

Adolescence's Anorexia Nervosa: A Behavior to Exist?

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Adolescence is the age of all disturbances both physiological and psychological. This internal and external insight conflicts is often hard to be managed. Thus, some teens will be subjected to act more than others. They use their bodies to show deep suffering as well as confusion. Numerous pathological behaviors can appear due to this significant sensitiveness like escaping difficulties. One of the ways solving this hardness of understanding and resolving these disorders is the disturbance in the nutritional behavior. This paper would allow us to understand the subjective dimensions that incite acting by mental anorexia. We suggest that a lack in the reflexive function might be the main cause of the attitude. Thereby, teen's mental anorexia would show mistreatment at early care, that would make them feel unable to be good mothers in the future.

Keywords: adolescence, anorexia nervosa, acting, drive scopique

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Adolescence is accompanied by physio-psychological changes that lead the teenager especially girls to adapt themselves to new behaviors which might be often shameful and humiliating (Meilleur, 1997), thus, the different clinical pictures to face biological, psychological, social, and family problems.

Experiences show that mental anorexia characterizes the most important phases of identity building, especially for the body.

Identity is the main issue of anorexia and it is manifested through pathological behaviors, which could be considered as a response to puberty traumatism; the latter acts as a catalyzer.

Hence, can we resume that anorexia is the rejection of femininity? It might be also implied under the fear of maturity, "maturity rejection" (Crisp, 1980) in which the teenager faces a set of role changes, without being prepared. So can we think in this maturity rejection that anorexia would be a wish to return to childhood? It is necessary to know the influence of the mother from the pregnancy in the appearance of mental anorexia. Thus, mental anorexia comes from the girl's over dependence on her family, so as by this manner she shows the absolute control over her body which is a sign of lack of self-confidence. According to Jeammet (2004) it is a subconscious mechanism in order to fight against a dependence feeling towards her parents. It is worth mentioning that nutrition is strongly linked to early childhood as well as the motherhood. Moreover, refusing to eat is rejecting sexual maturity by trying to put an end to her natural body development. Jeammet (2004) shows that this behavior allows the girl to believe that she controls her environment:

les adolescentes vont s'enforcer de renverser leur sentiment de dépendance, qui risque de les transformer en une marionnette entre les mains de ceux dont elles ont besoin, en un comportement d'emprise où ce sont elles qui contrôlent et

manipulent à des fins purement utilitaires. (Jeammet, 2004, p. 102)

The adolescents try to project their dependence feeling, that can transform her to a puppet among people that surrounds her, to an influencing behavior in which they can control and manipulate to reach useful purposes. (translation)

That is the aim we want to achieve in this paper through the exploration of the fantasy life of the teenager girl who will allow us to highlight her troubles, economic base that can specify the anorexia problem as well as the scopic drive (Bonnet, 1981) in this disorder.

Through the presentation of a case, we aim to highlight the relationship a teenager girl can have with her body, so as to gather information and interesting lines of thought, we have chosen the semi-directive interview of the comprehensive type (Kaufmann, 2004, p. 47), we are interested in practice and the specular image the mirror gives back, the boundaries of body image of the anorectic teenager, that's why we have opted to this method.

Lilia

Thus we attempt to show in this work the case of Lilia, a young 18-year-old teenager who was referred to us by "Fighting against Suicide" center.

Lilia is the eldest of three siblings. She has an eight-year-old brother and a 16-year-old sister, she has always been eager to become skinny, to work out her outer appearance so as to avoid thinking so bad about her inner difficulties.

The girl was well dressed and graceful but not very talkative, she was crouched down and brought her legs to her chest, hugging them with her arms, sometimes bent over, her arms crossed hiding her chest.

The girl is 1m70 and weighs 40 kg. Food restriction has always been part of her everyday life, she feels compelled to eliminate the excess fat. When she was only three months, she refused to eat. "Eating was a chore both for her and her daughter," explained the mother.

After three months of maternity leave, the mother was obliged to go back to work leaving her baby to a heartless distant and even cold nanny (according to her mother). This early diurnal separation between the mother and the girl could not happen without an abrupt weaning.

Besides her thinness, a selective anorexia should be noticed. Her own concern is her body with a great fear of getting fatter, a judgment on herself unduly influenced by a distorted perception of the shape of her body and withdrawal.

Lilia's story is well planned and follows the chronological order of the events. Interventions must follow Lilia's psychic course. She is always obsessed by her body, her weight, revealing an alexithymic aspect (Sifneos, 1973).¹

The mother was talking about her daughter's sickness during the interview, giving all the information to help her daughter, attributing them to herself as well as to her family, as if she was speaking about her own body.

We make the assumption that serfdom, the early break up with her mother, and subtitling her with a negative maternal person could have generated a lack of body replacement or even a trauma that reaches the image of oneself, in a moment, where the physical survival is at stake for the structure development of the psyche in which the ways of self-conservation and narcissism are at stake.

¹ Sifneos (1973) defines Alexithymy as lack of affect: "poor fantasmatic life resulting in a utilitarian thought using action to avoid conflicts, and stressful situations, inability to express one's emotions" to fail in making a relation between emotions and ideas and fantasies accompanying them."

We believe that Lilia showed a precious need of union through touch, remember that she was served at the age of three months. Body contact (skin to skin) by the act of bringing her legs towards her chest enables, normally, the anorexic young girl to try to get in touch by this sensation of physical contact. These deficiencies in tactile contact and body manipulation could lead into failures in the development of no-skin (Anzieu, 1974).

We quote the mother:

... after all this period of time, I was obliged to return back to work and wean her at the age of three months; I gave her to a nanny who was not really like me. She was a bit emotionless, but I had no other choice (...) she was so distant to my daughter, she (the nanny) rarely holds her in her arms. When Lilia went to the toilet, she didn't even change her clothes, she stays so until I come back home. In the best case, she changed her diapers without even washing her, but I had no other choice; no one to rely on that time.

This physical absence of the mother "viewed as a loss of all the more distressing and annihilating than the differentiation between oneself and the other is hurting." (David, 2007, p. 34). Lilia felt emotionally given up. We think that because of this delicate situation that Lilia is considered as a subject of anxieties of giving up which can be leading to defensive and regressive processes. We can assume that to prevent future abandoning and suffering, the girl teenager rejects any emotional relationship; besides, even though the adolescent doesn't tell much about her social relationship, she mentions two of her comrades to signal her calmness which shows our sense of limited social relations. We quote her:

Friends...I don't have, I only have some comrades, and even...I speak only with two friends, that is all, I don't like to have a lot of relationships, it brings me nothing, it is useless, what brings me nothing I avoid it and do not do it, it is a waste of time and energy...

In this sense, we think that the teenager has long repressed her need for attachment and stands as totally self-sufficient.

She grows up at this absence of maternal body shoring and this defect whose consequences are clearly seen now engendered in her narcissistic behavior.

Thus, the teenager couldn't feel inner motherhood "good enough" (Winnicott, 1992), this representation should allow her to identify herself enabling her to overcome the psychological sufferance. The mother said: "my girl has always refused to eat, she rejected to drink her milk bottle; besides, she used to vomit everything I gave her."

We supposed that the reason behind the vomiting might be explained by a difficulty in swallowing. The repetition of this behavior can be a sort of trying to identify herself. However, this attempt has never been achieved. So, they represented psychological and behavioral solution for relationships that could never been satisfied.

Lilia's tale shows us that she early was suffering from separation from the object. According to Flavigny (1989) the lack of tight relationships was the main reason of negation feeling. This early carelessness would exhibit the pulsive teenager attitude avoiding reflexive function and third pulsive time access (passive time) (Freud, 1995) during which an impulsive return takes places.

Hence, mental anorexia is supposed to enhance the individuation "due to the disfunction of the skin-ego" (Anzieu, 1985).

It is also important to mention that the fear of being abandoned, i.e., "Anxiety from separation" (Quinodoz, 1991) which is dominant in Lilia's case. In fact, the mother's carelessness and apathy contributed in making a permanent narcissistic hurt that could be in sight of all kinds of sadness, separation, loss, or interruptions in the

future. Therefore, this bad experience would become the centre of her personality and life (Aimez, 1979, p. 101).

The adolescent girl controls her body in order to control her mother by the resort to anorexia. Thus, here the body is the subject of hatred; this body was possessed by a bad thing, a bad mother, “internal persecutor confused with the body. This bad object is linked to early mother-child relationship.” (Selvini, cited by Marcelli & Braconnier, 2000, pp. 158-159).

In other words, according to Quinodoz (1991), we think that any separation between the self and the object would threaten self-integrity due to loss of undifferentiated parties of the thing.

We cite Quinodoz (1991):

Anxiety appears not only because separation is felt as a loss of the object but also a loss of part of “ego” itself, that would disappear with the object, in order to carry on the making with him,...) if someone feels that “getting separate from someone else means unconsciously a threat for the integrity of the “ego”, i.e., an amazing tight attachment between the “ego” and the object, this attach is mainly characterized by some parts not differentiated enough from the object (...) the absence of one of them enhances the painful perception of the other’s presence as a no-ego. (Quinodoz, 1991, p. 40)

To sum up, if the teenager cannot support or show forbearance for the mother’s absence, this would manifest that she could not reach depressive position mentioned by Klein (1959).

The teenager remains at pre-object stage; hence she focused on an external object relationship, this is seen by a strong attachment to virtual games. She finds it delightful playing with a doll online. Taking Gutton’s (1973) research into account, we suppose that it is an amazing mother-baby relationship reproduction. “The game is actualizing fantasy, a desire satisfaction, the game is expressing a rush which is not satisfied and that is getting partly achieved” (Gutton, 1973, p. 19). Lilia is trying to benefit from primary care by projecting her feelings on the doll, thus, reproducing mother-baby relationship; the latter is still virtual, cold, and distant.

She reported:

I love watching TV, I am always connected to internet, I play clothing and fashion games online, I draw a lot, only well dressed ladies, I’d like to be a designer, and dressing people, I like coloring drawings, that’s how I enjoy and relax. Otherwise, I chat through MSN, I adore dancing, this permits losing weight, this is my hobby...my favorite hobby, joining the useful and pleasant activities.

Difficulty in Showing Emotions and Alexithymic Dimension

The events that made interruptions in Lilia’s childhood have contributed to her mental activity fluctuation. Her incapacity in front of some events has induced the girl to reveal her feelings. Thus she seems rational; she doesn’t show any weakness feature. She looks as if she focuses only on her body. She says: “I would kill myself if I feel attracted by a boy.” This expresses passive/active alternation allowing the object loss control; it is rather carelessness inducing passive position, which enhances sodo-masochistic phantasmatic evoking libidinal and aggressive plusions lack.

Therefore, self-return is considered as a solution facing loss and anxiety. The teenager’s non-verbal gestures take place: “(...) my body should occupy very small space because I can’t find a place for myself in this world.” she said.

Body Symptom Addressing the Other

Lilia had given only some descriptions of facts lacking any feeling, she seems amazed when the others show her some emotions. This illustrates that she can’t express what she feels as if she had never learnt how to.

Lilia feels abandoned, she says that nobody can see her, she has no friends, she adds: "I don't talk to them too much....this is what they pretend! They think that I'm too quiet, as if I am indifferent." "To talk about myself? I am a student, I can't talk about myself, I never do that, I can't be noticed because I am too quiet, everybody thinks that I am too quiet."

Resigned by affectless teenager's speech, it represents that she is hopeless like if she was talking about somebody else's life: alternating, watching, and playing roles.

She is always rejecting and refusing things, vomiting without any pathological reasons when she was a child, the latter can be taken as a resisting attitude, a refusal, a defense against natural libidinal withdrawal. When she is an adolescent, her position may suggest a turning in oneself; her body would reflect a retreat or a refusal communication.

Lilia felt that she was unfairly rejected and neglected; she can't express her sadness in front of the maternal reject, neither her aggressive attitude. In fact, she is trying to restrain the passiveness and the feebleness. She started by anorexic behavior in order to acknowledge her individuality. Her mother told us: "she used to vomit everything, she kept food on the edge of her tongue then rejected it, and her uncle was her pediatrician, she never suffered from any disease."

Anorexia might be considered as a refusal to submission, a way to say "No", a reaction to abandon. In other words, anorexia would be a way to attract mother's attention.

Especially, on her because she needs recognition, moral masochism would be the ideal solution to permit her body re-appropriation. Thus, she translates an authentication quest of the subject in and through her act. It is about a returned conduct on herself which would find as a single way of disengagement "the act".

We may think that this attempt to reduce her deep suffering would reveal, basically, a lack of auto-eroticism that is based on a failing primary narcissism therefore, necessary reflexive capacities for the experience subjectivity. To present things differently, the internal tension control passes by perception-sensation recourse. The adolescent clings to a sensation that represents a "self-control" (Pirlot, 2004, p. 150) whose objective is to "... recreate ... lack of a good quality narcissism, a psychological unit by the body in a contention illusion: the container by the sensations is here a drive impulse incarnation form." Thus, it is through anorexia nervosa that the adolescent manages to complete the three stages of impulse, namely affective, regaining activity into passivity and passive (Bonnet, 1981, p. 44), because the watched being that allows anorexia nervosa by weight loss, enrolled the adolescent in the real, since the look capture that this disorder authorizes allows the adolescent to restore the link between the "affective/passive" scopic impulse's time and finally being able to exist. We think that this conduct is linked to a lack of recognition; she is to be related to a lack in the other parental father symbolic structure. As a child, the adolescent was not able to assume the imago's inability to return a mirror image² (Zazzo, 1998; Calmettes, 2011, p. 257).

In this respect, we hypothesize that this watching quality does not provide a sufficiently narcissistic reflection to allow the adolescent to construct an integrated body image, it could be a distorting maternal look. This distorted image is underpinned more by the constant search for harmony, sometimes at the prize of incoherence. In other words, the adolescent thinks she is normal with a distorted image. It would be, in our opinion, normality semblance. This adolescent is in search of structuration or a container (Dolto, 1984).

² The specular image consists of a figure that opens up to an abstract and stable singular representation of ourselves regardless of the variations of our image over time.

To Be Watched ... or Not to Be Watched, That Is the Question

The scopic impulse is at the heart of the anorexia nervosa logic. She has a specific metapsychological status because she participates through the opposite voyeurist/exhibitionist couple to the perversions understanding with the other Freudian metapsychology opposite sadism/masochism.

In view of the precarious link to the object that may refer to an archaic specular image due to a reflexive failure in the time of the scopic drive, an other-gaze capture by anorexia and pronounced weight loss. These elements could allow us to advance that it is a hold on a gaze, which permit to recreate the other³ and ensure its permanence.

In a movement of gaze authentication that this adolescent bears on herself, she tries to reconstruct the reflexive time, which allows her the specular-even archaic-image recognition.

In fact, to see and to be seen by the other is the fundamental structure of the construction of identity and the recognition of others (Bonnet, 1996). The recognition of the mother, and subsequently of the other, can be fixed by the reflexive with this adolescent only through mental anorexia. Referring to Winnicott's work (1971) we can argue that by this disorder, the adolescent goes from a "not looking" status to "looking" status. We quote Winnicott (1971a): "when I look at, I see myself, so I exist, then I can permit myself to look and see." (p. 203).

In our opinion, the body takes a face, exhibits itself in pathology, since it is part of a relationship with the other, constructed as a looking material. The body thus becomes a language that offers the adolescent recognition and status.

The body image is what the adolescent will invest as a result of the feeling that her body is a unique object that belongs to her. But this does not exist only for oneself; it refers to society and the mutual exchanges between her image and that of the others. Thus, she is restructured through the others' look on this body and the judgment that accompanies it. From this point of view, the adolescent is deeply dependent on her environment, whether it is adult's relatives, parents and others, but also pairs (Poacher & Marcelli, 1991).

For this purpose, we believe that although it is existing, the gaze does not seem permanent and sufficiently containing to give a sense of existing to the adolescent and could be at the body image failure origin. These observations are going in the same direction of Bion's works (1963) around the "non-breast" concept (a bad breast in the Klanian vocabulary), he introduces the idea that the absence of the object is not only a void, but the presence of a present bad object, schizo-paranoid anxiety generator. The absence of a mirror that allows building a self-image, can report a missed, failed encounter with the face/gaze of the mother.

As a summary, and considering the presented elements, we suppose that Lilia's body image deformation is due to the mother's look non-permanence or sometimes her insistence making it failed. Seeing traumatic cannot ensure a sufficient narcotic reflection, which does not allow this anorexic adolescent to build an integrated body image.

It is another opinion of failure that can be related to a lack of connection between the "passive" time and the "active" time of the scopic impulse, which does not allow her to enroll into the other's gaze. So, because of the non-permanent maternal gaze, we think that the adolescent specular image seems to be short-circuited.

For Cahn (1991) the specular image incompleteness in this case is probably due to a mother incompleteness. The views, the attitudes of the other are going to be so many ways of shoring up the adolescent thought and self-failing, they are reflections reminding us of this indelible first gaze.

³ We mean by "other" any otherness for the subject, all that is being otherness for the subject however the influence and determines it.

The young girl tries to catch her parent's attention and find a place through her symptom. She tells us: "they adore each other, (We recount her talking about her parents) there are times when I think that they forget that I am here ... and that I exist", "I do not find a place in this world, my body must take the least possible space," "I can be loved and watched only through my thinness."

The anorexic young girl's words could bring us back to a similar movement of autopunition feeling by the symptom. Following the feelings of unmerited parental love that remains unnoticed in childhood, the self-esteem, identity, and the reversal of aggression disruptions against self can be explained by Lilia.

These findings corroborate the work of Halmi (1996) who explains that "this refusal to eat can also be a gaining attention way and provoking anxiety in her family and social environment" (p. 24).

It would seem that it is conflicting relationships, see of position, and rivalry exist between the mother and the girl, because of the refusal to eat of the adolescent, refuted attitude by the mother who refuses her daughter's thinness.

Lilia tells us:

my mother is nice but we fight all the time, for a yes for a no especially when I do not do my homework, especially when it's Mom who asks for, or when she decides it, or when I do not help her in household chores, she does not want to understand that I am no longer this little girl who must obey to finger and eye ... she thinks she is perfect ... (...).

And the mother tells us describing Lilia:

She is too thin (talking about the adolescent), she does not eat, especially when I ask her. it looks like we're not feeding her, we're not giving her food, she's putting me out of my gloves, she insists on contradicting me, she does just what's in her head ... it's just to get my nerves.

the mother tells us.

The young girl seems to be attached to her father, we quote: "he is very kind he takes care of all of us; he takes care of our studies of our future he does everything for us, to satisfy us (...)," which could inform on an Oedipus reviviscence. In addition, we believe that the adolescent lives fantastically an incestuous relationship with her father. However, aware of the prohibition of this type of relationship, she avoids all other men's envious and eager look.

She tells me:

in general, the woman is perceived only through sexuality, that's why I avoid the gazes of others, I do not like that they look at me especially men, I feel in the look a desire an envy and it scares me.

In sum, for Lilia the sufficiently permanent object to internalization failure interfere the possible entanglement of the scopic impulse in a symbolizing project (Novel, 1998).

The Work of the Feminine

Lilia claimed an assumed femininity, who saw and who launches as such. Although she was dressed in a very feminine way, very coquettish and graceful, well made up, she had a leaning position, folded arms, which clasped her legs. This attitude could tell us a way to recognize her body parts.

The adolescent reveals a contradictory movement between the fear of being watched and an obvious coquetry suggests a deep desire to be seen and watched, lack of not been enough when she was a child.

It seems that the recourse to the bodily appearance is the only escape from the existential emptiness, we quote her: "me, I want to be loved like all and permanently, Halas it is not possible I can be amiable only in function of my thinness and it gives me the desire to die."

We believe that the work of the feminine is committed but remains unstable, given the passive/active opposition regression threats. The use of anorexia to fill the narcissistic incompleteness seems to make access to a passivity and a more inner and external problematic feminine. The specific external investment to femininity would, in our view, have a rather defensive value. It does not allow the access to a feminine position as a, impulsion satisfaction mode.

It seems to exist only in the appearance; it must imperiously make its envelope consistent. We think that the self-feeling is very lacunar, with unclear contours. Noting that by appearing, Lilia exercises a hold on the other by catching his gazes, she wants to look at her.

To act by mental anorexia could testify with Lilia a self-quest in the other gazes like reflective mirror, and would support her identity as a feeling of existing and being real.

Thus, Lilia uses anorexia nervosa to construct the scopic impulse reflexive time for the specular image recognition. By the reflexive, the other gaze capture allows the adolescent gaze authentication that she has on herself.

In this same sequence, Lilia has always felt the need to support the accession to the scopic impulse reflexive time on an external means. This is done through the use of real or virtual drawing as a matter of fix and captures the specular image. Specifying that the adolescent passes her time drawing or coloring on the net. Always in this same order of ideas, Lilia expresses a difficulty in seeing herself in the eyes of the other, precisely that of the men that she finds envious and vicious, she cannot be constituted as a gaze support from another eyes on her, which could lead us to infer a reflexive impulse failure.

We suppose that she does not appreciate its true value, because she can't persevere herself in the eyes of others she cannot construct herself in a reflexive support that allows her to confirm her existence. Lilia's hypothesis in quest for love seems to be confirmed by her words when she explains that she could only feel loved through her thinness. She was looking for a gaze that she didn't have, she needed to feel looked for to have the existing proof and recognition in the eyes of the other, it evokes the reflexive time of the scopic impulse that we think essential in the identity reconstruction and precisely the feminine: "I can be loved and looked at only through my thinness" she tells us.

The active scopic impulse and once were again invested, we notice that Lilia was still trying to authenticate herself and authenticate her behavior in her mother's gaze, we hypothesizes that this identification need can assure Lilia's specular body reflection confirming her existence, we think it would be an identity affirmation that would allow the mother recognition. In our opinion, anorexia nervosa runs in counter of mother expectations, who projected on Lilia an ideal that was inalienable to her.

The passivity refusal is expressed by opposition to the mother and her authority, we quote Lilia:

even my mother is nice but we fight all the time for a yes for a no especially when I do not do my homework, when she decides it, or when I do not help her in the household chores she does not want to understand that I am not anymore this little girl who must obey to the finger and the eye ... she thinks she is perfect ... (...). Especially when Mom asks me.

The adolescent's words let appear that her mother is intrusive see persecutor. Thus, we think that the anorexia is linked to a lack of recognition; it is to be linked to a defect in the other parent symbolic structure. As a child, the adolescent was unable to assume the imago's inability to return a specular image.

In this sense, it seems to us that anorexia nervosa is an act that allows the adolescent not only to get away from the her identity threat (Jeammet, 2002) but also to restore a relationship to self, based on the relationship to another invested as a mirror of oneself.

The Maternal View

The adolescent did not receive special attention from her mother or her nanny. The mother explains that Lilia refused the mother's breast, the bibber, which put the mother in the incapacity to take care of Lilia by fear of hurting her. We think that it results from this early distortion, of these premier exchanges and ruptures a privation and incompleteness feeling. The mother is affectionately unavailable; the maternal gaze turns away and refuses to recognize her, depriving her of the existing assurance in her whole, and of being important to the other: "(...) she refused the bibber ... Even my breast, she refused to eat, she was very thin. I was afraid to touch her or to wear her, I refused to see her like that, I had the impression that she was defying me (...)," tells us the mother.

Thus, she could not offer him the necessary "holding" (Winnicott, 1992) for the sufficiently solid self-construction at the existing feeling origin and the world progressive knowledge through sensory and nutritional exchanges that implies a minimal possibility of identifying herself with one's child and thanks to the "emotional concordance" (Stern, 1983)⁴ which is established between them.

In other words, the gases exchange and the intersubjective relationship failure that had developed between the mother and Lilia as a child could not allow the adolescent to gradually gain self-awareness, since her mother's face and eyes constitute no longer the first mirror of which Winnicott (1971) speaks about. When feeling like loving the child, he becomes more and more aware of the value that he has for others. The lack of tactile contact and body manipulation leads to deficiencies in self-skins development (Anzieu, 1985) and functions dysfunction of excitement and psychic container. We cite Clyde W. Ford (2002): "we have nutritional needs that are normally satisfied by close contact with our mother—or without a substitute—if we are not breastfed, our body still needs physical contact. To survive and develop." (p. 114).

Lilia grew up in this absence of maternal bodily support, this defect of excitation binding and containing (Anzieu, 1985), whose visible consequences today are a faulty constitution of narcissistic sitting, preventing Lilia from experiencing the maternal narcissistic seduction necessary for self-investment, and the fantasy of megalomaniac omnipotence that provides the basis for a good narcissistic foundation and any individual (Sanhja, 2012, pp. 159-180).

In her turn, in an intorjected and validated refusal of this maternal defect, she fights against the feeling of helplessness which overwhelms her with those who do not give her attention.

In our opinion, the association of an oral symbol and the food with well-being can allow us to move forward so that for Lilia, the personality reorganization that accompanies the period of adolescence has caused the Oedipus revival and the voracity related to the oral zone' reactivation, so its sadomasochistic dimension.

This is how the adolescent began to feel guilty and to be concerned about the aggression towards her mother because she loves her and she does not fully satisfy her (Winnicott, 1957).

The guilt feeling is proved after an aggression towards the mother that denotes a moral masochism in which the beloved subject disappears to give way to the investment of suffering.

The adolescent finds that the only way to have full power over her mother is to control her own body, which is a space in which their conflicts become manageable.

We think that the adolescent's experience, enhanced by the problem of mother-self undifferentiating, may explain the difficulty of identifying a maternal imago that is both rewarding and reassuring to be able to come

⁴ Sterne developed the concept of "agreement" between the mother and the baby at the Second World Congress of Infant Psychiatry presented by Lebovici (Cannes, 1983).

off later and become herself a woman. Her nanny who came to supple her mother could not take this role. Thus, the anorexic exerts a sadism on his mother in order to bring back the lost maternal object, it will however be an autosadism question (Chabert, 1999, p. 1469) which corresponds to a return on self of object representative directed sadism present in the undifferentiated body “self-offense masochism can be understood as a sadism directed towards the body heard as non-self.” (Kafka, 1969, p. 210).

In this same order of ideas, Chagnon (2006, p. 40) adds that the recourse to masochism would be a consequence of lack of satisfactory early relationships, which could be related to lack of the early bodily stimulation, (the holding and the handling), of which Winnicott (1975) speaks that this adolescent tries to block by anorexia nervosa, thus the object invested and replaced by a body sadistic autostimulation.

To recap, Lilia felt guilty every time she hurts her mother, which could account for incorporation. This process could refer to an autosadisme (Chabert, 1999, p. 1469) which is shown by a feeling of conscious guilt on one hand, and superego hostility and sadism and self-submission and masochism, on the other hand (Freud, 1924, p. 294).

Thus, Lilia expresses a submission refusal to her mother with a total negation of her body and her sufferings. The adolescent speaks of a conflictual relationship with her possessive mother deciding the most intimate choices, we quote: “my mother is nice but we fight for a yes for a no (...).”

Also, stubbornly refusing to eat would be a *sinequanone* reaction to a family context, in which adolescent did not find that place, proving her resistance and her will to live, in favor of a life impulse, rather than a death impulse. It is not a question of “letting go” to die, but of resisting unbearable torture.

Very attached to her family, the adolescent fights against her addictions towards her relatives while taking to transfer it on food, and at the same time to prove herself that she has the full control of her body, which is a sign of lack of self-confidence. She does not solve herself, in spite of everything, she rejects her mother, so she remains a fantasy, matically very dependent, and she shifts her rejection to the food that symbolizes it.

Lilia’s experiences toward her mother’s cleaved feelings of love and aggressivity, very guilty, aggressivity that she returns against herself in a masochistic form. The young girl feels her body as belonging to her and sees herself as a completeness narcissistic object of an omnipotent mother from whom she remains submissive, hatred towards the body, and the mother mingling.

Relationship With the Body

The adolescent has a completely distorted body image: caught by the terror of getting fat, she sees a huge body, even though it is puny. Her ideal would be a body without substance, without thickness, without fat, to see without muscle. The feminine forms, breasts, and hips, become so many discomfort objects. She tells us:

I do not feel good in this body, and it blocks me a lot, I feel frustrated; disappointed by my envelope. I fight against this body, it is synonymous with suffering in my eyes, I have emptiness, and anguish and insecurity feeling by my body I am afraid it will get me into trouble.

The thinness becomes the real quest object, the search for a perfection (image of a first unit, often presented as innocence, the lost paradise regaining it by the mastery of the body mastery) which associates with the search for the origin, a desperate attempt to find the place from which the word may come: “the speaking word of an ‘I’, and not (...) the spoken word of the ‘we’ of the institution”, as explains Ouaknin (1994, p. 24).

On the other hand at puberty, the body separates adolescents from their families, we can see here that the identity of the anorectic adolescent was part of the adolescence linked identical paradoxes, but also of an opposition of the complementarity between questions about origins and belonging, in what Kaes (2000) calls filiation process.

However, the adolescent perceived mockery and shame at a time when she needed support in her confidence. For her these changes were not rewarding. We quote:

If I had the opportunity to change something in my body it would be to cut my hips; to make them disappear completely (...) even my breasts if I had the possibility of removing them I would do it, I have a huge breast compared to my size and my age, when I was a little younger and when I was just starting to have a breast, my classmates were starting to make fun of me because I was earlier than the other girls, even at home everyone made fun of me and made remarks, I was very ashamed I wanted to make them disappear (...).

This young anorexic sees herself too big. It is childish body nostalgia. We quote:

there is a lot to say ... nothing is more like before, neither me, nor my way of being, even my body has changed, I do not recognize it, I do not recognize myself, when I see myself in a mirror I have the impression to see someone else than me nothing goes well anymore.

She has the impression that time is running very fast, but things are stagnating for her, who frustrates these ideal instances requirement. So in our sense, it is a maternal dependence regression desire instead of accepting her condition of present dependence.

In addition, the adolescent uses a symbolic dimension that refers to a pregnancy state “I’m throwing up because I feel full and heavy.”

It seems to us that this may be a link between the oral and genital asceticism for the patient, which is explained by the fact that the genality and the place with excellence desire, of incorporation, of devouring, melting skin, by refusing to abandon herself to the genital experiment, the anorexic violates the proximity desire which, because passing through the body, recalls the lack, the void, the absence, the hollow, or at the same time the invasion, suffocation, the fear of no longer existing in the desire of the other profile.

The hypothesis that the anorexic exists in an almost undeniable way is felt, the anguish of the full, the mortal anguish to be fulfilled, both from the oral and the genital point of view. The emptiness is intensely sought by the exaltation that it provides because it frees the corporeal alienation mind.

Would it not be reasonable to think that underlying this anxiety of the full lies the fundamental fear of being, of living, of existing?

Conclusion

We find that the young anorectic used her symptoms as means to attract the attention of her parents, to see existence in the eyes of the parents.

The clinic reports a deficient link of objects, which could have “caused a maturation process blockage” (Winnicott, 1971b) and the appearance of her anorexia. The repeated vomiting that the adolescent presented as a child, may account for a refusal or even a defense against maternal libidinal withdrawal, it reflect a back and forth between the incorporation, as an attempt to contain the object and the ex-corporation of the same object. Thus, this method of weight control will also be considered as defense mechanism against the depressive emergence, it would be in fact a strategy of control of the first object of love “the maternal object”.

According to Corcos and Bochereau (1999), the conduct acts reveal a processes dysfunction of separation-individualization and identification in adolescence. Thus, it seems to us that with Lilia, anorexia as a conduct acted testifies to a failure of primary identification following an object unsatisfactory relationship⁵.

In other words, the more adolescent feels insecurity, the more he is dependent on his surroundings, and the more he will be able to defend himself by acting (Ferrari & Epelbaum, 1993) in our case. The adolescent used anorexia nervosa.

This failure in the first mother-child link can be at the origin of a pregeneral oral sadistic and anal fixation. Thus, we believe that this anorexic behavior would become a compromise between regression individuation: regression, at the level of a primary relationship because of the incorporation of this relationship as well as the specific dynamics of relations and investments of the object. As a result, a first anorexic process sets in early, with the aim of recognizing her individuality (Flavigny, 1989).

Lilia could not gradually access to self-consciousness. We think with Anzieu (1985), that this lack of maternal bodily support has caused an early distortion of her first exchanges and breaks, deprivation and incompleteness feeling, we quote: “in feeling loved the child takes gradually conscious of the value that he has for others. The deficiency in tactile contact and body manipulation leads to failures in the self-skin development.” (Anzieu, 1985).

We think that through this movement of fixation and oral sadistic regression (compared to early weaning and lack of mothering) and anal (given the control attitude), the adolescence involves a development engaging process, which deals with the sexual identity integration, the infantile relationships reorganization, and the separation work beginning, and leads to a psychical instances reorganization (Emmanuelli, 2005). Thus, the body resexualization remains the only obvious solution, because it becomes the only impulsion discharge place, allowing her to avoid and contain any anxiety state.

The adolescent tries a masochistic approach to her anorexia to destroy this body strewn with feminine attributes and to defend herself against this possible maternal fantasy intrusion. Thus, the body would no longer contain the wrong object, but it would be its own (Selvin-Palazzol et al., 1979); and become by this process a persecutory object because loaded with attributes of the primary maternal object, incorporated massively during the first mother-child relations, the aggressivity and then turned against herself, displaced on this body, which makes it possible to maintain a pseudo control of the body that she denies and disinvests slowly. The lack of tactile contact and bodily manipulation has led to deficiencies in the development of the ego-skin (Anzieu, 1985): in this way, it can avoid any identification conflict with its feminine imago, which does not satisfy her.

In this assertion, the anorexic disorder is more defined as an “Act symptom” as Joyce McDougall (1992) conceptualizes it, insofar as it bypasses by the mentalization act (Marty, p. 1980)⁶ of the conflict, and aims to overcome psychological pain and conflicts.

For Lilia the anorexic behavior recourse is aimed at the maintenance of psychic hemostasis, whenever the adolescent’s economic equilibrium is threatened, from a point of view of the narcissistic register. In the service

⁵ We are talking here about the failure that characterizes the link that unites the maternal object to the child (Maidi, 2008, p. 204).

⁶ The Mentalization therefore mainly concerns the representative and phantasmatic individual’s activity. Insofar as the representations Liaison’s work operates in the preconscious system, the evaluation of the quality of the mentalization, and that of the quality of the preconscious are almost equivalent. For P. Marty, mentalization is assessed according to three axes, each presenting one of the activity dimensions representations: its thickness, its fluidity, and its permanence. To “report to the early processing activity of somatic instinctual impulses and mantel symbolized content” of Tychey, Diwo, and Dollander (2000, p. 469).

of the ego adaptive function, it responds to extinguish unbearable sensations attempt. In this sense, it has a sedative function in particular against the emergence of depressive affects. We quote McDougall (1992):

thus, these ideas imbued with depressive or anxious affects, partially and immeasurable and inelaborable the subject, do not reach the mental representation, are kept out of the conscious. This is part of what Freud referred to as *verwerfung* to distinguish it from repression. (McDougall, 1992, p. 137)

We hypothesize that for this adolescent the work of partial impulsions union to a sexual impulse, is not completed. We observe the relevance of a massive investment of a partial drive register. The scopic impulse (Hat 1981) we underline previously, is particularly invested in a dynamics or intricate gaze and the being seen. It is also integrated to perverse developments including an exhibition, in acts. This scopic impulsion is also strongly entangled with other partial impulses⁷ (Bonnet, 1981; Freud, 1915).

In sum, the problematic anorexia nervosa for Lilia reveals the partial impulse investment persistence which is based on massive mobilization in the recourse to action by anorexia nervosa, narcissistic and masochistic registers of the same as scopic impulses and hold. These partial impulses operate according to their own logic but the view is one of their common points.

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⁷ In another context, the scopic impulse is not only related to the sexual desire satisfaction but it actively contributes to the need for knowledge, identity, and self-preservation. Within this scopic field of constant activate impulse, three different forms of pleasure coexist, writes Bonnet (1981 p. 44): pleasure to see each other, pleasure to look at each other, pleasure to show oneself; it is about the three instinctual impulse times that Freud develops in his work "pulsion et destin des pulsions", the first tense would be the active tense he means because that is the look impulse; the second would be that of the reflexive, that of the look at oneself impulse; and the last tense would be that of the passive which refers to being viewed. Freud (1915) states that "to view proceeds to be viewed".