

# **SUPERVISIONS WITH DONALD MELTZER**

**The Simsbury Seminars**

**DONALD MELTZER**

WITH ROSA CASTELLÀ,  
CARLOSTABBIA AND LLUÍS FARRÉ

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"Simsbury House", by Rosa Castellà

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*Donald Meltzer*

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*Rosa Castellà, Carlos Tabbia, and Lluís Farré*

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**Donald Meltzer** was educated at Yale University and New York University College of Medicine. He trained in adult and child psychiatry at Washington University in St Louis and came to England in 1954 to

complete his psychoanalytic training with Melanie Klein. He has worked in close collaboration with Wilfred Bion, Roger Money-Kyrle, and Esther Bick, and he taught at the Tavistock Clinic and at the British Psycho-Analytical Society where he was a Training Analyst. He also lectures extensively in, among other countries, Italy, Spain, France, Norway, and Argentina, and he has his private practice in Oxford. His books—*The Psychoanalytical Process*, *Sexual States of Mind*, *Studies in Extended Metapsychology*, *Explorations in Autism*, *Dream Life*, *The Kleinian Development*, *The Apprehension of Beauty*, *The Claustrium*, and his collected papers, *Sincerity and Other Works*—have been widely translated.

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## PROLOGUE

**T**his book, the fruit of 15 years of working together in Barcelona and at Simsbury in Oxford, is once again a tribute to the unusual friendship and cooperation between the group of psychoanalytic psychotherapists and Donald Meltzer and Catharine Mack Smith, a cooperation that has been so mutually productive in an amazing way. The Introduction, which catches the mood of the meetings, is self-explanatory: the key is affection, mutual and evocative. The translator of the English version, Crispina Sanders, was present at the Oxford meetings, and the Barcelona translator—equally excellent—was Françoise Soëten.

At the end of the book are three separate indexes: central ideas, main subjects, and diagnoses. These indicate the scope of the discussions, which cover the whole of the ideas of post-Kleinian psychoanalysis starting with Bion's ideas on groups, Freud's elaboration of his metapsychology, and the theory of confusions (geographic and zonal), through ideas about thinking, and finally the theory of projective identification (including the claustrum and the theory of aesthetics and aesthetic anxiety).

These subjects arise in the course of the clinical work and form the matrix of clinical thought and technique. They show what a spell-

binding method the study of the transference–countertransference is, with careful attention to the ramifications of the oedipal complex at its various levels, particularly at the obscure part-object levels. The consequence is an experience of excitement and exhaustion.

*Donald Meltzer*

## INTRODUCTION

This book acknowledges a debt of gratitude. At the end of a long dinner held in the autumn of 2001 by the Psychoanalytic Group of Barcelona to celebrate fifteen years of uninterrupted work with Donald Meltzer and Catharine Mack Smith, each member of the group paid their personal tribute. For three of us that tribute took the form of a bound volume of our supervisions at Simsbury between 1993 and 1998. It was a very emotive occasion, as Donald Meltzer told us that he intended to travel less and was therefore effectively saying goodbye to the group. He offered us—as always—his hospitality in Oxford to continue working in small groups. As he held our book in his hands, he said softly: “This has got to be published. . . .” And here we are, in print.

It was a moment of *tessera hospitalis*, the atmosphere of quintessential Latin hospitality, that has enveloped our clinical trail since the day, long ago, that it converged on Meltzer’s. It is in that spirit that we offer this work in progress, which readers may find familiar alongside their own. We see ourselves as elders, not only in age but in the tradition of a nostalgia for the fora where professionals, craftsmen, workers of all kinds meet to share tools, knowledge, skills, and—ultimately—ignorance, the wellspring of thought. Though susceptible by nature to those displacements where theoretical business is transacted, we still

pine for an inexperienced youth when—perhaps less prone to misgivings—we sought to reduce our shortcomings, always opting for loyal friendship offered with a generosity no less rigorous than the affection that banishes feelings of humiliation and unworthiness and reinforces confidence and trust.

This book is meant to be as much a sharing with others the generosity of a learning experience as an invitation to that nostalgic place where the vicissitudes of our daily work can be talked about. We are, or we try to be, clinicians looking to find other clinicians with whom to carry on the hospitality of dialogue. And because of that we present our experience “without frills”, with only the grammatical corrections necessary in the transcription. Our aim in doing this is to be able to communicate what we well know to be difficult to communicate: the atmosphere that presided—and still does—over our clinical encounters, our supervisions, to use the old name. We trust that something of that atmosphere is conveyed in the text.

There has been quite a lot of talk in recent times about the atmosphere that should accompany or support the supervision process. This is not the right time to go into such a complex and thorny subject, but we can at least say a few words about our own experience, in retreat at Simsbury.

To begin with, the approach to the house through the beautiful dense woods of Headington sets the mood. Near the entrance a bird-table on a pole stands sentry, and then one finds the house, comfortable and welcoming, severely simple, and containing all that is necessary.

Then just before you step in, between handshakes, hugs and kisses, and the sniffings of the dog, a different mood sets in and the uniqueness of the meeting begins to unfold imperceptibly as the work begins: the concentration of attention—around the fire in winter—and exquisite listening at all times of the year, sincerity beyond fear of embarrassment or threats of criticism, reflection, silence while new ideas start to emerge.

The conversation flows between mugs of milky coffee and the smoke of tobacco still allowed, with breaks to go to the kitchen and share what the host has prepared and the visitors brought along: Rioja goes well with puddings, and so does potato omelette and ham and tomato bread. We carry on until—like in children’s stories—time runs out. The anticipation of nostalgia makes us open our diaries and set dates for new journeys through the woods: the one outside is cold in winter, magnificent in the spring and the autumn; the one inside always amazing, disquieting, awesome. Then it is time to say goodbye

with hands, arms, and lips; we walk down the path, and we leave behind the two nests—the one for the turtledoves that Donald put up one lazy day, and the one in the house, that other nest that only he knows how he has managed to build, but build it he has, masterfully, so that all those of us who have been made welcome in it feel capable today of moving in other spaces with more courage and a stronger sense of freedom, well stocked with the fruits of an unusual generosity, feeling grateful and respectful.

We still go to Oxford and shall do as long as life permits, but the nest has moved to Alexandra Road. Simsbury will remain in our memory.

*Rosa Castellà*  
*Carlos Tabbia*  
*Lluís Farré*  
Barcelona



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PART I

1993–1996



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## Lucia

The Kafkaesque confinement of anorexia:  
rebellion and sacrifice, violence and survival,  
in the claustrum

*Lluís Farré*

**T***his is a girl who worries me a lot. Her name is Lucia, and she is 20 years old. It was her parents who brought her to analysis after a spell in hospital with a serious anorexic condition. The psychiatrist who saw her there recommended that she should have psychoanalytic psychotherapy as well as the hospital's programme of group therapy for anorexics.*

*Lucia is of medium height; she has very long brown hair. She could be pretty if it were not for her rigid gait and her cross facial expression. When her parents suggest that I can see her alone, she insists that she has been brought to me against her will, that she does not want to eat and she will not eat, and that she does not want to get better because she will be forced to go back to the university course she was doing last year where she worked so intensely that it exhausted her. She just wants to sleep, stay in bed without moving or eating, and be left alone. She throws back at her parents their complaint that they suffer a lot on her account, while they do not seem to realize that she suffers when she eats. She accuses her father of not having paid attention to her until she became ill, and her sister of torturing her by saying that she is to blame for everything bad that happens at home. She adds that her sister has always criticized what she does, what she reads, what she studies, and that she belittles her. Lucia is scared of her. Before she buys or reads anything, she thinks twice: "My sister said I would not be capable of doing Physics and that any other course was not worth doing. I did the first year, and in June I passed*

*four of the five subjects, which neither she nor my brother ever managed." Not eating has become an obsession. She confesses she has obsessions. When she feels passionate about something, she repeats it many times. She likes films; she saw Dracula recently. She has seen it six times. She has bought seven or eight books on Dracula, as well as the film, the soundtrack, etc. "I do not want to get better. If I do, I'll have to go back to studying."*

*Her hard and determined tone when she speaks about not eating, about her anger against her family and her suffering, makes me say to her that I am not interested in making her eat but that I can offer her my interest in helping her to understand what is happening, in the hope that it will decrease her suffering. She immediately agrees to continue exploratory consultations and possibly therapy.*

DONALD MELTZER: You have acted correctly. It is very good, because the only thing you have to do is stay away from laying down rules. You must not appear in her eyes as one of the people who force her to eat and study. In this way you will not be a friend to her, but at least you will be acceptable.

That is always the essential analytic attitude; where your interest and intentions are exclusively focused on understanding, that is all. You draw away from any kind of action and take up an observing and thinking stance. It is important with these anorexic children to make it clear from the beginning that you are not concerned with whether they eat or not, or even whether they will live or die, because there is nothing you can do. You must show them clearly that you are impotent, that the matter is not in your hands. Carry on, please.

### *Additional information*

*Lucia has a sister who is 27 years old and a brother who is 25.*

*She was born at full term, weighing in at 3.100 kg. Because of problems with her back, her mother was advised not to breast-feed. Due to a diabetic imbalance and in order that "the baby would not be fat like her eldest sister", mother followed a very strict diet during the pregnancy. The baby milk that Lucia was given was not what the paediatrician indicated, and it caused problems. Added to this were Lucia's own feeding problems: she would take three or four short sips and then spit. Her bottles had to be warmed up again five or six times for each feed. These problems persisted when she was put on solids.*

*To her parents' surprise, she started walking suddenly at the age of 9 months. She quite simply stood up and walked. She was toilet trained very soon, but after the family moved from Granada to Valencia she started wet-*

*ting her bed. This continued until she was 18 years old, and from the age of 14 she was prescribed Tofranil.*

*When she was taken to the park, she would run away the moment the adults took their eyes off her; on two occasions she was almost run over. At home she would climb onto the table and, if somebody was watching her, would throw herself off it whether they could catch her or not.*

*She never allowed anyone to take her by the hand, and she was not fond of being kissed or stroked.*

D.M.: She would throw herself off the table whether they were watching her or not?

LLUIS : If she was on top of the table and nobody was looking at her she wouldn't do anything, but when they looked at her she would throw herself off whether they were near enough to catch her or not.

D.M.: One assumes they managed to catch her. . . . This is a hard tale of provocation addressed to the others to save her life. And it goes far back in time. Mrs Klein used to say that many childhood accidents are no more than suicide attempts carried out with inappropriate means.

One gets the impression of a girl who arrived in the world protesting; her tendency to escape and having to catch her seem to be the dominant themes in her life from the very beginning. One could ask oneself, where is she running to? Or what is she escaping from? Maybe both of these questions are pertinent. She is running towards an exciting place or object relation, and she is fleeing her persecutors, her jailers, etc. . . . In general, to my mind, this looks like a claustrophobic phenomenon; she experiences herself as a prisoner, as somebody who is tormented, who will eventually be the victim in a sacrifice, will be killed, etc. And in keeping with this, her sister is the high priestess in the high temple of this satanic religion. Why she wanted to study Physics is something we do not know, but it seems to be a part of the tools of that system of torture she has been subjected to: she has to study something.

Ll: I want to point out that she is studying Physics because her father is a physicist and both her elder sister and her brother have studied or are studying it. Also, her sister often says to her: "The only degree worth studying is Physics—everything else is rubbish."

D.M.: She is the high priestess in the temple of Physics. I imagine the father is a successful physicist, isn't he?

Ll: I am not sure.

D.M.: Is it a wealthy family?

Ll: I would say they are upper-middle-class. [The general comment in

the group is that they must be well off to be able to afford that kind of education for all three children.]

*At the age of 1 year she used to sleep in her grandmother's room but would cry out in terror, until they realized that she was staring at the holy cross. When they removed it from above the bed, she was able to sleep.*

D.M.: One can see evidence of this satanic religion at the age of 1, and of what for her was the symbol of that satanic religion.

Ps:<sup>1</sup> We were talking about this case at the airport when we were coming here. We thought you should have a holy cross ready to bring out in front of this patient [*laughter*].

D.M.: To protect himself?

Ps: To exorcize her.

Ll: Maybe both.

D.M.: I do not think this is going to be an easy case. Carry on, please.

*Her parents describe Lucia as being extremely intelligent, hard working, and sensitive. "But she prefers to do people favours and look after them to being looked after herself." She idealizes relationships, and if people disappoint her she will detest them forever. She was never a great eater, but when she started her university course the anorexia set in. She already had "quirky ideas" such as, when she was given a pair of binoculars as a present, thinking that maybe just as she saw people with them they could see her. She started having windows and blinds closed because she said people might be able to see her from a helicopter. Her mother says that Lucia hates having her periods and that she is happy to be anorexic because that way she avoids them. "She never liked children; from a very young age she used to say that she was enough."*

*She often has nightmares. Nobody has ever heard—not even in horror films—screams as scary as Lucia makes in her dreams. "They could give you a heart attack", her mother says.*

D.M.: She is the youngest of the siblings. Her brother is the middle one, and her sister, the high priestess, is the eldest. How many years older than her?

Ll: Seven.

D.M.: There are some aspects that do not fit in with the general picture of this girl; they are the ones that refer to her preferring to do favours and look after people rather than be looked after. I think that by that

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<sup>1</sup> "Ps" refers to any of the psychotherapists from Barcelona taking part in the group supervisions.

she is referring to her attitude towards her fellow sufferers in the world she lives in, towards anybody who can be felt by her to be one of the prison inmates. She can be very gracious and kind towards them, but first they have to prove that they really are fellow sufferers. From that position one can reach the extreme one of killing people so as to alleviate their suffering. I don't know if you might have heard about the case of the nurse who worked in a children's hospital here in England and killed some of them.

The matter of the binoculars and of being seen seems to be a part of the claustrophobic anxiety, of being spied on. . . .

Is this the first session? Have you only just started to see her?

Ll: No, this is the third session, and I have brought the fourth one too. I have been seeing her since April.

*I want to point out that she has lost weight—though not a lot—since I started seeing her, and there have been self-inflicted injuries. Yesterday, in the afternoon—the last time I saw her (I see her twice a week, which is what we agreed on at the beginning, with the possibility of making it more often if we thought it necessary)—her arms and hands were covered in cuts she had given herself with her father's razor. She had scratched herself all over. They were superficial wounds, as the blade was the modern sort, not a knife. She looked like Christ on the cross. With that blade she would not have been able to cut her veins, but she was able to seriously damage her skin.*

D.M.: When did you start working with her?

Ll: On the 8th of April.

D.M.: At what time of the day do you see her?

Ll: On Mondays at 9.00 o'clock in the morning and on Thursdays at 3.30.

D.M.: So this is the third session. Does she sit up or lie on the couch?

Ll: She lies on the couch.

D.M.: She accepted that easily. . . .

Ll: Yes. Her mother said: "She won't talk because she does not talk to the psychiatrist." But with me she has no problems; she talks non-stop.

### *Session of Monday, 19 April 1993*

*PATIENT: I went to Valencia at the weekend. My friends called me but I don't want to go out with anybody in Valencia.*

D.M.: She has friends! That's a surprise!

Ll: She had. . . .

*Before I was ill they never took any notice of me, now they do. I don't want to see them.*

D.M.: This is what she says about her parents, that they did not take notice of her until she became ill.

Ps: Why are you surprised that she has got friends?

D.M.: She does not seem very sociable. . . . Perhaps they are not friends, but school acquaintances, colleagues, . . .

Ll: Yes, that is what it is.

*My mother says that I have to go out, to see them. I say that I don't want to; I don't have good memories from Valencia. All my friends from there left me in the lurch. I don't want to go back. I didn't like the school either; I was dying to come to Barcelona to study. When I got here it was even worse, but I prefer to stay here without studying rather than going back there. I have no wish to remember anything about school.*

D.M.: Does the family still live in Valencia?

Ll: Some of the time; and some of the time they live in Barcelona. They have a house in Valencia.

D.M.: How far is it from Barcelona?

Ll: About 300 km. They spend weekends there.

*There, there were people who laughed at me. Here, they leave me alone; I know fewer people, and those I know do not insist if I say I don't feel like going out. I have a good friend here in Barcelona. My other friend is from Valencia, and she goes there at weekends; I get on well with her.*

D.M.: Who goes to Valencia, she or her friend?

Ll: She does.

*I get nervous when my friends from Valencia call. One of them told me once that she was afraid of me. I couldn't understand it. I had not done anything to her. And another thing: they gossip about one another. I am sure they gossip about me too. . . . I don't like their company. If I go to Valencia I feel that I have to go out, so I make excuses, invent false commitments, etc. . . . just so as not to go out with them. And also, we haven't got anything in common any more—more than two years have gone by, we have different relationships, I feel out of place, I do not want to go there.*

*I spent the entire weekend trying to sleep and to read; finally I managed to get a book and sit down to read. I have had a bad time of it because I am more and more caught up in the subject of food. They watch me; they are*

*always on top of me. My father says that if I start group therapy they won't keep tabs on me about food any more. But he is lying; he will continue to watch me. If I start going and see that I am putting on weight, I shall stop. I am not interested in going there and talking about whether I am a little bit thinner or fatter. It is stupid. And I dislike the doctors there because they put a tube in my stomach when I arrived there, at the beginning. . . . My parents are going to go on and on at me about food. I tell them that I am not going to eat; that when they stop watching me I shall stop eating: a year can go by, more perhaps, but I shall not eat, however much group therapy or other nonsense I do.*

D.M.: This is very interesting; she talks as if she were not aware of the need to eat. It is characteristic of these anorexic girls that they are unaware of having a physiology and a body that needs food. Everything revolves around the battle of wills between her and the people who want to force her to eat; this battle becomes a show-down of personalities, and it could go on indefinitely. It wouldn't be until they felt physically incapable of moving, too weak, that they would begin to realize that they have a body that needs to be fed. It is extraordinary.

Ps: Do they ever realize it? Because I have a patient who is very weak but is still sticking to her guns.

D.M.: I think it is part of the claustrophobic situation that some concepts have a measure of validity in it that is quite different from the same thing in the external world. For example, death is something that happens when you get killed—i.e. it is not a physiological event. In the claustrophobic world, death is only the result of someone else's actions. Either you kill or you get killed; but the concept of dying does not exist.

It's the same with food. Food is not something you need; it is a pleasure—i.e. something you like or don't like. Anorexics don't like it because it produces fat and fat is disgusting. They see food as being always related to fat and faeces. Faeces and fat are disgusting, and food has no other function.

Another characteristic of this claustrophobic situation is that as a victim who does not want to belong to the group that is carrying out the cruel acts, the only possibilities open to you are submission or rebellion, or being seen to be submitting, which in fact is rebellion. The option of freedom does not exist; you have to be a victim because otherwise you would be an executioner. There is no other choice. Every decision has the meaning of either submitting, or rebelling, or

showing that you are submitting. If you do not join the establishment to become one of the torturers, then you stay in the place of the victim, and then the only thing worthwhile is survival. Survival has nothing to do with living; it is to do with winning, beating, managing to avoid being crushed.

Most of the anorexics that one sees in analysis are not borderline psychotics. They are youngsters with a part of their personality inside the claustrum and a sane part outside, trying to manage somehow in spite of the habits, attitudes, and conduct of the part that lives in the claustrophobic world. This part of the sane personality that lives outside tries to make a pact with the anorexic phenomenon so that it won't destroy relationships, activities, interests. And so the way it deals with the phenomenon is by pretending that not eating, being extremely thin, does not have a basis in illness, but that it is something one does for cosmetic reasons, that it is a matter of aesthetics, of beauty, that one does it to look more beautiful.

It is true that the part that is living in the claustrum is very persecuted, but this is not a paranoid dimension, since it is being persecuted in a real social sense. And this is because she experiences herself as living in a totalitarian and persecutory incarceration, like in a concentration camp.

In the case of this girl, where there seems to be a part of her that is capable of living outside the claustrophobic world, available for life in the external world, that part comes across as in a paranoid relationship with her sister. The part that lives in the claustrophobic world sees the part that lives outside, which is psychotic, as the cause of the triumph of her sister over her. It is because of that psychotic part that her sister has triumphed over her. This is how the part that lives in the claustrophobic world sees things. And that claustrophobic part that feels beaten is too proud to admit that it is totally conquered by the illness, a prisoner of it. It adopts a rebellious attitude and acts as if it did not matter to her, as if in fact she did not want to have friends or be with them, did not want to go out, preferred to be lying in bed, doing nothing. But all of this is nothing more than not wanting to admit that she is in the grip of her illness.

What we have been listening to in the session contains those two aspects: the rebellious attitude that says, "it is not true that I mind not having all this", and the psychotic confession that she is defeated.

Is she on medication at the moment?

Ll: Yes.

D.M.: Why does she take it?

Ll: Because her parents force her to.

Ps: It is Tofranil, an antidepressant.

D.M.: Okay.

*Something has just happened: my father has seen that one can study cinema here. But now I am not interested any more, I am already 20, I have lost two years, wasted my time. I can't do anything now, I feel too old to do anything.*

D.M.: Her anorexia began two years ago, did it not?

Ll: Yes.

D.M.: Those are the two years she has "lost". That attitude towards time is very characteristic of claustrophobia: time is considered as a slice of life that has been taken away from them, that they have lost, they have not got it. . . . And as a result they feel they are "out of the race", at a disadvantage *vis-à-vis* their colleagues, and everybody who is 20 is two years ahead of them and it is impossible to catch up with them. And they live in some kind of competition with those colleagues, because they have got "less".

*And I plan to stop eating, sooner or later. If my parents were to let me, at least I might get better or I might not, but I can't carry on like this.*

THERAPIST: What do you mean?

P: *I think that if I stop eating again and I am seen by a different doctor from the one in the clinic . . . I have proved already that I can't eat anywhere else, that I only eat because they force me too. All they manage to achieve is that I hate them more and more. Maybe I am unfair in hating my parents more and more. I tell them so. The only time I shut up and said I was sorry was when I saw my father crying.*

D.M.: That got to her; it touched some chord. . . . It is difficult to understand what she is talking about now. Carry on, please.

*But now I feel old to start anything. Two years have gone by since the year of the pre-university course. How old will I be when I finish if I start something now? I can't stand being at home one minute longer.*

D.M.: She will always be two years behind somebody. After whom? Behind whom? Who are those people who are two years ahead of her? She does not know, but she does know that she'll feel at a disadvantage of two years because this is a race.

Ps: She has two siblings, and she is some years younger.

D.M.: It is possible, but the really important subject here is the way she visualizes it: in a linear way; as a race where one of the horses or the riders has fallen down and two runners have gone past, so however hard he tries he is not going to catch up.

This challenge contains the concept of victory. If you challenge your persecutors and leave them behind, you are a winner. This is the claustrophobic attitude—not so much the psychotic attitude but, rather, the usual adolescent competitive stance. It is the wish of the non-psychotic part to win, to be the winner, the most beautiful one, the cleverest, the one with the most talent; it is the wish to get all the prizes, etc. The feeling of this part is that the psychotic part has lost two years vis-à-vis the others and that it is its fault that she is defeated now, subjected, overcome by that psychotic part, and bound to remain imprisoned in the illness.

It seems to me that the structure of the personality as it is revealed to you presents you with the following kind of strategic problem: to what part of the personality are you going to pay attention fundamentally? What is going to be the strategy? With most of the anorexics who haven't completely collapsed, who are not totally defeated by the illness by the time they arrive, the right way to proceed is to ally oneself with the part that lives outside in order to strengthen it and help it to understand the nature of the illness that the claustrophobic part, the one that lives inside, is suffering. In other words, you try to describe the ill part of the personality in a way that favours the splitting process, so as to establish a greater distance between the two parts, and in that way you allow the part that lives outside to form an alliance with you against the illness.

By now, in the case of this girl, it seems that the external part that you could use as an ally is so debilitated as to be totally defeated, overrun by the claustrophobic dimension, which is clearly borderline psychotic. This non-psychotic part which is so weak cannot ally itself with you at all, and so the person who is talking to you, the voice you hear, is not coming from that part, but from the other one, the claustrophobic, psychotic one. What you are hearing is simply the expression of her rebellion against her persecutors; she is still defying them. Although we are saying that she is in a psychotic state and suffering from it, the psychotic part is not in pain because of the claustrophobia, but enjoying it—enjoying the battle for survival. From this rebellion against her persecutors she draws the pleasure of violence, rebellion, and challenge to the world. There is a great deal of swagger in her attitude. We cannot arrive at the conclusion, from everything that she

says, that she is really suffering. She is in battle, fighting, relishing the pleasure of the warrior in combat.

I think that the only way you are going to be able to relate to her, to get near enough to have a conversation, is going to be in a "sociological" way. I mean as if you were an interviewer interested from a sociological point of view in approaching a young officer of the Croat militia with the objective of knowing why he is fighting against the Muslims, trying to understand the motives of the battle—since nobody understands what the fight is about—so that both you and she can understand what the fight is about, who is fighting whom and why. It is a journalistic kind of approach, where you want to get to understand what is going on in the front line. You'll be a journalist who starts from the basis that he has no answers and wants the maximum information about motives, reasons, and what the person he is interviewing thinks. Instead of assuming that you understand why, for example, she stopped talking to her parents, protesting or whatever when she saw her father crying, instead of assuming that probably seeing her father crying would cause her pain, you have to carry on asking questions as if you did not understand what is going on. Because what you want to know is what strategy she is using. For example, a general in the Serbian militia might not want to commit certain kinds of atrocities, certain crimes that will be considered horrendous when they become public through the media, newspapers, television, radio, etc. Seen from the propaganda point of view, that kind of crime can cause strong rejection on the part of the international community. Maybe she thought she had gone too far, that making her father cry would mean that the rest of the family would join up against her. So do not assume that she stopped because it made her sad to see her father crying. It is like the general who says: "No more raping or we'll be on TV getting a bad press." Carry on, please.

*I get hysterical and go to sleep. On Friday I spent the entire day turning over in my head about not eating and leaving home.*

D.M.: Here you could, for example, ask her something like: "What do you really think about not eating? Describe what not eating really is." You can express your puzzlement by saying to her that you understand when somebody says to you, "I thought about eating"—to eat you understand, it is an action—but you don't understand what "I thought about not eating" consists of. It is a negative statement, that's true. . . . She is going to hate you.

Ps: That is going to shake her up.

*I told my mother. She said they did not want me to leave, but that if I left I was not to come back when I got ill. I could just die and leave them in peace.*

*My father didn't use to speak to me; now, since I got ill, he does. He would speak to my brother and sister, but not to me—that's why I began to dislike him. He always blamed me. I remember once, when I was younger, my sister and I were playing with a record, it broke, and he blamed me. My sister always does that—she annoys my brother and me and then we get the punishment. My brother has got away, he fails subjects and nobody says anything. There was a time when he was playing truant, going out with friends, and so forth. He made excuses; he said that he couldn't study because I played music very loud. So I ended up getting blamed.*

D.M.: There you have it: her sister is the high priestess of the satanic rite, the secret persecutor. The parents are viewed as a little bit stupid, indifferent, insensitive. Her brother is the delinquent one who is out of it all; he has got free from becoming an interesting object to torture because he is so indifferent to her; she has so little effect on him that a torturer has no pleasure in torturing him. It makes no sense. But she, she is not indifferent to torture; she wants to fight, to rise against the torturers.

The other thing is when she says: "I always get it, I end up being blamed, etc.", which implies punishment, censure. . . . I would interrupt and say: "I don't quite understand, what does it matter if you get punished? Why does punishment matter to you? What is it that you mind about being punished?" Because if she can see that her brother is immune to punishment, that it has no effect on him, why does she worry about it? Why isn't she indifferent to punishment? It is not at all clear, and you could make it clear through your questions.

In this kind of political fight in the claustrium, winning is equivalent to being right, and losing to being wrong. And so any subject where what matters is being right or being wrong becomes fascinating. She lives that fascination intensely and has got trapped in that kind of fight.

This type of person is irresistibly drawn towards the world of politics, the Law, litigation, etc. It is Kafka's world, the world of *The Trial* and *The Castle*, where judges decide what is right and what is wrong, just and unjust, even if their decisions can be considered totally arbitrary. These kinds of people have a fantastic ability in the use of language to argue and win, even when they use it incorrectly to their own advantage. That is why, when you ask them to clarify things that

you don't quite understand, they can't resist the temptation to explain everything. In the process of doing so, which matters so much to them, they get into a terrible muddle with language, knotted up. So when they are in a muddle and don't know how to get out, you stop them by saying: "I don't understand—what has happened?" In this way, you make them conscious of the claustrophobic anxiety and you narrow the impression that you are in battle with them, against them. You make them see the muddles, the knots, that they are trapped in, and that it is not a question of you challenging them, but of asking them to explain things to you so that you can understand. And when they get trapped in their own knots and cannot find an explanation, you can point out: "Indeed, I can imagine, it is very difficult to explain, isn't it?" That's all. Carry on, please.

*Last year, when my grandmother died, my uncle, who has Down's syndrome, came to live with us. I was already not eating. When the rest of the family came home, they said hello to him but not to me. So I locked myself in my room . . .*

D.M.: I would stop her there and say: "I don't understand—why did you want them to say hello to you? Why does it matter?"

Ps: She is going to slap you!

*. . . and if they opened the door and said hello, I did not want them to.*

D.M.: And you would say: "So, there was a reason why you wanted them to say hello." You need to read Plato again to see how Socrates dealt with this kind of thing.

Ll: I don't know if it has anything to do with this case, some intuition perhaps, but I have been reading Plato in the last few weeks.

Ps: Maieutics. . . .

*And I fell upon my books, obsessed, studying, nothing else. My friends were saying that I was studying too hard; I was too intelligent, etc. I said that I was not intelligent, just hard working. For any subject whatever, I would study everything they could ask me questions on, the difficult bits and the easy ones. I did not sleep in exam time. I was getting up at dawn to study.*

D.M.: Again, instead of assuming that you understand, you could stop her and say: "I am sorry, I don't understand—why were you making such efforts? Are they people you admire greatly, and are you trying to please them? Are they objects of devotion on your part? Why are you taking such pains?"

*I could see I was exhausted with so much studying. I failed one subject in June, Drawing, and since it would have been difficult to pass it in September I relaxed during the summer. But when I started year 2, I spent the whole day at the faculty, without eating. I would go at 7 o'clock in the morning and go back home at 9 in the evening. I became exhausted and couldn't study any more. I began to go to psychiatrists and psychologists. The psychiatrist told my parents not to bother me about eating, that it was my decision. So I did not eat, I stopped studying, I watched TV. I had a good excuse because I wasn't feeling well. I used to stay at the faculty so as not to have to go home. I became obsessed with my books.*

D.M.: We can see here the ordinary situation in anorexia—the alternation between anorexia and bulimia. Here the division is between food and studying. She needs to see that there is bulimia here, with reference to studying. She is stuffing herself with books, with information. She stuffs herself full of information-food, which, in itself, is of no interest to her. What matters is to be full of information. You could investigate here if while stuffing herself with books there was something equivalent to throwing up. Carry on, please.

*In years 6 and 7 of EGB [GCSE equivalent] sometimes I failed subjects, not so drastically that I had to retake them in September, but I failed and didn't mind a bit. But when I finished, my sister said I should go into FP [Vocational Training] because I wouldn't be able to cope with BUP [A-level equivalent]. I said "Oh yes?" and studied hard until about the end of last year. My parents also said that I should not take that course, that I wouldn't be able to do it. My mother said that it was not that I wasn't clever enough, but that it didn't go with my character. Maybe she is right. But I have proved to them that I can get better marks and pass more subjects per year than my brother and my sister.*

D.M.: You could stop her here and say: "Now I understand. In fact you have done all this out of rebellion, to show them that they are wrong, that you can study, learn, and pass exams. You derived all the pleasure from being right, and proving them wrong. The result is that when you failed your exams, you didn't live that as upsetting your study plans but, rather, as a humiliation."

In the social structure of the claustrium, with its layers of states and positions, claustrophobic anxieties manifest themselves primordially as humiliation and the constant danger of it. Only later, when they begin to understand the nature of the claustrophobic situation, do they perceive that they are trapped by the constant threat of being humiliated. They have to get to understand eventually that they are trapped

in a game that they cannot win except if they join the establishment, the system. To be able to win at that game she will have to be like that kind of person, like her sister.

*The day I went into the clinic my mother said that I should not carry on with my course, that I had already proved what I was capable of. But what would I do then? I didn't know. Since I was little I had not had any other option in mind. My sister and my brother were going to be physicists, and so would I.*

D.M.: The point is not that her sister and her brother were going to be physicists, but that any other option was discarded. Anything she might choose outside that would be ticked off as "stupid, silly". . . .

Unlike her brother, who has left, who has other alternatives, different interest, such as going out with friends, having a good time, she—with no interests other than constant competition, permanent battle, with her sister—is trapped in the fight. Her only option is therefore to stuff herself with books, fill herself up with information. From this viewpoint, gradually she can be led to see how she is trapped in the snare of humiliation because she has no interests outside her permanent rebellion against her sister.

Another question is that as you listen to her, and ask questions, and gradually assemble for her the concept of the kind of world she lives in, she will begin to feel the claustrophobic anxieties, and the idea of getting out of the claustrum will emerge. She will see it but will ask you: "How? I don't know how."

*And now it is like having wasted my time and not being able to do anything. . . . Also, when I was going to the neurologist I was never on my own; my mother had to be there with me. He asked her to leave one day, but by then I had stopped eating. When I said to the neurologist that I couldn't bear being in my parents' house, he said that everybody who is studying has to bear it. How long would I have to bear it? Five years? But I am also scared of living without my parents. I think about getting a job, but I don't know how to go about it.*

D.M.: This is like saying: "I don't know how to get out of this claustrum of the family, the home. I don't know how to be independent."

*My parents have always done everything for me. I was even embarrassed about going shopping. My mother would say, "Don't worry; I'll do it for you." Even now I find it hard—I think I am going to look stupid.*

D.M.: That is the worst anxiety: looking stupid. She cannot live outside, because she does not feel ready to manage in the world; and she

cannot leave, because she is afraid of looking stupid, she is afraid of the humiliation of it.

At this point it is important to make the patient see that the world you live in is a totally different world, with other values than being right and other dangers than being humiliated. You have to make it very clear that you do not live in this claustrophobic world that she lives in. Carry on, please.

*I ask Lucia to explain to me how is it that she has always functioned by delegating (to her mother), by following others (doing what her siblings do), or by setting challenges for herself ("they are going to see what I am capable of"), but that she never has been able to think about what she herself wants to do.*

D.M.: A clearer way of explaining all this and telling her would be to point to her that the concept of doing what one wants doesn't exist for her, that there is no room in her head for people doing what they want: following their heart's desire. Although it is not quite true that she has not seen it done: she has the example of her brother—not admirable most probably: going out, getting drunk—but she has seen it in him. He does what the hell he wants without a care for what anybody might think. Up to a point, her psychotic part also does that, but in a debilitated, negative way. The only thing she does in the way of doing what she wants is not do anything—not eat, not study, not watch television, not go out, not . . . Carry on, please.

*T: Perhaps you didn't even know, you didn't know what food you really wanted. You only know that you don't want any of the things that you are now, but you don't know what you want to be. And you feel hopeless; you fear you might not have time, in spite of being only 20, to find out how you want to live.*

*P: Deep down I do not want to have hopes, don't want to get cured. I could now study anything I wanted, but I don't want to. It is as if it were too late, as if I had already taken a decision.*

D.M.: This is what happens when you talk to this non-psychotic part of the personality. She answers you that a collapse has taken place: "I am down; the part that you are talking to has been run over." It is better to talk directly to the claustrophobic part of the personality and tell it that it is not aware that the world outside is different. Later on, the possibility of transference can be explored, stressing at that point that for her it is difficult to have an idea that, for example, you are doing what you want to do, that you don't do this work because you