
Inner Experience in Bulimia

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There have been a total of seven individuals who meet the DSM-III-R diagnostic criteria for bulimia who have been sampled using the descriptive techniques described in this book. Ashley (Chapter 8) was sampled by this book's author; Christine (Chapter 9) and four other bulimic subjects were sampled as part of Stephanie Doucette's Master's Thesis at the University of Nevada, Las Vegas (sampling interviews for these five subjects were most frequently performed by Doucette and Hurlburt together); and an additional (seventh) subject, who met both the criteria for anxiety disorder and for bulimia, was sampled by Hebert (1991), again with Hurlburt's participation. All seven of these subjects were female; one of the subjects also met the diagnostic criteria for anorexia nervosa. The seven subjects ranged from those able to control their bulimic tendencies at the time of sampling to active binge eating and purging on a daily basis.

We should note that—although they are usually female (Crisp, 1982)—bulimics constitute a large and diverse group of individuals. Our subjects, however, constitute a small, diverse, nonrandom sample from this population. No attempt was made in this study to sample bulimics in any particular stage of bulimia or post-bulimia; the fact that our bulimics displayed a range of bulimic behaviors was a coincidence.

There were four salient characteristics (Multiple Inner Experience, Sensed Awareness, Thought/Feelings, and Incongruent Bodily Awareness) that emerged from our study of these seven bulimics that seem to set the bulimics apart from the nonbulimic subjects described by Hurlburt (1990), Monson (1989), Hebert (1991), Shamanek (1992), and

other unpublished reports collected by Hurlburt. It should be remembered that these four characteristics are based on only seven bulimic subjects, and so are not intended to be definitive descriptions of the characteristics of bulimics in general. These characteristics are offered as an invitation for further, more conclusive study of the inner experiences of the bulimic population.

MULTIPLE INNER EXPERIENCE

Multiple Inner Experience is the simultaneous occurrence of a few or many separable, identifiable inner happenings, all taking place in inner experience at the moment of the beep. One of the most striking findings in our study of bulimics was that Multiple Inner Experience was a frequent characteristic of the inner experience of *all* our bulimic subjects. This is in sharp contrast to the findings of other researchers sampling nonbulimic populations, where the phenomenon of Multiple Inner Experience occurs occasionally but is rare (an exception is the example of Borderline Personality described in Chapter 14). In contrast with other subjects, however, Multiple Inner Experience was the rule, rather than the exception, among our bulimics: the frequency ranged from 40% to 100% within our individual bulimic subjects.

It was also the case that, for our bulimic subjects, the presence of Multiple Inner Experience was directly related to the degree of bulimic symptoms: the more actively bulimic the subject, the more multiple the inner experience. This was true both when considering the percentage of a subject's samples containing Multiple Inner Experience (the more actively bulimic, the higher the percentage) and also when considering the multiplicity of experience at any given sample (the more actively bulimic, the higher the number of separate experiences which were reported to be simultaneously occurring at any one beep).

The bulimic subjects experienced Multiple Inner Experience in various inner modalities. That is, many characteristics of inner experience, such as Feelings, Unsymbolized Thinkings, etc., may have been represented in a single sampled moment. It was not unusual for the subjects in Doucette's thesis to report a sample which included two simultaneous (Experienced) Unsymbolized Thoughts, a two-part Sensed Unsymbolized Thought, and two distinct Experienced Feelings, all occurring at the moment of one beep. Sometimes, as with Ashley (Chapter 8) and Christine (Chapter 9), much of the Multiple Inner Experience was in the form of Multiple Unsymbolized Thoughts. Ashley, for example, was

aware of 10 to 20 separate (but usually related) simultaneous Unsymbolized Thought processes.

Multiple Feelings were reported by all our subjects. Ashley, for example, reported Multiple Feelings, usually three to seven separate, simultaneous Feelings, in almost all her samples.

SENSED AWARENESS

Another characteristic unique to our bulimic subjects was the phenomenon of Sensed Awareness. Four of our seven bulimic subjects, including Ashley and Christine, reported Sensed Unsymbolized Thinking or Sensed Feelings occurring at the moment of the beep, with frequencies ranging from 6% to 50%. As we have seen, Sensed Unsymbolized Thinking is the unsymbolized knowledge in current awareness that a thought is occurring, but the thought itself is not directly being experienced at the moment of the beep. Sometimes the thought itself seems to exist as if "parked," waiting to be "brought back out" and continued; sometimes the thought itself seems to be currently ongoing but is occurring outside of direct awareness. In either case, in current awareness there is an active, ongoing knowledge of the existence of the outside-of-awareness thought. Feelings could also be experienced as Sensed, in which case there was in awareness a knowledge at the moment of the beep that a Feeling was somehow occurring, but that Feeling itself was not part of that momentary awareness. Ashley also reported instances where visual phenomena were Sensed to be occurring. We group all forms together under the heading Sensed Awareness. The phenomenon of Sensed Awareness is, to our knowledge, unique to bulimics.

It was striking that our subjects spontaneously used similar descriptive metaphors to describe this process. Ashley referred to the "tails" of thoughts (or the tails of feelings), which were present in awareness, and were attached to the body of the thought which existed "under the rocks," that is, outside of awareness. Christine referred to "strings" that were attached to thoughts or feelings, which were in awareness while the thoughts or feelings themselves were outside of awareness.

This may give the reader a glimpse into the process of the descriptive sampling method. Our procedure is to allow each subject to describe her inner experience using her own vocabulary. We did not, for example, inquire of Christine (with whom we sampled after the study of Ashley had been completed) whether she experienced "tails" of

thoughts; her description of "strings" emerged in her own attempts to explain her private experience to us. It was the authors, not the subjects, who created the term "Sensed Awareness" and applied it to those cases our subjects called tails or strings. We believe that this kind of confluence of similar, yet different, metaphors to describe a phenomenon can be taken as evidence that our interrogatory procedure does not unduly "lead the witness" into reporting a phenomenon which does not exist.

The occurrence of Sensed Awareness seemed to be related to the degree of bulimia: the four most actively bulimic subjects experienced Sensed Awareness, while the others did not. All subjects who experienced any Sensed Awareness reported both Sensed Unsymbolized Thinking and Sensed Feelings.

THOUGHT/FEELINGS

A third characteristic experienced by our bulimic subjects was the relatively blurred distinction between thought and feeling. Our bulimics frequently seemed to "think their feelings" or "feel their thoughts." By contrast, most normal subjects in our sampling were very clear about the distinction between thinking and feeling. Even on those occasions where they have difficulty providing the experiential details of a thought (as in Unsymbolized Thinking, for example), most nonbulimic subjects have no doubt that the thought is a "cognitive" or "mental" experience; the same is true for affective experiences. An exception is our anxious subjects (see Chapter 13), who also at times had difficulty distinguishing between affect and cognition.

This phenomenon led to our creating the Thought/Feeling category, describing moments where cognition and affect were experientially inseparable aspects of the same moment. Thought/Feelings were experienced by all our bulimic subjects, with frequencies ranging from 19% to 77% (median 40%).

The fact that bulimics (in this study, at least) often "think" their feelings and "feel" their thoughts might explain why some of these subjects were somewhat hesitant at first to *describe* their Feelings, despite the fact that they all were unequivocal about *experiencing* Feelings. For example, the subject who reported the largest proportion of Thought/Feelings stated on her first day of sampling that thinking and feeling were not separate experiences for her. By the end of sampling, she almost never had reported a "pure" Feeling, that is, an emotional experience which was not somehow fused with cognition. Instead, all her Feelings could be arranged on a continuum of Thought/Feelings, as her

Feelings always possessed some degree of cognition. Another example was Christine (Chapter 9), who stated that when she experienced what we call a Thought/Feeling, her mind seemed a little "fuddled."

INCONGRUENT BODILY AWARENESS

Bodily Awareness is the awareness of bodily sensations that do not have a particular emotional significance, such as pressure, pain, itching, tingling, bodily position, etc. Bodily Awareness is to be distinguished from Feelings, which may also have a bodily component, in that Feelings have a clear emotional significance while Bodily Awarenesses do not. Incongruent Bodily Awarenesses, where the awareness of the body did not mirror the subject's current actual body position or condition, were reported by three of our bulimic subjects (including Christine, Chapter 8), but only rarely, if at all, by our other subjects.

Christine and one of our other bulimic subjects both experienced Incongruent Bodily Awareness that consisted of a sense of "puffing up" or expansion of the body, even though such an expansion was not actually occurring. Christine was aware of this sense of puffiness in two samples. In both of these, the expansion was perceived to be in the areas of her body with which she was dissatisfied: thighs, upper arms, hips, and face.

An example of Incongruent Bodily Awareness reported by another subject was the experience of sitting sideways in front of the television set and having to turn her head to view the TV screen; in actuality, she was sitting *facing* the set and did not have to turn her head at all.

The previous section described the difficulty bulimic subjects had in distinguishing thought from Feeling; a similar difficulty occurred occasionally between thought and Bodily Awareness. For example, one subject reported that at the moment of the beep she was uncomfortable in her own skin, having a sensation that she was trapped inside it, unable to escape. However, her sensation was not located in her body, but in her *head*, although it was perceived as a "pushing out" or expansion of her *body against the skin*.

OTHER CHARACTERISTICS OF THE INNER EXPERIENCE OF THE BULIMIC SUBJECTS

The previous four sections described characteristics of our bulimics which were strikingly different from those of other groups we have

sampled with. We note here additional characteristics which, while not unique to our bulimics, occurred at noteworthy frequencies.

Unsymbolized Thinking

Our bulimic subjects had very high frequencies of Unsymbolized Thinking, ranging from 36% to 92% of all of a subject's samples (median 76%). There was a strong relationship between the severity of bulimic symptoms and the frequency of Unsymbolized Thinking: the 36% frequency was from a subject who was not actively bingeing or purging during the sampling period; the remaining frequencies were all greater than 72%, with the highest two frequencies occurring in the individuals with the most severe bulimic symptoms.

There is considerable variability in the frequency of Unsymbolized Thinking in the normal subjects with whom we have sampled, ranging from 0% to more than 50%. As we have seen, depressed subjects report as much as 75% Unsymbolized Thinking. Anxious subjects reported Unsymbolized Thinking in about half of their samples, as we shall see in Chapter 13, and it was found in 36% of the samples of learning disabled subjects (Shamanek, 1991). The bulimic subjects therefore reported Unsymbolized Thinking about as often as our depressed subjects and more often than any of our other groups.

Inner Speech

Inner Speech was a relative rarity for our bulimic subjects, with the median only 6%. In comparison, Inner Speech occurs relatively frequently in normal subjects, but there are large individual differences, ranging from nearly 0% to nearly 100%; 21% of a group of adolescent subjects' samples included Inner Speech (Monson, 1989); anxious subjects' samples included 31% (see Chapter 13), and learning disabled subjects reported Inner Speech in 10% of their samples (Shamanek, 1991). Thus, bulimics have the lowest frequency of Inner Speech among any of the groups with whom we have sampled.

Most of our bulimic subjects reported the experience of Unsymbolized Thinking that "verged on" wordless Inner Speech, that is, which seemed almost to have some of the characteristics associated with speaking (e.g., a sense of rhythm, a sense of linearity, one bit after another, or a sense of voicing) but which did not include words *per se*. Furthermore, our healthiest bulimic subject, who was not actively bingeing or purging during the sampling period, had a relatively high frequency of Inner Speech (66%) but a relatively low (for our bulimic subjects) frequency of

Unsymbolized Thinking (38%), leading to the speculation that Inner Speech may transform into Unsymbolized Thinking as the symptoms of bulimia become more severe.

Feelings

Feelings, the experiencing of emotion with or without a bodily manifestation, were reported by all our bulimic subjects, and almost all our bulimic subjects at times experienced multiple Feelings. Our bulimic subjects reported Feelings extremely frequently; the median frequency was 71% for our bulimics. In contrast, Feelings are moderately infrequent in normal subjects, occurring in perhaps a quarter or less of samples, although there are large individual differences in this regard. Monson (1989) reported a 50% frequency of Feelings in her adolescent subjects; anxious subjects experienced Feelings in an average 55% of their samples (see Chapter 13); and learning disabled subjects experienced Feelings in about 70% of their samples (Shamanek, 1991). Thus, the experience of Feelings was more frequent for our bulimics than for any group sampled to date except the learning disabled group.

Normal subjects experience Feelings as differentiated phenomena that are generally understood to take place in the body, particularly in the chest. All our bulimic subjects, too, experienced Feelings that manifested themselves in their bodies, most often in the head and upper torso, but they also experienced Feelings as taking place in their arms, in the stomach, and other bodily areas.

It should be recalled that our bulimic subjects also frequently reported a fusion or confusion between cognition and affect, which has been described above in the section called Thought/Feelings.

Inner Visual Experience

All our bulimic subjects reported some instances of Inner Visual Experience. Such experiences ranged in color and clarity from clear, colorful Images, complete with detail, to blurry, indistinct Images that may or may not have been in color and where only some of the visual components could be described, to Indeterminate Visual Experiences, which were understood to be inner visualizations, but where, nonetheless, no visual characteristics of the Image were possible to specify.

At a median frequency of 34% across our bulimic subjects, the occurrence of Inner Visual experience seems to be somewhat higher than might be expected of normal subjects. However, our bulimic subjects reported more Indeterminate Visual Experience than they did Images,

which sets them apart from normal subjects, who have very little Indeterminate Visual Experience. We shall see in Chapter 13 that anxious subjects also reported a high frequency of Indeterminate Inner Visual Experience, but other groups have reported low or zero frequencies of this phenomenon.

There are individual differences among our bulimics in this regard. Two of our bulimic subjects reported frequent Images and *no* Indeterminate Inner Visual Experience, while the other subjects reported at least as many Indeterminate Inner Visual Experiences as Images.

Four of our bulimics (including Ashley, Chapter 8, and Christine, Chapter 9) reported inner visual experiences where they were “scanning” a series of inner scenes as if to retrieve certain information. All the scenes were present in their awareness simultaneously, yet they were able to focus separately on each scene. Most of the normal subjects’ Inner Visual Experience is quite simple by contrast, comprised of just one scene at any given sample.

Thoughts Relating to Bulimia

Bulimia is an eating disorder in which individuals are obsessed with food and their weight. How often did our subjects think about food, weight, eating, or purging?

All our subjects reported one or more thoughts about food at the moment of the beep; the median frequency of such thoughts was about 5%, and the highest frequency was 16%. Thus the actual frequency of thoughts related to bulimia was relatively low. It should be noted that across all our subjects in all our subject groups, the frequency of *any* content category is usually very low—in fact, 16% is a quite high content category frequency in our studies.

When our subjects did think about food, such thoughts were often accompanied by Feelings so strong that we were led to call them “Drives” for one of our subjects. For example, one of these Drives incorporated a strong need to taste the cake the subject was Imaging, complete with an Incongruent Bodily Awareness of salivating (which was not actually taking place).

Christine (Chapter 9) was the only bulimic subject who had thoughts about her weight at the moment of the beep. Two of her samples involved a perception of “puffing up,” discussed earlier in the section on Incongruent Bodily Awareness.

Ashley (Chapter 8) was asked specifically to sample on a day when she thought that she was likely to purge. On that day, Ashley experienced Multiple (Experienced) Unsymbolized Thoughts—she called it a

“funnel” of thoughts—that incorporated the possibility of choice over whether to vomit. Also present to her awareness were two Sensed thoughts, vestiges of thoughts that had been the explicit focus of her attention a moment before, as well as an Indeterminate Visual Experience of a hot dog. A number of Feelings, including a drive to throw up, loneliness, and emptiness were strong characteristics of Ashley’s sampled moment. Thus the intensity of the urge to purge seemed more related to the heightened multiplicity of thoughts and feelings than to the content of food or weight.

DISCUSSION

Bulimia was not introduced as a separate nosological entity until 1980, when it was classified in DSM-III-R. In 1987, the American Psychiatric Association renamed the disorder “bulimia nervosa” and, for the first time, provided clear-cut, unambiguous diagnostic criteria.

To date, there are very few studies which investigate directly the inner experience of bulimics. We can, however, compare our results with those other existing reports.

Brouwers (1988) used a rationalistic cognitive approach to identify typical thought content among bulimic female college students. She found that, because many women with bulimia engage in an “all or nothing” type of circular thinking (Lacey, 1982; Russell, 1979), their thoughts often become jumbled, leading to chronic indecision. Our own research corroborates this observation if we can accept the premise that the Multiple thoughts reported by our subjects at many samples correspond to the phenomenon Brouwers called “jumbled” thinking. Most of our own subjects described, before sampling began, their own thinking as being in some way jumbled, and a few had some awareness that there were simultaneous processes populating their inner experience. It was only after sampling and discussing repeated samples that our subjects became confident of the extent of the multiplicity of their inner experience. Thus we are led to conclude that Brouwers’ “jumbled” thinking is the way bulimics view their thinking retrospectively, and that this phenomenon becomes refined into Multiple experience when viewed one moment at a time by our sampling technique.

Observers (Garner et al., 1985; Gordon, 1990) have noted that bulimics are emotionally turbulent, and our observations about Feelings support this report. Our bulimics experienced Feelings far more often than did the normal population, and all the bulimic subjects reported Multiple Feelings. Furthermore, our bulimic subjects appeared to be

somewhat confused about their Feelings: they often confused thinking and Feeling, sometimes thinking their Feelings or feeling their thoughts. It could be speculated that bulimics are not easily able to separate their emotions from their cognitions and thus, they find their emotions unduly distressing, which in turn cues them to binge.

Casper, Eckert, et al. (1980), among others, reported that bulimics do not overeat just to ease hunger sensations, but also to relieve distressing emotions (Elmore & de Castro, 1990), which generally agrees with Brouwers' (1988) observation that bulimics are often unable to express intense, painful emotions, and binge to numb themselves from feeling. Our subjects did not actually have a high frequency of thoughts about food, and it did seem to be the case, especially with Ashley, that the urge to purge was more associated with a "funnel" of thoughts and emotions than with hunger *per se*.

Bulimics are reported to hold a more negative view of themselves and others; to possess a more helpless, hopeless world view; and to have a generally bleaker outlook on life than nonbulimic individuals (Butterfield & Leclair, 1988), as well as to have a depressogenic style of cognitive processing (Dritschel, Williams, & Cooper, 1991). Our study supported this view: our subjects reported a considerably greater proportion of negative Feelings than of positive ones.

Many researchers have concluded that bulimic individuals tend to be depressed (e.g., Garfinkel et al., 1980). My impression was that our bulimics were not particularly depressed during the sampling period, but they did have a very high frequency of Unsymbolized Thinking, as do depressed subjects (see Chapter 7). Rather than depression, our bulimic subjects were more likely to report active emotions, such as anger, frustration, tension, stress and anxiety as Feelings in their inner experience.

Casper and her associates (1980) and Brouwers (1988) reported that bulimics are more aware of bodily functions and have more somatic complaints than does the general population. Indeed, our own bulimic subjects reported experiencing more Bodily Awareness than do other populations sampled using this method. Perhaps this was because they were more aware of their physical selves than they were of their psychological selves.

Many researchers (see, for example, Farley, 1986; Hsu & Sobkiewicz, 1991) have reported that bulimics have a body image distortion, and our research supports this to some extent. Our subjects reported several Incongruent Bodily Awarenesses, imaginal awarenesses of body and bodily processes that do not reflect the body's actual condition. The sample in Chapter 8 from our subject Christine, where she reported a "puffing up" bodily sensation, seems strikingly like that of Gordon's

(1990) patient who felt victimized by a "pumping mechanism" that made her "balloon up." However, the Incongruent Body Awareness phenomenon was far from widespread in our subjects.

It has often been observed that eating-disordered individuals (and their families) do not know how to explore and share their inner experience (Gordon, 1990). Our sampling confirmed that observation. Most of our subjects were initially unaware of and then had difficulty describing their multiple experiences, and they were often initially reluctant to describe Feelings because of the unclear distinction between thinking and feeling.

Thus it may be said that our own observations generally support those of researchers who used other methods (primarily clinical observation and retrospective reports). Our own research must be acknowledged to be preliminary, based as it is on a sample of only seven bulimics, who were not chosen randomly. However, the promise of this method for illuminating our understanding of bulimia seems great. For example, that all our subjects shared the characteristic of multiplicity of inner experience at high frequencies leaves little room for doubt that this is an important characteristic of many, if not all, bulimic individuals, and this feature alone provides an important insight into the bulimic's inner world. The persistence of multiple thoughts and feelings, as many as 10 or 20 at a time, all simultaneously present in awareness seems to be a major refinement of Brouwers' (1988) retrospective observation that bulimics experience "jumbled" thinking. The Multiplicity observation seems to be an explanation for this jumbled thinking, and gives some hints as to the direction therapy might take. More research is clearly needed.