The Psychoanalytic Understanding of Anorexia Nervosa and The Therapeutic Response

By Fiona Gaynor

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Supervisor – Stephen McCoy

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Abstract

Anorexia Nervosa is a widespread and potentially dangerous condition which affects an ever increasing amount of individuals. This research attempts to give a psychoanalytic understanding of Anorexia Nervosa and the therapeutic response in terms of recovery. When individuals are able to uncover why they interact with food as they do, they are able to work on the underlying thoughts and emotions that have manifested in an eating disorder. When these thoughts and emotions are explored, disordered eating can then decrease or cease. More than the symptom has to change; it is not just about wanting to get a person to eat but to understand what it means for them in the intricate and complex interactions of their internal world.

INTRODUCTION

> *At the heart of every eating disorder, whether it is compulsive eating, bulimia or anorexia, there is a cry from the deepest part of our souls that must be heard. It is a cry to awaken, to embrace our whole selves… It is a cry to deepen our understanding of who we really are. It is a longing to know ourselves in mind, body and spirit.(Normandi & Roark 1998: 119).*

The study intends to gain an understanding of the origins of the symptom of Anorexia Nervosa. This will lead to the exploration of the conscious and unconscious meanings of the symptom associated with this disorder. This is a library/desk based research dissertation which has made use of various databases on the subjects of psychoanalytic theory and anorexia nervosa.

In gaining an understanding of the root causes of the disorder the therapist can begin to explore the individual's experience of life. It is about endeavouring to gain an understanding of the symptom in the context of the patient's internal and external worlds. More than the symptom has to change; it is not just about wanting to get a person to eat but to understand what it means for them in the intricate and complex interactions of their internal world. (Farrell, 2005).

It is then necessary to expand on the approaches put in place which would lead to a more effective therapeutic treatment and recovery for each individual patient in the long term.

"In the United States and the United Kingdom there is an increasing tendency for hospital regimes to combine approaches, so that there is a psychodynamic component in treatment programmes, whether individual, family or group".(Farrell, 2005).

Research on this topic has produced many different approaches to understanding the disorder, both physically and emotionally.

> Family therapy has been used to good effect, particularly with young anorexics, who have not had the illness for more than three years. Minuchin (1974) and Palazzoli (1978) have successfully pioneered two different family therapy models for working with these patients. Christopher Fairburn's (1981, 1982) cognitive-behavioural approach to working with bulimics has also been successful, well documented and influential. The use of drug therapy is a much more contentious issue, as are hospitalisation and force feeding. (Wilson *et al.* 1992)(Farrell, 2005). All of these approaches are dealing with the behaviour of the individual, as a member of a family system, or in relation to food. What is not being addressed is the meaning being given to the symptom itself, or to the individual's experience of life.(Farrell, 2005).

One must examine how the symptom of the disorder is constituted orally in order to gain an insight into the root cause of the symptom. Freud and Lacan provide much relevant material on understanding the imaginary and the symbolic meanings that lie behind the root cause of the symptom of the disorder for the individual.

Chapter two will explore the death drive, the suffering anorexic, and her flirtation with death. The opposing instincts of the death and life drives are thought to exist in all of us, though to varying degrees. It appears that the death drive is associated with a weakened structure of the unconscious in the anorexic patient.

The third chapter will examine the drive, the ideal ego, and their relation to contemporary forms of communication. It is evident that this drive for perfection is idealistic and is not based in reality. The media helps to exacerbate the problem by depicting the ‘ideal’ body image or how an individual should look in order to be deemed desirable. Cultures who previously celebrated a fuller body type for a female, and deemed it healthy and an ideal, are now under the media’s influence. These women are now becoming ever more obsessed with the slender ideal and are doing what it takes in order to achieve this body type.

What used to be deemed as a ‘healthy’ body shape for a woman is now being replaced by an unrealistic image of how a woman can and should look. "Within each society, people's experience is structured by symbolic forms; the linguistic, visual, and performative ways each culture uses to represent reality." "Each society, in its different historical periods, gives rise to certain 'master narratives' which determine people's perceptions of reality."(Garrett, 1998, p.40).

"Psychic identity, with its potential psychopathology and aberrant behaviours must be conceived in such a way that it grants the Other a place equally important as the individual's.(Verhaeghe, 2008, P.5). One cannot make a diagnosis of an individual without taking the impact of the Other into

account. An indication of the patient's subjective structure will comprise elements of the subject's history, the oedipal drama, the conflict or mode of defence, the formations of the unconscious, the transference, the identification of the subject, and the problematics of subjectivity. By expanding on the clinical psychoanalytic conceptualization one can explore the symptom as expressed at the level of the body.

What constitutes recovery? Depending on the psychoanalytic approach of the individual, different ways of working may need to be thought about at different times in the treatment. Some anorexic patients are prepared to starve themselves to the point of death and each individual will present for treatment with differing degrees of physical and psychological symptoms. The exact treatment needs of someone struggling with an eating disorder will vary according to the individual.
The treatment of the anorexia patient involves mobilising desire but one must examine how desire comes into being in the first place. The anorexic is issuing a demand through the refusal of a basic biological/physiological need and this poses several difficulties. The analyst is charged with separating out or opening up a space for the anorexic to desire.

HOW IS THE SYMPTOM CONSTITUTED ORALLY?

The anorexic is seen to protest in the act of starvation. The beliefs and desires of the anorexic appear to be grossly distorted and it is necessary to attempt to unravel not why she starves herself but the attitude which underlies the behaviour. "To put it crudely, if anorexia is essentially a protest the crucial causal factors will be the conditions which the behaviour is protesting against and the beliefs and desires of the individual making the protest."(Moorey, 1991, p.32). The question to be addressed is whether she eats nothing or whether she eats the 'no' thing? The 'no' thing symbolises the anorexics resistance to sexual and psychological maturation. Signifiers only exist insofar as they are opposed to other signifiers. The anorexic is unconsciously refusing to relate to her sexual position as a man or a woman. Her symptom relieves her of assuming any form of sexuality. As a female adolescent approaches the start of menstruation she must now face the fact that she is developing new secondary sexual characteristics. Her body is changing in terms of attaining increased body fat as part of the menstruation cycle. "The anorexic finds the 'turning off' of puberty a relief and as a result develops an intense aversion, or 'phobia', towards increased body fat...the avoidance of the adjustment demands of puberty is a reward, hence a factor that maintains the condition."(Moorey, 1991, p.35). "In phantasy, 'no needs' means no separation, for being entirely self-sufficient prevents any awareness of dependency needs in relation to the self. If desire does not exist, mother unconsciously need not exist."(Farrell, 2005). It is a powerful message which she wishes to convey to the Other. The anorexic seeks to send a message to the Other around an anxiety which she is experiencing internally. It is an anxiety about, or desire for, separation. The symptom is used as a communicative tool to the Other. In anorexia the object food is that which causes anxiety. She is afraid of losing herself to the Other. She seeks separation from the demand of the Other as linked to the oral object, food, and nourishment.(Recalcati, 2014). According to Freud, adolescents with the symptom don't want to grow up and separate from their parents and so they become fixated at the oral stage of development when they were completely dependent on their parents. Eating and sex are symbolically related. The only control the anorexic feels that they have

over their lives is in their refusal to eat. By refusing to eat, anorexics lose weight, and they also lose their sexual characteristics and become childlike again (asexual).

"In my clinical experience many bulimics and anorexics attempt to postpone indefinitely the realisation of which sex they belong to, as though it was a decision that could be made by choice alone. They attempt to identify with being both male and female and so imagine they can provide everything for themselves. A retreat into this particular form of narcissism can be seen in some patients, whereas in others an earlier form seems to be present, where the very knowledge of a separate existence from mother is not allowed to reach consciousness'' (Farrell, 2005).

Anorexia patients frequently exhibit a refusal to take anything in from the Other. "Its chief difference from the socio-cultural form is that in anorexia proper the desire for separation is central, together with the refusal of incorporation/alienation"(Verhaeghe, 2008). The relation between the subject and the Other has remained fixated at the primordial oral stage of development.

"The anorexic refusal to take anything in that comes from the Other represents an enormous obstacle to the therapeutic alliance, and every treatment runs the risk of repeating the original relation, along with its accompanying refusal."(ibid, P.232). According to research on female patients with chronic eating disorders there appears to be a link to emotional disturbances during childhood. "...these patients have no "self"- confidence and are directed toward perfectionism... "self"'- confidence develops in relation to the confidence expressed by the Other, and if this is unsuccessful there will be no "self"'- confidence."(ibid, P.232). The symptoms of this disorder are expressed at the level of the body which suggests that the root causes of the symptom can be traced back to the early childhood stages of development involving incorporation and expulsion.

Bruch saw a failure in sufficient and effective parenting. She believed that the child had not been shown how to know, name, or recognise her internal states.

> Bruch's work with these patients remained firmly in the conscious realm, but she was perhaps one of the first practitioners to recognise the terror beneath the facade of confidence and insouciance which many anorexics, in particular, present. These models have important implications for the technique of working with this group of patients - of the intricate attention which has to be given to the awareness and naming of patient's internal states - as far as this is possible. This recognition of the presence of powerful psychotic anxieties in

eating disorder patients in general, is vital, as is the recognition of the failure of effective parenting. (Farrell, 2005).

DEATH DRIVE-

THE SUFFERING ANOREXIC AND HER FLIRTATION WITH DEATH

The anorexic, in the most serious of cases, in her attempts at separation reveals a drive towards death. However, as well as the death instinct there exists a life preserving instinct which coincides alongside it. Freud regarded the death instinct as "operating silently" in terms of destructive intentions towards the self. A portion of this instinct or drive is diverted outwards onto the external world and shows itself as an instinct of aggressiveness and destructiveness. (Lawrence, 2008).

The psychological effects or symptoms of starvation show themselves to the external world in the forms of aggressivity, anger, impulsivity, and suicidality. The anorexic feels she is adopting the only strategy available to her to feel she is in control of her own body, separated from the grips of the Other. Fundamentally, it involves an identity crisis for the subject.

The will to control, described in the Diagnostic Statistical Manual as restrictive anorexia, is no longer able to govern itself and at a point becomes a direct manifestation of the death drive.(Recalcati, 2014).

The opposing instincts of the death and life drives are thought to exist in all of us, though to varying degrees. When we are born we are immediately faced with the experience of needs.

"One, to seek satisfaction for the needs: that is life-promoting and leads to object seeking, love, and eventually object concern. The other is the drive to annihilate: the need to annihilate the perceiving experiencing self, as well as anything that is perceived"(Lawrence, 2008).

The two opposing instincts, eros and thanatos, are necessary in explaining the complex internal structure of the anorexics state of mind. Once the patient realises what her desires are, she can then begin to try out those aspects of life which she has elluded to. There is an internal conflict between the two opposing instincts. There is a wish to destroy both the perceiving self and that of the object perceived. This is the battle the anorexic comes face to face with. This is not to say that the anorexic actively seeks to die but it is the structure of her unconscious which has been weakened in terms of

the self and objects.

The anorexic also appears to have murderous phantasies which are usually unconsciously underlying the disorder. The pathology can involve attacks upon the parents in the mind of the patient.(Lawrence, 2008). These murderous phantasies demonstrate the destructiveness of the drive which is diverted outwards onto the external objects and the Other.

> We are not dealing—as in Lacan's classical doctrine —with nothingness as the object tending to the opening of the Other's desire, with nothingness as the separating object, but with another nothingness, nothingness as pure nothingization of the subject, of nothingness as annihilation, nirvanic de-vitalization of the subject. In this sense the Lacanian definition of anorexic desire as appetite for death ends in the abyss, in what Freud signaled as the disjunctive drive between Eros and Thanatos, as the pure expression of the death drive.(Recalcati, 2013).

The death drive, present in different combinations with Eros, is an obstacle to the work of the psychoanalyst. The anorexic individual may be subjected to the death drive and to the voice of a sadistic superego that demands immediate obedience. This superego is responsible for governing the ego with harsh rules and regulations which must be adhered to in order for the anorexic to feel she is in control of her lack.

THE DRIVE, IDEAL EGO, AND THEIR RELATION TO CONTEMPORARY FORMS OF COMMUNICATION

"Within each society, people's experience is structured by symbolic forms; the linguistic, visual, and performative ways each culture uses to represent reality...Each society, in its different historical periods, gives rise to certain 'master narratives' which determine people's perceptions of reality."(Garrett, 1998, P.40).

These 'master narratives' are what determines our perceptions of reality and can lead to disastrous consequences for an individual's physical and mental health. What is depicted or perceived is an illusory ideal which does not allow for individual differences or preferences.

"...bodily manifestations have a meaning only insofar as the other ascribes one to them."(Dor, 1998, P.189).The other is responsible for creating a semantic universe for the child and also a universe of discourse.

The anorexic refuses the symbolic dependency which ties her to the signifiers of the Other. She wishes to have her own independence and become separate from every object. She is unwilling to be regulated by the *jouissance* of the drive. The subject no longer wishes to be swallowed up by the desire of the Other. Through anorexia can she introduce a separating element between herself and the abusive jouissance of the Other.

"The only Other that matters to her is the Other of the reflected mirror image, the Imaginary Other, the idealised similar one, the Other as an ideal projection of her own body elevated to the dignity of an icon, the Other as a reflected embodiment of the Ideal Ego, as a narcissistic double of the subject, the idealised Other of the reflected image of the thin body."(Recalcati, 2014, P.100).

The anorexic protests against being subjected to the signifiers of the Other. She does not wish to be subject to the desire of the Other. Dependency is to be avoided at all costs as the anorexic strives for

mastery and to be separated from the demand of the Other.

Facebook – The ‘Selfie’ – and the more illusory/image based forms of communication we engage in today reflect the idealised Other of the reflected image. When the process of identity formation is disturbed one is left in a state of confusion about the self and the only solution is to utilize our physical bodies or appearance as a means of defining the self.

The anorexics' ego "...suppresses, represses, denies, displaces, externalizes, and projects conflicts onto the fear of being fat complex."(Wilson, 1988, P.438).

Individuals still feel uncomfortable about themselves as integrated and whole beings. The image of themselves which is perceived continues through their lives to cause narcissistic fascination and discomfort in that the image somehow does not look like them. The ego according to Lacan is formed "...on the basis of an imaginary relationship of the subject with his own body. The ego has the illusion of autonomy, but it is only an illusion, and the subject moves from fragmentation and insufficiency to illusory unity."(Benvenuto, Kennedy, & Lacan, 1986, p.56).

Facebook and The 'Selfie' is a modern day example of the more illusory/image based forms of communication we engage in today's society. There appears to be an ever increasing amount of individuals who now pose for the camera and take pictures of themselves to post online. It has become more and more apparent that these individuals have become alienated from themselves. Alienation is the lack of being which the individual must come to terms with, a realization of her imaginary or illusory self. This has occurred due to the subject's imaginary objectification of herself. Individuals are in search of the perfect image which is an illusory ideal. Facebook and the 'Selfie' plays on the Lacanian fascination with the image, separating us from ourselves.

According to Lacan (1960), "the only homogeneous function of consciousness is in the *imaginary capture* of the ego by its mirror reflection and in the function of misrecognition that remains attached to it’’ (Dor, 1998, p.160).

This misrecognition causes individuals to become fascinated by themselves and to want to view themselves time and time again. The mirror stage is where the individual manages to achieve their identity through an image. "...at first experienced as the image of an other and then assumed as one's own."(Dor, 1998, p.161).

The individual is trapped inside their own body by some force which is either coming from outside or inside their body.

"Winnicott's "false-Self" describes a "clinical state" characterized by a split between the subject's being, the true-Self, and his social mask. The latter, which acts as a shelter and hiding place for the subject's being, and therefore as mediation with respect to the demands of the external world, may get pathologically entangled to the point of causing an authentic and irreversible alienation of the subject."(Recalcati, 2013).

The subject strives to compensate for the absence in early infancy of a desire for the Other capable of symbolizing the existence of the subject. The only Other that matters to her is the other of the reflected image, the idealised Other of the reflected image of the thin body.

It is as if the individual has surrendered their spirit and their soul as they strive for this illusory ideal of perfection which realistically can never be obtained.

Anorexia symptoms are caused by an overwhelming terror of being fat, which has been primarily caused by identification with a parent with a similar fear of being fat. It is secondarily reinforced by the general irrational fear of being fat of most other women in our culture.

The anorexic configures a reality based on the image she perceives of herself. There is a radical departure, however, from what is experienced by the anorexic in the mirror and how she inhabits her own body.

"…When my conscious mind cannot define the mute… gestures of pleasure or pain at the threshold of my awareness, I project the ideal body, its parts and its animal or machine correspondences, as the only evidence of the multiple emotions, memories, and phantasms that remain unsaid." (Davis, 2008, p.248). The anorexic lacks a true voice for her own subjective experience of life within a

body. For the anorexic there exists unconscious psychosexual conflicts that have not yet been resolved. It is believed that during the developmental stages impairments in the development of the identities that comprise the self-concept contribute to body image disturbances which in turn, motivate the eating and body-weight attitudes and behaviors of individuals suffering from anorexia. "To compensate for the lack of a clear identity and the associated feelings of ineffectiveness and powerlessness, Bruch (1981) argued that the adolescent turns to body weight, a highly salient and culturally-valued domain, as a viable source of self-definition."(Stein & Corte, 2003).

DISCUSSION

When individuals are able to uncover why they interact with food as they do, they are able to work on the underlying thoughts and emotions that have manifested in an eating disorder. When these thoughts and emotions are explored, disordered eating can then decrease or cease.

"During the diagnostic process, the fundamental fantasy is repeated in the relation with the clinician through the transference."(Verhaeghe, 2008). It is this fundamental fantasy between client and therapist which allows for the treatment of the anorexic to take place. The analytic process involves traversing or reworking this fantasy. "A *fundamental fantasy* is a lasting, representational construction, a particular theory of the mind by which the structural relationship between the subject and the Other is delineated with regard to desire, and through which both the subject's and the Other's identities are determined."(ibid, p.362). The way in which the anorexic relates to desire and jouissance will provide the therapist with information on her particular life story in relation to significant others. She will have her own narrative with regards self-starvation, and the meaning of this narrative needs transforming and reshaping in order for the therapeutic response to occur. According to Lacan, the symptom always possesses a linguistic structure in relation to the Other, with the emphasis on displacement and condensation. (ibid, p.362). This allows for potential reformulation during the course of the treatment.

Some anorexic patients are prepared to starve themselves to the point of death and each individual will present for treatment with differing degrees of physical and psychological symptoms. The exact treatment needs of someone struggling with an eating disorder will vary according to the individual. "In the United States and the United Kingdom there is an increasing tendency for hospital regimes to combine approaches, so that there is a psychodynamic component in treatment programmes, whether individual, family or group".(Farrell, 2005).

Anorexia is a symptom and not a disease and cannot and should not be removed until the underlying disturbances are corrected.

Psychoanalysts have focused on the oral stage of psychosexual development for the root causes of the symptom. Psychoanalytic psychotherapy seeks to explore the meaning of the eating disorder for the patient and not to impose weight gain.

Hospitalisation is necessary, however, when the risk of mortality is substantially higher as when body weight is at or below 75% of ideal body weight.

BMI tells us something about the person's body but nothing about her mind which the analyst seeks to explore. Within therapy an emphasis is put on creating a safe environment and an internal space for potential emotional digestion. This is an absolute necessity for engaging anorexic people in the psychotherapeutic process.

"The adolescent anorexic girl is in a situation of realistic and neurotic dependence on her family, so that changes in the parents' behavior and attitudes toward her can be crucial for therapeutic success".(Wilson, 1988, p.435).

The therapeutic aims are recognition that there is a problem and an exploration of the meaning of the symptom for the patient. The patient must be willing to engage in an exploration of her past, events which have occurred in her life, and her relationships with others. This will include an exploration of the harsh internal aspects of the symptom.

"First, one interprets anorexic patients' masochism— their archaic superego and the guilt they experience at admitting to any conflicts. Next, one interprets defenses against facing masochistic behavior; then, when the ego is healthier, defenses against aggressive impulses are interpreted."(Wilson, 1988). There is an obvious split in the ego of both the restrictor and bulimic anorexic while other ego functions operate normally.

The treatment of the anorexia patient involves mobilising desire but one must examine how desire comes into being in the first place. The anorexic is issuing a demand through the refusal of a basic biological/physiological need and this poses several difficulties. The analyst is charged with

separating out or opening up a space for the anorexic to desire. Desire is central to understanding the structural relationship between the anorexic and the Other as it determines the subjects identity. The desire of an individual is always the desire of the Other. We only desire something because we do not have it, because we lack.

"Beyond the demand for satisfaction of need appears the demand for a "surplus" that is essentially a demand for love."(Dor, 1998, P.191). The child comes to realise that there is a meaning involved in the subsequent experience of satisfaction. The anorexic is issuing a demand through her refusal of food. She has not given up her position as object of the Other's desire and therefore has not assumed the position of choosing substitute objects of desire which would symbolically fill her lack.

The anorexic suffers from the lack of 'lack'. Completeness or wholeness is all a human being can hope for, but realistically never will obtain. The analytic process involves introducing lack into her unconscious questioning. While the unconscious question may relate to her sexual position as a man or a woman her symptom relieves her of assuming any form of sexuality.

Her sexuality is fundamental to the analytic process and the therapeutic response.

Author and Jungian analyst, Marion Woodman, in her book Addiction *to Perfection: The Still Unravished Bride: A Psychological Study*- refers to patients she sees in her practice as battling between inner and outer reality, between the feminine and the masculine.

"They are struggling to come to grips with a false Lady Macbeth matriarchal value system in which their own femininity is contaminated by masculine values which the unconscious rightly refuses to accept, even as their body refuses to assimilate the food."(ibid, p.23). It is about seeking out the underlying causes of the symptom during the analytic process and adjusting their conscious values and attitudes.

An effective movement of separation implies that the subject looks to the Other for that which has been lost by means of the action of the Other, following a back and forth dialectic path. Separation, in this sense, is never a dismissal of the Other but it rather implies an opening towards the Other.

The anorexic forgoes the assimilation involved in the process of separation and dismisses the Other. (Recalcati, 2014).

In this sense, as Lacan reminds us, the Other of anorexia is an Other who tends to reduce the subject to a passive object of care, forcedly reducing desire to the dimension of need. This is what Lacan calls the suffocating dimension of the demand of the Other (Lacan, 2002)(Recalcati, 2014).

The anorexic is issuing a demand through the refusal of a basic biological/physiological need and this poses several difficulties. The analyst is charged with separating out or opening up a space for the anorexic to desire.

CONCLUSION

The meaning behind the symptoms of Anorexia Nervosa has changed over the different historical periods. An understanding of the symptom in the context of the patients internal and external worlds is what psychoanalytic psychotherapy attempts to achieve in the therapeutic response.
More than the symptom has to change; it is not just about wanting to get a person to eat but to understand what it means for them in the intricate and complex interactions of their internal world.

The principal themes explored have included how the symptom of anorexia nervosa is constituted orally in terms of psychoanalytic theory. The beliefs and desires of the anorexic appear to be grossly distorted and it is necessary to attempt to unravel not why she starves herself but the attitude which underlies the behaviour. Does the anorexic eat nothing or does she eat the 'no' thing? The anorexic is saying no to the lost object which must be continually refound. 'No' to the object of desire.
The 'no' thing symbolises the anorexics resistance to sexual and psychological maturation.
Signifiers only exist insofar as they are opposed to other signifiers. The anorexic is unconsciously refusing to relate to her sexual position as a man or a woman. Her symptom relieves her of assuming any form of sexuality.
The notion of the death drive was discussed, according to Freud, and the anorexics fusion of both the life instinct and the death instinct. It appeared that the unconscious fantasies which existed for the anorexic could infact be of a destructive nature against the self and the Other. While the deadly aspects of anorexia are sometimes linked to trauma, in other patients they are the outcome of developmental difficulties with their origins in early infantile relationships.
The understanding of the drive and the ideal ego is paramount to understanding how certain 'master narratives' influence the attitudes and behaviours of individuals. Different historical periods give rise to certain 'master narratives' which determine people's perceptions of reality.
Individuals are in search of a perfect image which is an illusory ideal. Modern forms of

communication such as Facebook and the 'Selfie' continue to cause narcissistic fascination and/or discomfort in that the image somehow does not look like the person themselves. We are increasingly becoming alienated from our true self and our ideal self. Winnicott saw the true self as being rooted in early infancy and in a sense of being alive. It is a feeling that our life is worth living, the opposite to feeling dead inside.

The true self, however, is becoming more and more divorced from the ideals of contemporary culture. There is a crisis between the desire for the connected whole and the desire for individual perfection, a tension between non-identity and identity exists in today's society.

The 'ego-ideal' is where the subject, within the symbolic order, looks at herself from the position of the perfect ideal ego, consequently seeing one's life as imperfect.

What constitutes recovery for the individual suffering from anorexia nervosa is very difficult to determine and the severity of the symptoms will vary from patient to patient.

The structural relationship between the subject and the Other needs to be delineated with regard to desire, and through which both the subject's and the Other's identities may now be determined.

The anorexic is issuing a demand through the refusal of a basic biological/physiological need and this poses several difficulties. The analyst is charged with separating out or opening up a space for the anorexic to desire. Desire is central to understanding the structural relationship between the anorexic and the Other as it determines the subjects identity. The desire of an individual is always the desire of the Other. We only desire something because we do not have it, because we lack.

There are different subjective forms of anorexia that depend on the different structures of personality (neurosis, psychosis and perversion) but we discover that in all of the triggering instances of the symptom we can find a common root cause of the symptom which is that the subject is traumatically reduced to that of an object.(Recalcati, 2014).

There are many other factors which need to be addressed in the therapeutic response to the symptoms of anorexia. Contemporary culture and methods of communication are very much about image and presentation and have a major role to play in exacerbating the symptoms of the disorder.

This study of the psychoanalytic understanding of Anorexia Nervosa and the therapeutic response is a review of current literature and research on the area under investigation and as such predominantly focuses on female subjects and the therapeutic response.

The psychoanalytic theory and research which I have engaged with for the most part fails to address the ever increasing amount of male subjects who suffer from the symptoms of Anorexia Nervosa. This is an area for potential future research, as up until now there has been a limited amount of understanding of the male state of mind in terms of the eating disorder.

A review of the literature and research in this area has highlighted the difficulties in treating those who suffer from the symptoms of anorexia. However, currently there is a widespread application of psychoanalysis combined with other approaches to the treatment of anorexia nervosa which are proving very beneficial with positive outcomes for the patient.

Perhaps the first step in addressing the disorder would be in educating individuals at a young age to the dangers and possible causes of the symptoms of the disorder. It is about changing the 'master narratives' that exist in our society, those which result in the destructive attitudes and behaviours of individuals. Anorexia is a symbolic form of suffering, a symptom expressed at the level of the body. There is a heterogeneous range of anorexic patients with great dynamic structural and genetic variability under the coating of a relatively uniform symptomatology. "The goal is to utilize clinical theory to move our social science research beyond the sphere of our respective disciplines as we address questions whose relevance is to the whole person."(Saakvitne, Tennen & Affleck, 1998, p.296).

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