



A Psychoanalytic Approach to Anorexia Nervosa: “Mother-Hunger”

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Accused of all evils, always held responsible in any case, necessarily the privileged addressee of all forms of reproach and gratitude.

Mad love; madness of love; love of one's life; life and death of love:

“Love is a word which derives from amma, mamma, mamilla.

Mammary and mummy are almost alike.

Love is a word close to a mouth speaking

less than a mouth spontaneously suckling still,

Pursing its lips in famine”¹.

Are we sufficiently aware that the mother in question here ... is the home², the primary dwelling place, the place of origin, since most certain of mothers³; and in fantasy the ultimate refuge ...the final dwelling place⁴), the hinterland of early childhood, the vast

landscape of a primeval forest, the heart of a founding time-space-focal point.

Is not the essential thing in life to always have the possibility of a home, where one can feel at home, where one is always welcome back, can find one's room and one's place, assuring thus the essential need for continuity? This accounts for how numerous patients suffering from anorexia nervosa find in their hospital or residence, a centre or foyer they can invest, in the same way that they invest the care and carers around whom they revolve and to whom they can return. “In the womb of the big house... a round family”, sang Jacques Brel.

To make the point more clearly, for the child the archi-structure of the childhood home is an analogon-projection of the maternal body, she is the mistress of the house, homebody- housewife, the angel in the house, who reigns and governs ... especially over the kitchen and the dinner table; she chooses the photographs and

¹Pascal Quignard (1998); *Vie secrete*, Paris: Gallimard, 2001, p. 13.

²See also Gaston Bachelard's rich analysis of the home as imaginary structure.

³“Mater certissima, Pater semper incertus” cited by Freud in *Family Romances* (1909) *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume IX (1906-1908): Jensen's 'Gradiva' and Other Works*, 235-242, 239. The formula has an absolute truth value, categoric and permanent, for better (continuity, origin) and for worse (alienation).

⁴Mors certa, vita incerta.

pictures to hang on the walls, the colour of the paint, the pattern on the wallpaper, the curtain fabric ... all the different layers of the sensual, sensory envelope⁵, which give colour and warmth to the child's memories.

The mother's body, her interior is ... the first of all horizons, the amnios containing the water which bathes the baby, it is also a reflection of her mind: "Since childhood, I have always imagined the interior of the soul as a moist, red-coloured membrane". We might add that if the amniotic membrane is transparent, we can let ourselves imagine that this Bergmanian red is the colour of affect and translates the intimacy of the body and psyche.

So when we refer (in a number of cases) to the consequences of mother-daughter indifferenciation in early childhood and of the difficult withdrawal from fusion and indifferenciation in adolescence, and so to the major problematic in anorexia nervosa relating to becoming a woman/mother "like the mother", and the temporary neutralization of separation and invasion anxiety by the symptom, ...we are in fact referring to the patient-child's fantasy of incarceration in the maternal dwelling⁶; inside the mother's body and mind (one body for two) and in certain cases inside the maternal unconscious.

That's why we ask families to describe how their home space is organised, how the family circulate from one room to another or through corridors, empty rooms, rooms upstairs, rooms close together, with just one wall separating the parents' bedroom from the patient's, ghostly spaces, attics (for the imaginary child), cellars (the dead child), the kitchen (where in archaic fantasies children are made), the parental bedroom (where they take shape), to speak about the anxiety and desires this creates, the fantasies and fears.

This is how the organisation of interior space, the dilapidated state of the walls or of the ceiling, the general chaos, give us infor-

mation about the child's representation of family depression, as do the presence or absence of photos of grand parents, of the dead or happy memories of family holidays which line the walls of the psyche and the house.

Just as there are houses which are warm and welcoming-refuge-shelters, others which are impenetrable, others which oppose us with prison cell resistance, there are houses with nothing inside, in which nothing will happen, beyond the place they are, and others rich with sensual joy or violence or abuse.

The interior space of our home, how it is arranged, its order and disorder, ... is the projection-reflection of the psychical space deep in our minds.

For the child the domestic space is the first container after parental holding, its exploration is the first long journey. The erotic and tragic space in which she roams in excitement or fear, made secure or not by the thread of the parental gaze and voice, which allow her to do what she dares or not, permitting her to soon rise and grow up, or enclosing her in the overcautious cocoon of regression, or the terrorizing, fraying canvas of controlling mastery.

In these latter cases, with the help of regression, the fantasy of returning to the paradise lost of the mother's womb is perhaps the most operative ...and mother and house are then almost metonymical.

Nor can it be excluded that for transgenerational reasons the time spent in the first home of the mother's womb might also have been insecure.

From the difficulty of transition from one place to another (as is the case at the end of adolescence) to the covering of more and more envelopes, can be added the transmission of a continuing state of malaise.

⁵Layers to which will be added the emotional and actual covering of coat and scarf which the mother tenderly demands the child wear "so as not to catch cold outside"; the den made out of bedclothes on Sunday mornings "sleeping in" in the parents' bed (the one made in the garden, like a tent ...generally with the father's help); and of course the narrative envelopes of innumerable stories to be told at bedtime.

⁶Like children and mothers in Vuillard's paintings, undifferentiated and as if integrated into the bedroom wallpaper, which itself matches the Persian bedcover with its trellises of winding plants and muslin curtains hanging at the windows.

So, the household with the dining table at its centre is a central place for the child until adolescence, which, regarding the focal point which preceded it - the nurturing maternal womb, is also naturally a place of passion. Furthermore, it is there, at mealtimes, that the weather (mood) and the climate (moderate or explosive) of a family can best be appreciated. It is there that the decorum and solemnity of the moment is stamped, the respect for the setting (being on time, washing one's hands, waiting for others before eating, eating everything, making no noise when eating...), and where acting out (leaving the table before dessert, going up to one's room) is more or less stamped out.

Hence the importance we attach to asking the patient for a childhood memory, as distant a memory as possible ...the first memory, which invariably relates to the childhood home, the family home, holiday home or grandparental home, ... where accumulated over a long period, life from the past is condensed and cristallised into various memory-objects ...in an immobility close to eternity.

Then in quick succession to question her about her wishes for her future, how she imagines it to be...: the wish for a new house for a new family, a house of one's own, on one's land, with a garden and self sufficient owner (not lodger), isolated, secure, with a view ..., a house which satisfies her roots and existential desires ..., a house which "would be my taste, have my shape, and be part of my identity"⁷.

To cite some examples:

"But our house has been no more than a playground.

Here, I was your ragdoll wife, your doll as I was daddy's doll"⁸.

"The house is not a port,

The house, the house, the house

Is there where it hurts.

My house has no heart

my house has no luck,
 if one tries to break in,
 she bleeds without stain,
 my mind has no corridor,
 my walls have no skin,
 one can lose one's life here
 as there is no one".

So why is all the resentment always directed against Her ... The Mother, if not only because she is the source (and not the cause), the last resort and the last succour, the most important and decisive refuge, becoming one with the family home which is like the continuity of her body. The "flesh of the world" (Merleau-Ponty), the "first seductress" (Freud), the "musician of silence" (Rilke), she who gives sensuality, melody and in fine taste to the things she touches, the living mirror of the world, the only true god on earth: it is hence an impossible task, especially if poisoned from the outset.

And there lies in particular the quasi-ontological superiority of women in the face of male domination, that of being the only childbearers, generating an unquestionable, Abyssinian line of affiliation, more or less compensated for by the (albeit less frequent) attribution of the father's name to the child. (This is how the father recognizes his child, to whom she gives birth and whom she nourishes), playing the primordial part in the destiny of humanity. Even if there is evidence to support the view that it is culture and not instinct which is the driving force behind the woman's symbolic place, her status of being the one who gives and promotes life and not death (whilst the father fights, goes hunting, to work, to war).

There is no primary maternal instinct. A fruit stuffed with myths and cultural stereotypes, the idea that the child might have an innate love for the mother is itself the religious counterpart to the idea of a primary, biologically determined maternal instinct, A biological love (pure organic chemistry with no heart or intellect?) and a genomic, neutral form of morality which might allow the

⁷A patient.

⁸Ibsen: A Doll's House (1879), Methuen Drama, 2008.

avoidance of all psychological conflict and generate "happy" or "unhappy" synapses? The maternal instinct is "a cultural apprenticeship, a convention, nature is not a given, but cynical"⁹.

In less passionate terms, we might say that the mother knows and shows as much fraternity-maternity as she does conflict, but that the most important thing is her concern for her child, her curiosity for that child, her capacity to think her child, to imagine her and especially to dream the child ...both touching her and being touched. There is no primary maternal instinct; just as man is born neither good nor evil; just as human rights do not belong to nature, but to culture; just as democracy must be forever reconstructed and reappropriated. These values, inscribed in mankind, allow man to deflect the cutting edge of the Real and not disappear.

This does not of course mean that the mother's temperament, or the child's¹⁰, is not part of the equation. An inaugural rhythmic desynchronisation can be the issue of vulnerability in one of the two protagonists of this love adventure. And it is considerably difficult for a newborn baby to be attuned to a depressed mother, whose rhythm is slowed down, empty of affect, atonic, just as it is complicated and painful for a mother to stay attuned to the avid or on the contrary massively passive temperament of her child, in the course of building those bonds which contribute to her own definition and validation of herself as a mother in her own eyes in the best of cases, and which in less favourable conditions run the risk of reinforcing her fantasies of being aggressed, emptied or not recognized by her newborn baby.

It is She, moreover, who protects from the stranger and attenuates the father's authority. Has a suffering or agonising child ever been heard to say anything but "mummy" in the last moments of their life? In neonatological case studies, whatever the actual parental situation, has any particular emphasis ever been given to the

relationship with the father in early trans-corporeal relations? The "latter" will have a relatively early, but not immediately primordial role in bringing up his child, over the mother's head in the first instance, while still protecting the mother-child dyad, before the time comes for him to facilitate de-fusionality, then the distancing and detachment of the two intimate protagonists. Since it is as if the child is caught in a magnetic field in which her subjectivity is directed by the gentle melody of mermaids and in which, magnetised, she risks being embedded in a projective maternal orbital trajectory, conscious or unconscious.

It is asked of the mother that her gaze should both carry and enchant the child, be not only composed of perceiving eyes, but a gaze which brings the child back to her psychological interiority (to her heart, her bosom) and which at the same time opens up the boundaries of the world, its perspectives and horizons. Which amounts to saying that she has no "right", - but is it that easy -, to be depressed and to emotionally contaminate her child with dark or empty looks, and especially without taking care to bring the child back to her; narcissistic object and/or anti-depressant; who will then have difficulty detaching from this dominion of safeguard. This is why it is so important to surround the sacro-sanct period of maternity with the utmost care.

The social-cultural-ideological- task of ensuring her child eats what she prepares for her also falls on her. Even regarding the gift, which is never given without return, which is always an exchange, she binds and attaches her child to herself by giving her food which is as much emotional substance to satisfy her needs as well as her desires. Fundamentally, it is the response of the child's body to maternal nourishment which validates or invalidates this nourishment, confirming to the mother the love or defiance she anticipated in terms of her emotional relationship to her own mother. And the refusal of food is certainly the first "No" which allows the child

⁹Michel del Castillo.

¹⁰Who can say, as in all childhood arguments, whether it was the mother or the child who began to give out the strange, complex signals at the source of their rhythms and affects being out of synch. Yet the child and the adult are not in the same position nor at the same level ...this has to be recalled to the mother when at adolescence the quarrelling and outbursts are directed at her. A responsibility tantamount to priesthood. Who says when it will finish ...perhaps not before the patient herself is a mother and will have a daughter?

to affirm herself ... the first step to primary separation. And sickness and phobia about the child's vomiting are painfully aggressive to the maternal heart.

From this response will be born a relationship of desire or power. Beware the one who will henceforth take control in this transcorporeal, narcissistic dialogue, who will dictate the tempo, both generating and appeasing hunger and the desire for the other or for oneself (for desire certainly gives rise to appetite), taking pride in the psychical handling of the body. Attention must also be paid to the risk the mother runs, of confounding need and suffering, of taking satisfaction in her control of the bond with the other in order to best take arms against her own fears.

But if there are biological, physico-chemical, humoral laws, the mother-child co-construction still cannot be substantiated without other: psychological, erotic, aesthetic and social laws. That is why we will adopt the terms parental capacity or incapacity, with no poisonous guilt-making element, appreciating devotion at its just measure, as the emotional gift of oneself, rather than a technical quality. A mummy ... not just a mother.

The sulphurous Freudian hypothesis is that the erotic (as perverse as it is tender) is at the basis of the feeling of love: love is indivisible like electricity running through synapses; the mother is the only protagonist in the primary love triangle of the sacrosanct family who can have an erotic relationship with the two other protagonists, the father and the child. She passes from the husband's arms to the child's body, she is the body conductor if ever there was one, passing from the experience, at least the exercise of the body's amorous activities to the corresponding field of maternal activity. No the mother does not forget adult sexuality (she censors her function as the father's lover (puts it on hold, shields, diffracts and distillates it...) with no offence to Melanie Klein (for whom the mother is triply biological) and for Lacan (who between symbolism and mysticism forgets the trans-corporeal), "and clearly takes (the baby) to be the substitute of a complete sexual object"¹¹.

In more precise terms, that which generates and nourishes a mother's love for her child (and the child's for her) is not a hypothetical hereditary primary instinct, which is biologically determined, but indeed the erotic carnal bond she establishes with her, which is inherited from her early interrelations with her own parents and her experience of relationships of love.

This is that conceptually difficult fact revealed by Freud and encumbered by attachment theory ... maternal desire and sexuality are the founding elements of our psychical, carnal, infantile sexuality and of the way in which we apprehend the world. Being stroked, clasped and soothed by skin contact (the skin of the maternal world) eroticises and libidinalises the different parts of the child's body, helps build a bodily ego and an image of the body, increase the investments of libidinal narcissism (primary narcissism) and simultaneously favours the development of object love in consolidating mother-child bonding: "hands as agile as waves, between which she let herself be cradled weightlessly, adrift"¹². The mother and child's bodies sustain a common rhythm, issued from the tuning of their pulsional swell.

Hence the important point, that it is the mother's trans-corporeal cathexis in her child which nourishes the narcissism and auto-sensuality of that child. Out of this dual nourishment and with the help of other props, the child will construct her sense of identity, allowing her to better separate from that sustaining/tantalizing object.

In other words, it is the transmission of the feminine to the maternal, a femininity brimming over from the eyes, lips, facial features, the fingers, the whole body, at once upholding intimacy (coherence and continuity) and security (cohesion). With no offense to our friends the attachment-theorists, there is no security without intimacy, even at such an early age.

The mother's intuition as regards her child issues from the possibility of her identification - as both "good enough" and temporary - with that child (primary maternal madness, primary maternal

¹¹Donald Woods Winnicott.

¹²Colette, *L'enfant malade*, Paris: Coll. le livre de poche, 1963.

preoccupation, then the mother's capacity for reverie, which we find in both Winnicott and Bion); the latter in continuity with the deconstruction-reconstruction of her own personal history and its various states of play, pretence, experience of love and deceit. During the phase of primary identification there are no signifiers or signification; medium and message are sensory-emotional, they are one. Since the mother and child were not so long ago one and the same body, one and the same extended psychical space, which allowed them in secret and at leisure to develop sub-cutaneous connivences, emotional consanguinity and co-nativity. So, does it seem quite obvious that the anorexic patient should call upon her mother to release her own secret. Since the two are consubstantial - in the sense of the substance of God.

The difference between "madness" and "primary maternal preoccupation" attests to the fact that even in the giving of herself to her child, the mother leaves her to one side occasionally (to return to the world just a little), giving her, while the eclipse lasts with its attendant melancholy, perplexity and nostalgia, the possibility to build and think herself in the absence of the maternal sun, be it too hot or too black, in the discontinuity of anobjectal and anerotic time and space, before the censorship of the mother as lover occurs and then her return to her first love object ... the father. This gift also signifies gratuity and generosity in the sharing of the flesh and the heart, in the sense that there is no love without gratuity and without the absence of reprisal if the object of love does not respond to our ideal, in effect to our demands.

"The absence of the mother is painful in the sense of what she leaves behind when she is no longer there"¹³.

So, what can the anorexic patient in fact blame her mother for ... wrongly or rightly, in a reasonable or para-delirious fashion?

Everything that didn't take place, only the place: the house she cannot leave ...with her symptom as sole weapon and luggage.

The rest: a non "desire" for the child (ambivalence, the death of an older child, depression, the repetition of neurotic inhibi-

tion); and the defence against this non-investment by controlling counter-investment as a form of counter-action; a counter-natural form of preoccupation; that, rather than nothing. The mother as a childcare expert rather than a good mum, just that, yes, all the same, but too much, that educating rather than loving, just that to prevent one's own disorganisation (that the patient doesn't know). With regard to certain beginnings, that is something, is better than nothing...

Or still more precisely, since that is played out in early narcissistic bodily interrelations: the child's investment in controlling, rather than espousing movement; something out of tune in this duet - not knowing who calls the tune, who gives the breast or demands it and takes ...and when, and who weans whom..., all in all, who decides about the beginning and end of these life questions.

One solution for the patient is to break out of prison, to tear herself away from imprisonment in the mother's non desire ...She hasn't loved or She has not known how to or She hasn't been able to, or She hasn't sufficed with regard to the patient's avid temperament.

The patient does not want to give her body - which she feels/ becoming a stranger to herself - the right to dictate its appetites to her and so she offers to her mother a skeletal, pre-cadaverous body, an extreme way of engaging her constant attention and of obliging her to openly express a life wish for her daughter. The progressive isolation maintained by the symptom in fact often results in her clinging to her mother. One of the meanings of the condition then becomes manifest as a "mother-hunger".

A solution for the mother of the anorexic patient: the mother who can no longer bear being put in the untenable position of satisfying a demand for recognition of existence, as silent as it is voracious, in this exhibition of walking death, is that she might only avoid this by putting her private life to one side to look after her daughter full time ... who wants this and doesn't want it (ambivalence): "either she leaves me to die or pulls me back from death"¹⁴.

¹³Pierre Fedida, *L'absence*, Folio, Paris: Gallimard, 1994.

¹⁴A patient.

But the patient's refusal to ingest anything and the fantasy of the body's starting from scratch is also to be heard at the same time, (that's her madness, that's the absolute scandal which hides a painful truth), as a way of purging a maternal inheritance experienced as unbearable and by the same token (through thinness) as a way of allowing herself to then find a closeness, (albeit knife-edge) with her mother by dint of the radical difference she has introduced between them. What counts is volume and shape, the possibility of tolerating them without feeling dispossessed of herself, of recognizing herself in them and no longer reading them as a form of maternal control: "I feel I'm going to have my mother's thighs; my grandmother's belly and varicose veins".

For the anorexic patient, that shape does not only come from her body's past experience and the childhood desire she remembers; which doesn't mean that these had no effect (even if she no longer noticed it), it also came at one and the same time from the future of an adult body for which she was heading ... in slow motion but without being able to slow things down any further... and that she couldn't avoid or run away from ... except by stopping eating or growing up. This is what happens explicitly in pre-pubescent anorexia. She was soon going to have the opulent Body and the heavy gait of life weighing upon her ...like her mother and her grandmother. What the anorexic adolescent speaks to us about is this impossible filiation, and the mother's experience of this rejection is painful, this act of disaffiliation, which cannot express itself other than by a programmed staging of one's own death, whereby each day the adolescent's emaciated body seems a silent, implacable signifier of her mother's failure: is she not the one, and she above all (she the mother) whose nourishment guarantees survival?

Our personal experience is based on a population of severe anorexics and bulimics with major symptoms, usually evolving over several years.

This practice which combines a large number of cases and long-term, personalised individual forms of treatment has enabled the emergence of a certain amount of data from which a number of questions have risen concerning the mental functioning of these patients.

The relationships of these patients to others are similar to their relationships to food: both are often characterized by a paradoxical aspect:

- An alternating between great eagerness for relationships and a capacity for isolation and withdrawal, with intolerance for loneliness as well as for closeness.
- A great awareness of the attitude and the opinion of others, often in a hypersensitive manner.
- Difficulties in regulating relationships and in finding optimal distancing: violent reversals from idealised attachment to total rupture, vindictiveness, and even outright hostility when faced with the slightest disappointment.
- Oscillation between an anxiety due to fear of separation and an anxiety due to fear of intrusion.
- The coexistence of exacerbated expectations concerning important people, along with the ability to be easily influenced, but at the same time a large capacity for opposition and an obstinate refusal of change.

Globally these characteristics have a common ground in the concept of dependency.

In all these personalities there is a predisposition towards an exaggerated dependency on certain people in the outside world: especially the mother who the focus in this article. With a lack of autonomy and areas of confusion between one's self and the mother.

We understand/consider the defensive meaning of anorexic and bulimic conduct in a psychodynamic approach, and its value in reorganising objectal relations: difficulties investing, antagonism between the objectal inclination of these patients and the need to protect their narcissistic balance.

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