

Forced Feeding:

I was contacted by an organisation who manage Residential Homes, and asked to assess a situation in one of their projects. The clients of this particular project have all experienced severe and debilitating accidents or operations as children, and are now adults in their twenties and thirties with a variety of learning difficulties and mental health issues. The situation in question was a client called Sara, who had refused food for 5 weeks. My remit was to find out why she was not eating, and to suggest a therapeutic approach. I met with the staff team off site for a 1-day workshop.

Sara had suffered a brain tumour at the age of six which, though successfully removed, had led to pituitary damage that subsequently paralysed her growth. She had already out-lived her life-prognosis, and it was generally assumed that a premature death was inevitable. Five weeks before I was contacted, Sara had returned home from a day centre with a nasty cold, and had taken herself to bed. She began occasionally scratching at her head, became extremely tired, and refused food. Her mother announced that Sara had a brain tumour again - a long expected possibility. It was decided that she was dying, and that she should be allowed to die in peace, without investigative medical intervention. Her GP agreed, both with the possible diagnosis and with the attitude.

The staff team began our day carrying the weight of this assumption, as though the woman's wake had begun before her death. It was a bedside vigil, the peacefulness of which being intruded upon by the team's strong feeling of guilt: *they weren't doing enough*, by which was meant that she would not let them feed or bathe her, to offer her what they could in order to facilitate a more peaceful decline into death.

Within thirty minutes I felt clouded and confused to the point whereby I had to surprise and irritate everybody by having an early break. I couldn't think at all clearly, and even my physical balance had become unstable. Walking around the courtyard in my own in the rain, I wondered if something in me had surfaced due to the fairly recent death of my father, but I didn't think so. My sense was that, principally at least, I was feeling something that had entered me rather than arisen within me. I didn't want to return to the group, but eventually had to, and as I did I had the spontaneous thought that this woman was not dying at all, but rather trying to come to life.

I had no idea what I meant, but I did at least have a perspective that I somehow seemed to trust. Remarkably, it had taken quite some time for me to take on the significance of the disparity between the assumption of Sara's imminent death from a brain tumour, and any actual established facts.

The question that I had to ask the group was quite obvious and utterly unavoidable, but my courage deserted me. I didn't want to challenge this assumption, and seriously considered spending the whole day simply working on the group's feelings around death. The extent of my resistance astounded the observer in me. Finally, though, I wrestled myself into a professional integrity: *"Without thinking about it, do you think that this woman is actually dying of a brain tumour?"*

There were several deep breaths and then a photographic change in the collective energy of the room as some profound pressure lifted. Everyone felt it, and several agreed readily

when I remarked that it felt to me that a spell had been lifted; and one after the other each member of the team announced that they actually *did not* believe that Sara was dying. Some were suddenly angry, some confused, some shocked, some apologetic, everyone at least a little bewildered as to how they had so colluded with Sara's mother's assertions, and embarrassed that they hadn't been more client-centred and insisted upon medical investigation before standing by her graveside.

In some conflict I wondered out loud if Sara's mum might have a secret or unconscious wish for the trauma of her daughters life to end, for the inevitable tragedy whose shadow had been ever-present to finally manifest so that she and her husband could experience the tormented relief of the unavoidable. There was barely a murmur of disapproval from the group, and we all sat for a moment in an agonised silence as we allowed the unsayable to sink in.

It had been an incredible collusion, an experienced staff team, an organisation, and a GP all bewitched by their empathy for something never said. For all anyone knew, she had come home with a bad cold, and then been fussed around for weeks by a staff team made tense and turgid by the onset of a death that they had no rational reason to assume; and I barely considered the thin possibility that this wasn't in some way connected to Sara's hunger-strike.

The gulf between her experience of having a cold, if that was all it was, and the response of the world around her must surely have been confusing, overwhelming, and frightening; and I found myself imagining that her refusal was toward the energetic attitude more than it was toward food. It was a rebellion, a protest. She was digging her heels in, I sensed, in an attempt to establish a sense of self amidst the pressure of conflicting external agendas. I had lost my self early in the day, as previously had everyone else closely connected to Sara's health; and for me this was the most significant feeling, the loss of self and the re-alignments needed to retrieve it. From then on, every piece of new information seemed to fit the picture of a young woman struggling with a lack of self-definition.

She has very sensitive skin, to the point whereby she can hate being touched. "Don't touch me...leave me alone" are frequent phrases, often used when she is alone, as though in dialogue with an unseen aggressor.

When she first came to the project, six years earlier, she would refer to herself always in the third person: "Sara did...she is...etc". Also: she would, for example, hit someone, and then insist quite sincerely that she had just been hit. She had been unable to distinguish *herself* from *others*. This has become considerably better over the years, and she now refers to herself in the first person, seeming to only get confused when she is upset or angry. She had clearly responded to the better boundaries offered by the staff team, though this of course raised questions as to what she was accustomed to experiencing, how is was that she had experienced her self within family.

Approaching the mother's character was difficult. I felt a similar, though far less strong, impulse to steer away from the subject. The group reflected this at first, describing her only as *very loving, very gentle and caring...would do anything for her daughter...etc*. I had to stand my ground, but the more I pushed, the more she was defended. The charge built up again, and it popped when one guy announced slightly angrily that "*she is fucking suffocating*." Everybody again agreed that she smothers the daughter with, at times, a near hysterical attention. We acted this out with each other, touching each others faces the

way she touched Sara's, and the feeling of invasion was considerable. No wonder Sara has sensitive skin.

I and many others felt ourselves cringe and contract with anxiety and anger as we imagined being this post-operation 6 year old being smothered and suffocated, neurotically groped and mishandled, the love swamped by its own invasiveness. How impossible it must have been to recover, to retrieve who she was from the shock of such an operation, to find enough time to be with herself when her *self* was being so invaded so much of the time.

It was interesting to hear that the whole family are scared of Sara, that it is only she who gets angry, who resists their intention with angry stubbornness and defiance to the point whereby they won't any longer take her home for fear of not being able to handle her. When I asked the group to get a sense of how Sara felt at home, beneath her difficult behaviour, most agreed that it was *anger*; and when I asked them to sense how she was feeling beneath her behaviour with them, they felt that it was most probably the same.

She had been forced-fed other people's agendas and definitions of her self. She had a cold, and everybody went mad, trying to feed her every ten minutes, in a panic whenever she refused; making her sit up in a chair instead of lying in bed because *it was good for her*; insisting on her having a bath because *it was good for her*; doing and doing and doing *at her* because they felt guilty about not doing enough for the dying child.

That they should feel guilty was actually terribly appropriate, but just not for the reasons that they were conscious of. Just like the mother, they had imbued their client with their own needs, their own panic, their own hidden agendas; and she had had enough. She was not going to eat everybody's shit anymore; she was not going to *eat* anymore, not until they let her be her self.

At times, this proclamation felt clear in me, and at others I felt embarrassed that I was thinking that way, but I stuck with the conflict and found myself believing, at least, that we were walking down the right track. Toward the end of the day, it belatedly struck me that the father had not been mentioned. On enquiry he was described as *very emotionally absent*. Aside from explaining his invisibility during the day, this further fit the picture: smothered to death by her mother had probably been more attractive than the alternative of nothing much at all from her father.

It is interesting here to note that the father's emotional absence, his *giving of nothing*, was being played out by the staff team *alongside* their identification with the mother: they were **both** smothering Sara with their own agenda **and** consumed with the belief that they were not doing enough. They were being both parents.

We decided the following course of action:

1. She would be offered food periodically during the day, but no attempt at all would be made to change her decision, whatever that might be.
2. She would not be encouraged to bath.
3. She would only be removed from bed to resist the onset of bed-sores, and then would be carried, put down, whatever, but only for short periods of time.

4. That, in general, it would be her expressed needs that would be catered for.
5. That the staff team would be afforded the space every day to express whatever difficult feelings they were having to contain while working with these guidelines. On behalf of one parent, they would have to wrestle against the guilt by not doing anywhere near so much, and on behalf of the other they would have to wrestle their guilt by doing a good deal more.

This approach was justified to the collective ego of the group by establishing that, if we were right in our thinking, then this approach might be therapeutic; and that, if we were wrong, if she really was dying, then surely we could find the strength to give her only what *she* wants in her few remaining weeks of life.

The next morning, Sara started eating again. Not only this, but she became affectionate toward the staff team in a way that she had never been before, apparently overwhelmed with gratitude. The mother was later described to me as being delighted with her daughter's progress, and calmer.

We all met up again ten days later for another whole day. Sara was still eating, and becoming well, and the day was spent this time with all the personal stuff that each staff member found coming up as a consequence of containing their impulses. A lot of identity crisis, separation anxieties, and grief. It was cathartic day, with a lot of sharing and a lot of support for each other; and I finished the day hoping that somehow this mutuality would transfer itself to the relationship between Sara's mother and father, seemingly so distant despite sharing such a tragic experience.

Postscript:

Some six months later the service contacted me again, this time to report that Sara had refused food for 10 days, and that they had tried to adjust their work patterns around her in line with our previous agreement, but to no avail.

The manager informed me that her fast had begun the day following an adjustment to her medication; an adjustment considered to be potentially beneficially to her epilepsy. We postulated that Sara may be protesting again about the sense of invasion, though on this occasion it was clearly more concrete in that, undoubtedly, she would be feeling different internally as a direct result of other people's agendas.

I was unable to visit the service for a little while, and so considered what advice I might send by mail. The problem was difficult, as to simply re-adjust her medication to how it was would be again invasive of Sara; and, besides which, the original adjustment may well have beneficial consequences. I spent half the night pondering, wondering what complex and perhaps tricky piece of therapeutic intervention we could muster.

Eventually, I resigned myself to simply suggesting that Sara be apologised to; that it be acknowledged that the staff team had not consulted her properly, that they could understand her feeling angry towards them, that they were aware that she might be feeling poisoned, and that they were sorry.

A couple of days later I had a call from the area manager. Apparently, the manager had decided to simply read my letter to Sara, and to express her apology. Sara reportedly sat up, announced that she felt much better now, and asked for some food.

Several years later, Sara died, probably of a brain tumour.