

# **Body Dysmorphic disorder: A psychoanalytic perspective**

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## **Abstract**

With a close examination of the formation of the body image in psychoanalytic theory, I hope to gain insight into how the image in the mirror comes to be distorted in body dysmorphic disorder and to propose some suggestions on what may have caused this distortion. With this aim, I will be exploring unconscious processes as the reason for distortion; Freud's symptoms and Lacan's Sinthome; the Mirror stage as formative of body image and the role of the Other in body image formation.

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## Introduction

Body dysmorphic disorder (BDD) is defined by the *DSM-IV-TR* as a condition marked by excessive preoccupation with an imaginary or minor defect in a facial feature or localized part of the body. The diagnostic criteria specify that the condition must be sufficiently severe to cause a decline in the patient's social, occupational, or educational functioning.

Sufferers of BDD commonly spend many hours a day gazing at them selves in the mirror, perceiving a negatively distorted image of their body. The cultural prevalence and accessibility of cosmetic surgery has meant that the condition is becoming increasingly visible in the number of people who seek out repeated surgeries and are inevitably worse off afterwards.

While BDD is commonly diagnosed and discussed within the school of psychology, there is yet to be any in-depth analysis of the condition which goes further than a description of symptoms, traits and statistical research on common childhood factors found in sufferers.

Thus, with the use of psychoanalytic theory, it is my aim to attempt to shed some light on the condition in terms how such a manifestation is possible; by looking closely at how the image of the body is arrived at, and what causes the condition; by looking for any possibilities for disturbance in the formation of body image. With this aim in mind, I will refer to the body as a psychoanalytic concept, symptom formation, psychosis, perversion, the mirror stage and the role of the Other in body image formation.

As a starting point, we may begin with what psychoanalysis in particular can bring to our understanding of the condition- namely knowledge of the unconscious. Without the concept of the unconscious, no sense can be made of the condition; we have no way of understanding how the image in the mirror can be perceived so radically different to the reality of the reflection. However psychoanalysis provides access to unconscious processes, which we know to be distorting in nature, thus we may assume it is to these processes that we owe this possibility for distortion.

### **The Unconscious**

Unconscious processes are for Freud, condensation and displacement and for Lacan, who relates them to language they are Metaphor and Metonymy.

In Freud's *Interpretation of dreams* (1900) he analysed these processes of condensation and displacement, describing their role as one of distortion. These processes allow unconscious wish fulfilments to be expressed in dreams by distorting the dream material to the extent that they will be allowed to pass by the censor through to consciousness without disturbing the sleeper.

Lacan discusses the processes of metaphor and metonymy in his paper in *Ecrits* entitled; *The Agency of the Letter in the Unconscious or Reason since Freud* (1977). According to Lacan the unconscious is structured like a language and constituted from repressed signifiers, and for this reason not capable of conscious expression.

Bailly (2009), in *Lacan: A Beginner's Guide*, describes De Saussure's (1966) theory that language is built from signs which unite a sound image (signifier) with an idea (signified). These elements combine in a relationship called signification.

Affects in the psyche attach themselves to signifiers which form strong links between each other and weaker ones with signifieds, this primacy of signifier over signified is illustrated as;

S- Signifier

s-signified

The bar between the two conveys the intrinsic resistance of language to meaning. Meaning is generated by an association of signifiers in a signifying chain. This meaning does not occur spontaneously but involves the act of crossing the bar – an act which is quintessentially human.

The autonomy of the signifier in relation to the signified allows for its mobility and flexibility in forming different substitutions (metaphor) and recombination's (metonymy). (The unconscious of the psychotic does not have these properties).

According to Bailly (2009) the newborn has no unconscious; it is only when the baby begins to formulate its thoughts in language that its creation is possible. The unconscious is formed when a thought occurs to the child that is too painful to be maintained in consciousness (in keeping with the pleasure principal) and their psychical apparatus represses it.

The signifier is repressed in a particular relation to other signifiers (in the chain), not the signifier itself. The unconscious is not in the subjects control or even view, but acts in spite of the ego, constantly throwing out repressed signifiers. Repression buries the signifier but cannot bury the affect, which remains free in the psyche, seeking out other signifiers to attach to. (Bailly, 2009)

Condensation/ metaphor involves the creation of a new idea by joining up a number of other ones, (connection of signifiers in different signifying chains) while displacement/ metonymy detaches an affect from its idea and links it to another one. (Connection of signifiers in the same signifying chain) Lacan (1957-1958) suggests that the function of the metaphoric process is the creation of new meaning while the metonymic function is to distort.

We may then view the distorted body image of sufferers of BDD to represent a symptom of psychological conflict which has been repressed, distorted and expressed through the medium of the body. (Or the image of the body)

Freud's first entry into the realm of psychoanalysis was through his work on hysteria (1893-95) described as psychological conflicts converted into bodily symptoms. Hysterics had the particular ability to repress the harmful idea so that they can not remember it and then to convert the painful affect into a bodily or somatic symptom, of which there is no biological cause.

## **Body Dysmorphia as a Neurotic Symptom**

Freud (1917) elaborated on this concept of symptom formation in his later work on “*The paths to the formation of symptoms*” which dealt with symptoms in general, as formations of the unconscious.

Freud describes neurotic symptoms as “acts detrimental or at least useless to the subjects’ life and often complained of by him as unwelcome and bringing unpleasure or suffering to him...and usually claim a large quantity of the subjects’ mental energy”. (Freud, 1917, p. 358)

In keeping with this, sufferers of BDD report severe anxiety and fear, which often renders them homebound or in some cases even leads to suicide. (Phillips, 2005)

Neurotic symptoms are the result of “a conflict which occurs over a new way of satisfying the libido” (Freud, 1917, p. 349). This conflict comes about because of frustration, the libido is deprived of satisfaction by the ego and the ego-ideal resulting in the formation of a symptom which acts as a compromise between the two agencies.

The sexual instincts, from the beginning to the end of their development strive toward the attainment of pleasure, while the ego instincts begin with the same aim but are by necessity, (related to the perceptual system) influenced by experience and take reality into account. The ego thus becomes governed by the reality principal while the sexual instincts remain governed by the pleasure principal. Conflicting aims converge in the symptom, reconciled by the compromise that the symptom provides in its unconscious wish fulfilment and conscious suffering. (Freud, 1917)

The symptom is formed when the libido, having been repudiated by the super-ego in its object-cathexis, is forced to turn away from reality and consciousness and traverse the path of regression, seeking to find satisfaction in one of the earlier organisations (oral, anal, phallic) which it has outgrown or from an object which it had abandoned in the past. The libido is enticed back along the path of regression by the various points of fixation left behind in its development. (Freud, 1917)

Libidinal energy is transferred onto ideas in the unconscious which are subject to distortion by condensation and displacement, thus giving symptoms their disguised form. Hence, Lacan clarifies that the **cause** of the symptom, which is unsatisfied libido, is in the realm of the **real**- the real of the drives and the **form** of the symptom is found in the **symbolic**- owing its form to the laws of signification, metaphor and metonymy (Lacan, 1957-58).

The symptom thus materialises as a many times distorted, product of the unconscious libidinal wish fulfilment serving at the same time to produce sensations of unpleasure in consciousness demanded by the super-ego.

A symptom, like a dream, represents a wish as fulfilled, “a satisfaction in the infantile manner, and aided by the process of extreme condensation, this satisfaction can be compressed into a single sensation and by means of extreme displacement, can be restricted to one small detail of the entire libidinal complex” (Freud, 1917, p.360)

In this view, we may now take the distorted body image which occurs in sufferers of BDD not only as a symbolic representation of a particular psychological conflict but also as a phantasy- a phantasy which represents the fulfilment of a wish.

## **Body dysmorphia as psychotic manifestation**

In later years, Lacan (1975) added to this notion of the symptom and went on to make the important distinction between the neurotic symptom and the psychotic *sinthome*. We must therefore assume that there is a possibility that BDD may also represent a psychotic relation to the body in the form of a *sinthome*.

In her paper entitled, '*Symptom or Sinthome?*' Caroline Vollans (2004) discusses the function of the *sinthome* for the psychotic, in which it serves to hold together the 3 rings of the borromean knot (real, symbolic & imaginary).

The neurotic symptom, as discussed by Lacan (1957) is taken as a pointer towards repressed ideas, the symptom functions as a metaphor in which flesh or function is taken as its signifying element, it is "the word written in the body" (Lacan, 1957). The *sinthome* however is viewed by Lacan as a pure *jouissance* that cannot be interpreted; it does not provide a way into deciphering meaning because it has not been symbolised.

This distinction between a neurotic symptom and a psychotic *sinthome* is an important one as not only does it affect the way the symptom is interpreted, but will also direct treatment in the clinic. According to Caroline Vollance (2004) the *sinthome* in the majority of cases, is best left alone as it would be detrimental to the psychotic to attempt to unravel or remove it as you would a neurotic's symptom.

Towards determining whether or not BDD might be a *sinthome*, we must first gain an understanding of the psychotic structure.

## **The difference between Neurosis & Psychosis**

In the clinic, the analyst must make a decision as to whether they are dealing with a neurotic or psychotic subject as this, as mentioned will direct treatment. To make this decision the analyst may look to the subjects' relation to language for clues.

Fundamentally, structure is based on the subjects' relation to lack, represented by castration. The psychotic does not register castration but forecloses it, while the neurotic represses it.

In his paper in *The Letter*, Barry O'Donnell (2009) refers to the difference between neurosis and psychosis as concerning whether "a signifier for lack has been installed in the subject or [...] has been rejected. Either this signifier has been registered, even if the subject spends their life protesting against it in hysteria or deadening it in obsessional neurosis; or the signifier is not there, and the subject runs the risk of bumping into it, [...] in the incessant signifying of the world". (Barry O'Donnell, 2009, p.49)

This lack of signification in the psychotic causes signifiers to lose their usual flexibility of metaphorical substitution and metonymical displacement. Instead, signifiers have a concrete and real quality, which is evident in the psychotic's relation to language. (Bailey, 2009)

Lacan (1955-56) discusses the psychoses in his third seminar. In foreclosure the paternal metaphor is not integrated into the symbolic order of the subject, its non integration leads to a hole in the symbolic which results in an inability to assimilate or metaphorise the paternal function, so that rather than a return of the repressed, the psychotic may encounter a return of the object in the real. The unconscious in the psychotic is present but does not function.

The hole in the symbolic order of the psychotic is covered up by the imaginary, which gives psychosis its form in terms psychotic phenomena such as delusions, auditory or visual hallucinations, intrusions of the body and bodily symptoms.

As mentioned, language disturbances will also be evident in the psychotic subject, where there is a constant slippage of signifier over signified, resulting in a constant sliding of meaning. Language proliferates and invades the subject and becomes a source of persecution. These disturbances indicate the lack of quilting points which provide fixed points of identification and meaning for the neurotic. (Lacan, 1955-56)

### **The role of the father**

The paternal metaphor has a role in aiding the child in his entry into the symbolic which safe guards him from psychosis. In his seminar on *The Formations of the Unconscious* Lacan, (1957-58) discussed *The Paternal Metaphor* in which he presents a table which shows the three acts of prohibition which need to be carried out for entry into the symbolic. (Please refer to Appendix 1 for this table.)

The three levels of prohibition in the table may be explained as follows; The mother or father may prohibit at the level of the real impulse in the prohibition of masturbation and either of them may issue the imaginary threat of **castration** as punishment. The agent of castration is someone real, however the object is imaginary (nothing is really cut off).

The father in particular is needed in the second stage, in his role as prohibitor of the mother. As an object the Mother is his, the father's, not the child's. It is on this plane

that rivalry is established, rivalry with the father which engenders aggression because the father **frustrates** the child with respect to the mother.

Here, the father intervenes by virtue of his rights and not as a real person, even if he is not there, but perhaps on the telephone he can still exercise his rights over the mother. It is the father as symbolic who intervenes in a **frustration**, an imaginary act, concerning an object that is real, who is the mother, to the extent that the child needs her.

The third stage, **privation**, which intervenes in the articulation of the Oedipus complex, involves the father in so far as he makes himself preferred to the mother. It is in so far as the father becomes preferable to the mother, that the final identification can be established. It is the extent to which the ideal identification takes place that the father becomes the ego-ideal. (Lacan, 1957-58)

Thus, the father in the Oedipus complex is not a real object, even though he must intervene as a real object to embody castration. The father is precisely a metaphor. A metaphor is a signifier that comes in place of another signifier. The function of the father in the Oedipus complex is to be a signifier substituted for the first signifier introduced into symbolisation, the maternal signifier. It is to the degree that the name of the father comes in place of the desire of the mother, that he fulfils his role. (Lacan, 1957-58)

Lacan presented the Schema R to represent this substitution of the mother's desire represented by the phallus for the name of the father, which captures the child's move from imaginary to symbolic identification. (Please refer to appendix 2 for Schema R)

## **The Oedipus complex**

In the Oedipus complex, the subject must choose to accept or not accept castration, to the extent that he does not accept, he is led into being the phallus for the mother. (Remaining in the imaginary identification) In the question of having or not having the phallus, we must take the father into account. The father must be constituted at this point as a symbol outside the subject if he is to intervene at all. It is as a real person vested with this symbol that he can intervene effectively. (Lacan, 1957-58)

The next stage concerns the relationship of the mother to the word of the father, in so far as what he says matters to her. In this relationship, the mother grounds the father as mediator of something that is beyond her own law, and her whims, which is the law as such. Thus it is the father, as name of the father, who is so closely bound up with the law, that is either accepted or not accepted by the child as the one who deprives or does not deprive the mother of the object of her desire. (Lacan, 1957-58)

In the first moment of the Oedipus complex, where the child identifies himself with the phallus as the desire of the mother, the paternal metaphor acts of its self, in so far as already in the world the primacy of the phallus is established by the existence of the symbol, of discourse and of the law.

In the second moment, the father intervenes on the imaginary plane, as the one who deprives the mother. Lacan calls this a nodal point, where the subject detaches himself from the phallus and attaches himself to the first appearance of the law.

In the third moment, the father must present himself as the bearer of the 'law' and it is on this that there depends the possession or non-possession of the phallus. It is to the extent that the second stage has been traversed that the father, as supporter of law can

prove that he has the phallus. He must intervene in the third moment as the one who has the phallus and not the one who is it, and in doing this he reinstates the agency of the phallus as the object desired by the mother and no longer just as an object of which the father can deprive her.

To the extent that the father can give the mother what she desires, he becomes the object of her desire, and in this way he becomes the one who the child can identify himself with to form the ego-ideal. The child thus finds his way out of the Oedipus complex with as Freud (1924) said "...in his pocket all the title deeds for him to make use of in the future."

Here, Lacan (1957-58) notes, the paternal metaphor plays a part which is really the one we could expect from a metaphor; it is to end up with the establishment of something which is of the order of the signifier which is there in reserve; its signification will develop later.

Thus, it is in so far as the father is in the signifier, in the mother, in that he places himself above the signifying chain, in a metaphorical position, it is to the degree that the mother makes of the father, the one who sanctions by his presence, the existence of the locus of the law, that the child can make his identification which spells the dissolution of the Oedipus complex. (Lacan, 1957-58)

This over-laying of imaginary identification with symbolic identification also needs to happen for the subject in relation to their body. The understanding of the body by humans is mediated by the symbolic in the form of language and its unity conceptualised by the realm of the imaginary in an image, however there is a part of the body which escapes our understanding or conceptualisation, this is the real of the body.

This un-signified body may provide us with another insight into the possible cause of BDD.

### **The real of the body at the limit of signification**

This portion of the body, which supersedes the possibility for signification, is described by Bryson (1996) as the perfect seat for trauma.

Psychoanalysis has found that traumatic experience is predominantly (though not exclusively) found in early childhood. Before the infant is adequately immersed in language (the symbolic) he will have no way of understanding, naming or attempting to control his experiences and thus lays vulnerable and defenceless in the face of his experiences. In the clinic, part of the treatment, which has a therapeutic effect, is to attempt to bring into the symbolic, with the use of language, the traumatic events which escaped symbolisation at the time. Thus we can see how the body, in the same way, if not adequately symbolised will be experienced as traumatic by the subject.

Bryson (1996) clarifies that “The body is exactly the place where something falls out of the signifying order—or cannot get inside it. At once residue and resistance, it becomes that which cannot be symbolised: the site, in fact, of the Real.” (p.220)

Bryson (1996) describes the real of the body as everything which cannot be turned into representation and it is for this reason he asserts, that the body is in fact never directly recognisable. “If, in fact, we were to picture this body-outside-discourse, it would never resemble a body at all”. (Bryson, 1996, p. 220)

The signified body in language can only be described by means of comparisons and analogies, however in these there will always be something of the experience of the

body which escapes articulation, in this way, the body is at the limit of signification and thus falls into what Lacan describes as the 'real'.

Bowie (1991) describes Lacan's Real: "There exists a world which falls entirely and irretrievably outside the signifying dimension. It is in this domain, of nausea, incommensurability, and seeming ontological formlessness or absolute and ungraspable ontological primacy that we find something like an absolute rival to representation this domain is one which simply cannot be grasped by the signifying apparatus." (p. 94).

Given this propensity for the body to fall into the real, perhaps BDD may be a manifestation of a failure to adequately symbolise bodily experiences. Astrid Gessert, (2004), in her paper on hypochondria, discusses the importance of language as mediation between the subject and the other in the mirror stage (as discussed below) and stresses that without this intervention of the symbolic order, there is a danger of the merging into one of the image of the other and of the self. The merge will leave the child defenceless against the mother's unregulated desire. (Discussed in *Objet a* chapter).

Insufficient intervention by representatives of the symbolic order that support the separation of the child and the other and provide a net of signifiers with which to construct the otherwise inaccessible body will mean that the body is not sufficiently brought into the symbolic realm. The consequent illness that emerges out of this may be seen as an attempt to manage the incomprehensible experiences that emanate from the body (the real of the body) which is foreign and inaccessible without adequate signification. (Gessert, 2004)

In the same way that the hypochondriac uses their imagined or exaggerated illness as a way to develop signifiers which can be used to organise and understand the body, so

too might the body dysmorphic use their fixation on imagined flaws as an attempt to conceptualise their experience of their body and their obsessive staring in the mirror for hours, as an attempt to hold the body together and defend against the danger of fragmentation which is ever present.

Research carried out by David Krueger (1988) outlined a number of cases which established a relationship between body image distortion and early sexual overstimulation. Perhaps this could also be explained from the point of view that the child was too young (not adequately languaged) to be able to symbolise the experience.

Hence we may see BDD, like the phobia in little Hans or the delusion in the case of Schreber, as an attempt at cure. This may also account for the fact that the condition of many sufferers of BDD worsens as a result of cosmetic surgery, it takes away their attempt to symbolise their bodily experience. (Friedman, 1951)

The portion of the body which is psychically represented is derived from an imaginary identification in the mirror stage which Lacan described as formative of the 'I' and is thus of particular relevance for BDD.

## **The Mirror stage as Formative of the Body Image**

For Freud (1905) and Lacan (1953) the body is a constructed reality, acquired not born. As humans, we have no direct access to the biological body, just as Lacan (1938) describes the family as “a psychical object and occurrence”, so too is the body. We can only access it as a concept, through the medium of language. In this way the real body becomes overlaid with psychical, social and cultural significance.

It is the psychical body that plays a role in the unconscious and can act as a place to deposit conflicts which are too painful to remain in the psyche and instead take the form of bodily symptoms. “The body is often the narrator of feelings they cannot bear to hold in conscious thought, much less express in words.” (Gessert, 2004, p. 12)

We may perhaps view BDD as a particular form of psychical conflict which has been transposed onto the image of the body.

According to Lacan the body is initially experienced only in a fragmented way, the infant does not conceptualise it as a whole and further more does not perceive it a separate from the mother. This fragmentation is only unified by the image derived in the mirror stage. “The subject is no one. It is decomposed, in pieces. And it is jammed, sucked in by the image, the deceiving and realised image, of the other, or equally by its own specular image. That is where it finds its unity.” (Lacan, 1977, p. 54). “This specular image of the body becomes the basis for the perception of any unity in objects—but this unity comes from outside, a deceptive and alienated unity, so that true unity constantly eludes him” (Lacan, 1977, p. 54)

Lacan first introduced the mirror stage in 1936. The mirror stage marks the first time the infant perceives himself as a separate and whole entity. From birth up to about 6-18 months, the infant will only perceive itself in a fragmented way and not as separate and distinct from the mother or its environment. When the child encounters an image in the mirror it will come to the realisation that the image is itself, with this recognition comes an intense feeling of jubilation which is usually shared with the adult present. This Jubilation is however short lived and is replaced by anxiety related to the perceived separation from the mother, while still being fully dependent on her.

The infant's discovery is an intellectual act which involves translating an image into the idea of 'me'. In the identification of itself in the mirror, the infant is identifying with something other, something outside itself, thus this identification is also splitting as it involves the separating from the self into an object. In this way the subject is alienated from itself. This alienation is a necessary prerequisite for entry into the symbolic realm and for the formation of the ego as Laplanche and Pontalis summarise, "This primordial experience is basic to the imaginary nature of the ego, which is constituted right from the start as an "ideal ego" and as the "root of the secondary identifications." (1973, p. 251)

Prior to the mirror stage, the child was already able to recognise others in the mirror; the child thus reaches the mirror stage with the prior knowledge that the images in the mirror are not real. The child thus experiences its first sense of wholeness through this unreality, and at the same time its identity is split into 'what I am' and 'what others and I see of me' –the image is one's self and at the same time not oneself. Almost simultaneously with this splitting there is a merging and confusion of subject and object-an adoption by the subject of its objectified image. (Bailly, 2009)

After the primary identification of the mirror stage the elaboration of the ego comes with the gradual acquisition of language. Gradually the 'me' of the mirror image becomes the place where attributes and characteristics from the other's discourse are deposited. Before the acquisition of the subjective 'I' the infant will refer to himself as 'me' or even more objectively, by their name, this highlights their obliviousness to the subject, which in the act of self-recognition, has been over-laid by the image. (Bailly, 2009)

Spitz (1965) identifies the mirror stage, occurring at 1 ½ years as being synonymous with the acquisition of the semantic "no." Spitz defined the capacity for and function of "no" as evidence of the emerging distinctness of the "I" and "not-I," as the movement toward autonomy and self-awareness. He goes further to say that the "No" developmentally states, "I am not an extension of you and your body or your desire; this is where you end and I begin—my body is mine and mine alone." (p.170)

We may consider this assertion to be slightly premature given that at 1 ½, prior to the Oedipus complex, the desire of the Other will still feature heavily in child's desire.

The understanding of the body by humans is thus mediated by the symbolic in the form of language and its unity conceptualised by the realm of the imaginary in an image. This imaginary identification and symbolic mediation do not however occur as a result of the subjects' efforts alone; the other and the Other must also play their role.

## **The Role of the other and the Other in the Development of Body-Image**

The formation of the ego is determined to a large extent by the other. In Lacan's (1977) account of the mirror stage he stresses the role of the other (the mother) who is with the child when he makes his discovery and aids him in his identification with the image.

Bailly (2009) asserts that since birth, the mirror stage has been anticipated within the relationship between the baby and the mother; the gaze of the mother is in this way the baby's first mirror. Prior to the mirror stage the child knows the mother see's something when she looks at it; it knows of itself as the recipient of smiling affection or of angry irritability, thus the subject is present prior to the mirror stage and is almost entirely based on the gaze of the mother. Her gaze thus lays the foundation for how the child will perceive or react to his own reflection.

In this way the image of the body is influenced and modelled after the other and the other's desire according to Moncayo (2006). Thus, the specular image in the mirror is not only representative of the child's first 'I' but also represents an identification with the mothers object of desire, the imaginary phallus. (As laid out in the scheme R, appendix 2)

Lacan (1988) illustrates the fundamental relation of the subject to the Other in the mirror stage in his adaption of physicist Henry Bouasse's (1947) diagram.

(Please refer to Appendix 3 for Lacan's Optical Schema) The diagram shows how the flowers can appear to be in the vase when looked at from a certain angle using a concave mirror.

Lacan, (1988) illustrates that the image seen by the subject depends on their position in relation to the mirror and on the inclination of the mirror. He proposes that “the inclination of the plain mirror (a) is governed by the voice of the Other, [by way of] symbolic relation.” (P.140)

He goes on to clarify further, “it is speech, the symbolic relation, which determines the greater or lesser degree of perfection, of completeness, of approximation of the imaginary [image]. (Lacan, 1988, p. 141)

From this we see that it is specifically in the relation of the subject to the Other that we can situate the cause of BDD.

As Bailly (2009) points out, a failure of the mother (or caregiver) to be the child’s first mirror can have devastating consequences. Studies on institutionalised babies carried out in the mid twentieth century showed that even if adequately cared for, they failed to thrive, becoming listless, depressed and severely underdeveloped mentally. This may be accounted for by the lack of a clear, loving and steady gaze from the mother and in its place, the constant shifting and changing gaze of indifferent carers.

In some cases, even when the mother is present, she may fail in her role as the child’s first mirror. She may see and treat the child as a fragment of her self or she may fail to identify with the child. A mother who is severely depressed or mentally ill may provide the child with a distorting mirror or worse, no mirror on which to build the ego, leaving the child in a prolonged state of fragmentation.

Lacan (1955) proposes that the subject comes into being by means of its relationship to otherness. Lacan makes the distinction between the small other and the big Other to correlate with the imaginary and symbolic realm respectively. The small other relates to the imaginary identification in the mirror stage and represents the reflection and the projection of the ego. In the mirror stage, the child regards himself and others as small others and treats them as objects of projection and identification. However, at some point the child will encounter in the gaze of the mother, something beyond him (the child) and beyond her (the mother), this is the big Other representative of language and the law. (Bailly, 2009)

The Other is illustrative of the fact that the child and the parents are part of a symbolic order which predates their birth and is exterior to them. According to Lacan, the Subject is constituted from the Other and is created even before the child is born, in the discourse of the parents. In the child's early life the Other is embodied by the mother, from whom the child acquires language and the law. For Lacan, this primary identification involves the child assuming the underlying structure of the mother which he clarifies in his statement; "primary identification[...]occurs on the basis of the mother's omnipotence [and] makes the satisfaction of needs dependent upon the signifying apparatus, [which] also fragments, filters, and models those needs in the defiles of the signifiers structure." (Bailly, 2009, p. 68)

In the process of alienation the subject is hidden behind the ego, revealed only by the Other as language. The subject is largely unconscious, so that when it speaks, it barely knows what it is saying. The Other is not only manifest in language, but in the law, social rules, taboo's, expectations and even time. (Bailly, 2009)

Access to the Other is largely dependent on the role of the symbolic father in imposing the law and castrating the mother and child. (Discussed in role of the father)

Winnicott (1953) in his study of the first “not-me” possession, also stresses the role of the mother in the development of the body image, “There is no possibility whatever for an infant to proceed from the pleasure-principle to the reality principle or towards and beyond primary identification [...] unless there is a good enough mother. The good enough mother [...] is one who makes active adaptations to the infant's needs, an active adaptation that gradually lessens, according to the infant's growing ability to account for failure of adaptation and to tolerate the results of frustration... The mother, at the beginning, by almost 100 % adaptation affords the infant the opportunity for the illusion that her breast is part of the infant. The mother's eventual task is gradually to disillusion the infant, but she has no hope of success unless at first she has been able to give sufficient opportunity for illusion” (p. 94)

Lacan's *Objet a* also derives from the mirror stage and plays an important role in the formation of the subject in terms of desire. The desire of the other has a formative influence over the image in the mirror.

### **The Desire of the Other in the *Objet petit a***

The movement from imaginary to symbolic identification discussed above is synonymous with the move from the level of need and demand to their remainder which Lacan (1966) calls desire. It is a result of this desire that the *objet a* comes into being.

As discussed by Lacan (1966), the *objet a* represents the object as cause of desire, it mobilises desire and is constitutive of the neurotic divided subject. (The *objet a* ‘falls out’ or is lost in the act of castration)

The *Objet a* serves to setup the subject’s relation to lack and desire, his love objects and his relation to the Other. The *objet a* forms the fundamental phantasy, which illustrates the subject’s relation to the object cause of desire and how the subject orients himself in relation to this desire or lack in the Other. (Lacan, 1966)

Both the hysteric and obsessional fundamental phantasy is written as  $S \leftrightarrow a$ . The hysteric’s position in terms of lack in the Other is to deny it. The hysteric attempts to take up the position of *objet a* that the Other is missing by aiming to discover what it is the Other is lacking and to embody this. The obsessional on the other hand, attempts to deny the existence of the Other while attempting to possess the *objet a* himself. For the child in the mirror the fundamental phantasy is still at a formative stage and is largely dependent on the desire of the other. (Lacan, 1966)

Moncayo, (2006) notes that prior to the specular image in the mirror, the child has a particular relationship to the mother’s breast as a partial object which represents the mother. In this way the breast represents the child’s first *objet a*, the first object cause of desire. In the process of weaning the breast becomes the lost object for the child and is taken into the body of the child in the form of a void, which Lacan calls the “index of a void” (Lacan, 1966, p. 291). Due to the lost object being represented by a void, it can never be obtained as a concrete object and thus remains the object cause of desire.

Prior to the child developing a desire for the maternal object, the bodily ego of the child is itself an *objet a* for the mother. According to Lacan (1966) there are a number of

part-objects which can act the *objet a* for the child, including; the breast, the faeces, the phallus, the voice and the gaze, because they all have the quality both of being primary causes of desire and also of being lost.

Moncayo, (2006) describes the function of the *objet a* as the core of the specular image which serves to libidinise, energise and animate the body image with the jouissance of the body and the part-object. In order for the child to discover the specular image, the mother has to give up her part-object and accept lack in order for the child to enjoy the object in the image. (Similar to Winnicott's point above) The relative failure of the mother to part with the object will affect the child's ability to stabilise the ambivalence (as counter part) towards the specular image.

Moncayo (2006) notes, that when the mother fails to let go of the *objet a*, she prevents entry into the symbolic realm. The child remains in the position of the object of the mother's desire and cannot gain access to a unified body image. If the mother has no lack (the father fails to castrate her) or refuses to accept that she's is lacking, then the child cannot have access to its own image as separate from the mother. The child's body thus remains fragmented and traumatising.

If a unified image of the body is however established, then the image will reflect the alternation of the presence and absence of the *objet a*, it is the absence of the *objet a* in the image that prevents the child from being totally captivated and fixated to the image. The perception of a lack in the image allows for its eventual symbolisation.

If the image is not symbolised, the subject will fluctuate between being completely alienated within a narcissistic identification with the image as the object of

the mother's desire, or will have only partial access to an otherwise hated body image.(Moncayo, 2006)

Given that the like and dislike for the image is not symbolically articulated, the image is either totally good or totally bad, the condition according to Moncayo, (2006) reflects the disavowal (discussed below) rather than foreclosure of the name of the father, because if the name of the father was foreclosed then the specular image would not exist at all. Given that the mother alternates between avowing and disavowing the name of the father, the subject repeats the same alternation towards the specular image. Given that the mother's lack is disavowed rather than symbolised, the child is unable to symbolise the lack in the specular image.

Lacan (1954) considered narcissism as intrinsically tied to aggressivity, whereby aggression is directed toward the imaginary ego of the specular image for representing an alienating form of identification in the form of a counterpart. This image of me is not me, it is other, which he held as the basis for self-hatred.

Since the specular bodily image is derived from the *objet a* of the mother's desire, the specular image is hated for not being the *objet a*. If not sublimated this form of aggressivity often leads to masochistic phantasies of bodily dismemberment and mutilation (Moncayo, 2006).

Suffers of BDD, often perform 'surgery' on the hated body part. From this we may postulate that BDD may be a manifestation of a hated body image which arises as a result of the mother's refusal to be castrated. Because she does not give up the partial object to the image, the image cannot be loved by the child, it is immediately perceived as lacking, and for this reason hated. The object must be first given in the imaginary

realm, in order to be then lost in castration and later symbolically integrated in the form of a void so as to motivate or mobilise desire in the subject.

Perhaps the sufferer of BDD has become fixated on the lack in the specular image and constantly tries to fill the void with a new nose, collagen implants, a thinner body etc but as a lost object it can never be restored, after numerous surgeries the lack remains.

In-terms of the structure of the subject, there is one other option which we have get to consider, that is perversion, which is very closely tied to the *objet a*.

### **BDD as a perversion**

According to Verhaeghe (2001), the pervert maintains a particular relation to the desire of the Mother. In neurotics, the paternal metaphor provides an escape for the child from their imaginary identification with the mother's desire; however, if the child denies castration as a possibility, has registered it but still denies it, then he will have no motivation to move away from the omnipotent mother. He will continue to attempt to embody the imaginary phallus for her. (See appendix 2 for Schema R)

Verhaeghe (2001) presents the reason for this disavowal of castration to be related to infantile sexual abuse, in that it is for the Other to enforce the law and to enforce castration, which is impossible if the Other does not embody the law for the child.

The subject, he asserts, "comes into being as a result of the dialectical relationship between the subject and the Other, through the processes of alienation and separation" (Verhaeghe, 2001, p. 78).

These processes are not inherent however, and rely heavily on the Other, the Other must obey the primordial law prohibiting incest and must not take their child as an

object for their enjoyment. In the case of incest and sexual abuse, the Other breaks this Oedipal law which has devastating consequences for the child.

The child who does not castrate or separate from the Other will have no mobilising desire, no subjective desire and as such will remain a passive object, consumed by the desire of the Other. (there is no loss of the *objet a* if there is no separation).

The pervert denies the lack in the Other by identifying himself with the lacking object, that is the pervert identifies himself with the imaginary phallus of the mother. “The aim of the pervert is to reinstall the original situation of a *jouissance* without limit, by putting himself in the position of the instrument of enjoyment of the Other” (Verhaeghe, 2001, p. 89)

The pervert recognises symbolic castration as befalling others, not him, he sees himself as an exception, - in a special position- the law does not apply to him. However, even if the parent takes the child as sexual object, the child will not perceive themselves has fulfilling their desired position as imaginary phallus. The perverts aim is really to restore the illusion of wholeness and unity with the mother, thus when he perceives that she can leave, that she can desire others beyond him, he will experience unbearable anxiety, with no way to escape.

The pervert’s only source of defence against the Other’s desire is to try to take control in some way, to work hard to embody the Other’s desire. (Verhaeghe, 2001)

Perhaps BDD is a perverse entrapment of the subject in the mirror, having become fixated on the image, which represents the Other’s desire. Ever fearful that he will be given up as imaginary phallus, the body dysmorphic constantly looks for ways to

perfect the image, to ensure their place as the mother's desire. However, having registered castration, they cannot escape the lack they know to be present, or the fear that it will befall them.

### **The other and the Other in the ego, the ideal-ego, the ego-ideal and the Super-ego**

#### The Ego & the ideal-ego

According to Freud (1923) the nucleus of the ego is formed when the child is forced to give up the primary love object (the mother) and undergoes a process in which the object is set up inside the ego by way of identification. Thus, the character of the ego is constituted from abandoned object-cathexes.

Evans, (2006) discusses how Lacan develops this concept further, holding that the ego, as mentioned, is constituted in the mirror phase where the child in his identification with the specular image is split between subject and ego.

The ideal-ego is an imaginary identification formed from the child's identification with the imaginary phallus, as the desire of the mother and so represents what the child wants to be for the mother and how he wants to be seen by her. (Evans, 2006)

The image in the mirror which is seemingly whole and complete comes to be idealised as representative of a promise of unity which the ego strives to achieve. It is on this illusion of unity that the ego is built. The ideal ego represents the state of affairs before the split, before the falling out of the objet a, in which the child enjoyed the feeling of unity, wholeness and omnipotence, which the image seems to represent but which the subject never attains. (Laplanche and Pontalis, 1973)

As per Freud (1923) the ideal-ego becomes the standard by which the actual ego is measured, the narcissistic love once enjoyed by the actual ego then becomes displaced onto the ideal ego.

### The ego ideal/ super ego

According to Evans, (2006) the ego-ideal represents the agency who watches over the ego, measuring it against the ideal-ego.

Both the ego-ideal and the super-ego are formed from a symbolic identification with the father. This identification is two fold and gives rise to two distinct agencies. Evans, (2006) distinguishes between the ego-ideal and the super-ego.

The ego-ideal embodies the promise, in terms of the title deeds discussed earlier and is thus responsible for the sublimation of libido in the latency period. The ego-ideal also allows the subject to take up a sexual position as a man or a woman given that the subject will either be in a position of having or not having the penis.

The function of the super-ego is to repress sexual desire for the mother and so is representative of the law, in this way it is an internalisation of the big Other.

Freud clarifies the super-ego's place in the unconscious and its proximity to the id, to be because of its role as prohibitor of incest. The identification with the big Other results in the child giving up the primary object, the mother in the oedipal relation. The mother is an object-cathexis of the id and in repressing it into the unconscious the super-ego must thus reach deep down into the id which results in it being further from consciousness than the Ego. (Freud, 1923)

Freud goes on to describe the ego's relation to the super-ego as an internalisation of the child's submission to the parent's authority. It is in this relation that we find another possibility for the manifestation of BDD.

### **The Super-ego as Tormentor of the Ego**

In the clinic Freud (1923) observed cases of Hysteria where a negative therapeutic reaction prevailed, where the need for the illness was greater than the desire for recovery. He found that the need for punishment, in the form of the illness emanated from the unconscious super-ego, unbeknownst to the ego who had managed to repress its painful accusations.

In melancholia and obsessional neurosis he observed a higher than normal level of **conscious** guilt in which the super-ego was particularly severe, raging against the ego in a cruel fashion. He observed that in obsessional neurosis the guilt is prevalent but is not accepted by the ego, the ego does not know what it is being blamed of and thus repudiates the accusations from the ego ideal.

In Melancholia conscious guilt is even stronger and here the ego does not deny it, it accepts that it is guilty and submits to punishment. Freud identifies the difference as being that in obsessional neurosis the objectionable impulses remain outside the ego, while in melancholia the impulses have been taken in by the ego in the form of identifications.

Freud suggested that the need for the over harsh super-ego resulted from the Oedipus complex. He held that instead of being obliterated as it should have been it had

only been repressed, thus leaving the impulses to remain active in the Id and calling for a stronger and more server super-ego to ward them off. (Freud, 1924)

Freud went on to describe how it is possible for the super-ego to be so cruel. He proposed that in melancholia, the superego has taken over all the sadism available in the person in the form of a pure culture of the death instinct and directs it towards the ego. The ego will submit to death if it does not succeed in time to defend its self by changing it around into mania.

He observed that the obsessional neurotic never actually commits suicide; he is protected because the offending impulses remain outside the ego. He notes that hysteric's are much more at risk of suicide.

Freud describes the situation in melancholia to be as follows;  
“The ego gives itself up because it feels its self hated and persecuted by the superego instead of loved. To the ego, therefore, living means the same as being loved—being loved by the super-ego [...] the super-ego fulfils the same function of protecting and saving that was fulfilled in earlier days by the father.” “When the ego finds itself in an excessive real danger which it believes itself unable to overcome by its own strength, it is bound to draw the same conclusion. It sees itself deserted by all protecting forces and lets itself die. Here, moreover, is once again the same situation as that which underlay the first great anxiety-state of birth and the infantile anxiety of longing—the anxiety due to separation from the protecting mother.” (Freud, 1923, p.58)

According to research by Dr. Katharine Phillips (an internationally recognised researcher and expert on body dysmorphic disorder at Brown Research) 78% of sufferers

of BDD report to have suicidal thoughts while 27.5% of her research group made actual attempts at suicide.

Given the high suicide rates, we may posit BDD as either a form of hysteria or melancholia arising from an unconscious need for punishment emanating from the super-ego which seeks to check repressed object-cathexes, which the ego responds to obediently in the form of the illness.

Research (Farah, 1995) has also shown BDD to develop predominantly around puberty, perhaps this is due to the resurrection of libidinal impulses after the latency period which forces the super-ego to become severe and call for punishment in the form of the illness from the ego.

## Conclusion

In conclusion, I will attempt to summarise the points made above in relation to causality or to use Freud's term, the aetiology of BDD.

In terms of how such a manifestation is possible, the human being comes to the realisation of his body not naturally or directly but through the psyche and as such it is subject to a great many disturbances.

As a psychological object, the body can be used as a place on which to deposit harmful thoughts. Due to the pleasure principle the ego does not allow these thoughts to remain in consciousness but represses them (in their relation to the body), into the unconscious. The unconscious processes of condensation and displacement distort the material which can then escape past the censor back into consciousness in this distorted form.

In an attempt to answer the question of why the image of the body would be a source of such anxiety and hatred for the subject I have proposed a number of suggestions above.

By the process of elimination we may discount some of them; The proposal that BDD could be a psychotic manifestation in the form of a *sinthome*, a place of pure *jouissance* of the drive, is made impossible given that there is an image of the body set-up in the psyche, albeit a distorted one. The psychotic having not traversed the mirror stage due to the foreclosure of castration, does not undergo the necessary alienation and separation which is needed in order to conceptualise the body as a whole and distinct object, separate from the mother- and as such, the body remains perceived as fragmented.

Secondly, as a neurotic symptom, we may eliminate obsessional neurosis and leave only hysteria behind as a possibility. Given the extremely high rate of suicide, obsessional neurosis is not possible. We know from Freud that the obsessional does not accept blame from the super-ego but repudiates it as he has not taken the offending object-cathexis into the ego in the form of an identification, it remains outside the ego allowing him to defend against the accusations of the super-ego, usually in the form of aggression directed outwards and because of this, does not submit to suicide.

This leaves behind in terms of structure, hysteria or perversion or it may be a particular form of melancholia.

We may propose that BDD is a hysterical symptom, even though the psychological conflict has not been converted into a somatic pain, it has been displaced on the psychological body, represented by the image of the body.

Perhaps the body is used as a place on which to deposit the painful idea because the child can only understand itself in bodily terms due to a lack of symbolic communication from the Other. If the Other does not converse with the child, but only responds to the child's bodily needs, the child will be limited to signifiers which relate to the body. Thus a painful idea, such as, 'my mother does not love me', (perhaps gleaned from an angry gaze from the Other, having to change another dirty nappy) will be understood as my mother does not love my body- she hates my body, and so, like her, I hate my body too.

In the process of condensation and displacement, this hate can be concentrated on one particular feature which the body dysmorphic phantasies about cutting off and replacing with a new object, worthy of love. This hope of a new loving object is the sole

motivation or desire for the body dimorphic who becomes more and more hopeless and suicidal after every failed attempt to fulfil their phantasy which can not be fulfilled.

A second hypothesis may be that the Other fails to install narcissistic love in the image in the mirror. It is the Other who holds the mirror for the child, it is up to the Other what the child see's. As the child's first mirror, the mother must reflect love in her gaze which allows the child in turn to love the image when he see's it. If this does not happen the child is faced with the counter part which he hates, he knows this image is what she see's in her angry gaze and hates the image as she does. The body dysmorphic hates the body as something outside itself, never fully taking it in as an identification of itself. The result is that alienation is not adequately traversed and thus subjectivity and subjective desire is not properly installed.

A third suggestion maybe that BDD arises as a result of the mother's refusal to be castrated. If she does not give up the partial object to the image, the image cannot be loved by the child, it is immediately perceived as lacking, and for this reason hated. The object must be first given in the imaginary realm, in order to be then lost in castration and later symbolically integrated in the form of a void so as to mobilise desire in the subject. The mother's lack is not symbolised, and so the lack in the image is not symbolised and because of this is a form of persecution for the subject.

Perhaps the sufferer of BDD has become fixated on the lack in the specular image and constantly tries to fill the void with a new nose, collagen implants, a thinner body etc but as a lost object it can never be restored, after numerous surgeries the lack remains.

In some cases, the child disavows castration, preventing lack from being symbolically represented resulting in a perverse structure. The subject becomes fixated

on the image because he does not accept the lack in it. It is the perception of lack in the Other that allows the child to escape from his identification with the imaginary phallus. In the same way, perceiving lack in the image is what allows him to escape fixation on it and instead overwrite the image with the symbolic in the form of language.

The image is imagined to be perfect as it resembles precisely the desire of the mother, the imaginary phallus for her. However, having registered lack or castration on some level the subject can not help but be reminded of it every time the mother expresses love for another or perhaps expresses desire for something other.

The subject is then seized with anxiety, terror that the image has lost its place, it no longer has its glorified position as imaginary phallus- it is not 'it' for her. The subject then directs all his energy on re-installing his position with her, he looks for ways to perfect the image, he must obtain a better body, a better nose or mouth for her to desire him once again. The subject remains stuck in trying to be the imaginary phallus, unable to escape with out help from representative's of the symbolic order.

A final hypothesis is that BDD may represent a particular form of melancholia. The super-ego due to its role as prohibitor of incest has the job of repressing oedipal longings. Ideally, the dissolution of Oedipus complex will ensure that oedipal longings are not merely repressed but are completely obliterated; however this is not always the case. As we have learnt above the ego is constituted from abandoned object-cathexis. The Oedipal object-cathexis is thus set up in the ego and as such knows itself guilty when accused by the super-ego. When at puberty there is a resurrection of libidinal impulses after the latency period the ego has no defence from the punishing super-ego. It feels itself unloved and unprotected and submits to punishment and death.

Having made the above suggestion, it is important to note that because in psychoanalysis we are dealing with subjectivity as opposed to objectivity it is impossible to make any definite statements on causality without an actual psychoanalysis of a subject suffering from BDD, and even so, those finding could only be applicable to that subject, not the population of sufferers.

It would be through following the signifying chain of the subject, revealed in free association and identified by the analyst's evenly suspended attention, that the psychological conflict could come to be articulated.

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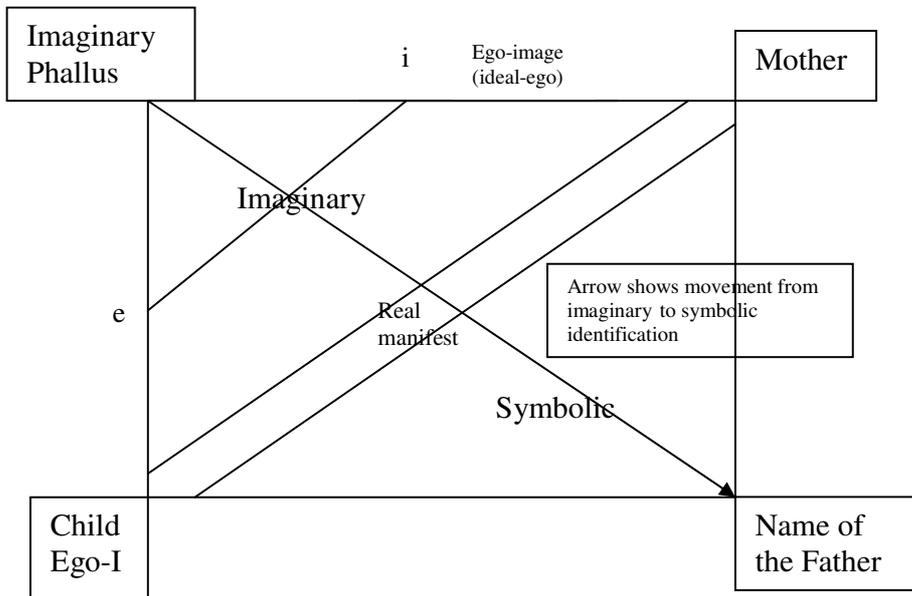
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## Appendices

1. Table showing *three acts of prohibition* (Lacan, 1957-58)

<u>Agent</u>	<u>Act</u>	<u>Object /lack of object</u>
The mother or father Real	Castration Symbolic	Phallus Imaginary
Father Symbolic	Frustration imaginary	In relation to the mother Real
Father Imaginary	Privation Real -A lack of something real, not the lack in the subject	Phallus Symbolic -the creation of a pact, the exchange of something for something else.

2. Lacan's *Schema R* (Laupin, 2004, p. 12)



3. Lacan's schema of the two mirrors (Lacan, 1988, p. 139)

