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A Case of Anorexia Nervosa

Miki Frank

The first time Grace walked into my office I experienced a sensation of shock. She looked as though she had escaped from Dachau. Her body appeared to be a skeleton clad only in skin. Her voice was a whisper. She seemed to be hardly breathing and had no energy. In essence, she gave the impression of being barely alive.

As we talked I learned that Grace was 32 years old, had never been married but was living with a man 20 years her senior who was domineering and regularly beat her. I asked if the relationship was the reason she had come to see me and she replied, "No. In fact I don't really know why I'm here. My life is okay. But my mother read a book by Dr. Lowen and she thinks I should be in bioenergetic therapy."

This remark turned out to be indicative of Grace's relationship with her mother, and highlighted one of Grace's central therapeutic issues — she had never been permitted to make her own choices. (Later in therapy it became clear that she saw herself as an extension of her mother and was accustomed to being told how she felt, what she was thinking, what she should be and do.)

I learned that Grace's father had been grossly overweight and had died of a heart attack in his early 30s. From then on her mother had become a "food nut" and regularly lectured Grace about nutrition, cholesterol and the dangers of being overweight.

Grace's eyes were large and dark, filled with pain and anxiety. Her forehead appeared to be flat and immovable. When I commented on the fact that her jaws were tightly clamped she told me that she ground her teeth at night and had lost a number of them because of jaw tension. Her neck muscles were also very tense. Her chest was held in a chronic attitude of inspiration. Her pelvis was immobile and her abdomen was actually concave. Her hands were cold and clammy to the touch.

I wanted to see what happened to Grace's energy once she moved her body and increased her breathing. I asked her to lie on the couch, then suggested she kick her legs and yell *no*. It seemed to require a tremendous effort on her part to move her legs and when she did she gave the appearance of an automaton. Her *no* was barely audible. As I encouraged her to continue kicking and asked her to repeat the *no*, her eyes became wide with fear, she stopped kicking, crossed her legs and put her hand in front of her mouth as if to stifle any further protest.

Somewhere during the first session I asked Grace how long she had been anorexic. She looked startled but said nothing for several minutes. "How did you know?" she asked, and again fell into silence. At the next session Grace told me she had been stunned by the fact that I had identified her as an anorexic. In all the years she had lived with her lover he had never shown any awareness that she regularly went into the bathroom to vomit up whatever food she had eaten. And then Grace told me that on the evening of our first session she had cried herself to sleep, saddened by the fact that a stranger had really seen her. "My lover looks but he doesn't see me," she said.

The work went slowly. Little by little she shared her story with me. I learned that Grace had had a brother, two years her senior. When Grace was 16 months old her brother died. From that time on her mother's full attention was focussed on her daughter. Grace remembers her mother telling her, "You're my life. I love you with all my heart. If it weren't for you I would kill myself." But Grace also remembered that three times a year she and her mother visited her dead brother's grave where, regardless of the weather, Grace was made to kneel while her mother

talked with her dead son. All her life Grace felt confused about her mother's feelings for her. "If she loved me so much why wasn't I enough for her? Why did she continue to need my brother?" Grace remembers lying awake at night and thinking, "If I were better, if I were perfect, then maybe Mommie would forget about Joseph and I wouldn't have to kneel at his grave ever again." Grace's attempts to be "the best little girl in town" may well have dated back to those pilgrimages to the grave.

Working with Grace reinforced my belief in the value of bio-energetic physical work. She quickly saw the connection between her inability to give voice to a strong *no* statement while hitting the bed and her difficulty in identifying her own needs and in making them known to others. At times she expressed amazement at the depth of her own frozenness and muteness. After a particularly strong session she commented that she felt her face and back for the first time in years. At another session she shared that after working on the stool she felt ten feet tall.

She confided in me that she could not recall ever having openly said *no* to her mother; instead she relied on passive resistance. Her mother, for example, regularly sent her expensive clothing. She detested her mother's taste and said that everything her mother had ever sent her was ostentatious and gaudy. But she had never been able to talk with her mother about this. Instead, she sent all gifts from her mother to an organization that collected clothing for the needy, including a pair of diamond earrings she received for her birthday.

Grace considered her mother acquisitive and materialistic. She never argued with her mother about values and priorities. But as soon as she left home for college she began to make a religion of poverty. She remembered one semester when she lived mainly on popcorn. She restricted her clothing to three black turtle neck sweaters, one black skirt, two pairs of black jogging pants and one black jacket. For a period of time she lived in a community house and when there was a shortage of rooms, and a new person wanted to move in, Grace quietly gathered up her black wardrobe as well as her few books and moved into a closet. She lived there for over a year.

It was clear that Grace expected little from life and asked even less. By way of illustrating this to her I shared one of Sholem Aleichem's short stories with her. It involves Bontche Schweig who, in his lifetime, suffered indignity and insult, poverty and hunger, all without complaint. He was a veritable saint of a man. When he died he was greeted in heaven and told to ask for anything, anything at all, and his wish would be granted. Bontche became silent and after a long time said, "Well, if I can have anything at all, could I have, please, every day, a hot roll with butter." Grace smiled at the story. "And I probably wouldn't even ask for the butter," she said.

I spent many hours just sitting with Grace and listening to her. It became clear that she had little experience in self-expression, few tools for making her needs known and was bewildered about how to deal with others. We spent even more hours slowly, very slowly, increasing her ability to (literally) stand on her feet and tolerate more energy. This led to an increase in her ability to protest, working with such statements as "I won't," "It's mine and you can't have it," and so forth. She began to gain strength and slowly, in the manner of a very young child, she learned how to make choices.

She came into session one day and told me, with great excitement, about going to dinner the previous evening. Her friend had decided upon the day and hour of the meeting and had picked the restaurant, which turned out to be noisy and very crowded. "And would you believe," said Grace, "I actually found the courage to tell my friend that I was uncomfortable, that if she wanted to stay I would understand, but that I wanted to eat in a small and quiet place near my house. If I keep this up not only will I ask for a buttered roll but I might even ask for a corn muffin!"

One day as she was hitting the bed with the tennis racquet, working up the volume of her *no*, she suddenly became silent. And then, very quietly she said, "No. No more. No more being pushed around."

Soon after, Grace celebrated her 33rd birthday. Her mother flew into town and presented Grace with a \$5,000 check to

commemorate the occasion. "But in return," Grace told me, "she expected me to spend every minute of my day with her. In fact, she took it for granted that I would stay with her in her hotel room." True to form, Grace tried to oblige her mother. She stayed with her two nights and then talked about her need to have a woman-to-woman relationship and not one that was essentially a "child-to-adult." When her mother argued with her point of view Grace walked out of the hotel room.

At the next session Grace told me she realized that all her life things had been shoved down her throat by her mother and she was sick of it. We talked about the connection between her anorexia, the fact that she regurgitated most of what she ate, and her feeling helpless to prevent others from shoving things down her throat.

That session marked a breakthrough, for when she arrived the following week she announced that she had bought herself a dress for \$30 and was no longer going to clothe herself from thrift shops. A week later she went on vacation alone for the first time in her life. She sent me a postcard with a picture of a palm tree and a quiet sandy beach. She had written, "Bought a corn muffin. Who knows, maybe tomorrow I'll splurge on a danish."

During the first session, after returning from her vacation, she suddenly blurted out that she was in torment over being anorexic, saying that even on holiday it had ruled her life. She asked if I could help her. I had been waiting for just such an opening for I knew there was no hope of making inroads on her eating disorder until she was willing and ready. (Grace had already been in and out of several hospitals for treatment of the problem. Each time she had outwitted the program, gaining just enough weight to qualify for discharge; and as soon as she was on her own again she would undertake a vigorous program of fasting, purging and exercising until she reached her "ideal" weight of 80 pounds.)

I told her I would be glad to help in any way possible, but that she had to be part of the process. "I'd like us to be like two scientists working together on a project to see what we can un-

cover." I asked that she keep a journal and enter all food she ate each day. I made a point of saying she was not to think of what a "normal" person would eat, but to eat until she felt she should stop. I also asked that she make a note of each time she threw up so that, as scientists, we could begin to trace what had caused her to regurgitate her food: was it the types of food she had eaten, the people she was with, the atmosphere she was in while eating, or had she forced herself to eat more than her body could comfortably ingest because she was with friends and wanted to seem "normal?"

Although she regularly shared her journal entries with me, it took awhile for me to realize how skilled Grace had become in the fine art of deception. Her entries for a typical day might read, "Breakfast: corn muffin, cottage cheese and peanut butter. Lunch: Salad. Dinner: Vegetable plate." On closer examination her breakfast would turn out to be a quartered corn muffin, three-quarters of which she returned to the refrigerator, having spread a carefully-measured teaspoon each of cottage cheese and peanut butter on the remaining one quarter of a muffin. The luncheon "salad" was in fact one lettuce leaf with a tablespoon of cottage cheese and the mythical dinnertime vegetable plate was in reality a very small baked potato.

As we talked about these entries it became clear that Grace was caught in perfectionistic and ritualistic behavior. The peanut butter was not only measured but flattened in the teaspoon over and over. If one crumb more remained in the spoon she tortured herself for the rest of the day.

More often than not her journal carried an entry about throwing up one meal or another. It also took a while to discover that several times a week she went to the gym, compulsively forced her frail body to work out with heavy equipment, then sat for an hour or more in the steam room "to get rid of water in my body."

I began to focus on having her explore the needs of her own body for food, encouraging her to share her anxieties (and distortions) about her body weight and helping her to learn to deal with the demands of others regarding her food intake. During

this time I walked a fine line for I knew that anorexics would agree with almost anything said, even fabricate material they think the therapist wants to hear, while going their own way and feeling they know better. It was clear that this pattern of compliance was well established in Grace. I talked with her about the fact that my statements were true for me and might not be true for her. I tried to introduce her to the pleasures of friendly disagreement.

Little by little she learned to be more trusting of me. Her journal entries became more straightforward. She began to be more comfortable in sharing her "secret thoughts." She talked about feeling listened to and said it was a new experience, not being told by someone else what she "really" felt or meant. She particularly enjoyed being a "fellow detective" trying to find clues to the mystery of how her problems came to be.

One day she "confessed" that her lover, who was an artist, demanded that she leave the house early in the morning because he found her presence too distracting. Although it was the middle of winter, Grace woke at 6:00 a.m., dressed and left the house, only returning in time to prepare his evening meal. This had been going on for some time but she had never shared the situation with me before, fearing that I would be disappointed and angry. I asked where she spent the day and she told me she sat in a restaurant for a few hours while having breakfast and reading a newspaper, then rode the subways for the rest of the day.

For the next month Grace spent most of her session time talking about her longing to leave her lover and her fear of being alone. About this time I went on vacation and when I returned Grace came to the office at her regular time. She was sporting two black eyes. She said that while I was gone she kept hearing my voice telling her that she deserved a good life. One morning she found herself overcome by a new sense of herself; that she was a waif without a home of her own. That day, instead of riding the subways, she went hunting for an apartment. The same evening she quietly packed her few possessions and left her lover's home — but not before he blackened her eyes. She thought it a small price to pay for freedom.

Getting her own apartment was another breakthrough for Grace. For the first time she had a place and space that was truly her own. From week to week she blossomed. She gained weight. Her menstrual periods returned for the first time in years. At one session she "confessed" to being "horny," a sensation she had not experienced in a long time. She masturbated for the second time in her life. She began to come to sessions wearing brightly-colored close-fitting dresses. She told me she felt as though she was coming out of a fog and that for the first time in her life she was waking up in the morning without saying, "Damn it, I'm still alive."

I knew that as recovery took place Grace's anxiety would increase but I was unprepared for what happened. She had told me in an earlier session, when she weighed 92 pounds, that her "dreaded weight" was 100 pounds. This seemed a figure of almost magical significance. Although she was five feet eight inches tall, each time she neared her dreaded weight she had always felt grossly fat and exceedingly ugly.

One night about two a.m. my telephone rang and it was Grace. She told me she had stepped on the scale that night and discovered she now weighed 99 pounds. All she remembered after that was finding herself in the kitchen sharpening a large knife, saying over and over again, "I want to die. I want to die." When she realized what was happening she telephoned me. We continued to talk on the phone until four a.m. For a time after that I had Grace call me three times a week at pre-arranged days and times. The structure, as well as her regular sessions, helped her recover some of the ground she had lost.

During this period Grace talked about her symbiotic connection with her mother. On the night when she had wanted to die she had awakened with the feeling that only one of them could live; if she lived as a separate person it would kill her mother so the only solution was to kill herself. With the hope of helping her gain insight into her situation I began to share with her some of Hilde Bruch's theories. Bruch believes that eating disorders represent a desperate fight against the feeling of being enslaved and exploited. She believes anorexics have not been permitted or helped to be competent to lead lives of their own.

Bruch maintains that in a blind search for a sense of identity and selfhood, anorexics will not accept anything that their parents or the world around them has to offer; they would rather starve than continue a life of accommodation. We talked about the fact that Grace had begun to learn about other options, had begun to understand that it was possible to disagree, to say *no* to what another person wanted of you, and that you and that other person could still live and even learn to respect each other's differences. After all, hadn't we discovered some differences in our beliefs, yet didn't we still care about each other?

In the next period of time Grace consciously explored the issue of choices, stopping to ask herself several times a day, "And what would you like to do now, Grace?" She found the courage to explore different restaurants, discovering where she felt comfortable and where she did not. She had her apartment painted and allowed herself the luxury of furnishing it according to her taste rather than according to what was available at the Salvation Army. She treated herself to fresh flowers for her fireplace mantle. She experimented with foods, trying to find what she like and disliked. She discovered the pleasure of eating by candlelight at any hour it pleased her to eat.

Once again the scales registered her weight at 99 pounds. At her next session she told me, "At least this time I didn't cry and I didn't go into the kitchen to sharpen a knife." And then she stood up, straightened her leg, touched her calf and thigh and said, "These are still skinny, right?"

Just as I was beginning to feel we had made it out of the woods, Grace received a telephone call from her mother who said she was flying to New York prior to Grace's 34th birthday. She arrived with another \$5,000 check and invited Grace to come to her home in New Mexico to celebrate her birthday.

During the next several sessions, while her mother was in New York, Grace grappled with the problem facing her. She sensed that she had two choices. She could refuse her mother's offer (but if she did she would feel like a coward, she said, too weak to stand up against her mother's demands). Or, she could decide to accept her mother's offer and use all her acquired

strength to hold on to her ability to make her needs known. After struggling with the dilemma Grace decided to go to New Mexico with her mother for two weeks. Before she left she asked me if I would allow her to tape a session. She felt that having my voice with her while she was in New Mexico would strengthen her resolve to maintain her separateness from her mother.

A week later I received a letter from Grace in which she said she was doing just what the doctor ordered, namely, having fun, and that she could hardly believe how easy it had become to be with her mother. "It seems like a miracle. There is no pressure, or maybe it's because I won't put up with any interference from her." She signed the letter "Your ex-waif."

That was eight years ago. I never heard from her again. For me, the story of Grace remains incomplete. To this day I wonder . . . Did she hold onto her gains? Is she still waking up without saying, "Damn it, I'm still alive." Or is she sitting somewhere sharpening a knife and wanting to die?

I chose to write about Grace for several reasons. First, it is a way to share with others the conflicts and frustrations inherent in working with the anorexic patient. The work with Grace was difficult for me in many ways. Evasiveness and half-truths had become a way of life for her. It was a survival technique she had developed and fine-tuned over the course of many years. It came into being as a defense against an invasive mother but, at the same time, did little to break their symbiotic connection. Any attempt to directly confront her evasiveness was met with deepened resistance in the form of cancelled sessions or vague talk about the possibility of terminating therapy "for awhile."

Grace, like all anorexics, was searching for an accepting and loving mother, yet one who would not force her to conform to a set of approved standards and values. During the two years I worked with Grace this issue was often replayed in the transference. Time and again she would turn to me for "advice" and it was difficult to draw out her own feelings about how she would like to handle a particular issue or problem. It was hard to resist her sometimes subtle but always quietly insistent request to tell her "what to do." If I shared with her my reasons for not re-

sponding, she characterized me as “not caring enough.” If I occasionally fell into the trap and gave her a direct piece of advice, she would turn on me with the accusation that I was “just like” her mother.

In working with Grace I often found myself feeling that I was in competition with her mother—in a struggle, if you will, for Grace’s being. I was committed to strengthening her emerging true self, yet each time her mother came to New York to visit Grace she brought with her the bribe of money and gifts in payment for conformity to what she thought of as “right” behavior. After each of these visits I would be faced with the need to help Grace once again strengthen her sense of herself and of her right to live her own life.

Grace’s eventual disappearance illustrates still another difficulty in store for therapists as they pursue their impossible career. For a given space of time we form a deep connection with another life but we do not have the consistency of connection of parent, friend or lover and, sooner or later, the connection is broken. Our patient leaves, sometimes unexpectedly as in the case of Grace, sometimes because the leaving is planned and mutually agreed upon. The patient’s life goes on long after we have parted, but we are no longer intimately connected with that continuum. It is not only appropriate but therapeutically sound that we, their therapists, should fade into the dim recesses of memory.

I cannot speak for others but, as for me, when I have had a strong connection with a particular patient I cannot help but wonder. . . . Is Grace still glad to be alive? And has she remembered the value of her personal “No?” Or once again has she become involved in a battle unto death for recovery of her lost selfhood?

Reference

Bruch, H. 1978. *The Golden Cage*. Cambridge: Harvard University Press.