

The Control Paradox: Understanding and Working with Anorexia and Bulimia

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Anorexia and bulimia are metaphors of women's psychological distress in the face of contradictory social expectations. Women now experience uncertainty in their social roles, with conflicting pressures to be successful in their careers and as wives and mothers. In order to feel good enough, women often feel they must be "superwoman." In spite of changes in their social roles, women are still pressured to attain the social ideals of physical beauty. In an uncertain environment a woman with a shaky sense of self can at least hope to gain approval by being thin. Today, preoccupation with weight reflects a need to focus on the body for a tangible source of self-esteem and sense of control. Controlling the body has become a precarious substitute for real control in women's lives.

While giving voice to women's protests, anorexia and bulimia fail to change the actual circumstances to deal with conflict. As such, anorexia and bulimia are veiled protests, ones that most often go unheard. Susie Orbach has said, "Women speak with their bodies" (Orbach, 1986). For many women the body is the arena to express dissatisfaction and unhappiness. It is the site of their struggles. Instead of transforming their real lives, their real problems, women attempt to transform their bodies.

Women are promised success, happiness and control through attaining the ideal thin body. While many women feel more in control of their lives when they are controlling their food intake or feeling thin, this focus on weight is extremely disempowering for nothing is really changed. Weight control becomes a substitute for controlling the real issues in their lives over which women may feel they have no control. This is an experience common to many, if not most women who are weight preoccupied, who diet or exercise compulsively. Anorexia and bulimia are extreme expressions of most women's experience.

An expression of deeper needs?

Anorexia and bulimia are cues alerting women to what they feel and want. These symptoms tell them something is wrong and that something must change. For although many women feel they have found the perfect solution to their problems with anorexia and bulimia, it paradoxically continues to deny them their needs. They may feel in control and be very out of control. They may be trying to achieve happiness yet end up feeling despair. While painful, the struggle with anorexia and bulimia may make a woman begin to ask herself what is wrong: "Why do I need the 'eating disorder'?" "In what ways are these behaviours helping me to cope with my life?"

Hilde Bruch (1978) was the first to identify women's need to establish a sense of control in their lives as a central feature of anorexia nervosa. In her book *The Golden Cage* she illustrates the trap of presenting an eternal mask of perfect control while feeling a terrifying lack of control inside. She suggests that for many women anorexia becomes an act of self-assertion. For a woman who always withholds her opinions and suppresses her needs, controlling food and her body may feel like the only way to really express herself. The anorexia becomes part of a struggle to define herself and establish a sense of autonomy, self-definition and direction. Through her body she can begin to express some of her needs, unhappiness, conflict and dissatisfaction for the first time.

Women are socialized to take care of others. Too often this training teaches women to take care of others' needs at the expense of their own. While good at nurturing others, many women learn that it is not okay to take care of their own needs. This is particularly true if women feel their needs are in conflict with those of someone else. For women, assertion of their needs is often met with a great sense of guilt leading them to put others' needs before their own. Not surprisingly, women feel angry when they repeatedly put others' needs first.

Years of suppressing needs and feelings results in a large pool of unexpressed emotions which when unmasked can make a woman feel very out of control. As it is very frightening to imagine dealing with all of these feelings, she becomes invested in maintaining control over them. Establishing and maintaining control over eating and weight is central in the internal struggle for control over feelings. Like controlling the body, controlling her emotions makes a woman feel more in control of her life, but again in suppressing emotional needs a woman's needs do not get met.

A way to control needs is to tightly contain them, to shut off from feelings, people and social life. Women set boundaries around themselves, not allowing anybody or anything good in. Boundaries also ensure neediness is not aroused. Self-denial becomes paramount. Through denying or "overcoming" hunger and other needs, women feel more in control. Rigidity, order and ritual all help to sustain these boundaries and facilitate a greater sense of being in control. Throughout all of this is the absolute denial of self-denial of feelings and needs. It becomes a kind of self-inflicted slavery or regime of personal fascism.

The central paradox

The paradox or contradiction of control is central to both bulimia and anorexia. Women feel in control of their lives through controlling their bodies, yet the need to establish this false and precarious control suggests they are desperately out of control. Many women experience their lives through cycles of feeling in and out of control. Chronic dieters usually live a lifestyle of cyclical dieting followed by binge eating. Their lives are dichotomized around whether they are dieting or not. Dieting is perceived as being in

control and “good” while not dieting or bingeing is out of control and “bad.” However, the dieting or “good” phase is short-lived and always leads to an eating or bingeing phase. This leads women back down the path of starvation to regain the sense of control and self-esteem they associate with not eating and losing weight.

Bulimic women not only binge eat; they purge during periods of feeling out of control. For many, bingeing and purging are the only avenues to let go of their need to be tightly in control. By purging, bulimic women rid themselves of emotional tension, anger, feelings of self-hate and guilt. And by purging they are often able to remain thin and preserve an image of being in control for the outside world.

For many women, “being in control” is a rigid, inflexible way of being. In order to feel as though they have any control, they must have complete control. Women will frequently abandon their diets and enter a period of bingeing after eating one small item of food not prescribed on their diets. It is all or nothing. One is either rigidly in control or frantically out of control.

Real control is very different from such ritualistic constructions, which are only illusions of control. Women who are secure and self-confident do not need to create programs of rigid control. They can be flexible, take risks and let go. Because a real sense of power over their lives exists, they do not need to substitute controlling their bodies as the only way to feel in control.

Control is related to power. To feel in control is to feel one’s own power in the world, to feel confident about one’s ability to direct one’s life and actions. The issues underlying anorexia, bulimia and weight preoccupation are inextricably connected to control and power. Ironically, many approaches to therapy do not recognize the centrality of power and control.

The dynamics of control in the therapy setting

Women bring to therapy their extremely negative attitudes and feelings about themselves, their sense of helplessness and their sense of loss of control over every aspect of their lives. The development of a positive self-image and heightened sense of control are two major goals of therapy, a sense of esteem and control not based on body size or food intake. Therapy itself can arouse feelings that make women feel more out of control. Acknowledging this, therapy must be paced so that it is both challenging and safe. Contracting with a therapist around mutually agreed expectations can facilitate this balance and encourage women to play an active role in shaping therapy.

Women should make decisions and help determine the direction of their therapy. The therapeutic process will not be effective if passivity and giving up control are rewarded. Reinforcing passivity is damaging because it can exacerbate the anorexic or bulimic woman’s issues around control. Awareness of this should shape the direction of therapy.

Therapists need to recognize that the anorexic and bulimic woman's experience of helplessness and powerlessness are rooted in women's lives and as such, are extensions of the experience most women have.

Many women will continue to wear their social masks in an effort to please. Trust must be established so they can feel safe enough to expose those aspects of themselves that they view as bad and disgusting. If women appear to be agreeing with everything and never express any difficulties or struggles in therapy, then it is likely they are masking what they really feel and acting according to what they believe is expected of them. When the therapist does not recognize the issue of control, the woman will often feel her experience is not understood.

Power struggles in therapeutic relationships are disastrous as they force women who feel out of control to cling more desperately to the only control they have. The more therapists try to take power away from anorexic or bulimic clients by controlling them, the more their symptoms or behaviours are likely to escalate. Sometimes through fear of the anorexia or bulimia, therapists will attempt to control the behaviour and will be unable to hear the message of despair hidden within the symptoms.

Attention to the control paradox is especially important when women are also survivors of sexual abuse. Sexual abuse has been clinically observed over and over again among women who are anorexic or bulimic. Sexual abuse produces a real sense of not being in control of one's body. If as a child one's physical and emotional boundaries are violated through abuse, it can be expected the individual will have difficulties with defining and accepting their own physical and emotional needs. The anger, fear, shame, guilt, vulnerability, powerlessness, disgust, self-hate and blame associated with the abuse are expressed through the extreme self-denial and punishment of anorexia, or the need to present an exterior of control while the inner world is one of chaos as in the case of bulimia.

It is essential for helpers to understand anorexia and bulimia from a viewpoint that is not only compassionate, but also one that places the experience of weight preoccupation within the context of women's lives. We need to realize that these are symptoms of distress and we need to hear what women are saying in order to be able to help them say what they are experiencing directly. By simply viewing their behaviour as irrational and sick, therapists fail to hear the real problems and concerns expressed. It is the real conditions of women's lives that must be changed. Women's bodies are not the problem.

References

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