

# A BULIMIC LIFE PATTERN

Kate MacQueen Marshall

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## ABSTRACT

A conceptualization of a bulimic life pattern is presented. Some treatment alternatives that focus on improving Critic functioning, decreasing existing Critic satisfactions and on increasing Actor functioning and satisfaction are outlined.

There has been much recent interest and focus on understanding and describing the various eating disorders. At present particular attention is being paid to the phenomenon of bulimia. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R) (American Psychiatric Association, 1987) classifies bulimia in the following manner.

- A. Recurrent episodes of binge eating (rapid consumption of a large amount of food in a discrete period of time.)
- B. A feeling of lack of control over eating behavior during eating binges.

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- C. The person regularly engages in either self-induced vomiting, use of laxatives or diuretics, strict dieting or fasting, or vigorous exercise in order to prevent weight gain.
- D. A minimum average of two binge eating episodes a week for at least three months.
- E. Persistent overconcern with body shape and weight (American Psychiatric Association, 1987, pp. 68-69).

As can be seen above, DSM-III-R includes in this classification binge eaters who don't utilize vomiting as a part of their pattern. In the present paper, my discussion of bulimic persons will be restricted to women who binge and purge and who otherwise fit the DSM-III-R classification.

A review of the relevant literature indicates that the formulation presented below has some resemblance to certain cognitive-behavioral explanations. A brief summary of these current theories follows.

In the cognitive-behavioral approach, this disorder is generally seen as arising from the individual's dysfunctional and mistaken beliefs and values regarding body image, physical shape, appearance and weight (Fairburn, 1985). Self-esteem and personal value are correlated almost entirely with appearance, achievement and physical shape. Binge eating tends to be seen as a response to dietary restraint (Polivy, Herman, Olmsted, & Jazwinski, 1984). Purging is a method of compensating for excessive eating. Treatment tends to focus on cognitive reassessment and alteration of distortions resulting from attempts to achieve a weight-size ideal (Fairburn, 1981, 1983, 1985). Although this model offers some important treatment strategies, the explanation does not provide a satisfactory developmental perspective.

The interpersonal stress model focuses on the binge eating episodes, seeing them as being triggered by stressful events that the young woman is ill-equipped to handle. Binge eating acts as a stress reducer (Abraham & Beaumont, 1982; Clement & Hawkins, 1980). Purging is a way of coping with this overeating reaction. Treatment focuses on helping the woman develop an adequate coping package in the face of multiple stressors. Although this formulation also has some interesting and important treatment implications, it is not comprehensive and does not seem to take into account some of the particulars of the binge-purge phenomenon.

### DESCRIPTIVE PSYCHOLOGY FORMULATION OF BULIMIA

A formulation of the dynamics of the bulimic life pattern will now be presented. This formulation is based upon the author's therapeutic work

with bulimics and compulsive over-eaters in an outpatient clinical setting over the past several years. Some of the concepts utilized in this formulation are taken from Descriptive Psychology (Ossorio, 1976, 1978, 1981b). These concepts will be explicated briefly. The presentation of the bulimic life pattern will follow.

As a way of avoiding stereotypical universal explanations on one hand and excessive *ad hoc* explanations on the other, the Paradigm Case Formulation (PCF) methodology is utilized here (Ossorio, 1981a, p. 83). The PCF, like a definition, is a systematic way of specifying a range of cases and distinguishing these cases from everything else. It is accomplished in two stages. In Stage 1, a Paradigm Case description is introduced which captures directly some of the pertinent cases. In Stage 2, a number of transformations of the Paradigm Case are introduced. Each transformation has the force of saying "Change the Paradigm Case in *this* way, and you'll still have a genuine case." The use of transformations allows for deviations from the general picture of the phenomenon in question without losing precision in articulating either the general picture or the deviating cases.

In the present formulation, a single Paradigm Case of the bulimic life pattern is presented with no transformations. The pattern described has sufficient generality so that with minor variations it can be applied to a significant number of actual clinical cases. It is this author's expectation that there are other distinctive patterns, so that not all of the clinical cases of bulimia will be appropriately assimilated to this paradigm.

#### Actor-Observer-Critic

Central to this formulation are the concepts of Actor, Observer, and Critic (Ossorio, 1981b, p. 58). Normal adult behavior requires mastery of three distinct behavioral roles (statuses): Actor, Observer and Critic. The concepts of Actor and Critic are the most pertinent to the present formulation and are briefly described as follows.

*Actor.* Briefly, the "job description" or "role" of the Actor calls for the person to engage in his or her own activities and interests according to his or her own impulses, inclinations and ideas. The world is seen and experienced as it facilitates or hinders these things. Words like spontaneity and creativity may be associated with the job description of the Actor. In summary, in functioning as an Actor the person "does his or her own thing."

*Observer.* The job of the observer is to note what is the case and what happens. The role of the observer also calls for the person to notice how various social practices are enacted in the world.

*Critic.* The job description or role of the Critic is as an appreciator and regulator. The person acting as Critic raises such questions as: "Are things OK enough?" "Are things satisfactory?" "If not, what can make things better?" The critic generates an account of what's wrong ("diagnosis") and a proposal for how things might be improved (the "prescription"). In a relatively well-functioning person, if things are going well, they are appreciated, and if they are not, appropriate diagnoses and usable prescriptions are provided.

Paradigmatically Actor, Observer and Critic function collectively as a negative feedback loop, first as Observer and then as diagnostician. The Critic and Actor roles act as reality checks on each other. The Critic provides a reality check on the Actor's unrealistic ideas, activities, expectations, and Actor's ethical judgments, etc. By virtue of the feedback loop, the Actor with the help of the Observer and Critic can behave more effectively and competently in the world. Hence paradigmatically the Critic functions for the benefit of the Actor.

The Actor provides a reality check for the Critic by providing a criterion for the Critic, e.g., the job of improving life for the Actor. Without that job description (e.g., improved quality of life for the Actor), the Critic criterion would be perfection.

#### Coercion/Resistance

The next important component of the formulation is the tautology that "coercion elicits Actor resistance" (A. O. Putman, 1975). Both coercion and resistance can be either covert or overt, depending upon the dynamics and the situation. In the present case the coercion is coercion of the Actor by the Critic.

#### Significance

The final Descriptive concept utilized in this formulation is the notion of significance. This concept corresponds to the meaning a particular action or behavior has. When the person in a particular context is doing X by doing Y, doing X is the significance of doing Y. For example, if a person signals for a left turn by extending his or her arm, then the significance of putting his or her arm out is making a left turn. Similarly, if a person expresses anger and provocation by yelling and screaming, then expressing anger is the significance of yelling and screaming.

### BULIMIC LIFE PATTERN

The development of this pattern begins with an interpersonal situation, usually in the family of origin of the prebulimic individual. External

coercion on the part of the primary caretaker(s) is an important component. The primary caretaker(s) usually embody, present and prescribe strict Critic standards both directly and indirectly. These standards are often presented in the form of coercive directives, requirements and principles. The primary caretaker(s) may directly and/or indirectly focus on issues of weight and thinness as means of achieving excellence and/or perfection.

Some examples of these injunctions include: (a) You have to win and be number one or you're nobody. (b) What matters is (conventionally recognized) achievement and success. (c) Good enough is not good enough. You have to do better. (d) Appearance is more important than substance. (e) What you want doesn't matter; you've got to do what is right or acceptable or what it takes to look good. (f) Be thin; don't eat unhealthy things. (g) Be perfect in everything.

The import of these messages for the young pre-bulimic is that what she wants doesn't matter. The implication for her is that she has to do or be what's right, which often is the equivalent of what it takes to "look good."

The young pre-bulimic is usually a non-self status assigner; i.e., she tends to accept for herself the position or status that others assign her, and to be restricted in her ability to appraise her own status independently and to resist the judgments of others if they don't fit for her. She usually receives enough accreditation from her family group to act as their representative and to desire their continued validation for her efforts. She acts as their representative in that she routinely acts as a member of her family expressing and representing its values, priorities, options and restrictions. She therefore publicly accepts the standards of the caretaker(s) and attempts to comply formally with the requirements of being a member in good standing of the family group.

On the other hand, coercion elicits resistance. Although the pre-bulimic individual publicly accepts these coercive standards, she tends to resist them privately. This is particularly the case at the onset of adolescence, as one of the primary tasks of this developmental period is to fashion a sense of individuality and autonomy. When this adolescent developmental requirement conflicts with the coercive family directives, an eating disorder becomes a possible solution.

#### Binging as Internal Resistance

The pre-bulimic begins to resist the coercive standards, particularly those around food, by binging (covert resistance). Although binging can have other significance dimensions or instrumental values (which shall be articulated later), a primary significance for the bulimic is self-

affirmation, or resisting the degradation of having what she wants not count for much in the family.

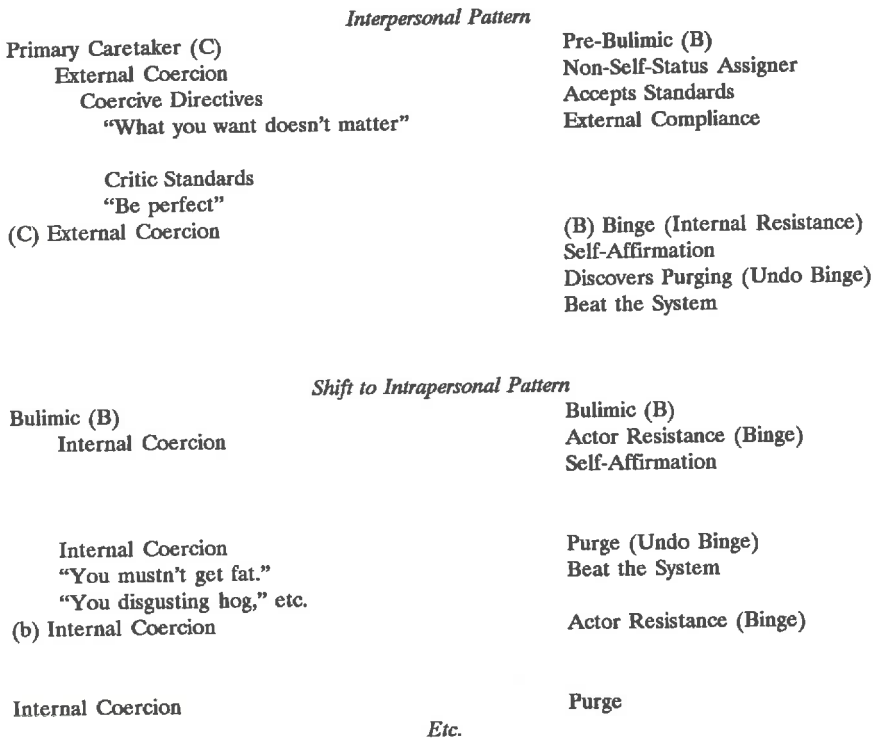
The results of bingeing are never acceptable to this young woman, since she still shares her family's Critic perspectives. At some point in her life, she discovers that purging can be a way of undoing the damage. Initially, the purging move is seen as a harmless and creative way out of a "no-win" situation. The person sometimes reports having found the "winning move" or the way of "having it all," or the way to finally "beat the system." Bingeing and purging become linked for her, as she now thinks that she can experience the benefits of eating without the price of weight gain.

The bulimic pattern of coercion-compliance-resistance begins as an interpersonal situation. It is rapidly translated, however, into an intrapersonal one, as the bulimic personally adopts the familial coercive Critic standards on the one hand, but desires to "do her own thing" on the other. She coerces herself with perfection as the ideal (often epitomized by weight and body image issues). She then resists and rebels against her own directives by bingeing (self-affirmation). She then complies with her own directives by purging.

As the young woman continues to practice this particular pattern, it tends to increase in frequency. Reaffirming harsh Critic standards with each cycle sets up increased rebellion (bingeing) and hence, the response of increased purging. Purging becomes her way of adjusting for "actor error." By reaffirming and emphasizing Critic standards after a binge ("You disgusting hog, now you'll have to purge this.") she is basically affirming the position that she isn't really the sort of person who condones those sorts of excesses. In turn, because this reaffirmation is coercive, it sets the stage for the next round of rebellion.

Particularly in the absence of other avenues to self affirmation, bingeing starts to become the primary method. Her life begins to revolve around this scenario. She often does not derive much Actor satisfaction from other activities, since her demand for superior performance usually kills the usual kinds of satisfactions involved in engaging in most projects or interests. Because the bulimic receives so little self-affirmation from going the extra mile, she doesn't even get the usual satisfaction that goes with ultimate achievement. Hence, it is not surprising when the inherent satisfactions of food and eating are considered in contrast to the meager satisfactions that she is deriving elsewhere, that bingeing would become the primary avenue of self-affirmation. Purging, in turn, becomes the way to recommit to her Critic standards and to make possible her continued self-affirmation via bingeing.

Figure 1. Bulimic Pattern



Eating as Self-Affirmation

Eating and food consumption are paradigmatically self-affirming. It is self affirming at this level because of its life-sustaining qualities. Beyond this, binge eating appears to have specific significance for individual bulimics. The significance of binging can be assessed by determining for each bulimic client the answer to the question: What is she doing by engaging in that behavior (i.e., binge eating)? For my clients, the significances which most often emerged from such assessments include the following: (a) Nurturing/ comforting herself. (b) Rebelling against constrictions. (c) Blocking awareness of specific emotional states, e.g., fear/anxiety; anger; guilt. (d) Compensating for disappointment in relationships. (e) Compensating for "not winning" in the world.



(f) Celebration of some event. (g) Handling family disagreements. (h) Eating in order to feel better generally. This is a partial list of some of the common significances of eating for particular individuals. All of the above are examples of Actor affirmations, which for the bulimic woman are restricted to little more than food-related activities.

In summary, what began as an interpersonal pattern has become an intrapersonal one in which the young woman now coerces herself with harsh Critic standards, rebels against her own directives, and then reaffirms Critic standards by purging. She comes to utilize eating as a primary way of achieving Actor satisfactions because so much significance can be connected with this action, and because rewards are meager elsewhere in her life.

## TREATMENT ISSUES

In the bulimic life pattern that has been described, the major type of deficit appears in the form of a significant restriction in Actor satisfactions and functioning. There is also an overemphasis on unhelpful Critic functioning. The person's behavior potential is dominated by unhelpful Critic perspectives that often affirm unrealistic performance and achievement dimensions at the expense of intrinsic satisfactions.

Therapeutic strategies for working with bulimic individuals follow directly from this formulation. The general treatment focus needs to be on (a) improving Critic functioning, (b) decreasing existing Critic satisfactions, and (c) in increasing Actor functioning and satisfaction. All of these may be facilitated by the realization of a single state of affairs—the realization of a realistic and effective Actor-Observer-Critic feedback loop where the Critic activity is primarily one of appreciation and of developing usable and helpful prescriptions.

Obviously, education around the physiological and medical aspects of bulimia needs to be dealt with initially, and individuals not suitable for outpatient treatment need to be screened.

An optimum over-all context for the therapist treating the bulimic is one of educating the client about the bulimic pattern (both physiological and psychological aspects) and in legitimizing the client (showing the person the kind of sense that her behavior and pattern makes), while at the same time not accepting the victim position that the client presents as being the only option. The bulimic person needs to be treated as an individual whose life and behavior make sense, but who at the same time is responsible for her own choices.

It is also very important for the therapist to take into account that the client is involved in a style of interaction where she expects coercion and responds accordingly (passive resistance), even when the situations



and people are not particularly coercive. The bulimic individual tends to put people into coercive positions as a matter of course. This has very direct implications for treatment, because even a non-aggressive therapist is likely to be placed in the position as soon as treatment begins. There are often many signs of this pattern, including missed sessions, rejection of homework assignments, and even the premature termination of treatment.

Because the position above is an almost inevitable one, it is important to be prepared to deal with it early in the treatment process. A number of ways to do this have been found to be successful. One way is preempting the resistive behavior. At several points in treatment it is anticipated with the client that she may in fact have a tendency to experience most situations as coercive ones, and that this might be the case in therapy as well. It is usually also stated that if she experiences coercion, she'll also probably be tempted to discount whatever is being discussed. She is then encouraged to be on the look-out for such instances in treatment. Whenever possible this preempting is done humorously and non-coercively.

Familiarity with some of the reverse psychology and semi-paradoxical methods of the Mental Research Institute group in Palo Alto (Watzlawick, Beavin, & Jackson, 1967; Watzlawick, Weakland, & Fisch, 1974; Watzlawick, 1978) can also be useful to treatment specialists who feel comfortable with some of these tactics. Here, the rebelliousness against directives is utilized in the treatment process in order to assist the patient in rejecting her symptoms. Although this treatment method is not utilized by this author, knowledge of these negative psychology tactics has proved extremely helpful in reducing the potentially non-useful power struggles that the bulimic is usually very successful at engineering and winning.

#### Methods of Increasing Actor Satisfactions

In the bulimic pattern, the emphasis, as previously mentioned, is on Critic standards. The only way in which the Actor is involved in self-affirmation is via a covert "You can't make me do it" stance that is manifested in bingeing. The act of eating is also inherently self-affirming, and bingeing itself has some instrumental value for the individual. Purging can sometimes have the value of a one upmanship position for the individual, e.g., "Ha, ha, I have the winning move!" Hence the kinds of Actor satisfactions involved in the binge-purge pattern seem to be primarily those involved in the bingeing pattern and only secondarily those involved in the purging position. A number of therapeutic devices are designed to increase Actor-types of satisfactions and to increase Actor aspects of the person's over-all way of life.

It is often helpful, early in therapy, to educate the client in the Actor, Observer, and Critic job descriptions, explaining useful and non-functional aspects of each. How the Critic functioning operates with respect to the particular woman's eating disorder is often important to map for her. The harsh Critic directives can be identified, and hence challenged. These can include her unrealistic and misinformed notions concerning eating habits and behavior as well as her notions about relationships, body image, and self-expectations. The formulation itself can be utilized in graphic form to trace the development of the various dysfunctional ways of operating and to legitimize their development with respect to the individual client.

Any kind of exercises (e.g., the Gestalt "Empty Chair" exercise), that help to illustrate the Actor-Critic roles and their contrast can be helpful. The person is helped to evaluate and disqualify unrealistic standards with respect to various aspects of her life. She practices giving herself the benefit of the doubt until it becomes routine.

A number of therapeutic devices are designed to increase Actor functioning early in the course of treatment. The major focus here is to help the person to identify her own values and inclinations and to begin to give them primary emphasis in the larger picture of her life. Exercises and images can be utilized that involve direct and indirect activity and fantasy.

For example, the Descriptive "Personal Choice" exercise is an exercise that calls upon the individual to do three activities or things (other than food related) each day just because she feels like it. (Explicitly excluded are activities that she considers wrong or that are illegal or dangerous.) The person is also challenged to try an activity for a specified period of time with critical judgment withheld for that time period. This exercise helps her to go beyond criticizing each movement.

The actual engineering of the above depends upon the skill of the therapist, and can take many forms. Many of the techniques from some of the traditional therapies can be assimilated to the extent that they either reduce unhelpful Critic functioning and/or increase Actor functioning.

#### Working with the Significance Dimension

As previously mentioned, the binge part of the binge-purge pattern represents an individual's attempt to achieve self-affirmation. Eating itself is also inherently self-affirming. Because the bulimic has found a way (so she imagines) to engage in this self-affirming behavior without the usual consequences (weight gain), it is engaged in frequently. Given her level of Actor and Critic dysfunction, other types of self affirmation are not appreciated or enjoyed.

One of the treatment strategies employed in the later stages of therapy is to do a detailed significance analysis with respect to the specific types of self-affirmation that eating provides for each client. The analysis involves identifying Actor satisfactions that go with the particular individual's over-eating. This is followed by the development of a plan that increases coping strategies and activities involving similar types of satisfactions. This part of the treatment is initiated later in therapy, after Critic functioning has been significantly improved, as prior to this point, the approach is likely to be resisted by the client as another type of performance exercise.

An example of a significance analysis from the treatment of a 28-year-old bulimic (to be called Charlene) follows: Significance question: What is Charlene doing by binge eating?

In terms of the significance of binge eating for Charlene, she appeared to be: (a) nurturing/comforting herself after self/other criticism ("never being good enough"). (b) rebelling against constraints from both self and others (work schedule; exercise schedule). (c) Blocking awareness of anger/guilt (partly with respect to her sisters and parents, e.g., after "put downs" from mother. (d) Compensating for disappointments (situations in which she was not able to live up to her requirements, i.e., not being the best and most appreciated employee). Although this list changed for Charlene as she altered Critic and Actor deficits, in the later stages of her therapy she was able to work with developing alternative and more effective coping strategies as well as non-food related self-affirming activities.

## SUMMARY AND DISCUSSION

A formulation of bulimia has been presented. The scenario begins as an interpersonal situation within the family caretaking context. It later becomes an intrapersonal pattern. On the one hand the harsh Critic directives and standards that are embodied and prescribed by the primary caretakers are assimilated and overtly accepted by the young pre-bulimic. On the other hand, they are covertly rejected and rebelled against as the bulimic attempts to self-affirm by binging. She then reaffirms the Critic standards by purging. A self-reinforcing pattern emerges in which other types of self-affirmations decrease as affirmation via binging and purging episodes increase. Continued reaffirmation of the harsh Critic standards sets up increased rebellion, e.g., binging, and therefore more purging. This pattern often becomes the central focus in the lives of many bulimic individuals.

The treatment possibilities that were discussed appear to follow directly from the formulation. The primary focus is on increasing Actor

satisfaction via images, exercises, direct challenge, etc., while at the same time improving Critic functioning. The significance of eating for each bulimic client can also be taken into account. Once a significance analysis is generated, the client can be assisted in increasing Actor satisfactions via the development of alternative coping strategies and the addition of non-food related self-affirming activities.

A number of questions with research implications can be raised with respect to the treatment of bulimics. What are the best ways or methods of increasing Actor functioning and decreasing inappropriate Critic functioning? Studies that could empirically validate the most effective treatment methods would be important. Do significance analysis patterns differ across bulimic populations? Are they dependent upon particular familial patterns? What are some of the commonalities and differences of the bulimic life pattern and the life pattern of the compulsive overeater? Research that might emphasize these empirical points would be useful additions to the treatment literature.

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