

PLANT DREAMS OF AN ANOREXIC

A Report by Dr MacDiarmid

Introduction

A young woman, treated as an in-patient for anorexia nervosa at the York Clinic, Guy's Hospital, had a number of dreams about plants, some of them very striking – and even numinous.

She began to have them early in psychotherapy, soon after developing a strong, close dependence on me, her psychotherapist. About that time she confessed that, towards the end of all her previous nine admissions to hospital, she had pretended to be well so that she could get home and start starving again. But this time, she said, dismayed by the prospect of a future of repeated re-admissions, she was willing to admit that she knew very well that all was not really as it should be with her, although she had put on some weight, and she wished to ask (cautiously, and not very wholeheartedly, in fact) for real help.

So, in spite of her terror of trusting to any satisfaction or support, interpersonal or otherwise, which there was the faintest chance that she might one day lose again, she began (more than half against her conscious will) to strike root in the Clinic; also, in her relationship with me and in her room, where she gradually gathered her most precious belongings and soon began to tend plants in pots. Although the Clinic is intended for the short stay treatment of acute cases (about three months) she achieved, in the end, a record stay of nearly 19 months, before being discharged to continue psychotherapy as an out-patient.

Her dreams about plants seemed to me to tend to undermine her typically anorexic horror of growth, but they also reminded me of the assertion of Newmann that 'plant symbolism belongs to the symbiotic stage of human development' (Newmann 1973; see also Neumann 1954, 1955). That is what I wish to discuss in this paper.

With increasing interest in recent decades in the process of development out of a probable early dependent infantile state (in which there is little or no awareness of distinction or boundaries between 'I' and 'You', a state which may persist or recur, pathologically or, helpfully, in later life), a number of therapists have commented on its significance in cases of anorexia nervosa:

1) In her account of a Kleinian analysis of an adolescent anorexic girl, Tustin described how the patient "...wanted to come so close to me that we were like inseparable, identical sisters...", how separation threatened the closeness the patient so much desired, and how the patient lost and gained weight according to how far she could preserve "...the illusion that she was identical with me as a life-giving, powerful person." This patient found it hard to see that the therapist was a separate person, hard to accept that her close dependence was on a fallible human being, and hard to accept the mixture of good and bad together in a real active relationship with her. (Tustin, 1958)

2) Plaut described two 'hungry patients' (one an anorexic) the less obviously regressed of whom he perceived to be in a state of "...magical identity in which there was no distinction between 'I' and 'You'. She was unable to believe that I ever felt or thought anything different from herself." He added that she was also "...living in a

continual state of anxiety caused by fear of losing her identity (such as it was)...". The other patient, the anorexic, he thought was psychologically "...even closer to an intrauterine existence". (Plaut, 1959)

3) The main emphasis of a paper by Goodsitt is on what he calls the "symbiotic" features of a case of anorexia nervosa, and the "...lack of stable self-object differentiation.". He is referring to the same thing, but I feel his presentation is a little spoiled by a rather unexplained use of the word "symbiotic". (Goodsitt, 1969) [1]

4) Describing four anorexics she treated, Seligman referred to Plaut's paper and said that she would describe her patients as "...more than hungry; they are craving. The state of magical identity to which Plaut referred appears to have become one of primary identity, i.e., anorexia patients try to achieve an imaginary state of bliss and contentment associated with the original fusion between subject and object. This illusory primary object is the ever-nourishing breast – they are obsessed with it. The exclusive, inexhaustible supplier of nourishment comes closest to how they would like to perceive themselves. This identification temporarily enhances their tenuous self-esteem and promises the approval of others. It gives them a sense of power and achievement. To maintain it, however, they must ensure that they are in absolute control as the sole manipulator of all nourishment...". (Seligman, 1974)

5) Selvini Palazzoli and 6) Bruch brought out books including marvellously complete and convincing accounts of the psychodynamic aspect of anorexia nervosa based on many years' work with many patients in Italy and America respectively. They largely agree, and I think they must essentially have defined what will sooner or later become the standard view of this illness.

One of their points of agreement is that learning to recognise hunger in oneself (and other bodily needs and sensations) is a function of the dawning individuation of the infant as the primary identity with the mother is gradually modified: In the growing awareness of 'You' and 'I', what 'You' give 'Me' teaches 'Me' by giving 'Me' pleasure and satisfaction that what I was feeling was need for food, and so on. If an anxious over-controlling mother responds only to her own anxious presuppositions about what is good for the baby, ignoring his signals of need or satiety, the differentiation of 'You' and 'I' in its most central form of what 'You' want and what 'I' want cannot proceed, and it seems that the child can grow up actually unaware of when he is hungry, or cold, or tired and so on. He has learned to be abnormally other-directed, living not from his own appetites and impulses which he has not even learned to recognise, but from those of the 'You'. Research has shown that obese people's need for food, and the need for food that anorexics fight, is usually not actually hunger. This particular failure of development may well explain the anorexics' typical complaint of impotence and futility, of always doing what others want them to, and their consequent desperate attempts to achieve autonomy, self-respect and control by purely negative means. It might also explain, though these authors do not say so, why an anorexic might long back to an original state before individuation, before things went wrong.

I would refer the reader to these books (Selvini Palazzoli, 1974; Bruch, 1974) for the convincing arguments in favour of this view – to which of course my paraphrase has not done justice – and for their views on anorexia nervosa generally.

Glancing at my patient's weight chart gave me a vivid impression of a hypothalamic homeostatic mechanism wildly adrift – quite probably due to the failure of the proper function of the sensation of hunger in the way these authors describe.

In this paper I wish to concentrate on the limited theme of the plant dreams I have mentioned, and how they seemed to relate to aspects of very early individuation in this patient. I shall give only as much of the available material as seems necessary to give a

context. Many facets I shall have to leave out. For example, I shall say nothing at all about the involvement of the patient's family in the therapy which, in a general account, would be very important.

Patient's History before Treatment (with DR Macdiarmid)

The patient, whom I shall call Ann, is an unmarried young woman who was aged 28 on admission to the Clinic. She had had nine previous hospital admissions for anorexia or depression, starting at the age of 15, and had been treated with electro-convulsive therapy, many psychotropic drugs, behaviour therapy and psychotherapy. She has made two serious suicide attempts and, during one admission at the age of 16, is said to have heard voices and seen small bits of dirt turn into living insects or worms.

She belongs to a well-to-do middle class family from which her own father was removed under almost unbelievably tragic circumstances when she was about a year old.

Mother had been a domestic science teacher and food was important from the beginning. She was a conscientious, anxious woman and controlled the diet – and, indeed, everything – very closely. The patient was breast fed but later could not take milk. However, at the age of four, she was made to practise taking it so that she would not be different from the other children when she went to school. About the age of one she was very fond of her teddy and doll, but they had to be put out when she had chewed their arms away up to the shoulder.

From about two she was lonely on going to bed (she was lonely anyway because she was not allowed to play with neighbour's children in case she found out what had happened to her father) and was allowed to take a bit of cheese to bed to nibble as she rocked in her cot and sang to herself. But mice came for the cheese, and her rocking moved the cot right across the floor, so that was stopped.

After a year or two her mother met a man friend and Ann remembers the fuss when, as she sat on his knees one day, she was found to have vomited over him. Her mother married again, and soon twin boys (when Ann was four) were added to the family and – four years later – another girl.

Ann had a special place in the new family, not only as the eldest and as being there before this family started, but also as a special help and comfort to her mother. When the boys were naughty, as they often were, her mother would say to her, "...at least I still have you".

She remembers being very, very upset by the deaths of neighbours, and of their cat, and by Easter; she remembers always staying close to Mother and doing what she was doing. She remembers, at the age of four, playing at 'jumping downstairs', and being punished by having no meals at all the next day. When she went to school, at five, and met other children she thought she was "...too big". She had been made so, she thought, by her mother's special feeding so, when she lost weight after tonsillitis at seven years old, she was glad.

From the ages four to nine, there was nocturnal enuresis; from six to seven, vomiting every morning before school, From age seven, she was allowed to get up early, get her own breakfast and take it back to bed.

She used to go down at night and steal food from the fridge or larder for comfort. As she grew older she felt more guilty about this and would buy food to replace what she had taken.

As her siblings grew up she was appalled and fascinated by their free behaviour – the twins would spit in each other's food to get out of eating things they didn't like, and torment their mother by complaining that food was not properly cooked; Mother would then make the dish again.

Occasionally, there were visits to other people's homes where she had the holiday-like experience of joining in with people who ate more or less when they felt like it, and then only as much or as little as they felt like eating.

She was good at music and very conscientious at lessons, working hard to get a scholarship to go to a good secondary school.

She reached puberty early, and felt both abnormally big, and yet the object of the envy of other girls for her feminine curves. That, and the fearfully hard work for the scholarship, made life very unpleasant, but she looked forward to relief when she would reach the secondary school.

She reached it, and found that pressure and misery were re-doubled. The aim was now a music scholarship to university. Her mother, she says, told her that if she didn't pass the exams she would be "...nothing and no-one would want her". She went home from school each day to extra tests and practices devised by Mother, to a strict timetable. She felt that life became a ceaseless battle to live up to Mother's and teachers' expectations, to avoid criticism. Because she was trying so conscientiously, she was particularly wounded by criticism.

One day she decided in anger that she would be so perfect from then on that no-one would ever be able to criticise her again. She started working at her lessons even more than was expected, late into the night. She washed herself and her clothes constantly, going out only in pure, clean, freshly-ironed things.

The more she worked at perfection the more she needed comfort, eating at night or in the tuck shop with her friends on the way home. Mother found out about the latter, wrote to the Headmistress and put a stop to it. Her friends did not know why she would not go with them any longer and, she thought, turned against her. Her stepfather described this incident, "Ann got in with a careless lot of girls, but my wife wrote to the Headmistress and Ann turned over a new leaf".

She was a religious child, a faithful member of the Crusaders; she prayed for about a year that she would die but God did not respond and she thought that must be because she was unworthy, too.

Then at last the marvellous salvation came, in March when she was 13. She was wondering what to give up for Lent, and she still remembers "...the jump of relief in my mind..." when she realised what she could give up: food; and how many problems that would solve.

– It would give her a desperately needed sense of control, power, competence and achievement.

– It would stop the constant guilt of stealing food at night, or of wanting to go to the tuck shop with friends.

– It would make her thin – to look like Christ on the Cross – therefore good.

– It would prepare her for the miseries of life by accustomising her in advance.

Either then, or once she had started, she felt other benefits: it would make her look as suffering as she felt, and so convey the unhappiness she could not convey in any other way. It would get rid of her feelings of unhappiness and anger along with the flesh; punish herself for not living up to her mother's expectations and so purge her guilt; and give her a kind of defence in advance against those expectations.

She has confessed that the thought that it might end in death was not unwelcome. But she has never confessed that it allowed her to go against her mother in the guise of righteousness, and indeed, as the plan proceeded and family anxiety grew, to punish her mother, driving her to distraction and, for a change, dominating her and the whole family.

So she started starving and found that it worked. She could concentrate better, do her schoolwork better, play better in music exams. She felt a euphoric triumph over her needs and desires. She added exercising to fasting, and she says she used to swim about a mile up river every day, until she got too weak.

After a while she noticed a lack of spontaneity; she could not spontaneously "...jump about and do things...", or smile and laugh. But she found that, by adding more severe self-punishments, she could partly restore the lost natural vitality.

There followed the usual sequelae leading to hospital admissions: family irritation and disbelief leading to family rage, fear and desperation, the patient's lying, cheating and quarrelling about food, and the inexorably advancing emaciation. She was admitted to Guy's (aged 15), gained weight and was discharged. She was readmitted the same year: her family said that she had quarrelled with them, threatened to take an overdose, and did so. The following year she was admitted to another hospital with depression in a bulimic phase; her weight went up after admission to eleven stone. So the cycle of admissions went on. The longest she was ever out of hospital was just over two and a half years.

Course of Psychotherapy, with Plant Dreams

As I said, Ann quite quickly developed a close dependence on me, as she had with certain other doctors and nurses in the past. Soon she revealed the secret religious core of her conscious attitude and of what she called her "solution" (her self starvation). Her religion was a cold, loveless, pious despair, mixed with a vicious hatred directed on a conscious level only at herself [2]. I let her see that I sympathised with her piety (saying nothing yet of what I thought of its object) and she trusted me more.

Guiltily, she began to complain – as she had in psychotherapy on previous admissions – of all she had suffered at her mother's hands. She began to feel how impossible it was after all to give up her "solution", and how very far from normal she was. Often she seemed to show much insight. She said, for example, "...My failure is I can't keep up the act of being grown up when I'm not, so I end up in hospital", and "...It's almost as if I've got to sort of throw off what... all that my mother sort of took enjoyment in" – her flesh – "...because really it's almost a sort of false means of maturity; because in a way I sort of feel I was an adult at eleven but an adult in a sort of – without any centre; I'd had no experience of – I didn't know what life was about in anything – just completely vacant inside. I just knew how I was supposed to behave, what I was supposed to live up to... Each time I'm forced to put on weight it becomes a more frightening aspect.". Again she described how, when she reached puberty, the growing flesh "...made me feel well sort of I was physically an adult... I realised that the other children weren't expected to do things that I was expected to do. My physical state almost, well, was evidence that I'd reached the point where I could no longer expect to

even *hope* for any sort of experience of being like other children... I was almost sort of well looked upon as someone who didn't have to be cared for any more...".

Weight gain seemed to her to plunge her right back into the intolerable childhood misery from which weight loss had been escape, and she became very deeply depressed. The depression was treated at first with electro-convulsive therapy, then with a monoamine oxidase inhibitor anti-depressant drug.

The patient's self presentation to me is usually that, since the beginning of treatment, things have been getting worse, and worse, and worse. She only ever reports "improvement" as such when she says – occasionally – that she *had* recently been beginning to see some sense in life but now she is "...worse than ever" – usually with the implication that it is because of something I or the Clinic or her parents have done or said.

In the fifth month of psychotherapy she began to report nightmares, for example of a woman coming to drag her away, then weirder experiences as if real supernatural beings came into her room at night and looked at her in a judging, considering way. For instance, "...an angel with lots and lots of flowers – like Easter". Her complaints against her mother, and her guilt about them, grew. Once she said that her mother's weekly visit "...hangs over me like an eagle". A few days later, after a night of recurrently dreaming, of a "...great white bird with a yellow beak..." swooping down to take her away, she had a violent shouting row with her mother and would not see her again for about a year and a half. Her stepfather now became her loved and trusted friend.

Her smooth, sensible, highly compliant and helpful façade to other patients and staff had already begun to be corroded by increasing sensitivity and fear of encounters. After the row with her mother she became, frankly, phobic and would hardly leave her room. To prevent worsening of this through continuing phobic avoidance, she was taken out for a daily walk with a nurse. She reacted as if she were being treated with daily burning alive; but her reaction was kept in and only coldly and indirectly indicated by remarks, for example, like "If people want you to do something that is bad for you the only thing is to do it and show them the disaster that results."

She had other marvellous indirect means of conveying feelings that she still denied that she had, and perhaps could not afford to feel herself. About this time, a new medical student assigned to her care came to see me straight from a talk with her, wanting "...something done" about our outrageous mismanagement of her. *He* was white and trembling with rage!

She had already begun to eat at night, saving food or finding it in the kitchen, and now the night eating increased. So – after the great row with mother – her weight began to go up again, this time without any supervision or encouragement of her daytime eating.

In the sixth month of therapy, I was absent for a long weekend and, for four nights (according to the sleep charts kept by the night nurses), she did not sleep at all. Then, on my return, she slept the night through every night for nearly a week. This was the first thing that showed me that the function of sleep as well as that of eating was involved in her disturbance of relationship. Much later, she told me about fighting sleep having gone along with fighting against eating: about the age of 17 she had started sitting up until 2.00 am every night, and setting her alarm clock for 7.00 am.

By the seventh month, her nocturnal life contrasted strangely with her daytime life. "At night I have no morals...", she said, meaning that at night she felt hollow, lonely, longed for affection and comfort, could not control herself and *ate*. Bitter guilt and remorse came with the dawn, and self-punishing exercises and resolves. "It's like being

two separate people”, she said, and indeed her night-time ‘I’ sounded almost like the alternating self in a case of multiple personality. By day she was unemotional, even cold, very controlled, feared people, abhorred eating; at night she was moved to sadness, wept, longed for company and solace, and ate. The two selves seemed to correspond nicely to Fairbairn’s anti-libidinal and libidinal egos.[1] On the other hand, one might just think of her as a single ‘I’ modified deeply in the night by temporary susceptibility to instincts to whose influence she was exposed through her dreams whenever her habitual stoic vigilance was disarmed by sleep.

For, as I never met this other self, I suggested she write down at night what she was feeling then. This led to her writing down her dreams. And she recorded how she woke from each dream and ate, either to warm and comfort herself after a bad dream, or to comfort herself on waking from a good dream and finding it was not true, as when for example she woke from a dream in which I had come to tell her that I could now promise her “...the peace of everlasting sleep, which is also found in death”.

A day or two after that particular dream, another filled out some of the implications of her longing for oblivion. (The original in her own handwriting was, I thought, very expressive of her personality, and which had not changed, as far as I could see, since she was 15.)

“The experience of this dream, followed by complete bewilderment, confusion and disappointment when trying to establish myself in reality again led me to find relief in eating.

“I remember approaching a warm, glowing mass which seemed to resemble the evening sun – a mature yellow tinged with red towards the centre. As soon as I reached it, I became totally wrapped in its layers of warmth and protection. I seemed to feel the whole outer mass encircling around me, moving both in a clockwise and anti-clockwise direction, therefore providing no way out, nor a way in. A voice seemed to say ‘...Now you’re safe for ever, you’re protected from everything by the sleep of death’.”

I suggested she draw this dream, and I reproduce two of the three drawings she made to show herself, in the shape of a hollow plant, being absorbed into the “...warm, glowing mass”. “Warm, glowing” was how she described an orange she was tempted to eat in a later dream, so the “mass” may be linked with the warming effect she craved from the food at night. So this dream and its drawing [Figure 1] are vividly reminiscent of the words of Seligman quoted above.

In the second drawing [Figure 2], the hollow plant representing Ann has almost disappeared in the centre of the mass, and the shapes below and above were added to give more of the feeling. They were not in the dream, nor were the angel figures in the first drawing.

Drawing herself as a hollow bulb or plant shape anticipated future dreams about herself, so I shall take this as effectually the beginning of the appearances of the plant motif. At this point, therefore, I should briefly mention some of the other dream themes that developed, which will not be discussed in this paper, though I think they were not less important.

There were groups of dreams about not being able to breathe, about explosions, and about having painful injections in her ear.

There were dreams about me in which, especially earlier on, I offered her supernatural help usually in the form of death or oblivion; others, later one, in which I shared and supported her feelings; others in which she lost me or I was not available when she

needed me; others in which I was physically damaged because I was not robust or well enough to stand up to having to deal with her.

Following a dream in the tenth month of therapy – in which she heard two girl medical students complaining that they had not been able to play their game of tennis properly because I had insisted that a little boy child was allowed to run and play freely over the court – there were many important dreams about boys and young men. The boy figure did all the things the patient could not – he was demanding; openly asked to be cuddled when he went to sleep; trampled over cakes in a shop; helped her, for example, by showing her how to prevent a ship they were on from sinking; knew a foreign language when it was required; and recently saved her from a savage bear by playing with it. The boy is often naughty, and the young men delinquent: one stabbed her mother with a knife. In the twelfth month, early in this series, she had a dream not quite in the same style but on an allied theme: she dreamt that she would be shown what was going on inside herself. She was taken through the darkness and shown a crowd of little boys dressed as devils fighting a crowd of little girls dressed as angels. They did not fight back but avoided the boys by flying into the air (something she herself often does in dreams, but usually food or feelings drag her back to earth). She felt that one side had to win, but that neither side *could* win.

There was another important series about vomiting, diarrhoea and menstrual blood, and the humiliation and terror when these get mixed up with her transactions with others, including me. The series started with other people vomiting, etc., then she got more personally involved. This has become an important part of the language of communication about what is going on between her and me and what she is wishing, fearing and doing – her terror of taking things in and letting things out, feeling at the same time hollow and empty and yet stuffed full of badness, and so on.

Just mentioning these themes gives little indication of the striking scope, wealth and liveliness of her dream life, which I think correlates with the narrow, monotonous poverty of her conscious 'I'.

Now to return to the development of her plant dreams.

Plunged back by gaining weight into the miseries of childhood she had reproduced her childhood home life in the Clinic: "stealing" food at night, living emotionally and, as far as possible, spatially apart from the other patients as she had from her siblings. She also lived in furtive, terrified evasion of all those in the Clinic cast for the part of Mother, especially the consultant in charge of her case.

As she continued to progress, very much *a rebours*, her desperation increased, or maybe it only became more conscious, or was more openly expressed. In the eighth month she wrote, "I wish I could somehow find a means of conveying... how it becomes more and more intolerable to live with myself... If only I could start starving myself again then I'd be able to starve all the writhing feelings, and obliterate that monster which is choking and tormenting me... demanding food all night, but... never satisfied... But this creature's hunger seems to demand something far more superior than food. The more food I give it – the more it demands, but continually rejects it."

In the ninth month she dreamed she was an onion being stripped of her layers by the nurses; when they found the heart was rotten they started packing her belongings to send her away. She dreamed about her mother buying flowers for her (the patient's) funeral, and of buying flowers herself for comfort.

In the tenth month she "...had to" starve herself to be able to tolerate my absence for nearly a month, and lost weight. While I was away, she had another blissful dream of fusion; she slipped down into a crack in the earth, "...into the quiet safe darkness. As I

slipped farther and farther down, the light above me faded, the darkness enveloped me completely and... at last I was free for ever. Then my consciousness gradually dissolved into the surrounding darkness until I knew nothing more... I experienced nothing, remembered nothing, I had lost all awareness. I was at peace."

Just before I returned she dreamed about being in a deserted city, all dead, but mysteriously there were some living white flowers in a locked, deserted shop.

In the eleventh month she dreamed about trees and flowers and blossoms coming to rescue her from the "desperate peril" of waking to find she had eaten in the night. Then she had a third dream of blissful fusion. This time a Christmas tree came alive and grew, and the candles became flowers; "It came so close that I could feel a warmth radiate from the flowers, then I seemed to merge into it and it enveloped me completely, into a warm security so that I fell asleep." (In the first fusion dream it was "sleep of death", now, just "sleep".)

A week later another plant dream suggested a development of the identity / identification theme which I found of extreme interest:

"I had decided to force myself to become objects without feelings. I think I wanted to weigh up whether I preferred being myself, which I found pretty ghastly, or whether I'd like to be something else. I seemed to go round my room 'finding out' what it was like to be the chair, the cupboard, the chest of drawers; finding all utterly unbearable and blank, but in a way horrifying. Each time I encountered an experience I seemed to know. I began to wonder how on earth a chair could tolerate being like that for as long as it was expected to.

"Then I caught sight of my flowers and felt very tempted to find out what it felt like to be a flower; but I was frightened to try in case I liked it too much and didn't want to become myself again. I also knew how quickly flowers died and that made it even more tempting.

"I looked out of the window wondering what to do. Then I saw the houses and buildings and wondered if they felt any different. I thought I'd try and see what the buildings in the passageway over the Grapes felt like. Then all the windows turned into eyes. This time I seemed to remain partially myself and let myself also feel what it was like to be one of the buildings. The experience was like being ironed out of existence altogether, and because I was gone, I was more terrified than I can explain. I had nothing – no physical being, or feelings to get hold of to get myself back. But I woke up immediately and burst into tears."

In the twelfth month she dreamed that she could have saved the life of a suicidal patient if only she had had yellow and white flowers within her, instead of being empty and black. She dreamed of flowers that she had bought and when she unwrapped them she found they had become miraculously perfect bronze replicas, as from an altar-piece. She dreamed of grafting shoots into her eyes (she had been trying to hybridise plants in her room by grafting) and finding that she had blinded herself. She dreamt that I had given her back the piece of paper on which she had drawn the white flowers of a previous dream, but had kept the flowers, and she said this felt to her that I had accepted what she offered but restored the means to continue communication.

Then, at the end of the twelfth month, she reported three dreams together, and the third was the first really striking plant dream. The first she could not bear to write down – it horrified her so much; it was about someone leaving the room to vomit (as yet no-one vomited on-stage in her dreams). The second suggested a considerable degree of potentially useful regression:

"Everything around me was dark and very quiet. I was a very young baby and was aware that I was with three other babies. To begin with, they were asleep but I wanted to find out how they felt about being alive. I wanted to get to know them because I didn't like living. It was very grim, and I always seemed to be alone, though there was someone much bigger than me who moved me about – but seemed to hurt me. I couldn't attract the other babies' attention by speech – in fact I was aware I wasn't exactly thinking in words. I just knew I wanted to know them and wanted to find something nice and warm about them. But something woke me up just as they had realised I was there."

The third was as follows:

"At first I seemed to be entirely alone in a dark, silent place. Then the darkness gave way to a dim greyness. Then I noticed a strange shape and when a light began to somehow glow around it, it seemed like a strange plant-like being standing in total solitariness. It was small, had a short thick stem and just one 'leaf-like' head which, although it had a leaf-like shape, perhaps was more like the head of an unusual toadstool or type of hairy fungus. In its form it did slightly resemble a fern in its earliest stages of growth. The shape of the 'head' was very similar to a small erect rhubarb leaf. At the centre around the stem it was a rich brown, surrounded by a yellowish olive-green and, around the outside, was a thick hairy layer of rusty brown. Whilst I was watching the plant it seemed to grow bigger and the colours became richer. Then I was aware someone was behind me. They told me I must go over to it and get to know it. But I somehow felt very apprehensive of being any closer to it. I felt it might have some strange power over me. I wanted to push whoever was behind me away, and run desperately from the whole situation – but I couldn't; I was transfixed to the spot – I couldn't move. I couldn't take my eyes off the plant being. There was something trying to draw me to it, but it also terrified me. I started trembling, I wanted to get away so much. Then I started crying with fear and woke up."

The resumption of menstruation in the fourth month of treatment had indicated that, hormonally, she was a complete person again. A week before this dream she had admitted, after at first denying it, that she had dreamt about making love with me. But I did not comment on the phallic aspect of this dream. I did, however, reinforce the advice of the voice. I let her know that the dream seemed to me profoundly important and beautiful, and to be about an aspect of God, and suggested that she should draw it. She did so, showing the stages of the plant-being's growth [Figure 3].

When she showed me the drawing I suggested she should pin it up in her room so she could always see it. She said it reminded her of the drawings she used to encourage the children to do in a Rudolf Steiner school where she once taught (if you know the Steiner graphic style you will recognise it in her drawings). She said she had known then that the drawings were good for the children, and she knew that this one was good for her, and she knew I did, but "...would other people recognise that fact?". I said perhaps it was not necessary that they should.

A fortnight later I could not resist trying a kind of trick. I found her clasping a hot water bottle to her pelvis for her pre-menstrual pain. Thinking to myself how such pain is thought sometimes to be connected with the kind of fear of sexuality that may have been partly what she was feeling in the dream, I asked her to recall as vividly as possible her feelings when she watched the plant growing. Then I asked her what had happened to the pain, and she said it had altered. She added that whereas, when she had the dream, the plant-being had frightened her, "...like most things in life", now it gave her a feeling like what she had felt in a dream a few nights before when, with patience and gentleness, she had softened the snapping, growling, hostile distrust of the family dog until he jumped in her lap and "...snuggled right up against me... I felt a sense of inner warmth that I'd never felt before."

Six months later, when she was describing as usual – only more so because she was about to be discharged from the Clinic – how things were getting worse and worse for her, she said that this way of relieving the pain, which apparently she had been using since I suggested it, now no longer worked.

In the twelfth month there was a most interesting sequel to the first great fusion dream, a new dream that included a memory of the former one, and seemed to show how her longing to eat was very close to, perhaps fundamentally identical with, her longing to fuse with the warm comforting object:

"I couldn't see anyone, but a hand holding an orange came gradually towards me. Nobody spoke, and I desperately wished it would go away – the orange terrified me. Then it seemed I was being offered a bowl of oranges. This was too much. I knew something terrible and frightening would happen even if I just touched one orange. I searched frantically in my mind knowing something tragic had happened before – but I also longed for the comfort I had once had from feeling securely protected by the warm glow, and realising that I was enveloped safely from life. Then, because the bowl of oranges didn't tempt me to take one, the single hand holding one orange confronted me again. But, because terror was greater than the temptation to try and get inside it and find final warmth and peace, I pushed it away and woke up feeling really lost and frightened."

But the same night she had a dream in which I guarded her while she slept so that she was able to feel safe and let herself sleep.

In the same month she was transferred from her cosy room to a cubicle in a different ward, really from administrative necessity, but it was also felt that it would begin to wean her from dependence on the Clinic and be a first step towards discharge. She "had to" starve herself to cope with this disaster and lost weight again. But about this time her dreams of plants were sometimes particularly happy and beautiful; the buds on her Christmas cactus changed from pink to a wonderful warm glowing golden yellow; there was a marvellous transparent crystal shrub "...multiplying itself at a terrific rate", of which she picked a shoot and kept it to give her a feeling of security; her writing for me changed into a plant; she gave a plant to give pleasure to someone; she became part of a berry on a winter cherry that was growing larger and brighter; the plants in her cubicle gathered together and became a woman taking care of her.

In the seventeenth month she dreamed she was a tulip, *"...a gold red bloom with streaks of yellow at the base of the petals. I was standing quite aloof and seemed to be in total darkness. I was quite satisfied with my own state – I seemed to want to be immobile, quiet, without trauma – just to be quite alone to be involved with my own metamorphosis, which I didn't want hindered or interfered with; but there seemed a presence of a number of beings whom I felt were trying to influence me in a bad way. They wanted to change me into something I didn't want to be, and was incapable of becoming. I couldn't defend myself because I held on to what I wanted to be at all costs, and a tulip standing aloof doesn't fight back. I seemed to feel my flexible stem and soft petals freeze and go completely rigid and I had to shrink away because I was so afraid."*

She became friendly with an anorexic lad in the Clinic, and they had a cuddle sometimes, which she reported as having left her with worse remorse even than eating. This friendship did not long survive her discharge.

In the eighteenth month of therapy she was discharged to a hostel – and hated it. By this time she was a little less incapable of tolerating the rough and tumble of ordinary human relations. Her view of the head of the Clinic as pure evil – and me as pure good

– was modified, and we had begun to discuss the ambivalence of her feelings for me. Once, about this time, when I was saying to her – in the language of her dreams – how she could not take anything good into her, feeling it turned into faeces so evil she could not possibly let them out, or turned into maggots and crawled back up her throat, she replied that what she could not deal with was the good mixed with the bad, only the bad alone could she deal with.

The hostel ran psychotherapy groups for the residents and in these she began to stand up for herself openly and enter into feeling-dialogues with the others, but with maximum suffering and outrage. The hostel was having its own difficulties: the one warden that Ann got on well with slashed her own wrists and had to leave.

About this time her dreams of plants became painful. She dreamed she was propagating begonias from leaves and the roots appeared very quickly "...but there was a sudden ghastly confusion – all the roots began to work their way into me, each one taking the role of an unbearable feeling or situation I had recently experienced. The roots became stronger, like snakes or worms eating into me." She dreamed about a detached, lost leaf and felt its helpless, lifeless fear. A woman said she mustn't garden any more. She dreamed she was a bulb that had died down and lost its foliage; it had lost its centre and people around were "...trying to persuade me it was essential to start restoring what was missing and put back substance where the bulb had been eaten away. So of course I could eat to put back what was lost. I wanted to find some excuse to satisfy my inner need, but I couldn't carry out anything whilst all these people were around, and they wouldn't go away." (By this time, as her waking daytime self, she had acknowledged to me that she really wanted food but added that, if people knew that, she'd be done for.)

Although I thought she was doing well in her battles of self-assertion and individuation against the Warden and other residents, she not only felt as usual that things were getting worse and worse but that she was being irrevocably overwhelmed. She started smelling strongly of ketones, indicating fasting, and that – along with her extreme anguish – led to re-admission for a week. (She turned out to be the same weight as on discharge, so she must have gained weight and then lost it again.)

While she was in hospital she had another plant dream that I thought could well be construed as an attempt by her deeper instincts to infiltrate into her consciousness some of the faith and hope in them that she so lacked. She dreamed she was with her family in a large mansion, and escaped from them into a side room where she found her plants, which of course this time were not with her in hospital. "One of them had grown a huge arm of a branch which it had plunged underground before reaching for light. The plants had been neglected and needed water and light." My application of this dream to herself seemed to be confirmed by another the next night about three books: "Only one had been given a title, and that was 'Underground'. It seemed to be an indication to me of the way I experienced myself at present, and the other books would be given titles when I experienced something different." A day or two later she returned to the fray in the hostel.

For the next six months she struggled away there, nearly every day a drama of outrage and conflict, but I thought there was increasing reality in her relations with others. Then, after 27 months of therapy, she managed to get her stepfather to take her home from the hostel, on the plea that a psychopathic youth there had threatened to rape and kill her. This happened against my wish, and the stepfather agreed that, at the least, it was fraught with dangers. But she went home, and nearly two years of estrangement came to an end when she and her mother fell into each other's arms (literally) and the mother was delighted at the change in her daughter.

Ann seemed to take her new ability to communicate home with her. She and her mother started a new interchange of feelings, truths, explanations and memories which had never happened before, and which – as the weeks passed – became mutual recrimination and reproach, strife, bitterness, and mounting desperation on both sides. Gradually, the father became an enemy, and now he and Ann do not speak to each other. Ann has become more and more bitterly demanding of love and total acceptance from her mother. “How can I ever learn to accept myself if no-one else will accept me as I am?” But while, on the one hand, she fights to extort the accepting love she feels she has never had, on the other she has persisted increasingly in her ascetic refusal to accept any pleasure or satisfaction whatever. So – she confessed to me – when her mother asked her kindly if she just wanted to be looked after, she lied and said “No”. Not surprisingly, the mother, a thoroughly insecure person crippled by her own defences, is driven to distraction by this mixture of reproachful demands for love and refusal of the love that she offers, and tells her daughter: you are breaking up my marriage and driving me mad. She has to take Ann’s suicide threats seriously because of what happened in the past.

She tries to help Ann with advice based on her own recipes for life: “You should have a timetable of things to fill your day”, and “Well, we all have to push ourselves to do things...” and so on. With the glimmerings of empathy which Ann is just beginning to acquire, she can sometimes realise the kind of love that lies behind these offerings: “She would feel negligent if she didn’t ...” she said. [Figure 4]

But the effect of such super-ego strengthening remarks on a mind that already consists of little else than a grossly hypertrophied sick super-ego is, in the immediate situation at home, to worsen conflict. [1]

The patient gives a super-ego sort of reason for her rejection of love: she says that she cannot accept anything good without earning it first, she must be a worthwhile person and do good things, but that is impossible for her now because she is totally empty of energy, feeling, wish, impulse or desire.

During this worsening impasse, in the thirtieth month of therapy, she dreamed:

“I had been on a long bus journey that seemed to have begun at the place where I caught the bus for school when I was very young. We crossed London and then went through many places I didn’t know and finally came to our journey’s end in a quiet village of red brick cottages. I was hot and tired and stopped to sit on one of the brick walls. There were some strange plants growing from the stone surface – they seemed to be practically all flowers growing in the form of a multi-coloured spiral. An old man saw me examining them and came to ask me if I would like one. He told me the roots and leaves formed after the flower.

“I couldn’t understand how I could possibly grow a plant so strange and confusing. I said it was very kind of him to offer me one but couldn’t accept because I would have no idea of how to care for something I couldn’t comprehend. I walked away puzzling and twisting the impossibility of a plant that actually grew, not from a seed, but formed a flower slowly and gradually from nothing.”

In the last half year or so she has been increasingly reluctant to discuss dreams with any beauty or hope in them, sometimes because it made her cry to talk about them, also because she is afraid they will make me think she is getting better, or will lead me to expect that she can realise something like them in real life. But she admitted in a faint voice a few days after giving me this dream in writing without comment, that she had realised at the time that this dream was important.

I spoke of it to her in connection with how it is right for an infant to accept pleasures and satisfactions *first*, so that later it can become able to give and do good things. She associated the spiral form of the plant with a kind of ritual or dance of the Steiner school where she once taught. The children, hands linked, were led into a spiral then out again. She said this was linked with the birth of the ego or self (whatever they meant by that) and that she also associated it with *The Keys of the Kingdom* – going in and out of the house, and the keys in the basket.

She admitted that the dream was an exact representation of her predicament and attitude. She knew herself, she said, how it is not good for her to put roots down first in a false, acting-grown-up-when-she-is-not kind of way, making herself get a job and fit in and soon – but how can she accept the flower when no-one around her will have that kind of thing? Everyone round her has the other idea, she said.

I suggested she draw the plant, and she did do [Figure 4]. Two days after she showed me the drawing she ended the session saying, "I don't know if people realise" (when she is resentful towards me she refers to me as "...people") – "I don't know if people realise that drawing that plant makes me feel just as if I've eaten something.

"It *terrifies* me to take in pleasure. I don't *mean* to refuse things."

Discussion

A baby does not live because it intends to live, but because its mother intends that it should live. The baby has no intentions at all. (MacMurray, 1957). Similarly, a severely emaciated anorexic admitted to hospital does not live – if she does survive – by any intention of her own, but by the intention of the doctor. Most would agree that there is no place for the ruthless ascription of responsibility to the patient such as Szasz would indiscriminately apply (Szasz, 1965). The patient is no more responsible than a baby.

But, during or after treatment, she is handed over again to the care of her own intentions, and her subsequent fate depends on whether the sick intentionality that nearly killed her has been cured.

I think the case described here supports the idea that an anorexic's intentions may become sick at a very, very early stage of development. Maybe that stage is near, or the same as, the stage at which, it is beginning to be thought, a failure of development can occur that is a factor in predisposing to schizophrenia; I felt I was greatly helped in understanding and managing this patient by Searles' account of his work with schizophrenics (Searles, 1965). Bruch says, "...the diagnosis of schizophrenia (in an anorexic) "does not indicate a hopeless prognosis. On the contrary, recognition of the underlying, potentially schizophrenic core is essential for effective treatment." (Bruch, 1974)

So one might hope to cure the anorexic by recapitulating and revising the very early stage of development where things went wrong before, by something like what Mahler calls "...a corrective symbiotic experience ...with a therapist". (Mahler, op.cit.). Bruch (op.cit) and Selvini Palazzoli (op.cit.) agree that it should be corrective in a particular direction: specially there should be response to, valuing of an encouragement of the patient's own initiatives and spontaneities, instead of the conjectured blotting out of these by the mother's anxious intentions in the first infancy.

I realised after some months of therapy that while this patient clung hard to the Clinic and me she rejected anything that she was aware that we offered – that is, anything she experienced as a conscious pleasure or satisfaction. Anything we offered that she didn't like, such as painful interpretations ("...painful injections in the ear!") or the

walks when she was agoraphobic, she violently, masochistically forced on herself in a mechanical external way [1], even in an exaggerated way, while at the same time resisting them in all sorts of underground, manipulative, often totally denied ways.

I have felt that what has operated to change her has been on the level of her having a room where she was comparatively little interfered with, and where I was also fairly regularly, another living animal, exchanging noises or sharing silence. I felt that what the Clinic and I offered was a pot of earth for her to grow in – not a very secure one; owing to the conditions of my employment, she has never been sure of having me more than a few months ahead but, nevertheless, apparently secure enough to undermine her destructive conscious intentions at a very deep, maybe completely unconscious, level.

Conscious insight has never been much use to her, however extensive. Even from early on she has been aware of the self-destructive effect of her way of life. In the ninth month of therapy she dreamed that she was stabbing herself with scissors, angry at herself for "...not being able to conjure up any of the feelings and attitudes necessary to do all the things Dr T and Dr F had suggested." But she could feel no pain, and there was no blood in her veins. "I went on trying until I was exhausted, and knew the dreadful truth – I had destroyed all my own inner life: there were no desires left...". She knew this was a true dream. But however much she knew of what she was doing, the panic terrors that press in on her from all sides seem to make it impossible for her to use the awareness in order to change, as if she cannot get breathing-space or moving-space enough to do anything other than try harder and harder in directions she already "knows" to be wrong.

In any case, one could see that her freedom has been somehow whittled away to almost nothing by a most extremely interesting but obscure mechanism in which choices against immediate satisfaction become as irrevocably habitual (and, in fact, again very interestingly, in practice apparently more so) as choices made for immediate satisfaction as in the addictions. Maybe there is an irresistible immediate satisfaction in the associated evasion of responsibility; thus, when "forced" – as she put it – by the anguish of her predicament to overdose herself with laxatives, she expected me to be sorry for her as if it were a disaster that had happened to her and not angry with her for something destructive she had done. I used to wonder if somehow she chose herself into being a totally determined puppet in which the faculty of choice was irrevocably and totally lost, unless it could be restored through intervention from outside.

She has experienced her change [1] during therapy as a progressive undermining, a seduction. A few weeks ago she was telling me again how terrified she is that anyone will find out that she really wants the things she pretends not to want, and indeed more or less successfully stops herself wanting – food, sleep, warmth, cuddling – and I asked her how she feels that I know. "I feel dragged farther away from ever getting a grip on myself", she replied. The other day she wept, "I feel like a criminal that's being conned into thinking it's alright to be a criminal."

Two years ago she was self-controlled, apparently unemotional, overactive, compulsively working most of the day and sometimes into the night on an extremely complex-patterned crocheted bed cover, exercising secretly, hardly sleeping, totally rejecting her mother, disliking contact with people on the whole but close to her father. Now she sits around doing little and can hardly make herself help in the house. Though awake at night she sleeps late in the morning, hates being alone and will sometimes hint at suicide to get company, weeps and makes frequent scenes, beating her head and occasionally breaking something, at cold war with her father, and hanging on her mother in fight or friendship, mostly the former.

When she can get her mother alone and receptive she talks about her feelings past and present, about how for example when she was little she dared not bother her mother with her own troubles because she was aware how much her mother was in trouble and needed her support; finding out what her mother felt and so on. Every now and then she reports some quite dramatic sprouting of mutual understanding, and breakthrough of affection, like a little earthquake, in this continuing love-quarrel. But the last time she did so she reflected, as she had done before, that her mother will die some day, so it's no use beginning to enjoy her. Later in the session she said, "If ever I begin liking things I have to find a way of not liking them."

So she persistently tries to reject the satisfactions that begin to accrue from the change in her, and she is left with only an increasing sense of terror and disorientation. Her conscious 'I' has become more and more desperate, and I am sure doctors could be found who, if they saw her as I do in session after session of incredibly anguished continual weeping, would think it unjustifiable to withhold leucotomy. Such an event would fit perfectly into her scheme of things, she would recognise it straight away as the great punishment she awaits daily for being the criminal who has been conned into thinking it is alright to be one, for being unable any longer to fulfil other people's expectations because "...I've worn out my willpower". This is how she construed the injections of flupenthixol that were made in an attempt to mitigate her mental anguish. I see no guarantee that an increasingly undermined and terrified 'I' will not lash back with suicide, like Binswanger's Ellen West and many others.

To orientate myself in what has been going on, I have found most useful Newmann's description of the relation between infant and mother (Neumann, 1973). Out of a secure "primal relationship" in which, to the infant, mother, Self (in the Jungian sense), ego, body and world are one, the infant begins gradually to live into the experience of 'I' and 'You'. But his first experience of 'You', in Mother, colours also his relation to what can, strangely, be sometimes like a 'You', sometimes are 'I' – his body, his Self, his instincts and so on. "...paradoxically, the Self is that which is most our own, but at the same time it takes the form of a 'thou'; for our consciousness it is the individual centre of the personality, but at the same time it possesses a universally human and cosmic character. This paradoxical two-fold nature of the Self is manifested in early childhood; as the child's 'very own' the Self is the body-Self as 'thou', it is the mother."

Again, "Paradoxically, the Self is experienced by the ego both as its very own and as an alien 'thou', and this paradox develops through the relation of the ego to the body-Self and to the mother as Self.

"Not only the security of the ego and of its feeling of Self, but also the ability of the ego to make contact with the Self and the unconscious depends on the positive contact provided by the primal relationship. For the unconscious also confronts the ego and consciousness as a 'thou'. Just as the secure contact acquired in the primal relationship makes possible a secure relation to the 'thou' in every form (human 'thou', world, body, Self and unconscious), so an insecurity acquired in the primal relationship undermines contact with every 'thou', including the unconscious, which is at once the child's own and alien..."

The kind of insecurity Ann acquired is suggested in her account of how she felt in closeness to her mother: when her mother saw her plump "...she would say things like 'nice and cuddly' – the one thing I used to loathe. I couldn't bear it. When she used to – it was odd, she didn't cuddle me, she squeezed me – as if she were trying to control herself from hurting me. I'd shake her off – I was afraid she'd hurt me – then she'd get so furious with me. I began to be really wary of her trying to cuddle me when I was about seven. But then, of course, she started accusing me of being an unaffectionate child and said, "The others make a fuss of me – why don't you?" I used to be so terrified she'd squeeze me so tight I couldn't breathe... There was always the kind of

relationship between us, she sort of – almost as if she sort of couldn't make me physically part of herself so she – I felt that's what she wanted to do – she almost wanted to absorb me altogether. It was almost as if she wanted to eat me when she got hold of me. The one thing I can't bear now is anyone else sort of touching me. But when I'm terribly thin it doesn't bother me at all." (This was early in therapy.)

So one may guess, that as Ann began to grow into the awareness of 'I' and 'You', something went wrong in the interaction between her mother's peculiar individuality and her own peculiar individuality to make her feel that the 'You' wanted to swallow her up, did not want her to exist as a separate autonomous person; so relation was only possible if 'I' and what 'I' want is always suppressed in favour of 'You' and what 'You' want; further, that the reason 'I' has to be suppressed is because it is essentially bad and damaging to 'You'.

And just as Neumann describes, the attitude of terror and mistrust, once adopted, was applied globally to almost everything that entered her awareness from any direction, inside or out.

Her own body, for example: "...I loathe my physical image so much", she said, "because, apart from my intellectual achievements, that's the only part of me my mother cared about, to an obsessional degree – so that... I am driven to obliterate it." So you might say she tried to destroy her body as the armies of an invaded country will destroy their own capital city that is in the hands of the enemy. But, really, it was more and deeper than that. She recently said that she hates looking at her body because she feels it shows, when there is any flesh on it, the badness inside. The humiliation of the inner badness showing out is what prevents her ever looking up at me, she said. [1] So maybe the body-self is bad inside also with the badness implied by the 'You' rejecting it. One of her nightmares was of tearing out her black heart and throwing it away, and then the nightmare consisted of the black object getting steadily larger as it ineluctably returned to her. So the badness of 'I' and the terrifyingness of 'You' are all mixed up in her body.

Her Self: - Neumann writes: "A secure ego is able to entrust itself to the Self, for example, in sleep, in danger, or in the creative process. A rigid ego is, on the other hand, precisely an insecure ego that is impelled by anxiety to cling to itself." She resists entrusting herself to sleep, in danger she clings harder to her "solution", and when, at my suggestion, she involves herself in the creative activity of her unconscious – by drawing her dream – she gets a satisfaction that terrifies her and makes her feel as guilty as if she had eaten.

For there are two great moral systems in her life, one centred in the guilt of not doing what 'You' expect and want, and the other centred in the guilt of enjoying or trusting 'You' ('You' in any of the forms we have been mentioning). The former is based on the terror of loss of the 'You' (she dreads daily being sent away from home because she is not co-operating enough) and the latter on her terror of being swallowed up. The conflict this led to early in the transference was nicely put in a dream: that the Sister on the ward was giving her a form to be signed; if she didn't sign it, she couldn't stay in the Clinic any longer. "But if I did sign it, I would be making a promise to get well. ...I think I started crying because I couldn't explain why it was impossible to promise to get well, and the nurse was getting more and more impatient. Each time she pushed the form in front of me it seemed to loom larger and larger, and more terrifying until it seemed to be smothering my face and preventing me from breathing."

I think such ideas as that she has to do good deeds before she can accept any pleasure or satisfaction are probably to be regarded as mere rationalisations covering a basic mistrust and terror of the 'You' or, in other terms, a basic assumption that interaction between 'I' and 'You' (in any of its forms) has to be mutually destructive. She clings to

this assumption from cautious terror, but sometimes I also feel there is a perverse, wilful, vengeful side to her clinging to it, as if she would say "You have shown me in the past that you hate me and want me to be a slave and do only what you want, and nothing will ever make me forgive you or give you another chance." That is when she makes me most angry. As yet she has never trusted me enough to admit to vengefulness, but skips away from hints in that direction with almost invisible nimbleness.

I hoped that, in regression to something like the primal relationship, this time with me and the Clinic instead of with her mother, she might be able to start again into a less damaged discovery of 'I' and 'You'. I feel the series of dreams I have reported may be fairly taken as expressing something like this happening. Her longing for annihilation in a blissful fusion, which seems to have been behind her clinging to the Clinic and to me, and which may also have been behind her misuse of food for comfort, seems to have been gradually modified into a grudging acceptance of a kind of separateness, but still rooted like a plant in the 'You'.

But the process raises perhaps more questions than it answers. I am not sure about the identity or identification mentioned by previous writers. Identification, of a kind, with others was used as a defence by the patient formerly; for example, when she was captain of the basketball team she had no confidence in herself as a player or captain, so she pretended to herself that she was one of the other girls, whom she thought better than herself, and played as her. In her dreams she achieved annihilation by fusion, then sleep by fusion, then she was afraid to be a plant in case it was too pleasurable, then she was a plant. The 'You' was a plant in various forms, too. I do not know how far she identified with me. I know she infuriated people at the hostel by putting forward, I think rather condescendingly, views derived from me. She had two Kelly Grid Tests, one when she was 18 and one ten years later (in the second month of therapy with me). The first showed her as closely identified with her ideal self, the second (projected two-dimensionally) showed her ideal self on the other side of the chart from her real self and very close to me. On the basis of that hint and others I feel the question of identification is a very complex one, linked not only with the ability of the 'I' to have several centres of gravity or even fall apart into several 'I's, but also with the extraordinary mobility of the 'I' in being able to flit about, alight upon and be a number of different things, nearer to or farther from the Self.

I think that, although she fought hard against it, she was unable to resist completely the warm, accepting containment of the Clinic and psychotherapy, so that a part of her blind clinging became progressive instead of despairing, and she could begin to tolerate the feeling of growth in its most basic form, plant growth, and the painful interaction with others to which it exposed her. Previously, in a sense, her struggle had been to be independent without growing up, without allowing the growth that would have led to a natural independence, out of the basic mistrust described above.

Then, very strangely, there was the entrance of the phallic theme in a plant form, awesome, numinous. It seemed to dawn through an erotic development of the transference, just as Jung described in the case of a woman with a father complex, the development through the transference, and in dreams, of a "transpersonal control-point... that expressed itself symbolically in a form which can only be described as a vision of God". When my patient's dream appeared, I tried to support what I imagined to be the aim of her unconscious Self in it, to transfer her deepest reverence and acceptance away from the imaginary hating God of her past to the present experiential reality of the great instincts and their Source. (Jung, 1966)

Now the phase of plant dreams seems to be coming to an end with this patient, and as well as the evolution of the other themes I mentioned above, emphasis is beginning to dwell on the theme of animals, usually young and small, and other small creatures, as

may be seen from Table I. This accords with Neumann's description of how at this early stage of development Mother as Mistress of the Plants is succeeded by Mother as Mistress of the Animals.

Interestingly, the problem of sleep has arisen with the animals. Five times the little creature has grown still and quiet and she has feared it was dead; on three of those occasions it has woken up and turned out to have been just asleep. The patient's present attitude to sleep continues like her attitude to all forms of the 'You': she cannot well tolerate the rough and tumble of following instinct and impulse and pleasure and the concomitant human interaction but kills the impulse and tries to reproduce its effect, modelled to the imagined wish of the 'You', by control, duty, willpower, etc.; she cannot bear to sleep when she feels like it, and feels guilty if she does, but takes five or six WellDorm at night in a vain attempt to smother the waking from dreams that will lead to eating.

The most recent dream with a claim to be described as numinous was one of the new series, of a marvellous kingfisher and its extraordinary way of making friends with her. But that is another theme.

Conclusions

I think that this single case demonstrates how archetypal material can be useful, not only in the resolution of the transference as described in the paper by Jung quoted above, but in a case where continuing work in a transference at a very regressed stage is central to therapy.

The factors governing the presence of such material – personality and history of patient, personality and history of therapist, and so on – would be a subject for further discussion and research.

Summary

Therapists have commented on the importance of very early childhood factors in cases of anorexia nervosa, and on the importance of factors related to primary identity with the mother and very early individuation in the transference during therapy. A case is described in which archetypal material of the kind associated with this phase of development as described by Neumann, especially dreams containing plant symbolism of an archetypal kind, was thought to be helpful in therapy.

Table 1

Relative Numerical Frequency of Dreams of Plants, and of Animals or Small Creatures (including Birds and Fish) in Two-Monthly Periods during Psychotherapy. (I have added incidence of dreams about eggs in brackets.)

Month of Therapy	Plants	Animals	
2+3			
4+5	x		
6+7	x	x	(snakes)
8+9	xx	x	(<u>dead</u> small animals)
10+11	xxxxx		(xx - eggs, eggs hatching)
12+13	xxxxxx	xx	
14+15	xxxxxxxx	xxxx	
16+17	xx	x	
18+19	xxxx		
20+21	xx		
22+23	x		
24+25		x	
26+27	x		
28+29		xxxxx	(xx - eggs)
30+31	x	x	(x - eggs)
32+33		xxx	
34		xxxx	

Notes

[1] It seems to me that this word, and allied terms – even quite old ones – such as “fusion”, “participation mystique”, “primary identity”, have scarcely yet settled down into comfortably generally accepted meanings. One sympathises with Winnicott’s dislike of the term “symbiotic” (Winnicott, 1966) but the term is central in the work of Searles (Searles, 1965) and Mahler (Mahler, 1968) whose usage may become the accepted one through the authority of their work.

[2] Another anorexic girl in the clinic gave a nice example of a similar religious attitude masking hate. When her prayers to God to help her not to eat began to fail, she resorted to praying that something bad would happen to those she loved if she ate. Tempted to eat something, she asked God that her mother should die if she did; she did eat it and her mother died of cancer that year. Her subsequent guilt was strongly suggestive as to whose will, hers or God’s, she felt had really been effective in the outcome.

[3] With not much sign of a central ego around.

[4] Therapeutic efforts that are incidentally super-ego-enlarging can have interesting effects, as of a zigzag piling of super-ego on super-ego; while on the behavioural regime this patient said, “I feel the regime is punishing me for punishing myself.”

[5] Similarly, she said the other day, “You always say the same things and I just go home and repeat it and repeat it to myself to try and drive it in but I can’t” (weeping with distress).

[6] I am avoiding using the word "progress"; my chief thinks my detection of signs of progress are a tribute to my ingenuity in finding ways of cheering myself up enough to go on with a hopeless case!

[7] Indeed I think she has scarcely looked me in the face since she began to approach a normal weight.

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