

# The Therapist's Experience of Working with the Anorexic Client

## A Hermeneutic Literature Review

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## **Attestation of Authorship**

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgments), nor material which, to a substantial extent, has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

**Emma Green**

31 May 2016

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## **Abstract**

The anorexic client is often seen as difficult to engage and as evoking intense negative feelings, including anger, frustration, helplessness and hopelessness, in those trying to help (Satir et al, 2009). This can interfere with care provision and treatment, because of the impact on the therapist in the therapy relationship (Stewart et al, 2006) but also on other helping professionals and family members. The writer's experience of working with anorexic clients is one of being kept out, and often feeling hopeless and useless. Using a hermeneutic methodology, this dissertation seeks to understand the therapist's experience with the anorexic client, particularly the difficulties encountered in engaging the client and in developing a working alliance. This is done through a hermeneutic review of the literature.

If psychopathology can be thought of as the crystallization of culture (Bordo, 1997) and if we can *read* the body as inscribed surface or text (Malson and Burns, 2009) then the therapeutic engagement with the anorexic client is potentially a rich source of information in terms of female developmental 'norms' in a patriarchal system and the Western context in which this writer dwells.

# Chapter 1

## Introduction

*Every mother contains her daughter in herself and every daughter her mother, and every woman extends backward into her mother and forward into her daughter.*

- Carl Jung (1941)

## Background to this Project

For the last two years I have been in a clinical psychotherapy practice placement in the specialist eating disorders service. In 2014 I worked as a student psychotherapist at an inpatient treatment facility for women experiencing eating difficulties (Anorexia Nervosa, Bulimia Nervosa or EDNOS (Eating Disorder Not Otherwise Specified)<sup>1</sup>). In 2015 I worked within the outpatient specialist service for eating disorders.

Prior to these placements I completed a small thematic analysis (unpublished) exploring the therapist's experience of working with Anorexia Nervosa as written about in psychodynamic literature. I imagine this area of interest arose from my own anxiety about engaging with a client group I knew little about, other than a great deal of speculation, none of it positive. Rumour had it this was a client group who were notoriously difficult to work with, often arousing strong, negative responses in the therapist. Four themes were found in relation to the therapist's experience. These were 'Daunting and Difficult'; 'Bearing the Unbearable'; 'Not Enough to Go Around'; and 'Food Will Never be the Same Again'.

A more detailed exploration of the literature surrounding the therapist's experiences of working with clients with eating difficulties seemed a natural extension of my earlier research given my interest in feminism, women's health and the Western preoccupation with controlling women's body size (Bordo, 2003; Chernin, 1994; Orbach, 1986/1993, 2013; Malson, 1991).

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<sup>1</sup> For the remainder of this text the terms anorexia, and anorexic are used for ease of phrasing. The use of Anorexia Nervosa seemed unnecessarily formal and more time consuming. Whilst I am unsure as to the helpfulness of labeling women as 'anorexic' its use serves a functional purpose here, to communicate a constellation of ideas in a single word. I would like to acknowledge the range of experiences each woman who struggles with anorexia has. This is not a one-size-fits-all illness.

Anorexia as a defensive structure was of particular interest to me, given the history of the women in my family regularly employing dieting and restriction of food intake, and so I have focused on this particular eating difficulty throughout this dissertation.

I do want to note that the lines between 'diagnoses' are remarkably less differentiated than a diagnostic manual might have us believe. For example approximately half of women who have a diagnosis of anorexia, i.e. who restrict the calorie intake dramatically, also binge (consume excessive amounts of food) and purge (attempts to rid themselves of food, either through laxative use, enemas, or self-induced vomiting). Many women with a diagnosis of bulimia also often drastically restrict their food intake for varying periods of time (Gabbard, 2005; Orbach, 1986/1993).

### **Why a special interest in anorexia?**

As a woman in a Western cultural context I know what it is to hate my body, and to be objectified. I understand the illusion of weight loss as panacea. Through locating myself in a feminist, post-modern context, engendered both through my own therapy journey and my research, I came to understand it might be possible to love and celebrate this body, my body, my gender. Through my own personal therapy I steadily came to bring this into my reality. This informs my practice, my being, as a woman and psychotherapist in a 21<sup>st</sup> century, Western context.

### **My Standpoint**

Like the causes of anorexia, the basis for my interest in the subject area is multi-faceted, but what stands out as I think back to the beginning of my research is my identification with using food, or weight and shape, to thwart disaster, stemming from a familial pattern of dieting in order to 'feel better'. I know what it is to hate one's body for all its flaws, inadequacies and betrayals. I have experienced that deep sense of restlessness and dissatisfaction with everything and nothing in particular after reading a magazine filled with images of a body I will never attain because it is anatomically impossible without the manipulation of these images.

I understood what it was to 'feel fat'. Now fat is not a feeling, but I believe most women know what it means to 'feel fat', to want to carve parts of oneself off, to live with self-loathing. The anorexic takes this to an extreme, for despite her painfully thin frame, she will insist she is fat,

and must lose weight. And so my interest in the therapist's response to this client began here, with my own knowing about some parts of her world.

Through the research process I have become clearer about my own position, my experience as a woman in a Western cultural system, and consequently the roles and expectations, and limitations, that I am subject to. So when my son, age 12, protests that my hair should not be shorter, because "its not natural for women to have short hair", I try to help him think about where that idea comes from, of what is "natural" for women, or men for that matter, and whether we will accept this definition in our family, or hold it more lightly, and perhaps, in these small ways we will change the world, our world.

### **Beginnings of a research question**

My clinical experience in my placement, as well as my preliminary research which had provided the themes 'Daunting and Difficult' and 'Bearing the Unbearable' were instrumental in helping me formulate a research question for this project. I wanted to understand why the anorexic client had this difficult reputation. Was it simply the client's presentation that inspired such feeling in the therapist, with her extreme behaviour and closeness to death? Or was it something about the dynamic, the therapist's response to the client's presentation? I felt sure this could be understood more fully if I were to explore the therapist's experience of the anorexic client.

As the project progressed and I came across a quote by Malson and Burns (2009, p. 5) about the "body as inscribed surface" I thought increasingly about what the therapist might 'read', both into and on, this inscribed surface, as though the bodies of the anorexic women became part of the text under consideration.

### **Anorexia Nervosa**

Anorexia is an eating difficulty characterised by self-induced starvation, emaciation, and a relentless pursuit of thinness resulting in excessive weight loss. Distorted body image, intense fear of fatness or weight gain are important features of the illness. Compensatory behaviours are often engaged in, such as use of laxatives, excessive or compulsive exercise, self-induced vomiting. Cessation of menstruation was a diagnostic criteria of DSM-IV.

Anorexia has a complex and multi-faceted aetiology, and is clearly a “multiply determined symptom” (Gabbard, 2005, p. 360). Gabbard (2005, p. 360) presents a summary of the functions of anorexia from a psychodynamic viewpoint;

*1) a desperate attempt to be special and unique, 2) an attack on the false sense of self fostered by parental expectations, 3) an assertion of a nascent true self, 4) an attack on a hostile maternal introject viewed as equivalent to the body, 5) a defense against greed and desire, 6) an effort to make others - rather than the patient - feel greedy and helpless, 7) a defensive attempt to prevent unmetabolized projections from the parents from entering the patient, 8) an escalating cry for help to shake the parents out of their self-absorption and make them aware of their child's suffering, and 9) in some cases a dissociative defense into separate self states as a way of regulating intense affect.*

I agree that anorexia has a function, and Gabbard summarises the possible functions above. All these notions, to some degree, resonated with my thinking about my clients, and the material I was reading in anticipation of beginning this research. I certainly experienced myself kept out, as if I too had the potential to be a hostile maternal introject. At times I felt demanding (or greedy as Gabbard suggests) and helpless. I was aware of several very physical countertransference feelings that I attributed to unmetabolized, or undigested as I have come to think about it, client material. I also related to Gabbard's reference to false self and a nascent true self, since many of my clients have found discussion of the parts of themselves helpful. One client, for example, readily took up the idea that these parts of her were engaged in a ferocious battle, with part of her wanting to be free of the anorexia, and another part pushing her to continue even though she understood she may not survive. I had also experienced the anorexia as a cry for help, pulling me into a preoccupation with caring, and concern for the client's physical stability. I also experienced my clients' dissociation, at times resulting in my own confusion and dissociation in sessions or immediately afterwards.

### **A Note on Self**

It might be helpful for me to point the reader towards my thoughts on what I mean by the use of the word 'self'. For example, when Gabbard (2005) above uses the terms 'false self' and 'nascent self' my interpretation is that he uses false self in the way that Winnicott (1960) intended, as a way to describe a defensive or adaptive process of inhabiting a certain 'self', a

façade if you will. The person may have a sense that they are not really living, or not able to be their 'true' self. Like the client who frequently said she was beside herself, together we explored who, or which part of her 'self', was beside who. Minsky (1996) suggests the false self conceals a barren emptiness behind an independent seeming façade. This is in contrast to the 'true self,' which for Winnicott had the aliveness, creativity and spontaneity associated with being alive, of being, I might say, congruent or authentic, or embodied. I like Winnicott's notion that, if all goes well, we develop the capacity for the indwelling of psyche in soma (1971). I discuss Winnicott's use of the terms true and false self more fully later.

I am also influenced by Bromberg (1996; 2001) and his notion of multiple selves, that the self we think of as singular (or as a dialectic of true and false) is actually composed of many parts. Bromberg (1996) writes that psychodynamic thought is moving "towards a view of the self as decentered, and the mind as a configuration of shifting, nonlinear, discontinuous states of consciousness in an ongoing dialectic with the healthy illusion of unitary selfhood" (p. 511). In this sense I can recognize parts of myself that feel congruent and authentic, I can think about my-'self' and can recognize within this my own "healthy illusion of unitary selfhood". Sullivan suggested it is possible "every human being has as many personalities as he has interpersonal relations" (1950, p. 221). So the parts of myself I experience, and others experience of me, may depend on the circumstances and situation, at times I may feel congruent and authentic, really my-'self' and other times I may feel the need to adapt, change, some parts may be put to the background, even stifled. These processes might be conscious, within my awareness, or unconscious, outside my awareness. I also have a sense of my own emerging parts or parts that have only recently been discovered, and I think this is what Gabbard might mean by his use of the term 'nascent self'. Orbach (1995) also uses the term nascent self to suggest the parts that have been subdued, stifled or rejected by caregivers. What I like about the term 'nascent' is that it literally suggests an emerging or just coming into existence, so in acknowledging the nascent self in therapy we are acknowledging the client's potential for growth, and a greater capacity to integrate the parts of self that have had to be shut away or split off. I have found a lot of freedom in being able to think about the self this way, in my own therapy and with my clients.

I use the term self to mean the conglomeration of all these parts, their interrelationships and blind spots, where perhaps certain parts are disowned or put away. Some parts, those rewarded or demanded by the processes of socialization and the desire to secure continued belonging and acceptance in the group, occupy the forefront. These dominate our ways of

being in the world. Other parts, more hidden, more shameful, need to be kept out of sight and out of mind, lest we reveal our unworthiness of love and belonging.

### **A Note on Countertransference**

Paula Heimann (1950) was amongst the first voices to suggest that countertransference should refer to all the therapist's feelings towards the client. In her urging that countertransference be considered in this way (as opposed to something unprocessed to be resolved and eradicated in the therapist) Heimann makes what Tansey and Burke have called a "landmark statement of the totalist perspective" (1989, p. 23). I use the term in this context.

Winnicott (1949, described in Wooley, 1991) suggested that there are different forms of countertransference, namely, "objective countertransference" responses, shared by most people; "responses common to groups of people with some basis for a common outlook (e.g. gender...)" ; more individual responses depending on the person's "unique developmental history"; and "responses to interactional pressure - that is to the patient's unconscious effort to direct the therapist into an experience of feeling as the patient does" or to induce in the therapist feelings of how important people in the past have felt towards the client (Wooley, 1991, p. 255).

I would add to this definition that there are aspects of the self that are unacceptable to the client, or cannot, for various reasons, be integrated, that this largely happens outside of awareness, or unconsciously, and that these aspects of the client can also be projected into the therapist in an attempt to relieve something which feels unbearable in the client. This is referred to in the literature as projective identification, originally described by Melanie Klein (1946). This is a relatively complex area of psychodynamic theory and I provide only a rudimentary explanation here but my understanding of this has been influenced by my reading of writers such as Ogden (1979), Sandler (1976) and more recently, Tansey and Burke (1989) and McWilliams (1999).

Gabbard surmises that countertransference is a "jointly created phenomenon" (2001, p. 984) and thus arises out of both the client's and the therapist's subjectivities. The client "draws the therapist into playing a role that reflects the [client's] internal world, but the specific dimensions of that world are coloured by the therapist's own personality" (Gabbard, 2001, p.

984). I might add that the therapist will also draw the client in particular ways and so the process of mutual influence, or the “restless to and fro” (Heidegger, 1959 in Smythe and Spence, 2012, p. 16), perhaps becomes its own hermeneutic dialogue.

### **Motivating Factors for this Research**

Early in the research process I had a peculiar experience of feeling myself *falling* asleep, it seemed to happen over a longer period of time, allowing me to really experience the *between* of consciousness and not-consciousness. At this margin between aliveness and deadness, (perhaps akin to Winnicott’s transitional space (1971), I felt a profound peacefulness, and my whole body became chilled as my body temperature dropped slightly, as it does when one ‘falls asleep’. When I woke in the morning I thought about whether the anorexic isn’t trying to recreate this peaceful proximity to a state of sleep, or deadness.

Many people seek therapy to uncover why they feel psychically dead (Eigen, 1996) but not the anorexic, she<sup>2</sup> seeks to maintain her lack of aliveness. We might wonder about her refusal to maintain a body weight that can sustain her core body temperature within a ‘normal’ (human) range. This cold, lifeless, near death state perhaps mimics the peacefulness of being on the brink of sleep. Arousal is lowered, or at least preoccupied with hunger, which might mask other feelings. This made me think about the story of Sleeping Beauty and the passivity typically associated with female development, she waits to be awoken, and only through marriage to the prince is she fulfilled. Hughes (1997) suggests the anorexic wants “time to stand still” (p. 260) which also suggests to me the Sleeping Beauty metaphor. Of course another reading of this tale is that the feminine and masculine impulses are of equal importance and belong together in a ‘marriage’, neither is complete without the other.

In my experience many women with anorexia are highly ambivalent about engaging in treatment. Perhaps because anorexia provides a haven from the world, an exoskeleton (Winston, 2009), she can function in the world only through her anorexia and so it makes sense she is reluctant to relinquish the structure her ‘illness’ provides.

The therapist seeks to introduce relationship, stimulation, thought, symbolization, meaning, and food, literal and metaphorical. But if Boris (1984) is correct in his analysis, that the

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<sup>2</sup> I have used the pronoun ‘she’ throughout this dissertation, for literary convenience but also because the vast majority of those who experience anorexia are female. There are men who are diagnosed with anorexia (reflected in the removal of the criteria on cessation of menstruation from the DSM-V), however these numbers are very small. Also, as a feminist, my focus of my work is predominantly women.

anorexic seeks to “cure herself of wanting, more precisely of being found wanting” (p. 435) then an important question is how the therapist can be of use to someone who actively shuns taking in anything from outside, for this would threaten the foundation on which the anorexic self is built. The premise that she does not need any person or thing outside herself. In the same paper Boris writes that, as the anorexic loses weight, “her projections are fleshed out and given substance. It is the other who wants, not she... She counts on ‘countertransferences’ in both her family, and of course, her analyst” (p. 435).

Many writers have commented on the difficulty in retaining their ability to think with this client group (Babits, 2001; Boris, 1984; Bromberg, 2001; Crisp, 1995; Kadish, 2011, 2013; Willner, 2002; and Winston, 2009). Perhaps this speaks to the intensity of what this client tries to keep out, and place in the other, as Boris (1984) suggests.

A good deal of my clinical training focused on the working alliance. For me this represents client and therapist coming together to create a productive engagement, with the ultimate aim of effecting positive, beneficial change in the client. If the anorexic client rejects the possibility of an alliance with her rejection of relationship, of outside other, then how can the therapist be of use to her? How is the therapist impacted by feelings of uselessness, or as Boris suggests, being reduced to a “no-thing” (1984, p. 437) and what does this mean for the therapy? Is this part of what makes the anorexic client so daunting and difficult - that the therapist is pressured to become the one who wants?

Part of the motivation for this research was to better understand how a working alliance might be forged with a client group that neither sees themselves as unwell, nor desires change (Birksted-Breen, 1989). The intrusions of the therapist are often most unwelcome and unwanted, even actively kept out. How best then to help, to engage with this client group, without resorting to forcibly assuming control, when faced with someone determined to destroy herself?

## **Overview of Chapters**

The following chapter, chapter 2, describes the qualitative methodology and method used in this research as well as outlining some of the challenges I experienced in this regard. Chapter 3 provides additional context for this literature review, and background on the process of this research and the ways in which my position shifted through conducting the literature review. This chapter attempts to provide a bridge between the methodology and method in chapter 2,

and the findings and discussion in later chapters, this is achieved through outlining my own standpoint or horizon in more detail, as well as discussing how this was influenced and shaped by the research process itself.

Chapters 4 and 5 provide a discussion of the findings or themes of the literature review. Both these chapters explore aspects of the defensive functions of anorexia and I have attempted to make sense of this in the context of the anorexic's daunting and difficult reputation. This reputation is contextualized as located within a patriarchal/consumer culture and thus an expression of internal *and* external forces. Chapter 6 provides a discussion of the findings, the strengths and limitations of the study, and the implications for the field of psychotherapy, particularly for the therapist working with the anorexic client.

### **Chapter Summary**

In this chapter I have outlined the background to this research, as well as introducing my standpoint or horizon, and the lens I bring as researcher. I have outlined the process of thinking about my research question and I have described the condition of Anorexia Nervosa. I have also provided the reader with my definition of the terms 'self' and 'countertransference' since these are referred to throughout the dissertation.

In the next chapter I outline the methodology underpinning this literature review, a hermeneutic methodology and my rationale for employing this particular methodology as well as describing the method of the literature review process and some of the challenges inherent in this.

## Chapter 2

### Methodology and Method

#### Methodology

I have chosen an interpretive/hermeneutic methodology to guide this research because I see this as a good fit with psychotherapy process.

#### Interpretation and Hermeneutics

The word hermeneutic derives from the Greek verb, *herméneuein* meaning to interpret. Hermeneutics then could be described simply as “the discipline that deals with principles of interpretation” (Kaiser and Silva, 1994, p. 15). Elsewhere the tradition of hermeneutics is linked back to Hermes, mythological Greek messenger of the gods, who, according to legend, would explain the wishes of the gods to humans. It was Hermes’ interpretations that allowed humans to know something of their gods’ actions and intentions. Smith (1999) argues to expand the meaning of hermeneutics beyond interpretation to something more akin to Hermes’ task, bridging a gap between those speaking and those listening, between sender and receiver.

Hermes needed to understand and speak the language of both gods and humans, and be fluent in the rules of engagement of both. In this way a hermeneutic process becomes an act of interpretation or translation, with a sensitivity and mindfulness of both those speaking *and* those seeking to understand. The sender, or communicator, needs a receiver, or listener. The hermeneut, like the therapist, is concerned with the uncovering and interpretation of meaning, but also with being able to translate something, make something comprehensible.

#### Heidegger and Gadamer

Heidegger’s work on hermeneutic philosophy, as the theory and methodology of text interpretation, is considered an ontological revolution (Grondin, 1994). He conceived of understanding as much more than a cognitive process, instead it becomes the practical mode of human existence, and is embedded in the tradition of being (Heidegger, 1927, in Grondin, 1994). Gadamer (1976, in Grondin, 1994), a student of Heidegger, developed these ideas

further, writing that all understanding could be thought of as being achieved through a dialogue between reader and text, between sender and receiver.

Smythe and colleagues (2008, p. 1391) recount;

*Gadamer talked of the play essential to the wheel of a bicycle. If the nut is screwed too tight the wheel cannot turn, yet if too loose there is a danger the wheel will fall off. In the leeway, the space between structure and freedom, there is room to play, to respond to the unrest and think again.*

Central to a hermeneutic methodology is this “leeway”, or “space between structure and freedom” (Smythe et al, 2008, p. 1391), which can perhaps, in another parallel to therapy, be likened to the transitional space (Winnicott, 1953) in the therapeutic encounter. Winnicott viewed this potential space as a place of creative possibility and transformation (1971), and it might be argued that no therapy is really possible without this creative possibility. Similarly a hermeneutic enquiry must have sufficient “room to play” (Smythe et al, 2008, p. 1391).

### **Between Structure and Freedom**

In considering the appropriateness of a hermeneutic approach for this research there is a further parallel with the methodology and the object of research. In thinking about this place between structure and freedom, I was struck by repeated references in the literature to the anorexic client’s reluctance to engage, and their inability to enter into and use a transitional ‘as if’ space (Willner, 2002; Williams, 1997; Hewitt, 2009). With this client there is no *room to play*.

The researcher with a hermeneutic lens might be likened to the therapist, who rather than merely taking the client’s communication at face value, is instead listening carefully for meaning, colour, nuance, and “following a felt-sense of what needs to happen next” (Smythe et al, 2008, p. 1389). Further parallels can be drawn with the therapeutic relationship, hermeneutic research can be thought of as “a very attentive attunement to ‘thinking’ and listening to how the texts speak” (Smythe et al, 2008, p. 1389). Much as the therapist attempts to listen to the client carefully, including listening to their countertransference, this methodology demands careful listening to how the texts speak and to the researcher’s responses. I have thought about this as the use of my subjective responses (or countertransference) to the literature. In this way I believe a hermeneutic methodology is highly suited to the aims of the proposed research.

### **Self-as-Crucible - Subjectivity of Researcher/Therapist**

A hermeneutic methodology draws from “who one is and is becoming” (Smythe et al, 2008, p. 1391), as such the writer brings herself with this methodology. I think about this process as one of *self-as-crucible*, whereby new, emerging thought forms are encountered and can be incorporated into one’s thinking and writing. This methodological frame does not seek to arrive at what might be ‘known’ or discovered as objective, the thoughts encountered are a reflection of, an amplification of, that “which is always/already drawn from all of my experiences and conversations” (Smythe et al, 2008, p. 1391). Just as the therapist uses their own subjectivity as a tool, using their body and (countertransference) feelings to understand something of the client and the therapeutic encounter, so too a hermeneutic methodology calls for the researcher to use themselves as a tool in the process of understanding that which is being thought about.

### **A Hermeneutic Circle of Understanding**

The hermeneutic methodology acknowledges that in seeking to construct the meaning of the whole (the object of comprehension) we must make sense of the parts. Our sense of the meaning of the parts however, depends on our having some sense of the whole, and recognising how the parts are integrated into the whole (Schwandt, 2001). In turn the illumination of the parts clarifies the whole, thus, the two positions are engaged in a process of mutual clarification, this is the hermeneutic circle (Boell & Cecez-Kecmanovic, 2014; Bontekoe, 1996). Each interpretation relies on other interpretations (Schwandt, 2001). We are informed by that which has come before.

### **Aliveness and Being-in-the-Play**

Smythe et al (2008) suggest that a hermeneutic method must embrace “being-there, being-open and being-in-the-play” (p. 1392), understanding that what is discovered in the literature is something “we wish to point the reader towards” (p. 1392). That this is different from what another might discover. This is a process of “letting come” rather than working out (p. 1391). In another parallel with therapy I liken this to Ogden’s (1997) use of reverie, and the way he attempts to make sense of what is real “and most alive” (p. 719) in his understanding of the therapeutic milieu with each particular client.

As a theory of interpretation, hermeneutic philosophy addresses the question of the meaning of texts, thus providing a rich theoretical underpinning for the literature review (Boell & Cecez-Kecmanovic, 2014).

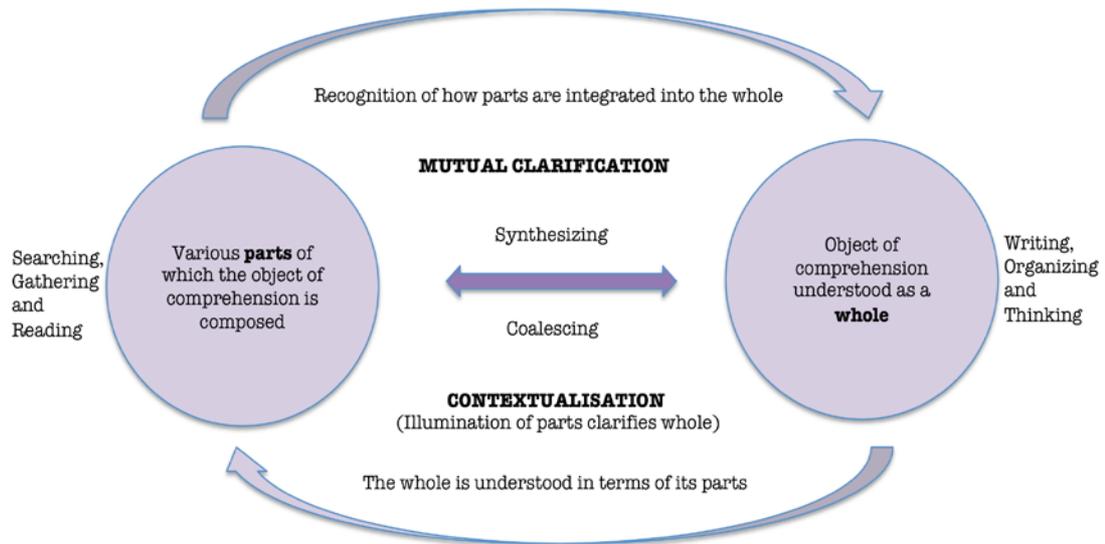
## **Method**

The method is a literature review. I considered thematic analysis, however in extracting data from its context I felt there was the potential that large sections of text might be 'lost' to the coding process, particularly if only 'therapist experience' was coded, for example. I also considered a heuristic approach however, as I began the process of searching and reading I realized that I was also interested in the meaning the therapist had made of their experience. In this way I found I was interpreting others' interpretations. I wanted to be able to make meaning beyond the therapist's reported experience and be more inclusive of the therapist's reflexivity. I needed a process that would allow me to bring in, not only my thinking and reflection on the material I was reading, but one that would also allow me to make sense of how the process impacted on me, and the sense I made of what I was reading. This interpretive leaning indicated a hermeneutic approach.

A hermeneutic literature review allows the writer to bring their thinking and experience more fully into the interpretive and investigative processes, in essence the researcher's subjectivity is the research tool.

## **Text as Partner in the Research Journey**

Smythe and Spence (2012) suggest texts become partners in the research journey, the key purpose of which is to "provoke thinking" (p. 14). This method calls for the researcher's immersion in the "reading, searching, intuiting, thinking, talking, writing, letting come process" (p. 14). With the hermeneutic circle in mind, and the interrelationship between the whole and its parts, I used these terms to produce the creative representation below to help me think more about the method and the process of hermeneutic enquiry (Figure 1).



**Figure 1 A representation of the circular notion of the hermeneutic process inspired by Smythe and Spence (2012)**

On reflection I would now add a ‘background’ of openness, listening and willingness that I see as essential qualities for the hermeneutic researcher. I also believe the circle would be better represented by a spiral to suggest the to and fro as the researcher moves back and forth, but also up and down through various layers of meaning, including cultural and chronistic, throughout the hermeneutic process. Myers (2013) has also suggested that the hermeneutic circle be viewed as a spiral to indicate how ongoing engagement with the text leads to more integrated understanding. I return to this notion of a spiral in exploring the searching, gathering and reading process in more detail below.

### **Searching, Gathering and Reading**

This refers to finding material for the literature review. With a hermeneutic framework smaller sets of highly relevant data are preferable to larger sets of less relevant publications (Boell and Cecez-Kekmanovic, 2014).

Initially I tried to approach searching in a structured manner. Using the PEP and PsychInfo databases with the search terms ‘anorexia’ and ‘countertransference’. However because I was interested in generating a smaller, meaningful set of data I did not pursue an exhaustive search process, rather I focused on gathering material that seemed highly relevant and that I was intuitively drawn towards. However, because there were experiences I had myself as a therapist working with clients with anorexia, such as feeling overwhelmed, useless, defeated,

and at times hated, I also used these as search terms to see how other therapists had written about their experiences.

Much of my searching was more unstructured. For example through “snowballing and citation tracking” (Boell and Cecez-Kekmanovic, 2014, p. 269), which means scouring reference lists for potentially interesting or relevant material. Often material was stumbled on through serendipitous encounters whilst looking for other things as Kinsella (2006) suggests. More obvious findings from initial searching were articles and books detailing the therapist’s experience of the anorexic client. Other, less obvious sources included poetry, art and fictional literature. Since the purpose of the literature review is to provoke thinking “texts other than subject related literature are of value” and the “movement of thinking is richly enhanced by engagement with...poetry and literature that open doors to the paradox of a notion” (Smythe and Spence, 2012, p. 18).

Searching, Gathering and Reading are shown (figure 1) as key to understanding the *parts* of which the object of comprehension (therapist’s experience of clients with anorexia) are made up. Initial reading of abstracts allowed me to determine whether the material would be of interest. Relevant material, mostly book chapters and articles, were collated for reading. During initial readings notes were made and then on subsequent readings these impressions and notes became part of the text under consideration. A hermeneutic approach demanded I pay careful attention to my process during reading, noting my responses to the material whilst reading, and on reflection afterwards. I also recorded dreams that seemed connected with the research or my process, and have treated this as part of the text under consideration. With a hermeneutic approach the researcher is tasked with developing a “research imagination” (Hart, 1998, p 29). This means that the process is intuitive, as Smythe and Spence (2008) describe, as well as methodical as Boell and Cecez-Kekmanovic (2014) describe.

Smythe and Spence suggest “inclining towards a particular text...a feeling, a knowing, a readiness to read and re-read” (2008, p. 17). An important part of this process, although perhaps difficult to articulate, is something of this “willingness to be surprised, openness to difference and courage to make the leap into the space of thinking” (p. 17). I anticipated finding material through reference lists but also found material through discussion with colleagues in the eating disorders service, through other dissertation material, through poetry, art and imagery, and also through reflecting on my own countertransference experience with clients, from my dreams and through journaling the process of this research.

## Spiraling Out

In thinking about my description of how I conducted this review it seems vital to forefront the notion of how my research process spiraled out beyond the articles that appeared in the more structured part of the search. An important part of the process was remaining open, and cultivating a receptivity to how the texts speak in order to develop “relatedness” with the material (Heidegger, in Smythe and Spence, 2012). This relatedness meant extending beyond the texts that originally identified in my structured search, moving into poetry, art, metaphor and other imagery. I felt this was a largely intuitive process of following one’s nose, whilst cultivating a keen awareness, moment-to-moment, about where one has ended up.

Writing this reminds me of a colleague’s recent comment that when you work intuitively it is difficult to describe to people what you actually do in the room and how he had always felt somehow inadequate about this lack of clarity. At the time of this exchange I was trying to write this method section to give it greater clarity as to what I had done. I realized that I too felt inadequate for not being more clear about the steps I had taken. Perhaps this relates to being in an academic context where I feel positivistic or empirical ontologies have been traditionally more acceptable.

In the same conversation the same colleague recounted a story about Milton Erikson. The story went that Erikson was feeling blocked whilst writing about trusting the unconscious. He noticed his difficulty trusting his unconscious. So, he decided to trust, to stop writing, and to make himself a cup of tea. According to my colleague’s recounting of the story Erikson went to the kitchen and whilst there came across his son reading a comic book, and as he glanced over his son’s shoulder, he read something that gave him an idea as to what to write next. The block was gone.

I do not know if the story is *true* and in many ways it does not matter, as Smythe and colleagues (2008) point out, we do not question whether the poem is true or whether we trust the process by which it was written. Smythe et al (2008) put it thus;

*One is ready to write, or switches off the computer, knowing that the time has not yet come. What made no sense last week suddenly leaps forward with clarity of insight that astounds. The plan of the day is cast aside when energy flags for one feels ‘stuck’ and ‘flat’. On another day nothing can stop the flow of thinking, reading and writing that just seems to enthusiastically know where it is going...We do not plan what*

*must be thought about, rather we are held (or not held) by thinking that demands to be within us... (Smythe et al, 2008, p. 1393)*

In this case the story about Erikson, and the timing of hearing it, helped me shift something, and in offering it here, juxtaposed with Smythe and colleagues' description, I hope that it helps communicate something of how I worked with the material in this review process.

In many ways dividing up the searching, gathering and reading together, and likewise, writing, organizing and thinking is an arbitrary division. For me writing was always present and was integral to the process, and this reflects the inescapably circuitous nature of hermeneutics. There can really be no clear distinction, for me, between the searching, gathering and reading, and the writing, organizing and thinking. I believe these processes overlap each other and belong together in a symbiotic relationship. So I would read, then write my responses, all the time thinking and reflecting. Sometimes a seemingly unrelated idea would come, perhaps from my unconscious, and I would type this into Google, and see where I was taken. I think about this as a spiraling out, and writing helped anchor me so that I had some coherence about the process.

### **Going in Circles**

I felt myself to be very much immersed in the hermeneutic process. This was at times overwhelming and I struggled to stay open and not rush to create order, to make sense of too soon. I recalled a comment my reviewer had written on my PGR1, that the snowballing and citation tracking might become an avalanche. I didn't know whether I had too much material, or not enough. Unlike a systematic review there is no obvious end point where data gathering stops.

I would regularly wake early from dreams with new thoughts and an urgency to write. It was as if my unconscious digested something overnight and new understandings were there in the morning. Writing before dawn became a regular part of my process and I allowed myself to linger with this rhythm.

### **A Note on Negative Capability**

I have reflected on my desire to know, to reach an end point where things were clear or resolved somehow, and the difficulty of balancing this with staying open and not knowing. As

another example of how the process did not go in predictable or neat lines, I came across the notion of negative capability in an article by Boris (1984).

In discussing the anorexic's intolerance of ambiguity and uncertainty (I have thought about this as a lack of ability to use a transitional space or tolerate the grey between structure and freedom), Boris uses Keats' term "negative capability" (from Keats' letter to his brothers, 1817). In a footnote Boris quotes Keats' further as saying that negative capability is the state in which we are "capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason" (in Boris, 1984, p. 441). I was struck by this concept. I felt that if I were to successfully engage with this process, with the openness that ensures the hermeneutic process is a rigorous one, I would need to foster my own negative capability.

Keats demanded the poet be receptive, not irritably searching after fact or reason. I believe a hermeneutic process demands the same openness and receptivity however, for me the term negative capability didn't seem to capture the essence of what Keats' intended, namely receptivity, openness, and staying with what is uncomfortable. Immediately I thought about the process of a woman being in labour and giving birth, she must be receptive to the tremendous forces and pressures within her body, she must open, quite literally, and she must stay with the discomfort, one contraction at a time, she cannot hurry this process to completion, neither the pregnancy nor the labour and birth. Instead she accepts what is, what will be and what is to come. In this way I have come to think about negative capability as an inherently feminine capacity, a way to be pregnant with possibility, to allow chaos to grow inside one, to gestate, transform and be born into being in. I do not mean to suggest that men cannot develop negative capability, but rather that it is a capacity I associate with a long gestation coupled with an arduous coming-into-being process that is not without discomfort and doubt in one's capacity to stay the distance, to surrender.

Boris (1984) describes the capacity for therapist and anorexic client to "manage the presence of the absence of certainty" (p. 441) and it has been interesting to have this process, another parallel, appear in my research of this topic, and in my work with this client group who generally demand certainty. I have needed to manage the absence of certainty, in my research and in my work as a therapist.

Another serendipitous encounter afforded me that Bion (1970) made use of Keats' term. He used the term to connote an attitude of openness of mind, the essential quality of the therapist to tolerate the pain and confusion of not knowing, rather than the tendency to

impose certainty on something ambiguous (Symington and Symington, 1996). Bion's (1970) instruction that the therapist be with the client without memory or desire stems in part, I believe, from his understanding of negative capability and his capacity to be open, or pregnant with possibility.

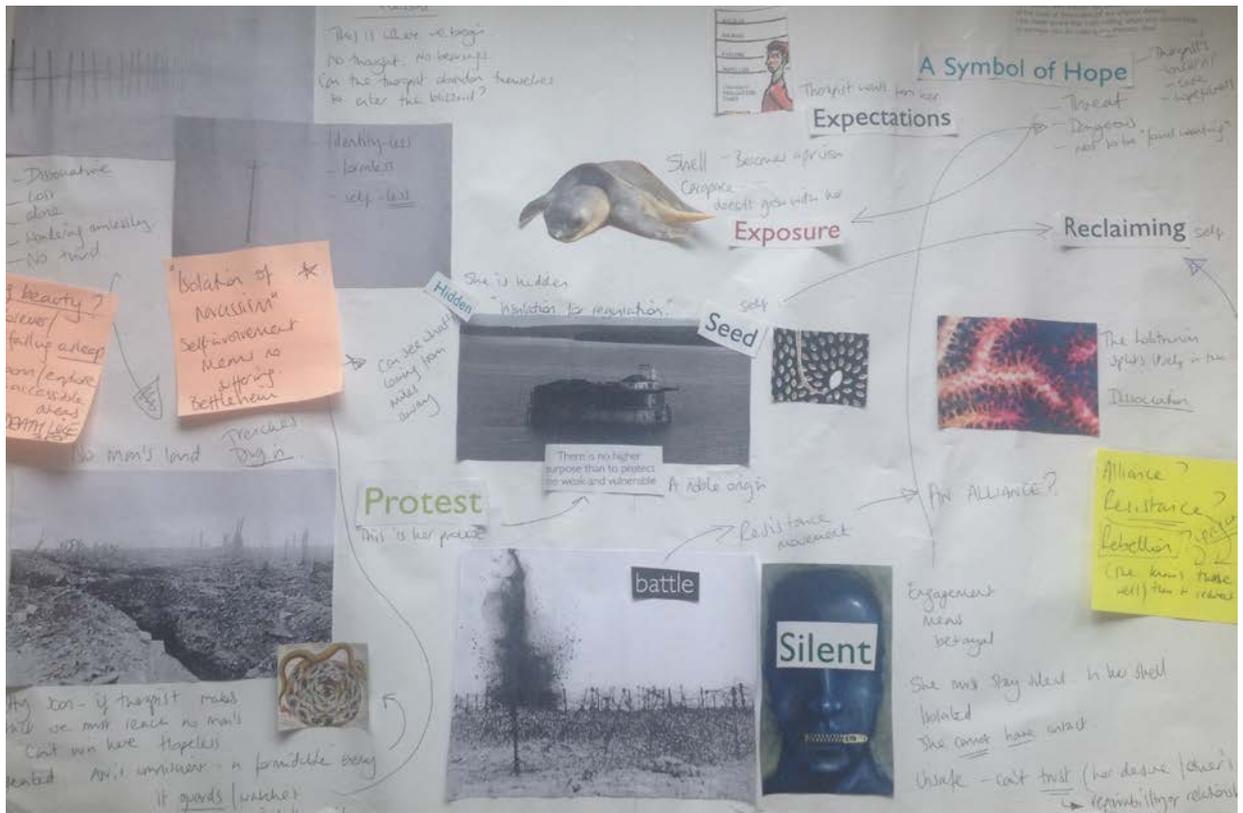
Voller (2010) states that this capacity in the therapist, to be in and with uncertainty, is a "defining but unsung, feature of the profession" and that negative capability is the "advanced ability to tolerate uncertainty" or;

*...the active uncertainty that is to do with being without a template and yet being able to tolerate, or even relish, a sense of feeling lost. 'Negative capability' involves purposely submitting to being unsettled by a person, or situation, and embracing the feelings and possibilities that emerge (Voller, 2010).*

I related to this "sense of feeling lost", as well as the importance of being "in and with uncertainty" as qualities that I would need to cultivate as part of my research imagination, in embracing the "feelings and possibilities that emerge". This sense of feeling lost might be likened to the surrender that is necessary in labour and birth. In this way, the "thinking that demands to be within us" (Smythe et al, 2008, p. 1393) is what we are growing and bringing into the world.

### **Writing, Organizing and Thinking**

The writing and thinking processes were continuous throughout the review process. I wrote notes about my responses to articles on first reading, these were written in the margins. As sense is made of the parts (the material gathered), a sense of the whole can be grasped, and in turn, the whole can be seen afresh in the context of how the different parts relate to it and each other. Writing became an essential part of my process and I carried a notebook with me everywhere. Kinsella's (2006) notion of the serendipitous encounter proved useful and I would jot down ideas from listening to radio interviews, watching movies, reading fictional books. Once the process was underway, really gestating, it was as if I was listening and thinking in a different, more open way. This is, I believe, the hermeneutic process. In terms of organizing initially I set out my thoughts on a large sheet of paper and tried to group similar concepts, from the range of material, together. This is shown in figure 2 (below).



**Figure 2 Attempting to create order - Organizing**

This image contains key ideas such as the shell pictured on the turtle in the centre of the image. The white, snow-covered and barren landscapes in the upper left, representing Lawrence’s (2009) “whiteout”, which is her metaphor of the anorexic’s internal landscape. The lower left and centre images are of No Man’s Land, which is a metaphor that appeared in several places, notably in my own client work. I discuss these ideas more fully below.

**No Researcher Steps in the Same River Twice**

The hermeneutic method emphasises that the writer brings their own fore-knowing, Smythe and Spence (2012) call this the “fore’s’ to re-viewing” (p. 15). The writing process helped sharpen my awareness of my starting point, or horizon, and how this is changed and shaped by the process of re-viewing, in turn allowing the “viewing a-fresh” (p. 14) which is crucial to a “reflexively critical understanding” (p. 14).

Heraclitus said, no man steps in the same river twice, for it is not the same river and he is not the same man. For me this represented how each new piece of the puzzle altered my horizon. I thought about this as being a new or different person with every next piece of source material I came to, changed as I was by the one before. This helped me understand the importance of Smythe and Spence’s “re-viewing” or “viewing a-fresh” (2012, p. 14). This

process happens over and over, spiraling in and out. The notion of negative capability helped me stay open to this process, rather than rush to certainty or conclusions.

It has been a leap of faith, to wait, and to find myself anew over and over, changed by this process. Again, I liken this to the process of labour and birth, that I will need to come back to myself, changed, after each contraction, and that there is a certain surrendering to the “unutterable circle of writing” (Smythe et al, 2008, p. 1395) to make possible the necessary, at times overwhelming, “dwelling in the data” (p. 1395).

### **Letting Come - Synthesizing and Coalescing**

Smythe and Spence (2012) refer to a “letting come”, which might be thought about as the data analysis, and I come back to the birth metaphor, and the necessary surrender. It is as if the labour is nearly complete and there is a moment at which we can let go and let it come. There must be a willingness and openness, as Smythe et al (2008) suggest, for “to work on the data is to listen for the ideas that jump out” (p. 1395). Smythe and Spence suggest the “task as a hermeneutic researcher is to listen, ponder, question, analyse and stimulate thinking” (2012, p. 19). They describe the concept of the gift of grace, “the act of handing over self to await the coming of a thought while at the same time becoming an active player in seeking new thoughts” (p. 19). This is the letting come part of the process, the data and the researcher’s subjectivity engaged in a progression of mutual clarification and contextualization through dwelling in the data (Smythe et al, 2008). In figure 1 (above) this is represented by the push/pull arrows, or to and fro, of a synthesizing and coalescing of the relevant material. In effect the data analysis is a continuous, and intertwined part of the process, and cannot be separated out from the process itself. A hermeneutic methodology demands there is no finished, complete endpoint from which one can stand back and reflect.

### **Trusting the Process**

I found myself thinking about the themes I had encountered in my thematic analysis project that preceded this research. Would I find similar issues? Was I looking for these things, blind to information that did not fit my horizon? Some time was spent feeling overwhelmed and most certainly “irritably reaching after fact or reason” (Keats, 1817).

At times it was difficult to hold my discomfort with the not-knowing. It is ironic that clients with eating difficulties are renowned for demanding certainty and nothing less than perfection

from themselves. I frequently reminded myself to cut myself some slack, I read and re-read Smythe and Spence's article to reassure myself what I was embarking upon was a legitimate venture. 'Trust the process' became my mantra, just as the laboring woman must learn to trust her body. Ultimately this is all I could do, trust the process, as one has to do with a client when one is overwhelmed or stuck, not knowing what to do or where to go next. I trusted that Smythe and Spence were correct, that if I showed up willing and immersed myself in the data, the 'letting come' process would unfold.

### **Knowing When and Where to End**

Smythe and Spence (2012) write, "being in a hermeneutic circle challenges the notion that there is a beginning and an end" (p. 20). Boell and Cecez-Kekmanovic (2014) suggest the researcher engages in the hermeneutic circle of analysis and interpretation until a satisfactory outcome (a well argued literature review with clear research question) is produced. I reached a point where I was satisfied that what I had come to in my own thinking from my interaction with the literature was a valid and meaningful synthesis that extended and enhanced my horizon. At this point it was clear that there were other potential avenues for more research, however, I felt so stimulated by this new line of thought, by what felt like a synthesis of something bigger, that I felt confident I could say I had reached a point at which I knew what it was I wanted to point my reader towards (Smythe and Spence, 2008).

### **Inclusion and Exclusion Criteria**

Articles highlighting aspects of the phenomenon under investigation, that is, the therapist's experience of the therapeutic relationship with an anorexic client were sought for analysis. I decided that material for inclusion would need to consider the underlying processes in the relationship (in terms of conscious and unconscious processes, transference and countertransference, and their interrelationship, i.e. psychodynamic). Material that did not consider this element of the relationship was excluded. Articles and material not available in English were excluded.

Other relevant material such as art, imagery, fictional literature and poetry and was an integral adjunct to the process, often providing clear, visual metaphor for the object of comprehension. I have included images and poetry to illustrate this.

## Deciding What to Include and What to Leave Out

It seems appropriately academic to have a section detailing 'inclusion and exclusion criteria'. My experience however is that the reality of determining what to include and what to leave out was rather difficult to navigate. Sometimes the process of arriving at the consideration of a particular paper, book or item seemed relatively random.

I offer the following as an example. I came across the description of "anorexia as a war of attrition in a no man's land" (Hewitt, 2009, p. 122). The piece of writing was a book review, the book was part of my reading material. The reviewer described his overwhelming sense of futility working with this client group. I was struck by the term "no man's land" particularly since so many anorexic clients I have worked with use some sort of war metaphor to represent their internal struggle. I was also struck by his feeling of futility, since this too is something I have encountered in my own work with this client group.

In my mind I pictured the emptiness and despair of no man's land, recalling the evocative language of the war poetry I had read at school. A no-place of death and hopelessness.

*I stood with the Dead, so forsaken and still:  
When dawn was grey I stood with the dead.  
...On the shapes of the slain in their crumpled disgrace  
...My heart and my head beat a march of dismay...*

Sassoon (1920)

*No Man's Land is an eerie sight  
At early dawn in the pale gray light.  
Never a house and never a hedge  
In No Man's Land from edge to edge,  
And never a living soul walks there  
To taste the fresh of the morning air;  
Only some lumps of rotting clay,  
That were friends or foemen yesterday*

Knight-Adkin (1917)

The poems above induced in me such a sense of hopelessness and futility, such a bleakness, that I really felt I could join with Hewitt's experience of futility in some way. Reading the poems of these incredibly young men sent off to die I was transported to the battlefield, and

also to part of my client's inner world, the part of her that feels hopeless and defeated by this war of attrition.

I searched for imagery with the search term 'no man's land' and amidst predictable, yet devastating, scenes from the First World War, I discovered spectacular images of forts that had been built at sea to protect the English coast. These were built in the latter half of the 19<sup>th</sup> century as part of a series of coastal defences and despite having been born in the UK and living there for 25 years, I had neither seen nor heard of these forts. One such fort, No Man's Land Fort, was built just off the coast of the Isle of White in 1867, to protect the important town of Portsmouth in anticipation of a French invasion.



**Figure 3 No Man's Land Fort, Solent, Isle of White, UK**

For me this image captures something of the loneliness and isolation of the anorexic, but also her indomitability, those steep, unscalable walls rising from the sea, the 360 degree vision this position affords her, the protection it offers. I include this example to give an idea of both the serendipitous encounters that Kinsella (2006) describes, but also to demonstrate something of the arbitrariness of the hermeneutic process. The decision to search for images connected with this term was simply an intuitive leap. This particularly surprising image, and my associations with it, led me to find a different meaning in some of the articles I had already read, for example, Bromberg writes about "insularity for regulation", I now felt that through these images, I had a new, enlivened, understanding of what he might have meant. Suddenly I had a different sense of the loneliness of the anorexic position, but also the indomitable power that comes with positioning oneself on the periphery, well placed to see hostile invaders coming from afar.

This new understanding helped me see my own client relationships differently, these 'defences' enabled my clients to "see what was coming from miles away", as one client put it, in terms of potential invaders. I began to think about the difficulties facing the therapist,

in terms of the futility, hopelessness and helplessness evoked in the therapist by this client group, but I was thinking about these concepts in a richer way, because of this hermeneutic detour.

### **The Flux**

Caputo (1987) wrote, “radical hermeneutics is a lesson in humility”. For him we come away “chastened by our struggle with the flux”, we have “wrestled with the angels of darkness” and we have not triumphed (p. 249). I loved this idea of the flux, the constant movement, the back and forth, and our struggle to pin down and define something, as well as the humility this can teach us. He likens the constructs we attempt in our clumsy *reaching after fact and reason* to cloud formations, transient, utterly idiosyncratic in how we might interpret them, “from a distance [they] create the appearance of shape and substance but which pass through our fingers on contact” (p. 249). Of course, Caputo points out, science can educate us to the whys and wherefores of rain droplets, meteoric conditions, barometric pressure and dust particles, but then we lose the mystery and wonder. We miss the opportunity to see a bear or a rabbit, or to just see the beauty of clouds in the sky. We miss the humility inherent in the understanding that grows through the realization that what we think of as certain is in fact transient and open to interpretation. In this way I liken the Western pursuit of certainty as something as impossible as grasping for clouds and expecting to be able to hold on. I have reflected on my own uncertainty about this methodology, my method, and my difficulty in staying open, cultivating negative capability or my capacity to be pregnant with the possibility and labour to bring it into existence. In terms of my difficulty pinning down exactly what I did I have thought about this in the context of the flux that is encountered in this way of working. In this way, I think my difficulty with staying open was connected with encountering the flux, and as Caputo says, “of staying with it, of having the courage for the flux” (p. 12).

### **Chapter Summary**

If the key to the hermeneutic approach is the engagement of the horizon of the researcher with the horizon of that which is being researched, allowing the researcher to delve deeply into some aspect or facet of human experience, then, in this case, the exploration of the therapist’s experience of working with the anorexic client, the method is fit for the task, since it has facilitated a rich and surprising expounding of such experiences.

In the preceding chapter I have outlined my methodology, hermeneutic/interpretive, and method, a literature review as well as discussing difficulties with the method and inclusion and exclusion criteria. In the following chapters I present a discussion of my findings.

## Chapter 3

### Trusting the Process

I have described in the previous chapter how often during this process a new idea or thought seemed to arrive, unbidden, as if my unconscious had been quietly working away on the material I was digesting. In this chapter I offer the reader further examples and set out how my thinking developed as the process unfurled.

Friends were kind enough to offer me and my partner a weekend at their bach right on the shore of Lake Rotoehu. One crisp, clear morning I went for a walk on the shore of the lake. The water was icy, despite it being summer. As I walked this in between space, feet bare, I was aware of hearing the water lapping on the shore, two worlds meeting. I was thinking about Smythe and colleagues' "leeway" or "space between structure and freedom" (2008, p. 1391). It occurred to me that this was a special space, there was something quite magical about this space between the structured, ordered certainty and solidity of the land and the freedom, randomness and unknowable elements of the water. It was here that the notion of absence as an important concept came to me. I had been trying to resist rushing to pin something down. I had been trying to stay open, and my conscious attempts to come up with the 'this' that 'this was all about' had thus far foundered. But *this* thought was different, it came as a sort of knowing that I could not explain, an intuitive leap that *this*, absence, was very important. It also helped me return to the literature and *re-view* in light of this new thought.

### Grace

Smythe and colleagues discuss Heidegger's notion of "graced moments" which he elaborated as a moment where "we feel ourselves belonging immediately to the direction in which we live" (Heidegger, in Smythe et al, 2008, p. 1396). It was like this with my thought about absence, I felt pulled towards it, it felt right, and I think this is Heidegger's sense of feeling our immediate belonging towards a particular direction. Smythe and Spence describe this as the "gift of grace...the act of handing over self to await the coming of a thought while at the same time being an active player in seeking new thoughts", (2012, p.19-20). This felt like one of those moments, I understood something in a new way and it felt intuitively right.

## Absence and The Whiteout

The idea that was growing inside me, the notion that began with this seed of absence, helped me to link together some of the themes that I was encountering in the literature. This notion cohered something of the therapist's encounter with the anorexic client and why this might be so daunting and difficult.

Boris (1984) writes that as the client talks about her anorexia she will inevitably become aware of the absence within her, and how anorexia has filled her, and consequently how difficult it will be to give up as "the absence becomes present" (p. 438). According to Boris, one difficulty with this client group is that they see their symptom as the solution, not the problem. In attempting to breach these defences, which Boris likens to a black hole, the therapist brings light to the gaping hole, to the absence. This is fraught with difficulty, since the client is so attached to her hunger, which Boris says obscures all other feeling, and the client tries to destroy the therapy.

I remembered a story by writer Parker J. Palmer who described how farmers on the Great Plains, at the first sign of a blizzard, "would run a rope from the back door out to the barn. They all knew stories of people who had wandered off and been frozen to death, having lost sight of home in a whiteout while still in their own backyards" (Palmer, 2004. p. 1).

When Winston (2009) describes the striking absence of feeling and of connection between therapist and client, this becomes another kind of absence that I link to the whiteout. Like Palmer's story, no-one has run the rope from the back door out to the barn, which leaves us wandering off, losing sight of home.

This reminded me of another poem, by William Stafford, about the thread;

*There's a thread you follow. It goes among  
things that change. But it doesn't change.  
People wonder about what you are pursuing.  
You have to explain about the thread.  
But it is hard for others to see.  
While you hold it you can't get lost.*

(Stafford, 1999)

This beautiful and evocative poem made me think about the role of the therapist in helping the anorexic client find her own thread that will allow her to connect, that she can hold on to so that she won't have such an intense fear of becoming lost in the blizzard of the whiteout.

It was interesting to contrast the imagery that whiteout and black hole bring to mind. They seem to be opposites, perhaps extremes, but both have emptiness and lack of life surrounding them. Both have something infinitely desolate about them. In the whiteout one can disappear without one's bearings, in the black hole there is nothing, no air, no time, no light, only an infinite void. Both seem frightening.

For Kadish (2013) anorexia is a type of psychic encapsulation and I thought about this as an absence, or a withdrawal from self. Absence comes from the root *ab* (away from) and *esse* (to be) so somehow she is away from her own being and this links to Bromberg's (2001) discussion of the dissociative nature of anorexia becoming another facet of this idea of absence.

### **An Objectless World**

Lawrence (2008) comments that with anorexic clients "one is often met with an overwhelming sense of emptiness and despair" adding that this is "an experience that both patient and therapist may prefer to avoid" (p. 33). She makes the case that therapies such as cognitive behavioural therapy might prove popular as a choice to treat this client group with precisely because they help avoid this overwhelming emptiness and despair. Lawrence also provides the metaphor of the whiteout after a client describes a dream to her where everything is painted white. Lawrence attributes this to her client's "objectless world" (p. 44), which reminded me of no man's land, bleak, barren, devoid of living things or hope. She suggests the anorexic client is seeking oneness, or merger, as Birksted-Breen (1989) also noted, and it is this oneness Lawrence describes as, "featureless...a barren landscape, a white room, an analyst without qualities" (p. 44).

I thought about this alongside Boris' (1984) idea that the client must make the therapist into a no-thing, which seems to fit with Lawrence's observation that the anorexic client pressures the therapist to be "entirely ineffective, either by way of being an extension of the patient herself or in some other way being rendered lifeless and helpless" (p. 47). Lawrence points out that all clients pressure the therapist to become the transference object in some way, but with anorexia she believes this pressure to be "very subtle and very powerful" (p. 48).

I found these lines from T. S. Eliot's *The Wasteland* particularly evocative in helping think more about this absence, and the futility in this encounter with the whiteout, or black hole.

*After the frosty silence in the gardens  
After the agony in stony places  
The shouting and the crying  
Prison and palace and reverberation...  
We who were living are now dying...*

And later;

*In this decayed hole among the mountains...  
Over the tumbled graves, about the chapel  
There is the empty chapel, only the wind's home.  
It has no windows, and the door swings,  
Dry bones can harm no one.*

(Eliot, 1922)

I thought about my experience with a particular client's frequent silences, how agonizing these had been at times. I would often find myself looking outside to the garden below us, as if I could somehow escape. Sometimes the moments of silence felt so intense it was as if I could feel her trying to rid herself of something that would then press into my head. This made me think about the intense pressure inside the black hole, pressures great enough to bend time and light. There was certainly agony and stony places for both of us. I think the shouting and crying goes on inside the client, inside her prison and palace, the shouting reverberates, continuing forever, like the whiteout, and this is perhaps something of what I could feel in the room. It was as if her silence signaled her absence powerfully, she had withdrawn from me in an obvious way, but in more subtle ways I thought I could feel her futility and desperation, and the ways in which she was absent from herself, and trying to communicate something of this to me. Winston (2009) suggests that the anorexic client "evacuates feeling into the therapist rather than sharing it" (p. 82).

The decayed hole in the mountains seems a dreadful place to wander lost, and the image of the desolate chapel where only the wind is home offers us no respite.

This illustrates Bromberg's (2001) suggestion that the anorexic client feels difficult because "they deprive a therapist of what he most counts on in order to sustain hope - a working relationship that will grow in depth and security as the work progresses" (p. 893). It is as if the empty chapel signifies this deprivation, this loss of hope. A place that should offer hope, comfort and security, just as relationship should, but not so for the anorexic, who has largely given up on human relatedness (Lawrence, 2008). Eliot's imagery of the *decayed hole*, *tumbled graves* and *dry bones* evoke the terror and desolation of no man's land where death is ever present and hope has long since been abandoned.

Bromberg (2001) suggests the usual give and take in a relationship is also absent, or at best minimal, with the anorexic client, which is like the whiteout again. When Lawrence (2008) comments she is to be rendered "lifeless and helpless" (p. 47) I think she is describing something of Winston's observation that he is the one who is to be left feeling "useless and as hungry as the patient", as his client "refuses to feed [him] with any real feeling" (2009, p. 79).

### **A Slight Departure and Re-thinking Direction**

I noticed during a supervision meeting that I had become quite preoccupied with the client's internal world, undoubtedly because this was a significant part of my attempts to make sense of my own experiences with this client group. At the same time I was also immersing myself in feminist psychoanalytic writers such as Susie Orbach and Kim Chernin. I had indicated to my supervisor my interest in feminism but in my early writing I could not seem to find ways to bring these two worlds together.

A clue as to a way forward came when I noticed I had a question over the impact of the therapist's gender on their relationship with the anorexic client, and their experience of that relationship. In a patriarchal society, where women are objectified, and the body is commodity (Dunlap, 1997, p. 84) I found myself noticing different approaches, different experiences, and different meaning making, depending on therapist gender.

For example, Steven Levenkron (2000) describes saying to a client that he will not respect her internal privacy or mental space, for she does "terrible things with that privacy" (p. 229) and that she will need to stop "pushing for space between [her]self and others", especially him (p. 229). He tackles, head-on, his client's terror of his intrusiveness, promising her that she can count on him *not* respecting her boundaries, but that unlike her mother he will not "suck all the air out of the room" (p. 229). One assumes she will have to take his word for it,

and that through experience of being respected by his not suffocating her or depriving her of air, she will come to trust, as he suggests, that others have something positive to offer her, that not all the food is spoiled. This is in stark contrast to Susan Wooley's (1991) descriptions of the careful dance she weaves around her anorexic patients in order to convey interest but never interference, care, but not control, warmth and intimacy but not intrusion. For her the therapist's behaviour must convey, "I have wanted you to have the freedom you needed in our relationship, but I am not afraid of you" (p. 261).

Both these therapists in their way show no fear, they are each strong, and won't be pushed around by the anorexia, however, they do this in startlingly different ways, a dialectic perhaps. Whilst Levenkron, as male, can immediately be 'father', penetrating, intrusive, dominant, forceful, Wooley, all too aware of her potential to become the "intrusive mother" (p. 259) hangs back, at great pains to be less intrusive, more tentative, more spacious. This might reflect the dialectic between structure and freedom with which I began this chapter. Levenkron bringing the more masculine element of structure, Wooley offering a more feminine element of freedom. Indeed, Wooley (1991) finds herself "constrained in the early phases of treatment to relinquish as much control as can safely be done and to absorb hostility" (p. 260). This reminded me of how females are socialized, how I myself have been socialized, by Western culture, to relinquish control, to absorb hostility. Eventually she concedes the client will need the opportunity to "identify with a strong woman" (p. 261), eventually Wooley "must include herself as a person with needs, giving her patient permission to do the same" (p. 261).

### **A Re-visioning Through a Feminist Lens**

I found myself asking what it was that was so difficult, so repellent, so shameful, about needs, both in a Western patriarchal context more broadly, but particularly for women. If, as Bordo (1997) suggests, psychopathology is the crystallization of culture, then what is it that has become crystallized in the anorexic? Might this be part of the therapist's experience of the anorexic client?

This became an important concept and I found myself re-reading, and re-writing much of what I had already produced. What I had noticed, in my process and in my response to the literature, would become a crucial aspect of my horizon. I am a woman living in a patriarchy, I understand that aspects of this play out, in and through my relationships to food, my body, men, and of course, other women. The importance and centrality of this idea became

apparent at a meeting with my supervisor where we discussed my writing. I had attempted an early chapter describing the therapist's experience, and she noted my focus on the client's internal object world, but more than this she helped me see my own *irritable reaching after fact and reason* in that much of my writing was centred around possible explanations as to how the anorexia had come to be. I felt this was a reasonable observation and an accurate reflection of what I had written. The difficulty came when she suggested that if that was what I wanted to write I could probably take out the feminism part, as it didn't really seem to fit.

I balked.

That was the part I had come to love, really love, about this research. I was relishing a new sense of purpose and direction, my renewed enthusiasm for the topic, this new way of thinking about a bigger picture, and I was not at all ready to relinquish these new thoughts in order to document the therapist's experience of the anorexic's internal landscape only.

### **A Meeting of Inner and Outer Worlds**

I began to understand that a critical feminist standpoint was informing and influencing my reading of the literature. This meant that over time when my findings all pointed to this barren internal landscape and the therapist's experience of this, I felt I needed to find a way to synthesize my other reading, of the feminist literature, with the psychodynamic literature. More so, I found myself angry that in much of the psychodynamic literature's exploration of the causes of anorexia there was a subtle, sometimes not-so-subtle, assertion that this was the mother's fault. Again and again I found myself writing about this barren inner landscape the therapist was encountering, and over and over I found new ways to make sense of phrases alluding to failures in the early environment, which I translated to mean a failure of mothering. There seemed to be a general consensus that a different mothering would have allowed a self to cohere without the scaffolding of anorexia.

Towards the later stages of writing, organizing and thinking I attempted to give consideration to material that featured an exploration of the underlying societal and cultural processes at work in terms of female development, and anorexia. I thought about how these might be brought to life in the consulting room when faced with the anorexic client, and, I wondered about whether the aspects of the experience I have uncovered in my research might be a part of a response to consumer culture, not just something that is solely

part of the experience of working with the anorexic client. I have thought about these as unconscious or underlying processes in that perhaps the individual can be seen as a microcosm of culture. Jonathan Fay (personal communication, May 27, 2015) suggested that culture is the public face of psyche, and psyche the private face of culture. This thought, along with Bordo's (1997) assertion that psychopathology is the crystallization of culture, would prove essential in my synthesis of these inner and outer worlds in the review process.

### **Emerging Structure - Intrapsychic to Intracultural**

My first attempt at creating order from the chaos that was this process was the collage or mind map (figure 2, p. 27, a larger version can be found in the appendix), in which I attempted to document and make sense of the areas of therapist experience I had uncovered. Typically these experiences were made up of intensely negative feelings stirred in the therapist such as hopelessness and despair (Boris, 1984; Bromberg, 2001; Babits, 2001; Gutwill, 1994); disappointment, frustration (which Gabbard suggests could reach the level of "despair and murderous rage" (2005, p. 364)) and fear; feeling intensely responsible for the client's wellbeing whilst at the same time feeling manipulated and discouraged (Birksted-Breen, 1989, Hamburg, 1999, Hughes, 1997).

Other writers discussed the inevitable dissociation of the therapist and the difficulties with staying present and engaged (for example Bromberg, 2001), and therapist and client engaged in a war over desire and longing (Boris, 1984; Bromberg, 2001) where the therapist experiences feeling "greedy, intemperate, enslaving" (Boris, 1984, p. 437). Others documented an encounter with absence (Boris, 1984; Winston, 2009) and the void (Emanuel, 2001), likening the anorexic state to that of an autistoid retreat or psychic encapsulation (Kadish, 2011; 2012a; 2012b; 2013) which perhaps goes some way to explain the seemingly common descriptions of "deadness in the therapeutic encounter" with the anorexic client (Winston, 2009, p. 83).

What became clear to me was that I *could* write a dissertation describing what I had found, I could, and did, explore more fully the themes in the list above, however, what I was reading kept leading me back to this idea of anorexia as a defence, which implied something to be defended against, and often it was suggested, either implicitly or explicitly, that this something was a mother, who was in some way misattuned, and that this difficulty with food was intrapsychic and relational. I had seen the thread between mother and daughter, like in the Jung quote with which I began this writing, and understood I could not leave the feminist

writings out of the picture and focus only on the internal world of the anorexic and the therapist's experience of this. To do so would have negated what was a missing piece for me, and I wanted to find a way to bring these inner and outer worlds together. To continue to try and make sense of and locate this difficulty purely intrapsychically seemed to perpetuate a system that has a part in shaping these mothers who would then themselves be *found wanting*, inadequate, failures. I suddenly understood, like the knowing that occurred around the notion of absence, that I needed to write about this aspect of my immersion in the literature. I wanted to find ways to make sense of an intrapsychic phenomenon in a wider sense that I have called the intracultural. I use the term intracultural to denote the pressures of the outside-in workings of socio-cultural influence and how culture becomes absorbed or projectively identified, and the impact of this on the psyche or internal landscape.

### **Defining the Text**

A crucial aspect of this part of the process was defining what would constitute text, which impacts on the hermeneutic process given that it is this 'text' that will be interpreted. I used my own impressions of my process when working with clients with anorexic, or my countertransference, and my interpretation of this, as well as psychodynamic literature that gave consideration to the underlying dynamics of the therapist-client relationship, and in particular to writings considering anorexia and its impact on this process. However, I also considered feminist writings as text, and in particular the discourse or notion of the body as text or inscribed surface (Malson and Burns, 2009).



**Figure 4** Body as text

Many pro-Anorexia websites use this metaphor more literally and a large number of images can be found on-line depicting the written word on the body as in the image above (Untitled, n.d.). These images became powerful prompts for my thinking about the body as text and the ways in which I could read that text, and interpret it, as part of the hermeneutic process.

### **A Shell and Missing Parts**

Through my reading I had come across the idea of the carapace (Winston, 2009), which is a shell. Indeed when I look back at my first attempt to organize the data (see figure 2, p. 27, larger image in appendix) the carapace is at the centre. For me it has come to represent the therapist being kept out, and I believe it is an important factor in the difficulty the therapist faces in establishing an alliance with the anorexic client (for example, Winston, 2009; Willner, 2002). It also represents the client's need for protection.

The other notion I came across was the notion of a division within the self. In the creative mind-map this is represented by an image of the holothurian, which is a sea creature that can divide itself when under attack. For me this has come to represent the split off or missing parts of the psyche or self, which several writers have variously identified as dissociation (Bromberg, 2001), absence (Boris, 1984; Winston, 2009), or psychic encapsulation (Kadish, 2011). Both these concepts seemed to help me understand something important about my experience of working with the anorexic client and they also provided some coherence for my thinking in terms of my working with the data. I use both of these concepts as metaphors to help me think about and give structure to my writing, thinking and organizing process.

### **Chapter Summary**

I have described in detail my process of working with the material, and how this has been intuitive, a lesson in humility (Caputo, 1987). I have tried to show something of my attempts to grapple with negative capability, or as I have now come to think about it, to be pregnant with possibility. This pregnancy requires a labour, and a birthing into being. I have also described how my initial focus, the inner landscape of the anorexic client, and the therapist's experience of this was challenged by my desire to explore the impact of a patriarchal, consumer culture on female development. My decision to include this aspect of my reading radically altered my direction. I believe it has allowed me to produce writing that more fully captures my horizon, that more fully references my standpoint as a woman in a patriarchal

culture. I have introduced the term intracultural, which I have used to represent the forces of inculturation, or the introjection of cultural norms.

The following two chapters offer a more detailed analysis of these concepts, the carapace and the holothurian, as they relate to my interpretation of the literature.

## Chapter 4

### The Carapace



Figure 5 Audiam

*Client: I thought if I could keep it small I could keep it safe...its like being in a shell, safe and protected...*

*Me: Safe but... lonely?*

*Client: Yes... terribly lonely*

(Excerpt from clinical work, with permission)

*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.*

Diary entry of a client with anorexia (Austin, 2009, p. 183).

## **Skin, Scaffolding and Shell**

In researching the therapist's experience of the anorexic client I was struck by the repeated metaphor of a shell or exoskeleton. Perhaps in choosing this aspect of the therapist's encounter with the anorexic client I am paralleling something of this client group - scaffolding my research around this notion of a shell or exoskeleton.

Willner (2002) likens the anorexic defence to an impregnable boundary, a form of defensive armour plating, skin or carapace. This is reminiscent of Bick's (1968) work on skin, and the cohesion it offers, as well as the necessity of second skin defences, to prevent "falling to pieces and liquefying" (p. 66) should the skin as primary container fail. Perhaps this runs counter to Boris's comment that "the anorexic lives, as it were, without a skin" (1984, p. 436) but ultimately I suspect he would agree that this exoskeleton, or second skin comes into existence as a protective necessity. When a client described to me her own sense of her shell, that she had created to keep herself small and safe, that was now severely limiting her life and keeping her isolated, I was reminded of Bruch's metaphor of anorexia as a golden cage (1978/2001).

It seemed to me that this creation, this shell or carapace would be a feature of this client group that would almost certainly contribute to a difficulty in forming a therapeutic engagement. I wanted to use this idea to 'scaffold' some of the concepts and themes from the literature.

## **The Carapace**

A carapace is a shell, the sort that tortoises, turtles, crabs, lobsters, and some spiders have. It is hard, calcified (perhaps the anorexic too is calcified, frozen in time, like sleeping beauty), protecting the soft (under-developed) parts underneath. For me this has proven to be such a rich description of the function of anorexia. In the quote above a client describes her anorexia as a shell that protects her but also keeps her isolated. Another client describes her anorexia as an impenetrable, titanium wall, another as a heavy suit of armour she would like to be able to take off, another dreams of a wheelchair she cannot get out of before the time is right.

Through my experience in my clinical work with anorexic clients, and through this research I have come to think about anorexia as a kind of scaffolding for the self, perhaps even in place of a self. The rigidity and protectiveness it offers seem akin to a sort of shell or carapace, without which the anorexic client would be too exposed, too vulnerable, much like the interviewee's in Beresin, Gordon and Herzog's research (1989), who describe walking around

in the world without a skin. Winston (2009) suggests anorexia works like a “psychological exoskeleton, in place of the ‘endoskeleton’ which the ego normally provides” (p. 78).

### **Holding Oneself Together**

The anorexic *part* provides something coherent, a way to manage the looming dis-integration or chaos (falling to pieces, Bick, 1968; falling forever, Winnicott, 1956/1975), which perhaps stems from some difficulty with containment in the early environment. However, I might also see this as a difficulty with what I see as the feminine principle of allowing the pregnancy of possibility (negative capability) or the gestation of uncertainty, for the anorexic seeks certainty, logic, order. It is interesting to note that the anorexic’s literal possibility of pregnancy diminishes with each kilo lost. It is as if anorexia provides a way of “going on being” (Winnicott, 1956, p. 303). If *mother*<sup>3</sup> was unable to sufficiently “feel herself into the infant’s place” (p. 304) for an internal holding environment to be garnered (Ogden, 2004) then the external holding, the exoskeleton becomes necessary. Speculation about the undoubtedly multifaceted causes of anorexia are beyond the scope of this dissertation, however, crucially, in asking the client to relinquish this self-structure, the therapist is asking her to destroy her only self, to dismantle her self. Perhaps fearing complete annihilation, or dissolution, the anorexic clings even more fiercely to her scaffolding. It is reasonable to assume that one of the difficulties in forming a therapeutic alliance is that these clients are extremely attached to the protection anorexia affords, just as the crab is attached to the shell protecting its very real vulnerability. Without the carapace, the organism dies.

### **The Anorexic Monster**

The image of the woman (*figure 5*, above) shows her turned away from the viewer, her face obscured with a shell-like structure. Another image (*figure 6*, below) from the same series, again the woman’s face is obscured by some sort of bony, carapace structure. These images are included because they stirred in me a particular repulsion, I found them quite disturbing. I was looking for images to show the carapace and found these images, part of a series called Carapace (MHOX Design, n.d.).

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<sup>3</sup> I want to acknowledge my reluctance to use the term *mother*, I do so merely because of the socio-cultural convention that mothers are primary caregivers. I also want to acknowledge that I agree with Chodorow (1999) that until there is a shift in this convention we will continue to see the devaluation of typically feminine (caregiving) roles.



**Figure 6** *Collagene*

Similarly, Giacometti's *Grande Femme* (*figure 7*, below, image by Bayer, 2013) portrays something antithetical about womanliness, an absence of obvious feminine features, yet how often have I poured over, and aspired to emulate, similarly shaped women in popular magazines?



**Figure 7** Giacometti's *Grande Femme*

I came across these images whilst looking for images to illustrate Austin's "monstrous anorexic" (2009, p. 61). These spoke to me in a way that seemed to be a graphic demonstration of what is so monstrous, or repulsive, as did some of the images of women

proudly displaying bones and loose skin hanging from bones where, I reflected softer, more fleshy curves might have been more welcoming, less repellant (*figures 8 & 9, below*).



**Figure 8 Anorexic monster?**

This image (*figure 8, Untitled, 2013*) shows a perhaps provocative, inviting pose, seductive even, but I did not feel welcome or seduced, antipathy and aversion were my main responses, I wanted to look away. The image is posted on a website called MyProAna.com which claims to be dedicated to the support and recovery of those with eating disorders, however it appears on a page entitled “Thinspiration - Zero will be perfection”, the username of the person who posted the image is recorded as “skinnyhasnolimits” (MyProAna, 2015).



**Figure 9 Fashion promoting anorexia**

Whilst this image (*figure 9, Untitled, n.d.*) is reminiscent of Giacommetti's bronze sculpture. Protruding bones are a common enough sight in the pages of a fashion magazine or in a fashion show, here ribs are visible where breast might have been.

Wooley (1991) describes how she is often "baffled and stung by the rejection of [her] care" (p. 258). She adds that, "[v]iewed solely by the standards of female development, [the anorexic] is a monster" (p. 258). Wooley also understands that there will be moments in the therapy when she will "recoil" from her anorexic clients, just as these clients will recoil from the monster they see in her and "the bodily changes that threaten to make her like [the therapist]" (p. 258). I too recoiled from the images of the carapace covered faces and noticed that in the first the face is turned away from the viewer, we are rejected, left out. In the second image from the Carapace series the mouth is covered and the eyes obscured. In her silence and in the obstruction of her gaze the viewer is denied access again. The windows to the soul are shuttered off. The message is one of impervious 'no entry' as Willner (2002) suggests, rather than a welcoming, soft, fleshy, nurturing embrace.

### **Anorexia as Paradox - Going Against the Grain**

Austin (2009) assumes that this monstrousness is a reflection of the client's "ruthless, hateful, rejecting fury" (p. 63), such as that expressed in the diary entry quoted above, which in the therapy is directed towards the therapist, but I feel that with this conclusion, Austin misses the other possible permutation of this suggestion. That in rejecting the female virtue of caring, in refusing to be capable of or interested in caring for others, or in fostering relationship, in being concerned solely with her own being, the anorexic is a monster because she rejects the gender role Western culture has tried, unsuccessfully, to force upon her. In the anorexic's hatred of her female form, her refusal to have breasts to nurture another, to have soft curves within which to enfold ourselves when we are hurting, she rebels against the role set before her sex.

Belotti (1976), picking up the monstrous theme, captured this when she wrote "[i]f a little girl is unkind to smaller children she seems monstrously wicked to us but we expect a boy to ill-treat them rather than cuddle or kiss them" (p. 69).

Austin (2009) agrees that "disavowal of aggressive energies is a crucial aspect of the performance of recognizable female identity" (p. 64) suggesting that the recycling of aggression is key to recovery, however she then proceeds to locate this difficulty purely intrapsychically, as one of intense self-hatred, missing, in my opinion, the wider cultural milieu.

Eichenbaum and Orbach (1992) present the social expectations passed on, unconsciously, from mother to daughter thus;

*Don't be emotionally dependent; don't expect the emotional care and attention you want; learn to stand on your own two feet emotionally. Don't expect too much independence; don't expect too much from a man; don't be too wild; don't expect a life much different from mine; learn to accommodate.* (p. 43)

In adopting a position inside the shell of anorexia then, it could be argued that the anorexic client is doing exactly this, depending on nothing (not even food) and no-one outside of herself. She has understood the powerful, implicit societal message, for women accommodation is everything, hence her retreat into the carapace. She appears to expect no emotional care, for as Bromberg (1991) suggests she has long ago given up on the notion of safety in relationship or mutuality. In this way she presents us with something of a paradox, we may indeed have encountered a monster, refusing as she does to embody feminine archetypal ideals, refusing to care, nurture, procreate or suckle her young, but I believe we are also encountering her identification with the masculine/Western ideals of independence, control, autonomy, structure and so on.

### **The Postmodern Body**

In their description of the Carapace images (*figures 5 & 6*) and the products they represent the designers write;

*Carapace is a possible evolution of the human body in which rigid elements similar to crustaceans' and insects' exoskeletons integrate and transform sensory districts: eyes, ears, nose, mouth. The masks collection Carapace is inspired by this vision: fossils of a possible future, once worn these objects blur the limit between natural extension and artificial prosthesis*

(MHOX Design, n.d.)

This reminded me of Malson and Burns' (2009) discussion of the postmodern body, "not as natural, 'active' or lived-in, but as plastic images requiring constant maintenance and 'enhancement' in the pursuit of a certain look" (p. 139). It interested me that these women's faces were obscured, *de-faced* perhaps, to sell a product, and that that product was described as "rigid", "fossil", an "artificial prosthesis", similar to how I have come, through this research, to think about anorexia. That this obfuscation was considered a "possible evolution", a "possible future", and something to be aspired to, as though the body's own "sensory districts" are somehow inadequate seems to demonstrate Malson and Burns' point in both body as plastic image as well as the idea that the natural body actually requires "constant

maintenance and 'enhancement'" (p. 139). The objectification of the woman's body to sell products is, of course, as old as the craft of advertising itself.

Foucault (1979) described the political and disciplinary processes that act to coerce the body, he refers to the creation of "docile bodies" (p. 138). Foucault uses the metaphor of the Panopticon, a prison structure whose circular structure allows each occupant to be overlooked by a single guard and the ensuing "state of conscious and permanent visibility that assures the automatic functioning of power" (p. 228), that is compliance of those observed and subjugated. The Panopticon for me is reminiscent of the No Man's Land fort towering above the sea, with a 360-degree view nothing can escape its subjugating gaze. However Foucault assumes that the female and male bodies are equal in this respect, and his focus is on the disciplinary practices in the armed forces, prisons and such like. He does not take into account how disciplined a woman's body has become, subject as she is to "conscious and permanent visibility" through objectification.

Bartky (1988) takes up this argument suggesting that there are three main ways in which women's bodies are disciplined, these are the production of a body of a certain size and shape, the demand that these bodies conform to certain "gestures, postures, and movements" (p. 27) and those that dictate the "display of this body as an ornamented surface" (p. 27). She goes on to describe how "massiveness, power, or abundance in a woman's body is met with distaste" (p. 28) and how women are "forbidden to become large or massive" and must instead "take up as little space as possible" (p. 35) and the importance of understanding this in the context of what she calls "the modernization of patriarchal domination" (p. 28). Bartky suggests that eventually the occupant of the Panopticon, understanding that they can be observed at any time, "takes over the job of policing [her]self" (p. 41) in how she monitors her weight, feels fat or repeatedly checks her hair and make up (p. 42).

In the process of writing, reading and immersing myself in this research I paid particular attention to my dreams. One in particular stands out in relation to the idea of the shell or carapace. In the dream I was able to put on a giant metal suit or armour that was sort of hydraulic and made me extremely powerful and strong. On reflection I thought of this as a type of exoskeleton. The picture I have of this exoskeleton from my memory of that dream is a suit of the sort that Sigourney Weaver dons in the Aliens film and I include an image of this below to jog the reader's memory.

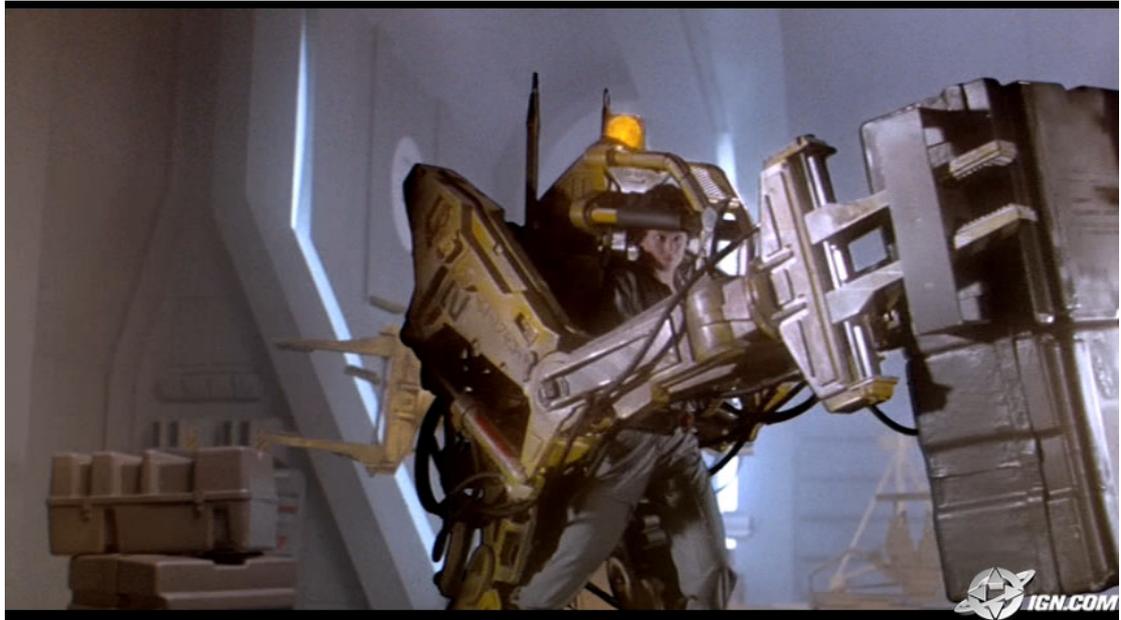


Figure 10 'Exoskeleton'

The feeling I had in the dream was of invulnerability (literally unable to be wounded). The difficulty I had in the dream was that I found it hard to know where my 'edges' were and I kept either stepping on people's feet, unintentionally pushing people out of the way, or accidentally hurting them with all these sharp, hard edges. Whilst it felt magnificent to be so powerful and strong, I imagine it would lead to a lonely existence, given my ability to interact with others was, at best, incredibly clumsy. This dream helped me understand how with this armour I might violate Foucault's societal disciplinary techniques which seek to "restrain the freedom of the female body" and are aimed at "regulation of the body's size and contours, its appetite, posture, gesture, and general comportment in space" (Bartky, 1998).

### **The Body as Text**

I became interested in Austin's (2009) and Wooley's (1991) comments as to their experience of the anorexic's monstrosity. I was intrigued by the reference to this in holding the anorexic to "the standards of female development" (Wooley, 1991, p. 258). I wondered if the therapist, in their encounter with the anorexic client was actually encountering a larger dynamic at work, namely something connected with the split between mind and body, masculine and feminine, thinking and feeling, order and chaos, god and devil, holy and impure (Bordo, 1993/2004). Bordo (1993/2004) describes women's bodies as text, and Bartky (1998) echoes this, urging the importance of learning to "read the cultural messages we inscribe on [our bodies] daily" (p. 44) which I feel invites a hermeneutic approach. Bordo's reading of this text is that in anorexia we see the value of "virile mastery of desire through constant spiritual

combat” (1993/2004, p. 198), reflective of a dualistic worldview. The axis of consumption is gender overlaid with this hierarchical dualism, suggests Bordo, thus producer and consumer reflect masterful ‘male’ will over a “dangerous, appetitive, bodily ‘female’ principle” (p. 212).

So it is interesting to me that a number of the male therapist’s writing about anorexia categorise it as a difficulty in regulating desire (for example Bromberg, 1991; Boris, 1984).

### **A Good Woman Takes Less (or Keeping Desire in Check)**

Paradoxically, going without food and being self-sacrificing are considered female values. As women we actually train our daughters to suppress their own needs (Orbach, 1986/1993), women are encouraged to accept the “deprivation model” where the “good woman is able to survive on less nourishment than she really needs” (Kearney-Cook, 1991, p. 299). Thus it is not as straightforward as the anorexic identifying with (Western) masculine values (such as independence, autonomy, control, logic, mastery of mind over body and so on). Bordo (1993/2004) has also equated denial of physical hunger with mastery over or rejection of desire, and suggests that this is because women (Western women) are socialized to be ashamed of their needs. She writes;

*[The] situation is one in which a constellation of social, economic, and psychological factors have combined to produce a generation of women who feel deeply flawed, ashamed of their needs, and not entitled to exist unless they transform themselves into worthy new selves (p. 47)*

Belotti’s (1976) research speaks to this socialization process at work, she found female infants were held less, and were breastfed for shorter periods, both in terms of length of individual feeds and being weaned earlier than male infants. In a discussion on the construction of femininity Eichenbaum and Orbach (1992) note that “[m]others and daughters share a gender identity, a social role, and social expectations. They are both second-class citizens within a patriarchal culture and the family” (p. 37), adding that “[m]other, whether she is consciously aware of it or not, must also prepare her daughter to take her place in society as a second-class citizen” (p. 41).

The mother, writes Burka (1996), is overflowing with her own projections, preoccupied as she is with the “cultural body” and the influence of current cultural meanings readily attributed to the body’s appearance (also Daly, 2014).

In considering the therapist's experience of the anorexic client part of my own experience has been an encounter with my own needs. As Boris (1984) suggests, it is not the client who needs, her needs are projected onto and into, the therapist. It is the therapist who wants something from her, the client seeks to "cure herself of wanting, more precisely of being found wanting" (Boris, 1991, p. 435), in both senses. For me this meant noticing my own desires, to have this person eat, recover, get better, but more broadly, it meant noticing how, as a woman in a Western culture, I have suppressed my desires and longings, raised in a patriarchy where self-sacrifice has been held up as the highest virtue of femininity. I too am subject to the bombardment, and seduction, of advertising, that whilst I can 'have it all', ostensibly because "I'm worth it" (to quote a well known tag-line), I must also learn to curb these desires, lest I be seen as selfish or greedy, or worse, get fat, which would surely be condemning proof of my out of control greed. In the therapy room then, when Bromberg (1991) describes the therapy with the anorexic client as a "struggle over who shall hold the desire" (p. 891) I think this is something of what he is describing, and perhaps is even more pertinent to a female therapist, who is also conditioned to deny and suppress her desire. I think of this as part of the 'text', that we can 'read', inscribed on women's bodies (Malson and Burns, 2009).

### **Who's Afraid of Female Potency?**

If I might return for a moment to the shell idea or the exoskeleton, and my dream, it is interesting to note that, according to Ehrlich, writing for Rolling Stone magazine, the main character in the Alien series (who would be played by Sigourney Weaver, *figure 9*) was "written as a man but cast as a woman...the Alien conflict was a cinematic drag act who's gender was largely irrelevant to the conflict at hand" even though the sequel would move "away from androgyny [with] the introduction of [a daughter] effectively transforming Ripley into a maternal figure" (Ehrlich, 2015).

What fascinated me about this comment was, not only my inner identification with this powerful character, evidenced in my dream where I 'suit up' like Weaver's character, but the fact that the heroines available to women through popular culture are either masculinized to the point of androgyny, as the comment above suggests, needing to be salvaged by the introduction of a child or someone in need of care, or hyper-sexualised (think Pamela Anderson in Barb Wire or Angelina Jolie in Salt, Wanted or Tomb Raider). Was it necessary to redeem Ripley, transforming her into a maternal figure to avoid her becoming monstrous when viewed "solely by the standards of female development", like Wooley's monstrous anorexic (1991, p. 258)?

Much of my reading, and initially my writing, focused on developmental aspects of anorexia. No doubt this is because I was immersed in therapists' interpretations of their experiences, and this involves a good deal of theoretical speculation, particularly in coming to grips with the "enormous pressure that [this type of] patient's behaviour imposes" (Lawrence, 2008, p. 98) on the therapist.

In focusing on making sense of and locating causative factors, perhaps I had become engaged in a parallel process, whereby I could fend off my own discomfort and difficulty existing alongside something as fundamentally overwhelming as the gulf between my (Western) culture's valuing of masculine developmental goals (independence for example), and utter disavowal of feminine developmental goals (connectedness and interdependence, for example) (Chodorow, 1999; Gilligan, 1984; Steiner-Adair, 1991). For me there is something vital here in Keats' proposition of negative capability. I have said that I associate this with a feminine principle, the notion of being pregnant with possibility, that we might allow something uncertain to live inside us, to gestate and then to be able to surrender to the hard labour of birthing it, that this is intuitive and does not reside within a logical, positivistic frame. I see this as the masculine and feminine in our culture, and how this is out of balance when we deny or devalue ways of being that incline more towards a feminine principle. Where is the valuing of this way of being? My answer would be that this is what psychotherapy provides, as Voller (2010) has suggested. However, how much pressure is psychotherapy under, as a discipline, to fall into line with more positivistic, evidence-based practice and manualised models of care?

Chernin (1994) asks of the famous anorexic, Ellen West, "what does her culture offer her by way of an image through which, as a woman, she can find greatness or success in the world?" (p. 169). Chernin adds, "this girl is longing to step meaningfully into life" describing West's conflict as one of "longing to act within a world that does not allow action to women" (p. 170). Her analysts diagnosed anal-erotism, and later melancholia, even a progressive schizophrenic psychosis (Chernin, 1994) but were unable to help her make sense of what West herself already knew, that somehow her longing and desire, and her context, a woman imprisoned by the constraints imposed on her by 'society', were at the heart of her eating difficulty. West committed suicide at the age of 33. She wrote in her diary, "I am in prison and cannot get out. It does no good for the analyst to tell me that I myself place the armed men there, that they are theatrical figments and not real. TO ME THEY ARE VERY REAL" (in Chernin, 1994, p. 177). It is this prison that West describes that I liken to the shell or carapace. It begins as a retreat

(Kadish, 2011), a place of safety that eventually becomes calcified, not growing with her, ultimately killing her.

The idea of West's longing is an important one, not only because as Bromberg points out, in the therapy there will be a battle over who holds the desire or longing, but also because as West wrote in her diary, "[p]erhaps I would find liberation if I could solve this puzzle: the connection between eating and longing" (in Chernin, 1994, p. 175). How will the therapist, working in a Western cultural setting, tackle the difficulty of longing and desire, living as we do in a context that prizes control over appetite, mind over body, abstinence over indulgence, thin over fat?

It might be arguable that we inhabit a different world from Ellen West who was born before the beginning of the 20<sup>th</sup> century when the oppression of women was evident everywhere, no vote, no education, no rights to their children or ability to inherit property and so on. At that time women were more like chattels than individual, free citizens but we do live with the legacy of a psychodynamic theory that sprung out of a patriarchy and I believe it is important the therapist working with eating disorders is aware of the intracultural context, not just the intrapsychic one. This means understanding how culture is absorbed, and how it becomes crystallized in what we think of as psychopathology.

### **Idealization of the Masculine**

Kearney-Cook (1991) writes that the idealization of the masculine in Western culture, which, she adds, is reflected in and reinforced by Freud's concept of penis envy and women as thereby biologically inferior to men (as well as having competition as a central organising theme) has led to the "devaluation of women's capacity to form relationships, to empathise, and to cooperate...often regarded as weaknesses in our society and signs of a woman's inability to function on their own" (p. 300). I would add that this issue is present in every psychology textbook that places nurturing squarely in the domain of women, and therefore responsibility for all that goes awry within the 'family', whilst subtly devaluing the capacity for nurturing and connectedness (i.e. it does not reflect the ultimate goals of independence and individualism). As Eichenbaum and Orbach (1992) suggest, "[t]he consequence of being raised as a daughter in a patriarchal society is that women see themselves as inferior" (p. 29). And of course, I find myself largely devalued, as a woman, through psychodynamic theory because Freud saw the world through "patriarchal spectacles" resulting in a female inadequacy as the starting point for Freudian theory (Eichenbaum and Orbach, 1992, p. 28).

As a woman, am I willing to accept Western society's prescribed values of independence and individuation/individualism, especially coming hand-in-hand as they do with a shaming of, or rejection of my needs for interdependence, connection, mutual engagement and reciprocity? (Gilligan, 1982). As in the dream, when I put on the suit of armour I trample on my relationships with those closest to me in order to be strong, independent, autonomous and powerful. To reclaim my potency must I become more masculine or is there a possibility for me to find potency in the feminine?



**Figure 11 Venus of Willendorf**

I particularly enjoy images such as this one (figure 11) of the Venus of Willendorf, an early sculpture of a woman's body that dates back to 28000-25000 BC. It fascinated me to contrast the idealized woman's body back then, prehistory with what we worship and aspire to now. Of course it may simply be that this early sculpture shows how women's bodies have always been idealized or objectified, just that the form has changed, but to me this indicates a time when women were venerated for the qualities of femininity, for their capacity to bring life, and for their connection to the mysteries of the cycle of life and death. This is an image of female potency. Her large, swollen breasts meet her round belly, she has strong, thick thighs and the labia, entrance to the womb, where all human life is begun and nurtured, are visible. Her arms might be behind her, perhaps because she needs no weapon, she is strong, powerful and

potent. Her face is obscured, but unlike the images in the Carapace series (figures 5 & 6) this is not because her face needs to be hidden, but because she represents every-woman - and her facial beauty is meaningless. It is her potency that is important. I am left in awe, at the size of her body, at the value placed in her, enough to represent her, to immortalize her. But not for her beauty, she is not a Mona Lisa, prized for the serenity of her features and a suggestive half-smile, her sexuality needs no metaphor, like the clamshell in the Birth of Venus. She is immortalized for her raw potency.

### **The Tyranny of Nice and Kind (OR What Are Little Girls Made of?)**

For Steiner-Adair, the experience of the anorexic client has forced her to consider what is a “genuinely nourishing relationship in the context of therapy” (1991, p. 225). She points out that in a model of therapy that has traditionally valued “distance and objectivity” (also a reflection of traditional, Western scientific/positivistic thought), she has had to consider how she integrates connection, lest she risk perpetuating the “‘tyranny of nice and kind’ by remaining distant behind ‘neutrality’ or ‘objectivity’” (p. 229).

Again, Steiner-Adair’s comment about the tyranny of nice and kind forces me to question where women in a Western context (and increasingly perhaps even globally as our consumer culture spreads to the rest of the world) ‘get’ their ideas about power, potency and their capacity to act in and on the world. If I grow up in a culture that both idealises and devalues care in women (Steiner-Adair, 1991) then I too am caught up in the tyranny of nice and kind, I must be nice and kind, however, there is no potency to be found in maintaining this one-sidedness, this illusion of niceness and kindness. Indeed I have found this to be true for me. It has taken many years for me to find sufficient voice to disagree with others and to be able to tolerate the imagined consequences of such disagreement. At the same time my valuing of relationship is subtly and more overtly devalued (where are the movie heroines depicted caring, mothering and nurturing?).

As a female therapist, working with women with eating disorders, and these clients are overwhelmingly predominantly female, it is vital that I can grapple with this particular aspect of my encounter with the anorexic client. As Steiner-Adair (1991) suggests, just as her anorexic patients have difficulty in expressing feelings of care or connection, so too has she in expressing her own feelings of tenderness, care and connection, given that more traditional psychoanalytic thought has tended to portray strong, compassionate feelings “in a pathological light of either fusion or gratification or seduction” (p. 233). Gilligan (1984) points

out that the language of psychoanalysis, particularly in terms of objects, has created “a landscape of love unparalleled in its depersonalization” (p. 91). If the therapist’s care for the patient is only “associated only with mothering, which in itself is cast in a regressive light” (Steiner-Adair, 1991, p. 234) it is easy to perpetuate, in the encounter with the anorexic client, a continuation of society’s devaluation of connection, closeness and interdependence. The risk is, particularly for the female therapist, that she remains in her own shell offering a therapy that prescribes to objectivity, with a focus on not gratifying the patient. Of course there is also the counterargument that the capacities for caring and the valuing of connection are culturally induced, and are therefore imposed aspects of self, rather than innate gender differences per se.

Steiner-Adair (1991) describes how her experiences with eating disordered patients have made her re-evaluate *how* she is as a therapist. This has led her to question a development model that has as its ultimate goal separation and individuation, and whether this is appropriate for women, but also how she uses her countertransference. In feeling more able to express caring feelings, and further in translating the ‘text’ inscribed on women’s bodies as eating disorder symptoms as “expressions of a body politic rather than a body pathological” (p. 241) she shows how these symptoms become “a statement about the enormous difficulty of growing up female in the current culture, which casts out that which is central to female development and human nature” where moral failures are failures of responding to attachment (p. 241).

With this in mind I wondered about the difference in responses to the anorexic client between male and female therapists. As I have mentioned, both Boris (1984) and Bromberg (1991) make significant the anorexic’s denial of desire and the projection of this into the therapist. Boris (1984) suggests it is the therapist who must be made to want, to desire, that the patient eat/change/grow for example, which perhaps identifies some of the source of frustration so many writers identify as part of their experience of the anorexic client (Birksted-Breen, 1989; Boris, 1984; Cohler, 1977; Crisp, 1995; Hughes, 1997; Willner, 2002; and Winston, 2009). More broadly speaking however perhaps it is possibly also a reflection of the cultural pressure to control desire, as Bordo (1993) suggests with her notion of hierarchical dualism where control over the body is synonymous with the highest developmental strivings.

I have paid particular attention to this issue because in identifying women as anorexic, or not, it appears I have made the assumption that women who are anorexic are not like ‘normal’ women, when this is in fact no longer the case for me. Certainly much of the literature I have

come across helped to steer me in that direction, women with anorexia are presented as having a pathological core, the result of some failure in mothering (the irony), in which they have lost, or have never developed, a capacity for human relatedness. However, through my work over the last two years in an eating disorders service, and through this research, I have come to think about this in a very different light. I can no longer see the pathology residing in my client with anorexia as *only* her pathology, but must now see it in the light of a cultural system that has at its centre a terrible double bind which I believe impacts on the growth and development of all women, be they therapist or client.

The disavowal of need and desire is not merely intrapsychic, but intracultural, and intergenerational. One difficulty for the therapist treating the anorexic client then is this encounter with the shell. She is, to all intents and purposes, walled off, safe but isolated. The therapist must realise that the 'give and take' (of a relationship) cannot, nor will not, exist for a long time because her psyche is shaped by trauma and dissociation (Bromberg, 1991), however, unlike Bromberg, I would argue that this trauma is not merely intrafamilial, intrapsychic, or interpersonal, but intracultural and intergenerational.

### **Chapter Summary**

Through this research I have come to see a central aspect of the therapist's experience with the anorexic client as this encounter with the shell or carapace and I have explored these as metaphors in this chapter. This has presented me with the opportunity to examine my own shell and I trust, like Gilligan (1984) and Steiner-Adair (1991) I will allow this to work on and in me so that I can develop and grow as a woman, and therapist, in ways that will facilitate the growth of my clients. We do not stand outside out culture, therefore I do not believe that an exploration of the therapist's experience of the anorexic client would have been complete without an examination of some of the cultural forces that shape (or disfigure) female development. In the next chapter I explore another feature of the therapist's experience of the anorexic client, which I have called the holothurian.

## Chapter 5

### The Holothurian



Figure 12 *Discodoris lilacina* - a sea cucumber or holothurian

The image above is a creature called *Discodoris lilacina* (Rudman, 1993). It is a type of sea cucumber or holothurian. These creatures are characterised by their ability to autotomize, that is, to split off part of themselves, usually as a defence mechanism, to elude or distract a predator, thereby allowing escape. Autotomy is from the Greek, auto (self) and tome (severing). Interestingly this creature is also known as *Discodoris fragilis*, fragile perhaps in its potential to break apart, but I believe strong in its determination to survive, even through the violence of severing and sacrificing part of itself. I invite you to read the poem below, which I include to capture something more of this notion and its relation to the split off parts of the self that we hide or deny in order to fight another day, and how these might be experienced in the encounter with the anorexic client.

***Autotomy***<sup>4</sup>

In danger the holothurian<sup>5</sup> splits itself in two:  
it offers one self to be devoured by the world  
and in its second self escapes.

Violently it divides itself into a doom and a salvation,  
into a penalty and a recompense, into what was and what will be.

In the middle of the holothurian's body a chasm opens  
and its edges immediately become alien to each other.

On the one edge, death, on the other, life.  
Here despair, there, hope.

If there is a balance, the scales do not move.  
If there is justice, here it is.

To die as much as necessary, without overstepping the bounds.  
To grow again from a salvaged remnant.

We, too, know how to split ourselves  
but only into the flesh and a broken whisper.

Into the flesh and poetry.  
On one side the throat, on the other, laughter,  
slight, quickly calming down.

Here a heavy heart, there *non omnis moriar*<sup>6</sup>,  
three little words only, like three little plumes ascending.

The chasm doesn't split us.  
A chasm surrounds us.

Wisława Szymborska (1984)

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<sup>4</sup> Biology - autotomy denotes the capacity of a living thing to give up wholeness in order to survive, like self-amputation

<sup>5</sup> a type of sea cucumber

<sup>6</sup> I shall not wholly die

## **Autotomy**

I came across a part of the beautiful and evocative poem above quoted in a paper by Bromberg (2001) and sought out the poem in its entirety. The full poem, *Autotomy*, by Polish winner of the Nobel Prize for literature, Wislawa Szymborska, hauntingly captures the capacity of a living creature, in this case, a sea creature called a holothurian, to split off a part of itself when faced with a life-threatening attack by a predator.

Bromberg uses part of the poem to illustrate the function and efficacy of a dissociative defence, when, in the face of psychological threat, self-continuity is threatened, and the psyche carves off a part, in order to preserve the remainder. The anorexic, like the holothurian, “gives up wholeness in order to preserve life” (Bromberg, 2001, p. 897) - this is the meaning of the biological term from which the poem takes its title. As a perhaps interesting aside I had seen the poem entitled “Autonomy” in an online version, and I spent some time marveling at this potentially very different definition of one of the major developmental goals of Western culture. I pondered the implications of this alternative. Just as the anorexic on some level understands she must sacrifice wholeness to survive, were all women in Western culture in some ways striving to give up their ‘wholeness’, for example our valuing of connection and interdependence as Gilligan suggests, in order to survive in Western culture? Of course I eventually came to realise my oversight, but the error turned out to be another serendipitous encounter (Kinsella, 2006) and the notion stayed with me as I played with the contrast between autonomy and autotomy.

For me, the poem captures so much of the essence of my experience working with the anorexic client. On the one edge life, the other death, the client starving herself to the brink of annihilation, the therapist tenuously holding onto the edge of her life by a thread. Here despair, there hope. This too seemed to be a theme I had felt an awareness of, the dance between despair and hope, a tenuous balance. Except the scales do move, down means despair for the therapist, triumph for the client, and up, if ever, with a glimmer of hope for the therapist that will prove all too fleeting, as the anorexic turns her resolve to drive her weight down. Any hope, which is so awful and hated, as Austin’s (2009) patient described in her diary entry, must be crushed (Birksted-Breen, 1989).

## **Meeting the Holothurian**

I wondered how the split off parts, the disavowed parts, perhaps the needy, vulnerable, chaotic bits that have been shut away, might also form part of the therapist’s experience in

their encounter with the anorexic client. For as Eichenbaum and Orbach (1992) illustrated, the implicit message transmitted from mother to daughter is one of accommodation and a reigning in of desires, needs and expectations. I have thought about this as a process of splitting the self, into what is acceptable, and what must be put away or disavowed. I believe this is part of what the therapist encounters in their experience of the anorexic client, the holothurian.

Much like the carapace, the holothurian seemed to represent an important part of my experience with the anorexic client, but also served to synthesise something from the literature pertaining to the therapist's experience, as well as capturing something of the feminist literature I was also reading.

I believe the holothurian is more widespread than women with anorexia. For example, I came across a dramatised therapy session with a client, made for BBC Radio, in which Susie Orbach (2016a) suggests her client, who is not anorexic, has created a carapace, which is cracking, to reveal these parts of herself that are not neat and tidy, not ordered, parts that she has not wanted anyone to see previously, parts that the client herself does not want to see. Here she references the carapace directly, but also makes reference to the split off, hidden parts. In this way, Orbach illustrates how the carapace and holothurian work in a symbiosis of obfuscation and protection.

Parker J. Palmer's (2004) book, from which I quoted the blizzard story earlier, is entitled, *A hidden wholeness: The journey toward an undivided life*. Palmer's notion, that a reconnection to soul or self is essential if we are to find our way through the blizzard, which Palmer also calls the whiteout, serves as a reminder that the carapace and holothurian are more widespread than anorexic women. Palmer's book is for everyone who has become lost in the "blizzard of the world", and I believe when he says "the soul's order can never be destroyed" (p. 2) he is hopeful that we can undertake this work of finding our way back to the barn, through the whiteout.

"Wholeness", writes Palmer, with the eloquence of a poet, "does not mean perfection: it means embracing brokenness as an integral part of life" (p. 5). Our devastation has the potential to become "a seed bed for new life". I think in this Palmer understands how nature, or the feminine, must embrace chaos and destruction, as well as the potential to be pregnant with possibility, which Keats' has called negative capability. Without the chaos and destruction there can be no new life, no new possibility.

I wondered what impact these processes or concepts would have on the therapy relationship. When Bromberg (2001) describes his work with eating disordered clients and his own dissociation, he makes the link to the therapist's inevitable dissociation. Whilst this is an important feature of the parts under investigation in this research, namely the therapists experience, I believe this also informs us about a broader intracultural picture in which needs are disavowed and split off. Thus the therapist will encounter this struggle in the anorexic client, but also in themselves, and the dynamic between them.

### **Hunger, Desire and Longing**

I think this is reflected in Boris' comment that the anorexic client "will spare no effort to stimulate longing in the analyst" (1984, p. 435). This suggests that the anorexic, unable to contend with her hunger, or desire, and what it represents, must project these frightening parts of herself onto and into the therapist. In turn the therapist finds they have been reduced to a "no-thing" (Boris, 1984, p. 437). Desire, which might be thought about as life force, or libido, has been located outside of the client, and the therapist must survive the ensuing longing, which will undoubtedly be stirred as the longing or desire sits between therapist and client, disowned and unwanted. Bromberg (2001) suggests that this issue is central to the relationship with the eating disordered client, resulting in a battle for who will hold control over desire, as though such a thing were possible. He writes, "felt desire is the mortal enemy of the eating disordered patient" (p. 891), and so this is projected into/onto the therapist. I wondered how it is that desire, and need, had become so utterly disowned by the anorexic psyche? Perhaps it is that this "felt desire" is in fact the mortal enemy of Western culture, something to be triumphed over, controlled, dominated.

It is also interesting to note that both Boris and Bromberg are men. And I wondered about their experience of this war over desire and longing. How identified are they with being in control of their desire or needs? For a man after all can reasonably expect a woman to respond to his needs and desires, whereas, as Eichenbaum and Orbach (1992) suggest, a woman cannot. So the woman must give up her needs, her desire for connection, to be mothered, to be nurtured, and a man, a heterosexual man at any rate, can anticipate caring and nurturing, mothering even, from his partner.

## **A Dangerous Appetite**

As Stimson (2008) points out, early key figures in the feminism movement (such as Gloria Steinem and Jane Fonda) believed, and promoted the idea, that it was important to shed the traits of femaleness in order to be accepted into a male-dominated society. This was in the 1960s, the same decade that Twiggy, the super-skinny ideal arrived onto the popular culture scene. The diet industry was born. Within that same industry companies that promote weight-loss services are estimated to be worth in the region of US\$6.3 billion (2015 figures, from IBISWorld report). This does not include sales of supplements, or weight loss surgery. As Shapiro (1996) suggests, we women are each in our own way like the anorexic, not experiencing hunger, not 'seeing' our bodies (p. 303). Like Shapiro, I see anorexia as culturally bound, and as a response to a patriarchy, in which women *must* manage their bodies and their appetites. Take a moment to think about your response to the word fat. I believe we have entered a period in history like no other before, in terms of the war we are waging against fat. Weight loss surgery represents an astonishing source of revenue in the United States, and the majority of candidates undergoing these procedures are not those who are most clinically indicated, but rather white, middle-class women, seeking to transform their bodies. I see them as like the anorexic, an inscribed surface, part of a body (of evidence) that can be read.

More broadly, perhaps this obsession with control over the body speaks to a sense of impending dissolution, faced as we humans are, with the reality of the fragility of our environment. The planet, like the holothurian, will survive, whilst the human being, as a species may not. Part of my journey through my experience of the anorexic client has been to come to this point, where I can recognise in myself that the powerlessness and hopelessness which is stirred in me goes beyond my work with this client population and is instead, or as well, a reflection of something that connects to my status as a woman in a world where female values are denigrated, devalued and denied. Simultaneously a narrow aspect of femininity, mothering, is held up as the paragon of female aspirations, whilst spuriously cast as the cause of the majority of interpersonal, and intrapsychic, difficulty.

## **Anorexia as Expression of Strength and Control**

I come from the point of view of a female therapist. As a woman, in a Western cultural setting relationship is delicately balanced around meeting the needs of others, so I find myself asking how am I to relate to this woman who will not, cannot need, indeed, who seeks to stir longing, desire and need in me? What impact will this have on our relationship, especially if I too am seeking to disavow my own needs?

Perhaps this is why Wooley (1991) suggests male therapists react with less disapproval of anorexic clients than female therapists. Indeed, she suggests the male therapist may even find qualities to admire in the anorexic client. For as Wooley (1991) eloquently surmises, “in male therapist’s attempts to treat her, she will not be rejecting the parts of themselves males hold dear” (p. 258). This fits with the idea that somehow anorexia aligns with the goals of male development, as she symbolically expresses “traditional male strength in caricatured form” (p. 258).

This is fitting with my own sense of the impervious boundary (Willner, 2002) that I have experienced with anorexic clients. I had a sense to go very slowly, and to proceed with extreme caution lest she disappear, metaphorically speaking, out of the window, into dissociation. I could often feel the carapace between us like a wall. Sometimes I felt myself disappearing too, with little sense of what was happening between us or what had been said. As Lawrence (2008) suggests, often the therapist’s ability to think is severely compromised with these clients. Bromberg (2001) describes the inevitability of the therapist’s dissociation, as a response to the “patient’s internal war over desire and control” (p. 891). I agree with Bromberg, the therapist’s dissociation is inevitable, indeed informative, with this client group, however, I disagree that this is merely the result of intrapsychic phenomena, but rather posit that this is something like a reflection of what is split off and disavowed in Western culture, where a greater war wages over desire and control.

### **Powerlessness, the Flesh and a Broken Whisper**

As Szyborska writes, just like the holothurian, offering one self to the world, so that the private self can escape, “we too, know, how to split ourselves, but only into the flesh and a broken whisper”. For me this resonates as Symborska’s identification of her own felt sense of disconnection, dissociation and voicelessness, as a woman in Western culture. I wondered if her experience was of her own objectified body and lack of voice, her powerlessness. That these features of splitting oneself apart in order to survive, to be capable of autotomy, these are not unique to the realm of the underwater world, but are also processes that are very real in the human world. Symborska recognizes herself, her own split and capacity to have her voice become a “broken whisper”, as I too, through this research, have come to recognise my own carapace, my own holothurian.

Lawrence (2008) suggests the anorexic has given up on relationships, seeking instead control over the mind through the body. Bromberg points to the anorexic's "impaired faith in the reliability of human relatedness" (p. 891). These writers may well be correct in their analysis but I would add that this giving up or impaired faith does not end with the domain of human relatedness, but stretches to include loss of faith in her ability to be powerful and potent in the world, because of the bind around female development.

Gilligan (1993), writing about the origins of her early research, noticed that "women often sensed it was dangerous to say or even to know what they wanted or thought", that it might be upsetting to others, that they would be risking abandonment or retaliation, that it was ultimately "selfish" to have a voice at all (p. x).

She writes about this as a dissociative process, noticing how women would separate themselves from what they were saying, or not saying, and ultimately that "rendering oneself *selfless* in order to have 'relationships'" (p. x, emphasis mine) was incredibly problematic;

*[M]any women feared that others would condemn or hurt them if they spoke, that speaking would only lead to further confusion, that it was better to appear 'selfless', to give up their voice to keep the peace...Choices not to speak are often well-intentioned and psychologically protective, motivated by concerns for peoples feelings...yet by restricting their voices, many women are wittingly or unwittingly perpetuating a male-voiced civilization and an order of living that is founded on disconnection from women (p. x-xi, emphasis mine).*

It fascinated me that Gilligan was describing this intrapsychic process of dissociation, encountered in the relationship with the anorexic client, in the context of generations of women and not only this but making the link to how what is a normal, desirable, process of separation for men, was in fact for women a "process of dissociation that required the creation of an inner division or psychic split" (p. xiii). Even more fascinating for me is her use of the term "selfless" which I might re-write as self-less, the woman gives up her voice to "keep the peace", in this way she is the holothurian, dividing herself to psychically survive. Here, again, Szyborska's words are reflected, this is the splitting into the flesh and a broken whisper, the loss of her voice, of her potency.

I do question Gilligan's assumption that disconnection or, perhaps I might choose a less pathologising term such as individuation, is a normal or desirable part of the separation process in men. Common? Yes. Part of the discourse around male development? Yes. Overlaid as a value that *should* be integral or applicable to female development? Yes. But I have also come to appreciate that perhaps the carapace and holothurian are features of surviving the Western cultural milieu, impacting the male psyche too. Interestingly Caputo (1987), in his writing on radical hermeneutics, identifies the "binary oppositional schemes of Western metaphysics", citing "higher and lower, ruler and ruled, cause and effect, master and slave, same and different, male and female, rich and poor, privileged and unprivileged" (p. 252) and when I read this I reflected on the divide, or split, that takes place on a broader, cultural level. How skilled we must become in Western/consumer culture at carving ourselves up in order to navigate our way. Perhaps in a Western context we are all lost in Palmer's blizzard, disconnected from the soul, on some level understanding that "choosing wholeness, which sounds like a good thing, turns out to be risky business, making us vulnerable in ways we would prefer to avoid" (Palmer, 2004, p. 9). The anorexic understands this only too well, the divided life seems to be her only recourse.

I have even thought about this level of disconnectedness, or dividedness, in areas as seemingly unrelated as climate change. For when we can continue to take what we want from the earth without much regard for the real cost how is it possible for us to live with this level of denial? How is that most of us can have the nightly news wash over us, one atrocity after another, and not be impelled to act? When one human being can kill another, rape or torture another fellow creature, allow millions to starve or be subjected to war or the loss of their homelands, is it not entirely necessary for us to retreat into our own shell, to find salvation inside the illusion of separateness? Are we not necessarily dissociative in order to psychically survive the realities of what human beings do to each other in the name of commerce and progress?

I come back to Caputo's reference to hermeneutics as a lesson in humility. Later in the same chapter he writes, "compassion arises precisely from the sense of a common fate, from suffering (*passio*) a common (*com*) comfortlessness" (p. 251). I really loved this literal unpacking of the word compassion. I thought about the root of the words humility; humbled; and human (the latin *humus* meaning earth or ground). And Caputo's train of thought about our sense of a common fate brought with it for me my sense of a shared humanity. To me this highlights an opportunity for the therapist working with the anorexic client to access their compassion, or sense of suffering a common uncomfortableness, which is in fact, although the anorexic embodies to extreme, in all of us. By continuing to locate it as something

pathological in the anorexic woman we deny our own uncomfortableness, our own holothurian. I see this as a tremendous challenge, forced as we are by her presentation to confront our own needs, which we know we must be seen to have under control. I think the anorexic highlights this division or split in Western/consumer culture.

A fuller exploration of this is beyond the scope of this project, however, I did want to touch on this issue as it has been an important part of my thinking.

### **False Self/False Body: Imposed Self/Imposed Body**

In working with the anorexic client then, I am proposing that the therapist meets this adaptive, or socialized, partial self, the part that has been acculturated to be selfless, conditioned that her needs are unacceptable, unreasonable and will not be met. I think this is what Winnicott called the false self (1956). In a similar way what Orbach calls the false body (1995). I am proposing that this is also connected with the carapace and holothurian that the therapist encounters with the anorexic client such that the therapist is dealing with a pseudo-independent self, with pseudo self-cohesion. A self built around the negation of the importance of human relatedness, connection, care and compassion. Immediately this brings a real sense as to some of the difficulties in establishing a therapeutic alliance with the anorexic client.

Winnicott (1956) understood that for growth to occur the therapist must relate to what he called the true self of the client, however in this case that 'true' self is behind the wall, tucked away in the shell, split off and left behind. And if the therapist is female, she too has been subject to the same socialization and acculturation processes as her client.

I will take issue with the use of the terms true and false self - since both represent an illusory split, a dualism, real and unreal, and, to my mind, false connotes an attempt to mislead. What is false about a protective part of the self that scaffolds the individual to ensure survival? Surely this is just as true, or real, as a core self that remains hidden, split off, disowned? False implies, to me, some cheating, some deliberate obfuscation, since the definition of false is *not according with truth or fact, or made to imitate something in order to deceive*. The anorexic client does neither of these. She *is* cut off, walled in by the carapace, she *is* a self divided. In a hermeneutic enquiry truth and fact are arrived at through a process of interpretation and my interpretation of the literature has led me to rethink Winnicott's false self and to think of this as an imposed self, much like the imposed body ideal.

Maybe it is simply that all parts of the client we encounter are in some ways *all* true, after all they are real parts of the client and her experience, and in other ways *all* false, they are parts of her, not her.

Winnicott highlighted the difficulties that can unfold in the therapy relationship when the therapist is working with the *false* self (1956). Through this research I have come to think of Winnicott's false self as an adaptive self in response to the tremendous forces of socialization, a legacy handed down from mother to daughter, as the opening quote by Jung suggests. I am calling this the imposed self, rather than false self, since this connotes, more correctly I believe, the imposition from with-out, rather than a lie from within. What happens inside then, becomes a *true* response to this imposition and cannot therefore, in my opinion, be called false.

Winnicott felt that therapy could proceed unendingly if work was done only on this *false* or imposed self. I take this to mean that as long as the therapist is engaged in a struggle with the carapace, perhaps battling to be let in, insistently banging on the door unaware of the protective necessity, or unaware of the presence of the holothurian, and I imagine, unaware of the existence of these phenomena in themselves as therapists, then therapy will not progress as it might. The engagement must be with the *true* (Winnicott, 1956) or nascent self (Orbach, 1995). I would say that the essential engagement needs to be with the kernel of self that has been walled off, locked away, and that the therapist must have a good understanding of the existence of the carapace and holothurian as features of a human response to living in Western culture, and of their extreme expression in the anorexic client. Bromberg (2001), like Ogden (1983; 1989/1992), has teased out Winnicott's true and false to incorporate multiple *true* self constellations and I have found this a very useful shift.

For Winnicott (1960) the therapist must recognise and extricate themselves and the client from any collusion, so that the therapist is not just engaged with the false self. I would add that this means not working solely with the imposed self, or in this case working to bolster the scaffolding. Perhaps this is what Wooley (1991) senses when she describes how carefully she must tread so as not to intrude, maybe she has an innate sense that her intrusion will only shore up the anorexic defences.

## **Creative Potential**

Winnicott (1960) stresses the importance of the therapist being able to recognise that what is missing is the “central element of creative originality” (p. 152). For Winnicott only the true self can be creative, however I would contend that what Winnicott calls false self, is in fact highly creative in its adaptiveness. This is of course a matter of semantics. I am not in disagreement with Winnicott’s premise, that the ‘true’ self needs recognition, liberation and restoration, more his language, which I believe promotes a dichotomous way of thinking and viewing the world. We, all of us, are made up of multiple selves, as Bromberg (2001) suggests, and I believe these are ‘true’ or ‘false’ depending on the context, depending on whether we are hiding in the carapace, or divided, holothurian like, or in our wholeness.

Undoubtedly the anorexic is missing her creative originality, her creative potential. She has no capacity to be pregnant with possibility, she cannot abide uncertainty, there is no negative capability. Quite literally, for in her starved state her body is not able to create life, she can barely sustain her own life. She is cut off from her potency, her voice, and her power to create. The one place in which she is quite literally potent, in terms of being female, is in her power to create, and this is lacking, even down to her inability to maintain her menstrual cycle. If we were to associate femininity with creative potential, but also chaos, body, matter, earth, and all the fecundity that is nature’s capacity to bring life, it appears to make sense that the anorexic, given her lack of negative capability, prefers order, sterility, neatness, certainty and order. She is identified with the goals of masculine development, autonomy, independence, individuation. In this she becomes caught in the carapace and the holothurian, she is lost to herself, a hardened shell, calcified, an overgrowth of order.

## **Hoping against Hopelessness**

“The only time I felt hope was when you told me that you could see no hope, and you continued with the analysis”, Winnicott’s patient says to him (1960, p. 152). I felt strongly with a particular client that it was important I held the hope for her, and at times she would become more animated and alive, playful even, initially I felt this was a sign of life beneath the frozen surface. Over time however I started to feel a sense of belligerence in her teasing, as if my hope was unwanted and actually damaging to her. In the prolonged silences I felt a particular physical countertransference sensation in my head, and I have come to associate this with being hated or resented and fended off. As if, in hoping, I placed a pressure on her to catch up to my image of her possible future self, to recover, when she did not know how, or even if this is something she wanted. I had intruded, and in my intrusion I was asking her to

return to being a woman, to take up her position in the double bind, to give up her opt-out clause and engage with a system in which she is ultimately powerless, voiceless and impotent. And I am not sure I could offer her a viable alternative at the time, because, as a woman in a patriarchy, I too had my own inevitable experience of carapace and holothurian.

Much like Winnicott's client above, when I was able to acknowledge my own hopelessness, something shifted. It was as if my hopefulness rejected the part of her that could not see any hope, the part of her that understands, only too clearly, that she is in fact in many ways powerless and less equal. In my own bid for hope, I deny my own understanding that I too am powerless, less equal, living as I do in a patriarchal society where my desire for connection and interdependence will be pathologised.

I believe there is a part of the anorexic psyche that knows she is in trouble and that things must change if she is to survive. But she also knows in her deepest knowing, that to give up her anorexia is to return to a powerless position, to accept the role carved out for her in a patriarchy, to accept defeat. In this way she is in a bind because she sees no viable alternative. Potentially for the male therapist there is no understanding of this dilemma, he is not impacted by the patriarchal structures of Western culture in the same ways, thus he may not be able to offer her a truly satisfactory alternative. There is even a risk that he perpetuates the patriarchal projection, that she is the one who needs and is hungry, that she is the one who must curb her dangerous appetite, as he has mastered his. Indeed, Douglas (2006) notes that it is only recently that psychology has begun to "rebalance its projection onto women as being creatures basically flawed and its projection onto the individual mother as being the source of all the patient's sorrow" (p. 37-38).

I am proposing that this is part of the split, or the "chasm that surrounds us", as Szymborska writes so evocatively. This dualistic split between mind and body, male and female, much like the process of internalized racism, means that women learn to hate the parts of themselves that are not ordered, neat, autonomous and self-sufficient. However, even when we move beyond a dualistic worldview, as Orbach (2009) writes, "postmodern theory is insufficient to cope with the demands of the post-industrial body" (p. 91). I would argue that postmodern theory is insufficient to help us cope with the demands *on* the post-industrial body. Orbach suggests that post-modernity "celebrates fragmentation" (p. 91), evident in Bromberg's celebration of multiple selves. I think this is what Palmer (2004) is writing about. Somewhere in our deconstruction of positivism we have lost something quite rudimentary. The importance of a connection to soul, of wholeness, for Palmer, and for Orbach, a process of

“understanding, deconstructing, nourishing, and then knitting together” (p. 91). For both Palmer and Orbach there is a process whereby wholeness can be restored. There is the potential for healing the chasm that surrounds us, but deconstruction through a post-modern lens is only the first step. Through this we can see the chasm, that dualism has created, but this needs nourishment and a knitting together.

For me, had I written only about the barren inner landscape of the anorexic (Lawrence, 2008), as the integral aspect of the therapist’s experience then I too would be complicit in a projection onto women as flawed creatures, and onto each mother as being to blame. This ignores the patriarchal machine, the ways in which women are objectified, and have become their own jailers, caught in the Panopticon or No Man’s Land fort. This is the chasm that surrounds us. In other words as a consumer culture attempts to impose greater control, to produce increasingly “docile bodies” (Foucault, 1979. p. 138), then the chasm that Szyborska’s poem alludes to, for me, becomes something that exists in society. The split off or disowned feminine is carried by women, who, much like with internalized racism, have learned to hate themselves, as their difference and what that difference represents is hated and vilified in the wider culture.

In trying to bolster hope with my client I demonstrated my own lack of understanding of her position, of our position, for she could see no hope, no way to *be* her own sex, *and* hope. And I have come to see now that I was not fully aware of my own imposed self. Thus she continues with her struggle to transform her body. In my invitation to hope, I am suggesting she can become more (more flesh, more body, more woman, more fecund, more messy, more chaotic), more like me perhaps. Why would she do that at a time when I could not fully appreciate her dilemma, her decision to terrorise herself into being less like a woman, and more like a man?

In that particular instance I failed to meet the small, frightened, under-developed part of her, the part that needs the carapace, the part that divides the self for preservation. I have come to think of this part as hibernating, or slumbering, in much the same way as Sleeping Beauty. When the time comes she will be awoken, but not by a mythical prince, but rather by her own claiming of her own inner potency, the masculine and feminine aspects reunited, no longer split, holothurian like, or walled off by the carapace. But this reunification will require an appreciation of the feminine principle, or female potency, and the therapist will need to demonstrate this for their client.

## **Feeling Into Hopelessness**

It took some time for me to recognise what was being played out, in pressuring her to accept my hope, I was complicit in perpetuating the imposed self, and I think this is what Winnicott describes above. The therapy could not develop, she could not risk emerging until I could bear her hopelessness. Like Winnicott's client, this was the time the therapy changed, when I let myself really feel hopeless rather than irritably reaching after fact or reason, rather than being more active, resisting acknowledging her bind, the reality of our social position as women, as second class citizens (Eichenbaum and Orbach, 1992) and the size and weight of the structures that impose this reality. I liken this to Brinton-Perera's (1981) descent to the Goddess, that in sinking into the underworld where all hope is lost and allowing myself to really feel hopeless and lost, a transformation was possible. For Brinton-Perera this is a way of initiation for women, for me it became a way to more fully understand myself in a Western context, and to find a way to my own voice, my own potency.

## **Transformation and Resurrection**

Babits (2001) calls these moments of profound meeting phoenix junctures as the phoenix is associated with transformation and resurrection. For Babits the phoenix juncture represents a moment in the therapy where there is a "symbolic death of hope" (p. 343) and the therapist is able to acknowledge this. I believe this is what Winnicott describes above.

In locating the anorexic's difficulty as purely internal or intrapsychic I was denying my own experience, for in being useless to her, in being a no-thing (Boris, 1984) I got to experience, in my countertransference, my own impotence, her impotence. The fact of our powerlessness as women, and our collective split off, disowned need. I want to relocate this experience, not just as one that occurs intrapsychically, but one that is, as I have suggested earlier, intracultural, societal. For as Bordo (1997) writes, psychopathology is the crystallization of culture.

## **The Chasm**

Again, Szymborska has such eloquence, and I borrow her phrasing to express this concept. This chasm that appears in the middle of the holothurian's body, the split I have described above, is, I have come to believe, an important part of the therapist's experience with the anorexic client. However, in the final words of Szymborska's poem she reveals that "the chasm doesn't split us, a chasm surrounds us". I take this to mean that although we

experience the chasm in the anorexic psyche, and it is accessible to us as part of our experience working with the anorexic client, this is also a phenomenon that surrounds us, it is part of Western culture, and it is expressed particularly in female psyche, and especially acutely in the anorexic psyche.

I now feel certain that the reason many parents of anorexics, and the therapists working with this client group, feel a strong need to try and control their client is connected with this dynamic. For in encountering *her* disavowed desire, *her* “internal war of desire and control” (Bromberg, 2001, p. 891) we actually encounter a monolithic cultural structure that demands we both restrain ourselves and our wanton bodily desires, our dangerous appetites, maintaining order, control and composure, mind over matter and yet at the same time demands we consume more and more, ensuring that the market economy proliferates.

### **Chapter Summary**

In this chapter I have explored the concept of the holothurian as part of the therapist’s experience in working with the anorexic client. I have located this difficulty both within and with-out, that is, as something that exists in the psyche of the anorexic client, and outside the psyche, in Western culture. I have outlined my idea that this might be thought of as an imposed self, rather than a false self, generated through the interaction of the cultural forces with-out, and the intrapsychic response within. This phenomenon may be amplified in the anorexic response, but I believe it can be read in the wider culture, particularly in societal demands that compel us to restrain the “dangerous, appetitive, bodily female principle” (Bordo, 1993/2004, p. 212).

In the next and final chapter I discuss the strengths and limitations of this research, as well as the implications and relevance for psychotherapy.

## Chapter 6

### Discussion

I have attempted to address the question of what it is about the anorexic presentation that has given her the reputation of being daunting and difficult. Within this I have explored how the therapist might be influenced by this encounter in their countertransference, such as feeling useless or hopeless, and what this means for the therapy. I have also explored what it is that is expressed through the anorexia, in terms of a wider cultural picture, if we were to *read* the anorexic body through a feminist lens.

### Standpoint

I began this project with claiming my standpoint, as a European woman, feminist, mother and daughter. This research has sensitized me to feminism in ways I would not have thought possible. I believe this to have been a hermeneutic process of living and breathing, experiencing the to and fro and of changing and being changed. My standpoint has deepened and been enriched by my immersion in the literature and willingness to read, re-read, listen, digest and synthesise. My body, and the bodies of my clients have helped form the 'body' of literature I have read. The coalescence happened, as my supervisor assured me it would, in surprising and unexpected ways.

At the beginning my interest was in understanding an intrapsychic phenomenon. In ending my interest is in what I have called the intracultural, and its expression via the intrapsychic, as a crystalizing of culture (Bordo, 1993/2004). In this way a sensitivity to the cultural discourse forms part of my 'reading'. Its layers and peculiarities become something I have attempted to tune in to and 'hear' or discern through my reading of the dominant discourse.

### Mother Blame

If we are to understand anorexia purely as the result of some environmental or familial (read mothering) failure, then we are forgetting that the mother herself is a creation of the same order. In the opening quote Jung (1981) writes "every woman extends backwards into her mother and forward into her daughter" (p. 188), thus in the encounter with the anorexic client the therapist has access to an intergenerational trauma, the chasm that surrounds us.

In breastfeeding her female infant for less time, in teaching her daughter to accept less, to subordinate her needs, the mother prepares her daughter for the reality of Western culture. Her daughter will be entitled to a smaller share, her lot will be smaller. This is despite feminism's efforts thus far. We must keep splitting under the tremendous societal pressure in order to survive or else face being vulnerable "in ways we would prefer to avoid" (Palmer, 2004, p. 9). I believe women continue to create the carapace and the holothurian, in order to manage the overwhelming difficulty of how to be relational and connected, when we are culturally impelled to be independent, individualized, autonomous - separate, walled-off, disconnected. The themes of the carapace and the holothurian are very real and relevant to all women I believe, but they also reflect something of the commonality, within a Western context, of living a divided life (Palmer, 2004). For me, the carapace and holothurian act to provide structure and protection, buffering us from our own struggle with negative capability. They become essential for survival in a culture that demands certainty, structure, order and predictability. I attribute this to the legacy of dualism, of the Cartesian split of mind and body and the privileging of mind, order and the rational over the clumsy, messy, temporal reality of the corporeal. And as I have suggested, even the post-modern lens, which allows us to see the gaping chasm, is insufficient to heal it, this requires a nourishing and a "knitting together" (Orbach, 2009, p. 91).

This comes, as the romantic poets understood, with the acceptance of uncertainty, dissolution, chaos and randomness, without which there is no creative possibility. Life is not possible without death. In constraining the feminine impulse for body, chaos, death and rebirth, in seeking to sterilize or stamp out our hunger we are missing the feminine archetype that potentially brings a balance that would enhance our negative capability or our potential to hold uncertainty.

My experience as a therapist working with the anorexic client has allowed me to connect with a missing part of myself, a part that is hungry, a part that is desirous, appetitive. A part that can bear more chaos and demand less certainty. A part that can hold both inner and outer worlds, intrapsychic, intracultural, and begin to come to a synthesis of these. I have come to an encounter with something deeply creative within me, and I think this is connected with my hunger, with my capacity for negative capability, which I see as a uniquely feminine principle, a tolerance for chaos and the capacity to gestate and birth something new. Through this process is a new fire in my belly. I do not believe I could have asked for anything more as an outcome from this process. I have particularly enjoyed the metaphor of descent and transformation, like Briton-Perera's discussion of the Innana myth this is a pulling apart, a

being devoured and then being renewed or restored, a knitting together. Movement towards wholeness and a refusal to continue to live a divided life. The hermeneutic process feels to me as though it has followed this sort of path. A descent into chaos, a willingness to be devoured, a giving up of what was before, and the emergence, from the ashes, of something new. A sense of wholeness from a *being-with* the parts.

### **Limitations and Strengths**

In setting out the description of my process and my findings I have thought about the limitations and strengths of this research. There are certain obvious limitations to hermeneutic research that I imagine are problematic wherever there is a tendency towards a valuing of empirical research, namely its subjectivity. A different researcher would undoubtedly have different responses, and therefore different findings. In this way my study is not replicable, and certainly not empirical. However, this could also be thought about in terms of a valuing or privileging of order, positivism and certainty, and a devaluing of the more feminine ways of knowing such as intuiting, feeling and sensing. For as Smythe and Spence (2012) suggest, “knowing is an embodied experience, known by peace, joy, conviction, laughter and tears” (p. 21). I hope I have succeeded in giving the reader some insight into my thinking and knowing that have emerged from my review of the literature. I hope that I have not told, but have instead taken the reader on “their own journey of seeing, that they too may have their own call to think” (Smythe and Spence, 2012, p. 21). I certainly feel as though my horizon has been extended, and that I have been able to take a leap into the place where thinking resides and that I have read with a willingness to be “attuned and engaged” (Smythe and Spence, 2012, p. 17).

For me the strength of this study is in the development of my own thinking and knowing, the development of my own capacity to be pregnant with possibility, my negative capability, which I believe extends my development as a psychotherapist. Above all my standpoint as a woman, and as one who deeply values the feminine, has been strengthened. I feel as though I am changed by this research process and for this I am deeply moved, and grateful.

### **Newness and Relevance**

Newness of literature is usually a consideration in a literature review. In terms of whether the most up to date literature been included in the review I anticipate some criticism. I have read widely and some of the literature I have read and referred to is more than 40 years old. I take

Smythe and Spence's view that newness does not necessarily confer relevance, as they state "presenting something differently may not always be advantaged by examining recent trends" (2012, p. 22). I hope I have succeeded in presenting a new and different perspective, a viewing afresh as Smythe and Spence have suggested, and in this I have referred to a range of literature, some old, some more recent.

In order to consider the novelty and relevance of this research to a wider body of psychotherapy literature I have given thought to the split that exists in the literature on eating disorders and feminism. There is feminist literature that identifies the causes of eating disorders. There is eating disorder literature that describes the varied causes of eating disorders, and some do acknowledge a feminist impulse. However, what I am proposing in attempting to summarise this research journey is that the anorexic is not a special entity, disconnected from us, foreign. Rather she embodies and expresses a dilemma that all women face, indeed, perhaps all those in a Western cultural context. However, my focus has been on women's positions in that culture, since in a patriarchy, equality is not possible as long as reproduction is a part of the picture, and as long as tremendous societal and cultural pressures continue to divisively shape and carve out a woman's role, as long as we continue to both glorify and vilify the mother. In this way, reading the anorexic body, she has come to represent to me, with deathly seriousness, the carapace and the holothurian within all women.

In persistently locating the difficulty within the intrapsychic, as I have argued much of the psychotherapy literature seems intent on continuing to do, we are denying that the difficulty also resides within, and I am proposing is likely caused by, the patriarchal system. In turning away from her femininity the anorexic expresses something much bigger, the global disavowal and dissociation from the feminine. Just as she seeks total mastery and control over her body, so too a consumer culture seeks mastery and control over the planet and its resources. Just as she too has had to grow an impervious boundary, so too our borders, as we fail to recognise our fellow human beings as part of us.

I agree with the therapists whom I have read and re-read as part of my review of the literature, the anorexic client does indeed evoke horror, frustration, anger, hopelessness, powerlessness and a sense of futility. She makes us question our vulnerability, our softness, size and femininity and the ways in which we relate and show concern, connection. I have felt weak, uncertain and helpless measured against the "iron-fisted will" (Austin, 2009, p. 183) she displays. However, part of my re-viewing, or viewing afresh (Smythe and Spence, 2013) is this turning out from the intrapsychic to embrace the intracultural.

In meeting the anorexic client I am proposing that part of the therapist's experience is an encounter with their own carapace and holothurian, with the ways in which we are walled off and disconnected. Orbach (2009) understands that psychotherapists are "not immune to the cultural imperatives to be fit and youthful" (p. 92). The anorexic pursues thinness and perfection of form, she shows us an extreme position. But more broadly the majority pursue purpose, meaning, busyness/business, money, status, power, bigger, better, more and so on. In this way materialism seeks to perpetuate the consumer/producer divide, where, as Bordo (1993/2004) has suggested, we see gender overlaid and what plays out can be seen as the triumph of a "masterful male will over the dangerous, appetitive bodily female principle" (p. 212). This is also reflected in the tendency in the psychodynamic literature to blame the mother, in this way there is a risk, without acknowledging the carapace and the holothurian, that psychotherapists perpetuate a societal process of splitting and projection.

I have suggested that need, desire, and the body are split off in society, and projected into women, who in turn feel tremendous pressure to be seen to master this riotous, out of control, dangerous, devouring body. As I have suggested, this can be seen nowhere more clearly than the proliferation of the diet industry. The challenge for the therapist working with the anorexic client is to want nothing from her (Boris, 1984), which undoubtedly means that desire and longing will be stirred in the therapist. It becomes crucial that the therapist can hold this, can be pregnant with this, and can wrestle with the ensuing hopelessness that follows entering the whiteout. I believe this is particularly difficult since the therapist is also under tremendous pressure to master their own needs, desire and longing. In this way "felt desire" (Bromberg, 2001, p. 891) is not only the enemy of the eating disordered patient, but for each of us living within a Western cultural context.

It makes sense that in a patriarchy the ultimate cultural aims are more aligned with male development than female development. This is a process of enculturation of the masculine. The difficulty for women is how to manage themselves in a world that is shaped, ostensibly, for men, for separateness, independence and individuation. I have proposed that this is what the anorexic client presents us with.

Since Descartes determined *cogito ergo sum*: I think, therefore I am, rather than *sentio ergo sum*: I feel, therefore I am, mind was positioned superior to body. Thought over feeling, order over chaos, male over female and so on. In our need for certainty and absolutes our capacity for negative capability, like our appreciation for the feminine, diminishes.

The anorexic reflects to us this position taken to the extreme, she is the antithesis of negative capability. The carapace and holothurian, and our encounter with them become an opportunity to transform something within us, if we are to help her at all. It is an opportunity for us to remove the blinkers and see that her feelings of worthlessness and powerlessness, her need to create a carapace, to split herself apart, these are not the imaginings of a faulty mind. The pathology is not only hers, but ours, the crystallization of culture (Bordo, 1997). Her split off feminine, warded off vulnerability, disavowed desire, these are not only hers, but ours, and ours for as long as we determine to have mastery, dominion and control over our environment (body) and our fellow human beings, where we might have co-operation, connection and care.

Initially I saw this as paradoxical, the anorexic 'embodiment' of masculine developmental goals, independence, separateness (in the form of disconnection), aloofness, rational, non-relational, controlled, disciplined with a will of iron and so on. And yet at the same time, displaying to extremes what Orbach (1995) and Belotti (1976) have described as feminine gender roles, taking less, subordinating her needs, protecting relationship by masking and suppressing her anger and needs and so on. I then came to think about this, not as a paradox, but rather that what Belotti (1976) and Orbach (1995) have described are not feminine developmental strivings, but imposed, outside-in, patriarchal determinants of female development, ultimately control of the feminine, through power over. This I have termed the imposed self. After all, if women truly ultimately value connection, care, relationship and intimacy, as Gilligan (1993) has suggested, then why would they deny this to themselves, becoming, as the anorexic demonstrates to extremes, disconnected, masochistic, and avoiding relationship and intimacy to keep herself safe? In not responding to her own needs, the anorexic, like all 'good women', shows us that rather than paradoxical, this is the result of a patriarchy that has this split from relationship and connection at its centre. After all, as long as people are split off, separate and disconnected, dissociated even, is it not easier to have power over them? Gilligan (1993) has suggested that this disconnection is "essential to the perpetuation of patriarchal societies" (p. xxiii) and I am inclined to agree with her on this.

I have every confidence that Orbach (1995) and Belotti (1976) are correct in their analysis, women do indeed train their daughters to take less, less time at the breast, less time being held, less space, less food, to hide their needs with shame and dissociation, to preserve relationship at all costs. It is certainly congruent with my experience as a woman, mother, daughter, but I believe this is more the result of an intergenerational trauma, passed down

from mother to daughter, 'be nice, be good, be kind, be polite, be a lady', than inherently altruistic female strivings. In other words, Gilligan's analysis that women value connection and intimacy may be more a process of socialization, a taking in of the imposed self, rather than an integral part of *being a woman*.

### **Coalescing and Synthesis**

It is through this hermeneutic re-viewing of the literature that I have been able to come to this synthesis. It was not the direction I began in, and it was not at all what I imagined I would write. It was through my preoccupation with the inner landscape of the anorexic, her object world, and the therapist's response to this, that I came to recognize the carapace and the holothurian as aspects of my self, and was able to wonder about their relevance to women, and men, in patriarchal societies. It was only through my preoccupation with the inner world that I came to recognize that my location in a patriarchy was part of what kept me looking for the causes of this particular 'pathology' within the woman, within the mother-daughter relationship. I could no longer ignore what was missing in this analysis.

Gilligan (1984) has suggested that psychotherapy, in adopting terms such as object "creates a landscape of love unparalleled in its depersonalization" (p. 90). Steiner-Adair (1991) suggests that this has greatly influenced the shaping of the therapy relationship to the point where the emphasis has been on "therapist as an object and the relationship a holding environment designed to facilitate separation" (p. 234). Like Steiner-Adair (1991) I wanted to reevaluate, for my own practice, how I might operate in ways that embodied my female values of interdependence, connection and care. Like Steiner-Adair I was no longer prepared to operate in a loveless, barren landscape, which the anorexic personifies.

I have come to understand, through this process, the potency in reclaiming my own lost appetite, my own hunger and desire, my own anger and the richness of understanding that this brings to my practice means I cannot, in good conscience, return to a view that privileges mind over body, where I am not connected with my client, where my interest is in her internal landscape only. Instead now I find myself helping my clients make sense of their internal and (intra)cultural landscapes, and I hold in mind the intergenerational trauma of being female, in a patriarchy, even given the privileges of being white, middle class and tertiary educated.

This is the piece that was missing for me through my study, and is only now becoming a reality. The lack of a language that could account for the importance of reciprocity, connection and

interdependence, combined with Freud's initial failure to account for the development of women, aside from casting her as an inferior man, has paved the way for Western culture to approach the psyche of the feminine, the psychology of women, as inferior to that of men. Her psyche was cast as the *dark continent* indeed. Unknown, perhaps unknowable, at least to men, and therefore made frightening, mysterious and disorienting, something to be controlled and managed.

I do not believe it is possible to escape, or deny, the fact that psychoanalysis, and psychotherapy, were born into a patriarchy. Thus, as Shapiro (1996) points out, they "deeply privilege linguistic, narrative forms of communication" (p. 299), and reflect the impetus of the time, influenced by Cartesian dualism, in moving as far away as possible from the body and the physical (female, lower class and so on), and in privileging the mind.

### **Implications and Broader Thoughts**

As I have outlined I believe the phenomena I have called the carapace and the holothurian could be thought about as underpinning the therapist's experience of the anorexic client. Thus, when Kadish (2012a, 2012b) describes the anorexic's autistic enclave, or psychic encapsulation, when Willner (2002) describes the anorexic's no-entry defence, I think are experiencing what I am calling the carapace.

When Winston (2009) and Boris (1984) describe the absence evident in the anorexic client, making the alliance so difficult, I believe they have encountered the carapace and holothurian. What Winnicott called the false self, and I have called the imposed self is, I believe, an encounter with the holothurian. When Bromberg (2001) identifies a psyche shaped by trauma and dissociation, he too has encountered the holothurian, indeed he is the one who uses the very poem I have used to illustrate this self divided in an attempt at self preservation. Bromberg sees this as an intrapsychic process, a product of some failure of intimate relationships and the lack of trust that desire is manageable in relationship. I agree with him, however I also see this a cultural process at work, a product of a patriarchal consumer-oriented society which snares women in a double bind, consume more but your needs are unreasonable and will not be met, your hunger unwieldy, it must be kept in check. Through the curbing of female desire a patriarchy imposes a solution to its own fear of chaos and disorder, of female potency, for only the female of the species has the capacity, and power, to create life, to create food for life from her own body. But new life, as Palmer (2004) has suggested, requires devastation, which becomes the seedbed. If we were to succeed in

eliminating female potency altogether we encounter the post-apocalyptic, dystopian hopelessness and despair evident in P. D. James' (1992) *Children of Men*, where reproduction is impossible. Mass infertility means there is no creation, no new life, a kind of order sure, but no creative possibility, no female potency. The ultimate consequence of masculinization, the preponderance of male potency, James' story can be *read* on, in and through the anorexic body. When we swing too far towards the penetrating, ordering male impulse, we lose sight of the encircling, receptive richness that is the feminine impulse. Without fertile ground the seed is only a seed. The difficulty in encountering the dark goddess of creative possibility however, as the ancient civilizations understood only too well, is that she demands blood and she brings chaos and death, in order that life can be possible.

Perhaps ultimately it is chaos and death that we seek to stave off, in our constant irritable reaching after fact and reason, in our striving towards certainty, structure and control, and in our obsession with youth, image, body transformation and perfection. But in our obsession with perfection and immortality we have forgotten the circular nature of all things, that life, and ageing, and death are a package deal. Consequently the patriarchy creates in us the carapace, the holothurian, they preserve and protect us from our knowing that life is impossible without death, and from the destructive capacity of the dark goddess.

The holothurian is inevitable when we are faced with the life/potency threatening structures of the patriarchal culture in which we live. This is no longer confined to the Western world, for as Orbach (2016b) suggested in a recent interview we are "exporting body hatred" to the world.

The thought occurred to me that in controlling and subjugating this dangerous female appetite we could, as a society, overlook the masculine appetite for consuming ever-increasing natural resources. In curbing and controlling the body-corporeal, we can assuage any guilt about the devouring and destruction of the planet's resources. In devaluing connection and care, we privilege an 'every man for himself' mentality and condone the climbing over the top of each other that has characterized success in Western culture. Perhaps, if we were to embrace a more feminine impulse with equal veracity we would find a way back to the barn, despite the blizzard raging around us. In the synthesis of masculine and feminine we might invite the child of creative possibility, of wholeness. As psychotherapists I think that in attempting to grapple with these concepts, in seeking to understand the carapace and holothurian, we do ourselves and our clients a service in developing our negative capability. I see the wellspring of this as stemming from a feminine impulse and I have likened this capacity to pregnancy, labour and

birth. I also think that in pursuing other forms of research, apart from evidence-based, empirical study, we enhance and contribute to a body of knowledge that makes up a different kind of knowing, possibly more feminine, certainly more whole. I believe a focus on connection and interdependence has the potential to bring balance to a patriarchy that is in many ways in crisis, and certainly faces the very real possibility of an uncertain future should the feminine continue to be lost obscured by the carapace and holothurian.

### **Concluding remarks**

Whilst initially my interest was in understanding what I had thought of as an intrapsychic phenomenon, I have now been able to re-view and re-locate this as belonging in an intracultural context also. I have tried to develop a sensitivity to the cultural discourse through my *reading* of the anorexic body.

Through the encounter with the anorexic client the therapist is exposed to the intergenerational trauma of what it is to be female in a patriarchy, and I have interpreted Szyborska's writing about the chasm that surrounds us as signposting this. I have explored this as part of the legacy of dualism, of the Cartesian split of mind and body and the privileging of mind, order and the rational over the clumsy, messy, temporal reality of the corporeal. And as I have suggested, even the post-modern lens, which allows us to see the chasm and the cultural pressure to control and inhibit desire, is insufficient to heal it, this requires a nourishing and a knitting together. A reclaiming of, or re-acquaintance with desire and need, and finding comfort in our shared discomfort and the ensuing vulnerability we would otherwise avoid.

I have outlined the obvious limitations of the subjective nature of this sort of research, however, I do believe there are aspects of my interpretation of the therapist's encounter with the anorexic client that will be relevant to the field of psychotherapy, not just to those working with clients with eating difficulties.

The psychotherapist is uniquely positioned to take up the challenge of cultivating the seedbed of negative capability, or to be pregnant with possibility. Psychotherapy offers hope of being able to live a life that is undivided, of understanding the chasms, both within and with-out, and helping us shift towards wholeness. However, I have proposed that this is only possible when the therapist has the thread, or rope, that connects them to the barn, that allows them to return to wholeness. It is vital that the therapist can recognize the ways in which they too are

pulled to hide away in the carapace and split apart in the holothurian, to locate desire and need in others, lest they be *found wanting*. Only then can they avoid being complicit in perpetuating the control of the Panopticon, or the No Man's Land fort; continuing to see mothers as the primary problem, and locating anorexia as something pathological that exists only intrapsychically, when it is, as I have suggested, intracultural.

For the psychotherapist then the importance is in understanding the ways in which Western culture demands we control and subordinate our desires and needs, whilst continuing to be good consumers. When we can acknowledge the existence of the carapace and holothurian within us, and become comfortable with our own desire and longing, hopefully we will avoid *force-feeding* the client by perpetuating the notion that this pathology is hers alone. Only then are we in a position to truly want nothing from her, when she no longer has to swallow a cultural projection of need and desire. Then she no longer has to continue to crystallize something about restrained desire, about autonomy and independence, and she is free to reclaim her desire and need, to embrace the reality of our interconnectedness as human beings, and from this to develop wholeness and an undivided life.

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