Rev. Latinoam. Psicopat. Fund., São Paulo, v. 15, n. 3, p. 732-737, setembro 2012 (Suplemento)

*Non ducor duco.** On the Urgent Need to Control as Seen Eating Disorders

Cybelle Weinberg

The need to control, seen in clinical work with patients having eating disorders, led us to wonder whether this type of symptom might be the expression of obsessive factors or even of melancholy. Other aspects of this clinical work, such as the refusal to accept reality, the difficulty in dealing with losses, and self-accusatory discourse, warrant the association of such disorders with melancholy and underline its seriousness.

Key words: Eating disorders, control, adolescence, melancholy

* The latin sentence *Non ducor duco*, which is on the coat of arms of the city of São Paulo, means 'I am not led, I lead'.

Sitting right in front of me, seventeen-year-old Julia tells me once again about the arguments at home. They usually happen because her parents insist on her eating, although Julia believes she has eaten enough. Very skinny and showing signs of nervous aneroxia, she cannot accept people telling her what and how much she should eat. But this time the reason for an argument was not food. She is very upset because her mother interferes too much in her relationship with her boy-friend, questioning and 'snooping around'. The night before this session, after hearing her mother telling her father about something between her and her boy-friend, she started screaming and rushed into her bedroom, where she remained locked up all alone until she could calm down.

This fact called my attention, since it was not the first time – according to herself – that she found some tranquility when locked up in her bedroom, quiet and looking at the walls. Unlike other adolescents, it was not her computer, her mobile phone or her stereo that could make her feel better. It was in stillness and silence that she could apparently recover. Then I asked her to describe the situation. She started with a description of an ordinary girl's bedroom, with books, CDs, teddy bears, posters… Then, all of a sudden, an unusual item: a great flag of the city of São Paulo lying on the wall opposite her bed. I just tell her *Non ducor duco*! And she smiles to me, happy to be understood: she does not want anyone to mind her own business, to tell her how to dress, eat or date. Or even the college she should attend. In other words, she wants to lead her own life.

But we can go a little farther in this respect. The clinic shows us that besides the desire to lead their own lives – which is the case with most adolescents –, young people with anorexia want to control hunger and other physical needs, as well as their families – that feel powerless to deal with an adamant will that can make them face death –, and, if possible, the team in charge of their treatment.

Julia's desire to lead and not to be led – because she has been led all her life –, or to control and not to be controlled, is only one of the many examples we hear at the Eating Disorders Clinic. Antonio, a young man with aneroxia, says he hated his involuntary erections during puberty since he

could not control them. Lucia, 29 years old, with bulimia since she was 12, eats in an uncontrollable way, but she 'decides' what she is going to throw up: first she eats caloric foods, and then throws them up, repeating the process over and over until she feels exhausted. Only after she 'has thrown up everything', she eats a salad and lets it stay in her stomach.

'With Lactopurga YOU control your intestines!'

It is impossible not to associate this sentence, connected to the advertising of a laxative in the Brazilian media, with the reports of patients demanding from their bodies a total submission to their determinations: weight, height (an anorexic patient wanted to be 1.80 tall at all costs), what, and how much to eat, vomit, evacuate, at the cost of leading their bodies to an indescribable suffering.

Then how are we to understand the meaning of this war, whose final battle leads to physical death and prevents victors to enjoy their victory? What could lead someone to live in a miserable way, for the sake of something settled as a goal? The answers to these questions can be detected in the comment from a young anorexic girl about a model who died of starvation: *I respect someone who dies skinny. But death must be caused by anorexia; it's no use dying skinny due to cancer or Aids.* A sentence like this, shocking and absurd at first, can cast some light on the understanding of such conflict. After all, it is a conflict. A conflict between what is desired and what the body needs to go on living. In other others, between a smashing super-ego, and a defenseless body that dies in the fight.

Before such picture, this is the question clinics are faced with: Could such manifestations be expressions of an obsessive need to control or are they symptoms of a melancholic picture? What is the origin of such need to control?

Independently from being a melancholic or obsessive symptom, the vital need to control is an ultimate and radical resource, which arises from the impossibility of controlling any other aspect of life. Utterances such as *'My mother has always spoken for me', 'I could never take any decisions by myself'*, are classical in the eating disorders clinic, and they also show how – although they only control their physical needs –, the patient's sensation is one of absolute powerlessness.

Another remarkable characteristic of such patients is their self-accusing speech, such as *'Poor Mother, I make her suffer so much…'*, but which always tries to defend the motherly figure. How to understand such speech, which can be easily detected in the clinic? And why don't mothers allow their sons or daughters to put their lives into danger by spending their last calories in physical activities, or let their children with suicidal tendencies to be in charge of their own medicines?

These remarks recall, first of all, the concept of *identification with the aggressor*, a defense mechanism first described by Ferenczi in 1932, and later by Anna Freud in 1936. As Kahtuni and Sanches claim in their *Dictionary of Sándor Ferenczi's Thoughts:*

> One of the possible causes of trauma in children, the identification with the aggressor is a kind of psychical defense in which the subjects dealing with the traumatogenic object – usually a significantly authoritarian figure – is identified with their aggressor, understanding their motives and introjecting guilt. This could explain why traumatized subjects usually defend their aggressor, which is something amazing but frequent nonetheless. (p. 211)

Let us consider the process of adolescence, a critical moment and favorable to provoke eating disorders: at a certain point of development – puberty – it is natural and expected that the child should star having a more critical view of its parents. Hero-parents collapse, and it is necessary to bear anger and pain provoked by such loss, as well as to accept parents as they really are, and to face the need for entering the adult world, which implies leaving the 'paradise' of childhood. But for the girl who is powerless to accept such mourning, there would be only solution: to incorporate her idealized mother, thus avoiding the pain of de-idealization. Should she jeopardize the identification processes, she will not be allowed to advance towards femininity: when she is emulating her mother, she tries to erase any trace of a woman's body in herself. By denying loss, she lives in an eternal present time, controlling everything: the incorporated other one, reality, her body, time and even death (if we keep in mind the challenge faced by people with anorexia). On one hand, the accusation on herself would reveal the anger for her mother (not because she is a loving mother, idealized by her daughter); on the other hand, it would also reveal how much she is connected to her mother.

In his *Mourn and melancholy*, Freud tells us that if we attentively observe a patient under such conditions, we shall see that self-criticisms and detractions do not actually refer to the very patients, but to someone they 'love, loved or should have loved'. And also that 'self-recriminations' are recriminations against a beloved object, but they have been shifted from such object to the ego of the patients themselves' (p. 280).

Taking these aspects into consideration – the need to control, the refusal to accept reality, the difficulty to deal with losses, the self-accusatory speech -, we can associate eating disorders with melancholy, thus calling the attention for its seriousness, since – as Berlinck (2011) claims – 'in its most intensive manifestations, melancholy should be regarded as psychosis'.

Bibliography

Berlinck, M.T. Prefácio. In: Burton, R. *A anatomia da melancolia.* Curitiba: UFPR, 2011.

Kahtuni, H.C.; Sanches, G.P. *Dicionário do pensamento de Sándor Ferenczi*: uma contribuição à clínica psicanalítica. Rio de Janeiro: Elsevier; São Paulo: Fapesp, 2009.

Freud, S. Luto e melancolia. In: *Edição Standard Brasileira das Obras Psicológicas Completas de Sigmund Freud.* Rio de Janeiro: Imago, 1974. V. XIV.

Abstract

(*Non ducor duco*. Sobre a necessidade imperativa de controle nos Transtornos Alimentares)

A necessidade de controle observada na clínica dos transtornos alimentares levou a questionar se esse tipo de manifestação seria a expressão de um quadro obsessivo ou sintoma de melancolia. Outros aspectos dessa clínica, como a recusa em aceitar a realidade, a dificuldade em elaborar perdas e o discurso autoacusatório, possibilitaram associar estes transtornos à melancolia, chamando a atenção para a sua gravidade.

Palavras-chave: Transtornos alimentares, controle, adolescência, melancolia

(*Non ducor duco*. Sur la nécessité impérieuse de contrôle dans les cadre des troubles alimentaires)

La nécessité de contrôle que l'on observe dans la clinique des troubles alimentaires nous a mené à nous interroger si ce type de manifestation ne serait pas l'expression d'un cadre obsessif ou d'un symptôme de mélancolie. D'autres aspects de cette clinique, comme le refus d'accepter la réalité, la difficulté d'élaborer des pertes et le discours auto-accusateur nous permettent d'associer ces troubles à la mélancolie et de souligner ainsi sa gravité.

Mots clés: Troubles alimentaires, contrôle, adolescence, mélancolie

(*Non ducor duco*. Sobre la necesidad imperativa de control en los trastornos de la conducta alimentaria)

La necesidad de control observada en la clínica de los trastornos de la conducta alimentaria conduce a cuestionar si este tipo de manifestación seria la expresión de un cuadro obsesivo o un síntoma de melancolía. Otros aspectos de la clínica, como el rechazo en aceptar la realidad, la dificultad en la elaboración de las pérdidas y el

discurso auto-acusatorio, hicieron posible asociar estos trastornos a la melancolía, llamando la atención para su gravedad.

Palabras claves: Trastorno de las conductas alimentarias, control, adolescencia, melancolia

(*Non ducor duco*. Über die zwangsmäßige Beherrschung bei Essstörungen)

Die in der Klinik beobachtete nötige Beherrschung bei Essstörungen hat dazu geführt, dass man sich gefragt hat, ob diese Art von Manifestation Ausdruck eines obsessiven Bildes oder eines Symptoms von Melancholie sei. Weitere Aspekte dieser klinischen Behandlung, wie die Weigerung, die Realität zu akzeptieren, die Schwierigkeit, Verluste zu verarbeiten und die Selbstbeschuldigung ermöglichten eine Verbindung zwischen diesen Störungen und der Melancholie zu erkennen, was wiederum zeigt, wie ernst sie zu nehmen ist.

Schlüsselwörter: Essstörungen, Beherrschung, Pubertät, Melancholie

Citation/Citação: Weinberg, C. *Non ducor duco*. On the Urgent Need to Control in Eating Disorders. *Revista Latinoamericana de Psicopatologia Fundamental*, São Paulo, v. 15, n. 3, p. 732-737, sept.2012 (Suppl.).

Editor/Editor do artigo: Prof. Dr. Manoel Tosta Berlinck

Received/Recebido: 5.5.2012 / 5.5.2012 **Accepted/Aceito**: 12.7.2012 / 7.12.2012

Funding/Financiamento: The authors have no support or funding to report. / Os autores declaram não ter sido financiados ou apoiados.

Conflict of interest/Conflito de interesses: The authors declare that has no conflict of interest. / Os autores declaram que não há conflito de interesses.

Cybelle Weinberg

Graduatated in Psychoanalisis by Sedes Sapientiae Institute (São Paulo, SP, Br); Master Degree in Sciences by the Medicine College of the University of São Paulo (São Paulo, SP, Br), and Doctorate in Clinical Psychology by Pontifícia Universidade Católica de São Paulo – PUC-SP (São Paulo, SP, Br); Coordinator of the Clinic of Studies and Research in Psychoanalisis Anorexia and Bulimy – CEPPAN (São Paulo, SP, Br), and General Coordinator of Casa Viva Clinic for Treatment of Eating Disorders (São Paulo, SP, Br).
R. João Moura, 627, cj 203 – Jardim Paulista
05412-001 São Paulo, SP, Br
Fone: (11) 3081-7778
e-mail: cybellew@uol.com.br