anorektischen Selbsthaß zu Ausdruck kommen, recycled und zu einer Basis seelischen Wachstums und von Gesundheit gemacht werden können. Dieser Wechsel wird möglich durch ein Fokussieren auf das *Telos* im psychologischen System der Analysandin, welches seinen Selbstaussdruck in der Erkrankung findet, - der Idee von Clark folgend, daß Gesundheit eine Form recycelten Wahnsinns sei. Diese Auffassung wird ebenfalls genährt von Jungs Ansicht vom Unbewußten als eines aktiven und zweckgerichteten Agenten und der Libido als einer neutralen psychischen Energie, die unterschiedlichen Zwecken dienen kann.

Ich bespreche eine Anzahl klinischer Vignetten und konzentriere mich dabei auf die harten, rücksichtslosen, trotzig und haßerfüllten Aspekte des (so mag es erscheinen) 'monströsen' anorektischen Verhaltens sowie die Arten der Gegenübertragungsreaktionen, die von diesen Verhaltensweisen provoziert werden können. Ich untersuche des weiteren, was diese Arten von Verhalten repräsentieren mögen im Hinblick auf multifamiliale sowie Mutter-Tochter-Dynamiken.

Den Kern meiner Betrachtungen bildet die Idee, daß die Fähigkeit des deutlichen Auslebens von Aggression innerhalb der Limitierungen des Bewußtseins wesentlich ist zum Schutz der physischen und psychischen Grenzen. Ohne die Fähigkeit zur Selbstverteidigung und die Möglichkeit schnell und klar zu entscheiden ob es richtig ist, das Risiko einzugehen, den anderen vorsätzlich zu verletzen, kann man keinerlei Risiko im Leben eingehen, besonders nicht das, sich dem anderen zu nähern. Ich vermute, daß zur Gesundheit von der Anorexie die aggressiven, selbsthassenden, destruktiven Energien, welche so charakteristisch für diese Art von Erkrankung sind, recycled werden müssen in solche der Bewußtheit und der Lebensfertigkeiten.

In questo lavoro esamino come le fantasie aggressive e le energie espresse nell'odio di sé della anoressica possano essere riutilizzate per divenire la base di una crescita psicologica e della guarigione. Tale spostamento è reso possibile focalizzando l'attenzione sulle finalità del sistema psicologico dell'analizzando nel modo in cui esprime se stesso tramite la sua malattia, e utilizzando l'idea di Clark che la sanità è una forma di follia riciclata. Ciò porta anche alla visione junghiana dell'inconscio come di un agente attivo

e intenzionale, e della libido come di una energia psichica neutrale che può essere al servizio di scopi diversi.

Discuto un certo numero di vignette cliniche, focalizzandomi sugli aspetti duri, spietati, insolenti e odiosi di ciò che può apparire come il comportamento 'mostruoso' dell'anoressica e i vari tipi di reazione controtransferale che tali comportamenti possono produrre. Esamino anche cosa possano rappresentare tali comportamenti in termini di dinamiche familiari transgenerazionali, oltre che in termini di dinamiche madre-figlia.

Al centro del lavoro vi è l'idea che la capacità di essere aggressivi in modo chiaro, ma entro i limiti della coscienza, è essenziale per la protezione dei propri confini fisici e psichici. Senza la capacità di difendersi e di decidere rapidamente e chiaramente quando per poterlo fare è giusto rischiare di ferire l'altro non si può affondare nessun rischio nella vita, né avvicinarsi all'altro. Io credo che per guarire dall'anoressia sia necessario che le energie distruttive, aggressive e di odio verso se stessi, che sono così centrali nella malattia, debbano essere trasformate in questo genere di consapevolezza e di capacità di vita.

En este trabajo exploro en como las fantasías agresivas y las energías expresadas en el odio auto dirigido pueden ser reciclados para convertirse en la base del crecimiento psicológico y la recuperación.. este viraje se hace posible por medio de focalizarse en el *telos* del sistema psicológico del analizando tal como se expresa en su enfermedad, y utilizando la idea de Clark que la sanidad es una forma reciclada de la enfermedad. También especula sobre las ideas de Jung sobre el inconsciente como un agente activo y con propósito, la libido como una energía psíquica neutra que puede servir a múltiples propósitos.

Discuto una serie de viñetas clínicas, focalizando en los aspectos mas duros, despiadados, desafiantes y odiosos de lo (que parece ser) monstruoso de la conducta anoréxica, y en el tipo de reacciones contra-transferenciales que estas conductas pueden provocar. Así mismo exploro que pueden representar este tipo de conducta en términos desde la dinámica familiar multi-generacional, tato como las dinámicas de la relación madre-hija.

En el centro de este trabajo yace la idea de que la capacidad de usar la agresividad en formas mas claras, pero dentro de los límites de la conciencia, es esencial para la protección de los propios límites físicos y psicológicos. Sin la capacidad para defendernos a nosotros mismos, y la habilidad para decidir rápida y claramente cuando es correcto arriesgarnos a herir al otro para hacerlo, uno o puede tomar ningún nivel de riesgo en la vida, aproximarnos al otro. Sugiero que para que la recuperación de la anorexia ocurra, la agresión, el odio auto dirigido y las energías destructivas, tan centrales a la enfermedad necesitan ser recicladas hacia esta toma de conciencia y desarrollo de herramientas vitales.

References

- Austin, S. (2005). *Women's Aggressive Fantasies: A Post-Jungian Exploration Of Self-Hatred, Love And Agency*. London & New York: Routledge.
- Bell, R. (1985). *Holy Anorexia*. Chicago: University Of Chicago Press.
- Benjamin, J. (1998). *Shadow of the Other: Intersubjectivity And Gender In Psychoanalysis*. London & New York: Routledge.

- Bersani, L. (1986). *The Freudian Body*. New York: Columbia University Press.
- Brinton-Perera, S. (1981). *Descent to the Goddess*. Toronto: Inner City Books.
- Clark, G. (2006). 'A Spinozan lens onto the confusions of borderline relations'. *Journal of Analytical Psychology*, 51, 1, 67–86.
- Colman, W. (2006). 'Imagination and the imaginary'. *Journal of Analytical Psychology*, 51, 1.
- Garner, H. (2001). *The Feel of Steel*. Sydney: Picador.
- Heller, J. (1961). *Catch-22*. London: Corgi.
- Horne, M. (2004). 'The universe of our concerns: the human person in the praxis of analysis'. *Journal of Analytical Psychology*, 49, 1, 33–48.
- Jung, C. G. (1958). *Psychology And Religion: West And East*. CW 11.
- Katzman, M. (1997). 'Getting the difference right: it's power not gender that matters'. *European Eating Disorders Review*, 5, 2.
- Knox, J. (2006). 'Who owns the unconscious? Or why psychoanalysts need to "own" Jung'. In *Who Owns Jung?*, ed. Ann Casement. London: Karnac Books.
- Laplanche, J. (1999). *Essays on Otherness*. London: Routledge.
- Samuels, A. (1989). *The Plural Psyche*. London: Routledge.
- Stack, A. (2005). 'Culture, cognition and Jean Laplanche's enigmatic signifier'. *Theory, Culture And Society*, 22, 3.
- Storr, A. (1970). *Human Aggression*. Harmondsworth: Penguin.
- Wooley, S. C. (1991). 'Uses of countertransference in the treatment of eating disorders: a gender perspective'. In *Psychodynamic Treatment of Anorexia Nervosa and Bulimia*, ed. C. Johnson. New York: Guildford Press.

Acknowledgements

My particular thanks to Giles Clark and Peter Fullerton for their generosity and help with this paper. My thanks also to Ladson Hinton for introducing me to Stack's paper and for his sustained support of my work, and to Alison Clark, Warren Colman, Michael Horne and Leon Petchkovsky for their comments and reflections on earlier drafts, which were enormously useful.