‘So what are you feeling at that point?’

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Feminist psychotherapists face a dilemma in how they make sense of and respond to contemporary western women’s troubled relationship with food and their bodies. Taking a political stance addresses ways in which eating problems are socially constructed and produced. At the same time, the role of psychotherapy is to provide an individual understanding and to intervene in the constant battle many women feel they are in: with themselves, with food, with their bodies, with others. However, the discursive nature of therapy means grappling with the ways in which even a feminist approach functions to construct accounts rather than reveal truths. As such, there can also be battles between therapists and clients as to which explanations should be privileged.

In this paper I am going to use text from a feminist psychodynamic therapy group for women with eating disorders to highlight some of the narratives generated by discourses about ‘troubled eating’ - from the differing perspectives of group members, therapeutic practitioners and feminist object relations theorists. I explore some of the ways in which meanings and differences are negotiated. In turn, this exemplifies the constructive and pedagogic nature of feminist therapy. I suggest that the ‘battle’ metaphor is an appropriate expression of contemporary western women’s embodied subjectivities. Even in seeking help, they may feel they are always under scrutiny and always under siege.

1 Parts of this talk have been published in different formats.
The material for this paper comes from a reflexive project in which I acted as both therapist and researcher, exploring tensions for feminists working in the field of therapy and eating disorders as well as the implications for those women seeking help. I used a feminist psychodynamic framework - in the UK, the feminist therapy has been heavily influenced by British object relations theory – as outlined by Nancy Chodorow (1978), Luise Eichenbaum and Susie Orbach (1982) plus Jessica Benjamin (1988). British object relations theory stresses the inter-relationship between the environment and unconscious processes, the relationship between mother and infant and the motivation of the infant to seek relationships. In turn, Orbach (plus Lawrence & Dana) have written extensively from a feminist psychodynamic perspective about women’s preoccupation with and distress about their bodies and food.

Taking a therapeutic approach to the subject of eating disorders is regarded by some feminists as ‘blaming the victim’; that is, if eating disorders are socially produced, the focus for response needs to be social change. Others argue that eating disorders are socially constructed - ‘normal’ eating is an arbitrary definition that pathologises and stigmatises those who stray from its confines (Burstow). However, feminist psychotherapists suggest that eating disorders could also be regarded as unconscious attempts to find solutions to the tensions women experience in negotiating their gendered subjectivities in contemporary western society. Bloom et al propose that the ‘subject seeking’ nature of consumerism based on an inherent tension between promoting consumption hand in hand with constraint not only generates but also mirrors these tensions. As such, they suggest that a feminist therapy can facilitate women’s capacities to express their distress and rage more directly, rather than through their bodies. This opens up the possibility of giving up ‘disordered’ behaviour in favour of something perhaps a bit more ‘disruptive’. Working therapeutically with women who have eating disorders
highlights the socially constructed nature not only of the conscious but also the unconscious processes that act on the body such that it becomes the site of both regulation and resistance (Heenan, 1996). It was within this climate that I undertook an academic and clinical research project whose aim was to reflexively explore some of these tensions. As an eating disorders therapist in a women’s therapy centre I was concerned about whether I was involved in reproducing instead of intervening in their oppression. Moreover, this was compounded by the response of many clients who had no interest in becoming ‘disruptive feminists’ but simply wanted therapy to help them fit in – not just into their clothes but through this, into culture. I looked to foucaultian discourse analysis as a means for exploring both my clinical practice as well as feminist object relations theory. Discourse analysis mirrors psychoanalysis’s interest in the construction and deconstruction of subjectivities. As (Hare-Mustin & Marecek, 1990:47) describe: ‘therapy centers on meaning, and language is its medium. Therapy is an oral mode, and narratives, proverbs, metaphors, and interpretations are its substance. The metaphorical language used in therapy to represent the world is a way to try to comprehend partially what cannot be comprehended totally’.

Discourse analysis also provides a useful means of ‘listening on a different level’ to clinical material. Working within a psychoanalytic framework requires that the therapist develop and incorporate a reflexive way of listening and relating to her clients; that is, she must adopt multiple positions in relation to the client, to the client’s and her own conscious and unconscious material and communications. It is impossible to divorce the clinical relationship from its social context as the process of therapy is thoroughly inter-subjective, focusing ‘on the interplay between the differently organised subjective worlds of the observer and the observed’ (Stolorow, Brandchaft and Atwood, 1992:182). Of course, from a discursive perspective, focusing on spoken or written text offers more than the
possibility of exploring variation in accounts or types of narratives, it also makes clear the ways in which speakers draw on and are constrained by particular discourses, to construct identities. However, it is clear that there are major discrepancies between the projects of postmodernism and psychotherapy with their very different understandings of the ‘self’.

One aspect of the usefulness of deconstructing psychotherapy is that it reminds us that, although the task of the therapist is to challenge fixed beliefs or emotions that interfere with clients’ psychological well-being, ‘the metaphor of therapy as healing is an idealization that obscures another metaphor, that therapists manipulate meanings’ (Hare-Mustin & Marecek, 1990:48). So, although feminist therapists disrupt the more obvious gender-specific discourses, we will be privileging other meanings. While I am going to address the impact of this dynamic in terms of therapeutic process, I first want to say a few words about terminology.

As a feminist psychotherapist it is difficult to decide on how best to describe eating problems. Lawrence (1987) argues that it can be strategic for feminist clinicians to use psychiatric terminology in order to be taken seriously by mainstream practitioners. My position is that I want to retain the term ‘disorder’ for two reasons: first, for many women ‘it can be a relief to name a set of characteristics otherwise experienced as shameful, moralising and isolating (Heenan, 1996a:22). As such, it offers a framework in which what can feel like madness or badness, can be thought about more benignly as part of a coherent narrative. Second, I want to acknowledge the seriousness of feeling caught in the grip of a fully fledged ‘syndrome’ – while metaphors like Orbach’s ‘hunger strike’, for instance contextualises the thoroughly gendered nature of anorexia, it does not capture the reality that what starts as a protest, ends as a prison sentence. The words of Laura\(^2\) encapsulate these complex dynamics:

\(^2\) The names of all group participants have been changed.
Laura: I find that I’m stronger when I don’t eat at all – when I’m anorexic or whatever and when I’m com-compulsive eating, that’s when I totally give up everything and I don’t care about anything because there’s no other mix. There’s no, there’s no boundaries – you just eat and eat and eat and eat. There’s no stopping you and that’s when I become really unsociable and I hate everybody and I hate myself and that’s when I shut myself away because I’m so disgusted but, there’s no boundaries to stop and that’s when I become weak, really weak. So, I see a fat person when I’m compulsive eating as weak and as the, the other extreme as very strong and tight-willed and controlled and the binge-starve phase – I don’t know what to class that as – mixed up…

As Laura’s therapist, I see my function as exploring the unconscious as well as the socially imbued aspects of this imagery in order to enable her to understand which parts of herself she has invested in, and believes she can only access through these positions. My therapeutic position is informed by a theoretical belief that it is by putting things into words that not only is it possible to articulate the self but also to think about it – to take up a reflexive position. However, the discursive power of words is that their capacity to construct inherently includes a capacity to constrain. As a feminist therapist, my concern is also to understand why it might be antithetical for women to construct more facilitative accounts of themselves.

For instance, Maureen (one of the women in the eating disorders group I ran for my project) draws on a ‘science fiction’ narrative to describe a typical day in her life as a ‘compulsive eater’, in which, yet again, she is ‘taken over by aliens’. She says: …my husband went to bed and I’d been ‘good’ all day that day…I didn’t want to overeat and the minute he went upstairs, it was just like a little demon and he came up into my head and it was – I can only describe it as like that – a demonic glee because there were two small bags of crisps in the cupboard and I – it was just this glorious feeling…I was sort of
gloating when I went into the kitchen. I’m going mad!…It was just as if I was somebody else and then when I’d eaten them I was somebody else/…

As Maureen’s therapist, I wonder what I can offer to help her – I could take her account as an instance of ‘madness’, of ‘split personality’. Alternatively, I might understand this as ‘possession’ and thus see her as being in need of exorcism. In taking up a position as a psychotherapy client or patient, Maureen looks to me, not for my spiritual powers but for some sort of salvation. She interprets what I would regard as anger, as ‘madness’ of a different sort. It is an ‘alien’ occupation of feelings that do not sit comfortably with her ‘good’ self. My concern is not to ‘save’ her by removing this disturbing feeling but to consider the tensions and contradictions it encapsulates for her as a woman, and of course in terms of its individual constellation of meanings.

However, I think it is necessary to understand both psychodynamically as well as discursively, the emotional investment she and the others in the group have in me as a symbolic ‘mother’ who will soothe, remove and make better (Williams). What they get is not quite what they expect. Whilst therapy, and perhaps particularly feminist therapy, may provide a refuge from the sense of attack, of embattlement, it is not a peaceful venue. Indeed, to put things into words is to enter into not only the internal negotiation of meaning but also to invite difference as well as recognition (Benjamin). At a developmental level, it appears to me to mirror the stage of feeding in which the parent no longer puts food into the mouth but engages the child in determining not just content but process; that is, language is an inherent part of not just separation but differentiation and identity. However, unlike Lacan I would argue that the function of language is relational (Mahoney & Yngvesson). For many women with eating problems, this developmental stage has been a battleground.
In what follows, I hope to demonstrate some of the process and content of compulsive eating as well as to indicate from a more discursive stance, the pedagogic and constructive process of feminist therapy. The women are discussing their experience of binging:

**Maureen:** How do you feel when you’re actually, when it’s actually in your mouth?

**Laura:** I just want to get rid of it as soon as possible, swallow it so I can have more. I don’t know. I just eat everything so fast and I just, cause normally there’s no, there’s no – I don’t – there’s no thought process/

**Maureen:** /No/

**Laura:** /it just happens and that’s it/

**Maureen:** /there’s no feeling then before it happens, then?/

**My response** is to say, ‘I think the difficulty is, is that there is a process which is why I’m asking you to try and pay attention to that because it isn’t you know, someone doesn’t come along and inhabit your body and go and do this. There, there is a process and there are thoughts and feelings that go on but that, as you’re describing, the food blocks out the thoughts and the feelings so that it just becomes you know, as if the action took place before you know, you even thought about it.’ **Laura**, sounding not too impressed or convinced, says ‘Ya’.

Undaunted, I continue: ‘And I think the difficulty is, it gets harder and harder to find out what the thoughts and the feelings are because the, the behaviour sort of takes over and, and it’s – you know, it’s very effective. It makes you feel better. It punishes you. It gives you a reward – all kinds of things.

My intervention does generate some careful reflection as to the many different symbolic functions food and eating has for the women:
Maureen: /well, to me it gives me love.

Paula: Well, it’s comfort eating, isn’t it?

Maureen: Sweet things particularly seem to – I don’t know what it is, whether it’s biochemical or what it is but it’s something about sweet things that, that I just feel I’m being comforted.

Laura: It fills a gap for a moment.

Maureen: It does, but only for a moment/

Laura: /only for a moment. As soon as you’ve swallowed it, it’s gone. That’s it.

Therapist: /So, what are you feeling at that point?

While I am pleased to learn more about the dynamics of this syndrome, there is a way in which I am not simply opening up opportunities for individual exploration, I am clearly promoting a particular way of thinking – psychodynamically. This involves regarding eating disorders as ‘meaningful’, as symptomatic of other difficulties and thus functional. I continue to press the women to ‘connect with their feelings’, to ‘think before they act’, and thus to ‘take responsibility’ for themselves. This can be a relief – to believe one is capable of agency and thus has choice opens up the possibility of change. At the same time there is a subtle moral message that one should be responsible and therefore must change. Moreover, change is to take a psychodynamic format. So when Laura says she doesn’t regard bingeing as having any meaning for her at all, I (rather abruptly) say, ‘So what happens if you do think of it as something?’ Or when Maureen and Paula suggest they are perhaps ‘addicted’ to food, I hasten to discourage this perspective.

While I have taken a critically reflexive stance in relation to my clinical practice, I am not arguing for abandoning this type of work. As I noted earlier, many feminists would argue that there is an inherent contradiction between the tenets and goals of feminism and that of psychotherapy; that is, the focus should be on the social oppression of women, not
individual concerns. Moreover, to focus on the individual is to compound the sense that they are to blame for their difficulties and thus it is they that must take responsibility for bringing about change. However, to say that it is the fault of society overlooks the complexity of what is being expressed with and through our bodies. At the same time, the contradictions and complexities of feminist therapy cannot be glossed over – at a theoretical level, there is a need to continue to develop ways to reflect on and articulate the personal and political implications of these issues. After all, this is also the substance of the clinic. One means we have for scrutinising this work is by mirroring the task we set our clients; that is, to risk putting things into words, to invite competing discourses and their ensuing narratives - to engage in the relational process of articulation. I hope this paper has contributed to this task.