CHAPTER 10

Some Impressive Issues of Bizarre Character in the Life of Anorectics

We would like to describe some of the events in the daily life of various anorectics to further illustrate this condition for the researcher or clinician who does not have a great deal of specific experience with anorectics.

Typically, anorectics are 15–24-year-old women, characterized by extremely thin, emaciated bodies. Usually this thinness is not hidden by a special way of dressing; dark clothes are often worn. The skin of the extremities is rather cyanotic. Anorectics are especially characterized by their activity, which is not of an aimless nature. They sometimes hold a job.

If possible, anorectics try to stay in their parents’ home. This is a very common characteristic of these young women who could (or should, one would think) live separately, but prefer to remain in their nuclear family. This may be because they fear living alone, though at the same time they fight desperately for independence and autonomy. It is as if they would like to stay in the womb and thus be protected from evil. This desire to remain at home may be understood as both sadistic and masochistic behavior. It is sadistic in the sense that the anorectic angers her parents by her eating rituals and behavior, with her compulsive weighing, calculating, and preparing, and by her subservient attitude. Parents do not understand this self-destructive and self-humiliating behavior. It frightens them and they feel completely incompetent and impotent to deal with the situation. Many anorectics menace their parents with implicit or explicit suicide threats. The parents are therefore kept in a state of constant tension and anxiety.

The masochistic aspect of staying at home is demonstrated in the Cinderella role that many anorectics take on. They experience pleasure in enacting a role of humility and subservience. Masochism is also expressed by the renouncement of any drive pleasure and any satisfaction. Social activity is curtailed, since by not satisfying the existing hunger it becomes impossible for object relations with friends to be satisfied. This masochism is also shown in the renunciation of sexual activity, and usually even of masturbatory activity.

Anorectics are known to be prone to moodiness and are easily angered, although not by their own appearance, which is denied. They can, however, be angered by remarks about their looks or their lack of femininity. Their moodiness may be expressed by autoaggression in temper tantrums, by throwing them-
selves on the floor, by banging their heads against the wall, and by suicide attempts.

Some anorectics with a more differentiated character structure of a hysteric or borderline nature may play a certain unfeminine or malicious role when challenged. This took place, for example, with two of my patients who, independently of one another (at different times and places), dressed like witches. One of the women was always dressed in black, including long black gloves and powdered her face a stark white, in order to produce a *femme fatale* effect. The other dressed similarly and in addition would emit strange screams. This similarity may be due to the fact that anorectics, though they discard their sex role and choose not to assume a male role, sometimes pattern themselves nonetheless on a symbol of female power — the witch.

I have already mentioned elsewhere that some anorectics eat an apple in bed seemingly with pleasure. Others chew gum incessantly. One girl I treated not only chewed about 60 daily, but also swallowed many of them intentionally, probably in order to express her rebellion and masochism. Some anorectics bite their nails, sometimes swallowing the bits. There are several possible explanations for the need of some anorectics to chew. There is certainly an aspect of aggressive pleasure in chewing, especially when one is fantasizing about chewing a certain object or person. This may be part of the general symbolic pattern of aggression. Biting nails and swallowing the bits also has an element of self-mutilation.

There may also be an element of exaggeration in this need to chew and an attempt to give an impression of vileness. I have seen this phenomenon quite often in drug-dependent persons, who may exaggerate to a great degree. It seems as if they must show how much more horrible they are than the average controlled person. The same applies to many anorectics who brag in a paradoxical way about their exaggerated behavior.

A final point may be that many anorectics, being hyperactive, feel a need to keep the mastication masculature active as well.

Some patients show other elements of infantile regression. For example, certain anorectics show a clear gastrocolic reflex. This is usually observed in infants, who when drinking milk immediately start to defecate. As the stomach is filled there is a reflex causing increased colon motility and speedy evacuation. Though this reaction is also found in certain highly sensitive adults, anorectics seem to have a similar gastrocolic reflex because the gastrointestinal system is their main and global expressive ground. We tend to refer to the various oral elements in these and other dyscontrol patients, but we should not forget that it is the entire digestive system which is resomatized, which has come to life as almost the only reacting system, in both symbolic, abstract, and concrete ways, and as an affect equivalent (obvious anal elements). Some patients take measures to avoid not only swallowing or digesting, but also to empty their gastrointestinal system and thus symbolically to purify their whole system.