

Treating Anorexia

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Abstract

Looking at cases of adolescents and young women, the author describes psychoanalytic treatments for eating disorders. The article describes fundamental elements of the treatment, including: the structure of the interdisciplinary group of care (psychoanalyst, endocrinologist, nutritionist) and the role of parental involvement. Therapy focuses on the reconstruction of Precursors of the *Ego* (self-containment and reflective skills). A crucial step is the ability for patients to enter into mental conflict in the therapeutic relationship and with the family, since they have a close link with the mother figure. From this point of view, support for the treatment by the patient's father in his role as the "third" is relevant in terms of prognosis.

Key-words: eating disorders, group of care, psychic dispute, precursors of *ego*

Scene

The word *skene* in Greek means protected place, a tent, a theatre, it derives from Indo European *skia*: the shadow.

In the beginning, in the XVI century it indicated Theatrical performances, then the place where something happens, later the action constituting the subject of a comedy, on the other hand, all stage decorations.

In a figurate sense, a burst of anger, a loud argument, by analogy with a painting work, in a metaphoric sense, a landscape, which has been attributed life, an event.

How can the mouth become a stage?

The mouth as the place of the taste and organ of the word. It is usually a sheltered place, a shadow place, where something particular happens, inside a human being. If it is true that it is the place making us similar to animal species, the place through which we feed, it is also the place distinguishing ourselves and attributing specific tasks as human beings since it is the place through which we speak.

The mouth is the place of an action connecting animal and human qualities inside us. When during a meeting, we dialogue while we are eating or drinking together. Our mouth expresses our intents while we are bringing our glass or spoon to our mouths. It expresses our intents while we permit a rest to what is waiting for us in our plate. It inhales and exhales during these two interlaced actions, the fire of soul heats these

instants of conviviality if they excite, rage increases the fire of its explosions. Quarrels at the table conjugal conflicts or intergeneration conflicts.

And what is a word?

From *parula*, in the rhetorical language, a word indicated a comparison, a simile (Seneca) later for Christian authors it meant parable, inspired speech.

Word means oral expression, it is verbal the faculty of expressing our own thoughts through a well structured language.

The right to speak, to keep/break one's word – to have his word for it.

But then how can the mouth become the seat of a representation of a language without words?

Yes, of course, in the name of a third scene, in this case of the kiss. Or in the lover's case. Silence alternates the soft word of murmur or the contemplation on intimate terms or in the case of the filial or parental scene. Silence or singing alternates its presence the tender nearness or again in the case of a friendly relationship where silence extends the exchange and familiarity of close friends. This third, more secret scene introduces the decency of nearness respecting the other one in the moment when he/she approaches more him/her.

On the contrary, a mouth can become a closed mouth, a place of a scene in a language without any words testifying a secret which is dangerous to spread around. A closed mouth a violence made to the mouth of human soul. Being silent in the name of what leaves you without any words, because of what breaks off the word failing both in losing drinking and eating.

The mouth is the bearing axe of the body

When a vice catches our throat, our heart is a lump of hearth, our teeth don't permit any breath to pass. And therefore we are in anguish there. What can we do? Realizing that our attempt to open a little our lips to speak again is in itself the way through which the door will open a little as soon as the door starts opening, adding some words. The taste for words comes by speaking as the taste for good comes by eating. The taste for the former will give the taste for the latter as we know that body and soul join in our mouth. At first we think inside our mouth.

Why scenes of hunger strike?

They mean a last appeal, last hope in desperation when words were not useful, when the word has not been listened even in the case when it could not have been pronounced. It is an unmentionable situation. The attack of the body has struck the

soul and the wounded soul may strike the vitality of the body. Deprived both body and soul.

So the mouth refusing to feed, becomes the mouth refusing to connect and the one refusing to connect becomes the one refusing food and water. Anorexic hunger strike or its extreme contraction, flinging on the face of its own interlocutor the fancy dress of a bulimic mask which is as bulimic on the surface as our society through a vomit throwing up all that has been hosted for an instant inside the body.

Vomiting, why to refuse the outsider?

Vomiting from our own mouth, to get it out to see what there was inside and not preserving it to assimilate? Body expression of a refusal to assimilate what has entered inside. Refusal of integration, refusal to interiorize, refusal to identify ourselves. Scene of a condition of existential crisis, scene of an adolescent crisis. Vomiting because we are struck by a reflex of nausea at the touch of what is not recognizable, what is not similar to the familiar, what is not usual.

The surface causing a reflex of nausea inside the mouth is much more extended in the new born baby and in the breast-fed baby than in the adult. It goes up to lips in the earliest months of life. When a food different from milk touches his/her lips, in the border between outside and inside, the baby has the reflex to vomit. When, by degrees, he/she has familiarity with the introduction of tastes which are a little different from mother milk, then he/she does not sensitize from the refusal reflected at the entrance in his/her mouth.

The outsider and differences, devastating impacts, creative impacts

The person suffering from anorexia through his/her vomit crises would return in a regressive manner towards that reflex of nausea extended to the baby he was then being unable any longer to bear either the outsider or differences?

Eva has permitted me to discover the complexity of a relationship caused by such an unconscious bond to the outsider and differences, as similar to the inner bond to the internalized mother, trace of the sensorial memory of the baby's mouth. When the adolescent, excited by his/her relational sexual discoveries, feels his/her mouth invaded by elements not involved with him/her, the novelty of his/her body phantasmal impressions may fall outside the mouth without being able to become source of subjectivity. The flooding of psychic life touches bodies up to its earliest roots of discovery of novelty. That is up to the mouth.

Eva was fourteen, when I met her. A year later, at the end of August, soon after the anniversary of her fulminating anorexia with ten complete fast days for fulminating anorexia which had started at the end of the preceding summer followed by the fulminating appearance of vomits up to her return to the high school. Eva went out in July after seven months' hospitalization: she is convalescent the anorexic symptom is cured.

Inside, outside. The unusual and the permanence

The end of hospitalization was delicate because she reacted in an excited manner showing contrariety and sadness at each novelty in her own exit choices. When she went out to the park again for the second time then to the senior high school, then to her home, her impressions were less unexpected, her impressions were less announced, she felt pleasure in going out. The first movement was like a nauseating reflection but considered in the figurate sense only, without any physical vomit. We were compelled to change this time between inside and outside, between the hospital and the outside as between the mouth and outside the mouth, so that it was touched through the introduction of minimum variations between the two moments. It is on the basis of the same principle that desensitization works in the baby.

Then we follow this period in the early six months of recovery and return to the family following him/her with much vigilance and delicacy associating our three skills as psychotherapist, endocrinologist and nutritionist, in our therapeutic completeness. We preserve still our care links with the same interlocutors not to create a iatrogenic effect due to the sorrow of separation on sensitive people and to oral early difficulties. We work also with their parents, after a year, it depends on their interviews or on both, couple interview, individual interview, about the experience of their daughter's disease and about the months of battle against the disease. Just at the beginning of her anorexia her father acted at once. I had known him through Eva since the second month of her disease when she returned to school.

***Après coup*¹ and the firmness of cure: father's prohibition, the going out of fusional link**

Tomorrow Eva is leaving for camping. Distressed for her departure, at night, she woke up her mother. In the morning, she slept on the sofa and her mother, sitting on an armchair, had been holding her hand for several hours. Her father could see her like that at her awakening. In the kitchen, during their holidays he discusses with her sister, who says to him: "You can say nothing". Today, for the first time he feels the courage to find the words in order to avoid them this habit they have always had since Eva doesn't succeed in sleeping and that she is having after her hospitalization. This is grim. He gets up, decides to get angry coldly, addressing to mother and daughter, says to them: "I don't want any longer to see this thing. This morning I'll take you to your camping by myself and if again you feel sick at night come and awake me, not your mother". Eva describes to me the scene, on his return from camping, which evidently she spent well. But to my great surprise, I hear Eva describing the consequences. On her father's words, she stood up to go towards him, looked at both of them and added using her father's sound of voice, addressing to her mother: "You are not my sister".

Though, Eva's remark can seem strange on hearing it: "You aren't my sister", it is really illuminating. Eva has got the key of enigma of the triangle father-mother-daughter architect of anorexia. She will be able to follow like that "You behave as if you were my sister, but this is false, or more precisely this is like that in your world no longer in mine, now that I'm cured". She has separated herself from the fusion and confusion in which mother and daughter were the same.

Eva calms down when her father tells the truth. It is possible for her to recognize the efficiency of a word deriving from the fact she has been able to await. Her father wants to get more time to feel himself free and to behave coldly.

Construction of latency: rage in the link with the group of care

Eva has already known the effect of latency during her hospitalization, particularly on the day when she wanted to get from nurses a change in the time table of her first permission. They had answered they couldn't do. Eva had refused the permission, had the doors slammed one after another before she shut herself in her room. They didn't hear any longer any noise, the nurses, a little worried, had consulted on the phone the two doctors, responsible for her treatment, the endocrinologist, and the psychiatrist. They had answered that one of them would have come downstairs subject to their consultation. I had gone to see Eva in her room: she had knocked over all his things in rage. I was stepping over all that to go to her saying: "I went to see You". She had lowered the curtains and in the half light she was reading on her bed. We had spoken quietly about the autobiographical book, which was on her bed. Ten days later when she went out for the first time we spoke coldly about the conflict she lived, the anguish she felt when she went out or didn't. She had perfectly realized that she had to overcome the limits inherent in the setting of her hospital treatment to avoid to face the anguish to start to connect her life inside and outside the hospital through her first exit.

Conflicts, unrest, flows of metamorphosis in the treatment and in the family

This evocation shows us as the conflict played in a nearly psycho dramatic way opens the space of therapy to the psychic unrest-unrest, which is just opened, still so fragile in these adolescents and young adults who have chosen to be treated. In the measure therapists have just chosen to wait we can see the beginning of development and growth of a psychic unrest; the one permitting them to pass from the experience of a stress connected with their state of surviving, to the discovery of anguish of living: life itself.

If the position of treatment allows them to find how to live the responsibility of the situation which they had started and how to invest a time of latency they had not yet been able to use, these girls and women, returned to life, will explore their capabilities of recovery the events lived during their treatment and their *après coup* with their family and their closest friends. They will receive the noises and silence

witnessing their internal maturation on, in an internal space they had ignored up to then. They will learn to respect at once the dark confusion of their feelings in the same way they had been respected during the treatment.

Up to when the experience of internal chaos, connected to the rising unrest, will take place to renewal and metamorphosis - no longer source of falls and return to toxic mania and anorexic lack of nourishment. Conflict explosion will get sufficient attraction to avoid her destruction. This was Eva's case in the following years.

If conflicts and unrest could repeat, and move to parental relationship, appearing for the first time in the therapeutic relation, they became a source to change familiar relations destroyed by disease. Therefore some interviewers had to deal with their parents' suffering, their experience of sorrowful and desperate impotence because they had not been able to act in order to help their daughter to cure, their anguish up to the point to feel their bodies moving when they lost hope at any obstacle they met along the way of disease and recovery. From devastating impacts of their daughter's anorexia rise so even for them creative experiences of learning, through being listened and talking about their own experiences alone and in couples.

Going out of denials

We discover so that the anorexic disease diminishes if it is accompanied by the work of the parental couple permitting to images and to right words to create the spillage from a lot of denials and prohibitions.

There are the interviewers with father and mother, together and alone. In the period when Eva started to see her parents, and then to go home again, interviews which has permitted her father to change his way to be father and groom. Before, he felt himself oscillating according to the rhythm of Eva's progresses and falls. He doubted whether his position was too motherly. His woman has recognized on her side, a *minimum* anorexia: the fear of getting an obese person, none-existing midday meals. She has returned to the earliest weeks of Eva's life, operated when she was fifteen days old, "She was a smiling baby, before it was easy. The baby who has been given back to me, was no longer the same." She was afraid of this baby. She never left her she always held her in her arms while she was cooking, she held her hand at night. In comparison with these internal elements of his woman, her father was called to play the role of a father-mother of his woman; he saw himself facing the unbearable difficulty to maintain his role as a third element without any efficiency. She was afraid of tyrannizing her baby. She thought to invade her and put herself at her service. But in doing so she tyrannized her husband.

Father function of protection and authority

Eva and Cecilia, we are speaking of, show the attachment to the specific therapeutic work of people suffering from anorexia, find themselves at the beginning of a stage of possible cure. They are able to regress in the course of treatment, but they were

able to depress themselves in the therapeutic link, finally able to find their unity in the *transfert*. They have the sense of responsibility and commitment towards the therapeutic link. Jeanne, we are speaking of later, has greater difficulty to heal in a stable way, anorexia returns on occasion of the two early pregnancies of hers. What difference is there between Jeanne and the others? Jeanne has not the same link with his father. Therefore, Cecilia's and Eva's potential resources come from their strong capability of identification with their own father because the strength of investment of their father during the path of cure is evident: he works at their side. This isn't the case of Jeanne's father more than Eva's and Cecilia's mother grandparents, whose mothers have a *minimum anorexia* which have never been cured before the therapeutic commitment of their daughters.

Anorexia after childbirth

We sometimes have the occasion for witnessing the reappearance of anorexic labyrinth soon after a birth when adolescent anorexia seemed concluded. I knew Jeanne many years before the birth of her two early babies, two twins. Pregnant, she wished strongly to go away from her parents, she regarded as the early *Hippy* who had excited their children. Their freedom, their nakedness inside the family, had prevented them from thinking calmly. She felt that the excitement communicated allowed her to remain at a superficial level in the relationship parents-children in a not differentiated kind of communitarian life.

Some months after her daughter's birth, she was compelled to take her job again. She says during a sitting she is still feeding both of them six times a day. So, she was on the point of becoming obtrusive, compelling them to be hungry even if she had been unable to speak earlier. But did she perceive that? Then I ask myself where are her reflexive capabilities (Can I feel myself? Can I see myself? Can I listen to myself? Can I think of myself?). She was heart-anguished, she lived by doubting: did she behave well? Exhausted, she got slimmer. There was a destructive violence was again present in her. She realized that since she described the continual cries of one of her daughters, who was hungry because of undernourished milk, or exhausted of this fusion, which she didn't admit, on the contrary of her twin. And yet the right words had not come, notwithstanding the deep confidence established among us for all that had already lived. I was afraid that the attitude of conformity of the baby would cause anorexia in her adolescence.

Jeanne saw and didn't see the situation. We can say that she loved and she didn't love her twins: she believed she adapted their needs as babies growing up and behaved the opposite. In the same time, she observed carefully her babies. Yet, an abyss opened between her mother movements of love and hate. If ambivalence found a space, Jeanne could reduce nursing. She ignored what the young father thought, too concentrated about her to listen to her. He himself had used the cinema or computers when she refused, so avoiding to get angry.

Father and mother were no longer complementary because they couldn't bear either conflicts or difference inside the couple. Their father didn't oppose their nursing, including mother and daughters. The analytic work has helped Jeanne to identify a way out - to let the crisis continue she found in, without putting any limit to the absurdity of her choice: twelve feeds a day. But this was possible because the analyst took a third position including hate in the link with her, lost into confusion and held to her babies. As soon as she gave up this attachment, the one crying, took her biberon.

So, young mothers, facing their adolescent anorexia, meet some difficulties in accepting to feel conflicts and ambivalence. Then, how to establish the right distance allowing the child to grow up? Up to when they are in despair. The others become for them life preservers against the drawing. When they cling to their relatives, how will they be able to recognize the function of feeding the baby in its own sense and the symbolical one? How will they be able to give up to keep everything, to organize everything up to exhaustion?

In the couple in which the young woman suffers again from anorexia, one stiffens and the other persecutes himself. The man tries to get a therapeutic position, following the needs of his young woman/mother. When she was a child, the woman had followed her mother's needs and wishes. Today she asks her partner to do for her what her mother had not done – to adapt herself, to straighten herself, always and for ever. So she put the man of her life in the position she had lived when she was a child to adjust herself, to take care of a woman, a mother.

In short, these women surround their child's father in a *transfert*: their child's father is to suffer their sufferings when they were children. What is more serious the activation of their own needs as a baby, who was hungry and insatiable of anything, rejecting everything, put the same women in the risk to ask the same question to their own babies. To avoid the awe of such metamorphosis of his young bride, the bridegroom becomes motherly. He takes care of her and loses his power as a third. He doubts about it. If anorexia had been the best solution found by the rebel adolescent to free himself, he may have ignored it up to when he met her since that he can have ignored up to when he met her given that she could never return to this situation during her life with him. Now she returns to this solution for surviving which she knows she posses wonderfully an anaesthetising and euphoric. In comparison to the noise of emotional changes connected to the marriage, pregnancy, nursing, in the moment when becoming mother confuses her, she is now submerged and this can last for a long time, the time of infancy of her children.

It has been known for long that the prognosis of anorexia is really better when the father can participate and modify his attitude in considering his daughter in such a way to cause in her the activation of psychic growth up to then not evident, immobilized in the cobweb of anorexic toxic mania.

Therapeutic strength of regression during the care, childish needs in the adolescent and young adult woman

This kind of therapeutic experience can be lived without hospitalization up to when the two parents can welcome, bear and support the regressive movement that can follow in the relations with father, mother and the couple during the path for the cure. Cecilia cured her anorexia without hospitalization when she was twenty four, thanks to the possibility of her father to bear for three months his daughter's massive recession in their relation, as her mother, on her turn, had been able to bear her role because she was divorced. Her parents had divorced during her adolescence her anorexia was risen as a consequence of their discussions.

Eighteen months after the beginning of her analytic therapy, Cecilia clutched at her father in a tyrannical way, permitting him to feel the burden of her crises, her tears, charging him to understand nothing, to want to understand nothing, to feel nothing. She walked along the street to scream in his ears, on the phone when he was calm. Today, after a following up of therapy, which started with a week sitting, and then two and little by little dissipated. Cecilia has become able to become able to bear suffering in the therapeutic link of *transfert* thanks to the supporting she has found in her father during the care. Fortunately, he resisted during this time of hell during which he has received from her all powers, accused by all evils so he has come to speak to us because of his choice, when he was on the point he could not bear any more. Then Cecilia was convinced he didn't love her any longer, not as much as the others do, not as the others do, therefore not completely.

Cecilia tells me that his friend, she had met again after his cure, agreed completely. "It is true, sometimes, you are difficult". Cecilia knows that I have to consider the consideration she tells me to proceed beyond. Her sister would like the family party to be quiet. She finds unbearable that Cecilia speaks in no correct way to her father and wastes the moment of participation. Cecilia tells me that she doesn't realize the violence of her words. When his friend compels her to notice it, even in the consideration of these facts and in the memory of what she is able to say Cecilia realizes not to perceive the violence of her attitude.

The aggressive effect she expresses without understanding it, without seeing it, without feeling it. Her innocence in describing her in difficulty is intriguing. When she describes some scenes alive. She is inside the scene. Is it so because she is inside the scene. Is it so she doesn't feel the aggression of her verbal behaviours.

Interviews with mother and daughter

The fault of the reflexive capability of the Ego is discussed between the two of us, on occasion of her *transfert*. She starts to slide on a nervous crises, during a sitting, before her mother, she had hoped to speak to, in my presence when I stop her, establishing the rule, "You can say everything through words but it is not possible to do everything in this place of word that in this moment you don't respect me. And I will not accept".

There are three meetings with mother and daughter in the period of this regression in the link with her father. Cecilia's mother recalls to her mind the first morning after her birth: she didn't go to see her baby. She waited her husband to arrive to look at her daughter. She needed him to put the baby in her arms. She didn't dare to take her, she herself. I nearly understand that up to that moment her mother was compelled to ask her father to concentrate on her so that she was less afraid to become Cecilia's mother. She will ask for help up to Cecilia's adolescence in the moments of crises similar, probably to the crises that Cecilia described in the sitting. She wished him to occupy of Cecilia in time to calm her. She tells her daughter in an exciting way that she had such crises when she was a child that she has perceived Cecilia as a child, entering like her, in rage states. She realizes then, that it is necessary her to cure her own anorexia so that Cecilia hasn't any relapse.

Construction of reflexive capability of the Ego and self-containment

I take again with Cecilia the description of family parties: "How can you see there? Try to describe to me what you feel...And now what do you feel to have expressed all that". I try to recreate this other precursor of the Ego which is *the après coup* to improve your capability to contain drives and emotions. I want to give you the occasion to get trust in the possibility of postponing or let disappear what is emotionally too strong for her.

It is necessary a long time so that she can get hold of this new capability – To know how to suspend, "to cool down" slowly, because she doesn't listen to her in relation to her internal links with the couple of her parents. I think that her listening is blocked by the denial of motherly violence in relation to her father. She considered the discussions between her father and mother as a father's violence. I proposed willingly the hypothesis that the father had a condition in which he was overcome by a sense of impotence in succeeding in calming down his bride, overcome by the sorrow to change his mind in front of the disturbed children.

Impotence experiences in the caring group and father and acceptance of the refusal

This abuse of the children on their anxious mother's side, causing their father to behave in an aggressive way, can increase in the scenes where sadism is represented by their father who shows, at the same time, an experience of impotence. As therapists we are captured by the same aspects. There is something absolute in these situations, compelling us, at the end, to the same impotence. But, as therapists, we are obliged by both an affective and daily link permitting to maintain better our position as third participants.

Fathers are swept by the situation. Mother and daughter call him during the crisis: "Concentrate on me". For their emotive and intellectual competence they make a good impression. They don't spend their energy because they want that every thing is

concentrated on them. The disease brings such identification on their interlocutor's side, why should they give up?

On the contrary, though their fathers are worried not to break the link with their daughters when they regress they are, like therapists, better put, in comparison with their mothers to help them, if they don't fall into a motherly position. It is important to encourage the maintaining of a third position, being aware to be used, to let an aggression to emerge no longer against their mothers, but against their fathers.

When therapists are terrified by anorexia because they are afraid their patients can die, so they can risk to be accused by negligence or worse to have aggravated their conditions during the care, then, they are, not like their father but like their mother facing unconscious infanticide wishes, infanticide wishes are activated by the seriousness of somatic situation or psychic regression bringing back symbolically to the state of vulnerability of a true breast feed baby. Then, therapists found themselves immersed into the same melancholic identification of the patients' family, depressed by the realism of situation and not by subjectivity by a death or aggressive phantom.

So, in these meetings together with the care of anorexia, I realized the possibility of thinking about a clinical experience presenting an enigma: the reason why some young women, who had experienced an adolescence marked by anorexia – anorexia which had been won later - find themselves becoming mothers, facing the risk to be surrounded by the labyrinth of anorexic defences. This approach opens new perspectives about the wider question about the problems experienced by relatives and therapists concerning a metaphors of a language without words into touch with those who can find words again during the crossing of this long tunnel of lack of anorexia, tunnel leading to the care of both kinds of restrictive and bulimic anorexia.

What lacks in a language without words?

Not the expression but the essence of a word, a comparison. The word is the vehicle of an expression used through a comparison a parable, a metaphor. It gives with his presence, the collaboration of the subject and his acknowledgment of otherness. We give our attention to this essential thing: if the word were the vehicle of the identical it would not give the comparison thanks to what the comparisons joins in a complex unity. Nearness and difference. The word recognizes that individuation is an essential gift of human being, it is only the means of acknowledgment.

The orality of trauma is silent

Freud compares the trauma of birth to the disownment expelling us from all that is alien to us for ever (1925a), the inside of the body which has brought us inside. The close touch with the presence-absence of all this is *the silent orality without articulated through which we mediate, brood over, suffocate this undigested mystery*, unthinkable adhering to our skin and surrounding us.

The mouth of adolescent boys and girls whose oral capability has been ill-treated particularly by a sexual abuse which has raped them or by a too heavy secret preventing them from using a careless language. It expresses through a scene of a language without words witnessing a traumatic experience of the bearing axe of the human being which is this mouth. So we are trapped in a gloomy identification with the lost mouth, with their axe fallen down. If we recognize this identification that troubles us, we preserve our difference and we can look for their different types of difference, what really belongs to them. But if they accept the approach, another obstacle appears: here they are suddenly with their mouths deprived from words which they still believed to possess in their closest side.

They live the loss of word as loss of their humanity

And this is a frightful. They can see themselves reduced as animals, shameful, and with a sense of guilt, stammering reduced to nothing, human beings deprived from any possibility of frequentation. I start to understand the importance of their mysterious complaining: "I know no longer anything". I recognize their fear in front of the absence of words abandoning the shelter of their mouth.

But how to answer the wordless being?

The street was stopped by the rock of anorexia. Hardness of the cure against anorexia facing us with failure: speaking in the void, accepting to speak about everything, nothing by chance, alone, petrified, we slam our head against the mirror. After the melancholic identification with the disaster of their body then they are struck by the word lacking any meaning.

We discover our poverty of words to answer and we feel ashamed

As we feel guilty since we cannot communicate, turned from pleasure for this adolescent care, for our sensibility as therapists, as this is a hard blow on the scene: "Help me but I can take nothing". A wordless scene. If we accept our shame to give them a poor offer, a little wheat to grind, what we'll be able to glean here and there or in the field of their meeting, they will be able to resist too, thanks to the recreation of a very simple metaphor recreating the space itself of a word.

We aim at recreating, first of all, metaphoric comparisons: they will give life to a language and to their words.

Some comparisons will reveal their difference. They will give new strength. Metaphors always express a difference between sexes and generations. The first generation establishing the interrupted path again seems to fall following our steps like an elephant that when is born, falls on the ground.

One day, a patient found what made possible his own differentiation and felt his silent rage dissolve summing up the mute scenes of his dialogues with his mother: "Never understood". She had this image: "Oh as if I had just given birth to a little elephant. You know, they fall on the ground when they were born, after years of

pregnancy, the sorrow of being misunderstood falls down too, it had a hallucinating burden.”

From discouragement to identification

Ill-treated orality, ill-treating orality

In comparison to a personal familiar, dramatic- experience, the young adolescent girl, and more rarely, the young adolescent boy, think to modify their body image hoping either to find their body image again, or let their own hunger strikes be understood, they chose to get slimmer a little. Sometimes, they face a difficulty to feed. Eating is no longer a natural act, evidently. Disturbed, nauseated, without any taste of living, they lose the natural sense to put their tongue over different tastes communicating the taste to love their own lives.

The mouth is struck, the mouth, this place of words, of kissing and nutrition. The mouth, this place of silence, too, and murmur, intimacy, reading and writing. The mouth, this place of music and internal song. The mouth is struck on the body and soul, wordless, lifeless. Without living, what to do? Surviving.

From the symptom to the double disease of denutrition and toxic mania

The entrance to the anorexic disease, which is a double disease of under-nourishment and toxic mania realizes itself beyond the symptom, that is the refusal to feed. We enter anorexia putting our body in a physical stress situation and this situation changes the hormonal and metabolic operation in organizing survival.

The entrance always takes place from the same door: a disorganization of chronobiological rhythms in the day and night time, through the ill-treatment of meals by suppressing and limiting them, the person sees the rhythm of his/her sleep change, this night disorders still increase the stress situation and psychic trauma with a supplementary source of stress and physical trauma.

Anorexia isn't often a late effect of another traumatic time, sometimes recent and local, sometimes older, sometimes ritualized by the crossing of adolescence or by an effect of adult life (violence, precocious sexual abuse, ill-treatment, despair of loss, mourning, separation, divorce of parents).

What is the result of an eating disorder? A stressed body and the passage through a state of survival. Consequences? Devoting hormonal commands in the service of survival. Cortisone, stress-free hormone of emotional trauma situations is produced to the top possible level, it has therefore in anorexia some euphoriant anaesthetic effects. In the adolescent or in the young adult woman, progesterone and oestrogene taxes collapse, ovaries no longer ovulate, the female body returns to a pre-pubertal state. In the same time, all hormonal inter-relations are modified by the fall of T3 base of thyroid hormones and this causes a state of degradation and a lack of regeneration of bone structure: osteoporosis is similar to what follows menopause and

is followed by a remarkable growth of growth hormone without having any effect on the growth and strength of bones and teeth which have become fragile.

The alteration of hormonal synergy and the acceleration of metabolism have their origin in their somatic-psychic chaos. The more a person loses his/her weight the more he/she sleeps in a superficial way, tortured by hunger at night the more she burns in an accelerated way what she uses: the same muscle or intellectual or emotional effort makes her consume many more calories than to a person with a normal weight. Therefore, she moves and exposes herself to cold, she is iper-active, without having a rest to balance. The disease continues, of course getting worse without any possibility to establish the weight situation.

Discouragement

The loss of energy and courage will be felt. The young adolescent girl or the young adolescent boy, the young adult boy or girl feels himself/herself falling, sinking in a labyrinth of this double disease – undernourishment, toxic mania are self-maintained every day in the lack of rules of chronological, biological rhythms and the restriction or vomits or by assuming laxatives as the survival makes us euphoric until the collapse of its illusory compensation: a bad nutrition and a self maintained toxic mania every day.

In the case of bulimic forms of anorexia with vomits and laxatives, the blood sugar instability due to a way of feeding with really sugared foods causes the alternation of reactive states of reactive hyper and hypo-blood sugar level. The growth of gastric volume for the action of bulimic crises creates a more important need of eating: a vicious circle situation is created. The desire of eating is increasing and even vomits...a bottomless fall, a vertiginous fall in a somatic psychic disorder. The stress becomes chronic, and makes the young adolescent girl, or the young adolescent boy even more hyper-sensitive from a physical and psychological hyper motive point of view, so reacting through anorexia or vomit to the smallest frustration or daily aversion. It follows a terror of physis and psychic space. The acceleration of a crisis similar to that of restriction permits you to get out of human time, starting from its continuity between present and future. In the same time, disorder strikes the job of dream which is invaded by dreamy contents connected to nourishment. Food obsessions are greatly connected to its lack.

Hunger causes nearly hallucinatory thoughts of meals, menus...like a thirsty in the desert sees water, so the anorexic girl/boy sees food, as his /her body doesn't assimilate it.

Discouragement lasts and gets worse up to a feeling of *impasse* leading to the help request. The way out is untraceable, alone even if it seemed to be near. It seemed it was sufficient to decide to stop anorexia to succeed in it. It is false. The trial results to produce the opposite. It is no longer possible to get out of labyrinth of both somatic and psychic complex disorganizations which adolescence is entrapped.

Chaos, Shame and terror

This feeling of *impasse* – the exit is untraceable – gets worse the feeling of shame of oneself. Anorexia, which had been the best temporary solution to face not containable solutions, results to resist to the release trials. Its evolution is no longer controllable.

The internal psychic situation becomes apocalyptic, a feeling of loneliness, being naked, a hyper- sensitivity exceeding up to the experience of persecution. And notwithstanding the disorder of persecution seemed to direct towards anaesthesia, it creates a difficulty in the analysis of reality. Stress free accelerator of cortisone is at most of its capabilities of secretion and there is no longer any chance to recover in the case a strong emotion would come.

Then, all this produces a state of confusion and desolation, an experience of detachment between thought and words: “If I don’t speak about what I feel, I remain in a state of confusion because I doubt about my perceptions as well as my will to take some radical decisions but I find no longer my own words, I am lost.”

During the path of healing the experience of chaos follows in time, localizes in a precise area, the soma-psychic interface. A water drop, both of soma or psychic order, lets the interface lean on the side of global balance and unbalance. Nothing creates a voluble effect of negative synergy, with a worsening/acceleration of disorders due to the disease or of positive synergy with a somatic psychic improvement and hope of re-ascent from chaos with a release starting a new growth, an opening to a definitive healing.

Release

As on the mountains, so in the care of anorexia we have the impression of going up as when we walk leaning ourselves on two walls, the somatic wall and the psychic wall.

As on the mountains, the most efficacious strength is the reversible rope. Sometimes, the person who takes care of himself/herself, sometimes the person who leads him/her in the care, going ahead, otherwise, exhaustion. Thinking of the reversibility of the person going ahead, leading, to avoid discouragement for exhaustion, is indispensable to proceed more surely towards healing. It is exhausting both to lead or to be lead when there is a disorder in the body image and a psychological experience of discouragement, impotence, intolerance to failure. It is worthwhile to adopt in a stable and really personalized way the care proposal so that the person can learn how to use difficulties and comparison with failure, without giving up, recognizing the obstacle or the block area to remount and recognize oneself in the course of the path always committed, without falling into exhaustion.

From the summit of research of somatic balance

First of all, we have to recreate the balance of chrono-biological rhythms (dealing with the disorder from the entrance door, maintaining rhythms and respecting chronobiology) to get out, progressively of bad nutrition, in the physical and affective sense of the term, as well as perceptive disorders of somatic origin (to get out of stress and feel the change of the body).

In the same time, it is important to give some reference points suitable for the level of progress to get out of malnutrition, to find the taste of feeding again then feel pleasure in giving shape to the body again and shape to the trust in the strength of thought. (To get out of doubt, to learn to prevent the obstacles to healing, to learn patience, and tenacity, to endure moments of stagnation, without returning behind for irritation.)

The points of reference in the morphological transformation are useful and reassuring: the body strengthens from low to up. Finding our own sexed body again in this physical metamorphosis, by passing through the return to the natural hormonal and metabolic working of a woman or man body: this happens in the last stage, when the space of thinness between rubs is disappeared.

From the summit of research of psychic balance

We have to recreate our faith in others then in ourselves to get out of shame and doubt. How can we find again the moment of waking and vigilance it might build a psychic dress, a cloth of the Ego sufficient "to dress ourselves" in the sense, to feel well with ourselves.

It is important to aim at recreating the psychic mantle of defence and protection, this dress adapted in itself will permit the constriction, armour, whip of eating disorder to disappear through confidence. Confidence causes the return of the exchange word only through the use of communicating metaphors. Using a language, not rich of images, not abstract to propose only important words. The source of confidence is "within mouth and hand" the right words the young adult girl and the young adult boy will be able to use.

The dialogue allows to find the taste of what is seen, proved, felt, up to the moment, if not through the sensation of continuous fall on the gloomy. The gloomy is the sign of the loss of your self. Learning how to move a little your angle of vision to see the same landscape, the same space in a different way. In disease every thing becomes dark. To move your own vision, to move to see the event, the delivery, the moment in the light of a positive synergy. In the roped group, find again the possibility to see, seeing in two.

Finding again the taste of feeding, linking, taking care, healing. The path of healing is a real crossing in the desert. Which is the manna of this crossing? What is nourishing in the good sense of the term? To know how to ask questions and weave in two a thick thread of interrogatives, discover evidences to analyse again, pass from one question to another, as a matter of fact, in the process of care is giving to receive. There is a kind of draft in difficulty by means of a creative part discovering

unexpected horizons, there isn't any healing from disease without the creation of solutions renewing already the environment of life for this day, this instant in this place, with this person.

Cliffs and stages

We can make an inventory of the main stages-chaos cliffs and acceptance of creative solutions.

The anguish of space and the insatiability (of space), as the psychic destruction, the one of the relations with the other and with himself/herself, the one of words establishing relations among thoughts, moves inexorably up to the absence of every trace. It is convenient, therefore, to define the loss of mnemonic traces due to the presence of the other and recognize despair in the absence of presence, identify the feeling of relational poverty and the experience of extreme depression.

The bulimic journey has, consequently, a hesitation, an experience of uncertainty similar to a state of weakness. All this leads out of time, out of place and then out of subjectivity. We have to quicken bulimic acceleration, step by step, gradually, from week to week, minimally so that its reduction is bearable notwithstanding its defence function against psychic excitation through the excitation and irritation of the body, the digestive tract the mouth, for tooth ache, spinal ache, and in all the muscles committed in the effort to vomit, up to the point of sinking in a deep sleep.

After such hard strokes the following day - the crisis – causes the worsening of intolerances to the lightest frustration. This happens by analogy, for the dryness and dehydration of the skin of the thinned body. The Ego has remarkably become poor. It loses its capability to differ, suspend action, reflect over itself, consider the consequences and capability of *après coup*.

The path of healing passes through the first stage. In this case, the abstinence of bulimic toxic mania. It's a long crossing of a dark dangerous tunnel like the abstinence of any dependence. Here are some reference points: At first, the perception of the effort, then the arrival of night nightmares and terrors followed by a depressive situation we cannot take for pathological depression. And on the contrary, after the arrival of the renouncement and work of the mourning of disease, a time of depression for an extremely creative reworking a source of renewal as soon as the precursors of the Ego are recreated (capability of latency and reflection of *après coup*, discernment, vigilance and protective anticipation.)

The depression of discernment starts with the return of memories and dreams and the metamorphosis of the body: "It's completely naked, we leave again, we recreate leaving from unknown sensations."

From the top of care and familiar group, which transformations?

The proof of the anger felt in front of somebody who is taken in the nest of an eating behaviour disorder (DCA) is terrifying. Anger in the familiar group, anger in the care

group, we mean, that in anger there is a separation, a will of a birth by means of the forceps. A rebirth through which there is a separation, a detachment because the invitation is true. "Go on". How to intervene so that the young adolescent girl or the young adolescent boy can leave his/her mania? We don't have to judge but we have to identify some reference points accompanying them with an attitude of confidence and courage to accomplish together the crossing towards healing. And the look of benevolence dressing with courage and confidence and causing the hope of really healing and a look of sweetness which was, first of all, very rude becomes alive. How can we feel tenderness for this suffering body and in metamorphosis?

The solution to anorexia and bulimia, which sometimes covers them has been, in the beginning the work of a refusal and revolt. It appeared to the eyes of care and familiar groups as the expression of anger addressed to the internal parent and the care. "My body doesn't belong to you". The revolt partook the shared life is led astray from its vital function of protest and affirmation to become part of a shared life. It has no longer its vital function of protest and affirmation to become part of shared death in the familiar and care group. This is a caricature of dialogue. It's over. It has happened. It's a catastrophe. It's chaos. Two possible ways, one of renewal (to arrive to touch the bottom to get up as another new and renewed being) as a new birth an effort on the path of healing of hostile refusal to care a restart of toxic mania and hunger, a way to a diabolic not natured dependence.

What will happen in the family or in the care? Revelation of a more alive being or death what was already alive but not completely created?

To go the wrong way along this path of anorexic working fight-flight, means finding after having lost one's own control, asleep and bared (without any defence against the advance of the loss of relations, the shame and then the aversion for the body, dejected, undressed, shameful, without any skin, without any memory of the body, without taking care any longer of nothing). What remains, is only a beneficent look.

The sentinel keeps his/her own garments

Wakening and keeping his/her own psychic garments is at the root of the word in Jewish. It is important to be watchful not to permit to be charmed by dependence which can lead to an attitude of repairing or hostile care in mirroring again the refusal of feeding, as being wrong, reacting like him or her – is, for example, taking first of all, as reference points for the way to healing the quantity not the quality, supervising food assumption and verifying the weight by changing the body with a sack, where what enters in quantity, has to become weight – means to find himself/herself again deprived, and in the same time, full of shame, like the young adolescent girl and the young adolescent boy, destroyed by the will of power.

The person, who is careful to change, remains wakeful, accepts his/her role as a guide not decisional, accepts to give nothing alone to lead the young adolescent girl, or the young adolescent boy to his/her healing, she/he is a night sentinel, of the

metamorphosis and therefore she/he keeps her/his garments as if she/he feels shameful, and she/he can do nothing alone.

The care group, the familiar group have, like a sentinel, to keep decency, privacy, a form of respect towards themselves, not to fall into shame when they are in touch with a person lacking weight in physic and psychic sense. It is in such a way that a person suffering from anorexia will find the respect of himself/herself again in touch with the group which is in relation with, familiar group, care group, and even amusement group.

These groups have to learn to see the deep being, deeply alive, living in this striking body, which can make it unrecognizable and discourage us from desiring to know him/her. How to invent the mediations which will give us the chance to recognize him or recognize her in all his/her value and even in his/her beauty, his/her nobility of soul and his research of sense? The bulimic practice is the wrapping of altered weight and compels the being who suffers from this problem to live in secret his/her eating disorder. He/she suffers but hides it Sometimes, he/she has lost the taste for a shared privacy.

Commitment, every day a little, step by step

For the young adolescent boy or the young adolescent girl, is fundamental to experience occasions where to find spaces for his/her intimacy. They are really vulnerable in situations when they expose their bodies. It is important to consider all this. But we have to help them to dare to go ahead to show how they really are, to face the proof then to live it and the error without giving up following, maintaining their commitment. If they get out of intolerance and discover the pleasure of patience and perseverance, they will be more trustful in themselves and their new relations with others. Therefore, it is important to help them not to take a part for every thing, the actual difficulty is limited, it doesn't strike all their being...this body, considered imperfect, is not everything in itself. It is a part of itself that their physical and psychic metamorphosis will make it nearer to them.

One of the essential functions of the therapist is to witness, to witness the path of healing, the complete healing of others, who have been compelled to perform this crossing confidently, a crossing leading to the exit of disease, and to an opening to live as living beings, openly. In the same way, it is an essential function for all the professionals met in this period.

One of the essential functions of the person who treats himself/herself is to witness his/her desire to heal and persevere acquiring little by little the capability to continue to follow the indicated direction, to direct himself/herself to this same direction benevolently, patiently, reflecting and desiring to learn to get strength and encouragement (and not discouragement). In the periods of failure so that the person cannot experience that he/she is abandoned as soon as things don't go quite well, quite in a hurry.

The eagle nest

Moses had used in the desert this metaphor in his last words said to his people. When the eagle wants to teach her baby to fly, since it has her nest in a very high place, she decides to push him/her out of their nest, but encouraging him/her by planning over him/her and observing his/her fall. If the baby, afraid, opens instinctively its wings and discovers air to resist, let him/her beat his/her wings to experience his strength. If the baby is terrified, instinctively, opens his wings and discovers that air offers a resistance and a force, too, so let him/her debate to succeed in beating her/her wings to experience all this when his/her force will be proved. If the baby, terrified, let him/her fall down without opening his /her wings, the eagle opens hers so that the baby can fall down on her wings and brings him/her again to her nest because it's still too soon and he/she has not the maturity to fly by means of his/her own wings. Later she will lead him/her again.

The care is not temporarily postponed, it's an eagle nest as it is a place of truth and word, the place to orient, a place to recognize oneself and learn how to feel to be ready to fly. The identification is in the same time, an identification of your identity and it is to know how to identify oneself with others. Yet, in the French language, we can have some gratitude, thank for fortune, enthusiasm, and the shared rush, so as for the shared firmness, for the shared battle, too.

The reversible roped party

In the clinical experience of the care of anorexia specifically, anorexia, accompanied by vomit, I propose to be able to permit that a conflict becomes mature, so that it develops completely. With the internal time, in the privacy of each of us, this leaves its earliest bitter trace, the passage to action which is often the action of discouragement. In the shelter of darkness, the invisible rises. Therefore, this is not only, the feeling of a private space that we will conquer, but the wonder. The wonder to feel the privacy in work, keeping, keeping again, containing desperate pulsion movements, conflicting between them. If we work about the complexity of their mixture, a unit, the only one, in an instant rises. Experience has not a value only in itself; it is the result of a growth of maturation. As the desperate impressions of tasting on the tongue evolve, in the same way, the conflict changes its step if we have some time to devote to it.

Conflict and dispute, experience is so identification in itself of an external reality in itself. This identification can be defined responsibility. It's the definition given by Winnicott (1971) in *Human nature*, a state of knowledge, where infancy and adult age memories join together, the result of what was, what is, and what will be in the relations of oneself with others. Freud (1925) had discovered their terrifying side in words used in negative way, such as "in any case, this isn't..." (see his article about *Negation*). Through the intermediation of our listening to the words of the other

person we choose to answer for him the words caused by his own terror. When we find them again by listening to ourselves, this links incompatible things. Language is a ground to grow. Therapists and patient join their strength and creativity since they believe in their power to grow what they have already sowed.

Yet, we are always tempted when we want to accelerate the development in progress, as if in some way, we could grow tulips by pulling their stems. We would like to assume a position in relation to the conflict taking place in the space of care. Certainly, the conflict leads therapists, who are afraid what might escape of their hands of, out of confrontation, we would like to dominate the situation, through words or the choice of a meaning interpreting the action and events. Now what would interrupt the process of subjectivism that the conflict can start because the emergency of subjectivism is, we can say, killed, while rising, by our observations, or our explanations.

We have to remember that conflict means fighting against something, conflict afflicts us, we are afflicted by it when we start to work as in a fight. We can revise again and again our position of reception of psychic dispute on one side, and in suffering, on the other side, and what touches us personally – the suffering of counter *transfert*. Our empathy, our chance of identification have found their limits. All the better. There, a suffering being has known how to attract us, on the threshold of the unexpected, no habit gives us back our ease. To hell avarice. It's in the situation where we have no reserves which are no longer able to activate our function, without *a priori* as Bion proposed (1970). As our patient, here we are, deprived, not equipped with pre packed answers, ready to let him pass ahead and lead the head of the roped party. We will really listen without any prejudice. Without a previously protective theory with the meeting of care, here we are, alive, in the presence of something else, waiting readily for our listening, notwithstanding everything.

Recreating the precursors of the Ego

Recreating the precursors of the Ego, deprived during the life experience, in the care of latency of reflection of the Ego, in the effect *après coup*. For Eva latency has been established after the explosion of rage (psychic vomit and return to the movement of the body). The reflection of the Ego in the moment of transition of solitary walks and those in presence of others and the *après coup*, in the moment of the father's decision to say no to the adhesive anxious habits of the relation mother – daughter and of the daughter in relation of the anguish, permitting Eva to go beyond to get out outside to abandon the inside. Recreating the precursors of the Ego, builds in the third the relation with others and prepares the arrangement of the patient and therapist in a reversible roped party.

The earliest opening and its depression of reworking

This supposes to open in order to come and come and see what happens in itself from the two tops, top of cure, patient top, so as parent-top, adolescent top in the measure of transformation, equally if the earliest experience of the opening is the opposition. The opposition for the proved breaking caused to the feeling of deceitful completeness given by anorexia and bulimia. The most difficult moment is the stabilization without the euphoria caused by the pursuit of a new weight loss. During this phase, depressive movements require a great amount of control. It is then understandable why, when a patient ceases to perceive that euphoria caused by the restriction, there is a high risk of relapse, during the six-month period following the start of the treatment, in which the patient tries to go back to having a normal relationship with food. Sport activities, because of their physiological euphoriant and invigorating effects, are a good card to play, and they become essential during this phase in which patients often experience tiredness.

The treatment can be seen as a burglary, as if the therapist came in softly, like a thief, to steal the disorder without making noise. Tears often roll down when the treatment starts being effective and the first results can be seen. The first step is to go back to having a meal in the morning and one in the evening, and also to start feeling more energetic or to sleep better, which makes the patient feel better – despite causing a certain anxiety at the same time. Then comes the time to get rid of the anorexic shell, which prevents patients from confronting themselves with their new limits and with new truths which are now clearly visible. It is not necessarily easy to be face-to-face with themselves and with others, and it is disconcerting not to have an alibi or a shield to hide behind and to avoid these bonds.

Translator's note

¹ Colette Combe (2004, p.175 it. tr.) defines, among the precursors of Ego, the *après coup* as follows: «The second precursor of Ego is just the *après coup*, the ability of an adjustment that takes place at a later time, when we recognize something that was already lived.»

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