

Projective Identification and Eating Disorders on a College Campus

Patricia Romney
Margaret Goli

ABSTRACT. This paper explores the phenomena of anorexia and bulimia on an all female college campus. In particular, the alarm expressed by other college students is examined. From a group-as-a-whole perspective, the defense mechanism of projective identification (identifying with another person because one has unconsciously attributed one's own unacceptable impulses and attributes to them) is seen as providing students with the opportunity to simultaneously conform to and attempt to defend against the cultural imperative to be thin. In addition the defense of projective identification exercised at a group level is seen as illustrating the young women's conflict between separation and relationship and between competition and cooperation. This conceptualization sheds new light on the prevalence of eating disorders on college campuses and suggests new intervention approaches which are discussed.

THE CASE

During the years in which we worked as therapists in several different college settings one of the authors worked in the counsel-

Patricia Romney, PhD, is Assistant Professor of Psychology at Hampshire College. She also maintains a private practice.

Margaret Goli, MS Ed, is former director of the Eating Disorders Clinic at the Abcare Hospital in Worcester, MA. She is now living and mothering in La Crosse, WI.

The authors wish to thank Robert May, Beverly Tatum, and Joanne Jones for their helpful comments on several earlier drafts of this paper.

Please address correspondence to the first author at School of Social Science, Hampshire College, Amherst, MA 01002.

ing unit of the health service of an all-women's college. At that institution the number of students who presented with symptoms of anorexia and bulimia was so great that the director of the health service, with only mild exaggeration, was given to commenting that eating disorders were as common as the common cold. Our informal estimates were that approximately 20-25% of the students might have an eating disorder.

Very striking, as well as puzzling, were the numbers of concerned friends who came to the counseling service to express their concerns about peers who had eating disorders. The explicit reason for their visit was to seek advice on how to help their friends. They asked specific questions. Should they suggest the counseling service? What if their friend refused to go? How should they treat them? How could they get them to eat if they were anorectic? How could they prevent them from bingeing and purging if they were bulimic?

It was true that students often complained about a climate on campus in which everyone seemed to know everyone else's business — who students were going out with, all their comings and goings — yet why was it, we wondered, that few or no friends or peers came into the counseling service to express concern about friends who were alcoholic, or depressed or under some other kind of stress? Even more striking than the mere fact of these visits by the friends and peers of those with eating disorders, was the number of students who came in together to discuss their concerns. It was not unusual to have three or four friends come in together for a meeting — each with their own perspective on the problem of the student in question. Many told of having tried to assist the eating disordered student, and most had participated in group discussions focused on how to help their friend. We dubbed these groups of young women “the friends of . . .” connoting a group whose lives were overinvolved in these “friendships” and who in some way assumed an identity because of being a friend of a student with an eating disorder.

These friends were invariably extremely worried about the health of their symptomatic friends and hallmates and their own anxiety seemed at times out of proportion to the nature of the problem. They appeared basically and fundamentally worried that their

friends would die. We wondered if this was a result of the media's sensationalistic treatment of the subject of eating disorders, and thought that perhaps relevant information would relieve the anxiety these students were expressing. So we talked about how infrequently death occurred. We assured students that we had never had a death on campus due to eating disorders. However, attempts by therapists in the counseling service to allay students' anxieties were often unsuccessful, and suggestions that on occasion it was best to back off a little from too much intrusive involvement were not easily accepted. What was it about eating disorders that seemed to involve these students so deeply?

At the counseling service when we had meetings with the friends of eating disordered students, noteworthy aspects of their relationships with the eating disordered student were revealed. These concerned students noticed everything the eating disordered student ate and how much. They often commented on their observations to the student about whom they were concerned, and more often than not discussed their observations and concerns with the rest of the group and sometimes with student advisors and deans. Very apparent were qualities of overinvolvement, intrusiveness, attempts to control, and a veiled kind of admiration and envy.

Sometimes their concern and involvement was useful, alerting the health service, faculty or administration about a young woman whose condition was serious. Most often there was either no impact or a negative impact on the eating disordered student who withdrew more and more as attention became focused on her. In addition, the level of student involvement with a peer who had an eating disorder did not vary in a way which seemed appropriate to the degree of severity of the disorder. That is, in terms of their involvement with the counseling service the "friends of" came with the same degree of frequency and in the same large groups when their friend was an average weight young woman who had been throwing up relatively infrequently as when the person they were concerned about was an underweight student who had not been going to classes, looked ill and could no longer bear the cold or the hard chairs of the classrooms.

The words used by the friends to describe students with eating disorders were noteworthy. Anorectics were often characterized as

having “*Such self-discipline.*” Often the counselors were told, “One of us goes to every meal with her to make sure she eats. We don’t let her stay in her room.” When the friend was an anorectic the envy and admiration were clearly evident along with the very real worry and concern which these students consciously experienced. Comments like “I don’t know how she does it?” and “I wish I had that kind of control” were typical, often intermixed with laughter about the friends’ own weight problems — “I should have a problem like that.” On occasion one could definitely note in addition a hint of competition. When the students were bulimic, friends reported, “We watch her after meals to make sure she doesn’t throw up.” Veiled resentment was often expressed about these students who seemed to be able to “have their cake and eat it too.” There was also a repugnance apparent which was mixed with this resentment and seemed to intensify it.

When students with eating disorders were seen in therapy we could see that they both consciously and unconsciously experienced a connection to friends and others who did not have an eating disorder. Communication was taking place both verbally and non-verbally. For example, one April a young woman came to the counseling center for an individual consultation because she felt trapped in her bulimia. During her first session she stated that she could not stop because other members of her dorm had just begun to diet in order to get in shape for the summer. She, on the other hand, had been vomiting and restricting her eating for close to a year. Though she had felt at the point of letting go a little, she felt, now, that she could not lest the other girls “steal my thunder.” Another woman, a moderately overweight self-declared compulsive eater, and member of a group for the treatment of eating disorders commented, “I feel like public property” when she was describing her experience of constantly being looked at because of her excess poundage, and the frequent comments made to her about her weight and her eating habits.

One of the authors presented some of these observations to a group of students in a class on organizational behavior. The suggestion was that perhaps friends were overinvolved because of their own issues around food and weight. Perhaps their concerns were a demonstration of intrapsychic conflict being played out on an inter-

personal stage. Interestingly, the class found the ideas intriguing and plausible, all except for one extremely obese young freshman who was infuriated at the idea and felt the need to profess her sincere concern about anorectics and bulimics.

LITERATURE REVIEW

How might we understand these observations? Illnesses, like eating disorders, which affect numerous members of a given population cannot be fully understood without an examination of the social factors which influence their development. Because anorexia and bulimia appear to flourish on college campuses (Duddle, 1973; Boskind-White & White, 1983; Romney & Miller, 1988), intrapsychic and even familial perspectives are insufficient. Attention must also be paid to sociological or group factors which contribute to the frequency of the illnesses about which we are concerned.

If, as has been asserted, the pressure to be thin is a central sociocultural factor in the development of anorexia and bulimia (Schwartz, Thompson, and Johnson, 1981, Garfinkel and Garner, 1982; Boskind-White and White, 1983; Branch and Eurman, 1980; Orbach, 1986; Brumberg, 1988; Gordon, 1990), how might this pressure be manifested on a college campus and what are the sociological implications of the desire to be thin? In other words, what does this desire represent and what stories about society and culture are being told and retold in the predominantly female dramas of anorexia and bulimia?

Although there has been much recent attention paid to the prevalence of eating disorders in Western societies, until fairly recently in-depth psychosocial perspectives on the etiology and course of illness in eating disorders have received less attention. Thus the works of Susie Orbach (1986) and Joan Jacobs Brumberg (1988) which examine psychological and sociological issues in contemporary society, the works of Bell (1985) and Bynum (1987) which look at these issues in past history, and Whitaker and Davis' (1989) edited volume *The bulimic college student: Evaluation, treatment and prevention* which examines the sociocultural context on college campuses have been welcome additions to the literature.

In her work, Susie Orbach has considered the political, sociologi-

cal, and gender related issues and used the understanding of these influences to increase our appreciation of the personal psychological struggles of women struggling with eating disorders. In *Hunger strike: The anorectics struggle as a metaphor for our age* (1986) she states, "In taking as a starting point the fact that woman's social role creates her particular psychology, feminism illuminates how woman's psychology reflects both a preparation for her social role as well as her rebellion against it" (p. 29). Orbach explores the anorectic's wish to deny any emotional life citing the "rigorous discipline" she maintains as key in that struggle. She notes the "defeminizing" of the body that results from the attempt to remain slim and childlike.

A particular strength of Orbach's is her ability to enunciate the nature of conflict and compromise in anorectic women. She clearly understands how the psychological and physical symptoms of anorexia "express both the rebellion and the accommodation that women come to make in the context of a social role lived within circumscribed boundaries." Still, on reading Orbach, although one gains an understanding of the ways in which linear, top-down power relations (such as sexism) affect women's lives, one comes to understand very little about women together. What is the nature of their communication about themselves in light of contemporary social roles? If women are all affected to a greater or lesser degree by the pressure to be thin, what can be understood on a societal level in terms of how this pressure is experienced and handled and how the communication between women is shaped by this pressure? For example, is there also rebellion and accommodation in this communication? Is there a relationship between the way in which the cultural norm of thinness (Rodin, Silberstein and Streigel-Moore, 1985) affect those perceived to be of normal weight and those diagnosed as having eating disorders?

Joan Jacobs Brumberg's (1988) book, *Fasting Girls* undertakes a thorough, fascinating and provocative historical review of anorexia nervosa. She asserts that "Today's anorectic is one of a long line of women and girls throughout history who have used control of appetite, food and the body as a *focus of their symbolic language* (Italics added) (p. 2). She tells us that "Even as basic a human instinct as appetite is transformed by cultural and social systems and given

new meaning in different historical epochs” and while she sees the early “*anorexia mirabilis*” of Catholic nuns and saints as an expression of the desire for piety and strong inner spirituality, she proposes that current *anorexia nervosa* “from the vantage point of the historian . . . appears to be a secular addiction to a new kind of perfectionism, one that links personal salvation to the achievement of an external body configuration” (p. 7).

Though writing as a historian, Brumberg offers much in the way of psychological and cultural understanding. She aptly describes *anorexia* as “*au courant*” reminding us of Bruch’s (1978) discussion of “me too” anorectics. She astutely points out that since not everyone in our thinness driven society is anorectic, family and individual psychology must also be understood. And she sees the primary cultural expression of *anorexia* as “the individualism of our time.”

In our view, however, there are more questions to be asked and answered. If *anorexia* is so reflective of individualism, why is it that so many women have it? In contrast to the nineteenth century, this is not a rare disease affecting isolated individuals.

Brumberg notes that *anorexia nervosa* emerged during “the throes of industrial capitalist development and was nurtured by central aspect of bourgeois life: intimacy and material comfort, parental love and expectation, the sexual division of labor and popular ideas about gender and class” (p. 3). Is there anything about life on a college campus which might support the emergence and “*au courant*” nature of *anorexia*? Is there perhaps a parallel to familial intimacy, material comfort, high expectations and popular ideas of gender on college campuses?

Numerous articles in Whitaker and Davis (1989) provide analyses of the sociocultural environment on college campuses and provide detailed, specific descriptions of how these environments can contribute to the proliferation of eating disorders. Richard Gordon (1989) in his chapter “*Bulimia: A Sociocultural interpretation*” states that “*Binge-eating and purging has become a “fashionable” behavior on college campuses, so much so that it is likened to a fad . . .*” (p. 49). Leah Dickstein (1989) provides a thorough description of environmental factors which in her view can cast the college

in the role of a "Second Stage Family" (p. 116) and ultimately "facilitate and foster the occurrence of bulimia" (p. 129).

In this paper we will propose that there is a relationship between those with eating disorders and those who are considered normal eaters. We will propose, further, that the group as a whole perspective and the concept of projective identification are extremely useful in understanding both the prevalence of eating disorders on college campuses and the obsession with the topic of eating disorders and with those who develop the disorders.

Boskind-White and White (1983) assert that students transmit messages to one another about the importance of slimness. Our thesis is that when the campus is studied from a group-as-a-whole perspective (cf., Wells, 1980), we gain insight into what the messages about thinness are and how they are transmitted. We ask the reader to consider the case presented above as we attempt to provide a theoretical framework which has helped us to understand the behavior of the young women described.

THE GROUP AS A WHOLE

The case presented describes a series of interpersonal transactions and communications which cause us to go beyond intrapsychic understandings in our analysis. Indeed, the attempt to increase our understanding of individual dynamics through an examination of group process, finds early support in the writing of Freud (1955) who stated that "It is true that individual psychology is concerned with the individual man and explores the paths by which he seeks to find satisfaction for his instinctual impulses; but only rarely and under certain exceptional conditions is individual psychology in a position to disregard the relations of this individual to others" (p. 69).

Given this basic understanding, Freud and many of the theorists who followed him have conjectured about the form of the individual's relations to others. One approach which draws from group and organizational studies is the group-as-a-whole perspective. This theory maintains that each and every group has a life of its own and that this is true for groups as diverse as a family, a nation, a particular culture or a society as a whole. As discussed by Wells (1980) the

life of the group is “distinct from but related to the dynamics of the co-actors who comprise group membership” (p. 169), and the interactions of these co-actors form a gestalt. This gestalt can be viewed as a form of intercommunication.

PROJECTIVE IDENTIFICATION

Simply put, projective identification refers to a concept with which most of us are quite familiar. We often dislike people who have the same faults we do. Our negative reaction to these people is often intensified when we fail to acknowledge these faults in ourselves. We have conflict with loved ones when, unbeknownst to us, we attribute our own shortcomings to them. In one way or another we often say, “You’re the one with the problem, not me” and thus attempt to blame the other person and deny our own problematic behavior.

Melanie Klein (1956) developed the concept of projective identification which she at first defined as “a combination of splitting off parts of the self and projecting them on another person” (p. 311). She later expanded the definition describing it as “the feeling of identification with other people because one has attributed qualities or attributes of one’s own to them” (1956, p. 311). Klein emphasized that in the defense of projective identification part of the ego is projected along with the projection of impulses. This process Klein pointed out involves splitting but still leaves some of the impulse in the subject (Spillius, 1983). As with all defenses, the process is not completely successful; some of what is meant to be (r)jected remains.

While Klein discussed projective identification as a primitive individual defense occurring in the early stages of development, Bion (1975) extrapolated that the process could also take place in adulthood and posited that it was a common phenomena in group process. Horowitz (1983) speaking about group process, as well, makes clear that projective identification can be understood to express more than the aggressive impulses of early infancy. Indeed, he describes projective identification as both a defense and an object relationship, thereby alerting us to the fact that projective identification is both an intrapsychic mechanism and an interpersonal

transaction. Focusing on the interpersonal transaction (and of particular relevance to this paper) is his inclusion of the idea of "wishes to dominate, devalue, and control—based on primitive envy . . ." (p. 261). He states, as others have maintained, that projective identification is frequent and prevalent in intimate relations and defines it as "the projection of certain mental contents from one person onto and into another with a resulting alteration in the behavior of the targeted person" (p. 259).

Horowitz goes on to describe three modes of projective identification functioning in groups. In the role-suction mode the group tends to select or draft their most likely candidate to fill a necessary role in the group. Another mode is the tendency of groups to allow and encourage a "spokesperson" to take a leadership role in expressing the dominant theme of the group. In addition, the common dynamic of scapegoating illustrates another manifestation of projective identification in the group arena. The scapegoated person carries the unwanted affects of others and is then flailed or punished for it.

Do these theories have any bearing on the experience of young women who live together on college campuses and who share the anxieties inherent in the amply documented multiple and oft-times conflicting tasks and goals of this generation of young educated women?

CASE DISCUSSION

As we reflect on the case of the college campus presented at the beginning of this paper, we are reminded that Rodin, Silberstein and Streigel-Moore (1985) have stated that weight is a normative concern. Those with eating disorders may differ from the rest of the population in the intensity of the expression of their interest and concern, but most, if not all, women in contemporary Western societies obsess about their weight and the vast majority of women diet and exercise. (Orbach, 1978, 1986; Brumberg, 1988). From the group-as-a-whole perspective we can see that like other female members of contemporary North American society the entire group of college women on a particular campus cannot avoid being concerned about food and weight.

In writing specifically about eating disorders on college campuses, Rodin et al., (1985) have described campuses as stressful and semi-closed environments which may increase the sociocultural pressures to be thin. Grayson and Medalie (1989) describe college students living on campus as having "quasi-familial relationships" with one another (p. 89). Thus, from our perspective we suggest that the forces of projective identification may be particularly endemic to college environments and especially to all female colleges which foster a kind of communal bonding and intimacy which can be positively described as a sense of "sisterhood" and may concomitantly have the negative aspects of an "enmeshed family." As Minuchin (1978) states a "heightened sense of belonging requires a major yielding of autonomy" (p. 55).

As we have stated, there are many anxieties for young college women. The anxiety about weight is one of many and the desire to be thin as an expression of this anxiety has come to exist as an end in itself. However, the desire for slimness is undoubtedly a concretization of the anxieties inherent in the role of young women of the last two decades and is stirred up by the powerful and competing demands for the achievement of excellence in all domains—career, family, community. Intuitively these young women understand, or at least believe, that in order to achieve professionally their own personal, emotional needs will often go unmet. They will often choose to postpone mothering in order to achieve in careers. Many women in the generation or two just before theirs chose to postpone pregnancy and motherhood in order to achieve in their careers only to find later that becoming pregnant in the late thirties and early forties was more difficult and often not possible. Although the divorce rate has leveled off, it still remains high, so many women feel that they cannot depend on the permanence of marriage. Success seems accessible only to those who perform as super-woman.

When anxieties are present, defenses become operative as they surely were at the highly competitive seven sister college where the case observations were made. Indeed, it is common knowledge that for this generation of young women the illnesses of choice have been anorexia and bulimia. Perhaps we might say that the most fitting defense, as we will elucidate further, has been projective identification.

It is fascinating to consider Horowitz' (1983) descriptions of the various manifestations of projective identification in attempting to understand the phenomena described. We see eating disordered students on this college campus as reflective of both the role-suction and spokesperson modes of projective identification. The young women who develop full-blown eating disorders are expressing in bold relief the normative discontent of young women about their weight and, sub-rosa, about the impossible demands and role overload which they experience. Rather than having become the scapegoated and ostracized sacrificial lambs, in the main, these sick young women were being presented to therapists and physicians for healing. Given the documented obsessiveness with regard to food and weight which is characteristic of the college-aged female population, it is conceivable both that the group would need to draft some of its members to express its plight and that some members of the group would be ready to assume such a role. Through presenting them for help, the group attempted to find assistance for their own troubled and troubling obsession with food and weight. The friends of these students, appearing in droves, in the health services evoked in us an image of parents holding up their starving children to be fed.

Our understanding of the process is that the group as a whole wishes on a conscious level to be thin, that is, to deny their needs and desires in pursuit of a new form of independence, success and self control of which thinness is the symbol. Yet, on an unconscious level the wish to be fed remains. The group unconsciously searches out particularly vulnerable (resulting from either intrapsychic or familial difficulties or both) members onto whom they can project their anxiety and their extreme longing for thinness and then determines that their behavior is pathological; the projections of the group join with the psychopathology of particular individuals. One of the main functions of projection is to strengthen the defense of denial. If one sees a problem as more a problem of the other, the awareness of the problem in the self is minimized or simply avoided. Thus, their own sense of health and intactness could be maintained. It is as if the non-eating disordered were saying "Are we not in really good shape compared to them?"

Thus, we hypothesize that these young eating disordered women

had been split off (seen as different, sick) from the main body of the group not because of their extreme obsessive preoccupation with food and weight (because this was shared by their peers, as was the constancy of dieting and the Herculean efforts at exercise), but rather because of the “successes” of their obsessive ruminations and compulsive behavior. The behavior of those with eating disorders goes a step further than that of their friends. It is the “success” — the thinness and/or the having one’s cake and eating it too that is both envied and deplored. This uncanny ability to restrict one’s intake so that 20% of original body weight is lost or to take a compulsive approach to exercise in which one can run 10 miles daily without fail is an enviable talent to young women who aspire to sylph-like slimness.

But the illness of the “spokeswomen” remains. Those with anorexia are constantly cold, their thinking is distorted, they become distant from their friends, even unapproachable. The group as a whole’s growing realization of their illness creates anxiety and intensifies the desire to separate them from the body politic. There is now a need to see those with eating disorders as separate and unique. They are ill; society is not! So for normal eaters being on a perpetual diet is all right; that is not unhealthy. They fail to recognize that all too often their own self-esteem and social acceptance is measured by the scale? So what if one restricts oneself to 900 calories a day or diets one day and eats the next? At least one is eating. The anorectics don’t eat at all. They are sick, others are not. When one wonders how they got that way, the answer is that “they” as individuals must have a problem. The complicity of the group is denied.

The bulimics, too, are split off and all too often repudiated or scapegoated. “Normal” students on campus may “binge and purge” with regularity, as when they eat a large meal and swim 10 extra laps, or eat dessert, which may be highly unusual, and then jog again after having already jogged once that morning, but again the bulimics go a little too far. They throw up and take laxatives. So the bulimics are also split off. Placed in a separate category. “They too, are not us.” They are object not subject.

Once projected into those with anorexia and bulimia, however, these feelings and behaviors must still be controlled because they

are unconsciously known to be the feelings of the self about the self. The projection thus evolves into a projective identification. The unconscious awareness that there is a connection between the group (and the social system) as-a-whole and those suffering with eating disorders keeps the group focused on the sufferers. The group-as-a-whole cannot forget their existence. They function as repositories for the group's projections, and because they carry part of society's baggage, the group must look to them constantly, must maintain contact with them. So time is spent seeing how they are doing, worrying about them, attempting to care for them, trying to cure them or trying to get others to cure them. They are identified with, but on a wholly unconscious level. And on the unconscious level the more healthy group doesn't allow itself to become aware of the pathology of its own behaviors. The groups' fascination with diet centers and diet soft drinks, starvation diets and anorectic models in size three dresses can continue unexamined because the group as a whole is okay, but those with eating disorders are not.

We can see in projective identification another paradox akin to the paradoxes Orbach (1978) has revealed. We have seen in this case that college women do communicate and compete overtly and covertly about weight. Interpreting the comments made by students we can see that they are stating, "I can't allow them to get thinner than I; I've been working at this too long." Or "I have to keep reminding this one of how heavy she is; it makes me feel thinner." "I have to watch what they are eating so I don't have to watch what I'm eating." "I wish I could eat as much as that bulimic does, but I could never make myself throw up—so why should she?" Projection in its very nature involves a sense of competition—what a problem *you* have; I'm glad *I* don't. Here we see the primitive envy of which Horowitz speaks.

So these young women do compete, yet they strive to maintain relationship—often smothering one another in the process. They talk with one another and with others. They accompany the "ill" to meals and to the health service. When they leave school to be hospitalized, their friends will write, call, visit and the more troubled the so-called normal eaters are, the more contact they will maintain. It is our perception that the many fronts on which competition is pressed upon college women in this epoch is overwhelming and that

in the eating disorders on college campuses we can see both an expression of and a succumbing to the competition and its frequent companion-isolation. But we can also witness the reaction to this competition in the form of attempting to bind, to help, unite. "Normal" eaters maintain that those with eating disorders have the problem, but quickly, albeit, unconsciously, they communicate *we* have the problem too. Indeed, Grayson and Medalie (1989), Barth (1989) and Steiner-Adair (1989) have all discussed the competing needs for giving and receiving nurturance, achieving both separation and intimacy, and maintaining independence versus care and connection specifically in the context of eating disorders among college students.

Thus this new conception of how the long recognized defense of projective identification functions as a group level defense with eating disorders on college campuses also finds contemporary congruity with feminist scholars who have not been specifically concerned with eating disorders. Although a detailed study of the connections is not possible in this paper, it does seem noteworthy that the process of identifying in these college women seems to fit with Carol Gilligan's (1982) and Riane Eisler's (1988) understanding of the central role of connection, affiliation, attachment, and partnership among women. Just as we might see the elements of competition and separation as reflective of the "dominator" or "male voice" which women have been enjoined to adopt, the conflicts expressed by these young women seem to reflect an awareness of the great emotional costs of success achieved through a focus on competition. The defense of identification may seek to heal this frightening realization.

CONCLUSION

In summary, we concur with the numerous therapists, researchers and scholars who have advanced the idea that eating disorders are multi-determined and we have supported the assertion made by many theorists that there is a sociological component to eating disorders. We specifically state that a very important element is in fact the psycho-social one and, by using a group-as-a-whole perspective, we have shown how this mechanism works in a college envi-

ronment and perhaps, by extension, in contemporary Western society.

Viewed through the group-as-a-whole lens, we can see that a college's psychological life is composed of the gestalt of the psyches of its individual members which come together to take on a life of their own. At the same time the campus community can be seen as having a psychological life which impacts on the psychology of the individuals who are a part of it. This campus student group, then, thinks, feels, and behaves, at times, in a collective and "wholistic" manner and has both its own internal set of dynamics as well as interaction with an external environment in which thinness is constantly promoted.

From the environment this group receives, along with other messages, the messages intended for all women in contemporary society. Some of these messages are: be thin, be successful, excel academically, do not be emotionally dependent. We posit that internally, this group of all-female college students experiences anxiety as a result of these often time contradictory and anti-female messages and attempts to defend itself against this anxiety by exercising rigid self-discipline, i.e., restriction of natural bodily functions and appetites. Unconsciously the group knows that this ongoing restriction—dieting, hyperactivity, denial of hunger and even sexual appetite—is an untenable solution, a pathological one. So, in an attempt to stave off further anxiety, the pathology is vested in those members of the group who according to Horowitz' (1983) formulation can most adequately express the dominant theme of this group. This is in good part the nature of the messages which college students communicate to one another about weight and the value of thinness. The message is we are ill. The communication is we must help one another. The theme is one of starvation—emotional, psychological, relational; the vehicle for expressing the theme is the female body. The contemporary belief that "it is much better to look good than to feel good" is once again disproportionately applied to women, as it was in the not so ancient practice of foot binding.

The defense is to some extent "successful" in the case of the anorectic and alternates with "success" (restraint) and "failure" (bingeing and purging) in the bulimic. But the unconscious identifi-

cation with the “sicker” members of their group still obtains and results in a need to be involved. This we see expressed in the enmeshed quality of the relationships between those with eating disorders and their friends—ostensibly asking for help for the other, in actuality pleading for help for themselves and our obsessed society.

In addition, the group’s fascination, identification with one another and the subsequent attempts to cure their sick members allows them to be in partnership and in relationship, in an attempt to mitigate against the needs to stand out as individuals and distinguish themselves from one another. Eating disorders represent not only the individualism of our time but also ambivalence and resistance to this mandated pursuit of self. They are manifestations of both the individualism and the connection.

On college campuses eating disorders *are* like the common cold. They are frequent and contagious. We suggest that both the intimacy and competitive nature of the college campus, particularly those which are all women provide a breeding ground for anorexia and bulimia. Like the fasting girls of the sixteenth and nineteenth centuries whom Brumberg (1988) discusses, our contemporary young women also need “miraculous powers” if they are going to make it in a man’s world and still be able to connect, bond, have friendships, families and friends. At the group-as-a-whole level the accommodation and rebellion is expressed by competing and at the same time remaining in relationship. Both sides of the gender stereotypes are being played out. On a college campus, projective identification provides young women with a common pathway for defending against extreme pressures.

The story that appears to be being told and retold is that women still find food and eating as a focus of their symbolic language. The script differs but the language remains the same. College women of this generation are communicating to one another that the pressure is too intense. They want to compete, but that they worry about the cost to themselves and others in the community of women. They want to be separate, but they still long to be together. They accept and yet attempt to reject the importance of slimness. They transmit messages to one another about the importance of slimness, but they issue caveats as well. “Don’t be too fat, but don’t be too thin either.” “Don’t get too separate from the rest of us.” They are say-

ing "I am told to take care of number one but I want also to take care of you." Though rigorous discipline is employed in the service of denying emotional life, the needs and desires for connection and community do not go away. If members of the group cannot see the emotional costs to themselves they can at least see the costs in one another.

When Brumberg speaks of anorexia being "au courant" and Bruch spoke of "me too" anorexia, the message being communicated is that "we're in this together" and herein lies the basis for thinking about new approaches to intervention — particularly on the small all-female college campus.

To the extent that this perspective has validity, a different approach for intervention is required. Help for those with eating disorders is not enough. Attention must be paid, as is beginning to happen, to the faulty thinking and behavior of the entire group. On college campuses this means we must continue to work with those with identifiable eating disorders but in addition we must work with the other students whose concerns about food and weight are more normative. The group-as-a-whole approach can be adapted for use in workshops, support groups and individual therapy.

In terms of the campus as a whole, we should begin to think about workshops whose aim is to address the group process issues. Workshops might explore women's use of food and weight historically and currently and could explicitly address the connection between normal eaters and those with eating disorders. Workshops for the general population should focus on the normative concern (Rodin et al., 1985) about food and weight. Naming this concern and focusing on the way in which young women, in general, are overly concerned with these issues is a first step toward alleviating the projection process. Acknowledging that this concern is most often exaggerated and problematic for all involved, also provides a basis for discussion and orientation toward the specific problems of those with eating disorders. Specific workshops should also be offered for those who have friends or family members with eating disorders. (To be sure some who attend will themselves have eating disorders, but the discussion and focus may help them to understand the ways in which the attitude and behavior of their peers have impact on them.) These workshops might begin by focusing on the problems

and behaviors and their friends, then move to discussing what their own responses have been. How have they tried to help, what, if anything, has been helpful, what has not worked? A lecturette could be developed in which students are informed about the society's general preoccupation with slimness and how this can contribute to the initiation or exacerbation of eating disorders. Students in small groups would explore how these messages about slimness have affected them personally and then move on to an examination of how their own feelings, ideas and concerns relate to the ways in which they connect (or fail to connect) with their eating disordered peers. Circling back to where the workshop began, students would be asked, what these new insights might suggest in terms of their relationships with those with eating disorders. Summary comments by the workshop leader would help the students refocus their efforts toward a working through of their own issues and toward creating a change in community values which would, in the long term, have a profound effect on students with eating disorders.

Psychotherapeutic approaches would also include attention to group process issues. In each therapy, some attention should be paid to the exploration of the group-level preoccupation with food and weight. In almost every case, students will initiate this discussion themselves so that therapists will not have to introduce it, but can be prepared to address the themes discussed above when the topic is introduced by their clients. In their work with individual students therapists should also clearly make note of how common concern the concerns about food and weight are, and how prevalent eating disorders are in society in general and on campuses specifically. This will have several effects. One effect will be to decrease the student client's sense of being abnormal or disturbed. In this way, guilt, negative feelings and the sense of isolation will be diminished. In addition, the sense of specialness which often accompanies eating disorders and is a frequent impediment to healing can also be mitigated against.

When indicated, consideration should be given to holding an occasional session or group of sessions with peers who are closely involved with the clients. Indications might include cases in which the client is discussing their peer or peers frequently in sessions. If friends call or visit the health center, the client should be told of

these visits and a joint meeting could be encouraged. Various family therapy techniques such as circular questioning and structural analysis could be employed to exemplify and clarify the role of the group process in the client's difficulties. Particular attention should be paid to the dynamics of enmeshment, unclear boundaries and projective identification.

In their own work with students the authors have found the perspectives and strategies described above to be very helpful. Ultimately this approach could help solve a significant psycho-social problem on college campuses.

REFERENCES

- Barth, F. D. (1989). Separation-individuation, sense of self, and bulimia in college students. In L.C. Whitaker & W.N. Davis (Eds.), *The bulimic college student: Evaluation, treatment and prevention* (pp. 135-149). New York: The Haworth Press, Inc.*
- Bell, R.M. (1985). *Holy anorexia*. Chicago: University of Chicago Press.
- Bion, W.R. (1975). Selections from: Experiences in groups. In A. Coleman and W.H. Bexton (Eds.), *Group Relations Reader* (pp. 11-20). Sausalito: GREX.
- Boskind-White, M. & White, W.C. (1983). *Bulimarexia: The binge purge cycle*. New York: Norton.
- Branch, H. and Eurman, L.J. (1980). Social attitudes toward patients with anorexia nervosa. *American Journal of Psychiatry*, 137 (5), 631-632.
- Brumberg, J.J. (1988). *Fasting girls: The emergence of anorexia nervosa as a modern disease*. Cambridge, MA: Harvard University Press.
- Bynum, C.W. (1987). *Holy feast and holy fast: The religious significance of food to medieval women*. Berkeley: University of California Press.
- Dicks, H.V. (1967). *Marital tensions: Clinical studies toward a psychological theory of interaction*. London: Routledge and K. Paul.
- Dickstein, L. (1989). Current college environments: Do these communities facilitate and foster bulimia in vulnerable students. In L.C. Whitaker and W.N. Davis (Eds.), *The bulimic college student: Evaluation, treatment and prevention* (pp. 108-133). New York: The Haworth Press, Inc.*
- Duddle, M. (1973). An increase of anorexia nervosa in a university population. *British Journal of Psychiatry*, 123, 711-712.
- Eisler, R. (1988). *The chalice and the blade*. San Francisco: Harper and Row.
- Finell, J.S. (1985). Projective identification: Mystery and fragmentation. *Current Issues in Psychoanalytic Practice*, 1(4), 47-62.
- Freud, S. (1955). Group psychology and the analyses of the ego. In J. Strachey (Ed. and Trans.). *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 8, pp. 69-143). London: Hogarth Press. (Original work published 1921).

- Garfinkel, P. E. & Garner, D. M. (1982). *Anorexia nervosa: A multidimensional perspective*. New York: Brunner/Mazel.
- Gilligan, Carol. (1982). *In a different voice*. Cambridge, Massachusetts: Harvard University Press.
- Gordon, R. (1989). Bulimia: A sociocultural interpretation. In L.C. Whitaker and W. N. Davis (Eds.), *The bulimic college student: Evaluation, treatment and prevention* (pp. 41-55). New York: The Haworth Press, Inc.*
- Gordon, R. (1990). *Anorexia and bulimia: Anatomy of an epidemic*. Cambridge, Massachusetts: Basil Blackwell Ltd.
- Grayson, P.A. & Medalie, J.D. (1989). The college scene today: Two views. In L.C. Whitaker and W.N. Davis (Eds), *The bulimic college student: Evaluation, treatment and prevention* (pp. 89-105). New York: The Haworth Press, Inc.*
- Jacques, E. (1956). Social systems as a defense against persecutory and depressive anxiety. In M. Klein, P. Heiman & R.E. Money-Kyrle (Eds.), *New directions in psycho-analysis: The significance of infant conflicts in the pattern of adult behavior* (pp. 478-498). New York: Basic Books.
- Horowitz, L. (1983). Projective identification in dyads and groups. *International Journal of Group Psychotherapy*, 33, 259-279.
- Klein, Melanie. (1956). On identification. In M. Klein, P. Heiman and R.E. Money-Kyrle (Eds.), *New directions in psycho-analysis: The significance of infant conflicts in the pattern of adult behavior* (pp. 309-345). New York: Basic Books.
- Meltzer, D. (1982). The conceptual distinction between projective identification (Klein) and container-contained (Bion). *Journal of Child Psychotherapy*, 8, 185-202.
- Menzies, I. (1960). A case study in the functioning of social systems as a defense against anxiety. *Human Relations*, 13, 95-120.
- Minuchin, S., Rosman B., and Baker L. (1978). *Psychosomatic families: Anorexia nervosa in context*. Cambridge: Harvard University Press.
- Nichols, M. (1984). *Family therapy: Concepts and methods*. New York: Gardner Press, Inc.
- Orbach, S. (1986). *Hunger strike: The anorectic's struggle as a metaphor for our age*. New York: W.W. Norton & Co.
- Orbach, S. (1978). *Fat is a feminist issue*. New York: Berkley Books.
- Rodin, J., Silberstein, L.R. and Streigel-Moore, R.H. (1985). Women and weight: A normative discontent. In T.B. Sonderegger (Ed.), *Nebraska symposium on motivation: Vol. 32. Psychology and gender* (pp. 267-307). Lincoln: University of Nebraska Press.
- Romney, P. & Miller, D. (1988). The treatment of eating disorders among college students. In R. May (Ed.), *Psychoanalytic psychotherapy in a college context* (pp. 126-144). New York: Praeger Press.
- Schwartz, D.M. Thompson, M.G., & Johnson, C.L. (1981). Anorexia nervosa and bulimia: The socio-cultural context. *International Journal of Eating Disorders*, 1, 20-36.

- Sours, J.A. (1980). *Starving to death in a sea of objects*. New York: Jason Aronson.
- Spillius, E.B. (1983). Some developments from the work of Melanie Klein. *International Journals of Psychoanalysis*, 64, 321-332.
- Steiner-Adair, C. (1989) Developing the voice of the wise woman: College students and bulimia. In L.C. Whitaker and W.N. Davis (Eds.), *The bulimic college student: Evaluation, treatment and prevention* (pp. 151-165). New York: The Haworth Press, Inc.*
- Steiner-Adair, C. (1986). The body politic: Normal female adolescent development and the development of eating disorders. *Journal of the American Academy of Psychoanalysis*. 14 (1), 95-114.
- Thorner, H.A. (1956). Three defenses against inner persecution. In M. Klein, P. Heimann and R.E. Money-Kyrle (Eds.). *New directions in psychoanalysis: The significance of infant conflicts in the pattern of adult behavior* (pp. 282-306). New York: Basic Books.
- Wells, L. (1980). The group-as-a-whole. A systemic socio-analytic perspective on interpersonal and group relations. C.P. Alderfer & C.L. Cooper (Eds.), *Advances in Experiential Social Processes*, 2, (pp. 199-230).
- Whitaker, L. & Davis, W. (Eds.) (1989). *The bulimic college student: Evaluation, treatment and prevention*. New York: The Haworth Press, Inc.*

*Also published as *Journal of College Student Psychotherapy*, Vol. 3, Nos. 2/3/4, 1989.