

Torment of the Object:

A Contribution to the Study of Bulimia

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e-Book 2016 International Psychotherapy Institute

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At the time I wrote this I wanted to show that merely having feelings that others could sway could be experienced as a kind of torture. Later I was to see that at issue was influence, in very much the same way Tausk (1919) used the term in his essay on the “Influencing Machine.” The influence in question would turn out to be an “unheard melody,” that Keatsian “ditty of no tone.” This I would later link up with a fear on the part of the infantile self that it was not among the elect—not among those who should be living and flourishing; or, to paraphrase Keats, When I have fears I was not meant to be....

This primal dread has to be given some kind of form and syntax so that something can be done about its overwhelming influences. Hatred and torment are stimulated by the influence of the dread incorporated in the process of identification (See H. N. Boris, “Identification with a vengeance” in *Envy*. Northvale, NJ: Jason Aronson, 1994). In that format, the Other is obliterated by the identification the Self makes with it. In bulimia, the Other is given substance and space, only to be disgorge or otherwise rendered impotent, its once overwhelming influence reduced to rubble.

As a freshman in college, Ms. F. had developed a practice of writing and filling prescriptions for herself from a pad she took from a physician she had consulted. By this means she acquired the laxatives and diuretics she felt she needed, but also, of course, as it was to turn out, no less significantly, she acquired the attributes of the physician—what the blanks, the signature, and the words symbolized.

At first she filled the prescriptions at a distance from the college and the physician, but presently she “got careless” and was caught by a pharmacist who knew the physician well enough to doubt he would prescribe what was written. The college furloughed Ms. F. with the prescription she see a psychiatrist.

The psychiatrist she saw was a younger colleague of mine, who at times discussed his cases with me. Ms. F. turned out to be rather a recalcitrant patient. From the first appointment when, by a logistic snarl-up she couldn't have anticipated, she arrived a halfhour late, she continued to come late and, moreover, to behave as if the entire affair were an unjust punishment. By the time my colleague and I talked, he had felt that it was necessary to confront Ms. F. with the notification that she could not be given a “clean bill of health” unless she did something more than “go through the motions.”

It was concluded that further work one-to-one was untenable; that she could not be asked to internalize, or

swallow, viewpoints she felt would ruin and incapacitate her, that the situation had to be reframed; that the most expeditious and possibly most all-around helpful way would be to start once more from the beginning; and that the beginning was the bosom of the family. I agreed to see the family, so that in the future individual work with my colleague might be possible again.

Ms. F. took up the plan with enthusiasm, and within a week or so the F.'s were assembled in my consulting room.

INTRODUCTION TO THE IDEAS

Among the notions beginning to dawn upon me at the inception of this case was the idea of peripheries—boundaries and innards—and the traffic that flowed in and out. As with children who set up the play therapy room with spaces marked off from other spaces, so it was with Ms. F. From somewhere within her selfreaching out to the furthest pharmacy, from the food which one minute was outside and then the next inside, to the cud, which was one moment inside and the next out, there was ceaseless, restless movement. Who was she? Where did she (spatially) begin and where did she end? Was she individuated, separate? Conjoined, fused? If one wanted to see her, where she was located?

The decision to see her as part of her family was not an attempt to do family therapy, for which I was then only marginally qualified. It was an attempt to take these questions seriously: Where is Ms. F.? Where is Ms. F.? Here she is! Here she is! Or so we hoped.

In the event, Ms. F. was to help throw light on those amazing sleights of mind by which people attempt to recreate a self and a world in which catastrophe is averted and possibility impregnated by the fairly simple devices of eating and purging, which, after all, any infant can manage.

THE FAMILY SESSIONS

By the chance of schedule, I could only see the family at tennis time. Mr. F. came from work, in a blue blazer, gray trousers and face. Mrs. F. and “the girls” came from the courts. In their tennis whites, they were like ripe flowers, pink patina upon dusky tan. Mrs. F. was more deeply tanned, like carved wood. Ms. F., too, wore tennis shoes and pom-pom socklets, and jeans, and emblazoned tee shirts, variously advertising rock groups, soft drinks,

and causes. (In the end, I gave up trying to attach meaning to the messages, save that they were signifiers of being a normal teenager.) “The girls,” who ranged from 11 to 17, sat on the three seats of the couch. Mother pulled the chair I had set away from the desk, back to the desk. She needed the desk for the documentation she had brought in an Ivory soap carton. Father sat on an arm of the couch. Ms. F. sat in a chair that was neither here nor there. Mr. F. decided to abrogate the circle and Mrs. F. to break it.

The girls stared at me with the frank interest of children at a zoo. Mr. F. put on a cooperative face, which looked rather more resigned than enthusiastic. Ms. F. looked down; her eyes were circled with anguish; her mouth was pinched; but she was not going to meet my eyes. Mrs. F. began unfurling documents. I could not help but feel interested, but I also wished I could be somewhere less lonely.

As events began to unfold, a fairly typical situation emerged. The girls didn’t see why they had to be there. They volunteered nothing and took a certain shared pleasure in how uncommunicative each could be. Mr. F. would sometimes attempt to help me out by remonstrating with them, but since his role was to be futile, his efforts achieved what was intended. Mrs. F. impatiently awaited the denouement of our respective and collective uselessness and began to take charge. At this “the girls” rolled their eyes to one another, while Mr. F. impotently scolded them with hand gestures. Ms. F. had found the window and fixed her gaze at it like a prisoner will at patches of blue or green. At the halfway point of the hour-and-a-half session, I could tell two things: first, that Mrs. F. and I were to be left to it; and, second, that “it” was to get her into treatment. Anything else was going to be brought to a standstill.

Since by now Mrs. F. was unfolding her own Regents scores from high school, which were indeed, as she said, in the 99th percentile, I could see that there might be a case for providing her with serious assistance. And I could see the power and force with which she was seeing to it that her daughters would complete what and where she left off. So I said:

Ms. F. is very ill. And you may have to let her get well. But she can only get well if the rest of you accept your share of the sickness. Next time I am going to tell you what your share is—if there is a next time. There may not be a next time because Ms. F. will not want to come back. She is protecting you with her sickness and by not coming back she will remain ill and protect you. You will have to get her to come back with you. But you will have your own excuses for not coming back, and we will stay where and how we are now. If that is what you want,

leave now. If you do not leave now, your job is to plan the next session. I have done all I can do—all I am prepared to do. *You are not my problem, you are yours.*

This rather pontifical statement met, of course, with the most spirited challenges. But I was adamant: I had set the fox among the chickens, and I was not to be drawn back in. I contented myself (and discontented them) with parenthetical remarks such as:

To Mr. F: Are you so ineffectual at your work as here, or is this something you work at?

To "the girls": You are really giving your parents the business. If we knew why you do it and why they let you get away with it, we would know something.

To Mrs. F: You are only making matters worse. Why don't you develop a little curiosity?

To Ms. F: You are counting on them failing. At the end of the session, minus one, you will be free to keep your family intact.

Sure enough, by the end minus one, they could not agree why they were here, what this was supposed to accomplish, who should return, if anyone, who could possibly be free when (there were tennis competitions in particular), and so forth. Plainly if something were to happen, I would have to do it—or else! But of course in the mysterious fashion in which these matters devolve, a moment later we were all pledged for next week, same time.

The next week I reiterated the salients of the previous week, adding that I thought it impossible for Ms. F. to be other than self-treating until people took on their own share of the illness and were willing to work on it together. I further added that while I doubted this could all be done in the present session, I anticipated the same difficulty about getting to a next session and suggested that they work on that issue first. As I hoped, this flushed out the various collaborating and reciprocating resistances and enabled me to draw attention to them.

None of the stories one tells one's self—the cover stories one uses to represent and misrepresent what one experiences and who one thinks one is—can survive except insofar as they properly represent or properly misrepresent the stories held dear by those to whom one is significant. In the F. family there were three main stories, as it emerged.

First, there was the story that Mrs. F. wanted only the best for everyone.

Second, there was the story that the best was at hand, if it weren't for Ms. F.'s embarrassingly stupid

behavior.

Third, there was the idea that the family could very well cope without help if outsiders didn't meddle.

"The girls" were living proof (in dusky rose and tan) of this: could anyone doubt that not only were they flourishing, but flourishing (tennis tournaments were the objective criterion) *better than* the children of *other* families? I was continually assured that Ms. F. was the best player of the four girls. ("Is this so?" I asked Ms. F. "I don't know. It's been a year since I played, and they have all improved." Mysteries and more mysteries!) In tandem with their ceding to Ms. F. this ambiguous superiority, was the admonition: "If you just started playing again, you wouldn't need those laxatives and stuff." It was recurrently plain: Ms. F. was not supposed to be "sick."

Indeed, whenever harkening to my insistence that Ms. F. wasn't able to play tennis anymore or pretend to normality more generally, or whenever Ms. F. would venture to talk of her bingeing or the like, there would be a vast silence. Then Mrs. F. (usually) or Mr. F. would begin to talk as if Ms. F. had said nothing. I would of course draw attention to this, and presently the family worked out a countering tactic:

"Darling, the doctor (*sic*) says you are sick. Why don't you see that nice psychiatrist, you know Dr. um, er...?"

"Leave us alone, Ms. F.!" I would interpret. "Do what you have to do, but get him out of our lives and leave us in peace. We don't believe you're sick, so it's just a matter of hitting against the backboard for a while, honey."

When I said such things, the family felt I was making fun of them; but I told them that though they did not like to think so, they were making fun of *me*.

The most powerful resistance, of course, was leveled against my insistence that the rest of the family "accept their share of the illness." Often none of the six of them could even remember a sentence of what I had said they were to do (except to come back, which they disposed of by making regular appointments). At these times they would drift off into chat and family gossip of the emptiest sort, to which Ms. F. contributed her share. The words *deadly dull* would recur to me: death by dullness. Only Mr. F. would convey an occasional sympathy with a raise of his eyebrow or a tilt of his head as if to say, "You see? I have to endure this, too."

After a while (mistakenly, I feel in retrospect) I asked him: "So why do you put up with it?" (I should have

continued to interpret his complicity.) He said, “I don’t, frankly, have the energy to stop them.” This break in the ranks, as it happened, turned on a terrific row. The gist of it was that *everyone* worked hard, not just he. Somewhere in the general acrimony I recall him saying to Mrs. F., “Yes, but when you go to the store, you get a quart, one single quart, of milk for them, for them!” This, of course, referred to “the girls,” who plainly drank a quart each just for starters.

Mrs. F. was thunderstruck, partly by the bitterness with which the accusation was made, partly that it was made in front of me, and partly, I thought, because not only was it true, but also it challenged an idea having to do with whether she should have to shop at all. She flung back at him how busy she was, going from tournament to tournament, and began to recite the schedule: “Isn’t that right, girls?” It was true: Mr. F. didn’t “have the energy.” (This was when I saw that my earlier interpretation had been incorrect; now the question was, did I “have the energy?”) For as Mr. F. retreated, the looks of discomfiture on the girls’ faces and the frank anxiety on Ms. F.’s faded.

I said: “You have come together again. For a moment there was a serious question. It was, do you, Mrs. F., have the right not to shop or, if you have to shop, not to shop accurately. This was taken to mean, are you too busy. But that wasn’t the whole question. The rest of it was about who should sacrifice what and for whom.”

I managed, on and off, to keep that question in play until we reached some real talk about Mrs. F.’s premarital accomplishments and her famished ambition. We talked of what Mr. F. owed her for that and what her daughters did. Regarding Mr. F., there was his own view of Mrs. F. as the one “who wears the pants” and his own loneliness for his father. I remarked somewhere in this: “If only parents were allowed to change genders with one another!”

Finally the girls individuated enough to talk of the hardships in their lives and their fear of what would happen first to their mother, then to their parents’ marriage if the family wasn’t as it was. At this juncture, the youngest, Marita, said to me slyly, “Maybe Ms. F. isn’t sick, like you keep saying. Maybe she’s the only one of us who isn’t crazy!”

This rather gave me pause. I wanted Marita’s observation (sly as it was, notwithstanding) to register. But I was equally aware that in all this time (we were by now in the sixth or seventh session—we were now meeting twice weekly because my vacation was coming up) Ms. F. hadn’t really said anything. So I said: “Ask her!”

“Are you?” asked Marita.

“Honey!” said Mr. F.

“Let her answer,” said Amanda, the 16-year-old.

“When, again, are you beginning your vacation?” asked Mrs. F.

“God, Mom!” said Beverly.

“Am I what? Normal? No. Crazy? I don’t know. Out of control? Yes. Out of control so I’m not crazy? Maybe.” To me: “What do you think?”

“I don’t know—it’s possible.”

“Anyway, this is what I started doing when I was 14.... ”

And so Ms. F. went public.¹

THE FAMILY DYNAMIC

When in meetings with a family like the F.’s, one is soon aware of the vastness of their indifference to one another. They know little and care less. They have settled one another some time ago. In the F.s’ case, though I did not get to know them well, certain lines appeared like penitenti beneath the regular American family they took themselves to be. Mrs. F. plainly felt that Mr. F.’s penis was wasted on him. Perhaps he thought so too, since it kept him from his lost but unmourned father, whom he replaced as best he could with Mrs. F. She, meanwhile, lived out her boyish ambitions for herself through her daughters. Were they meant to be boys? Was she a man in respect to them, too? Mr. F. was the foodgiver; that was important. “The girls” identified with one another, and at this time in their lives consolidated with one another’s help a kind of identity that gave them a degree of imperviousness to their parents—and, as the chat session suggested, to other young people, competitors, and friends. But for all of this there is something at once chimerical and banal. One is dealing with mirrors and images, extensions and projections, falsities regarded as verities and truths agreed to be counterfeit. The banality lies in the answer to the question of where all the energy and intensity are. There were no particular vibrations—those

radiations in the field of forces that arise when people are interested in each other. The F. family's relationship was with their inner objects. They had escaped one another's realities by an act of sheer sorcery. They had patiently reconstructed each other within and then serenely acted as if these reproductions were as real or realer than the real thing. Indeed, at those moments when my own efforts threatened to flood the chimeras with the unsparing light of reality, the family would together hastily assist in pulling the wool over one another's eyes.

THE WORLD OF INNER OBJECTS

There is an urgent need in humankind for an alternative to reality. Reality is simply too real. Its very realness torments, quite apart from the qualities of pain or pleasure within the reality. People need to dream as badly as they need to awaken. Dreaming provides a certain immunity to reality, a degree of imperviousness, a spell of respite. Of course we are mainly mindful of dreams when the lights are out and we can see them better. Like the stars, they are hard to see in the full sun of consciousness. Yet like the stars, which are always "out," the world of dreams is ever on. Some among us have so managed to attune ourselves to our dreams, night and day, that reality is but a scrim requiring effort to penetrate, yet as permeable as gauze. Others of us have to be quick as a cat to catch a glimpse of our ongoing dream: continuous performance.

That ongoing quality, indeed, reveals a paradox. We are in the position of the Sorcerer's Apprentice, who, having set the objects in motion, had not the magic and skill to stop them. Having created an imaginative world to run sidereal to the actual and thereby to give us an alternative, we need the real world now to wake up into, for otherwise how to stop the world of figments and dreams? Each world can be "too much with us." Each persecutes by that, regardless of its contents. Yet the only antidote to one is the other. But what if, like the Sorcerer's Apprentice, we forget or fail to learn the spell? Never mind the treasure each domain contains, the real treasure (as John Barth had it) is the key to the treasure.

At some point a child will accept a teddy bear or a Linus blanket or a pacifier as an object with which to supplement what actuality has to offer. Busy, tired mother thinks it good for baby to have something with which to spell her; baby concurs. But as Freud (1925) discovered while patiently retrieving his grandchild's spool of thread, baby has a different sort of spell in mind. Freud, never one simply to retrieve the spool when he could also follow the thread, got from there to the repetition compulsion and the death instinct. That is, he saw or began to see (depending on how far we wish to take the thread) that the baby was magically controlling the stand-in for his

mother, putting a spell on her. This was now no longer a supplement to an absent mother, a toy to while away the time. It was a ceremony, a ritual designed omnipotently to take control of the spool-mother.

The hyphen in “spool-mother” is meant to be at once innocuous of meaning and open to further meaning. It is one kind of link, of which others are Spoolmother, Spool/mother, Spool-mother, SPOOL mother, and spool. The last no longer links spool with mother; mother is now gone. Only spool survives. Spool saves baby from mother; who will then save baby from spool? Similarly, internally speaking, how will Spoolmother get on, or especially SPOOL mother or even Spool/mother. In Ms. F.’s case these distractions and signifiers had a life of their own.

THREE MONTHS OF ANALYSIS

I was inclined to feel that only insofar as her family “came alive” for her would Ms. F. make use of analysis. Otherwise she would go on doing what I suspected she had been doing, which was to drain them of significance and replace their husks with cleverly crafted exact replicas—spools. Insofar as, in the transference, I, like my colleague, would be linked with the school authorities, the doctors, pharmacists, and so to the family, I would be drained not of food for thought, not of compassion or empathy, but of value, and thus denuded be left impotent and empty.

If I were to give the respectful consideration deserved by those who would prefer to make a case for tensions in Ms. F.’s relations with real objects, I would not get to writing my own adumbration of the matter. I do think Ms. F. had a difficult time of things in reality. I think the one-after-the-other of sisters deprived her of what little happy mothering Mrs. F. might have been able to offer; I think puberty undid some aspirations to be a boy (something that might have interested her mother and her father, if for different reasons). I think that as her sisters entered the competitive tennis arena, and her superior age could no longer award her an advantage, she was once again in danger of dispossession. And I think her separation from home at the advent of college came much too soon, given what good she could take with her (internally) and how much was left unhappy and unresolved. Given all of this, one would have expected to meet quite a sad, overwhelmed, young woman, uneasy about the Christmas box of help, but prepared to listen.

Rather one was to discover someone far more concerned about “being out of control.” And that, it turned out, meant not of people, but of their effects on her. At her best, which was at her most symptomatic, she was able to achieve a total indifference to other people. There was a skin on her like a caul (some people get this from drugs like

marijuana or drink) through which people were seen, felt, and experienced as through the proverbial glass darkly. Far more real, far more prepossessing, were matters of eating and weight, of emptiness and glut, of self-violation and rectification, of *imagining* what people thought or might say. No anorexic or bulimic patient I ever saw easily exchanged an existence in which they were at the mercy of the real world, in which people mattered; and there was so little, really, one could do for a world in which they *chose* what mattered and could, sometimes, do everything about. Ms. F. was no exception to this pattern.

The family sessions served to allow Ms. F. to allow her family and me to matter a little—partly because they gave her reason to feel she mattered; partly because the hardship we went through assuaged her envy; partly because she got interested, briefly, in all of us. On this not very substantial basis, individual work began.

At the end of her confession, I told Ms. F. that she had been using her illness to buy her freedom and independence from “these people here. But also to deprive the lot of any wish they might have to matter—a wish obviously they all have. But they have won! You have not succeeded in making nothing matter. It is possible to make some things matter less by allowing other things to matter more, but you have forgotten how.” “I can help with this or Dr. A. (her former therapist) can.”

“You,” she said.

To the family, I said, “We will need you again, but you will have to figure out how to share in the responsibility.”

At this time we interrupted for a vacation, after which we met for three hour-and-a-half sessions per week. The idea was that she would return to school for the second semester, but as it was to turn out, she transferred to another school where she could live in another family and continue her analysis with a colleague in that other state.

For me there was a special problem in seeing Ms. F.: I knew too much about her and had continually to struggle to regain and preserve the sense of mystery necessary for encountering internal objects. For example, “knowing the family” I could get interested in “hearing the news” instead of wondering what telling me this or that was at one and the same time designed to do and offset.

Ms. F. began by remarking on how different it felt to “be here by myself.” She then asked what she was to

talk about. I said it would be helpful to find words in which to put what her experience of being in the room with me was like. For example, she had remarked on how different it felt.

In doing this I was putting myself forward as a force, a presence in her experience; I was suggesting she speak of that experience. I expected she would experience the conjunction of my presence and my absence as a torment. I thought she would feel that torment to be something I had a choice about—that I could make it otherwise and was deliberately setting out to impose torment upon her. In these respects she would not be unlike other patients I saw or was seeing. But I further felt that Ms. F. would not complain or get angry. Certainly she would not resign herself to the difficulties or limitations of my methods—or the lack of adroitness with which I attempted to put my methods to use on her behalf. I felt, rather that in no time at all Ms. F. would get busy with getting even.

I have since formulated the basis for these surmises in a formal communication (Boris 1986). At that time I was still feeling my way toward answering the question of why Ms. F. was psychologically unable to find an appetite for such food for thought as I imagined I might in time be able to provide her. I certainly was interested in the answer; why wasn't she?

She wasn't, I thought, because she felt there was something better (what I was to later term the "other" breast), which she might miss out on if she took the one I offered her. But all right, why not take that other, better something because after all, there are better and worse in the world? The answer seemed to be because if she chose the alternative, she would miss out on what it was alternative to; she wanted to eat her cake and have it too. If that was the case, how would she manage the loss of me if she replaced me with a rived source of satisfaction? I thought that she thought she could not manage such a loss, that it would expose her to unendurable suffering. Therefore, she would have to do several things all at once. She would have to "split" herself (I am not ready to take the quotation marks off "split"). Part of her (note how frequently we hear, even use, that turn of phrase!) would make use of me; part of her would not. The use could not be final; she could not use me up if she were to have me too. The third thing she would have to manage, therefore, would be a variety of relations with me, each of which would offset the other. Oh, what a tangled web!

Part of her would do one thing, another part another, and each of these would have to be reversible. Out of all that possibility, if only she could bear to simplify, to pare away, and, after weeping a little, make do. Perhaps she would be able to do so in time, or would there be time?

In saying what I did to her in the first minutes of the first session I was also saying something about this kind of simplification: she could simply continue to do what she started off doing and find words for what the experience of being in this time and this space with me was for her. It was this call to the fundamental rule that I anticipated would elicit a powerful impulse to get even.

There was a silence. After a bit Ms. F. repeated that she didn't know what to talk about. This can be said as a bit of information: it can be a shorthand way of saying, "My experience with you is such that I feel you want me to tell you more or other than what I am now saying, and I cannot think what it is you want." Which itself may be a shorthand for "You haven't told me enough, blast you, and the frustration of it is such that I can't stand it—and this then makes me seek relief from experiencing my wants by beginning instead to think about *yours*; and now I know only that you want, but I don't know yet *what*. Indeed, should I know, I'm not at all sure what, if anything, I'm going to do for your wants—let you suffer, or try to assuage them. Much will depend on what you tell me."

Or, it can be said not at all informationally, but accusingly, vindictively, plaintively, all sorts of ways that take the experience "you and I" and not only elaborate it but act upon the elaboration.

Now, I had thought I had said something fairly helpful and responsive, but evidently not. Ms. F.'s response was at once plaintive and accusatory. What I imagined I heard was, "Cut the crap, fella; you can do better and you know it. If you think I'm going to let you get away with this shit, you can forget it; you get nothing further from me.

Of course she may have intended nothing like this; of what the experience in the consulting room consists is ineffable. One can quote a patient, but are the patient's words the datum of psychoanalysis? On the other hand, if they are not, what is? If something else is the datum, are the words irrelevant?

Without attempting an answer to these questions (which would require an essay in itself), I can put forward only that where much is at stake, actions speak louder than words, and that insofar as words are used they are often used as actions; that is, for effect. As soon as I felt Ms. F.'s silence and words were not merely informational, I began to take note of the effect they had on me. Is the reception therefore definitive of the transmission? I hope so! It is all I had (and have) to go on. In Ms. F.'s case, I felt "split." Part of me (!) felt I had made an affable and helpful statement and part of me felt that I had, very wrongly, fed Ms. F. a very bad portion, and that I could (and should!) do better than that, if I had my hopes of something coming of all of this. Part of me felt persecuted, as if what I had

offered had been spat back in my face. And part of me felt attacked with some sort of splitting implement which took (or threatened to take) a feeling of being “together,” “centered,” or at one with myself and splintered it into contesting, conflictful smithereens.

To describe all this does not, I trust, reveal me to be suffering from delusions of reference. Instead I hope it puts forward something that requires interpretation. I have described an attack: why therefore such an attack? The why of it may not be clear, but it's toward it that the work of the session must progress. (Here is where I wanted to know less about Ms. F. than I did.) In the event, I had the choice of awaiting more understanding or using what little I had. I chose the latter course and said: “Your feeling that you are ‘here by myself’ is an expression of a view that I have more to offer you than I have done and that this view stimulates in you a feeling of terrible unfairness: I can get away with being me, while you can't quite get away with being you.”

Ms. F.'s response to this interpretation was made manifest in a look of calm on the otherwise visually tense lineaments of face, shoulders, and hands. I had the impression that a decision had been taken: I had the idea that after the session she was going to have a binge. The rest of the session resembled the chat sessions I had become familiar with in the family sessions.

The binge divested the session of any moment; accordingly, I paid only perfunctory attention to what she said, and began to drift into imagining what the session would be without everything going into the binge. As I did so, I became aware that this binge had nothing to do with feeling starved or deprived—at least not of food. Rather I felt that I had become linked up with Mrs. F., a linking that stimulated a massive wish in Ms. F. *to be known*. I fancied that there was the most urgent wish imaginable to press, force, power her way into me-mother—to force out held ideas and replace them with the absolute, unvarnished, unalloyed truth: “Know me! Let me come alive in your view of me—as *I am!*”

Then I imagined a response to this lasering, this worming, this water cannoning and steam cleaning and sandblasting and jackhammering. It would have something in it about not jumping down one's throat, about one not having to swallow that, about getting off one's back—that sort of thing.

The binge, I thought, would be effected by Ms. F. dividing herself into two—subject and object. She, Ms. F., would force herself (food) into me-mother. The food would stand for who she is, her identity. It would be an identity projected into myself and her mother, a projective identification, as the jargon has it. The contents would be good;

they would be expected to convey pleasure and interest. But there would be a fury there, too. The contents were not, *not* to be refused. The pleasure would be *inflicted*. Imposed pleasure!

Then I imagined this all turning upside down and backside front. Now Ms. F. would switch her identification from the projector of food-cum-truth-pleasure into a fellow feeling with the recipient of this infliction. How awful to have to be force-fed—how helpless, how humiliating, like the victim of a rape. Where the precious identification was projective, how it was introjective: the plight of the victim would have entered Ms F.'s sympathetic imagination, causing her to recoil with guilt and horror. How revolutive the deed, how gross! She would want to cleanse herself to evacuate and disgorge.

Not that the contents are so horrible: Laing recounts the following experience. You or I draw for ourselves a glass of water fresh and clear from the source. Meanwhile, equally congenial to us, indeed utterly a part of us, is the saliva in our mouths. Good water; good saliva. But then (his story goes) we spit a globule of that selfsame saliva into that glass of water, whereupon we contemplate drinking the glass down. Now suddenly we feel squeamish; somehow in crossing the boundary of self into not-self, the saliva has become alien and repugnant. We don't quite relish drinking it down again. It is not me, now.

So, it is I think, with Ms. F.'s food. Suddenly it is no longer of her, but horribly in her, an alien contaminated and contaminating substance. Ping-pong, go the identifications, ping-pong. Where is Ms. F.? Where is Ms. F.? Here she is! Here she is! Nope. Wrong.

I now need to return to the session itself. The reader might feel that there was a lot of imagining going on; and so there was. Ms. F. had, so to speak, projected herself into my imagination, and I was identifying with her, as best I could. I don't think it matters so much whether I was accurate in what I imagined as that this was the action, ping-pong, of the session.

The "chat" was designed to be chaff rather than wheat. Ms. F. did not want to say, to tell. She wanted me—mother to *know*, to keep her from succumbing to the temptation of telling, which would have been degrading; she would have been found wanting. She took all the passion out of the session to (so I imagined) the binge to follow, leaving me a vacuum to fill with my imagination. Or leaving me with nothing at all. If I felt there was nothing at all, then I might have gone about wanting more from her, and I should have been the greedy pig.

Because I didn't feel that this entire maneuver was conscious, I could only think that she was as much at the mercy of her machinations as anyone. My job, accordingly, had to be to draw her attention to what was transpiring. Toward the end of the session, therefore, I said: "I have been having quite a think about you, as I believe you needed me to do."

She said: "What did you think?"

I said: "It won't make very much sense. But I was thinking how badly you want to be known and how despairing you feel about it being possible."

She said: "Is that it?"

I said: "No, there's more but I can't find the words for it yet, not by myself at least."

Ping-pong.

The next sessions brought a very anxious and tentative Ms. F. Every time I moved or went to say something, she would say, "What did you say?! I didn't hear you. What did you say?!" I felt she was now terribly afraid of having "returned" to her what she had "put" into me; as if it would be, like the saliva, alien and contaminating. But the anxiety and tension also seemed to mark a movement away from juggling the internal objects in the inner world, toward an occupation with what she and I were doing together.

PROJECTIVE AND INTROJECTIVE IDENTIFICATION

At this juncture I wish to return to the conceptual issues that I thought to be implicit in Ms. F. and her encounter with me.

As I mentioned, I felt that I must *imagine* Ms. F. She was projecting aspects of herself into me, not so as to rid herself of them, as in the process of projection itself, but to have me make them concrete, sensible, coherent, and meaningful. This is projective identification, obviously a strong element in any psychoanalysis (indeed in any relationship), stronger still for bulimics, who force-feed one. So part of her was being forced into me.

This leaves a vacuum; and human nature, like nature itself, abhors a vacuum. So therefore part of me was then

made part of her. This is introjective identification: the identity remains the same, the location is what changes. In this regard I was now imagined to be “part of her”; that is, an internal object. The her-space, more generally the self space, consists of claimed and acknowledged characteristics, not-me or disclaimed and alien characteristics, and characteristics so valuable as to be too precious to be stored within the me, but rather put in the safety deposit box of the ego-ideal. (These can also be projected into an other in a projective identification that results in an idealized selfobject.)

These claimed and disclaimed characters or characteristics move back and forth (without visa or passport formalities, like travelers, in the Common Market countries or in the United States.) Now something is self, now not-self. Dreams, of course, dramatize this state of affairs.

When we speak of bingeing in bulimia, we naively speak as if the self stuffs the self. As Ms. F.’s case illustrates, Ms. F. was stuffing the “mother-in-her” or the “analyst-in-her.” She was “jumping” not down her own throat but mine-in-conjunction-with-Mrs. F.’s throat.

This is, of course, a kind of sorcery. And, as in the story of the Sorcerer’s Apprentice, it is not a very good brand of sorcery. For no sooner is the internal object fed than it can dissolve its boundaries, like a pill capsule in the stomach, and become at one with (in the same identity as) the self. And, abruptly, the self is gorged, poisoned, ruined, and must be purged.

In Ms. F.’s case, the intent, the wish, was to make her way into her mother, Mrs. F., and there permeate Mrs. F.’s entire being. Ms. F. did not want to be one of many (a single pill capsule), but rather, fifth-column-like, stealthily to infiltrate and gain control of her mother. Invasion of the Body Snatchers; Invasion of the Mind Snatchers.

This proving impossible, she tried sorcery. Now taking her mother to be within herself, Ms. F. forced herself into the mother within. The means of doing so involved food; it might have involved drink, drugs, cutting, or even suicide. (One could see something about food from the exchange between Mr. and Mrs. F. in the family sessions and the material Mrs. F. “fed” me from the cartons.)

When the “scene switched”—to use dream language—and Mrs. F. dissolved into Ms. F., something had to be put in to put matters right. There is a song:

I know an old lady who swallowed a fly.

I don't know why she swallowed a fly.

Perhaps she'll die.

I know an old lady who swallowed a spider that wiggled and jiggled and tickled inside her.

She swallowed the spider to catch the fly.

I don't know why she swallowed a fly.

Perhaps she'll die.

I know an old lady who swallowed a bird....

The spider and bird in Ms. F.'s case were the diuretics and laxatives, but even more, the stolen prescriptions themselves—the daddy/doctor stuff, which would purge the decomposing, permeating mother and refill the vacuum with daddy/doctor things. The separation from her parents, exacerbating her helplessness by reason of distance, produced an efflorescence of her sorcery.

I am diagramming, then, a *reciprocal relationship* between projective and introjective identification, such that one “can't tell the players without a scorecard.”

THE ANALYSIS, CONTINUED

Whatever pain and helplessness Ms. F. experienced was not truly to be known by me. The analysis did not last long enough. When Ms. F. came to see that a surrogate mother in a substitute family might be more truly receptive, she (wisely, I think) went off to get herself a real-life corrective emotional experience, while continuing her treatment at the same time.

What I was able to learn with Ms. F. was that no frustration could be experienced by her as anything other than imposed, so that, reciprocally, no satisfaction could be experienced as anything other than inflicted. That is, there was no such thing as nothing; there was always something, good or bad, being done to her. So she had to do something back—helplessly, enviously, spitefully, repeatedly (see Boris 1986).

As people who project a lot do, she felt as if she had no “skin,” no secure boundary, no enclosed sense of self,

no clear sense of other. She allowed me to show her that this was partly her doing, a function of her own quite desperate wish to get at and into others; to destroy the boundaries that kept them separate from her; to get into and under their skin; to make herself felt and known as someone to be conjoined with—sorcerer her.

With these realizations we could part. We had done a piece of work. We could identify in our sessions “who was doing what and with which and to whom.” She understood her own sorcery and felt less helpless, less furious, and less at the mercy of her own poor spell-making.

Still, as she left the final session, her eyes lingered on a pad she had once mistaken for a prescription pad.

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Notes

1 Unlike anorexia (see Boris 1984a,b), in which the public presentation of the thin body is of paramount importance, bulimia is a secret activity, amounting often to a vice. It is not uncommon for even close friends (certainly the family) of bulimics to be unaware for years of the gorging and disgorging. This secretiveness follows the bulimic into the therapeutic or more formal analytic situation and presents, therein, some rather special requirements for the development of the work.

The first of these has to do with how the treatment is framed. Of course no psychoanalytic treatment can be organized around symptomatic activity, since symptoms represent a profound achievement in compromise formation, and are at least ambivalently valued, often, indeed, valued deeply, if unconsciously. Bulimia is no exception to this general rule; it represents an intricate compromise worthy of (in geopolitical terms) a Metemich—interweaving strands of every sort and origin. Yet the patient often presents the symptom as the problem, inviting the analyst to join the ego in regarding the activity as alien. To accept this invitation, however, is as often as not a mistake. Egos have a way of changing their minds!