

Tamara Landau

The Tightrope Walkers of Oblivion

*Prenatal Origins of Anorexia
and Bulimia*

Cover illustration: Tamara Landau. *Adolescence-transparence*, sculpture in alabaster



mnemoArt
ÉDITIONS

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TAMARA LANDAU

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BY THE SAME AUTHOR

FROM THE SAME EDITOR

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To Sandor Ferenczi,
And to *Thalassa*,
his masterpiece

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Foreword

I was born without a body... I have deserted my own being since birth... I am a void that walks the other side of the mirror... I feel inscribed in nothingness.

The words of anorexic and bulimic women have been part of my life for years, a little like a piece of music from a movie. Their chants tinged with nostalgia and pain -akin to forlorn lullabies that sound all alike- weave the thread of my listening, pace the silences, and unsettle my thinking. They fiercely monopolize me for fear of being abandoned once more.

Akin to figures remotely roaming uncharted deserts, they shriek in strident emptiness. Intoxicated with thirst and distress -on the verge of agony-, they already feel dead.

Here are Soledad's first words, whispered in the time of a breath: "my parents have forgotten me somewhere... I feel like a bird wandering in the air... a bird has a nest it comes from and to go back to. As for me, I haven't had a nest or parents and I have been waiting... to be loved... for someone to show me the way... to live... to want... to be able to love... to have a body of my own... I feel stuck inside, stuck in a void full of tears, and I am waiting..."

Their voices arise from the origins of Time, materializing first in a drip of tears of stars followed in a staccato hum and then a blind silence. Thus mute, they disappear behind the galaxy from which they stare at us in despair. As ghost stars¹ in a sidereal void for millennia, they have been waiting for us.

Stella says: "I have chosen the easy way: keeping nothing from me, the *me-from-before*, and the *me-that-mom-had-chosen-for-me*. If I ever venture to define that utter lapse of memory..."

I feel impressed by the casualness, or almost insolence with which I give in to deprivation, leading in turn to nothingness.”

I carry in me the poignant pasts of those patients,² shadows gone astray in search of their lost bodies. They are orphans untiringly wandering in the furrows of absence.

As time goes by, I did not want to be only the depositary of their memories, the witness of their existences, and the invisible keeper of their images. I had to find answers to these questions: Why have they lost their bodies? Why do they destroy their bodies with either too much or not enough food in an incessant dance with death? Why, akin to shooting stars, do they cry for help as they slip into nothingness, thus wanting to make us their helpless accomplices? And, above all, how can we help them find their lost bodies precipitated into the bottom of the well of Time and into the depths of forgetfulness?

1. Ghost stars: we can see a sky filled with stars and galaxies but cannot tell whether they are ghost images or not. For instance, observations in the spectrum of light visible behind a very far galaxy (M106) show several blue, young and hot stars plunged inside a red cloud of ionized gas. (Jean Pierre Luminet, Elisa Brune, *Bonnes nouvelles des étoiles*, Odile Jacob, Paris, 2009).

2. Term derived from the Latin *patiens* “he that endures,” adjectival present participle of *pati*. “describes someone who steadfastly bears the faults of others and who suffers in silence,” *Dictionnaire Le Robert*.

Introduction

In my private practice as psychoanalyst, the anorexics and bulimics I have encountered were all women³. I have listened to their symptoms as a creation related to the body, to gender and to feminine narcissism.

From the onset, I was struck by the ability of such analysands to hide their suffering behind a lively attitude. For the most part bright and demanding, they were ashamed to see a psychoanalyst as long as they considered “they had everything to be happy about”. It is a step they take only when they reach the pinnacle of their suffering, once they feel it is deeply rooted. Most of the time, their suffering remains hushed, because they cannot relate their condition to a traumatic event experienced during childhood.

As time went by and by dint of listening to their self-inflicted violence, I arrived at the fact that both bulimic and anorexic behaviours stem from one single primordial cause: the desire to survive. Food obsession is their only possible anchorage to a feeling of existence. The oscillation between ingurgitation and deprivation keeps perception of their body afloat. By means of weight fluctuations, they feel alive and their fits serve as a measurement of time. Between fits, they are tormented by an impression of emptiness and solitude; they perceive themselves as unworthy of love and interest.

Their thoughts continually cling onto food, like a castaway on a desert island still driven by the will to survive in the expectation of an unlikely rescue. This image dawned on me: like survivors under extreme circumstances, they stay awake by thinking of their favourite food in order to carry

on living. But being in that expectation while in a constant state of deprivation, they lose the very smell of their favourite food. They are no longer hungry, but dreadfully fear a possible lack, hence their compulsion to fuel up with excessive food intake. It is in order to stay alive that they fill up until they are bursting with food. Nonetheless, they fear being full, for then they would feel already dead. Those who have a near-death-experience from hunger maintain themselves in that constantly calibrated emptiness to survive as long as possible.

Like a castaway who has found his sheet anchor on his desert island, they are derelict to the extent of forgetting their real needs. Why do they conceal such distress? What secret do they keep at the risk of their lives?

In psychoanalytical literature we come across the idea that food addiction stems from a failure in the organization of narcissism and a primordial mother-child link making the severance impossible. So far, no psychoanalyst has been able to shed light on the origins of these precocious failures.

In this book, I shall outline a genealogic and phylo-ontogenetic theory of bulimia and anorexia. I put forward the idea that anorexics and bulimics suffer from a failure in the symbolic organization of primordial narcissism⁴ and in the primordial relationship with the mother, due to the intensity of death anxiety and the traumas suffered by grandparents and parents during foetal life.

Indeed, the recurrent and painful words from those women⁵ have made it loud and clear for me that they are re-experiencing a catastrophic collapse, which, – as it dates back to foetal life – is generally forgotten and buried through the operation of primal repression⁶. They are similar to castaways, who guilty of having survived a disaster⁷ without anyone knowing, hide and prepare to face it again, as the second wave of a tsunami. The latter being birth.

They enter a survival mode, so as to save energy more effectively. Bulimics devour and stock grease in order to endure, but by filling up excessively they become short of breath and

enter a trance that prevents them from speaking or moving. However, anorexics stay alive by reducing their needs. By deprivation, they also enter a trance that one would compare to the thrill a diver experiences when holding his breath underwater for as long as possible.

Both – resorting to different strategies – anesthetized their pain and emotions. Deep down, they perceive themselves as invisible and immortal, in a state bordering between life and death, close to that of a child about to come to life.

Thanks to the permanence of these archaic survival instincts, these women hinted to me the existence of a violent trauma that occurred during foetal life and repeats itself before birth. To conceptualize and write about this *prenatal primal trauma*, by translating what they were trying to convey with their words and tones of voice, as well as with their body language and posture, I had to carve the stone. They would sometimes spontaneously bring me poems and drawings that portrayed the agonizing unborn child in them, something that turned out very useful to me. As a consequence, I was able to come to grips with states of foetal suffering. With *primordial agonies*⁸ that led me to think that the psychic life and the unconscious image of the child's body form as early as conception inside the mother's body, subtly imbricating with her anguish, wishes, signifiers and perceptions, emotions, representations and unconscious fantasies of the grandparents and of both parents.

I shall try to show how unconscious fantasies passed on by grandmothers can shape the destiny of a bulimic or anorexic even before birth.

To do this, I probed into the most archaic fantasies related to reproduction, which I refer to as *primal maternal fantasies*⁹, by listening to the life stories of women as a poetic cor(e)-tex(t) engraved in their memory. I cross-referenced this poetic input with that of scientific research, in accordance with Freud's recommendation, in the footnotes at the end of each chapter¹⁰.

This book is therefore a theoretical essay based on psychoanalytical practice and on listening to bulimic and

anorexic adult women. The first chapter describes their feelings and symptoms during our first session. In the other chapters, clinical cases help us shed light on the obscure aspects of these pathologies by revealing the unconscious fantasies structuring the organization of primordial narcissism and the unconscious body image¹¹, brought to the surface in analysis through transference and the analyst's listening¹².

We shall see how the symbolic breach in the representation of time is the ultimate cause of bulimia and anorexia.

I invite the reader to embark on the journey I undertook in search of those ghost stars forlorn behind the galaxy and follow its different stages. Equipped with a detective's magnifying glass, I shall try to put together the pieces of the jigsaw of that primeval Big-Bang that caused them to collapse into the black holes¹³ of parental memory.

Chapter I **Listening To The Symptom**

The women and the few teenage girls who come to see me are turning to a psychoanalyst whose scope encompasses food addictions. This allows them for the first time to confess the problems of bulimia and anorexia they have so far kept secret and express the wish to get rid of them. For the most part, they come to me as a last resort after a long journey through various kinds of therapies that had helped them keep the symptom under control.

Very few anorexic women seek help on their own initiative. Their refusal is characteristic of their condition: they strive to keep their needs, cravings and desires to a bare minimum so as not to have to ask for anything. Among teenagers, the critical anorexic phase is an alarm signal. They have lost so much weight, to the extent of endangering their lives, and their doctors or families urge them to check into a clinic or turn to specialized therapists. At that age girls tend to refuse to confide in adults in general, and here they are being forced to see a shrink. Most of them then become bulimics or "balanced" anorexics. The latter reach a kind of equilibrium in food deprivation by means of innate and constant adjustments, any lapse in the diet resulting in bouts of nausea. Women suffering from bulimia have an easier time consulting a therapist.

We shall approach bulimia and anorexia as a two different sides of the same medal¹⁴. It follows that, even when patients slide into one of the two sides, we should listen to them as both bulimics and anorexics.

We can define bulimia as the drive to incessantly think of food and the pleasure derived from the act of eating, a drive that can only yield to the sensual pleasure derived from excessive ingestion. Bulimics suffer from compulsion, or an impulse, an internal drive that leads them to eat at any time of the day and sometimes of the night.

Anorexia is the drive to deprive oneself of food by fasting and throwing up. Whether teenagers or adults, anorexics calibrate their food intake and their pleasure lies in the ability to restrain themselves more and more.

We consider bulimic women who devour food and force themselves to vomit anorexics. The amount of food ingested during crises by no means determines the nature of this behaviour. The frequency of the crises, which cause obesity or constant vomiting, leading in turn to extreme food deprivation, unmistakably indicates in both cases the severity of the symptom.

The bulimics who come to me usually let none of this transpire: they are feminine, fashionably dressed or, when a little stout, they wear loose clothing. Very few of them, though overweight or even obese, look scruffy or openly display their problem.

They practice all sorts of professions and come from various continents. This point needs to be emphasized: bulimia and anorexia are universal symptoms, even though they are more widespread in “developed” countries and as such more prone to the sometimes very strict primacy of aesthetics. Since France is the cradle of *haute couture*, they are duty bound to staying slim and young-looking for as long as possible. Whereas in Germany, for example, where social pressure is lower, it is not improper to be plump and let your face bear the marks of time.

However, the myth of slimness and beauty cultivated by the media alone cannot account for the symptom.

The first session

The request made to a psychoanalyst is somewhat different from that made to other specialists. The wish to understand entails partaking in the healing process. Bulimics are very impatient; everything should be swift and analysis should immediately prove efficient. This demand is the most difficult pitfall to overcome. This is why they only come to see me once or twice. But we must not regard these sessions as useless, because their intense content offers them an unconscious measuring rod of their symptom.

We cannot say that their request is to be healed, since ultimately they do not feel sick. They would simply like this business, this compulsion to eat, to end, but without touching on other parts of their intimacy. They assert that “everything else is fine”, only mentioning their being weary of their constant need to eat or diet.

Besides, they can only articulate a single complaint: that their body-machine does not function as it should, that they can no longer tune it, that they have lost the user’s manual. For years they have searched for someone capable of operating it with Swiss clockwork precision. But all attempts have been to no avail, for they cannot follow a new “setting” for long. After having been more and more prey to guilt, they fall prey to shame.

Our first meeting is always dominated by food: they describe their daily routine, marked by crises and meals that follow one another without an apparent logic.

In severe cases, I was struck by the gap between their tone of speech and the violence depicted. The patients thus narrate ingesting pantagruelian amounts of cold pasta, butter, chocolate, Nutella... They seem numbed, cut off from their feelings; only their behaviour denotes the intensity of this violence, which they fail to perceive. In particular moments of their lives, they notice that the drive to eat increases, without understanding why, and as a consequence they drastically intensify their diet.

Any breach “ruins” their day and results in momentous crises and then vomiting, in an effort to erase the breach, reset the meter to zero and start their diet afresh. The control over their instinct is an imperative from the super-ego, which compels them to reach an unattainable ideal based on the aesthetics of slimness and body beauty as the only way to feel they exist.

Listening to them, I was able to fathom their abyss and the extent to which they are dependent on food. They are as hung up on the obsessive idea of eating as on food itself. That very idea can serve as a drug capable of soothing their pain and anguish. The oral autoerotic satisfaction derived from the act of constantly thinking about food –from the euphoria before excessive food intake to the excitement tied up with its lack– must be regarded as an addiction¹⁵. If they are very active, they end up forgetting their obsession, but at their own expense. Bulimic episodes are generally triggered off in the evening after their day’s work. Eating serves them as a means to fight loneliness and their feeling of non-existence. It is surprising to hear how much these women suffer from boredom despite their being charming, clever and outgoing. Once their door, telephone and computer shut off, they feel lost and only find solace in food and watching TV, wallowed on their couch, glued to their TV set and nibbling at food.

I am engaged in a race against time with these patients. Since they are most likely to consult me only once or twice, I put forth ideas on the possible meaning of bulimia, insisting on how much they wish to be freed from their symptom, which they actually fear to let go of. They are better off being dependent on food, which they can ingest and vomit at will, rather than on someone. From the very start I pinpoint their difficulty to love for fear of engaging in a passionate and devouring relationship that would result in a total dependence on the other.

At the very first session, I insist on the vital function of the compulsive need to eat, and emphasize the fact that they expend too much psychic energy trying to struggle against that constraint, which makes them gauge the lack and emptiness

they try to fill. In order to stress the importance of listening to the symptom differently, I should add that, were I able to conjure away their symptom, it would do them no good, for the symptom comes in to dress deep wounds and anguish, and formulate an unthinkable request, a request of unlimited love and acknowledgement.

I try to help them understand how bulimia or anorexia impose themselves with such violence, signalling to them a forthcoming change that they cannot imagine. Their behaviour translates a pain they feel without any conscience of it. I try to show them how their deep anguish lies in the fact they cannot inhabit their body. I signify to them that, to give up bulimia or anorexia once and for all, they should learn to better listen to themselves. They could then relate to their own needs, emotions and wishes and give form to a stronger body image.

Being Bodiless

Over the years, by dint of hearing all these women speaking self-deprecatingly about their bodies, I was able to understand that the rejection of their bodies lies in a feeling of not possessing one. Lacking the words, their food behaviour reveals this belief. We shall try to grasp the meaning of this rejection by listening to them.

THE FEELING OF BEING MONSTROUS

All the bulimic and anorexic adolescents or women I have listened to have expressed disgust for their bodies. They loathe their feminine shapes and the desire they may arouse. Thus deformed, they view their body as a cumbersome object or animal. They experience their large breasts as huge saddle bags or heavy cow udders that prevent them from getting on with their lives. Small breasts are also a source of suffering: “Sunny side up, see!” They often compare their belly to a rumbling goatskin, full to the point of bursting, something unbearable

to look at. Bringing up their “Elephant-shaped buttocks,” “saddlebags”, and “the disgusting windbag-like skin that covers them,” all so horrendous it is almost impossible to picture. Baggy trousers and sweaters, usually black, hide their bodies down to their ankles. “If I could, I’d hide from head to toe!” some of them have said to me.

The patients who vomit, generally the slim ones, have a similar judgment about their physical aspect. This is a very important point: the intense disgust of body and grease, although real, does not depend on actual physical appearance.

They do not accept these views being contradicted. On the contrary, if you do not respect their complaint, you will not be able to understand them or get through to them. Because the shame of having a body, with all its needs, and the conviction of being monstrous express a deep narcissistic wound.

According to Freud, the cult of beauty and the pleasure derived from being looked at and loved structure feminine narcissism. But narcissism, for all mankind, not just for women, as the satisfaction of the auto-erotic pleasure of contemplating oneself and masturbating, is also a “libidinal complement to the egoism of the instinct of self-preservation [of the ego]” in a time prior to love¹⁶. Their disgust for their bodies and sexuality indicate that they are in danger and that they feel this danger.

THE FEELING OF LACKING SUBSTANCE

With time, and by dint of listening, you realize they fail to perceive themselves in terms of volume. For instance, in a clothes store they cannot envision the right size for them nor appreciate their shape in the mirror, especially the lower part of the body. Trying on clothes in a fitting-room becomes an ordeal. And if one of the saleswomen burst in, all sorts of troubles arise. They feel like they are liquefying, like an egg being scooped out. And afterwards they cannot even recognise themselves in the mirror. Daring not to leave without having purchased anything, they buy any item, which will then be

stored away in their closets. Finding the right pair of shoes is just as difficult. And a dream in which they finally find the right pair sometimes heralds the end of analysis. They also seem unaware of their weight, as they always consider themselves too heavy. However, some obese women move in a very light manner, almost tiptoeing, whereas the thin ones feel weighed down and incapable of walking: “I feel like a clam¹⁷ stuck in the sand, unable to move.” one complained. The French word for clam, “palourde” [pas-lourde, homophone of “not heavy”], stresses this ambivalence: too heavy or not heavy enough?

This ambivalent sensation of having a body both unsubstantial and cumbersome is common currency in their conversations. It is as though they had rejected their body image to such an extent that they no longer perceive¹⁸ themselves. They often have the impression of putting on weight all of a sudden, without being aware of it. They experience being overweight as soft transparent balls aggregating themselves around their body thrown at them by invisible enemies lying in wait to take advantage of a moment’s distraction. The cursed scales are the only witness to this merciless aggression. The figure the scales show remain a pure abstraction, as the figure these women display to us, surprisingly capable of blowing up like a balloon on a deep inhalation and deflating abruptly without their knowing it. The same is true for those who lose weight over a relatively long period. Strangely enough, they still perceive themselves as fat, at a constant weight. If the scales did not measure the fluctuation, they would not feel the difference.

THE SCALES AS A METRONOME

One could surmise that their impression of being too heavy would be enough to hold them up as present or whole despite the lack of a right perception of their real weight. However, they are seized by fear every time a change of state occurs: whenever they feel extremely happy or sad, tired or elated. Skipping from one state to another gives them such an anxiety that they will

be emptied out and will vanish that they have to eat in order to hold out. This distress shows us their inability to maintain, in situations of change, the feeling of the permanence of their being.

Therefore, they always remain dependent on food and on the figures the scales show. Thanks to the latter, and to the multi-sized clothes –ranging from size 8 to 20– they neatly store away in their closets, they may inscribe themselves and be up-to-date in the succession of days or years as well as in the chronology of their own history. They refer to their past with surprising precision with reference to their weight and size: “In September 82, I went through a difficult period after a breakup. My weight doubled, reaching 240 pounds” or “I was traveling to Brazil when I was twenty one and three months; I remember, because I had never been so thin, I could wear a size 8 with a weight of 110 pounds back then!”

Without any fluctuations in weight, they remain in a present disconnected from reality. Thanks to their crises, they can live at once in the past, present and future. Weighing themselves before a crisis brings them back to the present, whereas doing so after eating brings them back to the beginning of their life; putting on weight projects them into the future, losing weight into the past; vomiting cancels out what they have just done.

They are brought back to a present, a present barely past. In short, without the scales they are like tightrope walkers, balancing on a suspended time in which past, present and future converge.

To come down to earth, inscribe themselves in time and be present without continually weighing themselves, they eat and fill themselves up. Once they're full, they can be present. Why then do they empty themselves? To tame the discontinuity of time: I am full, therefore I am here; I am empty, therefore I am absent but still alive.

Bouts of bulimia occur especially in the evening and at bedtime, probably to fight off the anxiety of dying without being aware of it. Even anorexics, who totally forget to eat

during the day, have to eat something sweet before going to bed to be sure they will make it through the night.

THE SCALES TO WEIGH NEED AND DESIRE

According to Freud, at the beginnings of our life we experience a total satisfaction of our needs. Freud hypothesizes the existence of the *Thing, Das Ding** (See glossary at the end of this publication), as the first, forever lost, object of satisfaction. Anorexics and bulimics fantasize about perennially experiencing this total satisfaction, and as a consequence, the experience the emergence of any need, lack or desire as an absolute catastrophe. They are living proof that the satisfaction of the oral impulse does not equate to the instinctual satisfaction of hunger. They satisfy themselves by eating nothing¹⁹. Bulimics, on the contrary, eat continuously so as not to feel a boundless hunger that nothing could satisfy. They feel condemned to devouring more and more and not being able to stop. Having that fantasy and not being able to restrain their *jouissance*, they need to constantly monitor their weight to contain the death and annihilation anxiety threatening them. Desire, need and pleasure are extremely tied up in all those women. However, some have the compulsion to weigh themselves several times after vomiting to make sure they haven't kept in a single gram. Through that repetitive behaviour they make sure they are empty and still alive, but is it not also a way to test their ability to survive?

The ritual of the scales is reminiscent of that of birth: the newborn suckling is weighed after each feed. Weight is an indicator of your needs and your wish to eat sufficiently. Having an appetite is undeniably related to the vital drives and to the pleasure of feeling alive. This perfectly echoes what bulimics and anorexics dramatically keep repeating. Their food behaviour and the ritual of the scales prove that they experience hunger and thirst as risk of annihilation in the same way as a newborn experiences primal distress.

Indeed, it is when bulimics feel empty that they fill up to excess for fear of disappearing. They prove to themselves that they can survive, either full to the point of bursting or empty, alternating between very intense forms of distress and pleasure.

Anorexics, on the other hand, maintain themselves alive by remaining absent, not incarnate, in a position close to that of mystics. Their wish to live can be embodied in their merciless fight against hunger; by burning up their own flesh, they experience a most archaic pleasure. They fast in order to be.

Freud, to describe this self-destruction related to the instincts of self-preservation of the ego organically, quotes as an example the self-digestion of the stomach mucous membrane²⁰.

Anorexics make do with drinking a lot, sugared water or milk products, enough to be both absent and alive. Acting this way, they are unable to gauge their wish without limiting their intellectual and physical activities. By being overactive, they behave in the same way as bulimics with food: they test their endurance to the point of exhaustion and emptiness, then having to hibernate in a dreamless sleep to recover their strengths. To them, survival implies emptying yourself. By creating an “absolute” void with no “remainder”, thus burned out, they can go on living bodiless, with no lack or sexual desire.

THE FEELING OF BEING TRANSPARENT

These patients feel transparent: “I feel like a window glass”, they often say. This metaphor says a lot about their body representation: they feel inanimate, two-dimensional, without no inside or outside, only letting light through them, stiff, unbreakable, eternal. They use the image of the window glass to signify their indifference, because they are cut off from their emotions and affects: “I am behind the window glass of a train watching my life unwinding in front of me”.

They also express that idea of transparency by their feeling of not having anything that wraps them up: “I feel like a tree with no bark”. This metaphor reflects a three-dimensional

body representation: stiff, still, but alive and thin-skinned; i.e. without a skin to contain and protect it. The other’s glance can see right through them. The impression of being skinless comes up again when they talk about their fat: “it’s like a double skin that covers and protects me, it’s my padded jacket!” The feeling of being smothered by fat is a necessity for some, who use obesity as the only means to find a shell for themselves.

Others say: “I am like a glove that can be turned inside-out”. This metaphor helps us understand their difficulty to apprehend the limits of their own body and to differentiate the inside from the outside. More specifically, it is the inside that *turns out* to be the outside. If they remain invisible, it means there is *no-thing* inside, which is a source of intense distress. The actresses among them clearly articulate this: “I always feel on the stage, but the woman I see talking is never myself.” They dwell in *some-body* else’s body. There are heavy consequences to this role: portraying a tragic character that touches them deeply can make them lose their appetite but still make them put on a few pounds.

We often witness that strange phenomenon amongst bulimics: they can put on a great deal of weight very quickly despite their not eating too much, and without them or anyone else noticing. One could believe that their fantasies really do make them invisible. Very often, no one recognizes them in the streets, nor talks to them when in a group. In class, they can raise their hand as much as they like, no one will take any notice. When queuing, whether stout or not, they get brutally jostled. Although some have been through a severe phase of anorexia during their teenage years, their extreme thinness has been unnoticed by their parents. A blindness that has reinforced their feeling of being invisible.

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In this first chapter, we saw how the request formulated by bulimics and anorexics to the psychoanalyst is somewhat unclear. It sounds more like a demand: help us come out of this vicious circle that binds and enslaves us to food, but above all do not listen! They think there is nothing to be listened to or to be seen in them, aside from the heaping up of food that pervades the whole space and time of the session. During the very first session, their cry of despair springs up: I am not here!

We then reach the core of the subject when we realize that their symptom hides a rejection of the body based both on the feeling of not existing and on the certainty of being ugly and worthy of hatred.

Actually, the disgust for their own body betrays their wish to have a feminine one, but also the shame of having one; a contradiction with which they perpetually grapple. Their unconscious fantasy of being invisible is indeed very ambivalent too: painful but reassuring. That transparent body –two-dimensional, akin to a window glass, stiff, and fluid when it is liquefied by the glance of the others– is the source of such pleasure that it reactivates an intense annihilation anxiety. This mastering of transparency gives them a sort of immunity.

In short, they possess the convenient but harrowing ability to vanish at any time in order to avoid being present and confronting an ineluctably negative judgment, since they perceive themselves as monstrous. This reveals a major aspect of their symptom: these patients, through food intake or deprivation, are able to turn an immense helplessness –induced by a difficulty of feeling alive– into a survival ploy. Their helplessness is comparable to that of a newborn, who –totally dependent and powerless– is not yet aware of being brought into the world.

Furthermore, they reject their body and find it disgusting, no matter how beautiful and charming they may be. However, the sense of shame²¹ of bulimics in showing their rotundities indicates they are ashamed of their sexed body and feel insecure without that veil that protects them. The invisibility of their

genitals reinforces their shame and their unconscious guilt of not displaying what it is that, according to them, is shameful: their excess of pleasure. On the other hand, an anorexic will feel so endangered that she will derive an extreme pleasure from exhibiting her unsexed body reduced to sheer bones, only being able to feel alive in a dismembered bareness, in an unveiled reality devoid of the flesh and blood of words.

The shame that derives from that waste enables them to have a body of their own. Their disgust reveals both the anxiety they feel to evince a sexual desire –and more specifically a feminine desire– and the suffering related to a deep wound in their narcissism. We must understand that that their feeling of being monstrous conceals a more painful conviction of being guilty, of having done something wrong, and thus not deserving love nor the recognition and benevolence of their parents.

All the metaphors related to transparency expressing a feeling of being nowhere –since they have no bodies of their own– gives us a glimpse of the fact that the deep symbolic breach in the structuring of their sexual identity and narcissism lies in their incapacity to subjectively inscribe themselves in time and space.

In the following chapters, we will seek out the origin of that breach. We will also tackle the more archaic dimension of the symbolic structuring of feminine narcissism, which, from now on, we will refer to as “*primary* narcissism”.

Chapter II **On The Absent Body**

In an attempt to determine where the feeling of being transparent and bodiless stems from, I shall give a brief account of the four psychoanalytic sessions with a bulimic and anorexic patient named Blanche.

Blanche tightrope walking between the void and nothingness

Blanche, in a state of emergency, for she felt in danger, phones me and with a thin voice asks me to see her. Later, I see a young thin girl walk into my office, with a step as slight and shaky as her voice, screening behind long dark hair and a grey Indian outfit; she emanated an exotic fragrance that filled the room.

Her wobbly ethereal gait, akin to both that of a tightrope walker and a child, strikes me and I immediately recognize the gait of some of those bodiless analysands who wobble along, tiptoeing as though drunk.

THE FIRST SESSION

She is twenty-two years old and has been attending drama school for two months, alone in Paris. She introduces herself as the daughter of a very close couple with a peaceful lifestyle in the countryside, her mother as a school teacher and her father as a police officer. She has always felt different: “filled with solitude and boredom” and unable to mingle with others. She describes

her mother as always away from home and only preoccupied with her pupils, and her father as caring but authoritative.

Since her teenage years she has been suffering from “acute” bulimia and has had to be committed to psychiatric hospitals several times. However, breaking off from family members and isolation is more painful to her than bulimia.

She recounts in detail her routine, how she prefers pasta or sweet yogurts, because they are easier to vomit during her gargantuan bouts, but she zeroes in on the loneliness felt in hospital: “The story of her whole life” as she puts it.

There was nothing she could do back then, she could neither read nor concentrate. Secluded in the countryside, she became bored like during childhood. When she recollects this phase of her life, her glance is distant and her monotonous tone sounds as though it is trickling into a bottomless whirlpool, just like her boredom.

From the start, Blanche can clearly state the role bulimia plays in her life. Stating, identifying yourself and feeling alive thanks to your symptom already means being able to differentiate yourself and form an identity.

Stuffing yourself and choosing food according to criteria such as sweetness and consistency in order to facilitate vomiting – making it immediate and not too acid – reveals an actualization of the sexual oral-cannibalistic fantasy of incorporation of the object²² and of the uncontrollable need to satisfy the oral-sadistic destructive impulse and eject the incorporated object in order to feel alive²³. It seems to me that what Blanche is really aiming at, through her ritual, is to empty herself fully of the object without feeling anything, but still keeping its taste in her mouth, for were that trace of taste to disappear, the annihilation anxiety would become unbearable. Vomiting thus turned into an addiction for Blanche, since it allowed her to punctuate time and leave a trace.

Towards the end of the session, neither she nor I are still there. Wrapped up in clouds of her sandalwood perfume, a very trendy fragrance back in 1968, I find myself in the scent of my

Sorbonne years when, at her same age, I would theorize about the world. Snapped out of my daydream, I realize a long moment has passed. Like Circe the magician, Blanche has managed to vanish by plunging me into my own memories. As I stand up to signal our time is over and suggest to meet again the following week, she darts a dumbfounded look at me and rivets to her chair, complaining of a *mal de mer(e)* [= seasickness; in French, *mer* (sea) and *mère* (mother) are homophones]. Making a great effort, she stands up, but then loses her balance to the point that I have to reach out for her to prevent her from falling on the tile floor.

She is pale. Hers is the white, stiff, awe-struck face of a puppet that, having been suddenly dropped, bends and disappears under the stage before the curtain rises.

After she has left, I feel uncomfortable, still immersed in the clouds of her perfume. Blanche has shown me the intensity of her anguish and her sensation of inner emptiness hidden under her grey and neutral veil, just like her voice. By escaping into my own past, I unconsciously acted out a form of rejection, in order to avoid confronting her annihilation anxiety: she was no longer present in my office or in my thoughts.

Blanche was able to act out her unconscious fantasy of emptying herself and disappearing after seeing an analyst for the first time. This indicates that she equated words and food. But, during the silence, the perfume lingers and reawakens in the analyst’s pleasant reveries about her past. Blanche can become absent without making me disappear. This reveals her annihilation anxiety, but her *jouissance* too.

In contrast to the food she gulps down and vomits, the words she speaks to the analyst do not disappear. They leave traces for the analyst to feed on and to continue thinking about.

We can see how the essential rule of analysis, free association – expressing everything, thoughts and ideas by associations as they come up during the session – meets the fantasy and secret *jouissance* of bulimics and anorexics, “spilling the beans” while keeping alive. Moreover, the listening and attention of

the analyst allows them to hear their own voice and therefore feel they exist. But the anxiety of annihilation persists, as we see with Blanche, for whom spilling too many beans threatens to make her disappear forever. Talking to analysts terrorizes patients who feel transparent, as they fear, being already empty, falling into a total addiction to the analyst's listening look and presence for them to carry on being.

We could compare the analyst to a camera lens. The thinking gaze of analysts – in the sense of weighing or measuring what they listen to – incorporates the analysands' words as a pointer of their image. Sometimes there is not enough light and the analyst needs a flash in order to listen, with the risk of blinding women who are too transparent. Scared by their own image, they may flee and forget it at the analyst's, in the same way as some forget their document photos in a photo booth²⁴. Others will even nourish the fantasy, like young children or primitive peoples, that the analyst's lens has stolen their image. A frequent fantasy among those who were particularly cute children and whose parents bombarded them with snapshots.

SECOND SESSION

The following week, when Blanche rings the bell at the agreed time, I feel perplexed and surprised because I'm not expecting anyone. Plunged in a book, I had forgotten our appointment. What is most troubling is that even after her ringing, I cannot recall Blanche's name nor her face or history. And even when I see her on the threshold it takes me a few seconds to recognize her, recall her name and background.

Over time, I've noticed that at second appointments with bulimic and anorexic women I often forget these elements, something that never occurs with other patients. This is why I came up with a kind of transparency chart, unrelated to the quality of their speech, their aspect or corpulence.

In other words, I tend to forget them. I'm not waiting for them anymore, as if I had deleted their image from my memory,

like switching channels on the TV or deleting a program on the computer. In this way, I somehow concretize their unconscious fantasy according to which becoming visible implies the loss of themselves or even the theft of their body images and disappearing without leaving a trace.

Blanche, dressed in black, totters in and in a faint voice starts using the same words she chose the first time, as if performing a character whose speech she knew by heart. She recalls all the torment loneliness and boredom of her hospitalization. This time, despite the repetitions and a strange feeling of "déjà-vu," I can feel her sorrow. Then her pitch suddenly becomes livelier. Luckily, the clinic was situated in the middle of the woods, so that she could escape as often as she wanted and walk around like she used to as a child, without her mother noticing. We can notice that neither her mother nor the nursing staff gave her enough attention, something that probably strengthened since childhood her feeling of being invisible.

As a child she remembers she lived a wild life when she ran away, but she never hurt herself or got lost, because "just like Little Thumbling" she could always find her way back. By contrast, while hospitalized, she would carry bags full of food back from her excursions and hide them, back at the clinic, in a room near hers with a patient who was particularly sick and confined to his bed. Then, when she would run out of money, which was quite frequent, being given very little, she would go through his pockets. Though she felt guilty, she couldn't avoid it.

We notice how Blanche behaves like a drug addict: the urgent need for food brutally overcomes her and she cannot fight it off. She is compelled to steal money to satisfy it. We understand how, far from her parents' look and alone in her bedroom, she would lose the capacity to perceive her own existence. This is why, to keep existing, she had to swallow a huge quantity of food/drug and vomit it, in order to have a body and think despite the disappearance of her image. Through an immediate and very intense oral satisfaction, comparable to

the “flash” of drug addicts, she could feel her existence for a short moment before the “down” of the fall. She behaved just like newborns who constantly stuff themselves and regurgitate as they feel a catastrophic collapse (breakdown) and primitive agony²⁵ when the milk falls into their stomachs and disappears into a bottomless hole, as they are not yet able to hallucinate the milk, the breast and the satisfaction of their vital need with an empty mouth. Here is the paradox: Blanche needs “to make herself collapse” with food in order to be able to hallucinate about having a body.

To survive the fear of being alone²⁶, Blanche dispossesses a weaker person. Having received a stern education from her parents – her father was a police officer – she felt ashamed about what she was doing, which led her to despise herself more and more.

It is as if she were driven to enjoy pleasure without limits by a primitive superego in order to fight the anxiety caused by death and annihilation. This shows us that when the psychological integrity of the individual is threatened, no symbolic inscription of the Law can manage to contain and relate the intensity of the oral-cannibalistic drive. The defensive use of this archaic drive is at the core of bulimia.

She tells me that ever since she can remember it has been impossible for her to hold on to money or food, because everything slips away in her; she is always “bleeding white.” Since adolescence she stopped having her periods. The “white” – representing the absence of periods, after a spinning full of *jouissance* of red blood – has the same function as the void after vomiting: to satisfy her desire to live while keeping time and the death anxiety under control. By closing her mouth (equal to her vagina) and by not eating, she runs the risk of death but also tries to be born by stopping time, which flows away like a haemorrhage. This is how, as time hangs, though in a confined space, she becomes eternal.

She tells me that even now she struggles to keep the money her parents give her weekly to live, study and pay for treatment.

Her bank account is constantly in the red and was blocked a long time ago. “I’m squeezed out of money from day one, as soon as I’ve bought the weekly food for my Minette!” she bursts out. She sometimes locks herself up with her in *their* studio apartment, because attending classes, despite her passion for drama, is too hard.

Blanche never spoke about any friendships or relationships and she behaved with her cat as if it were the only “person” she could love without putting herself in danger and on *whom* she projected everything she felt: “she cannot stay alone for long, she couldn’t stand me working full time!” We find that she can properly take care of her cat but not of herself. She identifies in Minette, her living part, the one that is allowed to survive and needs plenty of care and affection. But we also hear in the expression “my pussycat” an identification of her own sex to the little cat.

After the first two sessions, considering her relation to her parents’ money, we agree that she will pay for therapy herself and I suggest a “debt situation,” leaving her the time to find a student job. She immediately accepts. She then leaves worried and unsteady, leaving the door that gives onto the street half open. In this way she gives me a hint that she is unable to feel the difference between an intimate and a public space, between inside and outside, before and after: she is nowhere.

THIRD SESSION

At the third session, Blanche walks in almost dancing, talking as if she were completing a sentence already begun before I even had the time to open the door. She has an open bright look and her voice is melodious. She is wearing tight jeans and a red pullover. I tell her that I’ve noticed how she’s changed. She blushes and looks at me in astonishment, as if mine had been a considerable insight. We might think that this reaction is due to her feeling caught in the act of presence without knowing it, the blush perhaps revealing the archaic *jouissance*

of being seen felt by the newborn baby with the turgidity of the face and the anxiety of being no longer invisible. Anxiety and *jouissance* brought back with the redness arising during the metamorphosis of adolescence, in the middle of the oedipal phase.

She radiantly announces that she has been casted for a small part in a movie. She feels that this time it will work. She is able to attend classes and assesses her progress since the beginning of the year: she soaks up her profession like a sponge and her friends envy her. She describes herself as a cheerful girl full of wit. She talks passionately about theatre. She is in the present. At the end of the session, she stands up with enthusiasm and compulsively turns her head back to make sure she hasn't soiled the armchair, her hand frenetically looking for a chewing-gum in her purse, which she finds and immediately starts chewing, leaving the door wide open this time.

In this way, she shows me that she is beginning to feel visible, but also that she is afraid of liquefaction and of losing her body image yet again without the look and presence of the analyst. On her way out, just like a newborn baby who ruminates milk when feeling lost, she urgently seeks the "primitive need"²⁷ of chewing to keep on feeling alive.

As we have seen, at every session Blanche dressed in colours that reflected her mood. But she also gave the impression of having forgotten from one session to the other, like a real chameleon, the character she had previously embodied. That is how I realized that if I hadn't carefully looked at her, I might have not recognized her.

Her voice had totally changed. Music conveys the colour of words and emotions. Think back to the first session, when she made me dive into her past with her perfume and her grey hazy voice. During the second session, with the repetition of the same arguments, her voice, as if on a black screen, gave me the idea of a *déjà-vu*. She showed me the intensity of her pain and the colour of her signifiers, which enabled me to integrate them in time, as if through a sound box. In fact, as bulimic and

anorexic women cannot hear the colour of words, being severed from their emotions and time, they express them through their clothes and they see them by looking at the face and mouth of their interlocutor, just like newborn babies²⁸. But, in order to perceive the chain of signifiers of all the colours, the quantitative factor, as well as duration, is important, because at the psychological level we need a certain amount of time to integrate the visual information of the extracorporeal space into the Preconscious-Conscious system. Thus, through the listening and presence of the analyst, their words "do not hit a wall like a boomerang," because they are transformed in the exchange.

We can see how the bulimic and anorexic patients who feel invisible talk to the analyst about their object-body as they try to perceive it: thanks to the analyst's gaze and listening, they can progressively hear and recognize themselves, becoming the centre of a gaze and of representation.

FOURTH SESSION

At the fourth session, Blanche seemed distraught. Extremely pale and with an absent gaze, she groped in like a sleepwalker. Once again, she was dressed in black, literally collapsing on the chair and falling into a deep silence.

Leaving her place makes her panic; she is eating and vomiting all day, worse than ever. "Everything is moving too fast," she bursts out after some time, looking at me for the first time, visibly furious. We might think that she needed a certain violence to be able to swallow during her crises the rage she feels and that she now dares express against me, blaming me for her relapse.

She tells me how she had felt well for a few days, replenished by our last session, ready to face the filming alone, having decided to tell her mother only after. But she wasn't able to resist: on the one hand she hates the idea of her mother knowing

everything about her, while on the other she can't help telling her absolutely everything.

We find this paradox in many bulimic women: they have to tell their mothers, their sisters or best friends everything in order to make what they are thinking, feeling or experiencing exist. If they keep silent, they feel everything is unreal.

But when her mother hears about the successful casting, she has a sharp remark to make: "I knew already, I saw it last week in the tarot cards!" Blanche feels as if she will never be able to surprise her mother who "always knows everything beforehand".

Her mother is described as perpetually absent, and her claims clearly show us how she does not really see her daughter that often: she doesn't notice her presence and yet knows everything without even listening to her. Nothing surprises her. It's as if everything that could occur in Blanche's life has already happened. But in this way she reveals the unconscious fantasy of *being* her daughter. She has always felt her presence in her dreams or daydreams, but absent in reality, in other words in her Preconscious-Conscious system. Like me, in a way, at the end of the first session.

When she approaches this maternal fantasy, Blanche's voice becomes shrill and she bursts out "I decided to undergo analysis with the firm intention to deal with my shit, if you'll pardon the expression, but I'm totally scared of the idea of not finding anything!" Then, with a distressed gaze, she stays silent for the rest of the session.

Here Blanche crudely expresses her anxiety of the void and of nothingness: "being a shit" would at least be being something, even if anorexic and bulimic women dread all kinds of transformations, as they fear being some kind of refuse. The anxiety of the void is always present, but in order to carry on being, they have to recreate it constantly.

Blanche leaves stumbling. I show her to the door, quite worried. She phones the following day to let me know that she is putting an end to analysis, as being compelled to face her

"nothingness" is unbearable. She immediately adds, sobbing, that she will settle her debt someday.

Boredom and nothingness

From the very first sessions, Blanche evokes boredom and nothingness. Boredom reveals a very intense psychic pain that is often unseen in bulimic and anorexic patients, as most of the time they keep it secret, just like "their" bulimia. It is as if they were ashamed of revealing their inability to take care of "themselves."

Every shame related to a secret brings into play an unconscious guilt due to an excess of *jouissance*. Yet, in order to be able to feel that they exist when alone, each sublimation and act of thinking²⁹, including an autoerotic commitment, is impossible for them. Including onanism, even for those who, used to masturbate compulsively during childhood. But more commonly, in these cases, it was a girlfriend who introduced them to masturbation during puberty, for they could not imagine it themselves, in the same way as they couldn't imagine the act of vomiting. We find in them a surprising inability to think of, imagine or see simple gestures without imitating someone else's words. This lack of imagination appears in other fields and is not always related to sexuality.

All bulimics and anorexics like Blanche try to heal the sorrow their incapacity of thinking "on their own" causes them with compulsive eating and by making themselves vomit. Food becomes a kind of sedative and painkiller.

But when they eat and destroy the object, they also feel driven by the desire of living. The intricacy of sadism, namely a certain cruelty, in the incorporation and expulsion of the oral object are, as Freud writes that the remains of cannibalistic appetites, that is to say a contribution of the apparatus of mastery that enables the satisfaction of the other major need, older from an ontogenetic point of view.³⁰ The cruelty of the oral-cannibalistic drive for mastery enables to satisfy self-preservative pleasure

with the scopic drive³¹, which forces to see the incorporated object in order to perceive oneself and keep alive thanks to the muscular function.

In the foetus, from the beginning of the fourth month onwards, we can also observe this primitive need related to autoerotic satisfaction. This is when it begins to fill and empty its mouth with amniotic liquid, while rubbing its belly, being at the same time wrapped and rubbed by the liquid according to all the movements (in the broad sense) and words of its mother, sleeping most of the time (while it almost never slept during embryonic life). At the beginning, it is nothing but a belly. In order to have a body, it swallows and savours its mother's voice in all its colours and, in order to *be*, it identifies with all her movements (primordial mimetic identification) so that it will be able to reproduce them later in life. So, even when it sleeps, it continually fills and empties its mouth and belly. The rhythm depends on the mother's gaze and attention: the more it feels stimulated by her thoughts and words, the more it feels it exists. It is only when birth approaches and the waters break³² that its mouth is emptied.

After it is born, it will progressively be able to suck its mother's breasts for hours. Even when asleep, it will be able to suck and savour, in reality or in its dreams, the milk that flows with the music of multi-coloured words: Mother's "magic words." In fact, we can say that its mother's words are magic and colourful not only during breastfeeding, as Freud wrote about hypnosis³³, but mainly during pregnancy, because when they flow with the blood and amniotic liquid, they pass on to the foetus the representation of all the related psycho-corporal states.

We could think, therefore, that bulimics and anorexics lacked gazes and words before birth, and now, when alone and empty mouthed, they are unable to perceive themselves as alive in a continuity of being. In order to overcome this absence of representation, they feel like a hand trying to fill a bottomless hole that is growing ever larger. The perception of

themselves through the hand-mouth that touches, tastes, feels and recognizes the colourful words of the mother that make it possible to exist is still that of a fetus³⁴ or newborn baby. And just like the latter, when these women are alone "they lose themselves in a sidereal emptiness". They lose themselves and wait for nothing, but they become bored (in French *s'ennuyer*, from the Latin *inodiare*: "being the object of hatred"). It is boredom that reveals the sorrow in them, a hatred of themselves close to that felt by melancholics.

According to Maurice Blanchot, boredom and self-hatred are the result of waiting and oblivion. He states that boredom is the rotting of waiting. The stagnant waiting, the waiting that mistakenly took itself for the object, that wallowed in waiting³⁵ that hated waiting. Hatred can give the object consistency. After waiting so long for their parents' attention, bulimics and anorexics sink into such a deep absence of representations that they no longer wait for anything. They see themselves as the shadow of the object they were originally fond of (the mother), and it is only thanks to self-hatred and self-destruction, through the violence of force-feeding themselves that they can feel they are alive. But after the vomiting, condemned to invisibility, they wander like lonely ghosts.

By starving themselves to death for lack of love, they act like Echo³⁶, the nymph in love with Narcissus and rejected by him. The tragic destiny of bulimics and anorexics is outlined in the myth: rejected and ignored by their first primordial object of mastery (the parents), they are condemned to no longer love, die or speak in their own name. Doomed to eternal despair, they are left bodiless, invisible, a pure voice, which like an echo tirelessly repeats the words of another, a little like the image of the foetus that becomes visible only during an echography of the mother's womb. Victim of this fantasy, Blanche silently wanders, until exhaustion, in search of her own voice. To be born again, she empties her body, running herself dry of every vital substance, like of all her cash.

Blanche cannot find her marks in the present because, insofar as she totally identifies in her mother's words, she is still dependent of her temporality. Maurice Blanchot writes that someone is here where he is alone. The fact of being alone means he belongs to this dead time which is not his, nor a common time, but someone else's time.³⁷

What is then the feeling of the child still inscribed in the time and thought of the mother? It is a feeling of non-existence in reality, of never having been the "object" of a gaze, because according to Freud, the ordeal of reality isn't to find in the real perception an object corresponding to the represented one but to find it back, to be convinced it is still there³⁸. Yet it is vital to perceive and lose the object in the Preconscious-Conscious system, to create the representation of its virtual presence despite its disappearance, in order to be convinced to find it again.

Bulimic women metaphorize their presence with their gestures just like Freud's grandchild in what I defined the first part of the "Fort-Da" game³⁹, and they try to move on to the second part of the game. During the first part, the child throws away all the objects he can catch, and even if they are visible, he doesn't look for them. The object that is no longer visible in the mouth-hand no longer exists, and the same is true for bulimic women.

In the second part of the game, the child catches a wooden reel with a string tied around it. He throws the reel out of sight and rejoices at its disappearance with a loud *o-o-o*, which means "gone", and then brings it back crying out *da*, which means "there." In this game, the child anticipates the disappearance and return of the object inscribing in his phonemes the symbolic permanence of his being. Nonetheless, by repeatedly throwing the reel-object out of sight, he realizes that it does not disappear for good, as he can manage all its movements, and therefore its return with the string he holds in his hand.

Bulimic and anorexic women cannot anticipate the disappearance and return of the object and are incapable of

inscribing the symbolic permanence of their being if not by keeping mastery of the object with their mouth-hand. They feel as if they had been "forgotten and inscribed into the nothingness," as we saw in the preface.

In order to support my role of analyst with these bodiless patients, I had to work with the creative dimension of transference. Their pain was so intense that first I had to cut the stone to think it and to be able to inscribe it. Their monotonous and melancholic chant about absence forced me to turn into a sculptor and writer; I felt the duty to be the spokesperson of these last troubadours tormented by the passion of void and nothingness.

Camille Claudel used to say that sculpture is above all poetry; it expresses "a thought with the music and colour of words." Camille's pain drove her to sculpt with the company of a "vague, melancholic song" she described in this way: "There is always something absent that torments me."⁴⁰ I have often been the only mute witness to such poems, spoken or read during sessions and burnt immediately after, and some were extremely beautiful. The notes, maculated with tears, thrown like a message in a bottle (to their mothers?) after the hasty suspension of analysis, or also the poems and stories they entrusted to me so that they would not become ashes, inscribe them for me as cantors of nothingness.

The destiny of the sponge: from survival to addiction

Blanche defines herself as a sponge that easily soaks up the roles to play; this is a recurring metaphor among patients who feel invisible. It's as if, in order to compensate for their absence of perception, they literally soak up other people's way of being. For this same reason, during analysis, they depend on the gaze, on the listening, sometimes even the body of their analysts, as they act their unconscious fantasies, not being able to think

them, and arouse in them – with their words, tone of voice and appearance – the emotions they are unable to feel themselves.

In order to cancel the anxiety of annihilation, the most invisible patients come to therapy wearing perfumes that fill the room, with the aim of catching the analysts' attention and sometimes invading their space. It is their quite archaic way of seducing or even blinding the analysts so that they may hide should any dangers arise. Blanche had managed to keep me away during the first session and make my time hers; she was repeating with me what she had lived through with her mother.

This is how during analysis, especially at the beginning, these women feel an archaic *jouissance* related to the pleasure of being alive and visible, to recognize themselves and being recognized by their perfume, just like a newborn baby, hoping that a trace of their being there may be forever engraved in the analyst's memory, as if on a magical slate. Freud⁴¹ uses this metaphor to show how perception and memory work: A receptive surface endlessly reusable just like a slate, and another that keeps the traces of the inscriptions, like a common notepad. Freud stresses that the representation of time is based precisely on the discontinuity of the Preconscious-Conscious system. These women “engraved in nothingness” cannot symbolize the discontinuity of time and, when they are out of sight, they no longer exist.

With Blanche, we closely face one of the most tenacious resistances implemented by bulimic and anorexic women: in order to keep mastering time in the transference, so that it hangs nowhere, they annihilate and soak up the analysts' body and time by diving into their unconscious. They realize what I call a devouring transference.

In biology, deep-sea sponges⁴² offer a good metaphor with their similar mode of resistance: they survive through destruction and rapid regeneration. As they are immobile, they release toxic gases to protect themselves from predators. Due to the shortage of food on the ocean floors, some have even developed a carnivorous strategy: with the Velcro technique

they catch with their “nails” (hook-like spicules) the appendices of their preys, wrap their bodies with their own skin, and devour them. These are fantasies we find in bulimic patients, like creating a second skin with fat to protect themselves.

We could say that all these women are moved by the belief of being eternal and their capacity for self-destruction, disappearance and regeneration at any time is the most archaic of feminine fantasies⁴³. It embodies the ego's phylogenetic drives of self-preservation reactivated by the biological function of reproduction, passed on by mothers and buried by primal repression. Anorexic and bulimic women permanently act out this fantasy. Through their repetition compulsion, they show us the existence of a persisting trauma: they destroy themselves not to die but to try to live. Disclosing this fantasy, which we shall call “primal”, will lead us to a better understanding of the functions of pain, self-destruction and masochism in feminine narcissism.

The concept of the death drive and of destruction, as well as the anxiety of disappearance related to the regenerating function and to the sadistic component of the sexual drive, was actually suggested to Freud by a woman, Sabina Spielrein, one of the first female psychoanalysts⁴⁴. Within this perspective I think it is important to stress the existence of two forms of anxiety, both interwoven with the ego self-preservation drives – about which we shall discover more further down. The first is the death anxiety, which is more archaic, being interwoven with the destruction drive and survival of the species, and the second is the anxiety of annihilation, which is more interwoven with Eros and the oral-cannibalistic drive of self-preservation.

When Blanche suddenly stops analysis and leaves me her debt, she is trying to preserve herself from oblivion and death, because to her renouncing pain and the symptom is equal to suicide. In her fantasy, money runs without leaving any trace, just like her words. It has no colour, no smell, according to the Latin proverb *pecunia non olet* (“money does not stink”), and flows like transparent blood in the umbilical cord. In a

way, as she has not been born yet, she cannot die. In fact, in order to completely avoid that risk, she “spins dry” the blood of her period making it invisible, just like her. In order to regenerate, she “bleeds herself dry,” running haemorrhagically out of money, with an equivalence between flows of money and blood. Money becomes red and visible only in the bank, when she has no more, she creates a permanent lack that enables her to desire and this keeps her alive.

Unable to imagine the disappearance and loss of the object of primal attachment, Blanche, just like all bulimics and anorexics, fantasizes that in order for her “I” to exist and occur she needs to destroy herself and empty herself haemorrhagically before regeneration, before her new birth. With these women we approach the structure of narcissism Freud described in organic disease and hypochondria. In both illnesses, the pain and intensity of the breaking in generate terror, narcissistic withdrawal, an erasure of desire and an haemorrhage that tends to “evacuate the ego” in order to avoid confrontation with the loss and primal repression⁴⁵.

We can also say that bulimic woman – the word actually derives from the Greek for “being as hungry as an ox” – kill themselves by devouring and completely emptying their blood to try, on the one hand to be alive and, on the other, to have “value.” In Latin, the word “money,” *pecunia*, comes from *pecus*, which means “cattle” and in Roman legislation, the value given to objects was measured in sacrificed heads of cattle: thus they identify both with the living heavy devouring animal and to the valuable sacrificial offering, presented to the psychoanalyst to be savoured, so that he/she will be able to remember its taste, smell, colour, temperature and consistency. When we really listen to someone, we swallow the melody of the spoken words with our whole body, we touch the notes we hear with all our senses, in order to assess their value (the duration and intensity). In the gift-for-gift⁴⁶ system used for exchanges in primitive societies, the notion of being and having are not well differentiated yet. The value is given to the donors who obtain

recognition thanks to their possessions, as evaluating the gift’s value would mean differentiating subject and object.

We can already begin to see how bulimic women, just like primitive populations, try to solve their symbolic flaws of representation. As they cannot imagine separation, they cannot have a symbolic exchange or formulate a question. Scared of their dependence on the analyst, they terminate analysis and hence, paradoxically, their only means to avoid disappearing altogether, it is a way to leave the analyst their addi(c)tion, a term which in Latin legislation means “to leave one’s body as a guarantee for an unpaid debt.” The debt left to the analyst is there to prove they exist and that they are alive, that they eat, lack and desire. The real debt, or the magic engraved slate, represents an unuttered question, or rather, according to a frequent French lapsus, *indisible*, a mix of something that cannot be said (indicible) and something that cannot be divided (indivisible) which is there to say: don’t forget me!

*

Blanche has allowed us to come closer to the feeling of transparency and to the conviction of being bodiless, two characteristics common to both bulimics and anorexics. We have also managed to reveal the extent of the anxiety of annihilation that submerges them when they become visible after the first session. An anxiety similar to the primal agony experienced by the newborn baby when left alone for the first time in the cradle.

We have also understood how their reluctance to undergo analysis is due to a fear of losing themselves, of becoming totally dependent on the look and presence of the analyst and disappear, forgotten forever. By keeping their invisibility they are able to gauge their desire, through food, and to hang in a suspended time.

In their fantasy, being born, finding a place in time and the ordeal of reality inevitably imply death and disappearance. In other words, to feel they exist they need to perpetually leave the maternal space while at once hiding in it to be able to survive⁴⁷.

We have seen how bulimic and anorexic women suffer from the lack of look and recognition perpetrated by their parents. They interpret this lack as a kind of hatred and rejection caused by their physical and moral ugliness, and also because they are females, a sex judged as obscene. The result is a painful feeling that keeps tormenting them and keeps that wound open, because, through the hatred of themselves, the disgust for their bodies and sexual desire, they manage to perceive they are alive.

We have also understood the fact that their feeling of being invisible is rooted in the fantasy of not being born yet, one we had already noticed in their relation to food. A fantasy we also find in their relation to analysts, with whom they operate a “devouring” transference, soaking up their emotions like sponges, diving into their time just like with their mother’s.

Blanche enables us to approach the difficulties faced by newborn babies, who suffer a lack of words and looks before birth, as they try to keep the perception of their own bodies in the Preconscious-Conscious system when the mother is absent, and therefore to hallucinate their own presence, without continuously eating and regurgitating. She behaves both like a foetus who keeps swallowing the amniotic liquid, filling its mouth with the taste whether it is hungry or not, on an empty stomach or not, and like newborn babies, who grab⁴⁸ their mothers’ breasts with their mouth-hand avidly sucking the colostrum (pasta + yogurt) on the first day of their lives.

With this symptom, Blanche also expresses the difficulty in symbolically inscribing a temporal break between foetal life and birth. In fact, being able to unconsciously represent the transition between a full mouth, with instinctive deglutition of the amniotic liquid, the empty and closed mouth which precedes birth and the deglutition related to the instinctive sucking of the breast, is not self-evident. This is due to the sensorial

continuity between amniotic liquid, breast and colostrum⁴⁹, which keeps, along with the olfactory pleasure⁵⁰, the memory of the primal relationship to the mother. Through olfaction and sucking of the nipple, newborn babies feel they are alive, they recognize the odour of the object of primal attachment and, by filling their mouth, find that same immediate satisfaction of the ontogenetic appetite of self-preservation they once felt in their mother’s wombs.

We can then legitimately think that this symbolic flaw, the difficulty in being able to represent this solution of continuity, lies at the origin of the addiction. As we know, repetition compulsion is an attempt to avoid the fear caused by a non-representable traumatic effraction. How can we then not consider the existence of a primal agony announcing the imminence of a trauma caused by the real loss of the object before birth?

In the next chapter, with a clinical fragment of a “balanced” anorexic patient, we shall attempt to find the origin of this primal agony and of this antenatal trauma which inscribes the loss of the body’s unconscious image before birth.

Chapter III **A Search For Anorexic Women's Body Image**

When she comes to see me Yvan is in her fifties. She is exhausted: she has been suffering from painful migraines for a long time and is quite distressed. She is working as head housekeeper in luxurious retirement homes; she has begun attending evening classes, so that she won't have to face being home alone and diving into an "unbearable emptiness". From the moment her only child left home at the age of eighteen without bothering to give her any news about himself, she can no longer find a reason to live. They were like "twins" and now she is "nothing."

Yvan and the empty nest syndrome

Yvan is an extremely slim, mixed-race woman with short hair, a very intense look, wearing skin-tight jeans and a black pullover. From her very first words she reminds me of a tiny lost bird. Nonetheless, despite what her appearance suggests, she narrates her life with great ease: born "without a father" in the West Indies, she lived with her mother and aunt until the age of three, when her mother left for the city to find a job and married soon afterwards. Yvan describes the years spent with her aunt like a fairy tale with no clouds on the horizon. She was raised as an only child by her childless aunt.

Her voice suddenly becomes livelier and her eyes shine when she evokes her happiest memories and starts miming her story. When she talks about her passion for rugby, she suddenly stands and mimes rapid passes with a virtual rugby

ball around the chair and simulates a “scrum.” During the session I’m impressed by her dramatic skills: she can change her appearance and features in a second, just like Zelig⁵¹, becoming hardly recognizable. I tell her about my impressions and she says: “I no longer look in the mirror because I cannot recognize myself. As we know, the West Indians are the “mixed-blood” of the entire world!”

She tries to humorously trivialize her suffering and, in her own way, reveals a problem common to both anorexic and bulimic women: either they do not recognize themselves in the mirror or they see their mothers’ faces. If upon my request they try to look in the mirror for longer, they are overwhelmed by the anxiety of dissolving and disappearing and experience a feeling of “disturbing oddness”: they seem to discover, each time with resentment, the loss or theft of their image. This is why, in order to avoid that painful impression, they prefer not to really look at themselves and remain “faceless.”

Freud describes this feeling in “The Uncanny.” Surprised by the presence of an “intruder” in his sleeping compartment one night when travelling by train, he discovers “amazed” that the stranger is merely his own reflection in the mirror. He wonders whether it wasn’t the unpleasant feeling experienced remains of that archaic reaction sensing the double as an extremely disturbing figure⁵². The anxiety aroused by the image stolen by the parents, or by the blinding look of the analyst, equally suggests the presence of a primal double who is both “familiar” and a “disturbing intruder”.

I don’t fail to notice how witty Yvan is and what a refined language she uses. She genuinely makes me laugh with the caricatures of all her characters. Of course, I noticed from the beginning that her humour is an obsessive form of defence to help her overcome her melancholy. Nonetheless, I am touched by her subtle way of expressing the need to be loved, or even “adopted”, at all costs by the analyst, which will appear, as we will see, as her symptom and survival “tool”.

The sessions continue at the calm rhythm of the islands for months. Yvan is still immersed in her wonderful memories when suddenly, like a cyclone, her speech changes and tears start flowing, sweeping everything away on their path. “When I turned nine, my entire life turned into nothingness and time stopped!” she bursts out. She is separated against her will from her aunt by her “shark” mother and taken to France with no explanation. To accentuate this trauma caused by separation she says that she was a top athlete and very tall for her age (5.6 ft.) and that she lost “everything” in the crossing. After her arrival, she stops growing and training to “stay in the original nest.”

She can finally say that the dreadful emptiness she suffers from is this original one, not the one created by the departure of her own son, whom she never talks about. In fact, she acts as if he had never existed.

This is when, by listening to her, I realize that she illustrated very simply and effectively how the child and the foetus, to resist against the mother’s anxiety and violence and face a traumatic event, may “decide” to stop moving and growing. And I also notice that, despite her height, I keep seeing her as a small woman.

The speech and the request determine the way we perceive our interlocutor. I have noticed how my way of perceiving patients varies according to the different stages of analysis: at the beginning they always look smaller to me than closer to the end. For the patient too, the image of the analyst is vague and altered according to the stage: “The first time I came in, you looked gigantic to me,” they sometimes say.

During the many sessions, Yvan had the opportunity to talk again about the pain she had felt when she was taken away from her original nest, and to cry, for the first time in her life, over the death of the woman she called “mom” –her aunt– who had died thirty years ago. Only after a year of analysis did she manage to start talking about her parents.

The first name, desire and time

Yvan introduces herself as the child born “by accident” after a summer fling. Her mother, a Francophone West Indian, whose origins could be traced back to Brittany on her father’s side, never said a word about her history; hurt by life, orphan at a young age, she had lived with her aunt (who was just like her) and had started working very early for a family. She met her father, an Anglophone West Indian who lived in New York, during the summer of her first birthday and a few times “briefly” when he happened to be in the West Indies. As a child she knew nothing about him; her mother had imposed a strict silence on the matter.

Her name is Yvan. Her mother was expecting a boy, and when she was born she could only give her the only name that had come to her. Recognized by her father at the age of one, she still bore her mother’s name until the age of nine. When she arrived in France, her last name was changed after her stepfather legally adopted her. Years later, she learned that her father had waived his rights and authorized adoption. We can better understand her feeling of having lost “everything”: her original nest, but also her name and the recognition of her father. Moreover, she hated her first name, which also caused her “troubles” when she resulted a military service dodger.

Nonetheless, the real problem is her mother unable to imagine a first name suitable for a girl during pregnancy and after her birth. We find this phenomenon in some transparent women especially with regard to their first pregnancy. They say to me: “I know I’m about to have a child, but I really can’t imagine it!” Sometimes the father can overcome this imaginary failure, if he is present enough, and especially if he proposes a “new” name for his daughter (and not a first name already used in the family).

Nonetheless, I would like to stress the impact of the parents’ “unthought,” and more specifically the mother’s, on the unconscious image of the child’s body. By giving her that name,

the mother denied the existence and the sex of her daughter and behaved as if she had still had the ideal child, fruit of the incestuous fantasy with her father, according to her Oedipal desire, entirely separated from the time of the real child carried during pregnancy. She thus operated a rejection, or better, a “foreclosure⁵³ of the first name”: the child existed only as a signifier, out of time, with no flesh, no image.

Comments like “Hey, Henry is kicking hard, he’s sure to become an athlete!” or “Ann is feathery, it’s as if she were tip-toeing, she’ll be a ballet dancer!” help build around the signifiers of the first name the space and time of the unconscious image of the child’s body in a well-established emotional relationship, both affective and sexual, especially today, when it is possible to know the baby’s gender in advance. Dolto stresses that this pregnancy of the most archaic phonemes, of which the first name is the typical example, shows how the body image is the structural trace the emotional history of human beings. It is the unconscious link (where is it?) from which the whole expression of the subject originates; the place where all inter-human linguistic emotions originate and are received⁵⁴.

Thus, when the baby is born, parents must unconsciously establish the link between the signifiers of the first name and the perception of the movements of the real child who has been thought and perceived during foetal life, when still invisible. I think it is essential to stress the importance of this recognition through the gazes of both parents who listen, touch and measure from two different points of view⁵⁵. It is thanks to them that children will later be able to perceive themselves in a temporal continuity and to recognize that they belong to their name, face and sex. To this purpose we will see that Yvan’s story involves a double lack.

Fantasy of the primal incest

During one particular session, Yvan evokes the hatred there had always been in her relationship with her mother and

stepfather. She also says that he had hated her from the very first moment they met. From then on, he began scolding her, hitting her when they were close enough, while the rest of the time he never even spoke to her. The only sentence he often shouted out was that he intended to fulfil his duty as adoptive father until the very end, but once she turned eighteen and one minute she was to “clear off” away from his house never to be seen again. All this time her mother remained silent. Yvan, who used to take refuge in her little room in the basement, was good at school, she studied English with determination and her friends and their parents were most fond of her, welcoming her at home in the afternoons and even for whole weekends.

Soon after this session, in which she opened a door she then hurried to close, she begins to talk about her childhood again. She says full of emotion that, as a baby, she had started vomiting her milk and rejecting all kinds of solid food, the only thing she could swallow until the age of seven or eight was an English custard her aunt would lovingly make for her. Later on she stopped eating that too. She began eating only bananas she stole from the garden, gulping them down until she eventually vomited. She had eaten so many bananas that she had developed a serious allergy and couldn't even bear to see or smell them anymore. When I ask her if she knows why she was attracted to English custard and began eating nothing but that, she realizes that she had often heard her aunt talking about her father to someone and referring to him as “a chef” or “an Englishman”, whispering to avoid being heard.

Yvan vomited her mother's words and drank her aunt's, who talked to her with love while holding up the symbolical inscription of her absent father. The newborn baby literally drinks signifiers and is able to distinguish two voices with the sensations and emotions experienced while listening.

This kind of integration and differentiation most likely occurs before birth, as it is possible to see in the echography that the foetus, or the premature baby of the same age, can differentiate two voices⁵⁶ and, with changes in the facial expressions and in

the intensity of the cardiac rhythm, as well as with movements of sucking and swallowing, shows satisfaction, disgust, pain or anxiety according to the emotions formulated (from the Latin *formula*, “frame, rule, system”, short form of *forma* “form”) aloud or silently by the mother. This is an important point, because it highlights the fact that the foetus and then the newborn do not react to sensorial impressions alone, but also to structured language. For example, it can itself have a significant variation in its cardiac rhythm in accordance with the emotional charge of the words expressed by the mother when she directly talks to it or when she talks about it to someone else⁵⁷.

The desire of survival and the feeling of existence occur in the human being through the primal need of incorporation of the taste, the odour, the image⁵⁸ of the words the mother speaks to it with a clear preference for the sweet⁵⁹ taste of her loving words. And thus, for the first three days after birth, by avidly sucking her breast, it keeps swallowing, with the colostrum, the amniotic liquid, the blood and the psycho-corporal representations of the mother's magic words ingurgitated before birth, thus pursuing its primal mimetic identification.

We have in fact observed that the newborn recognizes the mother's voice and after three days differentiates, without showing any preference, her “filtered” voice heard before birth and her “aerial” one listened to only after birth⁶⁰. Later on, by sucking the milk, still deeply pervaded by the amniotic liquid, with a reflex movement for the first three days, the baby continues to incorporate the voice⁶¹ and the maternal signifiers with the taste, the odour and the colour of the emotions, the *jouissance* experienced with her before being born, and with the same ontogenetic appetite of the link of primal oral-cannibalistic mastery⁶².

At the end of the sixth day⁶³, the newborn completes the primal mimetic identification by swallowing the milk and grasping the nipple (equivalent to the thumb) with its lips and the breast with its hands, the equivalent of its primal penis (the umbilical cord). This is an important point: the thumb⁶⁴, the

hands and the placenta, belong at first to the mother and to the child, while the umbilical cord belongs only to the foetus. It can in fact see it, taste it, grasp it with its hands just like a gigantic penis, giving it a huge pleasure, because it can satisfy its drives of oral-cannibalistic mastery (by modifying the blood flow) at the same time as the archaic urogenital drives of survival (swallowing, urinating and fabrication of the appropriate vital quantity of amniotic liquid⁶⁵). We can understand the violence activated by the newborn to powerfully re-incorporate the two thumbs/nipples of the mother that already belong to it⁶⁶.

Yvan, like all anorexic and bulimic women, behaves like the newborn, who after birth, after the cut and disappearance of the umbilical cord, totally empties itself. It integrally anally expels the meconium, as well as the placental blood and the residual amniotic liquid left in the mouth. Then, while sucking the colostrum, which is nutritionally rich, the baby loses a tenth of its original weight and may even experience a feeling of disappearance⁶⁷.

Freud had already considered the words of a midwife suggesting that the meconium found in the waters during labour could be the concretization of the child's anxiety⁶⁸. The meconium is odourless and is the equivalent of the first faeces expelled by the newborn (thus the first anal penis⁶⁹, as suggested by Freud) on the first day of his life. The word "meconium", from the Greek *mêkônion*, means "poppy juice" as its colour is green-black like the juice extracted from poppies. The meconium is produced by the foetus from the beginning of the fourth month⁷⁰: it is the accumulation of all the residues that cannot be assimilated of the refuse ingested with the amniotic liquid (its own urine and the desquamation of its flesh) that it will be able to evacuate normally only after birth. Expelling it before birth is a sign of suffering in the foetus-mother relationship and means danger of death in the following two hours.

We can therefore understand how by swallowing and vomiting the milk Yvan expressed on the one hand the rejection of her mother and on the other the desire to live without "being

miserable⁷¹" (in French "grinding black," with its association to coffee, which she had always hated, even its smell), like she was before being born. We observe in the cases of early anorexia that the newborn accepts to be fed only by someone who is not the mother, because the violence of the death anxiety, felt of course unconsciously, is so powerful that it literally poisons and suffocates it.

Dolto writes: "things happen as if the foetus's organic exchanges of the body, due to vital expressions of emotions called instinctual, modelled the orientations of the id. Things happen as if gestation were an incarnation both affective and organic, as if the foetus found its way according to an organic-emotional register, ranging from the well-being of the tumescence to archaic suffering, to distress. This distress shapes the anxiety of rape or castration in accordance to the pregnancy of these two extreme perceptions⁷²."

We now know, thanks to echography, that if its mother is extremely moved or anguished, a foetus of only a few weeks can begin to hiccup by ingesting amniotic liquid. In other words, from the very beginning, mother and child bite, destroy and poison each other because of anxiety. The ancient Greek for "to bite" was *tragein*, and the root *trag* means "drug". It is then possible that, at conception, the incorporation of a foreign body unconsciously reactivates for the mother the instinctual death anxiety and the representatives of the destruction drives intertwined with the oral-cannibalistic drives for mastery of self-preservation of the ego, which will later be subdued to primal repression. Thus, as Freud suggests that the earliest form of anxiety has toxic origins⁷³. The dependence on toxic anxiety would then be the primal relationship of "attachment" relating the child to the body and *jouissance* of the mother "for better, for worse, till death do [them] part⁷⁴".

Ingesting amniotic liquid in huge quantities before birth⁷⁵ enables to fill the mouth and inflate the lungs, the stomach, the kidneys and the intestines, giving the impression of being full to a breaking point, but without feeling any pain⁷⁶. At the

end of pregnancy, the amniotic liquid is whitish, a little yellow, and the foetus moves less and less, as it is bigger and fills almost all the space available. By vomiting the milk and by refusing any kind of solid food, therefore, Yvan was trying to expel the milk-drug in order to break any kind of toxic dependence from her mother; trying to keep full as before being born and at the same time emptying herself like on the first day of her life. By absorbing the English custard, a little yellowish like amniotic liquid and as dense as the colostrum, she incorporated the phallic signifier of the father and the paternal and maternal germinal liquid in order to be born again every three hours. She could thus be both her mother and father and at the same time manage to remain invisible, odourless but full, just like before being born⁷⁷. She thus incorporated the colourful signifiers that made her present but invisible⁷⁸ like her father.

Listening to Yvan we can begin to understand the archaic fantasy anorexics and bulimics have of oral self-generation, something I define “primal incest,” as they stand in the father’s, mother’s and child’s places in the fecundating sexual intercourse. They give birth to themselves by permanently reproducing the primal scene acted with the oral function, the mouth being the equivalent of the breast, the penis, the vagina, the urethral orifice and the anus

She ingurgitates the signifiers of the Other* and identifies with the symbolical phallus of the father by creating the first disappearance of the signifiers by which she is represented (her first name). This behaviour enables her to integrate herself in the continuity of time without annihilating herself, as, just like Blanche, she cannot keep perceiving herself, having lost the taste of the incorporated object. She becomes what she creates by sublimating⁷⁹.

Later, during the latency phase, when Yvan ingurgitates and vomits bananas, she tries on the one hand to acquire flesh and consistency and on the other to poison herself⁸⁰, to die and be born again. She ingurgitates, chews, destroys and expels the incorporated object, by acting at the same time the anxiety

of rape, her mother’s refusal of pregnancy and the pregenital oedipal fantasy of biting the penis and castrating the father⁸¹.

We note, with Yvan, that when the look and recognition of the mother are insufficient and the father is absent – both physically and in the mother’s words –, the child remains at the archaic fantasy phase of being the primal Father by absorbing all his vital substance. In fact, by absorbing the English custard and later the bananas, Yvan acted out the fantasy of cannibalistic incorporation of the primal beliefs, according to which eating the blood and devouring parts of someone’s body (the part of the object, in other words the breast equivalent to the penis, the faeces and the organ-child) enables to absorb someone’s energy and attributes⁸².

But the compulsion for force-feeding oneself to the point of vomiting, an equivalent of childbirth, also expresses the still existent mimetic identification to the primordial Mother’s body, which enables to be her child and have the ideal child from the father. When young girls force-feed themselves, Dolto wrote⁸³, this is due to the primal oedipal desire of being raped and fecundated by the “huge” penis of the father and give birth to a son who will be just like him.

Thus Yvan’s force-feeding herself to the point of becoming allergic to bananas and not being able to stand their mere sight or smell, should be interpreted as the non-representable symbolical castration of the oral self-generating fantasy of the primal incest. By doing so, she can move on from being the phallus of the mother to being and having the imaginary phallus of the father.

In fact, by continually force-feeding and purging herself, she could recognize herself and feel alive despite the continuity solution that she could not understand between her first incorporated object before birth and after birth (the mother’s voice and the odour-taste of the amniotic liquid during foetal life and the mother’s voice and the odour-taste of the breast and of the milk after birth). The allergy, a reaction to an object perceived as foreign, is then the creation of a symptom which

will enable her to unconsciously inscribe the taboo of incest or Name of the Father⁸⁴ as, in this way, she will be able to recognize by its smell and odour⁸⁵ the incorporated object with passion, as a foreign body and a deadly poison that it will forever be forbidden to take.

This unconscious fantasy can be found in bulimic and anorexic women as well as in female drug-addicts, for whom ingesting food or drugs (odourless) seems the only way to perceive themselves and to have in them a foreign body from which they can part⁸⁶. Bulimics, but also drug-addicts who had been anorexic in childhood, act this fantasy out in their dreams very crudely through a fecundating fellatio with the father or, for the most transparent ones, a fecundating self-fellatio: a most pregnant reminiscence of foetal life⁸⁷.

Yvan's adolescence

Yvan's adolescence is quite peculiar. She is a solitary student, locked up in her "cell" – she says, to differentiate it from a nest – full of books and comics that she devours, and she is often at a friend's house or travelling. I travelled round the world with Yvan too, accompanied by her marvelled child look, at once sharp and fanciful. From the age of sixteen, her mother, in order to get rid of her during the holidays and avoid the daily crisis with her husband, offered her a return ticket covering the whole summer period, gave her a huge amount of money and never came to fetch her at the airport. To choose the place she was to fly to, she covered her eyes and asked her to point her finger on a big map she would stretch out on the table. But after that, the rules were strict, no changes were allowed.

We see how Yvan's mother is incapable of representing her daughter as a real child separate from her: she is unable to distinguish what she can do at her age, and if she is out of sight, for her Yvan is still in the basement. This is an important metaphor to understand: if the mother is totally identified to the real child she carried, the child stays in her unconscious

image, while being invisible and non-perceptible. And the name that represents the child remains enclosed⁸⁸ in her time⁸⁹ and in her desire, which designates the child as the "foreclosure of the first name."

Yvan's destinations were often in Asia and the procedure was always the same: when she landed she would wait for hours at the airport with her backpack and her "most beautiful smile," until she found a nice couple with children she liked and who spoke either English or French. She then tried to be "adopted" for the summer. In this way she sometimes even spent her holidays in countries at war and was particularly happy in China. Her travel memories fill the sessions and I cannot get her to subjectivise her story.

She starts the sessions with a little ritual sentence – here is another little pebble!" – which is her way of expressing the hope of finding her own way, just like Little Thumbling, to her primal love nest that is typical of transference and analytical therapy. Nonetheless the vivacity of her words gives me a peculiar sensation: her words do not manage to cover her most secret thoughts, like in a dream.

Her frequent slips of the tongue, like "what I told you tomorrow" or "next year I returned to Asia," make me think she operates an inversion between past and future. When I point at the confusion, she answers that she has always had this inversion problem: already at primary school she could not understand the meaning of "the day after tomorrow," because as soon as she understood the word "tomorrow" everything collapsed at once and she knew nothing. After a moment's silence, she tells me that she has always felt like "a sputnik launched into space, lost in the sidereal void, with no ties, endlessly trying to grab the tail of a comet" and at the end of her flight, she adds, she was able to take root only after her son Yann was born.

Yvan shows us the difficulties in understanding the temporal representation we find in bulimic and anorexic women: they are unable to inscribe themselves in the chronology, in the duration, and often tend to invert past and future. They tirelessly

look inside themselves for a symbolic point that could generate the space and time to which they could anchor their chains of signifiers, because to feel they exist they need to continue being in the time of the Other, in a future which is already past, as we saw with Blanche (p. 40). On the other hand, when the child is born, “tail of a comet” as Yvan says, they can take root in its time, in an eternal present.

I point out that it is the first time she names her child. She retorts, annoyed, that in fact she hadn't noticed but that, anyway, she doesn't intend to talk about him as, just like in her job, when she scrubs hard a stain with bleach, she feel much better: “Everything must be spick and span, she shouts glaring at me, I can't stand waste; I sweep it out, pop into the bin, no waste left!” It's her way of avoiding suffering from the deep wound caused by the departure and silence of her son: she denies his existence as she has always denied his father's (born “without a father,” see p. 53) in order to refuse having been abandoned. Her son Yann is thus reduced to mere waste, a kind of aborted embryo.

The waste or disappeared object

It is the first time in two years of analysis that Yvan gives me a glimpse of her extreme violence. She clearly tells me that she is definitely not going to talk about her son, but, without knowing it, she shows her split consciousness: passion, hatred and love cannot coexist.

To describe her hatred for waste, she enumerates the purifying rituals she used to practice, only when she was at home, since the arrival of “that dirty period”: she used only her plastic glass and plate, which she'd had since she was a baby and that she'd managed to pack in her suitcase; she rinsed her mouth and practiced extended fasts drinking only water with lime juice, and after the fasts, enemas, in order to be sure she was clean in the inside as well. The only thing she allowed herself was tasting

dark chocolate, which she would bite, keep in her mouth for a short while and spit out.

With these gestures we see the continuing confusion between mouth, stomach, vagina and anus. A confusion we find in the obsessive rituals that operate, as in the most ancient medical traditions, “a retroactive cancellation of the guilty act of eating, a ritual to ward it off, of *restituto ad integrum*, both physical and psychological, an expiatory act of purification.⁹⁰” Fasting and purging are therefore a way of washing away a guilty act, but also a kind of treatment.

In fact, during puberty, having a haemorrhagic period, Yvan struggles with her rituals against her death anxiety: with the lime juice⁹¹ she is again confronted with the colour and acid taste of the primal pain and agony that announced the risk of death before birth. This mnesic trace allows her to think of herself as alive, despite the loss of the oral object created, incorporated and lost (the meconium and urine) during foetal life. Therefore, with the huge quantity of water and lime ingested, she acts out the foetus's archaic reflex of survival, consisting in augmenting the quantity of amniotic liquid ingested before birth. And with the enemas she washes off any odours or traces of meconium⁹² and amniotic liquid before its definitive expulsion, which must occur *ad integrum* between twelve and twenty-four hours before birth, to avoid any risk of kidney infection or intestinal obstruction. In fact, dark chocolate, with its sweet-sour and slightly acid taste⁹³, was the only food-drug she bit, kept in her mouth and integrally spat out.

By rinsing her mouth, ingurgitating water and lime and by operating enemas, she managed at once to survive and imagine the passage of the object-food from the mouth to the anus-vagina by creating a before, an after and a sensorial continuity. It is this temporal discontinuity between the upper and lower parts of the body (full and empty mouth, full and empty stomach, but separately⁹⁴) that she was unable to visualize. In fact, the trace of the non-representable passage of the incorporated object between mouth and gut through the oesophagus and stomach

became perceptible thanks to the acidic taste of the lime, which, just like an acid reflux, could come up through a gap⁹⁵ that enabled her to apprehend a sensorial continuity between the before and the after: an acidic taste that announces the void and the pain before birth and the void and overflow after birth.

Moreover, she ate only if alone, even when she was at school, as she couldn't bear to be seen eating nor see others chewing. She couldn't stand the slightest noise from the mouth, recalling destruction, *jouissance* and the disappearance of the oral object. Sharing a meal or being "seen" by others while eating or drinking compelled her to show a body with needs or even desires. Not being invisible anymore would have implied running the risk of being craved for, of losing her body image of swallowing food without paying attention and thus unwittingly becoming pregnant. In fact, her isolation and her refusal of sharing the washing-up and meals with her parents after puberty reveal the permanence of the archaic fantasy of oral self-generation of primal incest.

A fantasy that exists in the infantile sexual theory: the belief that children can be made by ingesting food or even by swallowing someone else's saliva, hence the anxiety and refusal of many young children (girls and boys) of being kissed by their parents or to kiss them, to eat red meat or drink in their parents', brothers' or sisters' glasses. An anxiety that persists among some teen-age girls who do not want to exchange "wet" kisses with a boy.

Every evening Yvan would swallow her meal as fast as she could, alone in her room, and immediately afterwards would methodically purge herself. She would then suffer from painful migraines and lie for hours on her bed without moving or sleeping. The only food she was able to take in and keep in the evening was Asian food, which she bought any time she could with her pocket money. She then spent hours meticulously examining with great pleasure the scraps of her parents' food that her mother took down to her room in a doggy-bag, when they were rotten enough she cautiously threw them away in the

neighbour's garbage. By doing so, she was trying to sever from her mother by acting a scene of definitive loss and a void that she could not apprehend. But she did observe every transformation of the oral object, likely to rot and disappear forever.

Anorexic women can neither imagine the loss of the primal object of attachment (the mother's body), nor the loss of the incorporated object (the child's body, the partial object). The "waste" signifier supports their existence. The word "waste" indicates a "quantity lost in the use of a product." But in French, the word "déchet", used by Yvan for "waste," comes from the word "déchoir," from the Latin *decadere* "decline" and *decidere* "sever or cut." I stress the importance of this action of discernment (of tastes and odours, "this I shall swallow, that I shall spit out") necessary to the function of judgment and to the affirmation of existence. Anorexic women keep identifying to the odourless liquid object⁹⁶ spat out and forgotten during the first term of foetal life, as they keep showing us through their behaviour.

Freud himself uses the metaphor of waste to describe the negation of a perception and the function of judgment that has to decide whether a representation exists or not in the real world: "this I wish to eat or wish to spit out."⁹⁷ Anorexic women act as that object swallowed and spat out that disappears without leaving a trace.

And they feel compelled to endlessly swallow it, spit or vomit it out in order to become saturated with its taste and odour, before and after, so that they may be convinced they existed before birth. Or they are compelled to examine every single change in order to be sure to recognize it before its disappearance, just like the rotten scraps cautiously thrown in the neighbour's garbage. On the other hand, what hasn't been vomited or spat out becomes a form of forgotten waste in the stomach, thus enemas are necessary to see it a second time before it is lost forever.

The compulsion of some to devour and immediately afterwards vomit out the scraps found in the fridge or

cupboard of the family kitchen – or in some more severe forms in the garbage – reveals unconscious fantasies. Acting out the fantasy is the only way they have to feel they exist, despite the disappearance of the incorporated object.

We can feel how the oral object (the food) is a kind of primal double that enables the anorexic woman to be at once the mother and the child. The ingestion of that body, both foreign and familiar, is extremely upsetting; its relegation to waste, its being vomited out, bringing into play gestation, disappearance of the object and birth and, with the rotting, the fall into temporality.

On this point, remember that Yvan associated the waste that has to disappear without leaving a stain to her son Yann, “her twin,” who left her aged eighteen without giving any news. Since his departure, as she said during our first session, she has felt she is “nothing.” Unable to apprehend the empty nest, she has disappeared along with the child with whom she has identified herself. But being able to deal with the flow of time and cancel the mnemonic traces of her own presence in the world, while staying in the time preceding her birth, the fixed time, enables her to deny having been abandoned by her father and by her son, who left the nest when she was thirty-six, the year she experienced an early menopause, unprecedented in her family.

On this point, Yvan confides, looking put out, that she always thought she was a boy and for a long time had kept waiting for “her little willy to grow”⁹⁸ (clitoris), searching for it every time she went to the toilet. She thought that, in the same way as we cut hair and nails to strengthen them, her little willy was going to become bigger and stronger as she grew older.

I think that waiting for a penis to “grow back” during the phallic phase is not the same as the “penis envy” described by Freud. It refers instead to the feeling of having been mutilated of an organ that procured enormous *jouissance*. The clitoris is felt by the little girl to be a miserable “remain,” a mere relic of both the very distant and very near past. We could think that

it reactivates the memory of an extreme *jouissance*, leaving an indelible trace in the unconscious, felt until the end of the sixth month⁹⁹ of foetal life, before the vagina is formed. This could clarify the denial of the vagina among transparent women.

For Yvan, therefore, the arrival of “that dirty period” during the night, came as a shock: when she woke up, she thought she had been definitively mutilated and that she was dying. All of a sudden she collapsed, weak and emptied, just like after a purge, but without feeling any pain. Neither her parents nor she had perceived, seen or thought or consequently evoked the transformations in her body. At puberty, the hormonal upheaval that causes the childish body and face to disappear for ever reactivates the death anxiety and collapse felt at birth. Moreover, neither the boy nor the girl can imagine in advance all the corporal changes they are undergoing. In the first chapter we saw how all bulimic and anorexic women fail to perceive their bodies and feel monstrous.

In order to protect herself from a trauma and an unbearable anxiety, Yvan does not perceive her body and does not look at herself into a mirror. We can also imagine the traumatic effect caused by the sight of her menstrual blood unexpected and unaccompanied by any pain. The anxiety of a death by exsanguination must have caused a desire of shaking herself dry (see Blanche, p. 37) to stop the haemorrhage (“l’hémorragie” in French, which sounds like “the words react:) and deny a loss and an unbearable castration. Through her we better understand the importance for transparent women to feel their guts hurting during their period. But the absence of pain, just like the absence of periods, stops time and annihilates the lack and the symbolical castration while supporting the continuity of being.

Yvan expresses a fantasy shared by many girls during the latency period in the years preceding puberty. Having been dispossessed of their sexual identity by their parents, they keep identifying with the ideal son, fruit of the oedipal desire of the mother. The sight of the blood flowing from beneath her womb

should have sealed her symbolical castration with the definitive renouncing of the growth of a penis. But as Yvan is unable to symbolize castration and the empty stomach, she carries on being the disappeared child, incarnation of her mother's phallus.

Moreover, the only sharp words her mother uttered at the sight of the spotted sheets were: "You're a woman now!" – magic words, or a spell, pronounced by all the mothers in the world who begin to be concerned about their daughters becoming pregnant at any time. In this way they assimilate metonymically the menstrual blood to pregnancy and death. The mother identifies with the dead child in her daughter's womb and the daughter to the dead child in her mother's womb. It is not rare, in fact, for the anorexic daughter to suffer from amenorrhea and for the mother to have a haemorrhage.

With menstruations we therefore discover the fantasy anorexic women act out: each month they feel they are dying, emptying themselves out with a haemorrhage, aborting a child they have killed unintentionally. Without menstruations during adolescence, or with an early menopause, as in Yvan's case, at a moment of painful loss or separation, avoids them pregnancy, death and killing the child of the primal incest that they bear. They can then live in a motionless eternal time.

Yvan's adult life

After several months of analysis, Yvan returns to her story. On her eighteenth birthday, coming home from high school, she finds her backpack waiting for her on the doorstep of her "cell" with a note from her stepfather stuck on one of the pockets: "farewell." No one had said anything the day before nor the morning before she left. Her mother was nowhere to be found. No one was home. She is homeless and night is approaching. "That day I was unable to show my best smile!" But before she can wipe away her tears, a neighbour, a handsome man in his thirties, literally falls over her after getting off his huge

motorcycle. He apologizes and declares his love for her. A few months earlier he had madly fallen in love with her but hadn't had the courage to tell her, being most shy.

Yvan, a specialist in being adopted, follows the man, moves in with him and finishes her school year. After several months under the same roof, they find they are getting well together and decide to marry. She accepts her first sexual intercourse, which turns out to be "catastrophic;" she is "knocked up," but doesn't notice for several weeks until a school friend notices that her belly looks like "a rugby ball." She immediately runs to see a doctor and once again her entire life falls apart. After learning the news from the doctor she is furious and starts hating the man who made her pregnant. She wishes to kill the child that has been devouring "her entrails like a dirty little rat" unbeknown to her.

We find the archaic reaction of hostility and the desire of murder felt by the "primal man" mentioned by Freud¹⁰⁰, linked to the taboo of virginity and the blood of the first period. Two notions that for primitive populations always reactivate sadistic representations, like those of the bite of a supernatural animal or of sexual intercourse with an ancestor. Freud had observed what we shall investigate more thoroughly in this work: the hatred and archaic desire of murder and castration towards the man and his fruit suddenly emerge after the first coitus or the first child, as they reactivate the death anxiety and the very powerful incestuous motions.

Yvan adds, with relief, that fortunately she felt absolutely nothing during pregnancy, not the nausea or the pain she used to suffer during her periods. We feel to what extent she managed to deny her pregnancy as she had done with her first period. What is more surprising, however, considering she is very slim, is her husband's denial.

Yvan starts working very hard until the day of the child's birth, trying in vain to get rid of the cumbersome "little rat." "While I was working, he shouldn't have dared to make noises or piss me off!" she bursts out.

She gives birth very swiftly, “like a space rocket,” and when she sees the child’s face she is filled with disgust: “he was horrible, you know, he did really look like a rat, he looked just like my mother-in-law!” Immediately afterwards, after my coughing, she mitigates her words and adds that they both soon got used to living together and became “very close.”

Continuing with her story, however, she stresses how a few days after the birth, she secretly left the apartment during the day with the newborn baby in her arms and her backpack, firmly decided not to see the child’s father nor her in-laws. When I ask her why, she loses all composure and retorts: “I was with my in-laws one evening and they all passed the child around like a rugby ball! It was unbearable!” Yvan shows some tenderness for her little “rat.”

She asks for a divorce and years of legal proceedings follow. Harassment, punches from the child’s father, until he stops giving any news of himself. By the time the child becomes a teenager, she is jobless and the only position she can find is “unfortunately” abroad, in London, in a retirement home. She contacts her mother and places “the child” in a well-structured boarding school in order to be sure he will study adequately. When she comes and sees him for the holidays, her mother wants her to abandon the child, she has even filled in the adoption forms, repeating what she had already done with her. Yvan, outraged, taps her forehead with her finger and says: “You see, the fool places us on the same branch!”

Yvan clearly understands that for her mother her son and her are on the same branch of the genealogic tree, inscribed in the same time. That same mother that every year gave her a birthday card on the day of her own birthday, which was “always one month before” hers. A way to suggest that she was her daughter (like Blanche’s mother, p. 40). In fact, in the life of women, pregnancies are reference points that inscribe a before and an after. That is to say, time in its duration. Each pregnancy, especially the first, unconsciously represents a point of origin, beyond time and death.

Yvan, fearing her mother will take her child away, struggles with all the available proceedings to forbid her from seeing him. During these conflicts, she acknowledges that “the child” has long been isolated. On his eighteenth birthday, Yann leaves the boarding school without telling his mother or leaving an address, just when she returns to France.

Yvan shows us that when children lack looks or words from their parents, they unwittingly repeat the same behaviours with their own children. We can see the effect of the compulsion to repeat an experienced trauma not only when she becomes pregnant “accidentally,” but also when she denies her pregnancy and the existence of “her” child, to which she keeps referring to as “the child,” a signifier distinct from time.

From the news given by the doctor, her hatred and rage explode towards her father who “let her down” when she was born, towards her husband who “fell on her” and “got her pregnant” (in French: to “fall pregnant”), towards the rat-child who devours her entrails or “boils her spleen” diluting it. I underline the signifiers related to fall and disappearance, which refer, as Freud suggests, to delivery, birth and death.

Yvan described her first sexual intercourse as “catastrophic.” We can thus think that, as she denies her genital sexuality, she could not have been ready for penetration, perceived as a breaking in, nor to vaginal climax. And we can consider a traumatic perception of the conception of a child during the first sexual intercourse as an archaic survival reaction.

In fact, after the first period, the first sexual intercourse or the first pregnancy, a woman cannot recognize the body she had before. All these losses of images of the body during these moments of transformation can be traumatic for women if they are unexpected (i.e. not spoken or thought about before) as events that enable them to become women in their own right. Which leads us to better understand the unconscious reasons of very early menopauses (like Yvan’s), or even infertility or symptoms requiring surgical ablations of genital organs (uterus, ovaries, etc.) among young women who were bred in the silence and

denial of the body, with no transmission of femininity by their mothers. Acting a symbolical non representable castration is more bearable than living a death anxiety and an anxiety of annihilation consequent to a traumatic collapse.

Freud had already noticed an occurrence proper to women at puberty and close to menopause. He writes that when the instincts were not so strong, these individuals succeeded in restraining them, but they can no longer do so when the instincts acquire this new strength. The repressions behave like dams in time of flood.¹⁰¹ But in order to build strong enough dams, it is necessary to measure, assess and reflect upon every change of condition and anticipate transformations. We can already see how foreclosure of time and denial of the perceptions make the repressions insufficient.

Yvan, after she has denied conception, addresses her hatred and desire of destruction towards her husband and her child, seeking a miscarriage. The conception of a child brings back the instinctual death anxiety and the mother's drive of destruction, a phylogenetic drive the aim of which is survival. She is filled with the fear that her cumbersome real child (her rat-child) may absorb her vital energy and take all the room in her womb, devouring and destroying the inside of her body. She thus reveals to us the violence of the primal fantasies of death and murder of the child, representatives of the self-preservation drives, that are reactivated during pregnancy: "If I live you die, if I die you live¹⁰²."

We can see how Yvan, unable to represent herself as an object of the gaze and of representation, experiences pregnancy as a mortal collapse. Yvan actually incarnates the signifier "rat" (Freud's famous "Rat Man"), supporting the primal paternal metaphor (the bite of a supernatural animal) with an invisible part of her body, the spleen, an internal organ that can bring about death when an accidental choc occurs. She perceives herself as a "rat-daughter" (the French word for spleen being "rate", also the female of the rat), a spleen with which she totally identifies, flesh of her flesh, that really belongs to her as

an organ-child¹⁰³, whereas she could not feel the relation with Yann and say "my child" when speaking about him.

During analysis, we often find the fantasy of a rodent nibbling in the insides, usually in a dream, in patients at the beginning of pregnancy and in childless anorexic and bulimic women. In relation to the reactivated trauma, they can dream of having a tiny mouse, one that does not cause too much damage, or a gigantic rat that can turn into a dreadful monster, like in *Alien*¹⁰⁴, or a starving hamster. We can consider that these dreams or recurring nightmares attempt to "scrub" – as one patient wittily put it – the traumas experienced after conception by acting primal fantasies that represent archaic models of perception¹⁰⁵.

This is one way for them to represent fear when pregnant, because all of a sudden not only do they lose their body image but also have a "foreign body" growing inside. But Yvan has no dreams or nightmares; in this way she is uttering with crude words the violence of primal fantasies, but she fails (in French *rater*, as in spleen, or the female rat) in her intent to cause a miscarriage, and this shows her ambivalence towards the child she has denied from the very beginning but who also supports her in her unconscious desire for eternity. Then it is her spleen that is going to be diluted, disappearing without a trace to leave "all" the room to the little rat in whom she identifies. The daughter of the primal incest with the primordial Mother disappears, replaced by the child of the primal incest with the primordial Father. She "becomes" both the Father and the child, the faceless devouring rat, who once born has the same rat face of his paternal grandmother. The French signifiers help in this identification: "*Tu enfant(e) ra(t) dans la douleur!*", which means "in pain you will give birth" but in which the word "child" (*enfant*) and "rat" are clearly visible.

"The child's father", the only way she refers to her husband, to deny any relationship, remains a real father who was unable to fulfil his paternal function during pregnancy, as he failed to see it both during pregnancy and after the child's birth. The

rat-child, who silently kicked the inside of his mother's rugby-ball-womb before being born and who becomes the rugby ball passed from hand to hand by the in-laws after birth. Thus the child disappears after delivery and becomes his mother's left arm, through mimetic identification. He will incarnate his mother, who played rugby as a child (see p. 53), who carries him "like a rugby ball¹⁰⁶" when working and who feels she exists only after his birth¹⁰⁷.

In other words, as Yvan is unable to perceive her existence with an empty uterus, she denies the birth of "the child". The newborn baby keeps on belonging to the mother's body as a primal double: both as an organ-child hidden in the inside, and as a "phantom limb¹⁰⁸" that can be perceived in the outside, but that is invisible (a full uterus is like a "huge" penis or third leg¹⁰⁹).

At the beginning of analysis, Yvan said she and her son were twins and later, as we saw, Yvan's mother placed them both on the same branch of the genealogical tree. Then we saw how Yvan acted out with her son the two abandonments she had passively experienced: the abandonment by her father before birth and her forced exile, which led to the abandonment of her "mum" aunt. In fact, after a real proximity to her son, during his adolescence, she is the one who drags herself out of the nest and sends him to boarding school.

We could think that she flees to London, the huge English-speaking city, also to sustain a paternal metaphor and to protect her son from her incestuous desire. The fact that she is compelled to leave ("the only position she likes") and return to an island, Great Britain (let's not forget that her maternal grandfather came from Brittany), is also an attempt at inscribing the Name of the Father by breaking the primal relation (in reality) with her son and her mother and by creating an (imaginary) relation between two separated and autonomous places that were just "one" before the geological "catastrophe". Moreover, in time, the two places have changed and have symbolically evolved into distinct places with two different languages, and

can still be connected via an inlet, in French "*bras de mer*," which also sounds like "*bras de mère*" (the "mother's arm") and more recently via a tunnel¹¹⁰ dug under the Channel.

The Turning Point in Analysis

During the fifth year of analysis, Yvan forgets all about the migraines and the anxiety of an empty nest that had tortured her for years. Nonetheless, she remains a sensitive and solitary woman, with no express desire of a relationship with someone.

As her university exams approach, she undergoes another difficult phase. In fact, for transparent patients, completing their studies or writing a thesis often have the echo of writing a testament announcing their imminent death. Due to several sleepless nights, Yvan's words sound a little unclear and she doesn't articulate properly, as if she were drugged. I feel this is an important phase she has to go through and I am very present during the sessions.

I often evoke the idea that she must be feeling all kinds of anxiety in daring to make her dreams come true; anxieties she hasn't been able to share even with her analyst. Achieving what has never been thought of or imagined by the parents is perceived as a transgression, or even as a betrayal engendering guilt and the fantasy that they will want to take vengeance. They could come at night and kill her while she is asleep. She laughs at my words and ironically says that I really do have a vivid imagination and as for her, she is simply worried about her exams and extremely tired.

She leaves like a sleepwalker and the following week, after the exam, a totally different Yvan comes to see me. She is dressed in red for the first time, her expression is relaxed and she is wearing her most beautiful smile. She tells me that for some mysterious reason she is sleeping like a baby again. She has passed her exams with flying colours and is ready to do all that is needed to eventually go on a humanitarian mission. She cheerfully lists the grades she got and only at the end of

the session does she tell me about a dream. In it, a phone with a bizarre ringing tone wakes her up with a start and when she picks up the receiver she hears: "Chi-chine, don't cry, don't frown at me, give me your best smile!" Pronouncing those words with a strange voice, she utters "Now it's my mother talking to you!" After a moment of amazement and emotion, she continues to describe the dream. She is most intrigued by the phone call, as she had never wanted a telephone at home. She starts looking for the telephone wire and discovers to her amazement that it is so long that it crosses the whole Ocean. Yvan shows that her primal symbiotic bond with her mother is still there in her unconscious, and the devouring transference of the following chapter will better reveal this.

In the second part of the dream, she sees a black man coming out of a police station wearing a white shirt and a blue uniform like an American cop. He looks around and upon seeing her on the other side of the road recognizes her and gives her a "beautiful" smile. Then he runs towards her and takes her hand without saying a word. Yvan tries to downplay her dream to conceal her being overwhelmed: this is the first time she dreams about her father and finds at the same time the "cord" that ties her to her birth. And from the well of time, a very sweet girl's nickname, "Chi-chine", and the image of her as a little curious girl thirsty for love, already seeking recognition and adoption with "[her] big eyes and beautiful smile."

These attributes acknowledged by her mother, however, prove that she did have a good affective relation at the beginning. Her parents are on the other side of the Ocean, her mother tells her about her father, the "Englishman" doesn't say a word but the colours of his uniform suggest the country he lives in. In her dream her father is not faceless and as a law enforcement official he embodies the symbolical Father. Moreover, when he sees her, he immediately recognizes her and gives her a "beautiful" smile, just like her own. Yvan can then be recognized by her father and represent her birth to herself. On the other hand, when

she talks, she still hears the voice and ingurgitated words of her mother in an invisible "place."

But, all of a sudden, when she hears herself utter the word "Chi-chine," she realizes that the nickname she was given by her mother when she was born, and that she had repressed, must have been related to the Chinese origins of her paternal grandmother. Which could explain her predilection for Chinese food and for China during her travels. We can again see how the signifiers of the nickname and her taste for food can support, as a substitute, the paternal metaphor.

At the end of the session, leaving the room with a self-confident stride, she turns and bursts out in amusement "I almost forgot to say, I received another birthday card from mum on her birthday!" I stress that this is the first time she calls her mother "mum".

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In this chapter Yvan makes us understand the most archaic signification of the rituals anorexic and bulimic women act out with food. Through their behaviour they reveal that the process of primordial identification of the talking patient occurs through the primal incest fantasy, a fantasy of oral self-begetting, and through the mimetic identification to the primordial Mother and Father and to the child of the primal incest.

In this way, they also show us how this primal identification, a real support of the Ideal ego, structures the unconscious body image by engraving in the long-term memory the entire pre-birth experience in the "inter-human linguistic emotions" (Dolto) woven with the colourful words of the mother and, through her, with the father's. Thanks to Yvan, we have learnt how the unconscious body image acts as a primal super-ego, as it is already pervaded by a first inscription of the Name of the Father, of the Law and of the taboo of incest.

Yvan has also helped us better understand the reminiscences of the primordial agonies experienced, on the one hand, and the other hand, of the archaic reflexes of survival operated during foetal life. In this way, she indicates to us the existence of an indelible mnesic trace of the sufferings related to primal agonies and traumatic collapse phases experienced by the mother before the birth of her child.

Yvan once denied her body and sexual identity because she was unable to imagine separation from or the loss of the primal attachment object. This because during foetal life she hadn't been sufficiently pervaded by the sweet colourful signifiers of the mother, which would have enabled her to perceive herself and feel alive after birth, in the same way as we saw with Blanche. We can see how this lack of symbolic images is caused by a misjudgement of existence operated by the mother who denied the presence of the child, often with the complicity of the father, during certain phases of pregnancy. Yvan, therefore, has remained identified to the odourless child who disappeared without leaving a trace, having been spat out and forgotten after the nauseas of the first trimester.

Yvan had to reach for the most archaic thought translated into actions, as we also saw with Blanche, to try to make psychic relations between the self-preservation oral-cannibalistic drives for mastery and the murder drives of survival. Playing those reflex actions of self-preservation would then be an attempt of symbolic introjection for the continuity of being. She shows the desire to recover, through primal agony, the unconscious body image that announces the trauma.

Thanks to the metaphors acted out with her body, or to the fleshless crude words, typical of anorexic women, Yvan makes us see the coalescence¹¹ and the violence of all these traumatic traces. Each metaphor thus corresponds to the representation of a corporal state. During therapy, analysts must feel authorised to loudly enunciate what they see. In other words, they should relate through metaphors what they feel by observing and carefully listening to the signification of gestures and the colour

of the words and clothes of the analysands. In this way they can achieve a sort of graft, in the literal sense of writing, of their ability to think and associate words while listening to the words of their "bodiless" patients.

Yvan makes us see the importance of the naming and recognition of the father at birth. For the newborn baby, hearing its name, in addition to the words and looks of both parents, who "palpate" and entirely model its body with all their senses, enables it to progressively integrate time and the symbolic order in a unity and temporal succession of all its states and a permanence of the unconscious image of the body.

In this way we can see how the foreclosure of time and the child's sexual identity (girl or boy) are expressed through the foreclosure of the first name. It starts before birth and is due to the symbolic and imaginary flaws of the parents who, unable to think the presence, the absence, the movements and the transformations of the child, unconsciously deny its existence and sexual difference. The child is "present" only as an absent signifier.

The child who has not been "seen" or "thought about" enough by the parents before birth will have the unconscious fantasy of being disgusting and of having disappeared. Anorexic women feel faceless, sexless and lacking a name that represents them. Nonetheless, we have seen how the symptom can support, by replacement, the Name of the Father so as to avoid the anxiety of collapse.

We have also seen with Yvan that anorexic women are convinced they are the child of the primal incest, being both the invisible phallus of the primordial Mother, the cap-child who fills her void and lack, and the phallus of the primordial Father, having incorporated his real and symbolic phallus. When they become pregnant, this fantasy reactivates the death anxiety and the self-preservation and destructive drives.

Yvan reveals that the succession of losses of the body images that occurs during the metamorphosis of adolescence or pregnancy can become traumatic when unexpected. She also

shows that the memory of traumas is passed on from mother to daughter and is reactivated with the beginning of menstruations, during the first sexual intercourse and at conception, a moment I shall call “the primal maternal trauma.”

The intensity of the reminiscences and of the archaic reactions of survival among bulimic and anorexic patients suggests that a typically feminine unconscious knowledge exists. This knowledge is related to a phylogenetic and ontogenetic (more precisely epigenetic) memory of gestation that is transmitted to the foetus through images of the body and recurring dreams. These images and dreams stage primal fantasies that structure time and the symbolical order of procreation. Boys also keep a mnemonic trace of it, but it is far more pregnant in girls due to phylogenetic reasons.

In the following chapters, we shall try to better understand the archaic fantasy of the primal incest and the maternal fantasies, which I call “primal,” at the origin of the symptom in bulimic and anorexic women.

Chapter IV **Devouring Transference And Primal Fantasies**

With Blanche and Yvan we noticed how the devouring or rejection of food maintains the passionate toxic primordial relation to addiction “till death do [them] part” to the mother’s body and desire.

In therapies with bulimic and anorexic women’s this relation is also found in the devouring transference¹¹², which expresses itself through a silent and avid ingestion of the analyst or through a total indifference to his/her presence. The first case, easier to imagine, appears through an extreme desire to captivate my attention, thoughts and sometimes even my intimate life, by trying to have me react by commenting on objects around me that could reveal my tastes and personality. Or, more actively, through the need to intrude by force my surroundings, by arriving to the session the day before or an hour later, by taking a book from my waiting room or, more unconsciously, through the capacity to make an incursion in my unconscious, where I find them, at night, in my dreams.

On the other hand, some devouring transferences express a state of non-relation. This state materializes through the indifference found in the punctuation-free monochord tone they use to tirelessly recite the list of foods they have ingurgitated and vomited during the day or week. My capacity to listen to them is sometimes severely tested. But they can evoke, in a soft voice, in a flat tone, as if it were something trivial, the most awful violence suffered as children.

Both positions are difficult to handle: constantly being in the hot seat can be trying, but so is the feeling of non-existence. I sometimes happen to be a container, a store where they can buy what they need just then – “are you open next week?” some ask–, or a sauna where they can relax after work. Absent as a container, I am sometimes reduced to a bowl into which they have vomited all their suffering. In that way, they have me live what they experienced as children, in sometimes very antagonistic positions, such as the ill-treated child or the ill-treating adult.

Thanks to the analytical device of the chair-couch, I was able to feel the changes that occurred in my body and in my presence during the difficult transitions. I was forced into to an extreme listening position that led to an extreme dependence on them. For example, if I felt heavy and numb and wanted to move, I had to wait for a full stop or comma in their speech to allow myself to change position in my chair, as they would have interpreted any single move as a sign of boredom or disagreement. If the phone rang, they lost the thread and froze in a suspended time, in a silence full of reproach. A very intense session emptied me, I was stiff, like after a fight or after carrying someone extremely heavy in my arms.

These patients need even more attention than a newborn baby. Attention close to that of the pregnant woman who, when the foetus stops moving for an instant, anxiously waits for the next movement to see if it is still alive. Glued to my chair, I am not allowed to miss a single word and anything that may come with it: breaths, voice modulations or body movements. These patients notice the intensity of my listening and often say: “I feel you’re very heavy.” On the contrary, when my listening is more fluctuating and floats, I feel propelled, as light as a Champagne bubble; a lightness they also perceive, for they feel the need to be reassured: “Are you still there?” A decrease in my attention causes them the same impression of floating, they even feel as if they are levitating, a feeling that makes them so anxious that they can no longer think. They compare this

state of “unbearable lightness” to the experience of an astronaut left in space after the cable connecting them to the shuttle has broken or to the endless falls in their nightmares.

Devouring transference and symbiotic bond

This kind of transference with the analyst of course reminds us of the mother-foetus connection. During the day it is the mother who moves and drags it along in all her movements, like a ballet étoile with a pupil (known as “a little rat” of the Opera in French¹¹³). On the other hand, when during the night the mother sleeps almost motionlessly, especially towards the end of pregnancy, it’s the little rat that becomes the étoile leading the dance. With trampoline acrobatic movements, it slides to the bottom lasciviously and silently bounces back up (in French “graviter”, which sounds like “grâvi-taire”, “rise” and “stay silent”). If the mother is anxious, it increases its rhythm. Nijinsky wrote: “I am a twinkling star. [...] I am alive as long as I have fire in my head.”¹¹⁴

In the unconscious fantasy, after swallowing and digesting it, the mother “becomes” the child. Which helps us understand that during pregnancy a true symbiotic bond is created (synchronic) between the mother’s movements and the foetus’s.

In my previous publication, I explained in detail how this symbiotic bond that gives the foetus the impression of belonging to the mother’s body and the mother of belonging to the foetus’s body grows throughout pregnancy. I showed how the primal fantasies, “one life for two” and “one body for two,” linked with the fantasy “If I live I kill the child” or vice-versa “if the child lives, I die,” represent the self-preservation drives that govern the symbiotic mother-foetus bond. Paradoxically, these fantasies make it possible for the mother to unconsciously apprehend the presence of the child as a “foreign body” throughout pregnancy¹¹⁵.

Yet among anorexic and bulimic women we often see the materialization of this fantasy, “if the child lives, I die,” as if

using a syphon: if the mother is extremely busy, the daughter is emptied of her energy. But if the mother is depressive, then the daughter is hyperactive. Moreover, if the mother loses weight, the daughter gains the lost pounds, like a scale with two plates.

It is then very easy to become literally addicted to the words, looks, gestures, emotions, fantasies and anxieties of the mother who leads the ballet. Thus my patients, still caged in this dependence, allowed themselves to be submerged in the transference in a state close to hypnosis¹¹⁶, with the feeling of being out of time, of being weightless and “carried” by the mother like before birth.

Without gravity we feel an exhilarating continuity. When time flies off the handle, movement never stops, the sensation of falling is related to gravity. In weightlessness we do not feel the lower part of the body or its movements and can only voluntarily move our arms¹¹⁷.

Freed of any sensation of falling, you feel wrapped in an intangible containing space that provokes a strong euphoria, similar to what you may feel on a tall mountain or in deep-sea diving. The movement is fluid, endless, and the inertia paradoxically enormous. Space dilates and stretches to infinity, while objects keep their mass but no longer have any weight. All these sensations remind us of those the bulimic women described in the first chapter.

We can imagine the trauma of birth, the feeling of emptiness and breach in the continuity provoked by the abrupt landing in time, in Earth’s gravity and in consciousness. In fact, the sudden appearance of time consciousness comes with a falling sensation, a lack of equilibrium caused by a variation in energy. It is only in accordance to the corporeal energy given to the sentence that we can convey an emotion; the tonality and intensity given to the gesture give the emotion its signification. I believe it would be difficult to feel the intensity of your emotions before birth.

The little *etoile* in the mother’s womb carries the emotional charge of his mother¹¹⁸. “I am a man of feeling, my wife thinks,” Nijinsky, who loved his wife symbiotically, wrote: “I loved her

passionately and gave her all I could” and “I gave her roses at 5 francs each. I brought her twenty to thirty of these roses a day. I liked giving them to her, as I felt flowers and understood that my love is white, not red. Red roses frighten me.” White represents an eternal love, out of time, the same Narcissus felt, condemned to die when he becomes visible and dares to look at himself. Red, on the other hand, is related to blood, to birth, to death and always refers to feminine *jouissance* and to the tragic passion experienced with the object of the primal attachment, for, as Freud reminds us, on the oral organizational level of the libido, the hold of love still coincides with the annihilation of the object¹¹⁹.

Page after page, this work is pervaded by the returning anxiety, and hence excesses of *jouissance*, that arise at the “sight” of blood and by the signifier “to fall.” The action of falling marks a very intense variation in energy (as shown, for example, in the expressions “to become pregnant,” “to fall pregnant” in French, “to fall ill” and “to fall in love”), the fall always being associated to death and birth.

The devouring transference reinforced my idea that the symbiotic mother-foetus bond triggers of a transfer of (psychic, motor and sexual) energy and a primal mimetic identification of the gestural and emotional background. In other words, the foetus feels what the mother feels and vice-versa. We can indeed think that, during pregnancy, the mother, through the father, transmits all her emotions and sensations through her words and the movements of her body, enabling the foetus to dance with her in accordance to the tone, timbre, prosody and rhythm of the voice, the breath and the order of the signifiers.

In short, the more mothers listen, think and experience what they feel during “cohabitation”—aware that their children take more and more space, are a weight, that they move, kick and sometimes hurt them—the more their children will feel they exist later in life.

Often bulimic and anorexic patients, as we saw with Yvan, do not feel “anything” during pregnancy. Some come and see

me urgently because of invalidating phobias (fear of going out into the street, taking the metro or the lift) and tell me only at the end that they are seven or eight months pregnant, though they do not show any curves. But all I need to do is ask them what name they have chosen for their child, point out that they haven't made any room for their child in their womb or, more often than not, in their home, and their bellies will be prominent already in the following session.

The "grave" (heavy) words of the father or those of the analyst, who visualizes the "real" child, with its own weight and who kicks vigorously, are fundamental to breaking the symbiotic mother-child bond. A patient who plays the horn taught me how important it is to position a "low" note effectively, in particular the C, the "Do", which in French also sounds like the word for the "back", under the stave, this being essential to climbing up step by step with no risk of falling or missing the previous note and especially to giving impetus to the faint F at the top, the one she identified with, so that it may flutter in the open without running the risk of falling and crashing down on the ground right in the middle of the stave.

"I have come to see you because my words have no weight¹²⁰!" a patient told me at the first session. I sometimes painfully feel this status of the speech with my most transparent patients: their words and mine miserably slip away and evaporate. They remember nothing between one session and the other. They remain suspended in a limbo, as if, not being born yet, they cannot die, while taking me with them into a thick cloud. Another analyst describes this malaise experienced while listening to an anorexic and bulimic patient: "My thoughts were like frozen. I sometimes even forgot the content of the sessions. I felt guiltier and guiltier, ashamed and even anxious about my behaviour. Nonetheless, I couldn't change. The faint voice of Ana slipped on me, without running through my mind, almost without leaving a trace¹²¹."

At other times, listening to some quite heavy stories, as the patient's words left me with no associations, no ideas, I would

feel an intense pain in my stomach. With no compassion, unshakeable, she would talk on, and it was as if she were rhythmically treading on my stomach wearing a pair of thick boots, like a "little soldier." I once feared I would die during the session without the patient even noticing. In analysis I am invisible and intangible, but also very present and heavy. I feel the pain and suffering at a visceral level and I put on my "back" (on my "Do") or on the "ground" (on the "Sol") the weight of the signifiers I hear. We can see how the analyst always stands in two antagonistic positions during transference.

For patients split from their emotions, feeling their own violence can be terrifying. So they tend to dive into a devouring transference, an almost "placental¹²²" one, as Dolto called it, towards the analyst who listens and "speculates¹²³" on the pain and hatred instead of them. For this reason, the end of analysis is not even thinkable for some of these patients, the pain would be unbearable: "Neither with you nor without you," utters a writer patient who compares the pain felt when her father died to the one felt during delivery, an "unbearable, separation, and one that tones down all of a sudden in a silence and a frightening void that could rise again unexpectedly at any time, like after a particularly intense orgasm."

The solitude and void of the drives experienced without anxiety after sexual intercourse relate to an individual's ability to be alone. According to Winnicott¹²⁴, the most ancient form of this feeling of solitude is what newborns experience when they feel alone and alive in the presence of their mothers.

The devouring transference shows how anorexic and bulimic women are unable to perceive and feel they exist without the listening and the look of the analyst. If the latter shows a fluctuating attention or even a minimal distance, they immediately feel forgotten or threatened with disappearance. During analysis they recurrently express this unconscious fantasy related to the loss of their body image. Waiting a few seconds at the door or a little longer than usual in the waiting room can cause a deep anxiety, generally denied, that they

often convey through throat clearings that filtrate through my double door to remind me: “I’m here. Don’t forget me!” Some clearly express their fantasy through the entry phone when they turn up late with a heartfelt appeal: “It’s me!” or even “it’s Tamara!” as they do not have a name yet, as they are still looking for recognition or are identified to the analyst. They have completely disappeared.

We also find this desire of devouring or being devoured in the child’s oral-sadistic phase. As Melanie Klein wrote that oral desire is one of the main motives that drives children of both sexes to penetrate their mothers’ bodies.¹²⁵ During this phase the child wants to swallow and bite the mother and at the same time thinks she is a crocodile.¹²⁶

Many bulimic and anorexic mother express the desire to swallow and keep their baby in their womb before weaning. Desires that show up during analysis with recurring nightmares of being chased and devoured, often as little girls, by life-size crocodiles, wolves or dogs with fanged jaws, realistic and terrifying even after waking.

For the most transparent women, the crocodiles or dogs appear as cartoon characters: colourful and harmless. This unreal aspect of the animal that joyfully devours them without being punished attests the intense *jouissance* of being bitten consequent to the extreme transparency they suffer: if the dog’s fangs bite them, they hear the noise and know they are “flesh and bones” and alive. We can better understand the desire of anorexic women to deflesh their bones in order to visualize a solid skeleton on the one hand and, on the other, to avoid being devoured like in *Hansel and Gretel*.

A fragment from clinical practice can explain this connection between the first name, the dream of devouring and the fantasy of primal incest (cf. p. 57) in the analysis.

Nadine and Carine

THE WOLF, CATS, THE MOUSE AND THE FANTASY OF PRIMAL INCEST

Nadine’s mother, an actual twin, always called her by her sister’s name, as she was unable to distinguish between the two, in this way acting as if she had only one daughter. This mother was depressive and found it hard to accept she had had two children at once. Moreover, she had been informed she was going to give birth to twins only two weeks earlier. The radiography, which had been requested due to sharp pains in the womb, showed her the image of a single headed monster with two spines. We could therefore think that throughout her pregnancy, and even after the doctor’s revelation, she was expecting a single “monstrous” child.

Nadine was the first to be born, very easily. Her sister, on the other hand, was born an hour later and had almost died strangled by the umbilical cord. Since childhood her mother had made her feel the responsibility of the danger incurred by her sister because she “had wanted to take all the space!” According to French Law, in contrast to that of English-speaking countries, she tells me, the second child to be born is considered the eldest¹²⁷. This symbolical inversion of the birth time had worried Nadine, who, already deprived of a name, had also lost the right to be the eldest.

Nadine was a sleepwalker between the ages of four or five and seven. During her night-time wanderings, in a crepuscular state, she often moved objects and sometimes suddenly woke up after tripping over on the stairs and bruising her legs. Her parents didn’t see anything and weren’t worried by this symptom. She must have felt inconsistent, like a ghost who manifested itself only at night leaving no trace after waking. She always ended her wanderings in the same way: she would go back to bed and shout for help at the top of her voice waking up her parents while about to choke upside down in her sheets, which due to

her agitation would become a “cul-de-sac” wrapping her inside a sort of wallet.

These actions show how Nadine felt the anxiety of being forgotten in her mother’s womb. So, by identifying with her dying twin, she could on the one hand recover the memory of her presence before birth and, on the other, try to elude the guilt of having attempted to kill the other, her double, to survive. Now, the need to repeat this scene every night conveys the strength of her trauma and an unutterable request for love and recognition from her parents who unconsciously hadn’t been able to see her nor recognize her as a real and living child before her birth.

In fact, when they would go and free her from the sheets and carefully tuck her back into bed again, she would sleep deeply and have the same nightmare every night: walking with her mother in the centre of the small town where they had been living for a year. A wolf escapes from a wire-fenced field and follows them home, where it hides in the cellar. At the close of the day, when it’s time for her evening wash, the wolf, which has become very attractive, dressed like one from a Tex Avery cartoon, patiently waits for her in the bathroom to eat her after having devoured the entire family. Hopping down the hall in her pyjamas, she is quite happy to join the others. The wolf, a gourmet smile on its lips, sticks the gum it’s chewing on the bottom of a drawer, so that it can fetch it later and, most importantly, so that its flavour “won’t mix with that of the child,” the patient adds. She then finds herself in the blackest darkness, sitting in the wolf’s big belly on show, as if she was sitting in a theatre box. But then she suddenly feels a tickling sensation under her armpits that makes her roar with laughter... and she wakes up.

The dream clearly shows her sensation of being invisible, but also the fantasy of having been forgotten in her mother’s womb. It also unveils a particular desire: being finally recognized as different from them and from their other children, existing or yet to come. She fulfils her desire to part from her feeling

of inexistence, but “a little at a time” and without risking of being confused with her double. This nightmare features a Tex Avery wolf, a funny and reassuring cartoon character, a sign of the dreamer’s distinctive derealisation and transparency. With the chewing-gum, the wolf behaves like a bulimic, who always need something “to chew” in order to feel alive (see p.38). This patient also expresses her ambivalence: the terror of being forever imprisoned in the wolf’s belly, but also the pleasure of being safe in a very intense symbiotic bond with the feeling of “belonging to the same body” as her sister and both her parents. Nonetheless, with her final laughter, which she perceives as extremely troubling, as it always suddenly wakes her up, she also shows how the presence of her twin sister has contributed to the feeling of an “overflow” of *jouissance* in her mother but also in herself, giving her the impression of being alive despite her parents’ “forgetting.”

During Nadine’s analysis, Carine, her daughter aged only four, intelligent and quite precocious, began to draw her mother’s fantasy of the primal incest, that is to say, the primordial identification to her own mother and to her sister.



Carine’s first drawing*

* all the drawings reproduced in this publication can be found on the website tamara-landau.net under “The Tightropes Walkers of Oblivion”

At first, the little girl represents her mother with one body and two heads: a bigger one where the neck should be, with a huge mouth like a headband that covers the upper part of the face acting as a blindfold, and a smaller one, leaning slightly on one side, stuck to the cheek of the first, with two eyes and a small closed mouth. The two are connected by a line that replaces the hair. Both are noseless and earless. Her mother is wearing a long baggy dress, as if it were the pregnant grandmother's, revealing only the calves and feet. Carine then draws herself with a kind of double head: she sketches a face with a smiling mouth, a nose, two eyes and two ears. The latter, however, are quite peculiar: the right ear is large and well located, while the left one is different, almost square, like a spectacle's lens, and located where the attached second semi-face's eye should be. A way to describe a right ear that listens and a left ear that looks while being looked at. Her short dress shows her body and unveils beautiful knees, calves and feet. Carine draws herself as well anchored to the ground. The huge mouth of the first head, which represents her mother, seems to be roaring with laughter, like in the Tex Avery dream, the eyes of the little head, which represent her double, look at the closed mouth. Carine describes her mother's fantasy of being invisible and odourless, forgotten in her own mother's womb in the joyful presence of her twin sister, cut off from her perceptions.

A year later, when Carine's father wants to limit her sweets because he doesn't want her to become fat and voracious like his first son, her half-brother, she says: "Do you really want me to become transparent?" She then draws herself as a cheerful mouse with a small piece of cheese in her hand, nibbling away in her mother's very red womb, represented this time as a "plump" smiling fuchsia cat, without a nose but with a beautiful mouth, a pair of eyes and a pair of ears. She also draws her father as big blue cat on the right of the drawing and the other half brothers, from right to left at the bottom of the page. Her sister, the eldest, is a pink mouse, her bulimic brother is a blue mouse and both are stuck to her cat-mother, as they are still in their

mother's womb (they are inside a red line encircling them). But her elder brother is a blue cat on the left side of the drawing, symmetrically opposed to the cat-father.

Carine, by drawing herself as a small mouse nibbling cheese, reproduces the anxiety and the primal fantasy of women when they become pregnant, as we saw with Yvan (pp.76-77), but she also draws herself ready to be born. In fact, at the start of the eighth month, the foetus's skin is covered with a whitish greasy substance, "vernix caseosa" (from Latin *caseus* "cheese"), which from the beginning of the ninth month starts peeling away into pieces in the amniotic liquid leaving a very smooth hairless skin (*lanugo*)¹²⁸. Carine thus shows us that she really feels alive, eating her favourite cheese (gruyere), coloured in blue like her cat-father, awaiting her birth in her mother's womb, as the latter has finally come out of her grandmother's womb.



Carine's second drawing

Carine's favourite game during this phase is cat and mouse: according to the rule she has established, as soon as her cat-father

crosses the threshold in the evening, her cat-mother must shout and run after her to signal her presence, and her cat-father must find her hiding behind a piece of furniture. A sign indicating that she is coming out of her mother's womb and that she has been attempting for months to have both her parents' support to become recognizable and visible in the outside.

Thanks to all these elements, we can see that it is precisely the inability of being smelled, seen, recognized and named by her mother that has reinforced in Nadine the fantasy of "being" her mother and her daughter still in the mother's womb. This fantasy she has transmitted to her daughter, who can draw it. Later on, during analysis, when Nadine progressively severs from her twin and from her mother, the latter is able to recognize her, even over the phone, and to call her by her name. And her daughter can count on her support, she can protect her from her very voracious cat-father, while she keeps desiring to be devoured by him in order to be tasted and recognized.

Carine's masquerade unveils an essential point: in order to come out of the mother's womb, it is necessary to think you are imprisoned in it, and with the complicity of the father. This is a point which has not yet really been taken into account in listening to bulimic and anorexic women and in general to neurotic patients: If the mother doesn't introduce the paternal metaphor in her relation with the child with enough strength, the father is an accessory to this. In other words, if the mother doesn't leave enough room for the father, it is because the latter cannot occupy that space effectively, being still too tied to the identification to the primal Father and Mother and to their child of primal incest.

With her drawing Carine has shown the foetus's "primal need" to taste, smell, continually eat the floating waste in the amniotic liquid while nourishing itself with the consistent words of the mother, in order to survive and feel it exists. This primal need is thus the first compulsive oral masturbation, still related to a vital reflex at the ontogenetic level, which has to satisfy the scopical and oral-cannibalistic drives of self-preservation before

being born. Filling one's mouth with the mother's food/words is then the first sexual addiction of the talking subject, which, as Freud said, can later be replaced by cigarettes or drugs. With Carine we also approach the primal need of the newborn baby who, to keep feeling alive, must smell and taste and be smelled, tasted, named and recognized by both parents who recognize themselves in it.

Olfaction and taste are the first senses used by the newborn babies to perceive themselves: They recognize their mothers' smell and taste, and she recognizes them with tender words: "How nice you smell my little baby!" Even the smell of her baby's faeces is not unpleasant to the baby's mother; it becomes disturbing as the faeces of an "other" only after the child is three.

The newborn baby and the mother mutually recognize each other in their smells, being one the continuation of the other. For this reason it is recommended to mothers, if they have to part from their babies, to leave them a piece of fabric impregnated with their smell, in order to keep alive their continuous feeling of existence, as their memory, in the Preconscious-Conscious system, is very short at the beginning of life. We can therefore think that for the newborn baby the piece of fabric not only supports its mother's smell but also its own odour, as, at this stage of his life, it is unable to feel it exists through a "familiar" connection to an "other." We can better understand the problems encountered by some abandoned children who, even in good hospitalization conditions, may let themselves die.

But we are still unable to locate effectively this problem on the parents' side, and on the mother's side in particular: They too need to recognize "themselves" in the odours of the newborn and to unconsciously experience the feelings of continuity and familiarity that make them think and look for all the signs that comfort the idea: I really am with "my" baby!

The mother, who has not been sufficiently recognized, will always seek her baby's recognition and contact with its skin; she needs its scent in order to feel she is present, unwittingly, of

course, she will hold it against her breast and make it depend on her smell and her breast¹²⁹. By doing so, she makes it feel “attached” both to the odour of her nipples and to her milk (see p. 50-51). The cries of babies who cannot separate from them are to “odourless” women a token of love and of recognition that they need in order to feel alive. We can apprehend here the extent of the problem transparent women unconsciously encounter, feeling they are guilty survivors.

During analysis and after her father’s death, Nadine discovers that in the family record book her sister was registered first at the exact time of her own birth. This means that when their father reported the births to the authorities, he actually inverted their symbolical order, without ever being able to talk about it. This secret confirms that both parents shared the same unconscious secret: For them only one twin was born; the other being dead without leaving a trace as an “ephemeral twin¹³⁰” or forgotten while agonizing in the womb.

But their conniving silence on this mistake in the civil status certificate reveals that on the one hand they felt guilty of this disappearance, and on the other that they identified with Nadine, suffocating and “who had taken up all the room,” something that explains why they needed to wake up every night to deliver her *in extremis*. With this repetition compulsion, we notice in them the permanence of a primal agony announcing a trauma experienced before they were born that keeps in place their primal mimetic identification to the child of the primal incest disappeared in the parental womb.

This reinforces in Nadine the fantasy of primal incest, which she expresses through her recurring dream of the wolf swallowing her last, so it will have the taste of her linger longer in its mouth. The anxiety that wakes her up is due to an excess of *jouissance* in the relation to the other, the twin, for, as we know, we cannot be brought to laughter by tickling our own armpits. Nadine expresses in this way the extreme satisfaction of having a body that belongs to the mother, the father and the twin sister in one unique unconscious image that grants

the conservation of the subject’s narcissism and the cohesion of her body image, as Dolto pointed out¹³¹. Nonetheless, in this primal identification, when she was “alone” over the phone or in presence of her mother, she still did not have the name that represented her.

We see in this way that the oral self-procreation fantasy of the primal incest and the primal mimetic identification to the Father of the pack who devours children, just like Chronos in the Greek myth, protect the subject from an unconscious guilt solicited by the unbearable representations of incest, death, murder and castration due to the separation from the mother’s body. The foreclosure of the name and time in the symbolical order of procreation enables the parents to keep the child “out of time” in a symbiotic bond of mastery deeply rooted in their primal narcissism and in their unconscious image of the body.

The fantasy of pregnancy and the transformation of the incorporated oral object

The fantasy of being devoured by the analyst becomes explicitly manifest when, after the first face to face sessions, I suggest the couch. Some patients, strangled by anxiety, are overwhelmed by the dread of death and disappearance: “I saw that couch as a threat from the beginning; I knew you were cooking something up!” they say. Dreams follow where I appear as a giant ogress cutting a desperate chicken’s throat, while I stir with an enormous spoon a steaming hot soup in a “huge” cauldron. At home, those dreamers have often been referred to as “chickens,” in the sense of cowards.

As the analysis progresses, these dreams of devouring tend to change as the incorporated object becomes more and more consistent. At the beginning, the mere idea of the couch evokes the fall, a violent liquefaction in a “black hole,” causing in the most transparent patients an irrepressible and very distressing hysterical laughter, just like that in Nadine’s dream, which leaves them stunned, red-faced and disgusted by themselves. At

the same time they have recurring dreams of running without being able to find toilets where they could peacefully urinate.

They keep inside themselves their still liquid words, like amniotic liquid, urine and milk, in order not to “forget themselves”, and by allowing these to trickle they inexorably empty themselves. They still feel as the foetus before birth, which swallows the exact quantity of amniotic liquid it will urinate, or like the newborn baby who, while sucking the milk, empties itself through all the orifices, all still interchangeable and open.

Beginning and end coincide. “I suffer from a temporal dyslexia,” complained a very transparent patient who often turned up at the end of sessions. This was her way of expressing her anxiety about talking to me and fatally emptying herself. Doomed to “hold it back,” she had to run to keep alive. She described her liquid status with humour, with this outpour of words: “I’ve been compelled to run forever, I have to run and can’t stop. You need two legs to run, so “courir” should be written with two Rs: on the other hand, running water has only one “R,” “eau courante”, because water doesn’t walk, it slides and from running it becomes runny, “coulante!”

When, due to their transparency, the preliminary sessions persist, the fear of switching from the chair to the couch, losing forever the analyst’s look they hang onto, comes along with more utterable sensations. In other words, to be able to keep falling, you have to perceive your own weight.

They receive from the analyst a listening and a look that cut and measure their words and silences and make them visible and weighty, extracting them from their original coating. They fear that if they lie on the couch, they will be forgotten and disappear again. In fact, the perception of their own bodies helps them feel more present but also less safe. When no longer in my sight, they are again overwhelmed by the fantasy of disappearing inside a black hole, like that of a toilet, but now as an anal object. Especially as their voracity causes my very consistent speech, they bite with avidity. Fed with looks

and words, they feel full and plump like force-fed geese. The expression is strong, but it does describe their fantasy effectively. As they are more consistent, they feel desired and ingurgitated with emphasized pleasure. It is the basic outline of stories such as *Little Red Riding Hood* and *Little Thumbling*. Ellipses or pebbles, parapraxis punctuates this phase: it often happens they forget their glasses or fingerless gloves (“*mitaines*” in French). These objects they leave behind after a session represent their words, now strong enough to resist against the flowing of time. A way of telling me that I am a bogeyman (in French “*croque-mitaines*,” literally “glove-biter”), that they are now in my belly, that they do not “touch” me anymore with their looks (by forgetting their glasses and gloves with cut fingers), but also that they do not want to be forgotten.

In this way they show they have reached a dimension of exchange with me, a sign of a structuring of desire in response to the Other, Lacan would say. In other words, they give away anal objects that are no longer dangerous because they are now able to communicate with the analyst on a symbolic level. This confirms that the separation between subject and object is taking place.

Towards the end of analysis, they finally dream of being able to expel a “monumental turd” in a toilet with transparent walls, like a phone booth. They become a consistent and visible object the entire planet can see, just like a star in the canopy of heaven. We can see again the relation between birth, consistency and visibility. This recurring dream stresses the importance of the gaze of the Other, of the mother, of the father’, of the analyst, for inscribing themselves in time.

This marks the beginning of nightmares in which they only just manage to avoid a huge catastrophe, like the first wave of a tsunami; a nightmare that also occurs at the end of analysis. In this way they appear as the survivors of a catastrophe of which they are the only silent witnesses. Often it is only a false alarm, but at the beginning of analysis they are devoured by a

crocodile or a wolf they can only escape from if they wake up shouting and sweating.

During this phase, it is common for patients to put on weight and go through important crises of bulimia or, for the most transparent ones, to become pregnant. The pregnancy at the end of analysis confirms that they find it hard to imagine a separation that will not be deadly. The death anxiety reactivates an archaic feminine fantasy: there is always a baby ready to be born at the bottom of your belly¹³².

But we also find this fantasy in the psychosexual development theory, hence in boys too, which imagines babies as interchangeable excrements in their mother's womb. Hence, in order to be able to be born and differentiate themselves from other babies, subjects must represent themselves before and after expulsion, sealing the loss of a real object (the meconium, the first anal object, Yvan p. 59-60), which can be created, destroyed and integrally expelled without leaving any trace and leaving the child alive. But it is only through the representation of the internal void and the mnesic trace of *jouissance* and pain felt before the expulsion that the final disappearance of the object can be imagined.

Nonetheless, my work with anorexia and bulimia is exclusively based on female patients. I therefore suggest to compare it to a fragment of an anorexic man's analysis, related by a psychoanalyst in one of his written works¹³³.

The patient, an engineer, had come to his first session with a notebook where he had noted symptoms and manifestations of his clinical "case." Wanting to be cured scientifically, he was always on time and prepared his associations at home without understanding their usefulness. His ambition, he said, was to master his brain sufficiently so that it would subdue his stomach into following a regular food rhythm. He situated the origin of his problems in the fact that food was not absorbed at the right time, that is to say before the previous digestion was over. The ingested food, which lacked space, blocked digestion and caused intestinal problems. Hence a drastic reduction in food

intake, decided after assessing in detail his digestive abilities, and above all the time his stomach could stay miraculously empty. In short, his question was: "Why is the food flow not easily manageable like the flow of oil in a refinery?"

The analyst explains how this engineer found the solution thanks to transference. He had sudden diarrhoea immediately before his session scheduled just before lunchtime, when his stomach was practically empty. The number of times he went to the toilet corresponded to the number of weekly sessions. The analyst writes: "Like many anorexic patients who associate the practice of purification through fasting, which involves the upper part of the body, with the practice of emptying themselves out with clysters and laxatives through the lower part of the body, my patient too wanted to come and see me "empty." Empty, because, session after session, the common fantasy of pregnancy began to materialize until one night, he dreamt of giving birth. The alimentary tract, reduced to an obscene booty, a container that had become the contents of itself, representing the cause-object of desire, evacuated itself through the anal sphincter. No reason then to worry about emptying himself. Cunning solution. Valid at the therapeutic level. Technically well-managed. In fact, the delivery was preceded by an oedipal dream in which the patient made love to his mother who had a penis. By the end of the analysis his partner delivered twins."

We find in this anorexic patient the fantasy of the primal incest. During the primal scene of the dream, he identifies both to the father who fecundates and to a hermaphrodite mother, both man and woman. Identified with the "shat out-object," cause of the desire, the rest forgotten in the pipes, he can give birth to himself through anal delivery as a consistent and visible object thanks to the gaze and words of the analyst. The pipes of the refinery "emptied" of the essential ("*essentielle*" in French, in which the word "*essence*," "fuel/gas," can be clearly heard) thoughts and words, do not threaten to make the child disappear inside the "black hole" of pre-birth. Nonetheless, as his tank is no longer an uninterrupted "flow" and not being

able to “fill up” at the analyst’s anymore, he had to procreate at the end of analysis, just like very transparent women patients, in order to keep apprehending himself inside and outside the “central refinery” without risking death. This patient was very strong because, as he eventually had twins, he fully realized the fantasy of the primal incest: being both the primal Mother and the primal Father and the “real” pair of twins forgotten in their wombs.

Devouring transference, the framework and the primal scene

Even after many face-to-face sessions, some very transparent patients feel uncomfortable when the couch is mentioned: they blush when I suggest it, giving away the shame of the pleasure they feel at the idea of lying down –and thus to access a new stage of analysis–, and the fear of disappearing without my looking at them. If they lie down, they fear they will come too close to me, with “the almost incestuous impression of sharing the bed with their parents.”

In fact “to lie down” (in French argot, *s’allonger* also means to “get laid”), to talk about love on the couch, the divan (the Persian word “*diwān*” means “poetry book”), while listening to the analyst’s movements and breaths, also evokes the *jouissance* experienced when they silently participated in their parents’ intimate and sexual intercourses or when they had the fantasy of that participation. That is how I realized that, in the analysis of very transparent patients, the absence of look and silence leads to an incestuous proximity rather than to a distance.

The analytical device “chair-couch” and the rule of the analyst’s silence were instituted by Freud in order to facilitate communication “from unconscious to unconscious” with his hysterical patients, by diving with them into a “fluctuating” listening. However, in very transparent patients, the fluctuating listening of an invisible and silent analyst, when they lay, reactivates the memory of a more archaic *jouissance* experienced

in their foetal lives, during the sexual intercourses and orgasms¹³⁴ of their parents, as it deeply reactivates the pleasure of existence, or better of being “as one” with the mother and father.

But this sensation of belonging to the mother’s body has also another quite terrifying aspect: the impression of being forgotten or disappearing in the waves of their parents’ pleasure or during the deep sleep they plunge into after it. I need to stress the fact that denial of pregnancy is always shared with the father, we have seen it in the case of Yvan (p. 73)¹³⁵. And paradoxically their refusal to have sexual intercourse when the pregnancy is discovered or too visible, something certainly caused by distressing recollections, reinforces the denial of the mother and the incestuous and symbiotic bond.

Patients often lie on the couch as if they were going to sleep, carefully putting one cushion under their neck and another on their womb. It’s as if lying on the analyst’s couch triggered off once more the fantasy of lying or sleeping in the mother’s womb. Their postures, however, show that they occupy both places: the pregnant mother lying peacefully with folded legs and the foetus curled up in pain. Sometimes, with the cushion crushed under their arms, they are also like young stiffened children grasping their cuddly toy. Silent, motionless, they feel as if they have been “abandoned to themselves, throwing bottles into a sea with no wind or waves.” In their dreams, the bottles end up at the bottom of the sea in a “sea that is dead, filthy and with no trace of vegetation”.

The death anxiety and annihilation they feel in presence of a silent analyst may remind them of a previous experience in the womb, of a dead mother/dead sea (in French “sea” and “mother”, “*mer*” and “*mère*,” are near homophones), either after a very violent orgasm, or depressive and “drowned” in too deep a sleep or a “too” calm one as delivery approaches.

Nijinsky wrote: “A twinkling star is life –and a star that does not twinkle is death. I know what to do when a star twinkles. I know what it means when *a star does not twinkle*¹³⁶. My wife is

a star that does not twinkle. I know what death is. Death is an extinguished life.”

Sometimes analysands fall asleep during sessions sending back to me the silence of a dead, distressed and motionless body or a serenity never experienced before. Nonetheless, most of them fear the analyst suddenly “feeling drained” and their attention focuses on any noise that may betray sleep, such as the rhythm of their breathing. Some patients have come to me after abruptly ending an analysis without telling their previous analyst anything, because he or she had presumably fallen asleep during a session. This anxiety and this act reveal the permanence of an unutterable trauma.

In very transparent patients this anxiety is related more to silence than to the absence of the gaze: for them the idea of “diving” into a fluctuating silence means being diluted forever in the “ultramarine.” For this reason, an intense listening and the analyst’s words seem very important to me to keep them alive during this “dive.” Just like the propeller of a powerful speedboat, they shake the floating space around them, indicating to those who are disorientated or attracted by the depth the direction they should follow to reach at any time the surface and light.

Some patients have felt the lack of looks and words from their parents so much that they need the strong presence of the analyst to come back to life. They nonetheless behave like breathless divers who refuse to resurface, because hanging on to the rope held out by the analyst is too distressing. We know that “hanging on” is an archaic reflex of survival. This reflex reinforces the strength of the drowning person so much that the rescuer is often also dragged down to death. Do they fear killing the analyst and, by so doing, to inexorably die themselves?

Transference, dreams and foetal recollections

Some patients identify with their analysts to such an extent that they end up wearing the same colours, so as to feel what they think. This phenomenon is even more frequent with the “placental” transference of twin patients¹³⁷. For the most transparent patients this identification is unbearable, as they harbour the fantasy that the person who has the power to make them exist also has the power to dispossess them of “everything” they have, even their ability to think and dream by themselves. A troubling experience I have undergone myself with two patients who had the same dream as me on the same night. It was in both cases a “realistic” dream, perfectly describing my very crooked country house, which had long been undergoing renovation and was worrying me (they might have heard the angry mason who had called during their sessions). Cut from the thread of their thoughts, in order not to disappear and to maintain a continuity, they had connected to my thoughts. By dreaming of my house, they had participated to its renovation. One of these patients was a real twin who had often spoken to me about a habitual transmission of dreams with her sister with whom she slept top-to-tail as a child. Are these not the remains of a foetal memory, when the mother transmits her dreams to the foetus which in turn transmits its dreams to her through its movements¹³⁸ in the amniotic liquid? This would confirm the idea that the umbilicus of the dream is the desire of the Other, that is to say the mother’s desire and, through her, the father’s desire.

We find this same permeability in parents when they are expecting a child: the father feels and dreams the unconscious anxieties experienced by the mother during a critical phase of pregnancy, especially when she doesn’t remember her dreams. For example, during pregnancy two patients had tried not to think excessively about their babies, in order not to attach themselves too much to it in case they lost it. Their husbands, at the end of pregnancy, started to have recurring nightmares,

something that regularly appears in pregnant women during the third term, in which the child drowns in a very rough “sea” (the French for “sea,” “*mer*,” is a homophone of “*mère*,” mother). And this nightmare recurred for years. The fact that these fathers were able to express to their wives the fear that the child could drown in the wave of *jouissance* of the mother before she lost the waters made the foetus exist and by doing so the fathers were able to sustain the paternal metaphor. Because if the child risks death it means it is alive!

We are approaching an essential function of the death anxiety. It helps to value the existence of an unborn child. But with this recurring nightmare even after the birth of their children, these fathers also show us how they kept identifying to the twin left agonizing in “the” primal Mother and Father’s womb. They also confirm the fact that the father is always implicated in the symbolic structuration of the child’s original narcissism. The following clinical fragment will help explain this point.

Floriana, the buoy and the impossible mooring

Floriana comes to see me because of a severe depressive condition following her divorce. She started an analysis to help her leave a symbiotic husband who could often be very violent. She had accepted to be spoiled of most of her possessions to shorten the procedures, which had already gone on for years. But after selling the house and moving, she began feeling wretched and having conflicting relationships with her son.

She introduces herself as a substitute child who should have never been born, nor have survived, as she was conceived soon after the death by dehydration of her nine-month-old brother. Being born in Africa (as her father was in the army), she also often risked death by dehydration in her first year of life as she refused milk or any kind of food given by the mother. She would only drink sweet liquids if administrated by one of the soldiers. On this subject she recalls a dream she had at the beginning of her first analysis; she dreamt of suddenly falling

from a mooring buoy (the French word being “*corps-mort*,” literally “dead body”) into the bottom of the sea (in French “*mer*,” the “sea” and “*mère*,” the “mother”) and being propelled by a huge wave like a big empty bag onto a white (virgin) beach with no sign of life (the French for “beach” is “*plage*,” evoking a white, blank, page). She specifies that this “empty bag” was one of those used to deliver mail; she makes an association with the fact that she was born a white, empty envelope with no name or address.

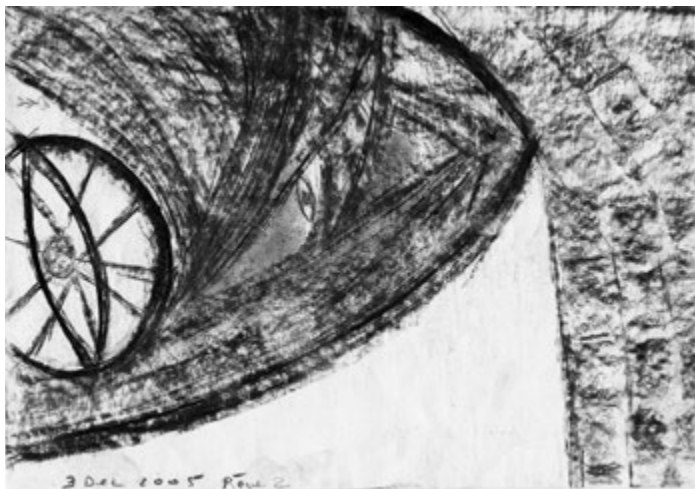
Floriana feels like an “unexpected” child with no name or face, already dead before being born. We can also see in this dream the violence of the anxiety aroused by the wave of *jouissance* felt after meeting the analyst. The latter extracted her from the darkness and propelled her into the light, just like during birth¹³⁹.

Floriana tells me that she had put a term to the analysis because when she was about to move, she had been “forgotten” in the waiting room by her analyst who was seeing someone else instead. When she had pointed this out, his answer was that the patient in question was in a state of “true emergency.”

The fact that the analyst forgot her and took another appointment must be considered as an acting out that reminds us of the conception of a “substitute” child. I had already noticed this power Blanche and other transparent patients had of making their analysts forget them at the second session (see p. 34). Floriana must have unconsciously driven her committed analyst to act out the denial of birth she had been subjected to so she could leave him abruptly, putting a violent end to the analysis without a word and, above all, without elaborating the separation, so that she would feel no pain, no lack, and could turn over a new leaf without mourning. Let’s not forget that her parents had conceived her immediately after the death of her elder brother.

After a year of analysis with me, while she feels she has made some progress, Floriana dreams of running aground, or rather violently sinking (the French “*se planter*,” “to sink into,” also

means “to get it wrong”) into the sand with a sailboat. Her mother is at the bow with the helm, she slacks the main sail and her husband is at her side. Intrigued by the way she describes it, I ask her to draw the dream.



Floriana's first dream

She draws a boat seen from above that “crashes” (in French also “*se planter*”) into a wall. We see two unfurled sails between which we perceive a carefully watchful eye. On the bottom left of the sail a small character, barely sketched, is at the bow; the helm that guides with an attentive eye in the middle. The first thing she says is that the boat can only crash into the wall. From the beginning she has been trying to convince me that she will never find her way out: she has already “failed” (the French word for “fail”, “*échouer*” also means “to run aground”) her previous analysis, she is a “devastated” person and she will always be. Nonetheless, I have her notice that the wall didn't exist in her narration of the dream and I stress once more how she insists on maintaining a masochist position in order to feel she exists, to restrain her children, something which always triggers a huge anger against me. Nonetheless, she admits

she has added the wall to express her pain in “this impossible mooring.” I hear “this Tamara-rage” (from the French “*cet amarage*,” “this mooring.”) as an attempt to identify with me and with my first name, because she hates her own, which she in fact changed, in the same way as her entire person. I make her notice that she would like to show her rage in response to my desire to make her exist and to the terror of being devoured and of becoming totally dependent on me, just like she was on her mother who was directing the boat (in French “mooring” means “to attach” but also “to avoid” or “to destroy”). But to reassure her, I show her that in the drawing she is the captain; the proof being that the open eye watching the sea (“mother”) listens to the winds and guides the boat.

Later in the analysis, I talked about this dream again, questioning its analogy with foetal life. The inflated sail talking to the wind with the eye behind it could be her own eye, which “listens” through the stretched skin of the mother at the end of pregnancy; the small character could be her father, who never recognised her sufficiently before birth, and the wall she put there *in extremis* could symbolize her refusal to be born. She smiles at my “fancies” and thinks.

She comes to the successive session with several associations: she has noticed that she has drawn the sailboat on the same day she had conceived her first child. She was with her parents in the mountains, in a room adjacent to theirs. She also sees in this drawing a Merovingian helmet that encircles her head like a vice. An oppressive and deadly vice is precisely how she perceived her marriage. The word “Merovingian” (“*Mérovingien*” in French) makes her think of the mother (“*mère*” in French), water (“*eau*” pronounced “o” in French) and to the vagina (“*vagin*,” same pronunciation as the final part of the word “*Mérovingien*”). The helmet that pushes in and crashes reminds her of her sexual intercourses, which she has always endured with pain.

We can understand how the “nirvanic” *jouissance* experienced by the mother at the approach of delivery¹⁴⁰ can be denied due to an unconscious guilt and to a too intense

death anxiety of oedipal origins. For Floriana, the Merovingian helmet becomes a “chastity helmet” that protects her from the excess of *jouissance* experienced with the mother at birth, with the child at delivery and with her husband during the first sexual intercourse. However, the mimetic identification to the primordial Mother and Father and to the child of the primal incest, in addition to the power of the primal superego fighting the instinctual death anxiety, drive her to clench her head in a vice so that she will not be born and will not kill the primal other (she has suffered from very painful migraines since the day she gave birth). During pregnancy, the head of the child is assimilated to a giant glans moulded on “the inferior strait of the maternal pelvis,” as described by Freud¹⁴¹. The contractions of the uterus act as the hands that clench to the cervix (in French “*col*,” which also means “neck”) in accordance to the intensity of the *jouissance* or pain felt by the mother.

We perceive how the pain engraves the memory of the unconscious image of the body, even after the amputation of a member (the ghost member). By perpetuating the pain, Floriana can reject the unbearable murderous and incestuous representations, while keeping in place the cause-object of desire. Floriana points out that the movement of the sails that unveil the eye is associated to the veil of her wedding and of her defloration. From the very first day of her marriage she knew she was “going to crash against the wall.” She married when she was very young to flee her parent’s house, but at the same time she felt that her choice had been a “lethal mistake.”

With this dream, Floriana reconnects to the pain of her primal agony and to the impression of suffocating before being born, but also to the death anxiety and pain felt at the loss of her hymen. She thus describes the traumatic breaking in and the primal hatred she felt towards her husband during their first sexual intercourse (see Yvan p. 73), at conception and during delivery. But the death anxiety and the desire of survival are so powerful that they cause a very violent rejection followed by a

catastrophic collapse (the Merovingian helmet that pushes in and crashes) like the sadistic-anal fantasy of the primal scene.

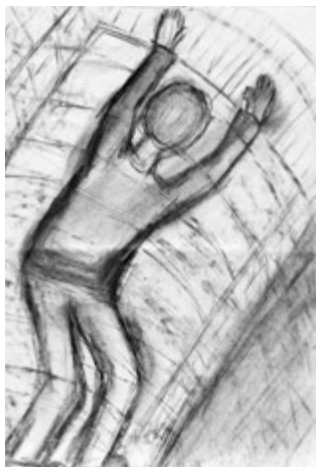
The veil of her wedding had hidden her trauma of defloration and its reactivation during delivery may be caused by the fact that the baby’s head entering the vulva brushes past the rectal membrane, the urinary meatus (also called “pupil” in French) and the scar of the hymen, which causes a specific burn¹⁴². This passage reactivates the memory of the breaking in, the pain and the *jouissance* felt during the first sexual intercourse. Floriana reveals the connection between pain and *jouissance* during pregnancy (the boat is sailing) and during delivery, perceived as a defloration/penetration and expulsion, symbolizing fullness and emptiness, fecundation, birth, death and disappearance. In the fantasy, the child is forgotten outside and inside the maternal womb, dead or agonizing. In fact, the woman, in order to give life, must expel the child to whom she fully identifies by pushing with all her strength as if she needed to defecate an inert anal object both gigantic and inexistent (see p. 90, “monumental turd”), for in fact it is situated behind the rectal membrane. She thus risks tearing her perineum and vagina, a tear she cannot feel because of the terrible pain she already feels all around that area.

Is it precisely for this reason that the expulsion of the child, especially the first, and the “hole” in the uterus remain non-representable? Because the woman does not feel the pain related to the deletion of the cervix¹⁴³? This silence could then be part of the mystery of the maternal body that we have unconsciously never come out of. Floriana, with a Freudian slip during the session and a parapraxis later, gives credit to this idea: she says “insemination” instead of “incineration” and the following day she locks herself out of her house with the keys inside.

Nonetheless this dream and the unconscious fantasies do not explain her suffering at being forgotten by her first analyst. However, her nightmare and some of the recurring acts by other patients will shed more light on this point.

During her childhood, Floriana had a recurring nightmare: she is sleeping closed inside a room with no door or window, where she is suffocating and rapidly starts levitating until she hits the ceiling (a reminiscence of a foetal life). As an adult she often has this nightmare, but a little transformed: she is agonizing and crawls exhausted in a tunnel trying to reach the light and when she wakes up, she is so anxious that she always needs to get out of bed to open the window. I suggest her to draw the nightmare. At the following session she brings the drawing but does not comment on it; it looks like the picture of a matrimonial bed on which she crawls on her stomach, her face sinking into the mattress, about to fall.

I tell her what I see; she suddenly remembers she first had this nightmare when she became pregnant with her first child (on December 3, the same date as her first dream p. 111-112). That night she woke up shouting, her throat burning, and very distraught. She ran to the bathroom to drink some water, worrying that her parents could have heard her (the rooms were adjacent). She has since had this nightmare every time she changed beds and regularly when she visits her youngest son.



Floriana's nightmare

Floriana shows us that the primal anxiety felt by the child before birth is reactivated in the woman when she becomes pregnant (primal maternal trauma, p. 83).

We observe that in her drawing she is alone in the matrimonial bed and she is suffocating to death. Her nightmare thus refers to the anxiety of suffocation (she has been suffering from respiratory troubles since childhood) and of death related to her own birth (crawling, afraid of never reaching the end of the tunnel), to the feeling of annihilation experienced during the orgasm of the conception, to the fantasy of the primal scene (she conceives the child in a room adjacent to her parent's room) and to the impossible birth (she herself identified with the child stuck in the uterus). Now, Floriana can see the light at the end of the tunnel in the nightmare she has at the conception of her first child, even if she cannot yet imagine she is getting out of it, for, as she often says, she feels in a "cul-de-sac," just like Nadine as a child in her sheets. And changing beds or houses reactivates in her this primal anxiety and the primal maternal trauma.

The following clinical fragment will shed light on the origin of this primal anxiety.

Christelle and the upside down Christmas tree

Christelle had come to see me for a bulimia that was tormenting her. After three years of analysis she was also going through a difficult phase due to her separation and the divorce she had asked for because the bond with her husband was "too symbiotic and destructive." The interruption of the sessions for Christmas made her feel, for the first time, lost and depressed in her apartment, which had suddenly become hostile. It was a particularly cold winter and, because she felt the cold right inside her, she had got into the habit of having a hot bath in the evening. One day, as she relaxed in the bath, she fell asleep and then, waking up with a start in the cold water, she was sure she had lost the bathroom key and was locked inside. Overwhelmed by anxiety, she shouted for help but no one had heard. No one

could hear. The snow had covered everything and the building was empty as everyone was out for the Christmas celebrations – often a painful period for patients. So, she lay in her bathtub for a long moment of confusion, frozen by despair and the cold.

We could think that Christelle staged her own death when she was left on her own by her “too symbiotic” husband’s departure, which occurred during the absence of the analyst. Her acting out¹⁴⁴ evokes the primal anxiety of being unable to survive “on one’s own,” but also the conviction of being forgotten forever by the analyst in between sessions just when she is becoming autonomous and is about to move. This reveals the unconscious fantasy that severing from a very intense, destructive and symbiotic bond, but one which brings powerful *jouissance* and moving in another place “on her own,” leads to a melancholic phase of loneliness, silence and intense cold, comparable to death, during which the subject cannot perceive herself and feels she has been forgotten forever, as we saw with Floriana and her psychoanalyst’s acting in.

This unconscious fantasy brings us back to the experience with her mother before being born: from the first contractions triggering the delivery, the temperature of the foetus considerably diminishes, and this reduces its need for oxygen and anesthetizes the pain¹⁴⁵. And the suffering of the primal agony it had started to feel (decrease of oxygen in the placental blood, which gave it a feeling of suffocation before delivery) plunge it in a peculiar state of “watchfulness” of all the mother’s movements, a state close to one of hypnotic catalepsy¹⁴⁶.

Now, Christelle also reveals to us, with her conviction of having lost the bathroom key, that she lives that longed-for break-up as a desertion. She thus reveals her ambivalence and her unconscious guilt, for she has desired to break the symbiotic bond by trying to get warmer and survive “on her own.” In fact, all of a sudden, maybe shaken by an unusual noise from outside, her look shattered by her tears is illuminated by the key that “twinkles like a shooting star,” that (almost) waves to her.

That same night, Christmas Eve, she produced a drawing and a very poignant poem.



Christelle’s drawing.

She was conceived, she explains, during the night of December 24th, date which also explains her first name. According to the family legend, her birth, one year after her brother’s death by dehydration, was considered a gift of God. Her drawing represents an upside down Christmas tree, the branches planted into the ground and the roots stretching to the sky. It symbolizes the symbiotic body of the mother and the incestuous child, with the head downward before birth and after birth (as the image of Oedipus hung by the feet to a tree by his father). In order to be born and severed from the primal incestuous connection, the child must cut the tree, risking to kill the mother and die. Here are a few extracts from her poem:

“My territory is bounded by a Christmas tree
 Yellow are its garlands of crepe-paper.
 With branches and leaves a cascade is formed.
 And behind, a withdrawal, a hideout
 This is the territory of the “I”

The Christmas tree is the precise limit between the territory of the I and Alaska.”

These lines express Christelle’s distress and loneliness while a prisoner of the cold and the silence. But she reclaims her position as Antigone and a “medicative” child, who can heal her parents distraught by grief:

“Were the upside down Christmas tree not there,
The territory of the “I” would be invaded by icefields.
With no earth, no reality, the roots cannot settle.
From their territories, the others (my family?) can
perfectly see my bare roots.
With no earth, the roots can only settle/in(k) the sky
(in French the word *ancrer* “to settle in” and *encre* “to
ink” are homophones)¹⁴⁷.
If the territory of “I” collapsed, what would become of
the others?

Conceived before her parents could mourn her dead brother, Christelle poetically describes “the absence that torments her¹⁴⁸”:

“The roots of the drawing are not cut
They are not even mutilated.
They do not cry tears of sap.
The roots in the drawing are simply bare.
Like a hand they spring from the soil,
Vainly attempting to draw new resources
But nothing...it’s the void...
Nothing but the sky as far as the roots can go.
But the sky, nothing.
The hand/roots would like to catch the earth.
To offer on their grave this handful of dignity to the dead
But there is no earth.”

These root-words soaked in ink engrave the intensity of the parental trauma, which leads them to deny the death of the child and to conceive a “substitute” child, also engraving the maternal primal trauma experienced by the child herself

when conceived after the death of another child, as in Florian’s case. Christelle draws her roots bare in the sky to symbolize the primal scene denied by her parents who named her Christelle inscribing her as a “revenant” or a “gift fallen from the sky.” When pregnancy is denied, (see the example of Yvan p.73), the existence of the real child is denied by both parents during all foetal life. This foreclosure of the child’s time underlines the difficulty parents meet in thinking the loss of an incorporated object to which the child is totally identified, necessary to the elaboration of mourning. How is it possible to imagine the definitive loss of a representation that has never been carried out? And the name, the support of signifiers, of a story and of destiny, enables nonetheless the child to inscribe herself in the unconscious image of the primal Other. But inscribing the child as an out of time signifier by denying death, the void and absence, by actively rejecting¹⁴⁹ perceptions, enables nonetheless to affirm her existence.

The brief period of time between pregnancies also reveals in Christelle’s parents the unconscious guilt for the child’s death (death by dehydration). And the child, conceived immediately after, suddenly becomes the real culprit of his disappearance, as her own body image truly replaces that of the dead child in the unconscious image of the mother’s and father’s bodies. This is an important point. The fantasy of having been born thanks to the death of the previous child, the elder one, and being guilty of the disappearance of his image considerably increases the unconscious guilt of the subject related to the shame of being alive and to survive her parents¹⁵⁰. It is this shame that drives the “substitute” child to hiding behind the unconscious image of the other, the disappeared twin, in order to feel existence. We can better understand why Christelle fell asleep in her cold bathtub on the anniversary of her “divine” conception.

She was the first bulimic patient to bring me an upside down tree*. Later, many more patients expressed their feeling of invisibility (the branches with the leaves buried as roots), of inexistence in this way (the roots are bare, as hands stretched

towards “nothingness”). According to the fantasy of the upside down tree any separation from the mother’s body leads to death and to the disappearance of one and the other.

Recurring acting in during therapy

As the primal maternal fantasies cannot be thought nor dreamt, they remain unutterable and are translated into acts, so I have become very watchful to the recurring gestures of my patients during therapy (acting in).

During the early phase of analysis, they compulsively turn over and rise from the sofa in the waiting room, afraid of leaving behind a trace of their presence: a bloodstain, for example, like at the beginning of pregnancy. In a second phase they may move objects, trinkets or books, to make sure they leave a trace of their presence.

In a third phase, they compulsively look towards the chair or the couch at the end of the session. But after a while this gesture stops and, sometimes, they also forget an object, as we have already seen (p. 102-103), at first in the waiting room and later in my consulting room. Now, the fear of being bored and falling asleep is still present, especially with very silent patients.

But it is only when they go through a transitional period or when they start imagining the end of analysis that after a long period of silence, overwhelmed by a crisis of anxiety, they feel compelled to turn over continuously, risking a stiff neck to check whether I am still alive. With this gesture meant for the analyst, during a long silence, perceived as threatening, similar to the one preceding a tsunami in their nightmares, they look for the presence of a human being and not of an unanimated object forgotten somewhere like before.

I have found this same gesture, sustained by this anxiety, in mothers at their sixth month¹⁵¹: in the morning, when they wake up, they forget they are pregnant for a few seconds and suddenly feel extremely anxious at the idea of having inadvertently killed “their” child, forgetting all about it during sleep. This

“oversight” can arise only if the mother has attempted to listen in her Preconscious-Conscious system to the movements of a child who has disappeared after a moment’s silence.

At the end of the sixth month, the foetus goes through a first moment of silence as it start listening all of a sudden, after a lapse of time, to the noises of the environment and the external voices of the mother and father¹⁵². It is the most intense critical phase in its foetal life as it becomes viable outside “the” mother’s body.

I define this first symbolical integration of the void and of silence that separates the mother from the child as the first inscription of the signifier of the Name of the Father, which will enable them to start the process of primal repression.

With the appearance of very realistic oedipal dreams in the days preceding this critical phase of pregnancy, I have been able to realize that women go through a very intense phase of *jouissance*, a nirvanic pause similar to that immediately prior to delivery¹⁵³. In fact, from the seventh month,¹⁵⁴ the foetus falls into the gravity of Earth and feels its movement better than before, especially at night, when it is lying before falling asleep. On the contrary, during the night they feel it less and less,¹⁵⁵ especially in the days preceding its first plunge on earth, around the end of the seventh month when it turns with its head down, ready to be born.

So, the mother, unable to anticipate the fall and disappearance of the child at the end of the sixth month and the following silence that announces the foetus’s plunge into time and the imminence of its birth, may be deeply traumatized. A trauma she will pass on to the child. In fact, she can apprehend or even anticipate this fall that leads to a void in time and to the disappearance of her body image (proprioceptive vision of both her own body and the child’s body) only if she was previously able to perceive, integrate and elaborate the diverse transformations and losses experienced during the critical phases of pregnancy by operating symbolical castrations, as we will see in more detail further down.

We can better understand that if the “child” is always present for the mother, without causing anxiety or nightmares, paradoxically it disappears for good from the Preconscious-Conscious system until its birth, because she will not be able to hear a moment of silence and go and find it to see if it is still alive. The child is real in flesh and blood only if it is mortal; otherwise it remains a fantasy or, even worse, a ghost member. We thus find again the trauma related to the non-apprehension of the fall and to the disappearance of the oral object incorporated in the mouth expressed by the rituals of bulimic and anorexic women, as we saw in Yvan’s case (p. 67).

My idea, therefore, is that, at the beginning of the seventh month we all go through a primal agony and a very violent state of disintegration due to the brutal and definitive fall of the body image that had given us an immense satisfaction. This collapse experienced with the mother, after a real loss of perceptions causes the first trauma of our existence, which I shall call the “primal trauma.”

This earliest trauma is caused by the effraction and the fear experienced by the mother after the brutal unbinding (Entbindung) of the sexual drives and self-preservation accompanying the sensation of fall, caused by a very strong variation of energy in the Preconscious-Conscious system. The intensity of the primal trauma will be even more powerful if the mother was not expecting it. This first disaster (literally: fall of the star or natural catastrophe) that announces the imminence of the breaking of waters¹⁵⁶ and birth, is in general buried by primal repression and is, I think, the first part of the primal repression that ends after birth. It is the first experience of fall and collapse of desire experienced by the subject and inscribes her/his entry into time, creating the earliest affirmation of existence: I exist because I can annihilate myself and survive.

But the only way to unconsciously inscribe this experience of a brutal loss of perceptions (related to epigenesis¹⁵⁷) that remains “unthinkable,” because outside the judgment capacity of the dyad mother-foetus when it occurs, is through pain and

an unconscious death anxiety and collapse in the mother. This death anxiety is so powerful that it produces “black bile,”¹⁵⁸ causing a very intense primal agony in the child and digging a melancholic “black hole” in the thoughts and unconscious transgenerational memory (epigenetic memorial engrams). It is only after the disappearance that the shadow of the object fell on the ego, which could be judged by a particular instance as an object, as the abandoned object,¹⁵⁹ as Freud writes about melancholy. In order to better explain this idea, an analogy with the black hole of the galaxy is once more appropriate: after the collapse of the extinguished star, a black hole is formed and remains the only trace of its existence. It is only after the definitive loss of the object and the cancellation of the trace that the memory can be formed.

At the end of pregnancy the mother knits¹⁶⁰ and “bandages” with her imagination the “hole” (in the Real and in the Symbolic) left by the child, that is to say she connects with continuity what she feels, thinks and desires around an incorporated object that has really disappeared¹⁶¹ and that can only keep existing in her thoughts, reminiscences, dreams and unconscious fantasies.

Moreover, during the seventh month, the foetus starts dreaming and makes violent movements with its feet in accordance with these first dreams, movements that disappear after birth. These spasmodic movements give such a *jouissance* to the mother that they reactivate all the traumas she has experienced, as well as the primal agony related to the fantasy of the primal incest and to the primal maternal fantasies, representing oral-cannibalistic drives of self-preservation, in preparation for delivery.

In this way, we can better understand that if the mother denies the fall of the incorporated object announcing the imminence of its disappearance along with its plunge into time, any separation leaving one or the other alive will remain “unthinkable” for her and the child.

Freud and Lacan consider the object lost by the child at birth to be the maternal body. On the other hand, bulimic and

anorexic patients show us that for the subject the object that is lost for good is the image of its own body, and this long before birth, because the unconscious image of the maternal body, and through hers that of the father's too, is never lost.

With their gestures these patients make us witness the primal disaster that remains unutterable, which has already occurred but that they anxiously expect to happen again, often through a nightmare announcing the second wave of a tsunami, in order to be born at last. So, as Winnicott thinks, it is only from the void and non-existence that existence starts and the fear of collapse is, in fact, the fear of a past event¹⁶².

*

To conclude, thanks to the different modalities of bulimic and anorexic patients' devouring transference or the placental* transference of twin girls, we can better understand the connection between the foreclosure of the first name and the child's inscription of time in the symbolical order of procreation. With these patients we have captured the effects of the mother's traumas on the foetus, which leave indelible traces engraved in its memory of the body, *jouissance*, pain and suffering experienced with "the" mother during the critical phases of its development.

With their recurring dreams, drawings, writing or gestures, these women have been able to communicate unutterable reminiscences about a primal trauma, the first maternal trauma experienced during foetal life, during the seventh month, when the first fall into time occurred. These patients reveal that the "*troumatisme*" (Lacan's neologism composed of "trauma" and "hole", in French "trou") is reactivated before birth, as we saw with Nadine and Christelle, at conception (primal maternal trauma) and during delivery, as we saw with Floriana.

Bulimic and anorexic women continually act out the loss in order to be able to apprehend it. They thus reveal to us

how the subject, man or woman, due to a primal symbolic flaw, to the foreclosure of time and of the first name and to the lack of unconscious images of the body caused by the mother's misjudgement of appropriation, can only apprehend this traumatic collapse and this hole in thought in terms of an ineluctable death. Something that compels it to create a symptom in order to be able to think and perpetually create *ex nihilo* the object which has disappeared in order to feel alive, just like artists or poets. It has to create or procreate as the anorexic engineer (p. 105) in order to reactivate unconscious images of the body that have disappeared. We could even talk about a creative drive which, with the cruelty of the oral-cannibalistic drive and the scopic drive, would be the talking subject's primal sexual drive of self-preservation, the closest to the Other's desire as pre-existent to the unconscious experience of the loss¹⁶³.

We will better see in the following pages the origin and the function of this primal violence.

Chapter V **A Self-Destructive Violence**

We often find periods of anorexia, sometimes quite serious, in women who left home immediately after high school. The brief clinical fragment of Valérie shows us the unconscious guilt that makes separation difficult, causing a self-destructive violence. To better understand the violence enacted, we will also analyse a bulimic crisis followed by vomiting. With a brief account of Soledad's analysis, we will approach the unutterable secret that all bulimic and anorexic women try to hide; at the risk of their lives.

Valérie, the hound and the old officer

Valérie is twenty when she comes to meet me. Slender, as thin as a rake, she quite literally swims inside her dark grey tracksuit. All you notice about her face are her big eyes. She has come to try to solve her problem: a deep nostalgia of her parents and of the “*ti soleil*” (literally the “little” sun in the French Indies), since she arrived in mainland France to study architecture. Born in the French West Indies, she feels like the Paris weather: grey and permanently plunged in fog. She doesn't feel like doing anything anymore, something that has been going on for two years, and she feels so exhausted that she can barely stand. She is unable to take her exams, which leads to the prolongation of her ordeal. Exasperated, she pours her rage in a single breath, hissing out a Creole expression “*plu chiré, plu chien chiré*” (the more you are torn apart, the more the dog tears you apart), which makes me listen to her *osclie*¹⁶⁴

(“thin” in Creole) body’s vibrations, thanks to its musicality. She doesn’t understand this “mental block,” her interest being to finish university as soon as possible. From time to time she cracks up and calls her mother, who comes as soon as possible to take care of her like a small child. Cuddled, comforted, bred, she puts on weight and strength. But her mother cannot come all the time, for economic and affective reasons. She is an only child and her father, an architect, thirty years older than her mother, has been sick since she was born and her mother has to take care of him. They have hugely sacrificed themselves to pay for her studies and she cannot disappoint them.

She starts working on the symbiotic bond. She finds she feels “compelled” to follow in her father’s footsteps: architectural studies she doesn’t really like and a love story with someone who lives far away, who she seldom sees and who will never be willing to follow her to the French Indies, just like her father’s first wife. She rapidly works out the extent of this mimetic identification, widely supported by both her parents, who keep reminding her how much she looks like her father. She realizes that she is passing away, just like him, extinguishing like a “little candle” and in a few weeks she manages to come out of her long lethargy and find the desire to live.

She starts eating again, small quantities calibrated to the gram, but she nonetheless puts on four and a half pounds. But this makes her anxious, because, as for all anorexic women, the risk of becoming visible puts her in danger. Not having a body or fat to protect her enables her, in her unconscious fantasy, to disappear for good. However, she now feels like attending all her exams in order to finish her first cycle of college studies, as she starts thinking about changing studies upon returning to her island.

We find once again the difficulty of anticipating an action “unthought” by her parents as the cause of her “mental block.” But the exams are approaching and the time lost so far makes her anxious. This is when she stops coming to sessions without

informing me. I don’t worry, thinking she is working hard to catch up.

Three weeks later, Valérie comes to the session. She is very thin and tells me what has happened to her. While going back home on a very cold night in a dark deserted street, she notices a large slovenly drunkard in a military uniform lying down on a bench at the bus stop as if he were dead. There are remains of shattered bottles on the pavement all around and a gigantic dog lying beside him; one of those nasty dogs, she specifies, similar to a pit-bull, but much more imposing. She speeds up, scared more by the man than by the dog, as in the French Indies she owns a sort of small zoo and knows animals better than humans. As she is sporty, she starts running, but that’s when the dog attacks her. She falls down. Fortunately, being generally very sensitive to the cold, she had wrapped herself up in several pullovers and was wearing a thick padded jacket. The dog tears up her arm in a silence troubled only by the drunken snoring of the officer slumped on the bench. It would have killed her, but, she says, it must have been of a species similar to wolves, because confronted with an almost passive resistance, it let its victim go.

The amazement of the attack left her breathless and motionless. An archaic survival technique that anorexic women know very well: playing dead. Exhausted, her arm bleeding, it takes her a long moment before she can go and find help a little further. Once her deep wounds are taken care of in hospital, she withdraws in her “den” to heal her wounds, without telling anyone, not even her analyst, so as not “to worry” anyone. After a short silence, she tells me in a slender voice, as if ashamed, that she thought that by not telling me I would have “thought” about her; something she found reassuring. The physical suffering is substantial, but strangely there are no post-traumatic symptoms: she carries on going home alone in the dark and sitting all her exams.

When she describes the ugly scar on her right arm, I hear in her voice little bells and her eyes glow with pride. I am very

intrigued by this reaction: she told me her proverb and a few days later she acted it out with no anger, no emotion, as if it had all been inevitable, an ordinary winter event. Nonetheless, she wears her scar as a war trophy. Did she unconsciously provoke the aggression? Did she wish to die of nostalgia or show everyone the traces of her primal separation? Or was she acting out the desperate scenario of the “forgotten” child who wanted to be saved by the old officer? In any case, it seems that wearing forever the trace of the fangs and having been able to get out of it with nobody’s help enabled her to feel the right to live, severed from the symbiotic bond with her parents.

We can see that eluding death gives “survivor” patients a very powerful sparkle of life. In this scene, Valérie played out her anorexic fantasy: to die before being able to live. She said she feared the old man more than the dog. Did she run to escape from a dying drunkard or to avoid being the helpless witness of his death? She must have identified with the dog too, even more because her desire to live drove her to devour any “stranger” that came too close. With this almost initiatory experience, she was able to feel she was worthy of life, worthy of *valere* (“to be in good health” in Latin, as her first name shows) compared to an aging sick father.

As we saw, Valérie was the child her parents had cherished: for her mother she was “her” baby and for her father she was his continuation. Guilty of being “the other” of her father and in good health she didn’t feel entitled to survive him. The anger and the blame related to the absence of his gaze, but also to his age and sickness that tore him away from his daily life, were rejected and partially repressed. All children unconsciously desire to take care of their sick parents, and if they don’t succeed in doing so, they feel guilty of their death and can let themselves die. In the bloody scene of the dog, Valérie had to act out this primal fantasy in order to sever a too passionate symbiotic bond and to earn the right to survive and look to a possible future after her father’s death.

Children swallowed and forgotten in the womb by the parents always hope to avoid disappearance with the help of the intercession of the symbolical Father who will recognize and save them *in extremis*, as we saw with Nadine and her father (p. 93 *et seq.*). It is a request for love and recognition sent by the anorexic woman to the father, but, being unutterable, she can only act it out risking her own life.

Valérie starts attending sessions regularly without informing me after she authentically escaped death, to be sure that I’m waiting for her and that I will always recognize her when she returns. She wants to see with her very eyes that I’m not tetanized or amazed when I see her, that I don’t act as if she were “coming back from the dead.” Because for her separation and absence correspond to death, disappearance and oblivion.

So, taking on the paternal role in the transference, I recognize her after her absence, I name¹⁶⁵ her, tell her what I thought about her absence: that she had better and more urgent things to do. This causes a sort of stupefaction in her: she was entitled to forget me and do something else without hurting me, without causing anger and moreover I kept thinking about her during the time of her missed sessions.

And to enable her to better access the symbolic dimension of obligation and Law, confronted to the primal superego that causes an excess of *jouissance* in order to survive, I suggest her to sue the dog-handler officer. Ignoring what happened would mean giving little importance to her life and not holding him responsible for the attack, just like the dog. She does as I say and authentically understands the meaning of her move, but with no anger towards him. In this way she shows me her unconscious complicity. The old drunkard who “plays dead” to the court summons is Valérie’s accomplice as he doesn’t clear his symbolical debt although the court has found him guilty. Thus she will be able to resent him for his absence while clearing her debt with the watchdog, to which she identified and who, with the worth of a wolf, let her take her life in her own hands and will not be killed or locked in a doghouse. She goes back to

her island in fine shape. After a few weeks of silence, I receive a turquoise postcard, the colour of the sea over there: she thanks me and tells me she has found a new career she loves, as well as a very sunny studio apartment facing the sea and the “*ti soleil*”.

Valérie helped us approach the symbolic function of the self-destructive violence acted by anorexic women: to destroy the incorporated object – the enclosed child – in order to clear the debt (from Latin *debitum* “what is owed”), or even the addiction towards the parents they must (fierce primal superego) endlessly clear in order to survive, as we saw with Blanche in the second chapter. She clearly poses the questions of anorexic women: how do we come out of the womb of the father of primal incest? How can we surface as subjects after the collapse of desire?¹⁶⁶ How to be born without dying? On this point this is what Daniel Maximin, poet of the *désirades*, had to say¹⁶⁷:

*You will have no homeland, just like fruits
or birds whose colours and songs you will take
to build a nest-country*

*You will live far away from any despair,
that lack of space that magnifies deserts, that
luxury treat for people who have everything*

*You will caress life like ferns, sing like palm
kernel, fight raised on your new roots like the
figus crassinervia,*

*Your lianas will be the curtain of your
rebellions, with the poison of your manchineels
to fight watchdogs*

*You will not live to disgrace or please your
fathers,*

*Closing the future as a child-bearer of
disappeared ascendants*

*You will give birth to yourself for a second
birth out of the father's womb. And you will
not forget to make mothers talk, as they have
the roots, for they carry the fruits [...]*

Reconstitution of a bulimic crisis followed by vomiting

We shall now listen to, and observe with a magnifying glass, like detectives, the violence of a bulimic crisis followed by vomiting. Such crises, being the most hidden, are also the most intense. It is not possible to imagine or reconstruct one if the patients will not consent to talking about it, as it will always take place without witnesses, in a no-place away from anyone's gaze. In fact, unlike very thin anorexic women and obese or plump bulimics, the patients who vomit after a crisis know perfectly well how to purloin the *corpus delicti* (“the body of the crime” in Latin), which shows the extent of the intensity of their denial of the body and of their unconscious guilt.

Let us return to the description of such a crisis: the desire to force feed oneself is imposed, it is not theirs; in other words, they do not feel responsible for their act. They are compelled to ingurgitate huge quantities of food until they reach nausea, sometimes even beyond, and having no appetite, in order to fill an unlimited “gap”. This compulsion to ingurgitate with no limits and with extreme violence suffocates them and “prevents them from talking or shouting.” In this way they are condemned to silence even when the excessive fullness makes them vomit.

Often it is the pain and the disgust for themselves that compels them to empty themselves by regurgitating to the very last crumb every single thing they eat. Creating and perceiving the void inside them in the pain of spasms reactivates their desire for life making them feel reborn and “ready to fill up again in a normal way, following the principle suction pad for washbasins or toilets.” They are nonetheless very careful not to leave behind any traces or clues of their crises: no forgotten chocolate or candy wrappings are forgotten in the garbage, no suspicious smells come from the toilet, no teeth mark on the birthday cake tasted the day before. A very sophisticated strategy is developed even when they live on their own. “I feel terrible, I don't really want to go on like this, but I force myself – *in sorrow thou shalt*

bring forth children. I have to continue, I have to close all the disgusting wrappings scattered on my bedroom floor and throw away my crisis” writes Corinne Solliec¹⁶⁸.

Bulimic women who vomit hide the facts and cancel from their memories everything that has happened during their crisis. It took me a long time to reconstruct the facts for each one, so much so that they feared a clue would betray them. Is it a fact that they survive and recreate the lack and the desire that is considered a crime? They are the only witnesses of a gargantuan crisis operated by an “other,” a “most disturbing stranger,” who disappears leaving no trace. Nothing is left: no fingerprints, no weapon, no corpse, because everything ends when they are completely exhausted, but still alive.

“They are amazingly salty these crises. These crisis, as if they didn’t concern me; I am not that person, I’m a stranger to myself. I am not the bitch who ingurgitates all that shit,” Corinne Solliec adds. Shame and scorn are the only “remains,” the only memories.

The bulimic women who vomit to feel alive reject as an unbearable weakness any form of complaint. Silence is the best way to erase the topic, along with the pain and the desire. By talking they would make the vanished *corpus delicti* exist again. They do not think they are “sick,” but instead “vicious,” die-hard foodies: “my only problem is the love of good food. I love chocolate so much!” they often say. They deny their addiction to food (“I just need to decide to stop”) as well as the destructive aspect of their force feeding and vomiting so as to keep their *jouissance* secret. The crime itself is entirely denied. The compulsion to stuff themselves coming from a *deus ex machina* fills such an unthinkable void that it makes any death threat ineffective, because at heart they already feel dead.

To sum up, if we focus on the elements seen so far, we notice the following facts:

1. They deny the facts, the crisis and the pain that caused it. Suffering, desire and lack, and hence the request for love, are swept away so that they may remain autonomous.
2. They deny death and yet act like survivors of an extreme situation. The food they fling themselves on to fill a terrifying void leaves them prostrated, on the borders of life.
3. They deny any kind of responsibility (“I’m not the one who’s eating!”) and say: “I feel enormous, yet I hardly eat at all!” Denying any kind of need and hence the murder weapon.
4. They deny the crime by masterfully dissimulating the disappeared body, that is to say, by exposing it¹⁶⁹.

My research on the origin of the unconscious guilt of bulimic women was difficult, as I couldn’t count on their cooperation. Fortunately, their strategy has some weaknesses, especially for those who are in a relationship. They manage to express the desire to be caught red handed and nonetheless to be accepted. But the other of the couple that they have chosen (even in homosexual couples) notices nothing. The deception is painful as for these patients love is the only solution to the problem. For this reason, the most transparent ones beware of it and survive better on their own.

Their primal superego, which compels them to undergo this excess of *jouissance* in order to survive, paradoxically gives them a sensation of freedom and mastery, as they feel they are the only captain on board, capable of avoiding death without feeling any lack nor asking for love and compassion; they say it clearly, in fact: “Better to arouse envy than pity”.

How to evaluate the intensity of this violence? Many factors indicate it: the quality and the quantity of the food intended for the crime; the way it happens, with or without premeditation; the intensity of the desire to hide the weapon and the *corpus delicti*; the duration of the secret.

We know that by devouring they are not seeking an overflow of pleasure – some actually eat cold remains or food taken from the trashcan – but the *jouissance* of feeling alive, of feeling

“whole” and “full” for a few stolen moments when they take pleasure in eating. The food is then chosen according to its quality and presentation, it is carefully dissimulated among others, and the ritual of the crisis is subtly orchestrated. For others, younger and still living with their families, the crime takes place at night by looting the sweets cupboard, which is regularly filled in secret.

Hiding the crime weapon is a constant concern: food remains and wrappings are burnt or methodically made to disappear in the waste disposal or in the bins of the building. By destroying the murder weapon, they make the crime itself unthinkable, it is quickly forgotten in order to keep the secret intact, the only trace being the indelible *jouissance* experienced and the shame of having survived it. But the constraint to permanently destroy any trace shows that the crime took place and that the *corpus delicti* stayed hidden in a “secret¹⁷⁰” place, away from looks but invisible.

The secret that must be kept at any cost reflects a very ambivalent position of the subject: on the one hand to keep, and also hide, the *jouissance* experienced in perpetrating an almost perfect crime and, on the other, not to see oneself as the perpetrator of the act. None of my patients had been caught red-handed before analysis.

Let us consider once more Corinne Solliec’s words: “If only she could catch me by surprise. [...] But, no, mum doesn’t know anything about it, she turns a blind eye to what she doesn’t want to see, to what she dares not believe. I send her back the image of what she is, of what she hates, I am a neglected woman, I’m lonely, sad, crazy. I’m a mess.”

We find in the words of the narrator the primal identification to the mother’s narcissist flaw, the only way of being: “I am what I hate.” Lacan says, in *Le Séminaire* “*Je suis ce que je est*¹⁷¹” (in French it is pronounced in the same way as the previous sentence, but translates as “I am what I is”), the first stage of the I can only be “*asubjet*” (without subject) as the subject “*ne peut formuler le Tu es qu’à s’y tuer*” (literally the You can formulate the

you are only by killing itself). In fact, by becoming her mother, she cancels herself as a subject. While she self-destroys herself, she makes the hated object disappear. It is a perfect crime of passion because, as there is no tangible proof, it is impossible to answer the essential question: who is killing who in this scene? We will find more clues in the fragments from the analysis of Soledad, a young bulimic and anorexic woman.

Soledad, the queen of trapeze and the best lion tamer

Soledad is a slim pale dark-haired twenty-eight-year-old, but somewhat ageless and with a dark sharp look in her eyes. With her short hair and boys’ clothes, trousers and a green sweater, she almost looks like Peter Pan. When I see her for the first time she introduces herself as “a little bird fallen from her nest,” constantly in absence, in fear of living and loving. Her very poetic¹⁷² demand sounds like a sad and monotonous chant in the loneliness of a dark shadowless night. From the beginning I perceive that she is talking to no one. She comes and sees me for an urgent matter; she is afraid of not being able to go back to work. She has been unable to leave her apartment for four months after being attacked one night on her way home: a biker had dragged her along the pavement for a few meters to snatch her handbag. After her lyrical prologue, she talks a long while about the panic that prevents her from going out: her legs feel weak, she suffocates and “feels like she is spinning round and round.”

She spends her time eating preserved sardines or cold pasta, which she vomits immediately. She cannot understand what is happening to her as she as always been a strong independent woman. She’d had a bulimic episode in her teens, but then the rhythm of the crises had considerably diminished.

An only child, she was conceived “accidentally” by a couple of twenty-year-old dancers soon after they met. She was taken care of almost immediately after her birth by her maternal

grandmother, a Chilean woman also called Soledad and who was a real mother to her, and in fact called her “her” baby. It is with great emotion that she talks about her childhood in the sunny village in the south of France where she lived with her grandmother, who she called Dada and was slightly disabled due to a heart condition. Since childhood, Soledad had taken care of her grandmother with great concern, just like Dadou, the dog she had been given. That dog was her only support on those nights filled with nightmares during which Dada was always dying. The dog was also her only playmate; she was very excited and playful with him, sometimes even violent, but she managed to make him do some stunts worthy of a circus. The idea of touring with her parents was the secret dream behind her daily games with the dog and in her daydreams she was also a queen of the trapeze or a lion tamer.

As they were very busy, her parents didn't often come to see her, but when they did they were always wonderful, bringing her lots of presents. Her mother, feminine and extravagant, would mock Soledad, who did not share her passion for clothes and jewellery, for her appearance and “tomboy” attitude. Her father had been educated in a religious boarding school. Choleric and demanding, he spent his time lecturing his mother-in-law – who was of humble peasant origins and whom he couldn't stand – on his daughter's education. Of middle class culture, he believed he was closer to righteous and appropriate principles. Soledad remembers liking it when her parents drove her around during their short holidays. But they drove too fast, even after dinners out during which they drank a lot, taking considerable risks. Perhaps it is for this reason that Soledad never took her driving test. As she didn't know her parents, she reconstructed their story through photos, phone conversations, and by creating legends whenever she talked about them to her school friends.

When she was twelve her life dramatically changed with the sudden death of her grandmother after a heart attack. Her parents had to settle in a two-room apartment in a Paris

suburb and give up, with great difficulty, their itinerant artist lives. Shortly before moving, Dadou also strangely disappeared without leaving any trace. Soledad was convinced her parents had poisoned him so they wouldn't have to look after him, a way of expressing the fantasy of being poisoned before birth, which is very common in the most transparent patients. In fact she never expresses the desire to replace him: “I didn't want to feel an attachment to anything anymore,” she tells me. She then stresses how she identified both to Dadou and to her grandmother with a very intense symbiotic bond. Her parents sold the ageing house in the village, in the precipitation of grief and with everything it contained, to someone who immediately demolished it to build an elegant villa.

Nothing was left of her childhood, not even a picture of Dada's beautiful smile, nor the recipe for the unique *empanadas* she made for the festivities. Even the memories suddenly disappeared from her mind due to the shock: “I felt I was born in that two-room apartment in the suburbs with my parents,” she remarked. She constantly felt she belonged nowhere, like an exotic bird fallen from the sky. Her parents resented her for everything: for having “landed” in their house, for forcing them to be parents, for her kindness, which irritated them to the highest degree, sometimes even leading them to mistreat her. Compelled to decline job offers, more and more isolated from the rest of the world, they started drinking heavily. Soledad, who was not good at school, with her head always in the clouds, kept living in a fantasy world away from reality. Sometimes her parents found a mission and left her on her own for weeks. She was autonomous but she settled in bulimia. “I ate because I felt I was pregnant with Dada! At least I could take care of someone,” she told me. We see here again how the fantasy of being pregnant and hence of being two in a symbiotic bond enables to survive during the separation and after the loss of the loved object.

At fifteen she is obese, shabby and dressed like a “sack of potatoes,” according to her mother. She sleeps most of the time

and, living in the dark like a mole, she finds refuge in a deep dreamless sleep, synonym of a great depression. Often she skips school to sleep throughout the morning, just like her jobless parents, who would fall asleep drunk in front of the TV. Her mother was getting slimmer every day since Dada had died and no one talked about her at home; “we must never talk about the dead.” They never talked about any projects or ambitions they might have had for her, just criticism. We find once again the position of the “forgotten” child who, in order to exist and become the object of the gaze, spoils her life and identifies herself to the ideal ego deprived of parents, thus becoming the cause of their worries.

With difficulty, after repeating two years, Soledad manages to pass a technical college baccalaureate, despised by her father, and find a position as a secretary in a small firm where she meets a young and handsome co-worker. A tender love is born, but she keeps it secret, as her father, she knows it, would reject her too “working class” choice. Her crises diminish greatly and a few months later she becomes pregnant, noticing it quite late: “I would have never imagined it, she says, as if I was not really made like a woman!” Annie Ernaux reports similar sensations: “I knew I was in a risky period according to the Ogino calendar of birth control, but I didn’t think it could “take roots” inside my womb. In love and climax I didn’t feel my body was that different from a man’s body.¹⁷³”

Her lover wants to keep the baby, but to her the mere idea is unbearable. She cannot talk to her parents nor leave home and decides on her own to have an abortion. She finds a hospital that accepts her. Technically, the medical act is performed with no complications, but without a word: “It was like a gynaecologist taking a sample for a test!” She is discharged the same evening, her head empty. When he finds out, her partner brutally leaves her. Soledad’s reaction is very intense: she becomes depressed, goes through an anorexic phase of two years during which she stops having her period and becomes the Peter Pan I’m meeting; an ageless child. At about twenty-five she moves into

a tiny studio apartment, as her parents leave for a career change in sunny southern France.

Since then her life has been full of “nothing;” even the waking dreams have vanished, she lives alone in her dark room on the ground floor of an old building in the suburbs.

Soledad has come to see me for an urgent matter after a trauma caused by an aggression, but quickly understands, session after session, the importance of the step she has taken. To free her words after such a long silence had quite a rapid effect on her, which confirms the idea that she had created with her grandmother a deep symbiotic bond that could replace the rip experienced with the premature separation from her parents. Her love relationship had revealed that her interpersonal capacity had also been preserved. But, the primal trauma and the early traumas were reactivated at her grandmother’s death with the brutal disappearance of all her affective and material universe: her grandmother, her dog, her room and all her objects. Repression and oblivion are the most effective weapons for a child after such a brutal loss. Anny Duperey subtly writes about this amnesia: “The shadow covers also the months and even the first years that followed my parents’ death. I must have been too busy forgetting my previous life, to literally cross it out in order to be born again without THEM. Has it come all of a sudden? Has it taken my mind months to opacify that dark veil? Have I dreamt about them at night? I have no idea.¹⁷⁴”

As a teen, Soledad still deeply mourned her grandmother. As she has no picture to look at, having forgotten her face torments her and leads her to “give her life by nourishing her like a baby in her womb.” Anny Duperey on the subject again: “I am never bored with my regrets. How could I feel the void so full of THEM? It lulls me, it keeps me warm and busy. Regrets of you like a little ball in the core of my womb; it’s there, with me, perpetual child in gestation. Twin regrets of him and her, closely interlocked, so alive in me. Your death made me pregnant of you forever”.

The regret of having survived a beloved's death keeps the representation of the void and absence alive. It is the impossibility of mourning that can cause a bulimia like Soledad's. Food stands for the deceased person. Just like primitive populations, we incorporate the others to keep them inside us and deny the void. Nonetheless, by ingesting the object we can feel the shame and guilt of having devoured, destroyed and forgotten it, and of being responsible for its disappearance. This leads to a reinforcement of the unconscious guilt of being still alive that we already saw with Valérie.

With Soledad, therefore, we approach the fact that the unconscious guilt acted in bulimia is related to the rejection of the loss. We find the same guilt in the child when a parent dies: they unconsciously feel they are the cause of that departure ("they left," we often say) because they were not worthy of his or her love and expectations. On the other hand, their anger and hatred are such that they prefer to live the disappearance of the parent as an abandonment he or she has caused. The child kills the object "by swallowing it" in order to remain master of the situation, hoping they will be able to make him or her reappear at any moment.

The reaction of children's grieving seems sometimes cruel, as they don't cry for the parent's death but deny its existence, sometimes by identifying to the character of fairy tales heard during childhood such as *Hansel and Gretel*, which makes the death, rejection and abandonment possible. In fact, the mother is dead and it is the cruel step-mother who convinces the father to abandon them so they will have enough to eat. When they meet again at the end of the story, the step-mother is dead and it is as if she had never existed.

Soledad, "pregnant" with Dada, spends her teen years sleeping, maybe trying to find her grandmother in her dreams and her dog Dadou at the feet of her bed when she wakes up. The mission of the dog was in this way unconsciously sealed: a living object that protected her from aggressions and death and was always there when she was in deep sleep (with her sharp

perception of its odour, the sound of its respiration and its movements) just like the mother and the foetus or the mother and the newborn baby.¹⁷⁵

Her parents had become orphans at a very young age: her mother's father had died of cancer when she was four and her father's parents had died in a car accident when he was fifteen. Both her parents had denied their loss, concealing their sorrow in silence and oblivion. When their daughter was born, they were of course reminded of their lack and unthinkable loss. Soledad unwittingly plays out her parents' experience when she falls in love and becomes pregnant (in French "to fall pregnant") at the age of twenty, thus reactivating the primal maternal trauma experienced by her mother at the same age. The compulsion of repetition is so strong in bulimic women because they remain integrated, as we have seen, in a strong mimetic identification with their parents.

But Soledad rejects the "accidental" child and quickly decides to have an abortion, without talking about it, almost like vomiting after a bulimic excess: her emotions transpire from her words, her "termination" never existed; it was merely a gynaecological exam. It would seem that Soledad, affected by the trauma experienced when she becomes pregnant and loses the image of her body, cannot apprehend abortion while keeping her continuity of being. Therefore she denies the reality of her pregnancy. She talks about an "accidental" child who has never existed but with whom she totally identifies.

The abortion of a first unthinkable pregnancy raises the question of a matricidal fantasy. Annie Ernaux describes this thirty years later, with the vividness of the pain felt at the time, in *L'Événement*: "I have reached the image of the room. It exceeds analysis. I can't help being submerged by it. It's as if that woman bustling about between my legs, inserting the speculum, were giving birth to me. I killed my mother in me that very moment." The author then formulates the unthinkable: Matricide, the most unimaginable crime, in contrast to the

murders of the Father of the horde or of the incestuous child, from which the founding myths of our culture originate.

None of my patients (neither men nor woman) had ever acted out a matricide in their dreams. However, I have heard women enunciating this fantasy after surgery, abortions or suicide attempts. And after bulimic crises: Some patients can translate their compulsive acts with statements such as “I eat to kill my mother.”

The destruction and expulsion of the incorporated object, the voice and the body of the mother, to which the subject unconsciously continues to belong, hence remain unthinkable. But if it doesn't exist, that does not prevent it from being the real and symbolical organizer of her own perception and of her way of being in the world. This point is important because it unveils the splitting that occurs between the subject that looks and the subject that talks in women who become pregnant. In this way the matricidal fantasy remains “unutterable” according to the signifiers of many bulimic patients, who structure the refusal of seeing with the refusal of saying and cannot stop inscribing it in the body at every moment as the continuous spurt of the indestructible desire for eternity. This psychic splitting,¹⁷⁶ which I designate as primal, operates the primal structuring of the division of the subject. I believe that the primal splitting and the foreclosure of the time of the object are the primary cause of the denial of the body and of sexual difference, of masochism and of feminine fetishism in the symbolical structuration of primal narcissism.

Session after session I managed to work with Soledad on this masochist position, showing her, for example, how she unconsciously succeeded in making her lover ditch her, so she would be authentically alone and abandoned. After a powerful resistance, she finally hears the meaning of my words. She agrees that the departure of her lover made her feel once more the rip experienced at her grandmother's death. In transference I actually often took on the role of the latter. As soon as she walked in, she would scan my face looking for any signs of

tiredness, which made her feel deeply anxious. Until the very end of therapy she had been unable to express any hatred towards me; it was unthinkable for her. I had to confront her strong resistance to find it. Patients who have lacked too much in life find it very difficult to reach the dimension of hatred necessary to get rid of transference at the end of analysis and prefer stopping before they might end up elaborating the separation; this because they are afraid of re-experiencing the unbearable pain of primal agonies.

For a long time Soledad was also unable to hate the lover who had left her without a word. She had always felt she was the only one responsible for what was happening to her. She could not imagine that the child had been conceived by two people, in the same way as she was unable to imagine she had the body of a woman when the death of Dada during her puberty had buried her body under a screed of silence. Having a body that belonged to her was unconceivable; she had always lived herself as stuck to her mother. She had become her invisible shadow, so how could she sever from her now that she too had begun to vanish after the death of her own mother? Nonetheless Soledad gradually began to understand that the abortion and her lover's abandonment had led her to destroying herself even more by cutting herself off from any love and tenderness she still had left to give and receive. In her fantasy she had vanished. Then, during her anorexic phase, by denying the loss and blocking her period, she had kept away from time.

The construction of her body image was more complex than understanding her self-destroying desire. But Soledad, day after day, more confident, dropped in her dreams little pebbles that helped me find her. She was able to discover her sex as a woman and her desire for life. After the end of analysis, which lasted seven years, she began a correspondence university course and attended drama classes. She met a mime teacher with whom she intends to share her life.

The analysis took place in three stages, which I shall show through the succession of her dreams, that enlightened the

origin of her unconscious guilt and the signification of the fantasies acted out during her bulimic crises.

FIRST STAGE OF ANALYSIS

Initially she couldn't remember her dreams: "Ever since I can remember, nights and days have seemed the same for me", she said. I made her notice that as a child she would daydream, while at night, worried about Dada's health, nightmares would haunt her. The anxiety caused by the idea that Dada could die at any time was intense, but she thought she could keep her alive by being her doctor, her miracle drug, like any child thinks. The death of her grandmother thus became proof of her worthlessness. She listened to my suggestion, because her feeling of failure had deeply distressed her.

She talked about her dog, her only childhood memory, so much that she once thought she had recognized him in the street, while for the last ten years she "had never seen anything while walking in the street, she had been sleepwalking." Then she started having recurring dreams about the dog. The scenes were particularly violent and bloody: Dadou had starved to death in the street or a pack of abandoned dogs had attacked him. Note that she dreams about those attacks at the same time as Valérie was forced to act them out in real life.

But the most painful dream was one in which she found Dadou starved to death at the feet of her childhood bed. This dream of an animal attacking or devouring, or one forgotten and found dead because of the dreamer's absence, is a recurring one in women at the beginning of pregnancy and also in bulimic patients before or at the beginning of analysis. But the oblivion sometimes occurred in reality during their childhood or with their own children. One such child nearly died when she was four days old, forgotten by her mother in the car on a very hot sunny day when she left the maternity clinic; another woman, who worked in a brasserie, had forgotten her child in the trunk of a van with her Alsatian all night long.¹⁷⁷

Dream after dream, we perceive how Soledad manages to represent her own violence, reconnecting with the deeply repressed representative of the archaic drive of survival. She can recognize herself in the abandoned starved to death dog and in the one attacked by it and forgotten in the street. A rage as powerful as the bloodthirsty hounds implodes inside her. In her dreams she is in everyone's place, she tells me. She feels like she is the cause of everything: the abandonment of her parents, Dada's death and the disappearance of the dog. We can see again, through mimetic identification, the child protecting herself from the primal trauma, from the pains and the non-representable losses. Her grandmother was the great absence: not a hint of her or of her little house in her dreams. Where had she ended up?

SECOND STAGE OF THE ANALYSIS

After two years, Soledad nostalgically evokes her waking dreams about being the "queen of the trapeze" and the joyful excitement of her games with Dadou. An impetus of life shows up and reactivates the nostalgia of childhood and the torpor of the past. In her dreams she is in the car with her parents; they are silent, she is sitting in the back, her head in the clouds, when a screech of the tires suddenly brings her back to reality. Her father is dealing with a bend in the road, his foot on the accelerator. As times goes by, other dreams follow; she is now by his side, in the front seat, and I'm the one who is driving, just like her father, too fast.

Through these dreams we see the change in her position with regard to the transference. She is in turn in the back seat, too small to see what's happening or next to the driver watching with pleasure the street unfold before her at full speed, or with her eyes closed, terrorized by the accident about to take place: the car slides in a bend and crashes into a truck or a house on the side of the street. Soledad occupies antagonistic positions in the transference: she lets someone drive her, she is

passive and confident, or dreamy, or she takes part with great *jouissance* to the dangerous driving until the deadly accident. This attitude reminds us of that of women during pregnancy: they progressively adapt to their pregnant state, feeling so powerful and with such a reinforced *jouissance* that they forget they are not alone on board. I don't know how many times I've had to remind my pregnant patients, who kept riding their motorcycles or going skiing until the day of delivery, of this.

In Soledad's dreams my driving gradually slows down and she feels safer. After four years of analysis, in one dream she is driving, with me as "supervisor." She can't concentrate, she is too concerned with the outside rear-view mirrors (she fixes her gaze on the past) and the inside rear-view mirror (in order not to forget about herself. In French *s'oublier* also means to have an accident). She gets lost, as she has no sense of direction. She confuses left and right, and is generally unable to choose where to go, being afraid of forgetting where she comes from. She cannot turn back. She drives in the middle of the street to avoid the pavements. We can see how all these driving problems express an anxiety related to the difficulties of spatiotemporal integration already noticed in the other patients.

Nonetheless, as therapy progresses, we assist to the transformation of the transference, to the building of her own space: she learns to drive "her" car on her own. In another dream she is confident, she drives while chatting to me sitting beside her. But as she is doing so, she looks at me for a long moment and noisily crashes into the car in front. I interpret this negligence as a form of concealed aggressiveness towards me, as I am in the "death seat" and show her how she risks her life by constantly putting herself in danger. I don't think she likes my interpretation, but she carefully listens to it.

Some time later, the terrifying nightmares return. She is trying to run away from a tsunami announced on the radio, but the car won't start and she wakes up in a sweat. She is flabbergasted, just as she was at the announcement of the "castrastrophe," according to a frequent slip of the tongue, just

now that she feels autonomous. At the same time, the bulimic crisis and purges quickly return and she feels overwhelmed: "I'll never come out of this!"

After this difficult phase, during which she constantly denigrates herself because she cannot directly criticize me, another dream comes. In this, she is she leading a police investigation with the following enigma: a dog comes to her village, the village of her birth, its jaws clenched on a bloody piece of white wood it found in the yard it was playing in. It is a very recognizable kind of white wood used for children's coffins. The dog is bleeding so much, because of the nails tearing its jaws, that the worried villagers rush to the yard and find a broken empty child's coffin. No missing child has been reported, no fingerprints; it is impossible to know who the child was. Soledad feels shameful and guilty as she feels she has forgotten essential clues for the identification of the missing body. Here comes again a guilt related to oblivion. Is she an accomplice? And why would she be?

Her investigation unexpectedly ends one day with a new dream. As she is walking into the park where she goes running every Sunday, she discovers a dead child behind a bush. The scene described recalls a scene from the Antonioni movie *Blow-up*. But her emotion is more like a burst of joy than a feeling of surprise, as if she had never thought that the missing body could be found. The corpse is about ten years old, all dressed in green, trousers, sweater and short hair. The investigators discover with great surprise that it is a girl. The DNA and the clothes label allow to identify the child and her murderers: the child is Soledad and the murderers are her parents. This confirms the idea that forgetfulness occurs to hide a crime that was perpetrated and to cover up the culprits. When the mother wakes up and fears she has inadvertently killed her baby during the night, it is because she feels guilty of that crime. On the other hand, these anxieties and fantasies are precisely what enable her to integrate the child in time and reality: if she has the idea of having killed him, it is because he exists!

The primal maternal fantasy “I have killed my child¹⁷⁸” unconsciously supports the existence of that child despite the disappearance of its image. Nonetheless, we can also hear instead of “j’ai tué” (“I have killed”), “je tu es” (“I you are/I am you”) in a first phase of the primal mimetic identification and in a second phase, “je tu hais l’enfant” (“I you hate the child/I hate you, child”), which represents it as “other,” thanks to the primal hatred. In fact, some patients, at the end of pregnancy, tell me very anxiously: “I no longer have the impression of being three, I feel alone with my husband and so does he. It is as if the child had disappeared to come back for birth”. Thus they can express that the child is no longer there at the end of pregnancy and that they, along with their husbands, have the impression of being the child. But we can see how, through a negation – “I no longer have the impression of being three” –, the child is inscribed in the symbolical order, although absent, whereas with the denial seen so far in anorexic and bulimic patients, the child is absent, it doesn’t exist.

We better understand why such patients dream of finding the body of the missing child, the story varying according to the singularity of their story and their signifiers. When it shows in analysis it is the sign that the censorship has been suspended and that the rejected image of the incorporated and killed object makes its comeback. This dream is also the unconscious representation of the fantasy acted out during a bulimic crisis followed by vomiting; that is to say, finding the image of the oral object that was swallowed, spat out and forgotten after conception.

THIRD PHASE OF THE ANALYSIS

During the seventh year of analysis, Soledad feels alive, she recognizes herself in a mirror and in a feminine body, which she starts taking care of. She meets a man at her drama classes with whom she starts a love relationship and she is no longer subject to bulimic crises. She tells me she thinks about stopping

analysis before her wedding and honeymoon planned for the beginning of the summer holidays.

But her dreams about cars suddenly change: she is driving alone and all of a sudden... a catastrophe. Once again she is unable to manage the situation. The car is speeding and there are no brakes. The anxiety of speed and especially the dark and suffocating tunnels haunt her in her nightmares. And this is when bulimia returns. This reaction and these dreams betray the death anxiety related to the end of analysis, which deeply reactivates the primal maternal fantasies.

The new fact is the fear of losing the acquired image of her body. Is it her or the analyst the one who disappears? What frightens her is that by leaving and forgetting the analyst she could forget herself. In this upheaval, here comes, furtively, the terror at the idea that the analyst may die like her grandmother or abandon her like her mother. Any sign of the analyst leads to interpretation: “Aren’t you tired of me, it’s been such a long time!” or “you look exasperated to see me in this pathetic condition again!” Soledad regresses and all her symptoms return, hoping in this way to deceive and hurt the narcissism of the analyst who, made powerless and ineffective, would kick her out just like her parents did years earlier: she cannot imagine the end of analysis as a voluntary departure with no possible return.

Deep down, the separation would be much easier if the analyst really died. Therefore, in the minutes before the session, she imagines I am already dead. The sound of a truck and she thinks I’m moving without leaving my new address. When she comes in she scans me, as she used to at the beginning of analysis, to check my state of health. All the patients show this ambivalence at the end of therapy: the desire to see me “leave” and a pressing desire to be “awaited” until the “term” when they will feel “complete” and truly alive. They fear and at the same time desire that I will decide the moment rather than them, especially those who suffered brutal deprivation from their mothers. A progressive elaboration of their anxieties

enables them to pass through the primal maternal fantasies and put an end to analysis.

In one of the last dreams of the cure, Soledad finally finds a solution to her problem of autonomy and individuation: she makes herself drive a little car that doesn't require the use of a driving license and drives slowly away from the house of her childhood and, reflected in the rear-view mirror, Dada's silhouette in the half light of her room. She feels a violent emotion upon seeing the reappearance of that grandmother she hadn't seen in so many years. From that moment, Soledad tells me she is ready to stop analysis. How could she part before from someone who remained non-representable? Until the end, Soledad refused to take her driving test fearing her self-destructing desire too much. But she nonetheless radically changed the direction of her life: she feels now that she is a desiring woman who dares to go in the direction of love without taking useless risks.

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Valérie showed that anorexia doesn't show only in children who lacked love and a paternal presence, as in Yvan's case. She showed us the unconscious guilt felt by children because of their survival, after having failed in their function of drug-medicine meant to heal the parents and make them immortal. We also heard, when she was attacked, an unutterable request for love addressed to her father, for whom she was ready to give up her life. One last silent supplication, expression of an appealing drive, meant for the father so that he could see and recognize her at last before disappearing.

When the gap and the void in time caused by silence, the closed mouth and the pause in deglutition that occur during the caesura of birth remain unsymbolized, children tend to tear themselves apart in order to cut the chain of signifiers and be born through a Cesarean.¹⁷⁹ The huge scar visible on Valérie's

right arm shows that the child was torn away violently and that she keeps on living as a ghost member.

In this way we can observe how the acts of bulimics and anorexics not only express the unconscious fantasies through images, as in a dream, but also transpose them with metaphors in the literal sense. The image of departure moves in a limited space, but without transforming itself, in a metonymic and hallucinatory way. Thus a real image appears as a shadow of the disappeared object, but there no longer is the division between the subject who accomplishes the action and the subject who looks: everything happens at the same time.

Valérie was forced into reactivating a primal trauma, the trauma of the seventh month, acting out the proverb "*plu chiré plu chien chiré*" (being at once the dog who tears apart and the victim who is being torn apart) in order to sever from her mother's body. She placed herself as object of the gaze, she cannot count on the intervention of a third party, the witness who, being in a state of trance, can neither hear her nor see her, playing the function of the symbolical father (a superego limiting absolute *jouissance* and inscribing the Law and the phallic signifier of the lack), also in a state of trance. In this way she shows us how all anorexics, because they cannot apprehend the tear of the ideal superego, remain stuck on the image of the maternal body in order to survive without being able to anticipate any transformation.

With Soledad, therefore, we better understood how in bulimic crises the unconscious guilt is related to the impossible mourning for the object of primal attachment. This non-apprehensible loss keeps alive, just like in the melancholic, the self-hatred mixed with a passionate and murderous hold on the incorporated object, as it is only the pain and the trauma experienced at the moment of the primal attachment that can keep the trace of its disappearance. Secrets and oblivion have therefore the function of hiding the primal murder. The unconscious guilt covers on the one hand the shame of the perpetrated crime and the complicity with those who

perpetrated it and, on the other, the shame of having survived. The oblivion obliges to repeat the crime to keep in mind the image of the child's body before its disappearance. With no shame or regrets, no trace of the incorporated object would persist, as there is no representation. In this way bulimic and anorexic women are compelled to continually act out the murder of the child to which they participated, which can be recognized only thanks to the prints left on the clothes she wore before disappearing, like Soledad, and the smell of a fetish object they can sniff, secretly, in moments of anxiety, like a small handkerchief hidden in their purse or an old scarf (umbilical cord) impregnated with their smell permanently exhibited round their necks.

Nonetheless, an enigma persists: if the child's body has totally disappeared, who is then the child forgotten in the womb? To approach the question, we shall ask some bulimics.

Chapter VI **Seeking The Body Of Bulimic Women**

Myrtille is around forty when she comes to see me for a bulimia that has been haunting her since childhood. She is dark-haired with a boyish cut, she is quite imposing, hiding under a flowing black dress, wrapped in an ultramarine scarf. She has decided to get rid of "her" bulimia this time: "I've undergone a long analysis," she tells me cheerfully, "but I am pregnant with my parents!" This path has nonetheless helped her put an end to her desire to die, which had been tormenting her since childhood, and reach a professional stability in a firm and take up University again. On the other hand, at the emotional level, she still feels buried in a "bottomless void" she is tirelessly trying to fill with her passion for sweets and her travels in the Saharan desert.

Myrtille comes to see me to abandon her symptom, but when she talks about the void tormenting her, I am surprised by the gap between her voice, which lets the pain transpire, and the cheerful expression on her face.

Her body, she tells me, has always been shapeless and bulky; her parents simply called her "fat" and during her adolescence "fat cow." Myrtille introduces herself as someone who has been rejected, because she was born "enormous," and even more so after the age of four, when her brother was born. During adolescence, she had undergone a lot of suffering from having her mother's "mammarys," which prevented her from running and caught the looks and unkind comments of the boys. As an adult, as soon as she could afford it, she had a considerable

breast reduction and has been very proud of her small breasts and her “scars” ever since. But under the waist, she feels she has a “huge shapeless bag that doesn’t belong to her.”

We can hear Myrtille’s pain for being nameless and for incarnating the maternal signifier “fat.” During adolescence, the name of the dairy animal is added to her “nickname,” which turns her from an undetermined thing to a living being. We often find the image of the “fat cow” in the stories or dreams of bulimic women, because eating, ruminating, digesting and continually producing milk makes them feel in gestation while having their mouth, womb and “mammaries” always full. In fact, Myrtille clearly enunciates the fantasy of being pregnant with her parents. But her jubilation about having cut her too heavy breasts and the pride of having scars reveal her incapacity to sever herself from her mother and to differentiate herself from her, as well as her desire not to remain stuck to her in a symbiotic, homosexual and incestuous connection.

We can in fact directly relate her pleasure in showing a scar that makes her recognizable, just as Valérie after the dog attack, to the oedipal myth – Oedipus, hung by the feet, was recognized thanks to the scars round his ankles. We may even think that young women today express the same desire as Myrtille’s with their piercings. As they have a faulty representation of themselves, they inflict tattoos and scarifications on their bodies, just like in primitive populations, to seal a symbolic non representable castration and to be recognized at a glimpse. In this way, they avoid breaking taboos and unwittingly committing primal incest.

Now, Myrtille was molested by a paternal paedophile cousin. When she was able to denounce him, only after one of her little brothers was molested too, she was mocked by her father. “But after years of analysis,” she told me, “I think I have talked enough of my father’s perversion and sadism as well as my mother’s complicity!”

We might think that Myrtille hesitates before returning to traumatizing events already developed during therapy. But her

words manage to be heard as a resistance because, with her discourse and bulimic behaviour, she shows to what extent she was unable to approach the symbolical and imaginary flaws of primal narcissism and the archaic fantasies that we are uncovering. For example, I soon learned that she had never talked to her former analyst about Claire, a kind of twin she had invented when she was four, when her brother was born, and with whom she talked and played with when she was alone, and this until she was adult¹⁸⁰.

Bulimic patients are not ashamed of narrating salacious dreams, but they keep secret their waking dreams and any creation of a symptom that might reveal their deep symbolic flaws (like a soft music they permanently hear as a background noise, or a voice that whispers their name before they fall asleep). They can talk about it only when they feel they can get rid of them, just like “their” bulimia.

Myrtille’s adolescence

Myrtille describes herself as a plump and rather lonely girl. She felt “hideous” and with nothing to say. From one session to the other she keeps narrating her story without punctuation, just like an oriental storyteller: “And at adolescence I lost my virginity with an Algerian man behind the dunes on the Landes.” Approached on the beach by a very attractive man with charming manners, she followed him with confidence “without thinking about anything,” and he raped her on the beach in broad daylight.

An unexpected and heavy chock sometimes act as anaesthetic causing any psychic activity to stop and a state of passivity deprived of any resistance or reactions signalling the presence of a trauma¹⁸¹. We already saw with Yvan and Floriana how the first sexual intercourse is a reactivation of the primal trauma and we can understand the traumatic effect reinforced by rape.

Myrtille despised her “mammaries” and denied her vagina to such an extent that she couldn’t think she could seduce a

man. Stunned by the fascinating eyes¹⁸² of her seducer, just like Erinona¹⁸³ with Adonis, she let herself be raped with no reaction. She comes back home choked, spaced out and hides her bloody panties under the mattress. Then she lies down flat on her bed feeling sullied.

In the evening she can hardly stand up and confides the facts to her mother, who in response insults her in front of the whole family, calling her a “dirty bitch,” and, supported by her father, obliges her to eat alone in her room from that moment on, so she wouldn’t “ruin” her young brothers. The trauma Myrtille suffered was reinforced by her mother’s violence. She had found the courage to trust her, despite the tense relationship they had always had, because she had no bad intentions when she followed the man behind the dunes. Her denial of the body had caused a repression of genital desire. But the violent reaction and the parents’ insult – “dirty bitch” – unveil the permanence of the fantasies of primitive populations: daring to publicly show a fecundable feminine body can only reactivate the aggressive drives¹⁸⁴ of man and lead to rape and incest. The taboo attempts to prevent this conjunction of the archaic masculine reaction and the feminine desire of being raped, of oedipal origin. The rape would then be the consequence of the audacity of pubescent girls and of women who dare to break the taboo by appearing in public. The shame and disgust of having a sexual body in bulimic women are related to this archaic fantasy.

On this subject, Freud writes that, as a consequence of the verticalization of the human being, which enabled the sexual organs to become visible, the cultural process caused the obligation to protect them from looks and to depreciate olfaction over vision. This imposed the repugnancy caused by the smell of excrements and the isolation of women during their period. The path to culture is very much marked by an “organic repression” of anal eroticism. Therefore, calling someone a “bitch” underlines the fact that men despise animals with a

powerful olfaction that do not fear excrements and are not ashamed of their sexual function, just like young children¹⁸⁵.

We can see how in primal fantasies, vaginal eroticism becomes mixed up with urethral-anal eroticism and feminine sexuality with child and animal sexuality (the dog in particular). We can in fact observe that in history and in any culture, raped girls and women are always held responsible for what they have endured.

Even today¹⁸⁶, a woman who has been raped must prove she was not “consenting,” a term that defines at the legal level a woman “accepting a love and sexual relationship.” In ancient French the word also meant “accomplice” and “benevolent.” These signifiers underline the ambivalence and the strength of feminine sexual desire in unconscious fantasies: “con-senting”¹⁸⁷ from the Latin *cum* “with” and *sentire* “feel”), women have an authentic power to seduce, to corrupt and sexually attract all men without discernment, like bitches in heat, allowing them to violate the incest taboo.

We know that in Greek mythology the Erinyes were referred to as “benevolent,” but also as “the bitches,” in order to avoid their tremendous anger. They were born out of the blood drops of the castration of Uranos (The Sky) that soaked Gaia (the Earth) that was his own mother. They represented the archaic forces of the primal Mother. They lived in the dark world beneath (Erebus) and, as they were more ancient goddesses, they did not recognize the authority of Zeus. Their only function was to endlessly avenge crimes in the family, such as rapes and parricides, and crimes committed by the gods. They became benevolent only when Zeus, with the help of Metis (Wisdom) dethroned his father Chronos – by making him regurgitate all his children (Zeus’s brothers and sisters) and by introducing them into time – and killed all the Titans, the monstrous and invincible sons of Gaia. In the Greek myth, therefore, it is only in a second phase that Zeus succeeds in inscribing the Name of the Father. That inscription occurs because he can triumph over the cannibalistic drive for mastery of the primal Father and over

the murder of the incestuous brothers. It enables the symbolic integration of time, establishes the Law and creates a familial social order.

The loss of virginity and the disappearance of the object

To lose one's virginity is perceived as a catastrophe when mother and daughter have remained stuck to the primal fantasy of having "a body for two," a fantasy according to which if they sever they will then lose themselves and disappear forever¹⁸⁸. And when the primal symbiotic bond cannot be severed, the "gap" of the vagina is not apprehensible. Urethral and vaginal orifices keep being mixed up to be differentiated only at the loss of virginity. In transparent women, Cystitis and urinary infections will then sing that unthinkable loss¹⁸⁹. Pain and blood thus mark the tear and the symbolic opening necessary to apprehend a hollow and functional sexual organ. The loss of virginity, as the definitive loss of the body of the young girl, is symbolized by the blood spots on panties, visually attesting the tear that is so gratifying for the man who caused it. In some Mediterranean villages, after a wedding, the spotted sheets are still hung out of the windows. Let's remember that, in general, it is the vision that gives consistency and reality to the object, but, paradoxically, for the hymen, only pain and blood can inscribe the trace of its existence.

This is why Myrtille hides her soiled panties for a few days and examines them from all points of view before throwing them away; she is trying to symbolize a loss that is not apprehensible. She supports the fantasy "I have killed my child." Therefore she now feels pregnant only with both her parents. In her fantasy, the non-apprehensible child has disappeared from her womb with the blood that ran through the open "gap" pierced at the bottom of the "big shapeless sack." Because, like all bulimic women, she is unable to apprehend the uterus, the empty womb, the cavity and the orifice of the vagina. Like anorexics,

bulimic women deny any kind of loss and maintain the conviction of being nothing, as they cannot access the lack of being nor a representation of sexual difference.

But after losing her virginity Myrtille feels a public danger, as she also has a period with torrential downpours: because of this, catastrophe is imminent. In her unconscious fantasy, shared by the whole family, there are no more barriers or symbolical laws able to contain the outburst of her sexual and non-sexual drives triggered by the emergence of her genital desire. The young girl has turned into a woman; her smell has turned into a "pestilential" one like in the myth of the Lemnian women¹⁹⁰, she can cause orgies, rapes and incest and thus the death of all men, fathers and brothers. So she is unanimously held to be responsible and guilty, even by herself, of the rape endured on the beach and she is condemned to perpetuity: she must lock herself inside her room and eat alone, so as not to cause incestuous desire or any visual or olfactory contamination, becoming thus a taboo for all the men in the family. As we remember, Yvan (p.68) also had the same fantasy when, as a teen, she ate on her own, locked in her room in the basement of the family house.

Moreover, after the rape, Myrtille became haunted by an incommensurable and compulsive sexual desire, as she needed to live life to the full (in French "to bite life") and seduced all the boys she met when she came out of high school. Immediately after sexual intercourse she would discard them like garbage and forget all about them. She thus repeated the fantasy of the primal incest, as she identified both to the primal father, a rapist and murderer, to the castrating mother and to the object "discarded" after use; she thus fulfilled at once her desire for revenge against men. But on the other hand, like an ephemeral¹⁹¹, she was compelled to breed and disappear every day in order to maintain the continuity of her feeling of being by carefully increasing – day after day, like an ephemeral – scorn, hatred and disgust for her feminine body and desire. Freud writes that in sexuality, the highest located and the lowest

located things are everywhere related to each other in the most intimate of ways¹⁹².

Devastated by the rape, she felt like a disturbing and deserted place, with no trace of life. The man, by raping her, had stolen everything from her: her body, her desire and her femininity. And she must have secretly considered finding him and taking revenge in order to have everything back. That is how, from the very beginning of therapy, I have heard her passion for the Sahara desert as a nagging search of her disgusting and wounded body that had disappeared without a trace.

The separation and reactivation of the primal trauma

At the age of eighteen Myrtille puts a very sudden end to her busy sexual life after falling in love with a young working man. They plan to marry after she has finished high school. But the young man wants to bid farewell to his life as a bachelor during the summer with his friends. As Myrtille cannot wait until the autumn, she leaves him on an impulse and goes to Germany to work as a receptionist in a small hotel and improve her German. This is when disaster begins.

She is so afraid that her lover will leave her that she anticipates him and leaves before he has a chance to do so. Nonetheless, we often observe that the distance from the family home, even when it is a demand of the young adult, causes serious, often unpredictable problems. In men, this departure may lead to alcoholism or drug addiction, and in women, the beginning of serious bulimic or anorexic behaviour (see the example of Valérie, p. 129), as they experience separation as a disappearance, as their recurring words show: “Since leaving home I have forgotten myself.”

Upon arrival, she meets the hotel manager, an older and very attractive man, and starts a passionate and exclusive relationship with him. As she feels forgotten by her family, who give no signs of life, Myrtille hangs on to this very jealous lover.

We see that Myrtille’s parents hold the same fantasy: Out of their sight, the “child” no longer exists. Some parents can express this fantasy by constantly phoning, as not hearing the child’s voice may be a sign of his/her definitive disappearance: “We haven’t heard from you since yesterday, we thought you were dead!”

After a while, her lover segregates her in the hotel basement, where she is forced to work night and day in the laundry. Their interaction becomes more and more violent and he threatens her life. She is frozen by fear and keeps eating sweets to resist, but neither the hand force feeding her nor her body belong to her¹⁹³. In a few months she doubles in weight, to the gram, without noticing it – “It wasn’t me!”, she says. Nonetheless, strengthless, after two years of captivity, one morning, as if by a miracle, she manages to escape and return home to seek comfort.

Her voice is sad when she talks about these years, even if it sounds as if she is talking about someone else. We perceive the repetition of the experience she had as an adolescent. Let’s not forget that repeating a trauma is a mode of healing, as we saw with the dreams and recurring nightmares. However, the problem of very transparent women is precisely based on the fact that they do not clearly see the difference between dream, waking dream, fantasy and reality. For example, when Myrtille comes back home, she authentically thinks she will find a loving family that has been anxiously waiting for her to come back for two years. Deceived by the freezing welcome, “giving her the impression of never having left,” she leaves the family house and her parents, again on an impulse, and this time for good. We shall not delve into her wanderings, a succession of short passionate affairs with men or women, during which she always put herself in dangerous situations.

She continued with her bulimia, sexual intercourses and passions. The content of the sessions was sometimes so repetitive that I had the impression that her unconscious desire was to discourage me and show me that I could do absolutely nothing

for her. But as time went by, I perceived to what extent she tried to captivate me, to arouse my curiosity on her passionate and destructive affairs she described so cinematographically. I was there, on the one hand as a spectator of a movie and on the other as all the actors, and according to my reaction, my words or my silences, she could appear on the screen or disappear from it. I suddenly realized that the oriental storyteller of the beginning of analysis had disappeared and that even the subject uttering the story was no longer there.

Myrtille had managed at once to evaporate and create a *mise-en-abyme*, from one week to the next, worthy of the best detective series. She suggested in a few words, at the end of the session, a situation that took place in the past or in real life, in which she was on the edge of an abyss. A way to test my concern and my ability, or even my desire, to keep her back from a deadly plunge, just like a good mountain guide, but also in order to be sure that I would wait for her at the next session, at least to find out the end of the story.

Seeking the disappeared object

Myrtille was driven to perpetually re-experiencing destructive and humiliating relations like the one with her parents. In order to better understand the meaning of this repetition compulsion, we shall approach the most important traumatic repetition, which occurred during her first analysis and actually caused its interruption. “The analyst was a man, he heard absolutely nothing!” she tells me in amusement before adding with a laugh: “I said he ‘was’, I hope he still ‘is!’”

“Still a man or still alive?” I ask, stressing her very elegant negation, her hatred and archaic desire for revenge against the “deaf” analyst. In fact, the analyst identified to the deaf and sadistic father; both unable to see, hear or recognize her. He had become the support of the tragic repetition of the trauma she had experienced in adolescence. Therefore, due to her deceived desire for recognition, she unconsciously dreamt

about imposing castration or death on the analyst, just like Gaia toward Chronos, but the means chosen to do so meant putting herself in danger once more by acting again the rape scene of primal incest.

As she suggested during one of the first sessions, due to her painful break-ups, she had started travelling alone in the “Sahara” (“*saharien*,” which in French sounds like the words *ça a rien*, “this-has-nothing”). This signifier marks a first symbolic inscription in time as it designates, at the present time, a place deprived of life that exists with nothing around, as Dolto writes, “a vast nothingness,” because non-perceptibility easily becomes a sign of non-existence and, as a consequence, of non-value.¹⁹⁴ During one of her travels she had met an old guide who claimed to be an experienced anthropologist. After he had won all her trust and interest, she began writing a paper on anthropology. She went to meet him a few months later to visit remote places in the desert and approach nomadic populations. But after her arrival, the old guide kept her captive in an isolated house. With two other men, he raped her and beat her brutally for three days and intended to sell her as a prostitute in the region. But the old man also wanted to steal all the money on her account and it is precisely due to his greed that on their way to the bank, with a cunning trick, Myrtille managed once again to escape and save her life.

No doubt she had been caught in this trap because she still had the hope of finding a decent father who would protect her and help find her wounded body behind the dunes, giving her in this way the right to truly be a woman, deserving of love and capable of loving.

Myrtille, like any abused child, interiorized an ideal image of her father, still unable to apprehend herself differently from a nobody who deserved all the violence she endured. But when she talks about this rape, she is no longer showing me a movie, she still is in shock. She needed more time to read the tragedy differently. But this time she sued the man and the following year, before the trial, she returned to the scene of the crime,

with her parents who were not aware of the facts nor knew she was traveling when it took place. But she doesn't catch the meaning of being there with her family, whereas at that time it appeared as evidence.

I suggest the idea that the presence of her parents enabled her to give credit to a traumatic experience lived far away from their gaze. She agrees and says that she really wanted to see the place again in order to be sure she had experienced what happened, and not only in a nightmare. She remembers that when she met the old man, by accident in the street, she felt reassured in seeing his gaze and dreadful expression.

She thus expresses a deep anxiety, betraying an enigmatic question: who really is the subject who experienced this terrible experience? She partially answers the question with an association: As a child she had heard during a fight between her parents that her father had had his first sexual intercourses with a prostitute during the Algerian war after witnessing atrocities. This memory enlightens her a little on the rape she suffered as a teenager, but she then wonders how the doubt insinuated itself into her mind, because this time she sued the man and was certain she had approached death and suffered a savage rape.

We can think that Myrtille, as she had really experienced the trauma of the deadly and sadistic rape perpetrated by the primal Father of the archaic fantasy, had difficulties in distinguishing between fantasy and reality, and so, to protect herself and survive, she refused to become aware that the crime had really taken place. But the refusal to admit she actively took part in the horror of the act that occurred, horror that always expresses an excess of *jouissance* in the out of time place of the Other, reveals the presence of a shame and an unconscious guilt related to primal mimetic identification. Myrtille unveils in a few words the whole issue of abused or ill-treated children: the incestuous parents or those who ill-treat their children manage to deny the existence and otherness of the child to such an extent that they even reject the idea of having had an incestuous and destructive "relation" with an "other." These children

then perceive themselves as the only ashamed and despicable witnesses of the abuse endured, unable to be recognized as victims by the parent because the latter, entirely identified to the child, will have cancelled everything from memory. These children manage to survive, not really believing their experience and with the conviction of being the real culprits of the act committed. In this way, they operate a splitting of the ego and a foreclosure of time, which enable them to protect their psychic integrity by keeping the connection of passionate mastery with the Other. We often observe that abused children keep loving their parents "of before," as the representatives of an ideal ego that is found before the symbolical inscription of time and the creation of the social superego.

In this way we better understand how the fact that Myrtille returned with her parents where the crime took place before the trial had a healing function for her: The rapist saw her, recognized her and, by doing so, assumed his guilt with a dreadful expression, and the parents, being present in the very place where the crime was perpetrated, were able to support her by being witnesses without knowing it.

Session after session, I managed to elaborate with her the archaic dimension of the fantasy by showing her how she was unconsciously interlocked in a powerful sadistic and self-destructive *jouissance* as she was herself identified to the primal Father. Disengaging from this primal identification and these primal fantasies is a very delicate stage of the therapy and always causes a strong resistance in "bodiless" patients. Myrtille succeeded in remembering, for example, that at the beginning of her journey, when she had sat in the front seat of the guide's jeep, she had noticed a very "strange" expression on his face as he vigorously blocked the car doors. She then felt shivers of anxiety (and *jouissance*?) that she didn't want to pay attention to.

We also move on in the construction process, during which I have her notice her difficulties of perception, conveying, often with spatial metaphors, what she keeps showing me with

her gestures, appearance or expressions. Myrtille starts feeling visible and worthy of attention; she gradually becomes slimmer, has more respect for herself and in particular stops stepping inside risky relationships, even if she still feels attracted by alluring men.

I notice that despite all her improvements, she is not yet able to feel her body and its limits. I suggest that she draw or model herself to try to represent her body. She rejects my idea saying she still feels a “shapeless bulk.” But, little by little, she takes pleasure in coming out of her inertia, unduly mistaken for “laziness” and starts attending Afro Dance classes. At the third lesson, after an abrupt movement, she tears several back muscles and is forced to take analgesics and receive injections to relieve the unbearable pain. We see again how self-destruction and pain are the only clues that enable her to perceive her body, always oscillating between too much and nothing.

The object regained

For the holidays, instead of returning to the desert, she decides to take part in humanitarian aid initiatives in Africa. In the nursery situated in the middle of the bush, she feels from the start an attachment to an eight-month-old seriously handicapped girl. Raki, whose mother had died in giving birth to her alone in the bush, as is customary. The girl miraculously survived for two days and earned the right to live, as, according to the tribal belief of that region, a child born sick must survive alone two days in the bush – traditionally on a termite mound – to prove that they are not an evil spirit come onto the earth to destroy the family and the entire village. Nonetheless, as she was seriously handicapped, Raki was placed in a nursery.

Very moved by the little girl, Myrtille manages to communicate with her. In a few weeks, despite what doctors had predicted, Raki smiles and can even eat solid foods in a sitting position. Myrtille involves herself in this relationship, which deeply transforms her. She has finally managed to

take care of a little girl to whom she identifies and establish a maternal relation with her.

Until then she had never been close to children, nor had she thought about having one of her own. She had become pregnant only once after a one-night stand with a man who “particularly disgusted” her. She still has an “awful” memory of the situation: she had felt completely invaded by a “filthy monster” who had hung to her guts without her noticing, rotting her from the inside. What’s more, she had to undergo an abortion in two phases to get rid of it. Maybe they were fraternal twins, she adds, carrying on with her fantasy of being pregnant with her parents.

A few weeks after returning to France, Myrtille learns that Raki, who is now her godchild, is feeling so well that she has been handed over to her family. Then no more news of the girl. She plunges into a frenetic bulimia. In a few days she puts on a staggering amount of weight. Bulimia and food return, as we can see, in order to fill the void left by a painful loss. Nightmares during the night and violent images during the day persecute her: Raki, tied to a tree in the bush, tortured and stabbed by her father or abandoned, starving to death, torn by savage hyenas.

We clearly see the connection between this outburst of her drives towards food and the emergence of the fantasy of the primal incest. She identifies with the primal father, a rapist and murderer, with the incestuous child who must be killed or abandoned and to the savage and hungry hyenas greedy for rotting carcasses.

We hear Myrtille’s guilt for leaving her protégé at the nursery while knowing that her family was very poor and would not have been able to provide the necessary care for her to survive. Nonetheless, I cannot grasp the meaning of this outburst of drives of murderous mastery towards the child.

Moreover, Myrtille becomes depressed, she starts denigrating herself on all counts and keeps putting on weight, almost as a provocation. Some time after, with a dejected look on her face,

her eyes distraught, at the end of a session as always, she says she is ready to reveal a “despicable” secret she has never been able to tell anybody. The fear pervading her is palpable. As for me, I feel she is approaching the primal trauma.

The following week, anxiety on her face, she comes in, visibly resolved to get rid of a weight too burdensome to carry. After a moment’s silence, in a grave steady voice, she tells me that sometimes in difficult moments she has to perform a very special ritual. She then stops narrating, takes a deep breath and, in a childish voice, starts describing the ritual.

During the day, she feels the uncontrollable need to run home, but with a stop off at the best bakery in the neighbourhood to buy an apricot pie, her favourite dessert. Once she is in her apartment, she carefully prepares a TV meal organized around the pie, then locks herself up in her room, turns on the TV, closes the blinds and lies down naked under the duvet. She can then eat her meal slowly and with immense pleasure. During the night, on the other hand, she feels the need to open the blinds, sleep with the starlight and wake up in the morning with the first sun rays.

Myrtille adds that she doesn’t know why, but the ritual never concludes with a bulimic crisis in the evening before falling asleep. On the contrary, she feels well, calm. But in the morning, when she wakes up, she is overwhelmed by shame and guilt.

At the end of her narration, she looks at me shivering. This confession puzzled me: on the one hand I am surprised by the absence of violence in her staging of the primal murder and I am moved by the anxiety and the expression of horror engraved on her face and in her voice. She perceives it and emphatically adds: “Madam, it is absolutely shameful and inexcusable to lie down and eat in bed during the day!”

She clearly makes me understand that eating with pleasure lying down in the middle of the day without anyone knowing is for her an act of rebellion that breaks a fundamental law: being healthy and alive and, therefore, neither dead nor agonizing. I

tell her about this interpretation and she continues: “listening to you, I imagined myself in a grave!” But since Freud, and even since Plato, we have known that the idea of being locked up in a grave shows the fantasy of being locked in the maternal body.

In fact, Myrtille stages the primal trauma with a scenario that enables her to incorporate the Name of the Father in space and time. As for space, she regularly places the apricot pie at the centre of the TV dinner tray, round, yellow and orange like the sun, symbol of the father, to whom she identifies (the name “apricot” comes from the Greek *praikokion*, which means “early fruit”). Later, she puts one by one the other dishes that gravitate around it¹⁹⁵. As for time, she can eat her meal in the symbolical succession used in France: starter, main dish, cheese and dessert to finish (*dulcis in fundo*). This allows her to keep the image of the pie during the whole meal, to establish a before, a start, and an end to the meal, while saving the sweet taste of the apricots for last. And, by creating a “dark night¹⁹⁶” during the day, she stages the disappearance of the sun while she is awake and by opening the window shutters (in French “*persiennes*,” which sounds like “*pere siennes*,” “father of hers”) at nightfall, she can see the birth of the starlight awaiting the return of the sun. It is only after the eclipse and the dark night that she can start feeling she exists and perceive herself in movement in space. In this way, she can symbolically structure the primal collapse into time, while remaining potentially present despite the disappearance of her image, just like before being born.

So, I ask her to talk to me about her birth again. She does so, adding very important details. At the beginning of therapy she had talked at length about how heavy she was at birth – she weighed close to five kilos – and on how it already seemed she would ineluctably be a “fatty.”

This time she narrates how on the evening of her delivery her mother had been summoned by her own grandmother to immediately go to the hospital to see what her state of advancement was; because after the waters had broken she felt nothing. That same morning, her father had driven her to her

parents' before going off to work as usual. Upon her mother's arrival at the maternity ward, accompanied by her father and grandmother, the midwives panicked and immediately induced labour, as she was two days overdue. Nobody waited there for her – says Myrtille – neither her mother, nor her father, who was always absent, as he worked for the railways.

She was in no hurry to come to life, she immediately adds, especially as she was so fat that two midwives had to sit on her mother's womb to make her come out, causing a laceration of the perineum. "So, she tells me, despite a dreadful bloodbath, I was born alive, but all blue!"

In pronouncing this last sentence, Myrtille's eyes and voice sparkle with joy. I mention it to her and she retorts: "The bloodbath evokes the pleasure I felt during my first period and I am delighted at the sight of the colour blue. My walls, the curtains in my room, my duvet cover, my sheets, they're all blue!" That is where the function of the ultramarine (in French "*outramer*," which also sounds like "over mother") scarf she often wears round her neck during sessions becomes clearer: it is a way of telling me she still feels invisible, a prisoner of the maternal space, but that she also feels alive.

On the other hand, her association between her first period and birth confirms the reactivation of the primal trauma during that metamorphosis. In fact, on that occasion, the young girl irremediably loses her image of before and feels an extreme *jouissance*, often denied as too violent, due to the intensity of the sensorial and sexual transformations felt in her entire body. This is how Annie Ernaux describes this passage: she looks at the Biarritz photo. She no longer has anything in common with the girl in the picture. It alone makes that little girl and her the same person, because only two years later did she encounter the orgasm in which she felt her identity and the permanence of her being.¹⁹⁷

Later I tell her that with her treat, eaten far away from any look in her blue room, she is probably expressing her joy for having survived after being ditched and "forgotten" for two

days, between life and death, just like Raki in the bush. But at the same time I try to make her realize that by focusing her *jouissance* and her look on her great capacity of survival, she denies the violence of her mother who, along with "not feeling anything" after her waters had broken¹⁹⁸, wasn't worried about her child, as if she hadn't been waiting for it anymore.

In listening to my proposition of interpretation I understand the meaning of the suspense that Myrtille kept creating between the sessions, a way of telling me: "Don't forget me! Wait for me to know whether I'm still alive or already dead!" Like all unexpected children, she must have been welcomed as a monster, both with the meaning of "miracle" and of having accomplished an absolutely "monstrous" action.

I then tell her that not being expected may be one of the reasons why she feels so guilty and ashamed about being in this world, especially as she probably survived thanks to the intervention of her great-grandmother.

Myrtille agrees and tells me that when she was a child and they went to Morocco on holiday, she had a very strong connection with that woman who lived with her grandparents. Myrtille had often heard her great-grandmother and grandmother talk in an idealized way of their family life at the time, everybody lived in a big house: She realizes that this is where her attachment for the desert and Africa comes from. She likes everything there: the heat, the sky, the colours of the fabrics and the smell of the spices.

Myrtille remains in silence for a long moment, caught in the rainbow of those exotic fragrances. I interpret her silence as a resistance, she might not want to approach the matter of her birth, which is still too much of a burning issue to talk about. I draw her attention to her mother who, traumatised by the danger to her life she experienced by giving birth to her, because of her size, must have hated her. Myrtille reinforces this idea by adding that she also caused her mother a severe diabetes towards the end of pregnancy.

We better understand how denying the delivery enables the mother to reject her instinctual death anxiety along with the primal hatred of the “foreign” object. The father too, being absent at birth, maintains the incestuous symbiotic bond by rejecting the death anxiety and the primal hatred, representing the drive of destruction felt at the loss of his object of primal attachment (his own mother). By denying the delivery, he reinforces the mother-daughter pair and their symbiotic bond, especially as his wife had kept the belly and pounds amassed during pregnancy: a way to keep carrying the child.

We easily understand that the trauma experienced during the very tough delivery reactivates much more the instinctual anxiety of the mother and the primal trauma. This reactivation arouses such intensity in oral-cannibalistic drives of self-preservation that the desire of destruction and the hatred towards the child, both unbearable, are rejected and become unthinkable.

Myrtille also rejects this primal hatred that reinforces her feeling of being a guilty survivor. She identifies with Raki, the “monstrous” child who, in order to survive, really committed matricide at birth. Raki, just like her, had survived two days alone in the bush going through the ordeal of the termite mound. In this African tribal ritual, we find the fantasy of primal incest.

In the Dogon myth, the god Amma created the Earth from a heap of clay, then he wanted to penetrate her, but the termite hound, which was her clitoris, prevented him from doing so: that organ, the masculine organ of women, was as powerful as Amma’s penis. So, he decided to demolish the termite mound and was finally able to have sexual intercourse with her, thus excised. In this primal fantasy, the woman, in order to be penetrated by the primal man had to be castrated and raped after all traces of her phallic strength had been destroyed. For the Dogons, men and women have in the beginning two souls and two sexes; the theme of the double and twinning is very meaningful in their conception of the world. At birth, the

placenta represents the twin of the other sex who, expelled from the mother’s womb, must be destroyed and buried.

We find in Myrtille, in different forms, the fantasy of being the primal double:

1. She is the double of her mother and father.
2. She is the double of her grandmother pregnant with her parents.
3. She is the double of both her parents before they were born – fraternal twins.
4. Claire is her imaginary double who has disappeared without leaving any trace and Raki is her real double, the monstrous matricidal girl who dared to survive at birth.
5. She is the double of the incestuous children she had with her parents: she is the son, product of the primal incest with her father, and the daughter, product of the primal incest with her mother.

I have Myrtille notice that she must have felt monstrous, hateful and matricidal, just like Raki, guilty both of having survived thanks to her adipose reserve and of being at the origin of her mother’s diabetes, of the laceration of her perineum and of the risk she went through in bearing her. So, being wrapped in her blue shroud, simulating death, locked inside her ultramarine room (*outramer* sounds like “beyond mother” in French), which is at once her mother’s womb, her blue face and body at birth and her isolated fecundable teenager’s room (an isolation followed in certain African tribes) enabled her to survive. Myrtille agrees, adding that the walls of her teen room were decorated with blue lilies.

She cherished the fantasy of being stuck in the womb of her mother who was not waiting for her, because, in her unconscious fantasy, she had disappeared. Deprived of the look of the father during foetal life and at birth, she was not recognized by him. In some of the critical phases of her life she would take refuge in her blue room during the day because lying underneath the ultramarine duvet, eating and slowly falling asleep in front of

the soothing TV, as motionless as in her mother's womb at the end of pregnancy, was the only way she had to feel alive.

In Myrtille's fantasy, because of the matricide perpetrated by the daughter, the father kills the "monstrous" child, cause-object of the incestuous desire, to avenge the death of his wife. In order to avoid both death and incest, Myrtille had no other choice but to negate her body and desire by hiding under her ultramarine skin-jacket, the jealousies¹⁹⁹ closed, to prove her disappearance to the world.

It still seems to me that these elements do not explain her immense guilt. I think she must also occupy the place of a dead child, a miscarriage or an abortion not symbolized in her genealogy, and I ask her to talk about this with her parents.

The following week-end, Myrtille gathers a great deal of information. On her paternal side, her great-grandfather had lost his wife and his son during a delivery of non-identical male twins. According to the family legend, because of the unbearable pain, the ancestor had expressed the desire to strangle his surviving daughter. It was therefore the grandmother who took care of the baby, who eventually lived a long life, despite the fact she was born prematurely and had been hated in this way. On the maternal side, she learns that her mother's great-grandmother, pregnant with an adulterous child, also died giving birth.

In this way we better understand the origin of her identification to young Raki. We also better understand how, in the genealogy, the death of the mother or the child during delivery reinforces maternal primal fantasies and the intensity of the primal trauma in parents and children.

Nonetheless, on this occasion, Myrtille's mother also tells her for the first time about a miscarriage she'd had when she was five months pregnant and Myrtille only three years old. She pretends she had never wanted that child, a girl she lost after a "heavy fall" down the stairs.

We can think that this miscarriage reinforces the primal fantasies that relate the mother to the daughter. In the mother,

diabetes, triggered off when she was pregnant with Myrtille, and the trauma of delivery exacerbated the hatred towards her daughter, who had destroyed her and towards the child to come who would finish her off by taking her body and image once more. As for Myrtille, identified to her mother, she also hated the too bulky child who was putting her mother in danger and who had taken up all the room in her womb. After learning about the miscarriage her parents had hidden from her, Myrtille felt extremely guilty about disappearance of that child²⁰⁰. She tried to erase the thought by stuffing herself with candy in order to survive while annihilating herself. In fact, devouring huge quantities of sweet foods in one go causes a flash of *jouissance*—similar to that felt by taking drugs—due to a very intense variation in blood sugar levels. Let's not forget that her mother was diabetic during pregnancy and that Myrtille weighed over five kilos at birth, which makes us better approach the toxic origin of the primal symbiotic bond and of the instinctual anxiety, in the direction Freud suggests. In this way, returning inside the womb and becoming her mother prevented her from disappearing.

We have now reached the heart of the matter: Myrtille, like all bulimic patients, feels so stuck to her mother's body that she cannot conceive of either of them surviving if they were to part. This feeling is unconsciously shared by the father, who loses sight of his wife's feminine body during pregnancy and perhaps forever. The child, guilty of having stolen the mother's body must die or disappear. In this way we can understand Myrtille's waking nightmares: she identifies with Raki, the murderous child, to the murderous father and to the dead mother, who in bringing her to life has abandoned her child to death and dereliction. And there she is, aged three, also guilty of the death of her little sister, who was "too cumbersome," both because she hated her for having stolen her place in the maternal womb, and because, like all children, but girls in particular, she strongly identified with the pregnant mother.

At adolescence, her “huge” breasts and her feminine, fecundable and desirable body made her responsible for the rape she endured. In fact we could think that young pubescent girls must undergo a second genital castration: they must give up on the growth of their clitorises, as we saw with Yvan, but also on their full uterus and their breasts full of fecundating milk, like Myrtille. We find this fantasy of double sexual belonging in the Dogon myth: Each individual is a double, a twin of the opposite sex, the feminine sex being the prepuce of the boy and the masculine sex the clitoris of the girl. They must be circumcised and excised to integrate their own sexual belonging²⁰¹.

We can better understand how the death anxiety and castration are reasons for Myrtille to hide and attempt her own destruction with overdoses of sugar or encounters with dreadful seducing perverts. Thanks to the envelope created by the blue sheets in her blue room, she could remain in her unconscious fantasy, without a real body of her own and still belonging to her parents' body.

The loss and mourning of the regained object

After several months of silence, Myrtille receives a phone call from the nursery: Raki is dead. The news has a devastating effect on her; she falls into a sadness that again expresses itself physically with a sciatica and a slipped disc that force her to stay in bed in her blue room. She feels such a pain that sometimes she again feels the desire to put an end to her life. She tries all the possible cures, but all turn out to be inefficient. Very depressed, she starts eating and eating.

Session after session, Myrtille tries to elaborate the mourning for Raki.

After long weeks of pain, one day, lying on the physiotherapist's rehabilitation table, some images violently come to her mind. She hears a confused noise from the adjacent room that sounds to her as the noise of a zip suddenly closing.

She shivers and “sees” the image of death: She is in a morgue, it's freezing and someone has suddenly closed a corpse inside a huge thick brown red body bag. “It's me, as I am today, fat and shapeless!”, she tells me.

We see appearing the representation of the removed object that had disappeared leaving no trace. Hearing the noise coming from the next room, an image that recalls the primal scene, she fantasizes about her own conception and her own death before being born. She recognizes herself in the corpse hidden in the “shapeless bag” in the morgue because of the sheer size and thickness of the bag (her double skin jacket) that helps keep her shape in the freezing cold (the coldness felt before being born). A few days later, Myrtille tells me about a new waking dream, in the morning this time. She is lying on her back in bed, her legs spread, and beside her she sees once more the brown red body bag containing her corpse. We observe that this time she sees the bag containing her corpse from the outside, she is no longer inside and she can distinguish it because of the colour. But she tells me that despite this morbid presence near her she feels euphoric because she sees a swarm of spermatozoons that she immediately transforms into ova. A quiver in her entire body informs her that a new Myrtille has been conceived and is going to be born. In this waking dream, Myrtille stages another fantasy of self-engendering. But, this time, when she conceives herself, the removed object does not disappear from her sight.

One morning the following week, still not fully awake, in front of her she “sees²⁰²” her mother giving birth to her standing with her legs apart. Between her mother's legs, her body is covered in blood, huddled and motionless, like a mass of something, and her head is still inside the uterus. Her mother does nothing to help her; she waits for the body to “fall heavily” onto the ground severing from the head. The floor is covered in refuse, it's dark, and it looks like they are in a cellar.

Myrtille stages her birth as her mother's miscarriage, which happened when she was three, “falling heavily” on the floor. She is dead and her mother holds her in her uterus, as dark

as a cellar or tombstone. As we know, her mother had felt no contractions after her waters had broken, when she had denied the first stage of labour.

Myrtille expresses for the first time the unconscious desire of her mother to keep her inside, dead or alive. A desire that had so far been uttered as follows: “You ate so well in my womb and you were so fat that you didn’t want to come out!” In her waking dream, her lifeless body manages to fall, but it severs from the head, which remains stuck inside the uterus. In this way Myrtille expresses the feeling of having been born while having forgotten the whole experience, with her mother as the only custodian of her memory and body. We also notice that while still perceiving herself as an odourless refuse-object, she does not see herself as a lifeless mass anymore, because she has begun to feel her body.

After a silence, she adds that everything she is saying is connected to “my birth, my mother, my rape, my pregnancy, the abortion and the fact that I am not a mother.” We notice the use of the possessives: she recognizes both the continuity between her birth and her mother and the implication of her unconscious desire in her rape and pregnancy. On the other hand, she cannot claim ownership of the abortion, as she is still unable to apprehend the real and definitive loss of the incorporated object.

In the following session, to support what she said, Myrtille brings a drawing representing her own birth. I interpret her need to draw as the necessity to put on paper a still unthinkable separation from her mother’s body, one that leaves them both alive.



Myrtille’s first drawing

She comments on her drawing with palpable signs of anxiety: “My body is a fiery red mass, full of blood and life. It’s a ball of *jouissance*. My head is blue. My mother doesn’t see me, I’m behind her. She has a hateful angry expression. She doesn’t carry me the way she should, I’m falling. Contact with her is rough, spiky; it’s like touching pins or an iron brush. It’s barbed wire!”

Myrtille describes archaic sensations experienced upon contact with her mother: she was never able to kiss her or touch her, because soon after she was pervaded by an irrepressible disgust. The emergence of these memories indicates that a representation of the loss of the primal object has begun to take place and that she is beginning to feel alive.

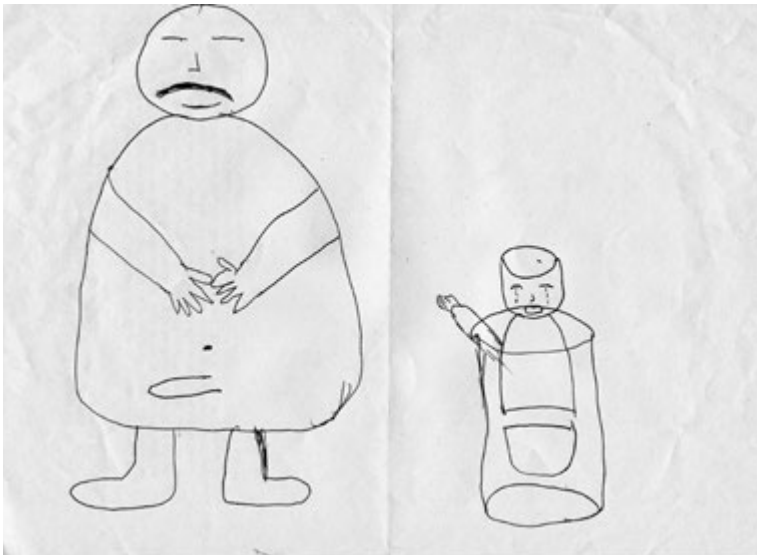
Myrtille confirms this idea a few sessions later, with a dream in which she gives birth to a child shut inside her right thigh (the one that makes her suffer so much).

We clearly see now her identification to Zeus and Dionysus. With that dream, she can be born thanks to a father that incorporates her and saves her from the womb of the dead mother (in the myth, Semele, Dionysus’s mother, dies after being struck by lightning). We clearly see in this passage how the primal mimetic identification takes place with both parents.

Myrtille tells me that now she cannot enter her blue room, that she sees it as a “disgusting place with an unbearable smell of a dead rotting rat”.

We see that she tries to inscribe the primal fantasies in space and time: the blue room has become the taboo place of the rotting corpse of the incestuous child-rat that had mysteriously disappeared. Myrtille recreated a smell of putrefaction (an olfactory hallucination) so as to be able to represent the trace of the symbiotic object after its definitive disappearance, thus sealing the first phase of the primal repression (Freud’s organic repression²⁰³).

In the following session, she brings another drawing to express her difficulty to think all these losses that could not be represented by the parents.



Myrtille’s second drawing

She comments on her drawing: “It’s my father with a really bad bellyache. He is obese, because he eats a lot and often suffers from flatulence. I’m at his side like dejected refuse in a bin. I

stretch my hand, but he doesn’t look at me and doesn’t hear me cry. He has completely forgotten about me. I have forgotten everything myself. The edge of my head is cut and my body is severed in two: I no longer have a brain, I have no memory, I have only my running tears to express my pain. I have no legs and, motionless, I’m suspended in the void”.

We observe here the simplicity of the sketch, which expresses foetal reminiscences and memories from the beginning of life but also the still hybrid aspect of the father. If we look at his genitalia, he is both female, “fat” like a pregnant woman, but without breasts, and male, with a penis but no testicles. Myrtille draws her father identified to the foetus and to her own mother at the end of pregnancy showing her difficulty in accessing symbolical castrations.

When she was younger, she had already tried to disidentify and to wean away from her mother by having a breast reduction; now she attempts to disidentify and wean away from her primal father by castrating him (just like Zeus with Chronos) in order to wean away from the sperm, primal object, source of life and equivalent to milk, as we saw with Yvan (p. 62-63).

Myrtille sheds light on an important point of the function of denial of sexual difference in bulimics. This rejection can occur both to deny an excess of incestuous *jouissance* experienced with the mother during delivery and after the expulsion and to deny the loss of the placenta at birth. We better understand the meaning of all her rituals, still existing in many cultures, which impose –often on the father, as in the case of the Dogon– to destroy and bury the placenta after delivery, for the placenta belongs to the mother and to the child and organizes their “relation.” Moreover, delivery is the third stage of labour after expulsion and is the most dangerous for the mother, when the risk of a fatal haemorrhage is highest.

Myrtille, with this second drawing, has accomplished the separation of the placenta, an act which supports the Name of the Father and symbolizes a real and definitive loss of an ephemeral vital organ, common to both boys and girls, one

which goes into the bin after birth. In this way, she can forget “everything” about the primal symbiotic bond and can apprehend the void and the hole in reality, which are the result of this separation.

We better understand now how the fantasy of primal incest makes it possible to deny the mother’s and the child’s primal castration and the difference in gender by maintaining a memory of the symbiotic bond with the primal double, like the twin boy of the Dogon myth. Freud had already noticed²⁰⁴ that in boys the denial of sexual difference and a regression to an oral phase during which they identify with Chronos to fight off the anxiety of being devoured by the father was a “cunning” way to foil the death anxiety and castration that followed an excessive self-erotic satisfaction.

The denial of the second phase (expulsion) and of the third phase of labour (delivery and clamping of the umbilical cord) enables the mother to deny separation, incestuous *jouissance* and instinctual death anxiety, as well as to avoid the third phase of the primal repression that occurs after delivery. From this moment the collapse and the annihilation felt after delivery and birth become an experience opposite to the loss.

The coexistence of drives and antagonistic movements is therefore necessary to give life: the drive of life, Eros, which tends to relate and maintain the primal symbiotic bond, and the destruction drive, which tends to tear away and destroy in order to survive and procreate. In order to live, the subject must therefore solve an insoluble enigma –because not separating and separating from the body of the primal other is lethal.

How can this contradiction be solved? Freud suggests: “this success is achieved at the price of a rift in the ego which never heals but which increases as time goes on. The two contrary reactions to the conflict persist as the centre-point of a splitting of the ego²⁰⁵” It is the pain related to this primal loss that inscribes the rift and splitting of the primal ego. And to relate these two opposite movements, when they are not representable, the creation of a fetish to compensate the pain of the loss is

a “cunning” way of denying the division of the subject, the emergence of time and the primal castration. But it is important to notice that on the mother’s side, denying delivery hinders the third stage of primal repression and keeps the memory of the placental connection perennial. When a separation occurs, this memory will reactivate the primal trauma and death anxiety in the child too. Especially as we know that it is the repetition of a passively experienced trauma that reinforces the splitting of the ego. The primal trauma, which I locate at the end of the sixth month of foetal life, is the first trauma endured by the child, passively and outside any ability of judgment, experienced in the Preconscious-Conscious system.

Myrtille can now apprehend her birth as a silent and odourless flatulence that comes out of her father’s belly and immediately evaporates (neither her nor her father have a nose or ears in the drawing). This identification is common to bulimic women, who feel they are nothing but faecal material (not oral material, as is the case in anorexic women) with no consistency, expelled silently, odourlessly, leaving no trace. Overeating and a swollen gurgling²⁰⁶ stomach help them feel still alive in the inside of their stomach and in that of the primal Father before birth.

In the drawing, the father suffers from a painful stomach-ache, as does Myrtille, who is again in a violent bulimic phase. We can see how only the pain can support the brutal loss of sensorial images. In this way she stages the primal agony of the child forgotten by the parents before and after birth with all the fantasies already found in anorexics and bulimics: the impression of being transparent and sexless, of having a body severed from the head and feet, reduced to a mere grabbing hand/mouth.

She can only draw the primal fantasy of the primal murder of the child of primary narcissism, but it remains unutterable. The fantasy symbolically structures the slump experienced after birth. The parents, to “make the child pass” (an expression that in French also means “to abort”) from their own unconscious space into time, into consciousness and into the ordeal of

reality, must pass through a void and apprehend it together with the disappearance of the sensorial images that caused a strong incestuous sexual satisfaction. Mothers relive, especially in the imminence of their first delivery, that “ephemeral nirvanic pause” followed by an “exquisite” pain, the most painful of their lives, which will be repressed²⁰⁷.

In fact all the unconscious fantasies approached so far can support the idea that the child really goes through a state of annihilation and fullness close to nirvana, which literally means “breathless and out of time,” before being born. It later experiences for the second time a collapse and liquefaction caused by a brutal variation in the motile and libidinal energy felt at the moment of the beginning of delivery and of the waters breaking. This experience plunges it in a state of *jouissance* and extreme watchfulness, in a “frozen” time (see Christelle asleep in her bathtub filled with cold water), a sort of lethargy that enables it to survive effortlessly and painlessly, but more than ever connected to all its mother’s movements until birth, when all of a sudden the environment is liquefied, like after an earthquake in an aquatic environment or a too powerful orgasm. This very peculiar lethargic state, where the attention is attracted by the voice – the rest of the environment no longer exists – is similar to a deep hypnotic state after awakening from a lasting amnesia. The patients have shown us that the only senses that keep the memory of foetal life on the long term are the taste and odour of the mother’s voice. We can better understand why Myrtille recreated this bad smell in her blue room: to integrate “unthinkable” losses in the silence of the “dark night.”

I have Myrtille notice that she feels she is incarnating at once the dead child who has disappeared from the mother’s womb and the one still living in the womb of the father. A child this father could incorporate and bear, like Zeus with Dionysus, but who he then immediately expelled and forgot.

After these words, Myrtille bursts into tears for the first time in our analysis together, telling me that the only good memories

of her childhood were the moments spent with her father at the dump where he liked to meddle with the garbage to find, in the refuse, objects that could still be used in the house or for DIY jobs. After her brother was born, when she was four, those walks ended and, overall, she felt she no longer existed for him.

We can see how the father acted the primal maternal fantasies with the complicity of his daughter and how the birth of a boy gave him the feeling of having “found” the disappeared twin “again.” Myrtille, on the contrary, at her brother’s birth feels a sadness due to a feeling of abandonment, a feeling denied with the creation of her imaginary double Claire.

Only now can she perceive the separation and definitive loss of the object of primal attachment and still feel alive. In this way she symbolically seals the second and third phase of primal repression, which occurs after birth, following the loss of the pre-birth sensorial images of the taste of the maternal and paternal voice²⁰⁸. She can finally forget the intensity of the primal symbiotic bond with both her parents.

But despite this progress, Myrtille is still tormented by Raki’s death and by the pains in her back and leg. Immobilized on a mattress on the lounge floor, she keeps eating, tormented by an intense anxiety. During a session she tells me, in a detached manner, that after Raki’s death she learned that her mother suffered from acute pain in her right leg.

We often see this kind of mimetic identification when the separation from the mother remains unthinkable. In fact, Myrtille challenges any form of treatment, including therapy, cherishing the idea that only surgery will be able to solve her problems. She therefore undergoes a very risky operation that goes surprisingly well; after three days she can walk again and can forget all about the pain and torments she has endured. When she comes back to see me, she is astonishingly well; she is hardly recognizable.

I often find this amnesia of the “exquisite” pain and this maniac reaction in bulimic patients who undergo surgery that is necessary to them “because it designates a precise location

where the operation must be carried out to unbury what has been repressed.²⁰⁹ The pain disappears, but they can now apprehend the disappearance of the incorporated object and an unthinkable imaginary castration.

After a few sessions, Myrtille brings two fragments of dreams that represent the definitive loss of the incorporated object. In the first dream, she is carrying Raki's burnt corpse, which she is going to bury. She makes an association with the surgery she underwent to remove a calcification of the spine, which the doctor showed her. She comments that by having the burnt out body of the little girl "hidden" in her back removed with the scalpel, she could see and caress her once more before burying her.

We see how Myrtille needed to see the object regained before its definitive disappearance in order to be sure that it had really existed. We also notice that when the primal identification to the object is too strong and the loss of the incorporated object remains unthinkable, the cut and the wrenching must occur at the surgical level, just like in a caesarean.

In Myrtille's second dream, she sees Raki alive and joyful inside the trunk of a gigantic baobab. She smiles as she evokes this image and stresses that the baobab is the most resistant of trees, ancestral symbol of life and prosperity in Africa. Myrtille can now mourn the removed object and the regained object while keeping memory of its presence in her.

The staging of the dream shows us that she was able to act a symbolical and imaginary castration, as she can relate the image of the object to the continuity of time. Myrtille clearly shows us that to mourn the object of primal attachment and the incorporated object, it is necessary to permanently imagine the object regained.

After this phase of therapy, Myrtille stopped being bulimic and began to face her life with joy and several creative projects.

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In this chapter we found in Myrtille the fantasy of primal incest and primal maternal fantasies, as well as the archaic reactions of survival related to foetal reminiscences that we already saw in Yvan and in the bulimics and anorexics. However, with Myrtille we further approached primal narcissism by revealing the meaning of the fantasy acted with food by all bulimics: the fantasy of fecundating themselves, of becoming pregnant (of themselves, of their parents, of the incestuous child) and of being forgotten in the womb of the mother who died before their birth.

She has given us insight on the violence of the primal fantasies staged in the bulimic act and the facilitation necessary in therapy to part from these reminiscences and from one's own incestuous desire. Thanks to the devouring transference, she made me feel and see what in general cannot be thought or uttered about the primal trauma and the first phase of primal repression, the latter occurring during foetal life.

With her narration and the theatrical and cinematographic staging of her fantasies, she has made us see how the subject progressively builds its affirmation and its judgment of existence in reality through a scheme of primal maternal fantasies, of phylogenetic and ontogenetic origins, which we also find in the nightmares that mark the three trimesters of gestation and in the primal myths of any culture. This scheme of primal fantasies structures the symbolical order of procreation, the symbolical discontinuity of time and the imaginary anticipation of the representation of the object during all these phases of transformation. These unconscious fantasies are transmitted by mothers to foetuses through their dreams and form the basis of their infant sexual theory.

We understand how, in women in particular, any extremely intense sensorial and sexual transformation that has not been expected, like the arrival of the period, reactivates the first phase of the primal trauma through the fantasy of the primal murder of the child. She has revealed an essential phase, usually repressed, in the structuration of primal narcissism:

the removed incorporated object must not be mistaken for the primal double.

We saw that the disappeared object with which anorexics keep identifying is the object created in the interaction with the mother of which only the “indelible” mnesic trace of the experienced *jouissance* is left. That unconscious image meant to definitively disappear is replaced by the object regained, which is the return of the primal double of the parents, extremely “troubling and familiar,” to which the subject of the unconscious totally identifies. For “I” to occur and to be born to oneself, the subject must apprehend the loss and mourn all the sensorial and sexual objects that are still unconsciously part of it.

With her dreams and drawings, Myrtille has shown us how when these successive losses have not been thought, anticipated and perceived by the parents, the child is not waited for at birth and thus remains forgotten, agonizing in the parents’ and grandparents’ womb in a relation of passionate and incestuous mastery severed from time and reality.

Myrtille and Soledad have revealed to us the function of the succession of waking dreams, dreams or recurring nightmares staging primal maternal fantasies that bulimics act out: they represent the succession of the three phases the mother needs to create a judgment of appropriation and a judgment of existence of the child. In fact, these same waking dreams occur in pregnant women at the critical moment of transformation during the passage from one term to the following. The term “critical” must be understood in both its meanings: the etymological meaning of “able to judge” and the physical meaning of “a point beyond which a transformation occurs.”

In medicine, the term designates a moment of “crisis,” the “occurrence of a violent manifestation of a disease. Winnicott had already described pregnancy as an “organized state²¹⁰” similar to a disease, even a schizoid state that mothers repress when they recover.

But with bulimic patients and their devouring transference I have also been able to apprehend analytical therapy, following

the example of pregnancy, as an organized state of love madness or crowd of two (Freud’s definition of love and of hypnosis) that develops following three phases structured in advance like a script. We find in pregnant women the same succession of primal fantasies and nightmares of devouring and death of the child that mark the passage from one term to the following that we find in patients at the beginning, during and at the end of analysis. Even in patients who have no children, like Myrtille and Soledad.

In fact, a paradox occurs concerning the origin (word that comes from the Latin *oriri*, “to rise,” mostly referred to a celestial body) and structuring of time in the living being between synchrony and diachrony, between the before and after: if “after” comes “before,” how is it possible to distinguish a real perception of the object from an hallucination, a perspective illusion or a waking dream? If the end is at the beginning, as bulimics and anorexics show us, how is it possible to consider temporality and transformation?

We could say, with Winnicott, that the act of procreation is based on the mother’s capacity to create a potential space for the real child, as a transitional object, belonging both to the mother’s and the child’s ego. She will thus be able to sever from it at delivery while giving birth to “her” child, the one she has thought, carried and perceived throughout her pregnancy. We immediately see the difficulty mothers must confront, for phylogenetic reasons that tend to reinforce the symbiotic bond, in order to create a judgment of appropriation and a judgment of existence of the real child as “other” integrated in a space-time in four dimensions in the three systems (Unconscious, Preconscious-Conscious) and the three registers (Real, Symbolic and Imaginary).

In fact, during those critical phases of pregnancy, the mother feels a death anxiety and an annihilation as well as a collapse of desire (from Latin *desiderium*, “losing sight of the star Sidus”) that corresponds to the real losses of sensorial images of the symbiotic bond that connected her to the foetus. It is only

the inscription of the Name of the Father that enables her to apprehend these early losses in order to symbolically inscribe the phallus of the lack and the separation from the child. She thus manages to build the time of the incorporated object through shoring, by integrating these different losses through symbolical castrations²¹¹ causing slight “anaclitic” depressions, commonly called baby-blues²¹², which can go unnoticed if they are expected.

Continuing the metaphor, if the mother manages to anticipate the consternation and the blindness announcing the collapse of the star Sidus at the sixth month of pregnancy, she is able to wait for its return three months later, before delivery. But mothers who were too traumatized, due to a lack of symbolical images, during their foetal life refuse to unconsciously see this disappearance due to the incestuous and murderous representations they impose on themselves. And, with the complicity of the fathers, they keep the child interlocked in their space and time, in an incestuous symbiotic bond. The child exists but remains invisible, animated only by the desire, the thoughts and the signifiers of the Other.

Chapter VII **Self-Recognition**

Before continuing our examination of the troubles of perception and self-recognition found in anorexics and bulimics, I would like to set forth a brief reflection on adolescence. As we said, adolescence is a metamorphosis comparable to pregnancy and young women often start “their” anorexia or “their” bulimia during this period.

We have seen that the hormonal disruption experienced by girls at puberty reactivates in the parents, and particularly in the mother, the original trauma and the death anxiety and annihilation, because any transformation of the primal symbiotic bond reactivates an increase of the incestuous desire for both. In fact, parents must once more eat their child with their eyes and integrate the image of the child’s body during the metamorphosis, in order to recognize and accompany him/her through the acceptance of his/her sexual identity. But in their unconscious fantasy, the child, becoming a man or a woman capable of seducing, breeding and loving someone else, can take off, forget them and make them disappear. It is quite moving to hear young girls say: “Mum, when will you allow me to love someone?”

For these reasons, the most transparent mothers perceive the approach of puberty for “their little girls,” and when its first visible signs appear, such as hair under their armpits²¹³ (the Latin *axilla* being derived from *ala*, meaning “wing”), they tell me about it with a defeated look on their faces. And they have again the recurring nightmares that appear at the end of pregnancy. Fantasies of rape involving their sometimes also impose themselves quite obsessively: ten minutes late from

school and they are overwhelmed by anxiety. Two possibilities for the teen: lock herself at home to study and become anorexic or sneak out and sleep at a friend's, becoming bulimic with food and/or sexual relations.

In fact, the worried look on the transparent mother's face continuously weighs up "her" daughter to the millimetre: she watches her stomach, her face and her neck looking for a sign, so she won't have any surprises. She compulsively inspects, without even noticing, the bathroom bin, and sometimes her panties. Annie Ernaux writes that for All Saints week-end, she went back, as she always does, to her parents'. She was afraid her mother would question her about her being late. She was sure that she checked my panties every month when she sorted out the clothes before doing the laundry.²¹⁴ This close watch gives transparent mothers the impression of controlling events. And to evade her jailer, the teen develops sometimes dangerous stratagems.

In fact, the metamorphosis of girls at adolescence is even more visible than in boys, in which it mainly manifests itself through their voices breaking. The curves of their hips and the roundness of their breasts impose themselves to the look, often abruptly, like an evil genie escaped from an oil lamp during the night, and they face it with no choice. They then feel hurled into a dangerous situation without being prepared for it. In the middle of the oedipal phase, they become desirable women, something that, as we saw, reactivates the primal trauma and the fantasy of primal incest.

Now, in girls, the incestuous boost towards their mothers expresses itself indirectly: through hatred or symbiotic complicity, or even through dreams in which they enter their parents' room and witness sexual intercourse. Dreams we also find in bulimic women, in which it is the mothers who barge into their rooms while they are in bed with their lovers or husbands. On the contrary, the oedipal boost expresses itself more directly through erotic dreams that put the father on the

stage. The sexual dreams implicating the mother are repressed, as are any matricidal dreams.

Mothers, also intimately troubled by the exuberance of the body and sexuality of their "little girls," are often quite pragmatic, limiting themselves to sympathetically listing the hygienic measures to adopt each month with no further commentary. Especially as the emergence of the period in their teenage daughters often corresponds to the first signs of their own menopause. Nonetheless, the death anxiety drives them into identifying, much to their marvel (in French *merveille*, which also sounds like "mother+watch" and from the Latin *mirus* which means "astonishing, peculiar"), just like Cassiopeia with Andromeda, making them enter an important oedipal rivalry. They oblige, for example, their daughter to wear tight clothes to flatten their breasts or throw away their heeled shoes, which they find too "vulgar." For daughters, a way to escape their mothers' hold will be to fatten up, neglect their appearance or wear clothes like "potato sacks" to keep at a distance.

To hide in a "shapeless sack" is the best way of escaping from intrusive and incestuous looks. Fathers, without realizing it, have a sexualized look for their growing daughters, especially as the latter often look like their wives or their mothers when they were younger. Now, we know that it is not possible to control and measure the expression of the look. It is then all about intensity: a too erotic look of the father, without his being aware of it, due to an incestuous and symbiotic bond with his own mother, can cause damage, even if any sexual attraction is denied.

Many fathers dare not even look at their blossoming daughters and forbid them to use make up or wear low-cut necklines. Others, stuck to their mobile phones, look at them distractedly or, to exorcise their appeal, mock them on their new look. Others still manifest violence, finding their curves unbearable and may even insult them, as we saw in Myrtille's case. These fathers, and even paradoxically those who do not

look at them, want to deny their adolescent daughters any possibility of becoming desiring women, proud of their bodies.

This is one of the causes of bulimia and anorexia. It also explains the sudden appearance of one of the two at adolescence, when the body, and especially the face, undergo such remarkable changes. This transformation is an authentic trauma for certain girls, those who already found it difficult to recognize themselves, because as they authentically lose their image of before, they feel they are becoming someone else. Anxiety, which they share with their mothers – the fathers rarely come and meet the psychoanalyst –, who always talk about their anorexic daughters in the past tense, as if their children had suddenly disappeared, to make room for a stranger: “You know, I don’t recognize her anymore, my daughter used to be so cute and loving...”

Recognition of the face in the mirror

The hours, or even the days, spent in front of the mirror examining their reflection of adolescence, is not only due to vanity or exacerbated narcissism, but rather expresses an extremely intense death anxiety. The slightest bump in their skin, an inopportune hair or a minuscule black spot betraying their internal bubbling of sexual origins, sometimes arouses such a disgust, reinforced by a booming oedipal desire, that they feel a terrible shame at the mere idea of having a sexual body. In fact, this metamorphosis often terrifies them so much that they no longer look at themselves in the mirror and remain, as we saw, “faceless.”

In order to better approach the question of self-recognition and of their face in the mirror, I questioned some of my most transparent patients: bulimics and anorexics, while seeing their mother’s or grandmother’s or sister’s image in the mirror, feel a “disturbing strangeness,” as if someone were hiding behind the mirror. The anorexics who have forgotten their images often see “nothing at all” – a kind of mist – or rather, a shapeless face.

Most bulimics, on the contrary, had difficulties in answering the question, as they do not look at themselves in the mirror because they hate themselves so much. Or they examine every millimetre of their reflection, looking for the tiniest wrinkle, which a bit like Cyrano’s nose, takes on such proportions that it would need urgent aesthetic surgery: everything must be smooth and even, like in a picture. We foresee the presence of the very demanding primal superego that imposes it upon them to reach the ideal image of the ego that exists only in their thoughts, dreams, waking dreams or in the pictures of their grand-parents and parents.

Besides, those who really undergo surgery of the face, due to a congenital malformation, do not see their scars. However, during therapy, some patients have brutally lost their face or voice after an affective choc. One example is the woman who, at her mother’s death, was no longer able to recognize her own face and right arm, which no longer “belonged” to her, as often happens with bulimics. Another patient, an opera singer, lost her voice and sense of smell when her husband died.

I noticed, therefore, that the loss of the face does not occur in an isolated situation, but rather as a consequence of an important hormonal transformation, often at the beginning of pregnancy or after delivery.

For example, a young good-looking patient with a balanced anorexia suddenly lost her face after a hormonal injection due to ART (Assisted Reproductive Technology) intervention. She experienced an anxiety of collapsing and a feeling of “disturbing strangeness,” made worse by the fact that she was a professional “nose” and suffered for six months from a complete anosmia, without detected somatic causes, when she became willing to give a son to her husband after their wedding. A considerable loss in her sense of smell persisted, along with a confusion between two tastes/smells: Coca-Cola/soap²¹⁵. When she came to see me, she had all the troubles mentioned so far: she used to always look in the mirror to find reassurance, but now she could only see “the” mother’s face and no longer her own. In

fact, she no longer recognized her parents as “familiar” beings, nor her own smell, and her skin texture and left arm no longer belonged to her. She was in a state of depersonalization close to a psychotic collapse. Just like the most transparent patients, she stayed fixed on a mirror primordial mimetic identification (it was her left arm she no longer recognized and not the right one like in bulimics. On the other hand, she “really” felt old and flabby, with the age and body of her mother, even more so because the injection was to cause, according to the doctor, “an artificial menopause.”

But over time, asking my patients this question, I have been able to observe that neurotic male patients also had the impression of seeing their mother’s face in the mirror and that their father’s face, which appears later in therapy, precedes their capacity to finally recognize themselves. This finding supported my clinical intuition: the first face that all children, boys or girls, recognize and to which they totally identify since birth is the mother’s face, and only later the father’s²¹⁶.

Therefore, thanks to bulimic and anorexic women, I have been able to observe that problems of perception and recognition of the face exist in neurotic patients of both sexes and that there is an evolution during therapy. Also, the difficulty to perceive oneself and recognize one’s face in the mirror reveals a fixation to images of the body dating back to foetal life and to the beginning of life.

*Using pictures*²¹⁷

To approach this difficulty in recognizing the face, I suggested to my most transparent bulimic and anorexic patients to bring to the session, as sometimes in child therapy, pictures from their birth. Some didn’t find any. The more brothers and sisters, the less pictures over time, as if after the first baby, the others weren’t supposed to leave any traces. Sometimes, the only picture displayed in the lounge is the one of a child who died at a young age. In any case, whether they are the eldest of many

brothers and sisters, only child or not, they often say that they don’t recognize themselves in their childhood or adolescence pictures, and sometimes even in recent ID pictures. Over time, I have been able to notice how a work of recognition on the pictures, undertaken with the look and words of the analyst, led some to finding a resemblance with the face of both parents, never thought of or seen before, which enabled them to become familiar with their own image. The following brief clinical fragment shows how the first look of the father at birth can keep a daughter without a name, sex or face.

CHRISTINE, THE UGLY DUCKLING

Christine, the second of three daughters, discovered she had been anorexic as a child. As far as she can remember, she had felt ugly and spotty due to a “huge spot” on her right cheek that, according to her father, she had had since birth. Ugly duckling, she didn’t recognize herself in the mirror, nor in the pictures and “didn’t look like anybody,” while her sister, one year older, was splendid, being “the spitting image of her mother.” She had a very pretty daughter herself, who “fortunately” looked like both of them. The only thing that enabled her to recognize herself in the pictures was the “shit green” pullover that her mother insisted on (in French *s’évertuait*, which contains the words “vert,” “green” and “tuait,” “killed”) knitting for her since the day she was born. According to family legend, her name was selected at random as the parents couldn’t find a girl’s name for her.

I have her notice that she is wearing a “shit green” pullover. Blushing, Christine realizes that when one of the pullovers knitted by her mother starts becoming worn out, she feels compelled to buy another pullover of the same colour, even if she hates it.

I share my interpretation with her: if she changed clothes or the colour of her clothes, she would risk not recognizing herself or not being recognized as her mother’s child. Christine

confirms the idea by saying that when she visits her parents, if she wears her mother's apron while cooking, she "is" her mother.

Later, while looking at the first pictures of her and her sister taken by her father at the clinic during our session, we experienced a feeling of "disturbing strangeness." It was as if the same baby had been photographed with a few seconds of difference on both pictures and there was no "huge spot" on any of them. The sequence was perfect and both pictures were almost identical, except for one difference I couldn't help noticing: the colour of her mother's undershirt, which could be seen behind a "huge" button (in French a "spot" is called a "button") on her nightgown, was pink and not green like the one she had been wearing when her sister was born.

So, the colour of the mother's undershirt was an emerald green full of hope²¹⁸ when her first daughter was born and a "shit" green when the second daughter was expelled leaving no trace. We can see how the disappeared child remains stuck to the mother's body like a conjoined twin, making any separation "unthinkable."

I share my interpretation with Christine: her mother, who was expecting a boy and hadn't been able to think up a girl's name, unconsciously made her wear "shit" green as a way of denying her birth and sex.

We can see that when the child's name is repudiated by the parents, as it cannot hear or recognize the colour of the words, it can only wrap itself up in the colour-words knitted by its mother in skin-tight knitwear that sticks so tightly to the skin that it cannot be torn off.

The pictures of the father also revealed the look of someone who doesn't see the newly born child. The huge pearly button revealing the pink undershirt was what he focused on. He took a picture of his wife's breast. She was once more a mother. This was now his way of expressing disappointment for having a girl again. Therefore, the astonishing vision of the sex of "his" child, an absolute smooth slit with no asperities sealing

the most radical absence of penis, must have reactivated the primal anxiety of castration (umbilical penis) felt at birth, and the one felt later when, as a little boy, he had seen a young girl's sex. So, by turning his look away from his wife's "huge" breast and by hanging it to the "huge button" – an infantile way of designating the clitoris (the vagina being designated as "a button with a hole"), he could deny both the primal castration of his wife and that of the newly born child.

The signifier "big button/spot" nonetheless supported Christine's feeling of existence, while denying her sexual identity during her whole life as a woman. Since adolescence, she had suffered from acne and was convinced she was "disgusting," as all "faceless" patients feel, in order to protect herself from the desire and the erotic look of the parents still fixed at the primal incest. Bringing these pictures, she insisted on showing me, smilingly, the "huge" spot that had appeared like a purple rose on her cheek during the night, as suddenly as a red traffic light. In this way she was showing me the fear that I may not have recognized her. But our looking at the pictures together, with my gaze and words supporting her, enabled her to start seeing herself.

Christine helps us see how the "nameless" and "faceless" girl can develop a survival strategy based on the denial of the body, of sex and of kinship through a familial novel structured like Andersen's tale of *The Ugly Duckling*.

Since childhood, when the subject doesn't feel loved or recognized enough by the parents, the idea of being a child from a different bed or an adopted child arises. And, generally, at each transformation when they become "strangers" to their parents, they may enhance this suffering by identifying to the protagonists and metaphors of a fairy tale, as we have just seen.

Modelling

MODELLING OF THE MOTHER-CHILD COUPLE

I asked some of my bulimic patients to represent themselves in their mother's arms by modelling²¹⁹. The protocol was very precise: I told them that it was not an artistic work, but a punctual work to help them better recognize their faces and body images. They had to represent themselves as newborn babies in their mothers' arms and could take inspiration from pictures of the event, if they had any. They had to trace the direction of their mothers' look and their own with what they had; a pencil, for example. They had to draw the mother standing with the baby in her arms and sketch movements that would help the baby be carried. They then had to represent themselves as adults with their old mothers in their arms. The third model was of the patient at her actual age with her mother walking by her side. Sometimes I also requested a model of the father.

Those who accepted experienced again those unpleasant and painful sensations felt when in contact with their mothers during childhood, just like Myrtille when she drew her first sketch (see p. 183). Most of the time, the model had no volume, the mother's and the child's bodies were two-dimensional. There was the image of "the" mother, still "fat," with a loose skirt up to her feet, the baby hanging to a breast or clutching to the hips, the face plunged into the belly. During the modelling, the child fell more than once.

I realized that on the one hand there was no coordination between the movements of the mother and those of the child, carried like "a sack of potatoes," and on the other that the face and body of the child represented as an adult in the second model were often those of the mother (or father) represented in the first model. This recurrence confirmed the clinical elements listed so far: Their faces and bodies had disappeared and they

could recognize themselves only in those of their mothers or fathers. However, the faces of the babies were merely sketched and never looked at; the mother looked in front of her and the baby behind her. In the most transparent patients, the babies were carried on the back²²⁰ and remained invisible and "forgotten" by the mother, like in Myrtille's fantasy.

When my patients brought me their models, I asked them to express what they had felt when creating them. In general, their whole attention aimed at the mother and the child was only rapidly modelled at the end, being "of no interest." If I pushed them into saying something, it was "shapeless, viscous, sticky, slimy." For the most transparent patients the child was fossilized, rigid; we might have thought that it was wrapped in bandages like a mummy, looking like a baby of former times with a far too tight cloth diaper. And often, those who had been born after a deceased child or who had "assisted" to their mothers' miscarriages, added that it let off a disgusting smell of putrefaction or of a "dead rat" (see Myrtille p. 184).

All these models, and especially the sensations experienced in creating them, express the fantasies we have seen so far: being the grandmother still pregnant with a forgotten or long dead child and in her arms the newborn-baby-mother, newly born once more and still "sticky" with amniotic and placental secretions. In other words, patients perceive their faces as newborn babies as the faces of their mothers. This feeling is shared by the grand-parents, who frequently call their grand-daughters by their mother's name. To give a grand-daughter the same name as her grandmother, as in Soledad's case (see p. 139-140), reinforces this collage.

We see looming the image of Yvan's and Christelle's inverted tree indicating the inversion of time in the genealogical tree and the return of the same body image over three generations: the grand-parents recognize themselves in the face and smell of the newborn baby and the parents and the newborn baby recognize themselves in the faces of the grand-parents.

This sheds light on the remarks of women who have lost their fathers and feel they recognize the smell of their grand-fathers in their lovers. In a way, at birth there is neither the “mother” nor the “baby;” both images disappear and the only image present is that of the grandmother with her baby. This discovery gave me a further clue to understand the enigma of the “theft” and disappearance of the body image and face of bulimics and anorexics. And we better understand the difficulties of patients who have lost their mothers at birth or at a very young age in recognizing their children at birth.

In fact, I have been able to measure the importance of the third generation in making the subject integrate its movements into space and time and into the symbolical order of procreation. For some, the model was very profitable and had impressive effects on their ability to recognize themselves.

The model created by a young anorexic girl, followed by a child psychanalyst²²¹, sheds more light on the significance of this mediation.

ANNA AND THE LITTLE GINGERBREAD GIRL

Anna is nine and she is the eldest of three sisters. She takes care of her siblings like a mother. According to her mother, the only traumatic aspect in her family history is that for a several generations every time a grand-daughter gave birth for the first time the grandmother died. Anna is a happy and very sociable child; she starts “her” anorexia after a fight with her two best friends, and from then she starts cutting herself off and her behaviour changes.

Arriving at the second session, she tells her mother standing next to her, pushing her away, “I hate you!” and during the session she models a little “gingerbread” girl. The modelling clay is placed on a sheet of paper to compensate for the absence of weight and volume and is all colours. She models herself in red, completely naked; she has the body of a plump baby (she draws her body with a circle, like a three or four-year-

old would), decorated with “white buttons”—the three ageless girls. Her left arm is invisible, stuck to the body, and her right arm is raised, very toned. Her femininity is marked by two beautiful plaits with yellow ribbons and yellow shoes, tied with green ribbons. The two plaits, the green ribbons and the yellow ribbons, different, tying her hair/thoughts and the yellow shoes, indicate that her thoughts and the coloured signifiers have been plaited into three registers (symbolic, imaginary and real). Her face, also a circle, with eyes wide open and a very smiling mouth, is quite rigid, like a clown’s mask.



Anna’s first model.

She has no nose, no ears; she is deaf and suffers from anosmia, but her mouth and her gingerbread flesh, just like the witch’s house in *Hansel and Gretel*, are still marked by the taste of the primordial other, which makes it possible to recognize oneself. She is what she shows in the maternal signifiers²²². Anna models herself as the exact opposite of her real appearance, which is pale, sad and extremely slim. During the modelling, she shivers with rage and throws furious looks at her mother, who imposes herself by braiding before her one of the little gingerbread girl’s plaits. A way of expressing her anxiety at the arrival of the “plait-

cutter,” as Freud writes, who would have her endure a primal oral and umbilical castration, thus inscribing the definitive loss of the child of primal incest.

At the end of this modelling, Anna says: “I would like to be as pretty as her, but without being eaten by a starving creature, like an ogre or a wolf!” Anna models herself in red, expressing her *jouissance* of being alive, and can clearly formulate to the psychoanalyst her anxiety of showing herself so “plump,” for fear of being devoured and forgotten by her mother, an anxiety we find during therapy in all anorexic and bulimic women. At the same time, Anna recognizes that it is not her but the baby of the ideal ego, “beautiful and good,” to bite; the clown-child who must comfort the mother in her melancholic pain related to a mourning that no one has been able to elaborate for several generations.

During another session, the psychoanalyst suggests to model the baby in her mother’s arms. She models her mother as a little girl with long hair held back with a headband, with a little baby on her left arm and with no right forearm. The analyst tells her that she strangely looks like the mother of the model; for example, she is the one who usually wears a headband over her hair.

We can observe that this clay model is more realistic; the mother and baby’s skin are the colour of flesh and the mother’s clothes and shoes are Prussian blue with light blue flowers, while the baby’s cloth is Prussian blue; smooth, rigid and with no radiance.

We find with Anna the plain blue, like the scarf that wrapped Myrtille (the blue of the umbilical cord, of the child’s face who suffers and suffocates and the blue of the uterine walls), which indicates the endogenous and extracorporeal time and space of the mother before birth, when she walks (blue shoes) on the earth and feels love in seeing the “blue flowers,” the colour of the sky. The different shades of blue²²³ and the shape of the drawings on the dress (remember the blue lilies printed on the walls of Myrtille’s room when she was a teen) represent love,

the phallic function and time in the paternal space; the time symbolically structured “in the cold and sidereal void” of the signifier of the Name of the Father.

In fact, just like the first clay model, the body is two-dimensional, with no weight or volume, like the body of all anorexics. The modelling is still “stuck” on the sheet of paper, both bodies are “stuck,” the baby’s is practically the prolongation of the left sleeve of the dress worn by the mother, who has no right hand. We find again the face of the mother and the primordial mimetic image of the child as a prolongation of the left arm of the mother. The mum has a wide open mouth and the baby a firmly shut one; it is keeping a secret.



Anna’s second model

As Freud stresses, the secret nature of the double and of the “uncanny” (*Unheimlich*) is that it is actually nothing new or foreign but, on the contrary, something very familiar

(*Heimlich*) that has become foreign only because of the process of repression²²⁴.

Both characters have large eyes, but neither has a nose or ears. They are both deaf and anosmic and are stuck together like Siamese twins. Anna also draws two speech bubbles. The mum says: “It hurts somewhere” and “the baby thinks about a lot of things.” The mother feels the pain, she speaks, and the baby thinks and associates in silence, like before being born.

Nijinsky, who defined himself “God’s clown,” wrote: “I feel and my wife thinks”. The star ballet dancer’s symbiotic bond with his wife is much more intense than the Anna’s with her mother, as between them there is no cut, no exchange, no symbolic mediation: he feels everything she is thinking. Anna, on the other hand, identifies with her mother and keeps trying to soothe (the French “panser,” literally “to bandage,” “to dress,” is a homophone of “penser,” “to think”) her pain of loss with signifiers of all colours, as she still identifies her to the “extinguished star” and to the “ephemeral twin” disappeared before delivery for several generations, and keeps a very symbiotic bond with her, the eldest of her three daughters.

The introduction of the third stage, as we can see, is always necessary to move from passion to love, that is to say, from a symbiotic relationship, hence from a passionate relationship, to the object of primal attachment, to a love relationship with an object that has disappeared leaving no trace. Lacan actually says that love means being able to give what we have not. When the disappearance, the loss and the empty gap in time cannot be represented, the subject will act out the disappearance. In fact, Anna had to be hospitalized by the psychoanalyst, due to her extreme thinness, in order to be able to be reborn with the radiance of a “flickering star” from the black hole of the parental memory.

Another analogy with astronomy will shed light on this process: the star Cassiopeia A, the queen of eternal stars according to the Greek myth, is invisible to the eye, but is the strongest radio source in the sky after the Sun. It is the

remnant of a supernova that exploded in the Milky Way during the second half of the XVII century. This supernova star was in turn the remnant of an “extinguished” “broken-hearted” star that was no longer producing energy and had disappeared leaving no trace.

MODELLING OF THEIR BODIES

To better visualize their shapes, I also suggested to some bulimic patients to model themselves using either plasticine or clay. Most rejected my suggestion, including Myrtille. Suddenly materializing their sexual body and making it visible seemed to them quite distressing, or even dangerous. Those who did accept found it easy to reproduce their chest and breasts. However, the rest of the body remained a shapeless bulk and they all gave me similar comment: “The chest belongs to me, but it’s not me beneath the waistline!”

I pointed out, even to the slenderest, that the lower part of their bodies looked like a great big flower pot turned upside down. I therefore suggested to take that shapeless bulk and try to model their feminine curves. They refused, extremely anxious about the idea and describing how they felt like water and sand taking on the form of a mould. If the mould were removed, they would disintegrate and disappear. They then modelled themselves with a long loose skirt up to their feet, hiding their “fat” bellies and hips, saying again and again: “the belly and the fat do not belong to me, they are my mother’s!”

We can again observe an analogy between these sensations and what occurs in weightlessness, where objects have a mass but no weight, whilst liquids take shape and the inferior part of the body is not perceived. This clean cut between the head and the rest of the body, as seen in Myrtille’s second drawing (p. 184), tends to show that they cannot be at the same time someone who thinks, someone who touches, someone who sees and someone who speaks²²⁵. As we saw, in describing their

bulimic excesses some explicitly say: “The hand force-feeding me with sweets is not mine, it is my mother’s.”

Over time, however, I have been able to hear that the unease, the laughter and blushing that accompany their refusal to model themselves naked, or their heartfelt appeal when they say “I can’t, it’s totally obscene!”, betrayed both their pleasure of having been unveiled and the enormity of the sexual fantasy they wanted to hide at all costs. In fact, I found that their refusal was dictated by the unconscious fantasy of hiding under their skirts or in their rolls of fat (love handles, flabby thighs, fat cow belly, elephant butt) their hermaphrodite woman’s body with monstrous hidden genitalia. We are reminded of Myrtille’s fantasies of having forgotten twins in her uterus, a child inside her back, one in her thigh and one stuck in her vagina.

In fact, the pregnant woman gains around the hips an adipose reserve of about 3.3 kilos (7.3 lb) for the survival of the child, which is equivalent to the weight of a newborn baby hanging on the love handles, the “life belt²²⁶” of bulimics. The weight of the uterus and breasts before delivery, approximately 1.6 kilos (3.5 lb) is equivalent to the weight of the placenta and the amniotic liquid together, and the loss of placental blood is enormous, about 4 litres (8.5 pints). We see again the appropriateness of the Dogon myth, according to which the subject has two anatomic sexes and two twins of opposite sexes before being born. Before birth, one of the two “big bags” (the placental bag) empties itself and disappears for ever, like that of an ephemeral twin, whereas the other (the uterus) cancels itself out, empties itself and disappears from sight only after delivery, while continuing to fill and empty, through syphoning, depending on the suction strength, the mouth and the belly of the child and the two bags-breasts-penis-testicles²²⁷ of the mother, with milk, blood and amniotic liquid, equivalent of the mother’s and father’s germinal liquids, like before birth.

We see how women, by measuring the intensity of sexual intercourse, are always in touch with the signifier of the Name of the Father and with phallic *jouissance*. In fact, feminine

jouissance, which Lacan designates as “Other *jouissance*²²⁸” is organized by a metronome (from the Greek *metronomes*: “the one who introduces the law by controlling weights and measures”) in relation to the different stages of pregnancy and the primal fantasies that structure it. The apparatus of mastery measures and operates the psychic connections between, on the one hand, the muscular work carried out by the contractions of the uterus in a space both without borders and finite and, on the other, the *jouissance* and pain experienced in holding with the hand the incorporated object during sexual intercourse. In other words, the uterus is a “crumpled” space just like the universe. It “inflates and deflates like a rugby ball” to the rhythm of the amplified respiration of the end of pregnancy, both with a hole and without one, open or closed, empty or full, but also like a hand that grasps, more or less, the incorporated object with a self-erotic and extremely intense activity, literally moulded on male masturbation.

In fact, the uterus, the invisible internal organ, becomes visible and “palpable” from the exterior like a glove turned inside out, while being continually fondled by the waves of *jouissance* aroused by the movements of the child, who is in turn voluptuously embraced by the uterine contractions and the waves caused by the mother’s *jouissance*.

At the end of pregnancy, this excess of *jouissance* will engrave the trace of an indelible self-erotic *jouissance*, while causing anxiety and fear at the idea of delivery. In fact, before delivery, the mother denies the real presence of the child, as thinking its otherness reactivates unbearable incestuous representations. All the more that the child’s body belongs to her as an “ephemeral” vital organ –like the placenta– or a stuck primal double –like an ephemeral twin.

The only indelible traces that are unconsciously engraved are the *jouissance* experienced before the critical phases and before delivery as well as the pain, the death anxiety and the fear related to the different moments of the loss and disappearance of the incorporated object.

All these clinical elements comfort my idea that bulimics, even when childless, keep in their memories the transformations of the images of the body and of the genital apparatus that occur during the last term of gestation, on the mother's and foetus's side, while bulimics and anorexics keep in their memories mainly those of the foetus before the sixth month, as if they were very premature babies.

In this way, we discover that anorexics experience themselves as premature babies, dead or forgotten in a state of primal agony, and bulimics as agonizing babies, as yet unborn or who have died before delivery.

We can then suggest that the anorexic failure to recognize their faces and the disgust felt for the sexual body are related to the fantasy of being unfinished, neither girl nor boy, undifferentiated from the body image and from the phallus of the mother, while bulimics have the fantasy of being and having the paternal phallus as they have the unconscious image of the hyper-phallic genital apparatus of the primordial Mother that they must hide at any cost. This is in contrast to Freud's idea that "weaving or plaiting," the only invention of women in history, came about because of the desire to plait pubic hairs to hide their castration²²⁹. All these women show their fixation to the unconscious hermaphrodite image of the primordial Mother, usually repressed and kept secret.

The ability of hysterics coming out of hypnosis at the hospital Salpêtrière at the beginning of the past century²³⁰ to feel and see the inside space and the extracorporeal space from an eye located inside the body has been widely described, but never taken seriously. Now, let us return to the eye that looks and listens to the sail and winds and the eye that guides the boat at the centre of the helm in Floriana's first drawing (p. 112). These eyes that listen and watch are often present in children's and female artists' drawings. It is as if these women had preserved the acuity of attention and intensity of perception regarding the inside of their bodies typical of women at the beginning of pregnancy, a moment when all archaic perceptions, visual

and, in particular, olfactory, are sharp, even more so if they feel threatened with disappearance (primal maternal trauma).

Now, we also perceive in them the fetish *jouissance* and the exhibitionist *jouissance*, typical of women at the end of pregnancy, related to the unconscious fantasy of revealing the feminine Phallus, which has the power of procreating and killing in permanence. A fantasy of feminine *jouissance* that we find in all the representations of the most archaic primal myths, as well as in infantile sexual theory.

In fact, with their animal metaphors and their feeling of phallic omnipotence, these women reveal primal fantasies present since the Palaeolithic era. We can consider that the apparition and disappearance of the first zoomorphic representations, according to the light and shade technique, on the rocky surfaces of caves were "magical presentifications"²³¹ of unconscious images of the body, representations of the acted-thought of the primordial Mother. The cave was already considered at the time, as well as in ancient Greece²³², as a dark magical sacred place where hides the Phallus that regenerates at night all the disappeared animals and makes them return to the sunlight (a little like Myrtille's ritual in her blue room, p. 180). And religious rituals took place to preserve this eternal return to Earth. They therefore expressed a more archaic primal fantasy of self-preservation, on a phylogenetic level²³³, than the one observed in this publication, forged around the unconscious and indestructible desire that leads to self-destruction and to disappearance in order to become immortal. With their models, all those women revealed the fantasy that their nudity would unveil a gra(s)-vid body (fat and gravid), both hyper-phallic and hermaphroditical, both transparent and sexless. They thus show their fixation on the belief observed by Melanie Klein in very young children who think they have a monstrous Mother who has swallowed the father's "huge" penis and the belief observed by Freud in children up to the age of three who see their mothers with a penis just like their fathers.

Having observed the above, I wondered what the cause of the denial of sexual difference in young children, both boys and girls, could be. The answer came to me thanks to a phobic patient whose modelling was very significant.

Émile and the fear of the whiting (the hairdresser)

It was Émile²³⁴ who made me clearly understand that the denial of sexual identity is associated to a deficit in perception. He came to see me when he was seventeen, driven by his mother because he was living secluded in his room, obstinately refusing to change his trousers and cut his hair. He spent his time slumped on an old damaged armchair watching TV or lying on his bed reading and eating. Living with the shutters closed and with food scattered round his room, he was no longer able to distinguish between day and night. He would only go out for his sessions, woken up by his mother; he would come to me with tousled hair and as pale as a survivor. After several years, he was able to admit that he didn't change his clothes to hide the fact that he wore two more pairs of jeans underneath, even to sleep.

I then understood that this attitude was not dictated by the desire to rebel or mask the thinness of his legs, but by the anxiety of not being able to feel the lower part of his body, in other words, of having lost his penis. Thanks to his two pairs of skin-tight jeans, he could feel the fabric of the third pair rubbing against him. Wrapped in a double skin, he had the permanent feeling of being there, being present without dissolving, while perceiving the limits of his body in terms of volume and the presence of his penis.

We also find this attitude in bulimics and anorexics, who tend to wear skin-tight jeans to create a double skin, replacing the fat “padded jacket” or the “life belt” of the “gravid” bulimics (in French *gras-vides*, which sounds like both “gravid” and “fat-empty”).

This could confirm the idea that Émile, like all transparent patients, identifies with the primordial Mother and Father and with the primal double who, like a conjoined twin, is threatening him with imminent death and disappearance.

Especially as during therapy Émile learns that his maternal grandmother died in giving birth. It would then be this primordial identification to the primal double (conjoined twin) that maintains this “primitive need” of permanently eating and rubbing against jeans to create a consistent “double skin” and avoid disappearing.



Émile's modelling

Émile's modelling was very enlightening: a two-dimensional chest resting on a pair of legs made of wire. He is standing on his toes leaning on a wall. The lower part of the body is inexistent: no belly, no buttocks and no sex. He describes the transparency and the lightness of anorexic patients.

This modelling was only possible after years of analysis. My gaze and my words allowed him to build the wall against

which to lean and stand. Abused by his aunt as a child, it took him some time to rebuild his life. The face, which is flat, dark, expressionless, looks like a mask screwed by a small key – “like those used to open sardine tins” – he says.

In the words of bulimic patients we often find this painful impression of not being human, of being merely a “consumer good,” of wearing a thick glowing mask. A mask that cuts them off from their emotions and sends back, like a mirror-child, an image to the person looking at them. Behind this “lid-face,” Émile conceals a huge and very lively brain. Like transparent patients, he has no head and must not let his lively thoughts become visible, even to the analyst.

His fear of having his hair cut expresses on the one hand the primordial anxiety that the hairdresser, the “whiting,”²³⁵ could devour his memory stealing all his strength like Samson and, on the other, the anxiety of castration that makes him fear that it will never grow back.

Like bulimics and anorexics, Émile remained confined to the state of a premature child forgotten somewhere, neither girl nor boy, odourless and faceless. The only way he could feel he existed and so be noticed by his mother, was not changing his trousers, preciously preserving their heat and his smell tight to his skin, like an inseparable cuddly toy. We see again the importance of smell, strongly sexual, for bodiless subjects.

Émile made me better understand the relation between the denial of the anatomical sex and the non-perception of the body in itself. Now we know²³⁶ that vision alone is not enough to acknowledge that the hand we see at the end of our arm belongs to us. However, vision is necessary to integrate into time and reality the hand that we perceive and associate it to the one we think we see before us. In other words, in order to move from the body image that we can touch only with the hands-mouth, the “internal” proprioceptive vision, to the “external” vision through the image that we can touch with the eyes only, we must cross an empty space in which we may fall and disappear.

Dolto²³⁷ had already noticed that thirty-month-old children are unable to perceive their fingers if they wear a glove. They even have the impression of having lost them, and the same is true of their bodies when they are lying under a duvet, a phenomenon similar to the experience of astronauts in weightlessness (spatial negligence). This helps us better understand the sensation expressed by bulimics and anorexics of being bodiless, handless, legless and sexless. We can then say that until more or less the age of three, children still belong to the image of the endogenous body of the parents and still need their words, their hands and their gaze over them to be able to perceive without looking at themselves and to acquire the feeling of having a living body that belongs to them²³⁸, even if it is not yet differentiated.

As Freud writes, the eye substitutes the virile member; therefore, the anxiety of losing the eye that looks, which we find in myths, dreams, and also in the fantasies of neurotics, is a castration anxiety²³⁹. We can see how death anxiety and the anxiety of primitive castration, related to the disappearance of the umbilical penis of the unconscious body image and of the primal double, exist both in girls and boys.

It is thanks to a patient’s watercolour that I was able to better approach this unconscious image of the hermaphrodite body related to procreation and to the eternal return of the primal double²⁴⁰.

Katia and the placental transference

Katia came to see me for an anxiety she has been feeling since her daughter turned six months old. She is the eldest of four daughters. Her father had been married a few years before her birth and had had a daughter who died of an infectious disease at the age of five or six months. But Katia was the first daughter of her mother, who had been abandoned as a child and had spent much of her childhood in care, experiencing several subsequent abandonments. Katia too experienced a painful separation from her paternal great-grandmother when

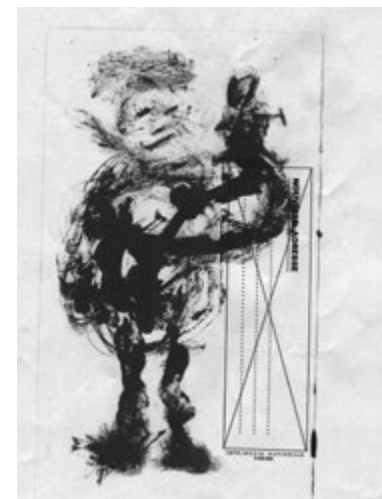
her parents went to live outside Paris. She was about a year and a half and her younger sister, with whom she had a twin-like bond, was five or six months old. This unexpected separation, as nobody ever told her anything, had been the source of the trauma she had then lengthily worked on throughout her former therapy. Katia had always had the feeling of being the forerunner of the family, “the” mother of her parents and sisters.

In her too, we find the fantasy of the inverted tree drawn by Christelle, where the child is buried alive in the eternal ice before birth and remains out of time, faceless and nameless, while being symbolically anchored to the unconscious image of the primordial other. It becomes the living root that takes in to the last drop the sap of the agonizing child and of the mother who died before birth. This fantasy is even more intense if the parents have really experienced traumas related to abandonment or to the mother’s or child’s death, sometimes for several generations, because, as we have seen, they reinforce the intensity of primal maternal fantasies.

With Katia, we find again the reactivation of the primordial anxiety of the primal trauma when her little daughter, Florence, turns six months old. This emergence of anxiety is even more intense as her own mother is now old and has been bedridden for years.

After a few sessions, Katia tells me the first dream of our therapy together: she is calmly sitting in a car next to me, her analyst. I am driving and mine is the face of Florence. Thanks to the magic of transference, she is both her little daughter and the daughter of her little daughter. The circle is complete: by inverting the direction of time, her daughter, her mother and herself, having the same face, become immortal.

A few months later, she feels “compelled” to buy paintbrushes and watercolours to paint “her birth.” By coincidence, sign of a placental transference, on my birthday.



Katia's painting

We see again, how red is the primary colour related to birth, blood and feminine *jouissance*. Katia looks at her painting with pleasure and recognizes herself in the smiling face of “the” mother, who looks like her paternal great-grandmother, the one who had so tenderly taken care of her during the first years of her life, and like her father.

We find with Katia the evolution of the recognition of one’s face during therapy, as we saw in the drawings and modelling: first “the” mother has the face of “the” grandmother with “her” baby, then the face of the father.

A red umbilical cord, that’s what she tells me it is, connects the mother’s heart to the newborn baby and relays all her emotions and an infinite love. That same cord, she adds, connects the child who has just been born to the “huge” penis situated in her lower-abdomen.

Katia clearly expresses the fantasies so far approached: being “the” primal Mother and Father and having a hermaphrodite body, while still having a “huge” penis inside the womb and a placental bond with the mother, as she shows in transference. The bond is particularly symbiotic, as the blood flow of the

umbilical cord comes directly from the mother's heart, which enables her to keep living according to the rhythm and intensity of her heartbeat and of her breath, in her time²⁴¹, her desire and all her emotions.

But when she paints the entire body in the same vivid red of the umbilical cord and the placenta connected to the child, she expresses the extreme *jouissance* felt at birth, when we switch to pulmonary respiration. A way to express her joy in feeling that she is alive as she is seen and recognized by the analyst, for her mother can no longer recognize her as she suffers from Alzheimer's disease. With this watercolour, Katia describes the primordial symbiotic bond through the archaic oral-cannibalistic fantasy of being an organ-child: she is the mother's heart²⁴² and her "ephemeral" symbiotic double, the placenta²⁴³.

Moreover, looking more carefully, she notices a second penis, only just sketched on the left of the watercolour. She thus sees the "plump" conjoined twin (see note 130, p. 268), forgotten in the womb as in the Dogon myth and the trace of the "ephemeral" disappeared twin sister on her right. She in fact comments her words by saying that the symbiotic bond with the father is an issue she could not delve into during her former therapy because her mother took up all the room. She also specifies that she has a symbiotic bond with her two younger sisters, who were born just one year after her, proof of this being that they even had a baby at the same time, as often happens with real twins²⁴⁴. She thus shows us again, as we have seen up to now, that the strength of the symbiotic bond is far more intense when the mother is faceless and bodiless.

All the clinical elements collected during therapy, through a devouring transference, or even a placental one, made apparent the traces of a very precise gestational memory, which women transmit along several generations. It is forged on archaic functional models of self-preservation that structure the primordial symbiotic bond between mother and foetus according to the placental exchange of two real conjoined

twins. In the twin-to-twin transfusion syndrome, one twin –but often the other– is condemned to disappearing during the critical phases. As always, the pathology opens the way to understanding so-called "normal" functioning.

We can therefore formulate a little differently the question of the primal trauma and of the disappearance of the primordial other, the primal double, and say that the mother really does integrate the child in her space, her time and her desire like a conjoined twin and that from the critical stage at the end of the sixth month she must necessarily feel the baby-blues (anaclitic depression) and represent her own disappearance, like that of an evanescent twin, in order to detach herself from the primordial mimetic identification to the child. The memory of this disappearance is structured in time like that of a ghost-penis, that is to say with the pain and the intensity of the cardiac²⁴⁵ and genital spasm felt at the very moment when the cut and wrenching occurred²⁴⁶.

Thus the apparatus of mastery of the mother structures the child's time according to her muscular motor function and the uterine contractions. In this way, she can locate the position of the object in space and measure the pain, the *jouissance* and the death anxiety experienced during the transformations felt in her body and in her genital apparatus during pregnancy and after delivery.

But sometimes mothers are so identified to the conjoined twin that they knit an undershirt so tight (see Christine p. 201) that the child cannot tear it off and keep "being" and "having" a body that belongs to it. And after delivery, the mothers and fathers who were unable to detach the primal double, and of course the child itself, will feel the fear and pain of that separation as a real mutilation at each transformation of the primordial symbiotic bond. It is difficult to detach from a non-apprehensible object that, after all, has not been sufficiently perceived.

This memory of the body structures itself at the symbolical level as a writing sung with coloured vowels²⁴⁷ that keeps

writing itself on the skin, in the body and in the foetus's vision through the shades of all the maternal signifiers. The mother's voice marks the five senses and engraves the images of all the colours in the proprioception, the interoception and in the vision of the foetus. Chains of signifiers with a rhythm marked by the heartbeats and the amplitude of her breath, like a balloon inflating and deflating without interruption, as an extended metaphor of all colours in the way of a holophrase²⁴⁸.

We can better grasp the reasons why the memory and transmission of the unconscious image of the primordial Mother belongs to the time before and to the time after, in the continuity of the time but in both directions. It is once more the return of the eternal double Freud describes: "[...] so that the one possesses knowledge, feeling and experience in common with the other, identifies himself with another person, so that his self becomes confounded, or the foreign self is substituted for his own – in other words, by doubling, dividing and interchanging the self. And finally there is the constant recurrence of similar situations, a same face, or character-trait, or twist of fortune, or a same crime, or even a same name recurring throughout several consecutive generations."²⁴⁹

Since birth, the child recognizes himself in the voice, the smell, the face of "the" mother and "the" grandmother. On the other hand, both parents and grand-parents unconsciously recognize themselves in the child. With my patients I was able to observe, through their dreams or acted metaphors at the third session, that that recognition is much more intense if the meeting takes place in the first three²⁵⁰ days of life, when the pregnancy of the signifiers of the first name, and so of the unconscious image of the body, is still as intense as before birth. This confirms the idea put forward in the case of Blanche (p. 50-51) that the critical passage from the colostrum to milk seals the first consequent loss of the maternal "*lalangue*"²⁵¹ after birth. A loss which is expressed in the mother with the postnatal baby-blues which occurs to support that passage²⁵² but that she can also refuse to see.

Therefore, the more the parents deny the loss of the object of primal attachment and the primal castration, the more the barriers raised by the primal superego against the indestructible boost of the survival drives will be insufficient to contain the outburst of toxic death anxiety²⁵³ and of annihilation when a transformation of the primal relation to the object occurs. Their refusal to see, listen or tell the loss, maintains the primordial symbiotic bond keeping unresolved the three stages of primal repression (two before birth and the third after birth) and, consequently, the inscription of the signifier of the Name of the Father and of the Law in their first names and in the symbolical order of procreation.

In *La Naissance de la Psychanalyse*²⁵⁴ we find several hypothesis developed in this book. In a letter to Fliess, Freud suggests that the menstrual cycle could be the physiological model for anxiety neurosis. In "The Project for a Scientific Psychology" (1895) he describes the primal constitution of perception in human beings and shows how the judgment of appropriation is necessary to the perception of the primal other, as it must continually discern what comes as a reproduction of things (*als Ding*) or as a recollection of one's own body. A process necessary to differentiating oneself from the primal other and to knowing oneself, in order to be able to recognize oneself later: The awakening of knowledge is due to the perception of others,²⁵⁵ Freud writes.

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Having reached the end of this publication, we ultimately "discover" that bulimics and anorexics suffer, like hysterics, from reminiscences that sometimes plunge them in a state of primordial agony. This return to early Freud was necessary to understand the importance of toxic anxiety, which is based on phylogenetic and ontogenetic processes of self-preservation

operating in the function of reproduction, and of the meaning of the anorexic and bulimic symptoms.

We can now better grasp how the fact of apprehending these processes as real and not only as imaginary reinforces the repetition compulsion, exercised by the functional organization with the aim of self-preservation. In human beings, who are born unfinished, paradoxically self-preservation, which should preserve life, initially works as self-destruction, as Freud notices, because the subject is unconsciously structured in anxiety, *jouissance* and in the time of the Other and hence it cannot tell whether the aggression is coming from the outside or the inside, as we saw in bulimics and anorexics.

In this way, they reveal that the process of judgment and recognition is constantly operating, as something necessary to self-preservation, especially during the traumatic passages of transformations or after the loss or fall of the primordial other²⁵⁶. Indeed, how is it possible to definitively detach oneself from the primal object of attachment to which we completely belong, which has not been perceived, thought, represented or recognized? In other words, when the object of the gaze remains stuck to the space of representation, without the void to separate them, there is no separation possible from the primal matrix without dying or killing the primordial other, as the metaphor of the inverted tree shows. It is only the perception and the representation of the disappearance of the object, and of the empty gap of time, that enables the subjective inscription of the temporality and of the significant succession of the “little deaths” and of the symbolical and imaginary castrations that accompany all the transformations and the losses endured in life.

Bulimic and anorexic patients, in order to compensate this flaw of representations, reactivate the archaic reflexes of self-preservation and sink into a state of primordial agony so as to ease the terror and consternation of the primal trauma, while announcing its imminence. It is indeed the toxic anxiety marking the danger of death and the anxiety of annihilation

that inscribes the subject in time. And, just like young children, they still need the touch, the look and words of another in order to be and to have a body. They thus show us the sometimes very painful road towards sublimation that all subjects must follow during their existence in order to keep feeling alive and remain human, without denying the violence of the indestructible unconscious desire for eternity that leads to recovering that primal symbiotic bond²⁵⁷ and a passionate rapport of mastery and addiction to the object.

Nonetheless, before concluding, it seems important to me to emphasize once more that it is indeed the intensity of the primordial mimetic identification and of the death anxiety and annihilation related to the symbolic flaw of the representation of the time of the object that increases the desire to keep the primordial symbiotic bond, and not the opposite.

As A Conclusion

Here we are, at the end of this journey inside the galaxy of bulimics and anorexics, broken-hearted stars who have guided us deep into the abysses of the unconscious. Plunged inside the sidereal void, they express with their symptom their inexhaustible hunger for love and knowledge, but above all the desire to recover their body image lost long before birth.

With repeated bulimic crises, they incessantly search for the pain caused by the traumatic loss of their image, reactivating the reflexes and archaic models of survival in order to recover the perception of their own body right before its disappearance.

They still feel the primordial agony of the premature newborn baby forgotten alone in a cradle or the sensations of agony of the child before being born. Hence, with the descriptions of their bulimic crises and vomiting, and with the modifications that take place during therapy, they reveal the critical non-representable passage they try to cross.

In this way, they have helped us understand how, since conception, human beings cannot survive or feel they exist without the gaze and unconscious representation of the primordial Other. Thanks to their gestures, dreams and poignant words, cited in the foreword and throughout this work, we have been able to approach the mnemonic traces of unconscious images – of the mother's body and of the individual's body – that had disappeared during foetal life.

In fact, through listening and through the devouring or placental transference of these analysands, we have been able to approach archaic images of the body based on an epigenetic memory of gestation (memory of the cell fusion and meiosis,

of the embryonic development, of the constitution of the placenta as well as of the constitution of models of perception with the “adhesive force” of the archaic gravity referentials through vomeronasal olfaction), which are usually repressed after delivery and birth.

We can then advance the idea that the traumas experienced with the mother before birth, which manifest themselves through the toxic death anxiety and through the anxiety of annihilation, are the most precocious causes of the lack of self-recognition and sexual identity in bulimics and anorexics; they are at the origin of the symbolical flaw of time representation, primary source of addictive behaviour towards food.

We have shown that their grievance of being born bodiless is justified: they have been the victims of a real and definitive loss of their body image during foetal life. This disappearance is unconsciously represented as a murder (the murder of the Thing) they have witnessed but that they have no memory of. Paradoxically, their compulsion to erase any clues provides evidence of this murder. They are compelled to continually return to it in order to feel they exist, because a cleavage of the ego and an unconscious denial are still present, which makes the murder and their own violence unthinkable. On the other hand, the reminiscences of images of the body before birth that remain are accompanied by a feeling of shame and guilt of having escaped, to no one’s knowledge, an ineluctable death.

We have been able to observe that the feeling of being a “revenant” or a “ghost,” of never having really been recognized or heard, of having taken someone else’s place and of not having a body that belongs to them, is based on a real experience they went through during foetal life and at birth. In fact, the disappearance and the theft of their image actually occurred, but all the protagonists – parents and grand-parents – having rejected the facts that occurred beyond their capacity of judgment, cannot acknowledge their implication.

These ghost-stars revealed that the child at birth is really a revenant, “recognizable” by the parents and grand-parents.

The image of the child as such having disappeared, the latter progressively rebuilds itself through interaction with the parents, or their substitutes, thanks to remembering and to unconscious representations exchanged in the touching of gazes, caresses and words.

It is only when the parents, the mother in particular, feel they exist “on their own,” without depending of their image mirrored by the child, that the latter can really detach itself. Now, too transparent parents are unable to detach from the primordial symbiotic bond. The child, to survive, adapts by rejecting its own image. But this rejection strongly contributes to increasing its deficit in spatio-temporal perception from the beginning of life.

Through their gestures and words, which adapt to that fantasy of “a body for two” as well as with their dreams, revealing their thoughts and through acted metaphors, these women help us approach the unutterable. They have shown us that the foreclosure of time and of the first name, as well as the cleavage of the ego, become extremely intense when the repetition of the primal trauma before birth has remained unthought and hence unexpected in grand-parents and in the previous generations.

Therefore, the intensity of the primal trauma experienced by the parents during foetal life is the most precocious unconscious cause of the cleavage of the ego of the nascent subject, which will suffer from different troubles of perception and self-recognition. The last resort for having a body and feeling they exist will be to remain fixed on an unconscious image dating back to the beginning of life, a prenatal image that totally “belonged” to that of the parents and grand-parents.

Bulimics and anorexics metaphorize with their gestures their lack of being, as they are compelled to endlessly act their presence and disappearance in order to feel they are alive, born into this world, and so to symbolically inscribe themselves into space, time and the ordeal of reality. They are still unable to cut the real bond with the object of primal attachment in order to

perceive themselves, as the newborn baby who regurgitates and ruminates milk is able to when left alone in the cradle. And it is with the symptom that they master the primordial agony of death and annihilation and the feeling of not having a body and a sexual identity that belongs to them.

We understood by their words that they were cut off from their emotions and that they could not inscribe themselves in the time of the story, in the symbolical order of generations nor in chronological time. Just like the newborn baby who, after the disappearance of the breast, the milk and the voice of the mother, is unable to hallucinate their presence and wait for their return; they are compelled to force-feed themselves and vomit to permanently recreate their body. In this way, they reactivate reminiscences of foetal life, when they continually produced, with their refuse, the amniotic liquid and meconium in order to survive and be full, because they still cannot represent the continuity of time after having been through –with an empty mouth, the silence and the cold– the entire time interval preceding birth.

With their gestures, they show us their fixation to a relation of toxic dependence to the object of primal attachment. I insist on this point: Like the newborn baby, they are unable to represent the separation while integrating the presence of the primordial other into time, or its absence while waiting for its return; they are unable to satisfy their desire and anticipate a possible future.

Their feeling of non-existence materializes with their frequent slips of the tongue, with the fantasy of not being born yet, because inscribing oneself in the discontinuity of time and in the ordeal of reality, in the Preconscious-Conscious system, necessarily implies disappearing and returning while remaining alive during the absence. In order to continue to be, they have to endlessly quit the maternal space while hiding in it to survive, despite the shame and the unconscious guilt of still hiding in the *Heimlich* places of the human body, the

*pudenda*²⁵⁸ in Freud's words, the only way they have to carry on perceiving themselves.

Anorexics and bulimics show us how alienated the human being is, since conception, and dependent on the desire, the gaze, the look and the ability to think of the Other. Therefore, the judgment of appropriation and the judgment of existence created by the mother during the transformation, the traumas, anxieties and the pains experienced during pregnancy are necessary acts of thinking for the nascent subject to continue recognizing itself and feel alive after birth and, later, during all the critical moments of change. In other words, the more the mother is conscious of the existence of the child she carries, the more she can represent it to herself and forget it at times, the more it will be conscious of having a body, of being in the world and it will progressively be able to repress (secondary repression) the primordial symbolic bond.

We have therefore been able to understand anorexia and bulimia as an attempt at self-healing. All these women try to soothe with food the pain related to the lack of thought-words from their mother during foetal life. Hence, their only way to feel alive is to keep fighting with the primordial other by reactivating the most archaic drives of self-preservation with the support of the primal maternal fantasies.²⁵⁹ These unconscious fantasies, created by women during the reproduction function in the course of evolution, are transmitted from the mother to the foetus through a sequence of dreams and nightmares that mark the different phases of pregnancy. This is what creates the scheme of the inverted tree, that is to say the model of perception that structures the succession of the primordial signifiers in space and time transmitted by "the" grandmother. Bulimics and anorexics have given us access to the most archaic phenomena in action for the construction of otherness in the mere act of thinking: a first inscription, in the archaeological meaning, of the traces of traumas and of the representation of lost images in individual history and in the history of the species.

Bulimia is then a symptom that supports by replacement the paternal metaphor during the difficult passages of existence – of transformation, mourning or separation – as they reactivate the symbolic flaw of the primal trauma. The need of the drug-food after a shock (car accident, sexual aggression, miscarriage, break-up or death of a kin) is to be heard as an act of protection and anaesthesia, with the aim of self-preservation, to attenuate the dread and the pain caused by the trauma experienced. We in fact find forms of bulimic behaviour in patients of all structures (psychosis, neurosis and perversion).

Understanding the impact of the primal trauma on the pain of living leads us to a new way of listening to the pain of absence claimed by analysands who, like tightrope walkers suspended in the sky, between the void the nothingness, can risk their lives at any moment in order to escape disappearance and oblivion. For this reason, analytic therapy with them requires a reinforced presence of the analyst and some preliminary work face to face, sometimes quite long, to enable them to build a body image in an occupied space, and to transform, by working on the primal fantasies that are acted out, contents of representations that are too violent and painful.

Thanks to devouring or placental transference, analysts can “lend” their analysand their bodies, their unconscious and thoughts and, with the use of metaphor, translate what they see and feel. The analyst’s listening to and representation of those blind and unfathomable places makes it possible for the analysand to imagine and sublimate by re-seizing the parental un-thought. The therapy is a true place of creation. Mediation through writing, drawing and modelling clay can be very useful for self-representation, for seeing oneself and talking about oneself by encouraging reminiscences until then unutterable, at the borders of the melancholic black hole of the primal trauma. It is only at the end of therapy that these patients can forget the pain of absence by coming back into the light and desiring, like the star Sidus, after the torment endured during the first never-ending and terribly sensual dark night of primal repression.

Post-scriptum

In leaving you, I would like to confide that I too have been forgotten.

Before being born, I had already been put to the test. Worthy of a book of records, I had nothing more to prove. A stowaway more than once, I slid on all the seas, from the Black sea to the Red sea, without forgetting the Dead Sea and the Blue Me-di-terra-nean (The end of the French Méditerranée sounds like “born”). Hence my taste for travel, for sailing on a “huge” boat, hidden in the hold with the stowaways.

Ever since birth I was chaotic and did things my way. In fact, in order to upset things and make myself a nuisance I was born a day too late. In fact, when my mother noticed I was on board without her knowing, she veered starboard towards Italy, nine months after having left it on a mad impulse. So, finding my father thanks to me, she also wanted to give birth on the boat in order to acquire not one, but three nationalities!

Of course, in my carefreeness, I behaved very badly, but I wanted to be sure I’d come out safe and sound, my feet steadily on the ground and, above all, find my father. I took my time as usual and, secretly cradled by the swell, I arrived. My brother, with whom I shared the journey, has always helped me. To do so, he withdrew into a conniving silence during all these crossings and for a further year, to be even surer of keeping all the secrets. He started reading and writing long before talking again, making our parents even more worried.

He started primary school and became known as the “genius” in our school. He would read and read. They still remember him. I was the genius’s sister. I would talk and talk. He had found a way of borrowing books and reading at night without being noticed.

At home we had encyclopaedias, but only up to the letter C, I don't know why, but my mother bought them from door-to-door salesmen so as not to waste her time or theirs. And also to protect our eyesight. It was beautiful, big letters and colours.

My brother was the first speleologist of the Milky Way. Hidden under the sheets, with a frontal lamp, he read and listened to the sound of stars. He passed this passion on to me at the time and explained entropy and lots of other secrets of the galaxy. So, thanks to my mother, I was able to listen to the stowaways of the hold, who spoke all languages, and thanks to my brother I learnt to listen to the sound of the stars.

*He later majored at Cambridge as a good sky speleologist should, and managed to decrypt the sounds of Cassiopeia. But once he had assured himself that his mother was doing well, he gave up his star and came out of the dark cave. Then he mounted his horse and, like Perseus with his sword, chased under the Sun and the winds all the sea monsters that kill at night without making a sound.**

As for me, since then I've carried on travelling in the half-light of the huge boat's hold, cradled by the swell, I listen to my stowaways and I accompany them towards the light, towards inhabited lands, towards their fathers, towards love, to escape their destinies of stars with a broken heart.

But only at the end of this work, just before signing, have I been able to dissipate the mystery of the letter C of my childhood. I remembered that the most tender of words my mother used to whisper to me, when as a baby I simulated sound sleep to better hear her, was Csillag, which in Hungarian means "star"!

Thus I was finally able to understand why, after the birth of her little muddled star who talked and talked in all languages, my mother no longer needed to buy books to slide on the seas. But now that she is no longer here to dance with me on the waves of my words, I write and write in all languages.

* My brother, Ivan Rosenberg, was among the first researchers in radio-astronomy to hear Cassiopeia A via radio. Later, he became researcher in radiotherapy in medical oncology. At the Fermilab, he took part from the very beginning in the application of protons in radiotherapy, an application that happened to be very effective in the treatment of cancer in children.

Glossary

Anaclitic maternal depression: I thus designate the light depression, generally called the baby-blues, that occurs in the mother at the end of the sixth month of pregnancy, two or three days before delivery and three days after, due to the transformations felt and elaborated by her in the primordial relation to the child. The term "anaclitic depression" was coined by Spitz to designate, in reference to the Freudian term *Anlehnung*, translated as "anaclitic" or "shoring up," a depression that progressively occurs in the child deprived of its mother after having with her, for at least the first six months of life, a normal relationship.

Compulsion: compulsion, or *Zwang*, designates in Freud a constraining internal force that compels to fight a rise of very intense anxiety.

Corporeal and extracorporeal spaces: in its relation to the world, the subject is constrained by its system of perception. In fact, we must consider that our actions occur at the same time in different spaces; a personal space and an extracorporeal one. Each space is structured in several subspaces with different models of perception. The personal space consists of an ego-centred space, perceived by the internal senses in the broad sense (the five senses, proprioception, interoception, exteroception, etc.) localized within its own body. The problem is that the perception of its own body may also be an illusion or a hallucination, or may be interpreted by a vision as that of an external object and this can also occur in absence of a body, as in the case of ghost members.

Denial: psychic mechanism through which the subject, such as the small child, protects itself from the threat of death and castration by continuing to see the maternal phallus.

Devouring transference: modality of transference of bulimic and anorexic women that reactivates the primordial symbiotic mother-foetus bond.

Fantasy of primitive incest: I thus designate the archaic fantasy of oral self-engendering in which oral-cannibalistic autoerotism still occupies a vital function for the subject. I designate it in this way as, in

the fantasy, the subject embodies the primordial Father, the primordial Mother and the incestuous child in the fecundating sexual intercourse.

Foreclosure (or repudiation): for Lacan, foreclosure is the non-inscription in the Other of the signifier of the Name of the Father, which enables to structure the desire of the Mother to the Law and the symbolical castration.

Incorporated object: I thus designate the unconscious body image that the foetus creates with all the representations of words and things of the mother through the primordial mimetic incorporation and identification to the taste, form, colour and time of all the signifiers that represent it (the first name). **Jouissance:** term introduced by Lacan. *Jouissance* is different from pleasure and designates the different relations towards satisfaction that a desiring subject can expect and feel by using a desired object, as for the talking subject the relation to the object is not immediate and is submitted to the laws of language. For Lacan, from the start, *jouissance* interlocked to the language is marked by a lack and not by a plenitude of the being.

Negation: enunciation in the negative form of a repressed thought. This is the process that enables to maintain in the Preconscious-Conscious system the symbolical inscription of the incorporated object that has definitively disappeared without leaving a trace.

Object: in psychoanalysis, the notion of object is threefold: in relation to the drive it is the means by and through which the latter attempts to reach its goal; as a correlate of love or hatred; as a correlate of the perceiving and knowing subject.

Object of primal attachment: I use this Freudian term to designate the primordial relation of attachment to the primal object, the body and the voice of the mother, in the three aspects (related to drives, emotions and perception), when the sexual drives are still interlocked to the drives of self-preservation of phylogenetic origin.

Object regained: I thus designate the unconscious body image created by “the” grandmother, and with her the grand-father, with the mother, who returns as a primary double to whom the child totally identifies, according to the fantasy of the inverted tree.

Other: the great Other for Lacan designates both parents as the place of language. Place where psychoanalysis situates what is anterior and external to the subject and designates it.

Paternal metaphor: the construction of an intersubjective relation between child and mother consists of the place the latter leaves to the signifier of the Name of the Father.

Phallus: symbol of libido for both sexes, it designates for Lacan all the effects of the signifiers and, in particular, the loss felt at the capture of sexuality in language.

Placental transference: according to Dolto, the respiratory image and cardio-vascular circulation are the places of the basic images. The respiratory image is the deepest unconscious body image, as it acts as oxygenating communication, which keeps a being alive. It is the most archaic image, as it is the placenta that dominates us all when we sleep, Dolto says. As such, placental transference is the deepest transference and during therapy it can induce the patient and/or the analyst to sleep (Françoise Dolto, Juan David Nasio, *L'Enfant du miroir*, Editions Rivages, Paris, 1992)

Primal Trauma: I thus designate the first trauma experienced by the foetus in the Preconscious-Conscious system due to the first loss of its unconscious image of the body. This loss, related to the epigenetic process, occurs at the beginning of the seventh month, when the foetus becomes viable outside the mother's body.

Primal maternal fantasies: I thus designate a scheme of primal fantasies of phylogenetic and ontogenetic origin, which, being interlocked to the fantasy of the primitive incest, introduce the Name of the Father and limit the phallic *jouissance* of the mother during and after the three critical stages of pregnancy and delivery. These maternal fantasies, transmitted to the foetus by “the” mother and “the” grandmothers and through them by the grand-fathers and fathers, often via dreams, have the function of connecting the representatives of the drives of destruction related to the survival of the species to the oral-cannibalistic drives of self-preservation and to the desire of the Mother after a traumatic unbinding (*Entbindung*). The succession of primal maternal fantasies thus articulates the three stages of primal repression introducing time and the Law in the symbolical order of procreation.

Primal fantasies: typical phantasmal structures (intrauterine life, primal scene, etc.) that according to psychoanalysis organize the phantasmal life whatever experiences the subject went through. According to Freud, the universality of these fantasies is due to the fact that they are a phylogenetically transmitted heritage.

Primal repression: For Freud, primal repression (*Urverdrängung*) is the first phase of the process of repression, the effect of which is to form a number of unconscious representations. This primal repressed will later exercise an attraction on all the contents to repress with the repression coming from the superior instances of judgment. For Freud, primal repression, the fixation of the drive to a representation, and the

inscription of that representation in the unconscious are interrelated. As for the origin of repression, Freud writes in *Inhibitions, Symptoms and Anxiety* (1926): “it is very plausible for the quantitative factors, such as the excessive force of the excitation and the breaking in of the protective shield to be the immediate occasions of primal repression.” I have developed this intuition of Freud’s and have distinguished three phases in the process of primal repression caused by the excess of *jouissance* and by the intensity of the primordial agony felt with the mother during the traumas experienced at the end of the sixth month of foetal life, before and after birth.

Primary narcissism: I use this term to designate the primary mimetic identification to the words, death anxiety and desire of the mother, which structures, from foetal life, the primordial narcissism of the child and its relation to love and hate towards the object. With the term “primary” I wanted to underline the permanence of primal maternal fantasies after birth.

Primitive agony: term coined by Winnicott that designates a state of psychic disintegration that the newborn baby or the child being born must experience. Primitive agony is a defensive organization that enables to experience unthinkable states of collapsing, death and void.

Primordial: I designate as primordial, any process occurring before birth.

Primordial agony: I thus designate the suffering felt by the foetus due to the intensity of the instinctual toxic anxiety of survival and the anxiety of collapsing felt by the mother during some of the traumatic phases of pregnancy and before delivery. This primordial agony is therefore an organized state actually experienced by the foetus, causing it pain, asphyxia, the impression of falling in an endless pit, and tachycardia. Recovering this primordial death anxiety enables the subject, child or adult, to go through states of collapse related to traumatic losses, separations and bereavements which had remained unthinkable.

Primordial narcissism: I use this term in the sense of Françoise Dolto, who talked about psychical connections that enable to create cohesion between the unconscious image of the body, unconscious fantasies and the relation of the child to the words the desire of the mother. For Dolto, any contact with the primordial other is implied by the body image, as it is “in the image of the body, medium of narcissism, that time meets space, and the unconscious past echoes in the present relation.”

Primordial other: the mother’s body before birth.

Primordial signifiers: perceptive signs for Lacan.

Primary superego: I thus designate the most archaic critical instance of the subject, which drives it to experience *jouissance* and destroy itself “beyond the pleasure principle” in order to satisfy its desire of self-preservation and by submitting to the interdiction of incest. The second voice the foetus hears, which I have called “the voice of the Father,” literally incarnates the paternal function by breaking the resounding intensity and the primordial mimetic identification to the voice of the Mother, by inscribing the time of the child in the extracorporeal space, in gravity and in conscience.

Repetition compulsion: Freud thus designates the unconscious and uncontrollable constraint that compels the subject to actively place itself in painful situations that repeat experiences lived in the past. What characterizes this compulsive repetition is that the subject always has the impression of living the situation for the first time.

Repression: process that enables the subject to repulse or maintain representations related to a drive (thoughts, images, memories) in the unconscious. Repression operates when the satisfaction of the drive could cause unhappiness towards other demands of the ego. Freud distinguishes three phases in the process of repression. The first phase is primal repression: it doesn’t directly concern the drive but the representatives that do not access conscience. The second phase, repression itself, also called post-repression, is a double process, combining attraction and repulsion (*Abstossung*) by a superior instance. The third phase is the return of the repressed, under the form of symptoms, dreams, Freudian slips.

Scheme or fantasy of the inverted tree: this is how I have designated the concept already developed in *L’Impossible Naissance ou L’Enfant Enclavé* (trans. *Delivering and Giving Birth, Dialogues and separations during pregnancy*), which showed through slips of the tongue, analysts’ dreams and the drawing of the inverted tree (see Christelle, p. 113) by some women during analysis, a scheme of primal fantasies translating a process, of phylogenetic origins, primordial in character, that occurs during pregnancy and that reactivates the unconscious images of the experience lived by “the” grandmother with the mother in the foetus and vice versa, according to its phase of development; Images and unconscious representations that are re-inscribed in the Preconscious-Conscious system after birth, during primary imprinting. A memory of the body based on an internal model of perception already organized by “the” grandmother (the functional proaction and retroaction, see Alain Berthoz, *Le Sens du mouvement*) that enlightens the “differed action” effect conceptualized by Freud in the process of repression and return

of the repressed. If the mother cannot think, perceive and symbolize this real process occurring during pregnancy by inscribing it in time and in the symbolical order of generations, she remains interlocked in the space and time of her child and of her mother and so does the child. In this work, the fantasy of the inverted tree reveals the permanence of an embryonic and placental memory and multiple archaic functional models of perception, especially related to olfaction, in the human being and more intense in women. The fantasy of the inverted tree connects the primal maternal fantasies and the fantasies of feminine *jouissance* to the fantasy of primary incest.

Signifier: element of speech, perceptible at the conscious and unconscious level, that represents the subject.

Signifier of the Name of the Father: symbolical effect of a pure signifier that governs mother-child intersubjectivity by inscribing the desire to the register of the symbolical debt.

Superego: the notion of superego, in the broad sense, designates an unconscious instance that incarnates a law and forbids its violation. Freud sees functions of the superego in the moral conscience, self-observation and creation of the ideal of the ego. The term was coined in 1923 (*The Ego and the Id*) and designates a critical instance of the ego which separates itself and opposes, by taking the other part of the ego as object.

Thing or *das Ding*: it is in “The Project for a scientific psychology” that Freud speaks about *das Ding*, which must be translated as “thing,” when he starts elaborating the functioning of the psychical apparatus as a structure. *Das Ding* is both an imperceptible and constant part and a perceptible and changing part of the perception of reality. The constitution of reality, that is to say of the objects and of the environment, takes place in-between perception and memories, between investment of perception and investment of desire.

Unconscious fantasy: according to Dolto, the body image is a structure that comes from an intuitive process of organization of fantasies and of affective and erotic pregenital relations. Unconscious fantasy means “olfactory, aural, gustatory, visual, tactile, baresthetic and cenesthetic memorizing of subtle, faint or intense, perceptions felt as a language of desire of the subject in relation to an other, perceptions that have accompanied the variations of the substantial tensions felt in the body and, among these, especially sensations of the tension being soothed due to vital needs.”

Unconscious image of the body: for Dolto, the unconscious body image is a living synthesis of our emotional interhuman experiences, repeatedly experienced through archaic or actual erogenous sensation

Endnotes

Foreward

1. Ghost stars: we can see a sky filled with stars and galaxies but cannot tell whether they are ghost images or not. For instance, observations in the spectrum of light visible behind a very far galaxy (M106) show several blue, young and hot stars plunged inside a red cloud of ionized gas. (Jean Pierre Luminet, Elisa Brune, *Bonnes nouvelles des étoiles*, Odile Jacob, Paris, 2009).

2. Term derived from the Latin *patiens* “he that endures,” adjectival present participle of *pati*. “describes someone who steadfastly bears the faults of others and who suffers in silence,” *Dictionnaire Le Robert*.

Introduction

3. Between 90% and 95% (there is no precise figure) of people suffering from anorexia or bulimia in France are women

4. The word “primordial” refers to what happens before birth, as opposed to “primary”, which refers to what happens after birth.

5. It is women, through their food addiction, who have led me to discover their symbolic primordial breach. Men do suffer from it too, but express it differently, through drug or alcohol consumption for instance.

6. This is the first occurrence of primal repression (cf. the glossary at the end of this volume). We must bear in mind that the theory of repression is for Freud the cornerstone of psychoanalysis.

7. “Disaster” from the Italian “*disastro*” means a calamitous event, a failure or misfortune. It is made up of “astro” (“star”), from the Greek *a-ster*, which means “star”, and of the privative prefix *dis*. The word “*desire*” (*wish* in psychoanalytic terminology), has the same etymology; from the latin verb *desiderare*, which is made up of *de* (privative) and *sidues-eris* “astre” (sidereal) thus meaning “stopping contemplating the star” hence morally “noticing the absence” and implying deep regret (*Dictionnaire Le Robert*).

8. I refer to primordial agony the memory of a painful spasm of suffocation and tachycardia accompanied by an experience of collapse and endless fall during fetal life (cf. the glossary at the end of this volume).

9. In *L'impossible Naissance ou L'enfant enclavé* (Imago, new edition, Paris, 2009), trans. *The Impossible Birth or The Enclaved Child, Phobias and Anxiety Neuroses* (Paris, MnemoArt, 2023) where I describe the creation of these primal fantasies.

10. Sigmund Freud, *New Introductory Lectures on Psycho-Analysis*, S.E. XXII.

11. I use the terms “unconscious fantasies”, “unconscious body image” and “primordial narcissism” in the same way as Françoise Dolto in *L'image inconsciente du corps* (Le Seuil, Paris, 1984), trans. *The Unconscious Body Image* (2022, London, Routledge), cf. the glossary at the end of this volume.

12. Women speak more openly, and censoring less, about their body intimacy to a female psychoanalyst that also listens with all her body.

13. Term used in astronomy to refer to invisible black holes in the Galaxy caused by the collapse of a star.

Chapter I: INITIAL GUIDELINES

14. An opinion shared by the psychoanalyst Massimo Recalcati, director of the ABA (an anorexia and bulimia research group) in Milan. Recalcati thinks that the speech of an anorexic or a bulimic is like “the heads and tails of a single medal”, by means of which “an anorexic indicates the realization of her ego ideal, and a bulimic her wreckage ensuing the eruption of the instincts into the realm of the ego ideal.” Cf. *L'Ultima cena: anoressia e bulimia*, Bruno Mondadori, Milano, 1997, p. 25.

15. English word defining the addictive state in relation to a drug (from the Latin *addictus*: “enslaved by the body”).

16. Sigmund Freud, *On Narcissism: An Introduction*, S.E. XIV.

17. The word “palourde” comes from the colloquial Latin *pelodira* and from the Greek *peloris* meaning “large edible shellfish”, a derivative of *pelor* “monster; wonder”. In Homer the word refers to extremely heavy beings, such as the Cyclops.

18. In the article (*Negation*, S.E. XIX) Freud emphasizes the fact that negation requires an extreme violence and the recourse to the aggressive instinct in order to eject outside from the ego a perception related to unbearable psychic representations.

19. Cf. Jacques Lacan: “I have already said to you that mental anorexia is not a not-eating- process but an act of eating nothing. I insist: that means eating nothing. Nothing is something that exists on a symbolic level”, Jacques Lacan, in *Studying Lacan's Seminars IV and V*, Abingdon, Routledge, 2018.

20. *Introductory Lectures on Psycho-Analysis*, op. cit., S.E. XV and XVI.

21. As Freud writes it: “the force that opposes the scopical pleasure, and can at times rule over it is shame. (As seen previously for disgust).” It can be read in the footnotes that in German Scham means “sense of decency” but also “shame” and that “Schamteile” means (shameful) “genitals”. Sigmund Freud, *Three Essays on the Theory of Sexuality*, S.E. VII.

Chapter II: ON THE ABSENT BODY

22. Freud refers to the oral-cannibalistic organization as the earliest pre-genital stage of the newborn baby, during which sexual activity is not yet separated from feeding. During this stage, the child is as yet unable to differentiate itself from the incorporated object (the milk, the mother's breast), *Three Essays on the Theory of Sexuality*, op. cit.

23. Karl Abraham developed the organization of the unconscious cannibalistic drives by relating them to those of the sadistic-anal stage through the fantasy of incorporation and destruction of the object. “Study of the earliest pre-genital stage of the libido” (1916) in Karl Abraham, *A short study of the development of the libido*. In Frankiel, R.V. (Ed) (1994), *Essential papers on object loss*, New York, New York University Press.

24. As in the movie *Le Fabuleux Destin d'Amélie Poulain* directed by Jean-Pierre Jeunet in 2001.

25. The primal agony (see glossary at the end of this publication) and the fear of breakdown are concepts elaborated by D.W. Winnicott in relation to the “unthinkable” during the maturation of the newborn's defence system in the “fear of breakdown”, in *The Collected Works*, Volume 6, O.U.P.

26. Another reference to D.W. Winnicott (1969) “the capacity to be alone” in *Through Paediatrics to Psychoanalysis*, Abingdon, Routledge, 1975.

27. Freud evokes the “primal need” of masturbating, *Die Ursucht*, which is replaced by the ingestion of surrogate products (liquors, cigarettes, etc.) in letter n°79 to Wilhelm Fliess, in *La Naissance de la psychanalyse*, P.U.F., Paris, 1979, p. 211. But the German term *Sucht* can also translate as “passion”.

28. Daniel N. Stern, *The Interpersonal World of the Infant*, New York, Basic Books, 2000.

29. By an “act of thought” I mean what Freud designates as *das Denken*.

30. According to Freud, the drive for mastery is a drive that attempts to ensure mastery over the object through the use of strength in order to satisfy hunger and the pleasure of self-preservation before transforming it into a love feeling. Cf. Sigmund Freud, *Three Essays on the Theory of Sexuality*, op. cit.

31. Freud supposes that the cruelty motion derives from the drive for mastery in pre-genital sexual organization. But in the foot note, in the first two editions, he wrote that observation teaches us that there are interferences between the sexual development of the scopical and cruelty drive (Shau-und Grausamkeitstreib) which restrain again the supposed independence of the drives. *Three Essays on the Theory of Sexuality*, op. cit.

32. Ferenczi had already evoked the existence of a traumatic trace preceding birth: the breaking of the waters could be a “symbolic and real” trace, at a biological level, of the huge geographical catastrophe experienced by our ancestors during their struggle for life and adaptation. Sexual intercourse would then also be the mnestic trace of this catastrophe experienced both by the individual and the species. Sandor Ferenczi, *Thalassa: A Theory of Genitality*, Abingdon, Routledge, 1989.

33. Sigmund Freud, *Findings, Ideas, Problems*, in S.E. XXIII.

34. From the seventh week the “sense of touch” starts working for the foetus, which establishes the first communication with its environment by perceiving through its tactile receptors and vibrations. The information related to sensors and to speech converges to the cerebral area, in the cortex, which collects perceptions and motor orders dedicated to the mouth and hand.

35. Emphasized by myself. Maurice Blanchot, *Awaiting, Oblivion*, University of Nebraska Press, 1999.

36. The nymph Echo loved Narcissus in vain, and when she died, she disappeared and became a voice doomed to repeating the last syllables of what was said.

37. Maurice Blanchot, *The Space of Literature*, University of Nebraska Press, 1989.

38. Sigmund Freud, “negation” (1925), in *Findings, Ideas, Problems*, S.E. XXIII.

39. Tamara Landau, *The Impossible Birth or The Enclaved Child, Phobias and Anxiety Neuroses*, op. cit., p. 214.

40. Brigitte Fabre-Pellerin, *Camille Claudel. Le Tourment de l'absence*, Elema, Paris, 2005.

41. Sigmund Freud, “Notes on the magic notepad”, in *Findings, Ideas, Problems*, op. cit.

42. They have lived 20,000 feet under the ocean since the Cambrian era, 570 million years ago.

43. It is a feminine fantasy, as the oocytes start developing in women since the foetal stage.

44. Sabina Spielrein “Destruction as the Cause of Coming Into Being”, *Journal of Analytical Psychology*, 1994, 39, pp. 155-186.

45. Sigmund Freud, *Inhibitions, Symptoms and Anxiety*, S.E. XX.

46. Marcel Mauss, “Essay on the gift, the form of reason and exchange in archaic societies”, *L'Année sociologique*, 1923-1924.

47. The wish to return to the mother’s womb in order to be born once again and to overcome the anxiety related to the trauma of birth was developed by Rank in 1924. See Otto Rank, *The Trauma of Birth*, Eastford, Martino Fine Books, 2010.

48. John Bowlby, in his theory of attachment (1960), was the first psychoanalyst to take into account the sense of touching and the innate reflexes in the construction of the primary bond between mother and child.

49. Some time ago researchers began to think that fetuses memorize some of the olfactory and aromatic information from the amniotic liquid and that they recognize it three days after birth (Schaal, Marlier & Soussignan, 1995; 1998; Varendi, Porter & Winberg, 1996). This trans-natal continuity in sensory experience is doubled by a continuity in the chemical ecology, as the amniotic liquids and the colostrum, a thick liquid secreted before lactation, share a common volatile fraction, and, according to tests, newborn babies do not seem to have a preference for either one or the other (Marlier, Schaal & Soussignan, 1997). On the other hand, ever since birth newborns recognize the odour of the maternal breast and undergo an appetitive reinforcement of their buccal activities when they smell it, even those who were not breast fed (Russel, 1976; Sullivan & Toubas, 1998). In the same way, as for visual information, there is a certain amount of time necessary to integrate the olfactory information in short or long-term memory. Thesis of Maryse Delaunay-El Allam, *Expérience sensorielle du nouveau-né et sa rétention à long terme: une analyse expérimentale de l'apprentissage des odeurs chez l'enfant humain*, Unité mixte de recherché 5170, CNRS-Université de Bourgogne-INRA, mai 2007.

50. According to Freud, olfactory pleasure (Riechlust) is lost due to repression and persists only in fetishism. But in a provisional hypothesis of the theory of drives, he began to think that the organs of the body deliver two kinds of excitations that can be differentiated according to their chemical nature (Sigmund Freud, *Three Essays on the Theory of Sexuality*, op. cit. We now know that in the primal brain olfaction plays an essential role in survival of the species (metabolism, temperature of the body, insulin level, stress, sexuality) and in emotional exchange.

Chapter III:

A SEARCH FOR ANOREXIC WOMEN'S BODY IMAGE

51. Reference to Woody Allen's movie *Zelig* (1983).
52. Sigmund Freud, *The Uncanny*, S.E. XVII.
53. For Lacan, foreclosure is the non-inscription into the Other of the Name of the Father signifier that makes it possible to articulate the desire of the Mother towards the Law and towards the symbolical castration.
54. Author's italics. Françoise Dolto (1984), *L'image inconsciente du corps*, Paris, Seuil, trans. *The Unconscious Body Image*, Routledge, London, p. 48.
55. According to the parallax, which is the incidence of the observer's change of position in observing an object.
56. Busnel M.-C., Lecanuet J.-P, Granier-Deferre C., DeCasper, A.-J, "Perception et acquisitions auditives prénatales", *Médecine périnatale*, Blanc B. ed. Arnette, Paris 1986, pp. 37-44.
57. Marie-Claire Busnel, "Foetus et nouveau-nés : réaction à la voix maternelle" in *Le Bébé dans tous ses états*, R. Frydman and M. Szejer, Odile Jacob, Paris, 1998.
58. The odour produces an image which has a form, a colour and an undulatory movement, according to the model of vibrational geometry in quantum physics (cf. Jennifer C. Brookes, Filio Hartoussiou, A. P. Hosfield, A. M. Stoneham, 2006).
59. The foetus acts in the same way when it listens to its mother's tender words and when it swallows sugar. From the beginning it shows a clear preference for the sweet taste by swallowing more amniotic liquid (Steiner J. E., 1977). For years now, researchers have believed that sugar has an "inebriating" analgesic effect on the newborn (secretion of opioid neurotransmitters stimulated by the sweet taste, Blass, Shah A., 1995).

60. DeCasper A.J. and Fifer W. P., 1980, "Of Human Bonding: Newborns Prefer their Mothers' Voice", *Science*, 208.

61. Ten years ago researchers noted (Antonio R. Damasio, *Le Sentiment même de soi: corps, émotions, conscience*, Odile Jacob, 2004) that a hormone, oxytocin, is secreted during orgasms and that it also reinforces sentiments of love and attachment. It is also secreted in huge quantities when the child hears its mother's voice. (Leslie J. Seltzer, Toni E. Ziegler and Seth D. Pollak, "Social Vocalizations Can Release Oxytocin in Humans," in *Proceedings of the Royal Society*, 2010).

62. Especially the most archaic psychological binding (Bindung) relating the satisfaction of oral-cannibalistic sexual drives for mastery to the frequency and intensity of the reflex movement of the mouth, the lips and the jaws (for the deglutition of the amniotic liquid that will accompany the respiratory movement of the lungs that are being created and the movements of sucking reinforced by the sucking of the thumb from the fifth month on) to the muscular movement of the hands when it "grabs its foot" (which also means "to have pleasure" in French) to put it in its mouth or when it grabs the umbilical cord, which may be considered a primordial penis.

63. As the implantation of the embryo starts at the end of the sixth day (hence the well- deserved seventh day of rest?).

64. Dolto describes the "secret" masturbation of the nipples practiced by young girls during particularly painful moments of separation (Françoise Dolto, *Sexualité féminine*, Scarabée Métailié, Paris, 1982, p.69). Daniel N. Stern in *Le Monde interpersonnel du nourrisson*, P.U.F., Paris, 2006, pp.107-108, describes how two "Siamese" twin girls, connected by their abdominal surface, were able to suck each other's thumbs without showing any preference for either one.

65. Dolto stresses the importance of the little-known phenomenon of umbilical masturbation in young girls, which arouses internal ventral sensations related to the urinary meatus and the vulva (*Sexualité féminine*, op. cit., p. 69). On the other hand, we notice among many adults the fantasy of penetration, fecundation, and delivery from the umbilical orifice (see J.-G. Lemaire, *Le Couple: sa vie, sa mort*, Payot, Paris, 1997).

66. Here we once again find Melanie Klein's theory: she noticed that many young children had the fantasy of their mother having a penis and, what's more, that she had swallowed their father's. M. Klein was the first to describe the aggressive and destructive fantasies of the newborn towards its mother. She argued that anxiety, the drive of death and of destruction were at the very origin of the child's psychological life, due to a super-ego and an

early Oedipus complex (Melanie Klein, *Essais de psychanalyse*, Payot, Paris, 1968).

67. Especially as birth occurs after the deletion and dilatation of the uterine cervix with a dilatation of ten centimetres of the uterine space formerly closed by a cork of yellowish disinfecting phlegm that can be lost or dissolved hours before delivery with no consequences.

68. Sigmund Freud, *Introductory Lectures on Psycho-Analysis*, S.E. XV and XVI.

69. The intestine is formed by invagination of the extremity of the umbilical cord, which I consider the child's earliest penis (umbilical penis). We better grasp the assimilation of the oral, anal and genital object.

70. In fact, it is only from the end of the first trimester that the foetus's intestine is functional. From the fourth month on, it digests everything it swallows with the amniotic liquid, which is made of water, urine and cutaneous waste from the desquamation of its own skin, which it renews every three hours.

71. See the case of Christos and the grinding machine in *L'Impossible Naissance ou L'Enfant enclave*, trans. *The Impossible Birth or The Enclaved Child, Phobias and Anxiety Neuroses*, op. cit., p. 237.

72. Françoise Dolto, *Sexualité Féminine*, op. cit., p. 50.

73. Sigmund Freud, *New Introductory Lectures on Psycho-Analysis*, S.E. XXII.

74. Michel Le Moal argues that maternal stress can provoke in the foetus a long-term imprint on its cognitive development and memory with a tendency to addictions in adult age. According to Le Moal, the addiction corresponds to a relative inactivation of the neuronal systems that handle the survival of the individual and of the species (see G. Koob and Michel Le Moal, *Neurology of Addiction*, Academic Press Inc., 2005).

75. The slightly alkaline taste of the amniotic liquid, according to some similar to the taste of sperm combined with the foetus's urine, is similar to the taste of female ejaculation fluid, which is a secretion of Skene's gland secreted by two orifices placed on the left and right sides of the urinary meatus, close to urine but sweeter (M. Zaviacic, et al. *Journal of sexology*, 24, pp. 319-325, 2008). Let us also remember that the penis, which is a rather late acquisition –as Ferenczi stresses in *Thalassa* –, is developed from the intestine and in inferior mammals from the urogenital cloaca.

76. For this reason many bulimics and anorexics bite their fingers until they bleed and eat the skin around their fingernails and toenails. Precisely

to suffer, they fill their mouths and feel they are alive by chewing their own skin.

77. We have seen that perceiving the object in time and reality implies perceiving its form, colour, odour and taste, and being able to measure time along with the number and intensity of movements.

78. From its birth (10 hours) and until its sixth day of life, the newborn prefers, among the primary colours, yellow and plain red (the colours of the amniotic liquid at birth); later on, it is able to better distinguish nuances, but only if contrasted with black. It can distinguish blue and green only after the sixth month (Frantz R. L., "Pattern Vision in Newborn Infants," *Science* 193, 140, pp. 296-297).

79. If taste is the incarnation of the materiality of the lived experience, the sense of smell, like breathing, confronts us with the ephemerality of sublimation and becomes the sense of memory and thought with the metaphorical capacity of language to create and associate ideas (*idea* from Greek comes from the verb *idein* which means "to see"). S. Ferenczi wrote: "We assume that there is a very deep analogy between the olfactory functioning and ideation that it is possible to consider the sense of smell as the biological prototype of ideation", (*Thalassa*, op. cit.)

80. Freud already thought that suicide attempts through poisoning were related to pregnancy.

81. Like Ferenczi, Karl Abraham (1916) stresses the coexistence of pre-genital and genital drives.

82. Sigmund Freud, *Totem and Taboo*, S.E. XIII.

83. Françoise Dolto, *Sexualité féminine*, op. cit., p. 93.

84. For Lacan, the Name of the Father means that patients accept their desire as in accordance with the law of the father (the symbolical castration) and to the laws of language (subjected to primal repression).

85. Françoise Dolto observes that the newborn girl, after the first breast feeding and care, is attracted to the odour of her father and by men in general, while the newborn boy is attracted to the odour of his mother and women in general (*Sexualité féminine*, op. cit., p. 55)

86. Sylvie Le Poulichet very subtly develops this argument in *Toxicomanies et Psychanalyse*, P.U.F., Paris, 2002.

87. See "Claude, the woman who thought she was a turtle," in *The Impossible Birth or The Enclaved Child, Phobias and Anxiety Neuroses*, op. cit., p. 58.

88. I use the word “enclosed” in the literal sense of “a territory enclosed inside another,” the French “*enclaver*” coming from the Latin “*inclavare*”, which means “locked with a key.”

89. The impact of the mother’s cardiac rhythm on the neuronal structuration of the foetus starts establishing itself. The “spontaneous motor rhythm” of the young child is supposed to depend on the mother’s cardiac rhythm. A newborn has one hundred and seventy suction movements per minute, and if a four year old child spontaneously claps its hands, its average rhythm of clapping is one hundred and seventy times per minute (Caroline Drake, 2001), equivalent to the double of the mother’s cardiac rhythm during pregnancy.

90. Bernard Brusset, “De la boulimie au vomissement addictif,” *Les Addictions*, P.U.F., Paris, 2002.

91. When meconium, which is odourless, is expelled *in utero*, the amniotic liquid turns green and dries, looking like “mushy peas”, with a sour and bitter taste (taste of the sensor of pain). Tachycardia, hypoxia (sudden decrease in oxygen levels) in the foetus and hyperthermia of the mother are signs of a severe foetus-mother suffering.

92. For the foetus, inhaling the meconium can provoke respiratory disorders that may even lead to death. The mechanism of the “meconium aspiration syndrome” occurs after an infection contracted by the mother during pregnancy. After a deficit in the functioning of the placenta, the foetus reacts by producing meconium stools and a violent gasp. The term “gasp” designates a sudden, ample and noisy respiration which usually occurs at the end of an agony. We can then suppose that the impression of dying by strangulation as a somatic sign of the death anxiety in anxiety neurosis can be traced back to primordial agonies.

93. Chocolate contains theobromine (from Greek *theo* “god” and *broma* “food”) a stimulating alkaloid with many beneficial effects (energy, iron, vitamins, as well as stimulating dopamine, which enhances memory, etc.). The word “chocolate” comes from the Aztec *xocolatl*, a combination of the words *xocolli*, which means “acid” and *atl* which means “water.” The Mayas considered it a magic medicine of the gods for fecundity. It was also used to purify young girls before ceremonies and to accompany the dead in the hereafter.

94. From the eighth month on, the foetus gains considerable weight by accumulating a thick stratum of adipose tissue (bulimic double skin?), and swallows a quantity of amniotic liquid proportional to its urinations.

95. The “incompetent cardia” is the medical term used to define the cause of gastroesophageal reflux, that is to say the valve situated between the stomach and the oesophagus.

96. It is from the fourth month that the foetus can distinguish the four tastes (bitter, sweet, acid and salty).

97. Sigmund Freud, “Negation” in *Results, ideas, problems*, S.E. XXIII.

98. During the embryonic development, the external sexual organ is the same for boys and girls: the genital bud, the clitoris, will become a penis only at the end of the sixth week of gestation.

99. During foetal life, which starts from the tenth week of gestation, the clitoris considerably “grows” until the end of the sixth month and is prominent, as the vagina and outer labia have not yet been formed. At birth, it is still hypertrophied and only later does it diminish in size. Nails grow from the fourth month and at birth they are long and fragile, but do not fall like the baby’s first hairs (*lanugo*) before birth. On the contrary, the hair that grows during the sixth month of foetal life can fall before birth (perhaps due to hormonal reasons when the mother is too worried?) and hair loss is also frequent until the sixth month after birth.

100. . Sigmund Freud, “The Taboo of virginity” (1918), S.E. XVII

101. Sigmund Freud, “The analysis with an end and the analysis without end”, in *Results, Ideas, Problems*, op. cit.

102. I develop the creation of this primal fantasy in *L’Impossible Naissance ou L’Enfant enclave*, op. cit. I show how, thanks to the death anxiety and to this primal fantasy, the mother can unconsciously maintain the presence of the child as “other,” as a foreign body, during the entire pregnancy.

103. The spleen in Chinese acupuncture is the reference point at the centre of the body, where the primal breath (*yuang gi*) stands, the place where the individual builds its image through experience. Its reference sensory organ, in its superior part, is the mouth, and in its inferior part is the genitalia. Thus, creation and the primal breath are related to speech and to procreation (Deng Tietao, *Practical Diagnosis in Traditional Chinese Medicine*, Churchill Livingstone, Edinburgh, 1999).

104. The Ridley Scott film of 1979).

105. We know that women, when they become pregnant, lose their regular olfaction due to a decrease in oestrogen levels, while they also become very sensitive to certain odours. Considering their recurring nightmares, I have come to the hypothesis that, during the first term of gestation, they recover the ability to measure through the odour of their perspiration, via the primitive brain and the vomeronasal organ that reactivate and detect

the pheromones, both the presence and intensity of the attachment of the embryo and the creation of placenta, which are at once “familiar” and “foreign,” and the disgust caused by a foreign body too toxic that will give rise to nausea until the end of the term. The hamster likes to live alone and is very sensitive to voices and through pheromones it immediately recognizes the “foreign hamster” it can procreate with. On the other hand the mouse, guided more by olfaction and the vomeronasal organ in its sexuality and reproduction tends to choose a similar partner. And the female rat, teaches its offspring, thanks to pheromones, to distrust toxic or rotten food.

106. The rugby ball hold is how midwives designate a way of carrying the newborn with the left arm, which enables the mother to work with the right arm.

107. When we want to study the possible forms of space, we use a mathematical theory called “topology.” Thus a sphere and a rugby ball are topologically equivalent, as it is possible to deform one or the other without making a hole. We better understand this metaphor used by Yvan, who is unable to apprehend a lack or hole in the real or symbolical world.

108. We can think that the fantasy of primal incest and the pregenital fantasy of having devoured and incorporated the “huge” penis of the father stands on the memory of the functional scheme of the uterus, which, after delivery, produces a real unconscious image of “huge ghost penis” with a variable duration and intensity. In fact, after transformative surgery, over 60% of transsexuals men or women experience the presence of a ghost penis (incompatibility between the cabled brain of the body image specific to the gender and the somatic external sex). Ramachandran VS (2008), *Journal of Consciousness Studies* 15 (1), pp. 5-16.

109. We know that, in the Talmud, the metaphor used for the foetus is a “leg” of the mother; in Greek myth, the third leg is the “walking stick” of the Sphinx enigma Oedipus solves.

110. The “tunnel” effect of olfaction, that is to say the passage that operates through a closed container was described in London by Luca Turin in “A Spectroscopic Mechanism for Primary Olfactory Reception”, *Chemical Senses*, 1996, 21 (6), pp.773-791.

111. The term “coalescence” is a medical term formed on the Latin radical *coalescere* which means “to unite”. It is especially used to talk about the elements that form a word and lips with a healing wound (Dictionnaire Le Robert).

Chapter IV: DEVOURING TRANSFERENCE AND PRIMAL FANTASIES

112. Part of this paragraph was published in my article “*Le transfert dévorant des boulimiques*” in the Psychoanalytic revue *Che vuoi?*, N° 27, L’Harmattan, Paris, 2007.

113. We know that many “*prime donne*” or “*petits rats*” (literally “little rats”) suffer from bulimia and anorexia.

114. Vaslav Nijinsky, *danseur noble* of the Russian ballets, wrote a journal in 1919 during his psychiatric internment: *The Diary of Vaslav Nijinsky*, University of California Press, 1968.

115. See Part II, chapter 2, “Primordial Narcissism and Primordial Mirroring”, in *L’Impossible Naissance ou l’Enfant enclavé*, trans. *The Impossible Birth or The Enclaved Child, Phobias and Anxiety Neuroses*, op. cit.

116. Sigmund Freud, *Results, Ideas, Problems*, S.E. XXII.

117. See *L’Impossible Naissance ou l’Enfant enclavé*, trans. *The Impossible Birth or The Enclaved Child, Phobias and Anxiety Neuroses*, op. cit., p. 26.

118. My hypothesis –developed in *L’Impossible Naissance ou l’Enfant enclavé*, trans. *The Impossible Birth or The Enclaved Child, Phobias and Anxiety Neuroses*, op. cit.– is that the foetus is dissociated from the inferior part of the body just like an astronaut in weightlessness while being integrated in the grandmother’s time and gravity referential, as the archaic reflex of automatic walking at birth can show.

119. Sigmund Freud, *Introductory Lectures on Psycho-Analysis*, S.E. XV and XVI.

120. She used the Arab word *hadra*, which comes from the word *hader*, meaning both “*sound of the waves*” and “*disappearance, loss*”.

121. Janine Chasseguet-Smirgel, *Le Corps comme miroir du monde*, P.U.F., Paris, 2003, p. 132.

122. See glossary at the end of this publication.

123. “To Speculate” in French means “observing with curiosity the stars.” The *speculum* (which means “mirror”) is the instrument used by gynaecologists to separate the vagina walls in order to expose the cervix.

124. Donald W. Winnicott, *Through Paediatrics to Psychoanalysis*, Abingdon, Routledge, 1975.

125. Melanie Klein, *The Psychoanalysis of Children*, New York, Delacorte Press/Seymour Lawrence, 1975.

126. “A huge crocodile in whose mouth you are—that’s what the mother is. We don’t know if she is going to close it all of a sudden. That’s the mother’s desire.” Jacques Lacan, *The Other Side of Psychoanalysis*, New York, W.W. Norton & Company, 2007.

127. In France it is the space taken up that is important, a little like a suitcase in a plane baggage hold: the first one in is the last to go out. In the United Kingdom, on the other hand, there’s an employment law that privileges time, according to the rule “last in, first out:” the last worker to enter a firm is the first to be fired.

128. A procedure employed by women all over the world to remove hairs with wax or caramelized sugar! When laser depilation became available many bulimic and anorexic women chose it to remove their hairs once and for all, in order to stop time, to return to a time before their birth and reject all the body changes related to genital desire.

129. In M. Delaunay-El Allam’s experiment (*Expérience sensorielle du nouveau-né...*, op. cit.), at birth, girls, unlike boys, who have no preferences, are more attracted by the smell of their mother’s breast than by that of milk.

130. Conjoined twins is a pathology of real twins who have a placenta in common and the two amniotic sacs separated by only two membranes (instead of four). If there is an imbalance in the blood exchange, there is a risk of the “twin-to-twin transfusion syndrome” described by Friedrich Schatz in 1875, especially during the critical moments of pregnancy and at the end of the sixth month. A twin sticks to the other and through small blood vessels (anastomoses) in the placenta gives the other all the “good” arterial blood and dies by literally emptying itself (amniotic liquid, water and blood) and disappearing: doctors talk about evanescent twin or ephemeral twin. The other twin swells due to severe kidney problems, becomes “anasarcic” (“plump”) due to oedemas and often manages to survive. The only clinical sign of imminent death of the “donor” twin is the mother’s womb considerably swelling all of a sudden (she swells up just like the surviving twin).

131. F. Dolto, *L’Image inconsciente du corps*, trans. *The Unconscious Body Image*, op. cit., p. 250.

132. In girls oogenesis starts at the fifteenth week and ends at the seventh month of foetal life. During this first phase about 7,000,000 primary oocytes are formed, they will not be renewed. From the seventh month begins the loss of these primary oocytes, which are still synchronic, as they are connected by cytoplasmic bridges to their mother cell, but due to a “follicular artresia” they no longer divide and their number diminishes greatly until puberty. Note that the greater part of the loss occurs before

birth, as there are only 700,000 at birth and 400,000 at puberty. They then disappear once and for all at menopause. This memory of the first division of the meiosis of germ cells enlightens the archaic origin of the feminine fantasy of always having a child in the womb and the disappearance of oocytes before birth makes us better understand why the anxiety of annihilation and the fantasy of death and castration are experienced with more intensity by girls who can also have an haemorrhage of privation (just like a period) at birth.

133. Antonello Sciacchitano, *Anoressia, Sintomo e Angoscia*, Milan, Guerini, 1993, p. 29.

134. We have seen that during climax the body secretes oxytocin, a hormone that reinforces the feeling of love.

135. As we often see in France with infanticides often in the news.

136. My italics.

137. I have tried to verify this phenomenon of colours. I noticed that the superior part and the inferior part had been inverted, that is to say that if I was wearing a black pullover and a red skirt my most transparent patients, especially the twins, came to the session with a red pullover and a black skirt.

138. The foetus’s stages of sleep are interrupted by intense episodes of electrical activity that look like the paradoxical activity accompanied by violent movements of the body. The foetus’s movement could then faithfully represent its dreams. Jean-Pierre Changeux, *L’Homme neuronal*, Hachette, Pluriel, Paris, 1999, p. 272.

139. The newborn baby and the mother secrete a huge quantity of oxytocin after delivery, which reinforces their feeling of attachment.

140. Monique Bydlowski, *La Dette de la vie, P.U.F.*, Paris, 1997, p. 88.

141. Sigmund Freud, *La Vie Sexuelle*, op. cit., p. 51.

142. Women feel an urge, a very painful and burning need to defecate and empty their bladders, the urine being confusable with feminine ejaculation fluid. The connecting spot between the vagina and the urinary meatus, surrounded by the clitoris, could be one of the most erogenous zones in women, the famous “G spot” of sexologists. E. Grafenberg (1950).

143. Medical term. It is important to notice that during late abortions, without the use of anaesthesia the dilatation of the cervix is extremely painful.

144. During analysis, the behaviour of patients related to transference and to the phase they are going through is defined as “acting in” if it occurs during the session and “acting out” if it occurs outside.

145. The foetus prepares for birth in a kind of lethargy thanks to oxytocin, the hormone triggering delivery: its temperature lowers, its oxygen diminishes and it is as if anesthetized. Yezekiel Ben-Ari et al., “Maternal oxytocin triggers a transient inhibitory switch in GABA signaling in the fetal brain during delivery,” *Science*, 314: 1788-92, 15 déc. 2006.

146. Sandor Ferenczi, *Thalassa*, op. cit., p. 80: “The specific behaviour, similar to a cataleptic look of hypnotized people lets suppose that this regression goes back further in time: it reproduces the intra-uterine situation.”

147. Carine’s root-hands enable her to ink/anchor her feeling of existence through writing. Her *lapsus calami* shows the ambivalent function of writing and of the “drug” child, which introduce, just like a drug, both forgiveness and the memory of the incorporated object that has disappeared without leaving a trace. In ancient Greek the word “medicine” is *pharmacon*, which also means “drug.” Plato describes writing as a *pharmacon* in *Phaedrus*.

148. Camille Claudel, “tormented by absence” was also conceived after a dead child.

149. Paradoxically, by accomplishing acts that reject unbearable psychic representations it is possible to localize an object in space. In German, *Versagen* means “to refuse to say” and in order to negate it is necessary to add “*Ver*,” which means that the action was entirely done. The negation (*Verneinung*) is the action of saying “no.” The prefix “*Ver*” preceding a verb expresses: the transformation or alteration, the loss or disappearance, the stop, the impediment, the intensification of an action, the changing of condition. (Dictionnaire moderne français-allemand Larousse).

150. Sigmund Freud, letter n°50 for Wilhelm Fliess in *The Complete Letters of Sigmund Freud to Wilhelm Fliess*, New York, Belknap Press, 1986.

151. I hosted childbirth preparation classes with Paloma Chaumettes, midwife in Paris, author of *Parents et sage-femme*, Yves Michel, Paris, 2005.

152. We can think that the foetus integrates two voices of the mother, an “internal” voice and an “external” one, separated by a differential time that we shall designate as “paternal.” In the foetus, the “internal” voice of the mother could be structured according to a model of proprioception dissociated from the gravitational referentials, and it is only after the sixth months that its auricle develops and that it can catch the “external” voice of the mother and the environment. In my opinion, it is this voice of the

mother, integrated “out of time” (certainly engraved in an archaic cerebral area), that triggers the deep hypnotic state.

153. The recurring sequence of collapse and disappearance during the first phase of a tsunami in the patients’ nightmares preceded by very crude oedipal dreams sealing an excess of jouissance and the nirvanic pause preceding the collapse and attention fall that plunge into time, led me to think that the biological defusion between mother and foetus that occurs at the end of the sixth month is accompanied by a destruction of synapses. This could explain what I’ve observed, that is to say, the frequency of febrile convulsions during childhood of my most transparent patients (adult men) when their mothers went away to give birth. So, when the void in time causing the disappearance of the unconscious body image cannot be symbolized or imagined, it is acted in the real. I think this phenomenon is more common in boys than in girls; the unconscious image of the mother’s body is more pregnant, as the occasional presence of a “genital crisis” (a vaginal discharge, sometimes associated to blood and to a tumefaction of the breasts with a galactorrhea) during the first three or four days after birth can show.

154. The development of the connection network between neurons greatly develops between the fifth and sixth month; gyri and sulci multiply and the brain surface takes its final aspect. Later, during the seventh month, the number of neurons stops increasing as it reaches its maximal number, about 100 billion, and will hardly vary after birth. It is also at the end of the sixth month that the vestibular effects are present (they regulate the position of the head in space) and that the eyelids open all of a sudden (they were sealed). The premature child of the same age remains very sensitive to the changing of positions and sudden movements, they give it the sensation of an endless fall into the void (Sylvie Louis, *Le Grand Livre du prématuré*, Université de Montréal, Editions Enfants, Québec, 2010). A sensation we find in the patients’ nightmares.

155. In fact, it is possible to see during echography that, in the foetus, the agitated cycle of sleep starts at twenty-eight weeks and the cycle of calm sleep at thirty weeks, after midnight; it actually moves more between 9 p.m. to midnight. Dr Marie Thirion and Dr Marie-Josèphe Challamel, *Le Sommeil, le Rêve et l’Enfant*, Paris, Albin Michel, 2002.

156. With the echography we can notice that the foetus makes grimaces of displeasure, or even fear, when the mother drinks huge quantities of cold water.

157. I have been defending for years (since “*Le schéma du sablier ou une topologie de l’inceste*,” *communication Société de psychanalyse freudienne*, Paris,

1995) the clinical hypothesis that representations and functional schemes of grandmothers re-appear and disappear during foetal life due to a phylo-ontogenetic process (scheme of the clepsydra or inverted tree) that transmits a memory of gestation which could be part of the process of “epigenesis by selective stabilization of synapses” described by Jean-Pierre Changeux in *L’Homme neuronal*, op.cit. According to this process, Changeux writes, a pattern of neuronal connections appears for each individual, but in response to the sensorial stimulations received by the brain, some combinations of connections are preferred to others. In other words, with the acquisition of language, men progressively lose some of their perceptive abilities and become more and more dependent on the environment.

158. The word “melancholic” comes from the Greek word *melankholikos* meaning “to produce black bile.”

159. Sigmund Freud, *Mourning and Melancholia*, S.E. XIV.

160. See my article “Les tricoteuses : les femmes, le sang et la Révolution”, in *Insistance*, n°3, Inconscient et politique, Toulouse, Erès, 2007.

161. In Freud’s *Das Ding* or The Thing: “What we call *Ding* are remains that lack the possibility of bringing judgment.” *La Naissance de la psychanalyse*, op.cit., p.351 Traduction Jean-Mathias Pré-Laverrière. We approach the genesis of Freud’s Thing and of the “object a” in reading Lacan’s *Das Ding*.

162. D. W. Winnicott, *Fear of Breakdown*, op.cit.

163. Lacan says: “On the scopic level, we are no longer on the demand level, but on the desire one, the other’s desire. It is the same for the invocative drive, which is the closest to the unconscious experience.”, in Jacques Lacan, *The Four Fundamental Concepts of Psychoanalysis*, New York, W.W. Norton, 1998. According to my hypothesis, however, the invocative drive can only emerge after the unconscious experience of the loss, as the first symbolical inscription of otherness.

Chapter V: A SELF-DESTRUCTIVE VIOLENCE

164. Reference to Patrick Chamoiseau’s magnificent novel, *Texaco*, Gallimard, Paris, 1992.

165. I grasped the importance of naming the patients during certain phases of the therapy to punctuate their symbolical inscription in time.

166. For Lacan, the collapse of desire or “fading” is the vanishing of the subject. The subject must disappear in order to become the being of its desire.

167. Daniel Maximin, “Pour céder une enfance”, *L’invention des désirades*, Le Seuil, Paris, 2009.

168. Corinne Sollicec, *Le Petit Corps*, Gallimard, Paris, 2006.

169. Exactly like Edgar Allan Poe’s Purloined Letter. (Tales By Edgar A. Poe, 1845).

170. “Secret” means “in an isolated place,” a term coming from the Latin *secretum*, from the verb *se cernere*. meaning “to discern.”

171. Jacques Lacan, *Seminar XVI: From Another to the Other*, London, Karnac Books, 2002.

172. Quoted in the foreword.

173. Annie Ernaux, *L’Événement*, Gallimard, Paris, 2000.

174. Anny Duperney, *Le Voile noir*, Le Seuil, Paris, 1992.

175. Research shows that during the first six months of life, a critical moment, for the baby who sleeps in the same room as the mother (not in the same bed) the risk of sudden infant death may be reduced by 50%, as this occurs during phases of very deep sleep. (C. Saint-Stéban et al., *Archives de pédiatrie* 17, 2010).

176. I use here the term “psychic splitting” to translate the term *Spaltung*, which means “separation,” first used by Freud and Breuer in the sense of splitting the content of conscience between the Unconscious system and the Preconscious-Conscious system and its articulation with the refusal of saying and seeing.

177. We cannot help noticing that more and more often the press features stories about children being forgotten in cars, most often by their fathers.

178. See *The Impossible Birth or The Enclaved Child*, op.cit., p.137.

179. The term “Caesarean” comes from Caesar, alias of the *gens* Julia, which was the name of Caius Julius Caesar and was then passed on to all Roman emperors. But the origin of the name is questioned: it may come from the Latin *caesaries* “(long and abundant) hair” or from *coesus*, from the verb *caedere* “sculpt, cut,” in the sense “pulled from the mother’s womb by excision” (Dictionnaire Le Robert). We can better see how the incorporation of the name of the Father precedes the symbolical castration. For this reason, having one’s long hair or plaits cut reactivates a primal unsymbolized anxiety of castration. On the other hand, to tear one’s hair out or eat it acts

out the attempt of feeling the pain of the loss by recovering the memory of the images lost at birth.

Chapter VI: SEEKING THE BODY OF BULIMIC WOMEN

180. This is frequent in children aged eight to ten.

181. Sandor Ferenczi, “Réflexions sur le traumatisme”, in *Psychanalyse*, t.4, Payot, Paris, 1982.

182. What Sandor Ferenczi calls “paternal hypnosis”

183. In the myth, Erinona was a pure wise young girl who had made friends with certain goddesses. Aphrodite, vexed and jealous decided to trigger in Zeus a passion for her. To hinder their love, Hera, her sister and the very jealous wife of Zeus, managed to have the young girl raped by Adonis. We see in this myth the deployment of the most archaic feminine motions: envy, hatred, murderous jealousy among women and the desire of destruction towards the young girl who seduces the father, according to the oedipal complex.

184. Freud in *Three Essays on the Theory of Sexuality*, op. cit., writes “The sexuality of most men shows a taint of aggression, it is a propensity to subdue, the biological significance of which lies in the necessity of overcoming the resistance of the sexual object by actions other than mere courting.”

185. Sigmund Freud, *Civilization and its Discontents*, S.E. XXI.

186. In France, the law condemning rape was only inscribed in the penal code in 1978.

187. We must also think about the increase in pheromones and the intensity of olfaction (which increases tenfold) during certain phases of the menstrual cycle, with a peak just before the period.

188. See *L’Impossible Naissance ou l’Enfant enclavé*, trans. *The Impossible Birth or The Enclaved Child*, op. cit.

189. Doctors used to call cystitis “the brides’ disease”.

190. The Lemnian Women, punished by Aphrodite, became so smelly that their husbands rejected them. Outraged, they killed all the boys and men of the island. Except for Hypsipyle who saved her father Thoas, son of Dionysos, by hiding him in a secret closet (secretum) where children traditionally were hidden.

191. An insect that breeds every day and disappears. For those living beings creation is synonym of disappearance, and disappearance as such is what living beings fear more than everything, writes Sabina Spielrein in

“Destruction as the Cause of Coming Into Being,” *Journal of Analytical Psychology*, 1994, 39, pp. 155-186

192. Sigmund Freud, *Three Essays on the Theory of Sexuality*, op. cit.

193. We find again the discontinuity between the superior and inferior part of the body observed in bulimics and anorexics. Researchers have made experiments with bulimic and non-bulimic women and found that bulimics have difficulty perceiving and recognizing their right hand: Jesper Brønsted Sorensen “The Alien-Hand experiment” in *Journal of Phenomenology and the Cognitive Sciences*, 2005.

194. Françoise Dolto, *Sexualité féminine*, op. cit., p. 88.

195. With her ritual, Myrtille was much ahead of certain hypothesis of research in astrobology claiming that the Sun moves in relation to the centre of the galaxy and that these movements trigger a bombardment of comets directed to the internal solar system, the periodicity of the phenomenon coinciding with the mass extinction of life on Earth. See *Sun’s Movement Through Milky Way Regularly Sends Comets Hurling, Coinciding With Mass Life Extinctions*, May 2008, Cardiff University.

196. “The darkness of night hides a mystery involving the entire Cosmos, its extension and its history. It is formulated as follows: if space is infinite and uniformly filled with celestial bodies, in whichever direction we look we must find a celestial body on the line of sight [...]. In a premonitory text called Eureka, Poe explained that the darkness of night was based on the finitude of the cosmic time. In fact, light spreads at a finite speed. Now, in a universe that is temporally finite, stars have not always existed. We can therefore receive their light only if it has had the time to reach us, that is to say, if the stars that emitted it are sufficiently close. The sky, therefore, does not uniformly sparkle because the stars (not necessarily the entire universe) have existed since a finite time”, Jean-Pierre Luminet, head of reserch at CNRS, conference “La topologie de l’Univers. L’Univers est-il chiffonné?”, 2008, <http://luth2.obspm.fr/luminet/topo.html>.

197. Annie Ernaux, *La Honte*, Gallimard, Paris, 1997.

198. Hence (maybe) the expression “to throw the baby out with the bathwater”.

199. The word “jealousies” is borrowed from the Italian gelosia, which designates a blind with adjustable horizontal slats whose function was to dissimulate women from indiscreet looks.

200. Small children very clearly distinguish on an olfactory level any hormonal change in their mother.

201. The Dogons had the right intuition: until the sixth week of embryonic life, the penis and clitoris are identical from a biological point of view and later, the prepuce of the penis and of the clitoris too (Miranda A., Farage, Howard I. Maibach, *The Vulva: Anatomy Physiology and Pathology*, Informa Healthcare, London, 2006).

202. She has fantasies that visually impose their presence to her, they appear under different forms and with different intensities, between waking dream, hypnagogic image and hallucination.

203. Sigmund Freud, *Civilization and Its Discontents*, op. cit.

204. Sigmund Freud, "Splitting of the Ego in the Process of Defense", in *Results, Ideas, Problems*, op. cit.

205. *Ibid.*, p. 284.

206. Pregnant women suffer from constipation under to the influence of progesterone. When they are anxious, a blockage of the peristaltism and a respiratory stop with full lungs occur: silence. The rumbling noises could play a role in the fight against death anxiety. According to Dr Bernard Auriol, there is a significant correlation between the rumbling noise and the corresponding emotional status. "Hence our hypothesis: the spectral bands corresponding to the various types of intestinal noises institute a bijection, a sort of implicit meaning, which almost invincibly relates them forever to the corresponding emotional states," "Biopsychologie du narcissisme primaire", *Synapse*, n°65, pp. 27-35, 1990.

207. Oxytocin is a hormone secreted during labour: it causes muscular contractions and facilitates the expulsion of the placenta as well as orgasms, feelings of love and attachment.

208. When the father is absent during foetal life, the "external" voice of the mother is heard as from the end of the sixth month (see note 154).

209. Nicolas Abraham, Maria Torok, *L'Ecorce et le Noyau*, Flammarion, Paris, 1987, p. 247.

210. D.W. Winnicott, *Through Paediatrics to Psychoanalysis*, op. cit.

211. See *L'Impossible Naissance ou l'Enfant enclavé*, trans. *The Impossible Birth or The Enclaved Child*, op. cit., pp. 125-150.

212. Perinatal and postnatal depressions, known as the baby blues, are often kept secret, as they cause feelings of guilt in women due to the original fantasies that accompany them. In fact, the baby blues I talk about at the seventh month are not indexed, to my knowledge, among the most recurring baby blues. On the contrary, those occurring after birth "are seen and uttered" by the majority of women (between 70% and 80%). Only 15% to 20% of women who have experienced a post-partum baby blues

will later suffer from an authentic maternal postnatal depression (between the second and sixth month).

Chapter VII: SELF-RECOGNITION

213. During adolescence, the quantity of sexual pheromones produced by the sweat glands increases greatly, especially on the hairs under the armpits and on the pubis.

214. Annie Ernaux, *L'Événement*, op. cit.

215. Coca-Cola, which used to contain alcohol in the first formula, was invented by the pharmacist John Pemberton in 1885 as a cure for diarrhoea, stomach aches and nausea. The name comes from the initial composition (coca leaves and cola nuts). The traces of cocaine have aphrodisiac, stimulating and analgesic effects (see Freud, *On Cocaine*, Complexe, Bruxelles, 1976) (<http://www.heretical.com/freudian/coca1884.html>). Coca leaves were progressively reduced and replaced with caffeine. Nonetheless, we find with the sweet, acid and slightly citric taste of the cola, the taste of the "acid water" of chocolate (see note 95) that often little children call "cola" (which in French sounds like the end of the word "*chocolat*"). Soap was invented in Syria three thousand years ago and was made with olive oil and soda and used to clean body and hair. In all Mediterranean countries, even today, we find the popular traditions consisting in giving olive oil to drink to women to help them give birth more easily and facilitate the digestive process and to children to heal breathing problems, asthma in particular. Soda, on the other hand, is a corrosive product that removes stains (traces). We can see in the confusion between Coca-Cola and soap the contentious desire to keep the child in the womb and expel it entirely, removing any traces.

216. I believe that at the beginning of the mirror stage (see Lacan), at the age of six months, the child recognizes the father's face, as well as the mother's, as the face of an other in the extracorporeal space. Nathalie Fortier (*La Reconnaissance du visage du père chez le nourrisson de cinq mois*, Université Laval, May 2000) tends to reinforce my clinical intuition.

217. See Annie Ernaux's publication, *L'Usage de la photo*, Gallimard, Paris, 2005.

218. The root *wer* of the word "*vert*" (the French for "green") means "true" and "likely", from the Latin *verus* which means "see, true." The term "emerald" comes from the Persian "heart of stone." Its intense green is a symbol of love, hope and rebirth in many ancient mythologies (in Egyptian myths, Greek myths, etc.)

219. See the modelling in *L'Impossible Naissance ou l'Enfant enclave*, trans. *The Impossible Birth*, op. cit.

220. See the modelling on the website <https://tamara-landau.net/en/the-tightrope-walkers-of-oblivion-prenatal-origins-of-anorexia-and-bulimia/the-tightrope-walkers-of-oblivion-appendices/>

221. Françoise Vinerbet, a psychoanalyst who participated to my symposium.

222. Taking into account the gestures and colours of the words and clothes of anorexic patients, I discovered that some suffered from synaesthesia (of colours and/or numbers). They never mentioned it because they believed it was the same for everybody.

223. A very interesting testimony is that of Daniel Tammet, an autistic scientist, *Born On a Blue Day*, Free Press, New York, 2007.

224. Sigmund Freud, *The Uncanny*, S.E. XVII.

225. I detected several forms of asomatognosia (difficulties in recognizing one's body without touching or looking at it).

226. The "life belt" of bulimics is a way of representing a space with a hole, which in topology becomes a torus. This means they can inscribe the signifier of the Name of the Father as a hole in the real and in the symbolic, in contrast to anorexics, who, as Yvan showed us (note 107, p.218), think of themselves as being in a space with no hole, like a sphere or rugby ball.

227. We notice that the gonads of both sexes also have a movement of collapse before birth: the "bags" of ovaries see their content vertiginously decrease as it passes from 7,000,000 primitive oocytes at six months to 700,000 at birth without changing places, while the "bags" of the testicles, placed at the level of the kidneys, are empty, the seminal cords always remain full of germinal cells and "fall" into the scrotum before birth.

228. Jacques Lacan mentions this in *The Seminar of Jacques Lacan: On Feminine Sexuality, the Limits of Love and Knowledge, XX*, New York, W.W. Norton & Company, 1999.

229. Sigmund Freud, *New Introductory Lectures on Psycho-Analysis*, S.E. XII.

230. Jean Lhermitte, "De la sois-disant héautoscopie interne", in *L'Image de notre corps*, L'Harmattan, Paris, 1998, p. 229.

231. Gabriella Zappellini, "Formes de l'espace et origine de l'art", in La Ginestra, franco Angeli Edizioni, 2000, pp. 47-48.

232. The stalagmite in Amnisos was transformed into a Phallus and sacralised with rites of passage and mysteries in honour of the goddess of Fecundity.

233. In biology, we find this dynamics at the cellular level (with the process of the "apoptosis" and in stem cells).

234. I cite it in *The Impossible Birth or The Enclaved Child*, op. cit., p. 23.

235. A "whiting" is a type of sea fish. In French the word was used in a familiar way to designate the "hairdresser" and comes from the wigmakers who were all powdered in white like a fish in flour before being fried.

236. Alain Berthoz, *Le Sens du mouvement*, Odile Jacob Paris, 1997.

237. Françoise Dolto, *Sexualité féminine*, op. cit., p. 65.

238. The feeling of having a body, perceiving one's body, does not correspond to acknowledging one's body, which is a much slower process in the development of the child.

239. Sigmund Freud, "The Uncanny", op. cit.

240. Ibid.

241. In fact, the mother, during gestation, considerably increases her cardiac rhythm and her respiratory and blood volume, with a much enriched blood (in iron, haemoglobin, etc.).

242. Process of incorporation and fusion that occurs during embryogenesis: around the seventieth day, the vessels that will form the child's heart and that were developing before the buccal-pharyngitis membrane move to the primitive intestine. Then the fusion and disappearance (apoptosis) of the partitions separating the first two cardiac tubes will form the primitive cardiac tube.

243. Some researchers believe that the model of the mouse, with the founding capture of a retrovirus, the ability of creating fusion and the immunosuppressive function of retroviral cells, could be at the origin of the creation of placenta in mammals and in the human species. (A. Dupressoir, C. Vernochet, et al. 2009).

244. The synchrony of the menstrual cycle is a phenomenon discovered in 1971. It is caused by axillary pheromones that induce a synchronic period in women with no parental link living together (Martha K. McClintock, "Menstrual synchrony and suppression", *Nature* 229 (5282), pp. 244-245). We can therefore think that if in a symbiotic bond between mother and daughter or between sisters, and even more so in twins, this phenomenon occurs, especially if the symbiotic bond is also present at the cellular level,

we have a case of chimerism. A group of American doctors (Neng Yu, Margot S. Kruskall, et al. in “Disputed maternity leading to identification of the tetragametic chimerism” in *The New England Journal of Medicine*, 2002) discovered that a patient was a “chimera,” that is to say a combination of two individuals, two fraternal twins who had fused in the uterus. Later research has shown that an organism can host “chimeras” for all its life: cells of the mother, of the grand-parents, of elder brothers or sisters, collected during gestation via the placental blood.

245. Like the heart disease and heart attacks from which mothers suffer when “their” child gets married or in women after a particularly painful break up. This is known as “Broken Heart syndrome,” 90% of diagnosed cases of which have been in post-menopausal women. The Japanese researcher who discovered this pathology, which is related to the emotional sphere and causes “a ballooning of the heart,” called it “Takotsubo syndrome”, from the Japanese term used to describe an octopus trap.

246. “It may happen that perception arouses the mnemonic image of a painful sensation experienced in the past by the subject so that he feels the correspondent unhappiness and reiterates the appropriate defensive movements. That is what is called “sympathetic value” of a perception”, Sigmund Freud, *La Naissance de la psychanalyse*, op. cit., p. 350).

247. During a face to face session, an anorexic and bulimic analysand could see curls of coloured vapours coming out of my mouth as I talked, drawing in cursive handwriting everything I was saying. The vowels were always the same colour, but took on different nuances according to the adjacent consonants (synaesthesia of colours, as in the case of O. Messiaen, the composer, who could hear coloured notes). She had always had that vision of coloured vowels (like the poet A. Rimbaud, who was not a synesthetic) when she read a printed text or one written in ink on a white sheet. This clinical observation and the recurrence of synaesthesia in anorexics, made me think that the transformation of the voice into coloured writing that incessantly writes itself, as the automatic writing of poets shows, is an unconscious process structured in the human being since the first weeks of foetal life, before the ability to dream.

248. A holophrase is a word-phrase, that is to say a sequence of signifiers stuck together without caesura.

249. Sigmund Freud, *The Uncanny*, op. cit.

250. In France the legal deadline to declare a child to the civil status after birth is three days.

251. “Lalangue” is a neologism introduced by Lacan. It is a language transmitted by the mother or person who takes care of the child after birth

and represents the first relation to the language linked to *jouissance* rather than to meaning.

252. The medical term for baby-blues is “third day syndrome.”

253. Researchers have long believed that major distress for the mother during pregnancy can cause congenital malformations in the foetus (D. Hansen, *The Lancet*, 2000: résumé in *La Recherche* 336, nov. 2000).

254. Sigmund Freud, *La Naissance de la psychanalyse*, op. cit. Lettre n°42, p. 141 and *Project for a scientific psychology*, p. 315 and following.

255. “Let’s suppose that the object perceived is similar to the subject who perceives, that is to say a human being (Nebenmensch). The theoretical interest that it arouses can be explained by the fact that it is a similar object that has brought to the subject the first satisfaction (and also his first unhappiness) and which was for him the first power. The awakening of knowledge is thus due to the perception of others”, Sigmund Freud in “Project for a scientific psychology,” art. cit., pp. 348-349.

256. Sylvie Le Poulichet shares my opinion and shows very subtly in her last book (*Les Chimères du corps*, Aubier, Paris, 2010) how the process can start working again during therapy.

257. Several factors (socio-economical, cultural, technological, pharmacological, ecological, nutritional, etc.) occur in the intensity increase of the symbiotic bond in our consumer societies. Nonetheless, an interesting piece of data is that, according to a study by the French Family Allocations Office (CAF), published on November 10th 2010, births of twins have increased by 79% in France during 1979 and 2009. The reasons given: ART (Assisted Reproductive Technology) and especially gestations after the age of thirty, which increase chances of a multiple pregnancy. In my opinion, this explanation is insufficient as it fails to take into account the psychic factors related to the death anxiety and to the symbolical and imaginary flaw of the representation of the time of the object that we have approached in this publication and that are the cause and not the effect of the problem.

Conclusion

258. Sigmund Freud, *The Uncanny*, op. cit. The term *Heim* in German means “house” and *heimlich* has the meaning of “familiar”, “intimate”. *Pudenda* is a Latin term meaning “shameful genitalia that must be hidden”.

259. See “Primordial Imprinting and Constitution the Sense of Existence” in *The Impossible Birth or The Enclaved Child*, op. cit., pp. 109-123.

Tamara Landau

The Tightrope Walkers of Oblivion

Being transparent, having no body, not recognising oneself – these are the strange constant feelings anorexic and bulimic women experience. The former seek to remain both invisible and immortal through the most rigorous abstinence, whereas the latter abandon themselves to immoderate eating to the point of intoxication or annihilation. Thus, without knowing what is tormenting them, they walk the tightrope between two vertigoes, that of life and that of death.

Reflecting on the causes of these pathologies, where foetal life, and the transmission of unconscious experiences by the mother and grandmother play a crucial role, the book is the result of a long process of listening. Clinically, it details several cases that give us a better understanding of these destructive disorders. Theoretically, it presents a a bold reflection, constantly confronting the most surprising intuitions with the latest advances in science.

Expanding upon her earlier analyses on the “impossible birth”, Tamara Landau presents a masterful study of a recurring condition that remains enigmatic.

Tamara Landau is a psychoanalyst and sculptor. She is a founder of the Société de psychanalyse freudienne (SPF, Paris) and of the MnemoArt research group. She has already published, with Éditions Imago, *Accoucher ou faire naître* (‘Delivering and Giving Birth’, 2019) and *Les Funambules de l’oubli, Origines de l’anorexie et de la boulimie* (‘The Tightrope Walkers of Oblivion - The Origins of Anorexia and Bulimia’, 2012).

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