

Eating One's Words, Part II: The Embodied Mind and Reflective Function in Anorexia Nervosa—Theory

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Anorexia nervosa as a psychiatric disorder presents itself through the concreteness of symptoms. Emotions are experienced as a corporeality here-and-now. In a companion article, Part I, different 'body metaphors' are described and categorised. The human body functions as metaphor, and in anorexia nervosa there is a striking closeness between emotions and different bodily experiences. This is interpreted as impaired 'reflective function', referring to the capacity to make mental representations, and is proposed as a central psychopathological feature. The psychodynamic concepts 'concretised metaphors' and 'psychic equivalence' are discussed as useful tools to better understand such compromised symbolic capacity. Psychotherapy in anorexia nervosa can be described as a relational process where concretised metaphors will be developed into genuine linguistic ones. Part III in this series of articles presents an outline for psychotherapy for anorexia nervosa. Copyright © 2007 John Wiley & Sons, Ltd and Eating Disorders Association.

Keywords: anorexia nervosa; embodiment; metaphor; mentalisation; psychoanalysis

INTRODUCTION

This text is the second of three companion articles aiming to further the understanding of the specific psychopathology in anorexia nervosa. Despite research efforts anorexia nervosa still qualifies for the designation as an enigma. The topic in this second part is 'reflective function' in anorexia nervosa. Reflective function refers to the psycho-

logical processes underlying the capacity to make mental representations, and has been described both in the psychoanalytic (Fonagy, 1989) and cognitive (e.g. Morton & Frith, 1995) psychology literatures.

The empirical Part I (Skårderud, 2007a) was an interview study with adult patients. A key concept is 'metaphor'. Part I describes, based on categorisation of the patients' statements about food and their own bodies, how bodily sensations and attributes also function as a source area for metaphor production, giving form and expression to emotions and cognitions. Physical qualities and sensations give form and content to non-physical

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phenomena. Consequently this does not point to linguistic metaphors about the body as such, but description in verbal language about how bodily sensations and qualities like hunger, size, weight and shape are physical entities that represent also non-physical phenomena.

The body as a source for metaphors is a general human phenomenon. However, the overall finding in the interview study, and proposed as an important trait in the psychopathology of anorexia nervosa, is the patients' reports of the closeness, the more or less immediate connection between physical and psychological realities; the bodily concretised feelings here-and-now. In Part I the concept 'concretised metaphors' is introduced to describe such phenomena. A comprehensive definition of this concept will follow (Enckell, 2002). This again refers to how one striking clinical feature—and a main limitation to therapy—in anorexia nervosa is the concreteness of symptoms. Many persons with anorexia nervosa experience the here-and-now of their bodies as a ruthless reality difficult to escape from.

The results presented in Part I demonstrate such concreteness, and this is interpreted as an impairment of reflective function, more specifically reduced metaphorical capacity. This induced a systematic search for relevant literature. The main purpose of this article is to develop a theoretical frame to explain and comprehend the empirical findings. In this Part II of the presentation the main emphasis is on theoretical models describing compromised reflective function, and relating this to anorexia nervosa. Special importance is placed on psychodynamic models of the body's role in metaphorical processes. Part III in this series of articles presents an outline for psychotherapy for anorexia nervosa (Skårderud, 2007b).

THE THEORY OF METAPHOR

The essence of the metaphor is to understand and experience one phenomenon through another phenomenon. In the last decades there has been a growing interest for developing theories about metaphor. This applies to a number of professional traditions outside literary science. The metaphor has been extensively applied within cognitive science, philosophy and the philosophy of science. Since the early 1980s there has been significant interest in metaphor in psychoanalytic circles, both in terms of psychodynamic theory and practice (Enckell, 2002).

The Bodily Mind

According to the French phenomenologist philosopher Maurice Merleau-Ponty (1907–1961) (1964, p. 390) all linguistic signification is ultimately metaphorical. The philosophers Mark Johnson and George Lakoff have been the leading figures in terms of changing interpretations of metaphor from being purely a phenomenon in language, a rhetoric or artistic figure of speech, to becoming a model for the general function of mind. According to them (1980): 'Metaphor is typically viewed as characteristic of language alone, a matter of words rather than thought and action. For this reason, most people think they can get along perfectly well without metaphor. We have found, on the contrary, that metaphor is pervasive in everyday life, not just in language but in thought and action. Our ordinary conceptual system, in terms of which we think and act, is fundamentally metaphorical in nature' (p. 3).

Johnson and Lakoff do not consider the metaphor as the result of a conscious multi-stage process of interpretation. Rather, it is rather a matter of immediate conceptual mapping via neural connections. It is an experientially grounded mapping, based on perception. The metaphor is pervasive for human understanding, fantasy and reason. The metaphor is basic, but often not conscious. Hence, metaphors are part of the cognitive unconscious. Johnson (1987) states: 'Metaphor is not only a linguistic mode of expression; rather, it is one of the chief cognitive structures by which we are able to have coherent, ordered experiences that we can reason about and makes sense of' (p. xi).

The common effort of Johnson and Lakoff is 'putting the body back into the mind' (Johnson, 1987; Lakoff & Johnson, 1999). Their work is a rejection of the Cartesian dualism between body and soul. They state that there is no Cartesian dualistic person. They strongly argue against the tradition in Western philosophy that considers cognition and rationality as separated from our bodily existence, as separated from perception and movement. One essential concept is the embodied mind. Mind is always and inevitably based on bodily perception and sensorimotor experiences. 'What is important is that the peculiar nature of our bodies shapes our very possibilities for conceptualization and categorization' (Lakoff & Johnson, 1999). A major reference in their philosophical work on embodiment is the body philosophy of the phenomenologist Merleau-Ponty. The human body is more than a mechanical object responding to

stimuli. The body is in continuous interaction with the world, not as a 'thing', but as a relation. The body is always both object and subject, an experienced and experiencing unity, intentionally seeking meaning through movement and activity (Duesund & Skårderud, 2003; Merleau-Ponty, 1962).

Lakoff and Johnson further this understanding of body as a primary experience through descriptions of the role of perceptual and motoric systems in the forming of basic concepts, like concepts about colour, space, structuring of events and basic emotions. To be alive presupposes categorisation. They describe how the sensorimotor structuring of subjective experiences in man is based on a process of categorisation where the metaphor is absolutely essential. In their model of the function of mind there are three premises: (1) The mind is inherently embodied, (2) Thought is mostly unconscious and (3) Abstract concepts are largely metaphorical (Lakoff & Johnson, 1999).

The authors make a distinction between 'primary metaphors' and 'complex metaphors'. (These terms are not equivalent to 'specific metaphors' and 'compound metaphors', developed by the author to categorise body metaphors in anorexia nervosa in Part I.) They demonstrate how bodily experiences of space, direction, structure, smell, taste, hearing, movement, closeness and distance, similarity, etc. create the basis for primary metaphors (Fauconnier & Turner, 1994; Grady, 1997; Johnson, 1987; Narayanan, 1997). A concrete example is gravitation, which organises our lives in an up-down axis. 'More is up'. Prices are high, I am feeling up to it today, one feels on top. Statements about quantity, mood, control, social position have their basis in the sensorimotor domain of vertical orientation. Another example is the connection between experiencing problems and the bodily sense of heaviness: To be burdened. It is heavy. Or how knowledge and understanding are based on our visual senses: 'I see what you mean' (Lakoff & Johnson, 1980, 1999).

Such primary metaphors are acquired automatically and unconsciously through what they term neural learning. We may be ignorant about them, but they are experienced as 'real'. Bodily experiences are to a great extent universal, and this explains the similarity across the world of such primary metaphors. Thence, they may be further developed in language, into linguistic conventions we may be conscious about and use deliberately and with control. Some primary metaphors will never develop into words in language, but may be expressed as gestures, rituals or art.

In complex metaphors the primary metaphors have been woven together with cultural models, popular conceptions, belief systems and science. Many such complex metaphors are stable—in the sense of conventions. They constitute important parts of our conceptual apparatus and of how we think and feel. And according to the authors (Lakoff, 1997), they structure our dreams, and form the basis for new metaphorical combinations, in art and in everyday life (Lakoff & Turner, 1989; Turner, 1995).

Psychodynamic Theory and Practice

The works referred above have made a significant contribution to the demonstration that cognition, language and human action are organised metaphorically around interactional experiences between our bodies and the world. Their main, though not exclusive, focus of attention is their conceptualisation of one of the two unknowables confronting human understanding—external reality. Psychodynamic theory and practice deal with the task of understanding the other—internal reality. To understand internal reality means to understand a human being who not only knows, but who also feels that knowledge (Rizzuto, 2001). The mental experiential world is a representational structure, and the function of the mind is to produce and elaborate representations. Psychodynamic theory is basically an instrument to be used for understanding how the mind works with its representations, in order to handle demands originating both in the internal and the external.

Many psychoanalytic authors have used the theory of metaphor to investigate both theoretical and clinical issues. Their writings move in different directions, and cover different areas. However, a unifying trait is their psychodynamic understanding of the metaphor, as an expression of the function of mind. For contemporary psychoanalytic authors the metaphor is not only a linguistic device, but also a model describing general psychic processes (Enckell, 2002).

Rizzuto (2001) has written a state-of-the-art-article on contemporary psychodynamic models of 'bodily mind' and metaphoric functioning. In her review of recent findings in neuroscientific research and theories of metaphor she leans heavily on Johnson and Lakoff. She states the necessity of making a clear distinction between the 'metaphoric process' and actual linguistic metaphors. The metaphoric process is all-encompassing, and is essential to

human life and culture. The process by which metaphors for external reality are constructed—understanding and experiencing one thing in terms of another—applies to internal reality as well. She states that body configurations are the basic condition for the development of different levels of representing. Early perceptions organise more elaborate or later ones, and during development much representational material is accumulated, both consciously and unconsciously. According to Rizzuto, the accumulated representations are the building blocks for the construction of both external and internal reality. The mind can be seen as metaphorising the realities through the body.

Rizzuto refers to Sharpe (1940), a psychoanalyst and teacher of English literature, as a pioneer in her conceptualisation of metaphor as essential for the dynamic understanding of psychic experience. She states that 'metaphor fuses sense experience and thought in language'. She starts from the idea that psychological development goes from the 'physical' to the 'metaphysical', and writes that psychoanalytic therapy goes in the opposite direction: 'Our search when we listen to patients must be for the physical basis and experience from which metaphorical speech springs'. For the adult the bodily origin of thought is often forgotten. But the analyst can move 'backwards' to the long forgotten psychophysical matrix embedded in the manifest metaphorical expressions. A 'revitalisation' of metaphorical expressions might thus lead to an original sensual experience (Enckell, 2002; Sharpe, 1940).

In the wake of Sharp's pioneering work, a number of authors have followed in her footsteps and even moved beyond the linguistic metaphor (Arlow, 1979; Borbely, 1998; Enckell, 2002; Melnick, 1997; Ogden, 1997; Rizzuto, 2001). They have contributed with descriptions of both the mind as generally metaphorising, and also of psychotherapy as an interaction where the understanding of metaphorical processes can guide the therapeutic activity. According to Borbely (1998), psychoanalysis sees the present in terms of the past and the past in terms of the present. It therefore relates past and present metaphorically to each other. Symptoms are seen as the analysand's damaged ability to metaphorise past and present. By using interpretations, the analyst helps the analysand to restore metaphorical processes that have been interrupted in their flow from the past to the present and from the present to the past.

Enckell (2002) mentions dreams and transference as two examples illustrating a view according to which the mind works through the medium of

verbal and non-verbal metaphors. Unconscious configurations are transferred to different media where they find representations and hence actualisation. And he also reminds us of the etymological closeness between Freud's original German concept of transference, *Übertragung*, and the Greek *metaphor* (*Übertragung/meta-phoros*). The translation into English might blur the fact that originally the words were identical.

CONCRETISED METAPHORS

Of particular interest in this paper, with reference to anorexia nervosa, are the metaphoric functions of the human body. One finds concretised metaphors useful as a superior concept. These concretised metaphors do not function mainly as *representations* capable of containing an experience, but as *presentations* experienced as concrete facts here-and-now and which are difficult to negotiate with. In the corporeality of concretised metaphors there is the sense that this is the way things 'really' are, with few ifs, ands or buts. The problem is to distinguish between the metaphor and the object or phenomenon which is metaphorised. The 'as if' of the metaphor is turned into an 'is'. The 'as-if' quality of the more abstract meaning of the metaphor is lost and it becomes an immediate concrete experience.

Enckell (2002) reviews psychoanalytic literature with a view to this concept. He refers to how it is generally acknowledged that psychotic persons and patients suffering from borderline conditions (Caruth & Ekstein, 1966) may form their experiences in metaphors which are subjectively not acknowledged as such. A vignette described by Kitayama (1987) may be illustrative of this phenomenon. A psychotic man complained about his sleeplessness. He could not fall asleep due to a continuing light. This man had called his former girlfriend 'my sunshine'. It turned out that the thought of the girlfriend kept the patient awake. This can be described as a collapse of the capacity to use functioning metaphors.

There is a general agreement among many authors that such phenomena, here named concretised metaphors, represent a regression of representational functioning and/or an insufficient development of symbolic capacity. Campbell and Enckell (2002) propose that concretised metaphors can be viewed as restitutive efforts. With reference to two cases of violent men, they discuss such concrete presentation as a reaction to a threat of

inner fragmentation, and an attempt to maintain a cohesive mental configuration, albeit a concrete one.

Within the psychoanalytic tradition of self-psychology, Atwood and Stolorow (1984) discuss 'concretisation' in persons with a vulnerable self-organisation. Different forms of stress may threaten the integrity of the self, and through concretisation these persons attempt to bolster their sense of self by trying to strengthen the experience of being grounded in their own bodies. They define concretisation as 'the encapsulation of structures of experience by concrete, sensorimotor symbols' (p. 85). For patients faced with a threatening loss of integrity of the self and the concomitant loss of the sense of reality, 'concretisation may serve to ameliorate a disorienting sense of unreality by restoring a sense of the real. Clinging to the concrete attitude is then a means of maintaining one's sense of reality, of possessing an ordered and orderly existence' (Josephs, 1989, p. 492).

Other authors claim that concretised metaphors create a distance to unpleasant experiences, and regard concretised metaphors as signs of essential distancing defences (Alexandrowicz, 1962; Caruth & Ekstein, 1966).

Concretised Metaphors in Eating Disorders

The phenomena here described are widely accepted as a corollary of psychotic or borderline functioning. In this text I propose that they are also a part of the anorectic experience. More than that, the concept of concretised metaphors is a particularly relevant tool in describing the psychopathology of anorexia and also in understanding limitations and difficulties in therapy.

The precursor of this text, Part I, presents the empirical results from interviews and therapy sessions with 10-adult patients with anorexia nervosa [REF]. That article gives numerous examples of such concretised body metaphors. They are categorised by the author in two main categories, 'specific metaphors' and 'compound metaphors'. Both these categories have more subcategories.

Specific body metaphors are named so because they so directly refer to one domain of physical experience relating to an emotional and cognitive experience, like pure food equalising purity, simplicity and certainty in living. This specificity makes clear the equivalent relation between emotion/cognition and sensorimotor experience/behaviour. These metaphors refer to a rich diversity of meanings of self-starvation, again based in a

variety of bodily experiences, for example purity, spatiality and solidity.

Compound body metaphors are more 'global' than the specific 'local' ones, and referring to emotional and cognitive experiences often referred to as central in anorexia nervosa, like the sense of vulnerability and a threatened and overburdened self, experiences of lack of control in different realms of life and low self-esteem inducing the feeling of not deserving. The compound body metaphors can be based on a combination of more specific body metaphors, that is the sense of control can refer to an empty stomach, a firm and solid body, being thin and a feeling of purity. But what is considered as the main finding in this main category of body metaphors, and similar to specific metaphors, is the immediate relation between emotion/cognition and sensorimotor experience/behaviour.

Within the psychoanalytical tradition of self psychology, several authors (Barth, 1988; Chessick, 1984/85; Geist, 1985, 1989; Goodsitt, 1997) argue that persons with anorexia nervosa are basically suffering from a disorder of the self, and that the concretistic symptoms essentially serve the function of maintaining the cohesion and stability of a very tenuous sense of self.

Buhl (2002) does not use the concept of concretised metaphors, but 'concretism' when describing more or less identical phenomena. She refers to this concretism as a developmental fault, a 'deficit pathology' (Killingmo, 1989) characterised by an inadequately developed ability to distinguish and understand emotional states and needs. Buhl describes serious eating disorders as manifestations of disorders in the development of personality, with a reduced capacity for abstract thinking.

The 'concrete attitude' is a pervasive trait in patients with anorexia nervosa, with the tendency to focus concretely on food and weight (Miller, 1991). And there are numerous references to these patients' tendencies to a notable deficiency in their ability to think abstractly about psychological issues, and being singularly devoid of psychological insight (Bruch, 1973; Geist, 1985; Goodsitt, 1985).

Although this concretism is adequately described, there are few references to discussions about this phenomenon with regard to the theory of metaphor and metaphorisation as a general function of mind. Shaly (1987) refers to the treatment of a bulimic patient, where the patient's use of food/body metaphors, both in actual living and in language, were extensive. Ritvo (1984) describes a case of an eating disordered man using laxatives to control his feelings. His ability to expel something

unpleasant made life sufficiently tolerable. After he evacuated his bowels, he had a feeling of goodness, enabling him to temporarily ignore the complex emotions left in him. Ritvo also discusses the metaphors used in verbal language by eating disordered patients. He refers to the psychoanalyst Lewin (1971) who applied Freud's practical classification of dreams to metaphors, dividing verbally expressed metaphors into those 'from above' and those 'from below'. Metaphors 'from above' refer to obvious, readily intelligible and conventional sources and are more easily analysed. Those 'from below' are more likely to come from sensorimotor experiences in the body. On this basis, Ritvo argues that the body metaphors used by individuals with eating disturbances are rooted in persisting experiences of the body and may have little figurative verbal accompaniment. They are very much metaphors 'from below', although metaphors 'from above' may also be present.

Rizzuto (2001) briefly refers to eating disorders in her interesting 'state-of-the-art' article of contemporary psychodynamic models on 'bodily mind' and metaphoric functioning. She refers to how there is a 'clinical restriction of language' in many bulimics and anorexics; a minimal use of metaphor in language, following problems of identifying common somatic reactions that accompany the experience of a variety of affects. It is tempting to interpret her as saying: The body speaks when there is a lack of a good-enough verbal language to identify and express emotions.

In the literature one has not hitherto found any systematic presentation of different body metaphors in anorexia nervosa, referring to different sensorimotor and physical experiences as sources for metaphorical production of emotions and meanings; and where these also are related to impaired reflective function. Hence, the descriptions and categorisations presented in Part I are original.

Psychic Equivalence

Different conceptual tools may cover more or less the same phenotypes. Bateman and Fonagy (2004) and Fonagy, Gergely, Jurist, and Target (2002) write in the tradition of contemporary psychoanalysis and revised attachment theory, seeking to integrate scientific knowledge of psychological development with clinical experience. A major theoretical concept in their work is 'mentalization', as an aspect of 'reflective function'. Mentalisation is defined as the developed ability to 'read' other people's minds. By

doing this, children make people's behaviour meaningful and predictable. Their early experiences with other people enable them to build up and organise multiple sets of self-other representations. As they learn to understand other people's behaviour better, they become flexibly able to activate the representation(s) from these multiple sets that are best suited to respond to particular interpersonal transactions.

'Mentalization involves both a self-reflective and an interpersonal component. In combination, these provide the child with a capacity to distinguish inner from outer reality, interpersonal mental and emotional processes from interpersonal communications' (p. 4). This ability, according to the authors, underlies the capacities for affect regulation, impulse control, self-monitoring and the experience of self-agency—the building blocks of the organisation of the self.

The infant's and the young child's early awareness of mental states is characterised by the equation of the internal with the external. What exists in the mind must exist out there, and what exists out there must invariably also exist in the mind. This is defined as 'psychic equivalence'. Insecurity in attachment relationships is a signal of limitation in mentalising skills. Different psychopathological phenomena are understood as compromised mentalising capacity, with psychic equivalence in older children, adolescents and adults as one possible mode. 'Psychic equivalence, as a mode of experiencing the internal world, can cause intense distress, since the projection of fantasy to the outside world can be terrifying' (p. 9).

This theoretical construct can be considered as another naming of more or less similar phenomena as described by concretised metaphors. Fonagy and colleagues do not explicitly discuss anorexia nervosa, but there are a few references to eating disorders. 'When psychic reality is poorly integrated, the body takes on an excessively central role for the continuity of the sense of self. This may become critical in adolescence, when changes in body shape and function signify a far greater change in identity for these individuals than for those whose psychological self-representation is developmentally more advanced. Some adolescents (such as early-onset anorexics) experience existential anxieties in relation to puberty: as if they have ceased to exist—have become different people. There is psychic equivalence between the experience of body shape and its concrete parameters; to be thinner is felt to be superior and is therefore superior' (p. 405).

Not having a clear sense of themselves from within, these persons with impaired self-organisation need to find a sense of the self from outside, 'through treating themselves as objects, literally rather than metaphorically, because the self is experienced as a physical being without psychological meaning' (p. 406). The persistence of psychic equivalence contributes to specific physical states acquiring exaggerated significance in relation to the self. Mental states, unable to achieve representation as ideas or feelings, come to be represented in the bodily domain. 'Physical attributes such as weight come to reflect states such as internal well-being, control, sense of self-worth, and so on, far beyond the normal tendency for this to happen in adolescence' (p. 405).

To sum up, the concept of psychic equivalence further develops and enriches the language about the 'anorectic deficit'.

LIMITATIONS IN PSYCHOTHERAPY

Summing up, the statements from the patients in Part I demonstrated the very concrete and direct character of many of the body metaphors in anorexia nervosa. It is striking how such statements point to a basic and close relationship between emotion and physical body, a more or less 'immediate translation'. In these concretised metaphors there is a closeness, a direct analogy and primary relation, between emotions and different sensorimotor experiences. Emotional experiences are organised, and felt, based on different domains of physical life, sensorimotor experiences and bodily attributes. Emotions are concretised. One example of a 'simple metaphor' is about purity; a patient describes how the act of not eating, having an empty stomach, induces a sense of emotional purity. Another example, a 'compound metaphor' is very well-known from clinical practice: The person with anorexia experiences how controlling food and appetite gives the feeling of more general control in one's life.

The human body is unavoidably metaphorical. We all ascribe a symbolical meaning to it that goes beyond the purely physical. We are able to reflect upon it to a certain degree, adopt an attitude towards it and not in the least consider how much it should control us in our everyday life. In anorexia nervosa this process is unfree. Persons with anorexia nervosa themselves often experience their preoccupation with food, calories, weight and size as obsessional. Typically, the anorexic patient has unfortunately little conscious awareness of the

metaphoric connections between her/his concrete symptoms and the underlying emotions and sense of self. The anorectic's problem is *not* that thinking is metaphorical but rather that she/he is possessed by these concretised metaphors; that the patient is 'used by' rather than using them critically in his/her thinking and acting.

It is the statement of this study that concretised metaphors, and psychic equation, as descriptive concepts that contribute to better understandings of anorexia nervosa. Among other, they guide us in grasping some basic limitations and difficulties in psychotherapy and in treatment in general.

One such limitation in therapy is, especially at the beginning of the treatment process, is the patient's lack of insight into their own illness. The body functions metaphorically, but this symbolic communication via the body is not experienced as metaphors by the anorectic patients, but rather as concrete reality. Concretisation in this sense structures experience by making it thing-like in its nature. Once the ineffable and intangible aspects of experience, like feelings, moods, tension states, sensations, impressions, ideas, abstractions, relationships, attitudes and so on, are reified, they can be controlled, manipulated and managed as though they were objects in the material world. Objects, and in the case of anorexia nervosa the objectivated body, are experienced as real in having definite form, solidity, substance, weight, texture, taste, smell and temperature. In contrast, the non-objective aspects of experience like emotions and thoughts are fleeting and ephemeral, no more palpable than the air we breathe, yet equally vital to one's experience. Irrespective of the aetiology, this de-symbolisation represents a defect in the very mode of experiencing, and thus a lack of psychological self-insight into the anorexic behaviour as pathological behaviour.

Another probable limitation in therapeutic processes is the fact that many persons with anorexia nervosa have an experience of receiving something positive from their condition. It may be an experience of being beautiful, of being unique, of having a feeling of control, a feeling of predictability and clarity and/or that the illness represents comfort and protection (Serpell, Treasure, Teasdale, & Sullivan, 1999; Skårderud, 2000). Bodily qualities and experiences are felt as actual solutions here-and-now for emotional, cognitive and relational problems. On this basis, anorexia can be understood as an expression of a psychological defect or flaw, and symptomatic behaviour as attempted solutions. The symptoms can basically be regarded as 'a

selfing device' to promote self-development and a sense of self-control through body rituals (Baerveldt & Voestermans, 1998). This demonstrates the fundamentally paradoxical nature of anorexia: One seeks a rescue which destroys one's life. In clinical reality such phenomena are experienced and described as a lacking and/or unstable motivation for change.

A third possible contribution to weak therapeutic alliances does not concern the patients, but the therapists; and our problems with being able to understand the very nature of these disorders. A lack of understanding can lead to a lack of commitment and patience; or worse—to aggression and rejection. And the concrete way of functioning mentally may represent paucity or absence of verbal accompaniment, often contributing to frustrating and non-productive silences in the therapeutic situation. Filled with such frustrations, therapists may elicit potentially treatment-destructive interventions. Here again, concretised metaphors are suggested as a descriptive tool for promoting an understanding of the central traits in anorexia nervosa, and thus realising that this has consequences for therapeutic work.

Hence, promoting understanding of psychopathological features as well as obstacles in therapeutic encounters, the presented concepts are adequate for guiding therapists into better directions in their work with this group of patients.

CONCLUSION

In terms of being a symbolic tool, the body can be described as rich. The metaphorical body can convey a number of different messages. However, anorexia nervosa demonstrates the shortcomings of body language, given its impossibility to comment itself. There is a need to develop a language about such forms of communication—a metalanguage. This paper discusses with concretised metaphors and psychic equivalence as useful conceptual tools, including both phenomenological descriptions and clinical-practical consequences.

In clinical practice, psychotherapy is an ambition to create a working relation to co-develop such a metalanguage. Psychotherapy with individuals whose early experiences have led to a compromised reflective function should be focused on helping them to build this interpersonal interpretive capacity. One way of conceptualising the psychotherapeutic enterprise may be as an activity that

is specifically focused on the rehabilitation of this function.

The translation of symptoms or enactment into 'the universe of things said' and symbolised via language frees it of its self-destructive impulsive quality and leads to understanding and self-control. The undoing of a symptom is in part the creation of linguistic metaphors from symptoms. In this context, psychotherapy in anorexia nervosa can be described as a relational process where concretised metaphors might develop into genuine linguistic ones, gaining the function of an ordinary, mediating and metaphoric expression (Searles, 1962; Shaly, 1987). The aim is to create a reflexive space, with the possibility of distinguishing control from control, emotional clarity from purging and attempted self-repair and self-construction from self-destruction. Psychotherapy, as 'metaphor-analysis' (Carveth, 1984), is an exercise in becoming conscious and self-critical in our employment of the metaphors we live—and eat—by.

ACKNOWLEDGEMENTS

The author wants to thank Sonja Heyerdahl and Steinar Kvale whose contributions have been of vital importance for the realisation of this paper. And a great thank to the patients who have been brave to share difficult aspects of their lives. The research work has been financially supported by Research Council of Norway.

REFERENCES

- Alexandrowicz, D. (1962). The meaning of metaphor. *Bulletin of the Menninger Clinic*, 26, 92–101.
- Arlow, J. (1979). Metaphor and the psychoanalytic situation. *Psychoanalytical Quarterly*, 48, 363–385.
- Atwood, G. E., & Stolorow, R. D. (1984). *Structures of subjectivity: Explorations in psychoanalytic phenomenology*. Hillsdale, NJ: Analytic Press.
- Baerveldt, C., & Voestermans, P. (1998). The body as a selfing device. In H. J. Stam (Ed.), *The body and psychology* (pp. 161–181). London: Sage.
- Barth, F. D. (1988). The treatment of bulimia from a self psychological perspective. *Clinical Social Work Journal*, 16, 270–281.
- Bateman, A., & Fonagy, P. (2004). *Psychotherapy for borderline personality disorder. Mentalization-based treatment*. Oxford: Oxford University Press.
- Borbely, A. F. (1998). A psychoanalytic concept of metaphor. *International Journal of Psychoanalysis*, 79, 923–936.
- Bruch, H. (1973). *Eating disorders: Obesity, anorexia nervosa and the person within*. New York: Basic Books.

- Buhl, C. (2002). Eating disorders as manifestations of developmental disorders: Language and capacity for abstract thinking in psychotherapy for eating disorders. *European Eating Disorders Review*, 10, 138–145.
- Campbell, D., & Enckell, H. (2002). Metaphor and the violent act. In H. Enckell, Metaphor and the psychodynamic functions of the mind. Doctoral dissertation. Department of Psychiatry, University of Kuopio, Finland.
- Caruth, E., & Ekstein, R. (1966). Interpretations within the metaphor. *Journal of the American Academy of Psychiatry*, 5, 35–45.
- Carveth, D. L. (1984). The analyst's metaphors. *Psychoanalysis and Contemporary Thought*, 7, 491–560.
- Chessick, R. (1984/85). Clinical notes toward the understanding and intensive psychotherapy of adult eating disorders. *Annual of Psychoanalysis*, 12/13, 301–322.
- Duesund, L., & Skårderud, F. (2003). Use the body, and forget the body: Treating anorexia nervosa with adapted physical activity. *Clinical Child Psychology and Psychiatry*, 8, 53–72.
- Ekstein, R. (1961). Cross-sectional views of the psychotherapeutic process with an adolescent recovering from a schizophrenic episode. *American Journal of Orthopsychiatry*, 31, 757–775.
- Enckell, H. (2002). Metaphor and the psychodynamic functions of the mind. Doctoral dissertation. Department of Psychiatry, University of Kuopio, Finland.
- Fairburn, C. G., Cooper, Z., Doll, H. A., & Welch, S. L. (1999). Risk factors for anorexia nervosa: Three integrated case-control comparisons. *Archives of General Psychiatry*, 56, 468–476.
- Fauconnier, G., & Turner, M. (1994). Conceptual projection and middle spaces. Department of Cognitive Science Technical Report 9401. University of California, San Diego.
- Fonagy, P. (1989). On tolerating mental states: Theory of mind in borderline patients. *Bulletin of the Anna Freud Centre*, 12, 91–115.
- Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002). *Affect regulation, mentalization and the development of the self*. New York: Other Press.
- Geist, R. A. (1985). Therapeutic dilemmas in the treatment of anorexia nervosa: A self-psychological perspective. In S. W. Emmett (Ed.), *Theory and treatment of anorexia nervosa and bulimia: Biomedical, sociocultural and psychological perspectives* (pp. 268–288). New York: Brunner/Mazel.
- Geist, R. A. (1989). Self psychological reflections on the origins of eating disorders. *Journal of the American Academy of Psychoanalysis*, 17, 5–27.
- Goodsitt, A. (1997). Eating disorders: A self-psychological perspective. In D. M. Garner, & P. E. Garfinkel (Eds.), *Handbook of treatment for eating disorders* (pp. 205–228). New York: The Guilford Press.
- Grady, J. (1997). Foundations of meaning: Primary Metaphors and Primary Scenes. Ph.D. dissertation. University of California, Berkeley, USA.
- Johnson, M. (1987). *The body in the mind: The bodily basis of meaning, imagination and reason*. Chicago: University of Chicago Press.
- Josephs, L. (1989). The world of the concrete: A comparative approach. *Contemporary psychoanalysis*, 25, 477–500.
- Killingmo, B. (1989). Conflict and deficit: Implications for technique. *International Journal of Psychoanalysis*, 70, 196–206.
- Kitayama, O. (1987). Metaporization—making terms. *International Journal of Psychoanalysis*, 68, 499–509.
- Lakoff, G. (1997). How unconscious metaphorical thought shapes dreams. In D. J. Stein (Ed.), *Cognitive science and the unconscious* (pp. 89–120). New York: American Psychoanalytic Association.
- Lakoff, G., & Johnson, M. (1980). *Metaphors we live by*. Chicago: University of Chicago Press.
- Lakoff, G., & Johnson, M. (1999). *Philosophy in the flesh: The embodied mind and its challenge to western thought*. New York: Basic Books.
- Lakoff, G., & Turner, M. (1989). *More than cool reason: A fields guide to poetic metaphor*. Chicago: University of Chicago Press.
- Lewin, B. D. (1971). Metaphor, mind and manikin. *Psychoanalytical Quarterly*, 40, 6–39.
- Melnick, B. (1997). Metaphor and the theory of libidinal development. *International Journal of Psychoanalysis*, 78, 997–1015.
- Merleau-Ponty, M. (1962). *The phenomenology of perception*. London: Routledge and Kegan Paul.
- Merleau-Ponty, M. (1964). *Signs*. Evanston, IL: Northwestern University Press.
- Miller, M. (1991). Understanding the eating-disordered patient: Engaging the concrete. *Bulletin of the Menninger Clinic*, 55, 85–95.
- Morton, J., & Frith, U. (1995). Causal modelling: A structural approach to developmental psychology. In D. Cicchetti, & D. J. Cohen (Eds.), *Developmental psychopathology: Theory and Methods* (Vol 1., pp. 357–390). New York: John Wiley.
- Narayanan, S. (1997). Embodiment in language understanding: Sensory-motor representations for metaphoric reasoning about event descriptions. Ph.D. dissertation. Department for Computer Science, University of California, Berkeley, USA.
- Ogden, T. (1997). Reverie and metaphor: Some thoughts on how I work as a psychoanalyst. *International Journal of Psychoanalysis*, 78, 719–732.
- Ritvo, S. (1984). The image and uses of the body in psychic conflict. *Psychoanalytic Study of the Child*, 39, 449–469.
- Rizzuto, A-M. (2001). Metaphors of bodily mind. *Journal of American Psychoanalytic Association*, 49, 535–568.
- Searles, H. (1962). The differentiation between concrete and metaphorical thinking in recovering schizophrenic patients. *Journal of American Psychoanalytic Association*, 10, 22–49.
- Serpell, L., Treasure, J., Teasdale, J., & Sullivan, V. (1999). Anorexia nervosa: Friend or foe? *International Journal of Eating Disorders*, 25, 177–186.
- Shaly, V. (1987). Eating her own words. Food metaphor as transitional symbol in the recovery of a bulimic patient. *Psychoanalytic Study of the Child*, 42, 403–421.
- Sharpe, E. F. (1940). Psycho-physical problems revealed in language. In (1950), *Collected Papers on Psychoanalysis* (pp. 155–169). New York: Brunner/Mazel.

- Skårderud, F. (2000). *Sterk/svak. Håndboken om spiseforstyrrelser*. Oslo: Aschehoug.
- Skårderud, F. (2007a). Eating one's words, Part I. 'Concretised metaphors' and reflective function in anorexia nervosa—An interview study. *European Eating Disorders Review*. In press. DOI: 10.1002/erv.777
- Skårderud, F. (2007b). Eating one's words, Part III. Mentalisation-based psychotherapy for anorexia nervosa. An outline for a treatment and training manual. *European Eating Disorders Review*. In press
- Turner, M. (1995). *The literary mind*. New York: Oxford University Press.