

Anorexia Nervosa (AN) according to a different paradigm.

“I need nothing, I need nothing at all”

A horrible announcement in the paper some time ago. “Isabelle Caro has died. AN since she was 13. Had her picture taken in the nude to draw attention to AN.” And she is not the only one. Even worse, the victims of this disease are getting younger and younger. And on top of that, there has been an increase in numbers of 200% over the past 25 years, according to the Dutch Academy for Eating Disorders.

Past Reality Integration (PRI), a relatively new approach developed by Dutch psychologist Ingeborg Bosch and available as therapy, may be an answer to cracking the code to free oneself from the hell called Anorexia Nervosa. A method which goes beyond the symptoms such as eating, not-eating, thinking in terms of kilos and kilojoules, gaining and losing weight. And which thus creates insight into the true essence, the cause of and possible liberation from this addiction and disease.

I will cite a short passage from the book “Tweestrijd” (published by Van Gennep, 2000), written by a mother and daughter about their battle with anorexia.

“Why do I see food as my enemy? Why is that empty feeling so wonderful? I now realize it is not about being thin for me at all (which I always thought was the case). It is about that empty feeling. Empty stomach, empty feeling, no feeling, that is what it is about.”

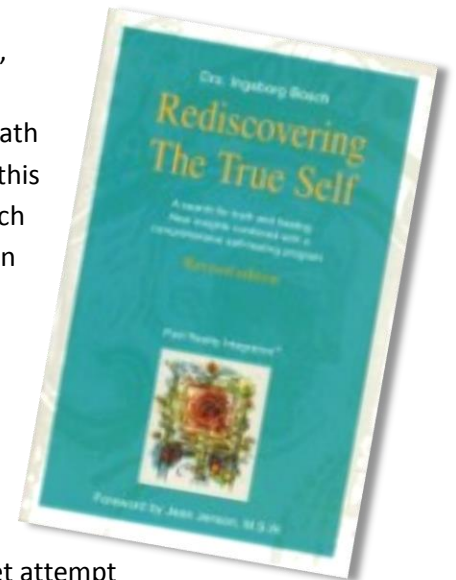
This passage puts into words quite clearly what it is about in many (all?) cases of

anorexia. Not eating, being thin; they are symptoms. Underneath lies the true core of this terrible disease, which is as destructive as an addiction.

Fortunately it is becoming more widely known that it is a misconception to see anorexia as a diet attempt gone out of hand, caused by the western beauty ideal. Or an even more dated explanation: an excessive and destructive desire to be in control of one’s surroundings and the people in one’s direct social environment.

Rather, it is having fallen under the spell of “not needing anything”, knowing – at some point – that it is or may be bad, very bad, even deadly for oneself. And still not being able to stop not-eating. A hell. In PRI terms, being in the grip of a defensive reaction.

Anorexia is an extreme form of the defence mechanism “Denial of Needs”. A very serious, almost delusional conviction that one does not need anything, not even food. The banning of every need is a (subconscious) survival strategy. This is a mechanism that has helped us survive early on in life (see below). But now, as a teenager, adolescent or (young)



adult, we almost succumb under the workings of it.

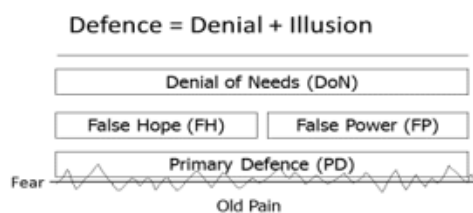
Living in this Defence

As was shown in the quote above, anorexia is about the empty feeling, the illusion not to need anything. This illusion may develop early on in our lives as a survival mechanism, a defence against pain, the pain that our basic needs are not being fulfilled; something which is too crushing to allow.

This is a confrontational truth in the fight against this disease, but an essential step on the way to becoming whole again. Not to put a burden of guilt on parents, but to tackle the disease in the place where it first developed, and so to give the sufferers a possibility to rid themselves of this infernal labyrinth. Is not that of the utmost importance? Even without the guilt and the shame, without the idea of “I am mad”, the way out is difficult enough.

In short: the essence of PRI (Past reality Integration)

Within PRI we start from the assumption that as children we do not always get what we need to survive. At that moment, the realisation of this is too life threatening to allow. In order not to feel this, our psychological immune system starts to operate, with which we deny and repress this crushing truth. This denial and repression together form as it were a wall of defence or denial, which has the following structure, consisting of five defence mechanisms.



As can be clearly seen from the Figure, the defence mechanism “Denial of needs” is the

furthest away from the old repressed pain. This means it is also the hardest defence mechanism to tackle. The illusion it sends out is that we do not need anything – I do not need anything, I am not needy.

As soon as a victim of anorexia starts to first, feel what s/he needs in the here and now, second, recognize when s/he is in the throes of this defence mechanism, and third, uncover what is truly hidden underneath, there is an intensive but manageable road towards being free from this enemy. This survival mechanism at one time saved our lives. But it is now our greatest enemy – and in the case of AN even a life-threatening one. It is of vital importance to become aware of this, and to dismantle it, not just at the level of food, gaining and losing weight, but most particularly in its essence: the under-current of not daring to feel what you need.

Case

Marianne, 31 years old, (ex?) anorexia patient, has been declared ‘cured’ after a second treatment in an eating disorders clinic and is allowed to go home. Although she had gained weight with the 1000 calory and later 2000 calory diet, and although she has gained insight into a number of problems in the family, and although she is aware of the distorted view she has of her body, something is still nagging her. But what is it? She is doubting whether this is what she wants, this weight, this normal eating; it still frightens her. What if she keeps gaining weight, and that does not stop? The food on her list of forbidden things she only dares to eat very sparingly at home. And then she feels terribly guilty. She even almost gave in to the desire to vomit up what she ate. That urge is still there, even though she knows that it is not right, that it is bad for just about everything, and that the chance of a relapse would become very large indeed if she gave in to it.

Will she ever be able to eat normally, will she ever have a complete day without being preoccupied with eating and not-eating? Marianne read a book on PRI “the Rediscovery of the True Self” and recognized herself in the description of anorexia and the defence mechanism Denial of Needs (DoN). Perhaps her disease started with False Hope ... the hope that everything will get better when I am thin ...but now she recognizes herself most clearly in the description of Denial of Needs. This is, she thinks: not so much ‘I want to be thin’ but ‘I don’t want to feel anything, empty, my stomach, everything.’

She enrolls via the PRI website, and goes to a certified therapist in relation to her problems. After her written application there is an intake session. She and the therapist decide that she will have a PRI-session every two weeks, and that she will go to her GP in the week in between, to get weighed. The latter is necessary because her weight is not stable. First she reads the book “Illusions” for an even better recognition of the various defence mechanisms. As a first phase of the therapy, she will feel as self-observation (a sort of phase 0 in cases of extreme Denial of Needs) to recognize when she is caught in a form of defence, not just around eating, losing weight etc., but across her entire life. She recognized in this way, for instance, that she has a fear of gaining weight, and that that does not stop when she eats. But also that she is afraid to ask a friend to drop by, or to say at work what she does not like. And that, when people ask her how she is doing, she feels uncomfortable. And many other fears.

This was the first step in her PRI therapy. The rest of the process would lead too far for this article. What is important, however, is that Marianne realized she was caught in a net of defence mechanisms, like the “I don’t need anything” illusion, and what activated it. With the help of a number of regressions a number

of old realities were laid bare, which in the past had been too painful for her (either directly or by implication) to allow in, and which were repressed by her psychological immune system. In her case one of these old pains stemmed from when she was still a small baby. She felt how desperately she had been crying and waiting as a baby, feeling as though nobody would ever come – a heart-breaking, immeasurable sorrow. This was how she felt when she was left to cry, and was only fed at set times, supposedly so as not to spoil her. An unpalatable experience for the child (the baby!) that we were.

Treatment

For the future it seems desirable to see whether the PRI method can be woven into the current treatment which is used in the clinics. This requires a lot of research in the coming times. In an out-patient situation anorexia is often difficult to treat, because of the life-threatening quality of the disease (dangerously thin, etc.). Therefore anorexia nervosa is in the first instance not indicated for PRI therapy with a therapist in training. But it is possible if it is, for instance, supplemented with regular visits with a GP, and regular blood tests if needed. But certainly if a client has completed a first treatment (more at the level of symptoms) and is back at an acceptable weight, it is possible to trace the underlying story with PRI and to free oneself from it once and for all. To free oneself from the fear of gaining weight, the fear of a relapse, the fear of not feeling at home in one’s body, the fear of feeling, etc.

Finally

This article is the second of a series of articles about PRI and eating disorders. In the following texts I will discuss in more depth the relation between PRI and Bulimia and Binging.

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