

The choice of “Nothing”: psychoanalytic reflections about anorexia

A escolha pelo “Nada”: reflexões psicanalíticas sobre a anorexia

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Abstract

This essay discusses the anorexic behavior as a symptom among young women and young men, based on the case of a young woman in the context of clinical experience in psychoanalysis. From the psychoanalytical point of view, eating “nothing” as an anorexic symptom can be construed/regarded as what Lacan refers to as dialectic of frustration, where the object “nothing” works as an object of symbolic satisfaction that separates the subject from the Other. In this sense, the psychological dynamic that falls within these cases is related to the satisfaction of the drive (pulsion) faced by both sexes. By bearing in mind that this dynamic is structural for all subjects, one may consider that it is the recovery of a place for discourse, where subjects build new barriers to the insatiable desire of the Other. It indicates the possibility of treatment of anorexic individuals.

Keywords: Anorexia. Psychoanalysis. Symptom. Repulse. Nothing. Dialectic of Frustration.

Resumo

Este ensaio busca pensar o comportamento anoréxico como um sintoma presente em mulheres e homens jovens, a partir do caso de uma jovem no contexto da experiência clínica em psicanálise. Do ponto de vista psicanalítico, o comer “nada” do sintoma anoréxico pode ser situado de acordo com o que Lacan nomeia de “dialética da frustração”, onde o objeto “nada” funciona como objeto de satisfação simbólica que opera uma separação em relação ao Outro. Nesse sentido, a dinâmica psíquica que

se inscreve nesses casos diz respeito a uma satisfação pulsional que está colocada para ambos os sexos. Tendo em vista que essa dinâmica é estruturante para todos os sujeitos, considera-se que é a restituição de um lugar de fala, onde o sujeito construa novas barragens frente ao desejo insaciável do Outro, que indica uma possibilidade de tratamento dos sujeitos anoréxicos.

Palavras-chave: Anorexia. Psicanálise. Sintoma. Repulsa. Nada. Dialética da Frustração.

In the context of a globalized world, where information on methods to lose weight flows rapidly through informational networks, it is worth noting that beyond the behavior that has the effect of an excessive weight loss, a subtle and serious psychic dynamics takes place, in which food, or better still, the absence of food, gains an erotized meaning. In a culture that overvalues thinness and faces an exacerbating obesity growth, one should ask how and why anorexia for some individuals is a symptom par excellence.

Today, we can find in several blogs and virtual communities testimonies and statements made by anorexic and bulimic young people who open up about the high degree of suffering caused by these body conditions. Despite the prevalence of cases in women, we have seen the onset of eating disorders also in men. According to Almeida & Guimarães,¹ for twenty years the proportion of men with anorexia nervosa was approximately one of every 20 women, and today this number is around one man for every 10 women.

Jade is a young anorexic woman who found at Pretty Thin website a place where she can express her feelings and is supported by other people of this community. She has learnt that she is not alone and that other people suffer from the same disorder by the same reasons. For Jade, this site is a safe place that gives her something to do with their daily life besides eating compulsively and vomiting. Brittney finds her body physically disgusting, and the website showed her that she is not alone in her hunger for perfection. She says that it gave her back a sense of sanity. For the first time in her life, she was able to communicate with a community of people that saw beauty on her eyes and understood her methods. Julie says that weight controls her life: there is not a single day that she doesn't think of how imperfect she is.

Freud, since the *Manuscript K² until Moses and Monotheism*,³ insisted on the thesis that this symptom acts as a compromise between repressed and repressing representations replacing a pathogenic memory. With the introduction of the pulsion point of view, the symptom began to be considered as the result of a conflict that arises in the psyche between an unconscious trend that seeks satisfaction and another one that is conscious, which is repressed and no longer considered a

substitute for memory, but the sexual satisfaction itself. Faced with the clinical difficulties imposed by distress and the compulsion of symptoms, Freud gradually put more emphasis on the economic aspect of the symptoms in detriment of the dynamic aspect.

The present work seeks to discuss Freudian concepts about the anorexic symptom. In this regard, it brings reports of an anorexic woman in the context of clinical experience in psychoanalysis, to illustrate the relation between the anorexic symptom and the erotization of oral activity, in order to further reflect on the effects resulting from the opening of a space in the discourse, based on psychoanalytic listening. In addition, the study also aims to contribute with more insights on anorexia, bringing it to the field of sexuality with the purpose of throwing light on gender issues in the analysis of topics relating to eating and culture currently involved with this problem.

Such issues are associated with aesthetic demands that gain importance in adolescence, but come to be seen in a naturalized and deterministic manner. According to Oliveira, in gender relations that are implicated in anorexia, the expected roles and social places of men and women in society are reproduced. "Reference to muscles is connected with the idea of strength, as an essentially male component. On the other hand, thinness is associated with notions of delicacy, fragility and femininity"⁴ (our translation). However, beyond this form of understanding, we can add other fruitful perspectives in the analysis of the phenomenon with the contribution of psychoanalysis.

To initially guide you through this trajectory, Freud's first definition of anorexia can be found in *Draft G*, where he associated melancholy with anorexia, underlining the symptomatic metaphor that was there instituted: loss of appetite replaces and symbolizes the loss of libido.

The famous nervous anorexia of young women, as it seems to me, (after careful observation) is a melancholia in which sexuality has not developed. The patient says that she does not eat simply because she has no appetite; there is no other reason. Loss of appetite: in sexuality, loss of libido.⁵

If loss of appetite "symbolizes" loss of libido, then despite the severity of many cases of anorexia, we can also find the possibility of its articulation in the symbolic work of free associations, restoring the place of speech where the mutism of symptom appears.

In the next report, some statements of a young woman were collected, which initially could oscillate from bulimia to anorexia, but makes us think on the bulimic aspect of the anorexic symptom. Unlike a certain group, currently identified in blogs and relationship websites, which sustains anorexia as a lifestyle, many patients express suffering about their conflicts with food. If, on one hand, these patients do not legitimate their food restriction project, as those who join Pro Ana & Pro Mia community, on the other hand they offer that lean body of theirs as a visiting card. It is considered that such paradoxical position in relation to the body and eating configures a symptom that is addressed to the other in the search for treatment.

We selected some statements made by Laura^a, who was diagnosed by doctors as anorexic, a “problem” that, according to her, began in adolescence, after the death of her grandmother who she used to care for. Like most of young anorexics, Laura has an overall debilitated condition, with slow movements in walking and gesturing. She speaks in a low tone of voice, and her speech is interrupted by pauses, which are sometimes followed by a dry cough, sometimes by silence. She takes medicines, but considers them ineffective, because they do not make her eat more nor prevent the reflux of the small amount of food she eats. After eating small meals, she vomits. She speaks naturally about her frequent hospitalizations, and in the sequence she reveals the paradox of the symptom: if one moment she calls her therapist and demands not to be abandoned, in others she calls her happily saying: “don’t worry about me; I am fine. I stayed four days at the ICU and now my mother is here with me and everything is alright”.

Some past memories should be mentioned because they bring back a traumatic scene when she was abused: “Everything happened during the night and in the morning I opened my eyes and cried a lot, felt that abhorrence... that repulsion. Then I went to school and played.” Every time she visits her relatives she vomits a lot.

In view of this frequent vomiting and its association with repulsion, Laura has a curious habit: “If I eat candy, I vomit. And I eat candies all day long. If I eat it only one or three times, I vomit anyway”. We can see that the repetition of vomiting is a way to bring back her subjective position associated with the traumatic event, an update of the symptom that is merged with the self.

Another associative way in determining symptoms is related to the memories of the time when she helped her godson’s mother. Laura tells that the boy required special care because “since his birth he had a reflux problem; everything he ate he put out, vomited”.

Likewise, the significant repulsion-eating-reflux series is present in the memories of the time when she took care of her sick grandmother: “We were many grandchildren, and none of them wanted to learn the necessary procedures. I was the only one that did it, three times a day.” She did not spare any detail of this procedure, which included cleaning wounds and applying dressings, changing colostomy bags, administering injectable medicines, among others. She goes on: “I used to run home from school so that I could did it before lunch.”

She once came to a session saying that she had “heart numbness” and that her doctor determined that she should interrupt the appointments to start a cognitive-behavioral therapy. When asked what she thought of this decision, she said: “I don’t know. I’ll go wherever they take me.”

a Fictitious name of a young anorexic woman who allowed us to reproduce a common problem in this group, to present symbolically the conflict that is behind a problematic relationship with food.

From this cut of Laura' speech in the context of her history and moments during analysis, we highlight repulsion, typical of hysteria, as being at the origin of the anorexic symptom therein produced. But in this case, if anorexia is above all a symptom in the Freudian sense, what is it replacing and what satisfaction does it convey?

In the traumatic event described by Laura, we find the manifestation of repulsion as the enjoyment that exceeds the limits of the principle of pleasure and will be displaced to the oral activity. Repulsion is the effect of the memories of sexual abuse, condensing the sexual meaning of orality which is later connected to the eating function. The anorexic symptoms and vomiting function as a symbolic replacement of childhood memories, associated with some identifications with other characters of her history who also had an objectal position, that is, were an object of the other's care: her grandmother, who needed care at lunch time and her godson, whom she had helped care from reflux problems.

In the article *Heredity and the aethiology of neuroses*, Freud⁶ affirms that at the bottom of formation of hysteria symptoms is a traumatic experience, of sexual passivity, before puberty, an event suffered with indifference, indignation, fright or even horror. However, it is in the experience of passivity that the subject is introduced to sexuality. Serge André⁷ states that the structural justification for the fact that Freud relates the discovery of sexual enjoyment to an experience of seduction is that such enjoyment is always anticipated, that is, the child is first enjoyed by the Other, he or she is reduced to being an object of Other's enjoyment. It is from this position as an object that the trauma of neuroses arises.

In *Inhibition, Symptom and Anguish*, Freud⁸ acknowledges another important function of symptoms: in hysteria, a symptom is often formed to put an end to the struggle of the self against an unpleasant drive, but the opposite also happens, i.e., this struggle would last until it becomes a fight against the symptom itself. Freud claims that hysterical symptoms are the midway between the need for satisfaction and the need for punishment: "the ego behaves as if it were driven by the following consideration: the symptom is already there and cannot be eliminated; it is necessary to accept this situation and make the best out of it".⁹ In the case presented, the insistence on eating candies even knowing that the consequence would be vomiting, shows the victory of the self that adapts to the symptom to enjoy its advantages. According to Freud, the paradox of the symptom lies in the fact that, when assigned to replace important interests, it charges for its affirmation, that is, when merging to the self it makes itself increasingly indispensable to it.¹⁰

The value charged by the self for the anorexic symptom shows well the function of this gain that Freud discovered in the symptom: there is not only the satisfaction arising from the compromise between the pulsion forces and the repression forces; there is also the enjoyment of the symbolic satisfaction that involves disappointment and the capture of an empty object and not simply a satisfaction of a supposed need.

This is the idea of symbolic satisfaction arising from the merge of the symptom with the self that Lacan elaborates in *Seminar 4*.¹¹ It emphasizes the importance of distinguishing, in the field of mother and child relationships, the signs of love – gifts – marked by the mother’s presence or absence, the objects needed, for instance, breast. The dialectic between these objects occurs in such a way that, when a child is frustrated, when she or he cries for the mother’s love, this frustration will be compensated for by the satisfaction of the need. In other words, milk is offered to compensate for the plea that could not be fulfilled. Lacan says that a frustration does not result from the refusal of an object of satisfaction of a need but from the refusal of the gift as a sign of love. In the comings and goings of this maternal *Fort-Da*^b, the plea is made when the object is absent, but when it is present it is just the symbol of the gift of love – i.e. it works as a “nothingness” in terms of satisfaction. It does not satisfy the plea for love and sets up the demand dissatisfaction circuit.

The symbolic fulfillment is therefore marked by its disappointing feature – because of the “painful dialectic of the object, at the same time there but never there”¹³ – and for this reason it will be replaced and compensated for by grasping the oral object. Thus, Lacan subverts and inverts the biologizing reading of orality and the frustration dialectic: the symbolic satisfaction, or better still the dis-satisfaction, is primary in relation to the satisfaction of the need. Such conceptual subversion allows to place anorexia in the field of desire, once the object at stake in its symptomatic formation is not the breast but the “nothingness” as its symbolic substitute. This has significant consequences in the subject’s relationship with the Other.

In the dialectic of frustration, it is not just the real object – breast – that has a symbolic value, but mainly the oral activity that through the symbolic satisfaction acquires an erotized function. If the emphasis is on the activity of the erogenous zone of the mouth and the enjoyment derived from it, then the real oral object can be anyone: the breast, bottle, and even the “nothing” of the anorexic eating.

It is Lacan who draws attention to the fact that the erotization of the oral zone can go so far that the replaced satisfaction can be the eating “nothing” of anorexia:

[...] it is possible that, to play the same role, there is absolutely no real object. It is, in fact, only that one which gives place to a substitutive satisfaction of the symbolic saturation. This alone can explain the true function of a symptom such as mental anorexia.¹⁴

b The kids game that Freud describes in *Mas allá del principio de placer*¹² as *Fort-Da* is part of the first attempts of symbolization of mother absences. The reel that is thrown represents the first subject that constitutes the separation movement. It is also in favor of an attempt of symbolization that the child puts himself in the place of this object that satisfies the mother (the phallus), insofar that it is the cause of the comings and goings is the mother. In this way, his desire will be constituted from the desire of the other (mother) in a metonymic relation.

In short, it is not the eating activity that is denied by the child, he eats the “nothingness” – “nothingness, this is just something that exists in the symbolic plane.¹⁴ In the oral level, as the weaning process takes place, the breast is no longer the substitutive object to which the investment is made. It is “nothing” that takes the place, as a symbol of the loss of breast, i.e. as a symbolic object. Anorexia’s eating “nothing” functions according to this dialectic: it is a tasted absence, which is addressed to the mother, on whom the child first depends in an absolute manner. With this “refusal modality”, the child reverses the dependence relation: the child makes the mother depend on him/her. Consequently, anguish is now at the side of this maternal Other who makes efforts to provide the eating object. About such reversal of the dependence relation, Lacan points out:

It is on the level of an annulled symbolic object that the child challenges its dependence, eating precisely nothing. It is there that it (the child) inverts its relation of dependence, thereby becoming the master of omnipotence [...] It is from there that she (the mother) is at its mercy, at the mercy of the expressions of the child’s whims.¹⁵

If the anorexic plays in the symbolic field, where the *Fort-Da* of eating “nothing” represents enjoyment, then we can assume that it is not with forced feeding programs that we can elaborate a possible treatment. These programs, in the manner of a distressed mother because her daughter does not eat, only fulfill the saturation function of the symbolic game. Therefore, they only reinforce the demand circuit where the Other stuffs the child “with the suffocating baby food of what the Other has”,¹⁶ while the child refuses the food as a way of sustaining a desire. Here, we draw a precious clinical indication from Lacan’s questioning: “After all, the child, when refusing to fulfill the mother’s demand, isn’t it demanding that the mother has a desire outside him/her [the child], so is it this pathway that the child lacks towards desire?”¹⁷(our translation). The bet of the psychoanalytic treatment is that this unconscious symbolic game can be put into action in the transference, by instituting a speech space that relies on the subject division, implicit in the symptom. Its goal is not to solve an urgent eating condition nor eliminate the anguish that comes from it, but to listen to it and provide a displacement of this satisfaction to which the subject is attached. It is also counting on the analyst’s desire as an operator of the Other’s desire, in the pathway of the assumption of desire, that one can make anguish vacillate and be measured, which initially is located at the Other’s side (the mother or even the therapist).

In Laura’s case, we find an attempt to deny her dependence on the Other that “leads her wherever she wishes” by eating “nothing”; however, we also find her extreme plea to the Other in its eminently symbolic and dialectical face. The position of the “nothing” object, to which the subject is often identified, also shows its effects on the transference. The comings and goings, the numerous absences due to hospitalizations, the request not to be abandoned, until the time

when she assumes the desire to continue the treatment: they are times in the establishment of the transference that reveal the demand circuit operating according to the dialectic of frustration.

Considering that the dialectic of frustration is desire structuring, it is important to question whether the anorexic symptom is exclusively related to the female sexuality, as a naive interpretation may suggest. If, to some authors, the prevalence of cases of anorexia in adolescence would be related to the refusal of female features or femininity,¹⁸ the proposed development points to the fact that what is at stake in these cases is the erotization of orality, irrespective of gender. According to Freud, sexuality is much wider than the genital sexuality and is characterized by the mobility of the libidinal investments that can move either towards orality or genitality, as well as toward any other object or part of the body.

Along this line, retrieving the symbolic and unconscious aspect that is at stake in anorexia detach the symptom from its biological materiality and put it again to the field of desire, whose dialectic is both for men as for women. Therefore, it is not a female symptom par excellence but some symptomatic dynamics that comprises its dimension of pleasure or enjoyment.

Based on this assumption, it may be possible to broaden the understanding of the growing number of cases of anorexia in men, since today's demands and the symbolic saturation of the Other that has everything require finding a singular way of sustaining their desire, a fertile field for symptoms like anorexia, which strongly satisfy the aesthetic ideals of our time.

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