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THE EGO IN ANOREXIA: EGO-SYNTONIA NARCISSISM & IMAGINARY NOMINATION

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This paper was presented on September 17th, 2017 in the Lacanian Compass video seminar series as a lead up to Clinical Study Days 11: Delights of the Ego in NYC, Feb 2018. In this talk Domenico Cosenza unfolds, in a brief manner, his years of research and many publications, as well as his reflections on many years of experience working with anorexic patients as a Lacanian psychoanalyst, not only as a clinician, but also as a director of institutions in the field. Cosenza focuses on the anorexic subject’s relationship with the ego, which according to Lacan is the human symptom par excellence, a place of condensation between imaginary identifications and libido. Cosenza takes this perspective to clarify a crucial difference between the approach to anorexia of the post Freudians and that of Lacan, who instead of situating it as a type of weakness of the ego, asserts that in the core of the anorexic symptom there is a narcissistic jouissance, an Ego-Syntonia associated with an exercise of power that the subject inflicts over its own body — and the ones around it — in the search for the ideal image of the thin body, sustained by the object nothing.

To limit this narcissistic jouissance of renunciation it will be necessary to find the specific tools for each case, as the “image of the body” for the anorexic subject also touches the junction between the real and the symbolic. Thus to treat the relationship with the image, one needs to enter into the dialectics of transference, that is, into the discourse of the Other, in order to metaphorsize the image through a chain of signifiers, because when this does not occur, the image will remain frozen, outside of discourse, and the treatment will be difficult. In this sense, Cosenza makes a fundamental distinction between hysterical anorexia, and anorexia nervosa, the first one having the possibility of using phallic signification to limit the power of narcissistic jouissance; the latter in need of finding other inventions to establish an anchorage beyond the anorexic symptom to contain this limitless jouissance.

The author ends his proposal by underlining the strong refusal that these subjects have, which is linked to a sense of identity; the statement “I am anorexic,” becomes a position with which they usually represent themselves and is taken as a way of being, a solution that denies the deathly risks at stake. However, this is a solution that needs to cling to Ego-Syntonia to be able to sustain itself and it is not usually stable for a long time, as there is often a pass to Bulimia. This pass will bring anxiety into play — Ego-Dystonia — and that may be an opening to the Other, and therefore to treatment.

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I would like to thank you very much for inviting me to take part in your preparatory work for the next Clinical Study Days in New York in early February 2018. I found the subject and the preparatory topic very stimulating indeed. I have tried to tackle it based on my clinical experience in the field of eating disorders. I had the opportunity to discuss this topic a few years ago in the United States at a seminar in Miami, which I was invited to by Alicia Arenas. In fact, this is a very important subject, particularly in the clinic of anorexia nervosa, as I will try to show you in this brief presentation. In short, I will take your subject of Delights of the Ego as an opportunity to elaborate on a cardinal issue for the clinic of anorexia, which I have never tackled directly before. I will talk to you about the role of the ego in anorexia. And I will try to develop this topic by paying special attention to three singular aspects that characterize its emergence: ego-syntonia, narcissistic prevalence, and imaginary nomination.

The Ego as an Object of Passion

From Freud, psychoanalysis teaches us that the ego is an object of passion. This is not only to say, as Freud has shown, against the conscientious tradition of modern philosophy and psychology, that the ego is not the foundation of our being, but also that it is, rather, a secondary product of it. This passage, which Freud did not hesitate to call a narcissistic frustration, clearly puts the ego in a non-central position. The ego is not the master of psychic life; it is a function derived from it. It is an object produced by psychic experience. The importance given to the status of the ego is probably the most important difference between post-Freudian psychoanalysis, in particular Ego-Psychology, and the Freudian discovery of the Unconscious. This is a discovery that Lacan sought to take up again with his return to Freud.

Conceiving of the ego as an object of passion also necessarily means highlighting the imaginary condenser status of all the fundamental identifying layers of a subject’s life, as Lacan did in his classical teaching. This is the image that Lacan offers us of the ego as an “onion” in Seminar I, which is dedicated to the question of the ego. Once all the identifying layers of the subject’s mirrored relationships with the Other, upon which its structure is built, have been removed, nothing remains in the centre. In this sense, Lacan speaks of the ego as a ‘line of fiction,’ as the human symptom par excellence, and the mental illness of man.

Yet this reading of the ego as an object of passion is not entirely satisfactory if we consider it in relation to Lacan’s advanced teaching. After all, on this point Freud had clearly picked up on a constitutive relationship between the ego and the libido, which

makes the ego a place of condensation, not only of imaginary identifications, but also of jouissance, which becomes ensconced in these identifications, making it difficult for the subject to change during a treatment. To sum up Freud’s classical formula of the subject’s conundrum: ‘I am the best at seeing, but the worst at following,’ which patients express in many ways when they arrive at this crossroads during an analysis.

THE EGO AND JOUISSANCE

In this sense, the topic of the delights of the ego leads us to think about the ego’s relationship to enjoyment, and the function of the ego as a place of a condensation of the libido. As we know, Freud introduces the notion of narcissism precisely to enable us to consider the relationship between the ego and the enjoyment connected to the image the subject has of itself. In this regard, Freud distinguishes between two forms of narcissism. The first is a primary narcissism, in which the ego is established during early childhood, starting from the omnipotent ideals of the child’s parents, to which he or she adheres completely. Then there is secondary narcissism, which is produced by the child’s progression through the Oedipal stage, which introduces a symbolic limit to the subject’s jouissance in relation to his or her own image. Lacan takes up this Freudian distinction and re-articulates it through the distinction he proposes between the ideal-ego (ia) and the Ego-Ideal (IA). In Lacan’s classical clinic, the neurotic appears as a subject who has been able to incorporate the Oedipal law and constitute an Ego-Ideal that serves as a compass to guide his or her desire. However, when this progression is not structured, the subject remains prey to primary narcissism, trapped in the fundamental narcissistic relationships of his or her own life.

ANOREXIC EGO-SYNTONIA

Well, what I would like to propose today in order to contribute to your debate is a reflection on the problem of the delights of the ego based on the clinic of anorexia nervosa. I would like to take the following thesis as a starting point: the Lacanian approach to anorexia is the reverse of the dominant approach in post-Freudian psychoanalysis. The second part of this thesis concerns the ego. For post-Freudians, especially those who draw on the tradition of Ego-Psychology, such as the pioneer of the American study of anorexia, Hilde Bruch, at the heart of anorexia nervosa it is purported that there is a fundamental fragility of the ego. This is a deficit of the ego that their treatment sets out to strengthen by adapting it to the principle of reality. The thesis we can draw from Lacan, and from Lacanian scholars concerned with anorexia, is quite the reverse.²

Instead, we find a hypertrophy of the ego in anorexia nervosa. The narcissistic dimension dominates the ego, which finds a special anchor point in a fixation to the ideal of the image of the thin body. For Lacan, the key question of anorexia is not to be found at the level of the imaginary. Rather it lies in the junction between the symbolic and the real. For this reason, in our opinion, Lacan, who is also the theorist of the mirror stage, does not situate the fundamental problem of anorexia nervosa at this narcissistic level. The hypertrophy of the ego in anorexia is, rather, the effect, or the solution, that the subject finds when faced with his or her own impasse, which usually occurs at the time of puberty, in the juncture between the dimensions of the symbolic and the real. We will look at this in detail shortly. For now, I would like to draw your attention to an essential clinical element of anorexia nervosa, which concerns the theme of Delights of the Ego. Anorexic patients display an extraordinary attachment to their symptom. For this

reason, they are severely opposed to any attempt to cure their condition, to counteract their extreme thinness, and to encourage them to nourish themselves. More radically, they do not recognize their condition as pathological, and therefore see no need for treatment.

Rather, they love their condition, and are attached to their extreme thinness, which they in fact strive to accentuate more and more. This factor places them at risk of death, yet they do not experience it as a problem. Generally, we gather these clinical observations together using the term “ego-syntonia.” With this term, we underline the fact that for the anorexic subject, his or her symptom is neither a disorder, nor a factor of division. Rather, it is a happy solution, a positive solution, as is the case with drug addicts, at least for a while. It is a happy marriage. In other words, anorexic subjects enjoy their own symptom, in an extreme, unlimited manner. Because of this, it is not uncommon for them to reach the point of death itself, or often the borders of death. This condition is quite different from the partial, ambivalent, ego-dystonic jouissance experienced by the subject due to neurotic symptoms. This is very apparent in the most extreme clinical situations. When the body is in a state of severe malnutrition and there is a risk of death, the anorexic subject continues to deny the evidence and refuses to be admitted to a hospital, often compelling the physicians and family members to take forced action.

**BODILY DISCIPLINE AND NARCISSISTIC JOUISSANCE**

In fact, anorexia can also be defined as a treatment of the body, radical bodily discipline. A treatment designed to exercise extreme control over the body. The anorexic subject seeks to be the absolute master of his or her body, and the euphoria they experience is largely connected to precisely this domain. This domain encompasses control of the family Other, tormented by the threat of death incarnated by its own symptom. At this level, anorexic ego-syntonia is linked to an exercise of power, exercised over the subject’s own body and the people who are emotionally connected to them. It is not just a question of losing weight: for the anorexic subject, controlling their body also means devitalizing their impulsive investment in objects and not depending on them in the exercise of satisfaction. As a result, the libido, removed from the objects of the world, and disengaged from the Other, retreats into the ego. In this sense, anorexic jouissance is essentially a narcissistic jouissance. An enjoyment that at the same time keeps the Other under tension, anguished by the perverse maneuver that Lacan calls the threat of disappearance.

**THE HYPERTROPHIC IDEAL OF THE THIN BODY AND ITS PARADOX**

The anorexic treatment of the body and the narcissistic jouissance that the subject derives from it have an essential point of support: the hypertrophic ideal of the thin body. This serves as a compass, a point of reference around which the practices of body treatment in the anorexic patient’s daily life are organized. The problem that often arises in such cases, however, is that for most of these patients there is no threshold below which they will not go. The narcissistic jouissance of renunciation linked to the image of the thin body is limitless. Herein lies the paradox of anorexia linked to a narcissism of the thin body image and its mastery. The more the patient exerts their dominion over their body by refusing to follow the drive, the more they become a slave to the enjoyment of renunciation. For the subject, this jouissance of rejection is impossible to control and can lead them to kill themselves. In anorexia nervosa, in fact, the subject lacks a phallic anchorage of the body capable of placing a limit on the enjoyment that organizes it, and of attaching it firmly to the field of the Other. For this reason, we must distinguish very carefully between hysterical anorexia, in which the body is symbolically organized around phallic law, and serves, in its thinness, as a cause of desire, and anorexia nervosa, in which
the body is de-phallicized, without the anchor of the phallus, in the grip of an unlimited jouissance and a source of horror.

**BEYOND THE PHENOMENON: ANOREXIA, AND THE PATHOLOGY OF THE ‘IMAGE BODY’**

As I said at the beginning, Lacan gave us the theory of the mirror stage, with which he could easily have tried to say something about the peculiar clinical phenomenon of ‘body dysmorphic disorder’—a distorted perception of one’s body, which is so typical of anorexia nervosa. According to this phenomenon, as you know, the anorexic patient sees the image of his or her body as increasingly fat, compared to how it is perceived by others, and always discordantly in excess of the scientific weight measuring instruments, (the scales) and Body Mass Index (BMI).

For this anorexic subject this perception takes the form of a certainty, presenting itself in the form of an indisputable fact. Several Lacanian scholars have tried to re-read the clinical question specific to anorexia in light of the mirror stage. More precisely, they have attempted to interpret it as a peculiar failure in the subject’s passage through this structural crossroads. Some have traced its origin back to the maternal Other’s judging attitude in the mirror with respect to the body of the anorexic subject. This is the position taken by Recalcati, for example, when he speaks about a grimace of the Other of the anorexic subject in the mirror, as a sign of the devaluation of its body.3 Other authors have highlighted the persecutory dimension at play in the anorexic subject’s encounter with the mirror. This is the case for Nieves Soria, for instance, who has spoken about the return of the real of the gaze of the Other in the mirror, as the source of the anorexic subject’s problem with their own body image.4 The gaze of the Other introduces an essential sense of mortification in relation to the subject’s body image, which is Soria’s definition of anorexia as a body in anamorphosis.

In general, I would say that these readings try to fill Lacan’s silence in relation to the narcissistic dimension at stake in anorexia nervosa through a clinical application of the mirror stage theory. As I argued last year during some conferences, in Rome and in Dublin, I think that Lacan’s silence in this regard was significant. This significance consisted in his shifting the focus of the issue of anorexia away from the primacy of the narcissistic dimension, and instead bringing it to the very heart of anorexia, to an invisible nucleus that bears the visible plot of its symptomatic manifestation. In this sense, I thought it would be interesting to take a cue from Miquel Bassols, who, based on the literary work of Lizama Lima, provided a useful idea at the WAP Congress in Rio on the topic of the speaking body. In this regard, Bassols emphasizes the ‘image body formula,’ which refers to the structure of the image as governed by the laws of language.5

It is the signifying structure of the image that is at stake in this definition. This structure can function as such, provided that the traumatic action of lalangue on the body of the speaking being (parlêtre) has produced an effect of inscription and of a loss of jouissance. If this effect of loss does not occur, the image does not function as a signifier for the subject, but rather remains fixed, frozen, holophrastic, disconnected from a dialectics with the Other. The hypothesis that I want to advance, then, is that in anorexia nervosa, the dysmorphophobia in regard to the body image is not a problem that can be read at the level of the image of the body, that is, whether or not the body image fits with reality. Rather, it is

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the effect of an ‘impasse,’ which is invisible at the
level of the ‘image body’ and which does not allow
the image to assume a metaphorical value for the
subject in the signifying chain of speech. The image
of the body remains, for this anorexic subject, outside
do discourse. As is the case with their relationship to
food, outside of discourse (hors discours), at least, fac-
tually (de fait), as Carole Dewambrechies La Sagna
says, if not structurally (de structure).  

LACAN AND THE ANOREXIC QUESTION:
THREE NODEAL POINTS

To pick up the threads of our discussion again, we
could say that Lacan bases his reading of anorexia
on two explicit pillars in his teaching. We propose
adding a third, based on his most advanced teaching,
which could allow us to clarify an essential clinical
aspect of anorexia that concerns the issue of the ego.
The two pillars of Lacan’s reading consist of: the
‘nothing’ (rien) object and the refusal. Rien is the ob-
ject at the heart of anorexic jouissance, and presents
itself as an object that is not partial, rather, in its own
way, absolute, unaffected by the action of the signifi-
er. It is an object ensconced in the body, not extract-
ed, and that therefore cannot act, like other objects,
as a cause of desire. Rather, it functions as a cause of
inertia and non-desire, to take a recent definition by
Jacques-Alain Miller.  

Anorexic enjoyment therefore presents itself as a jouissance of nothing. Such enjoy-
ment is exerted through the action of refusal, which
is the basis of the anorexic decision to ‘eat noth-
ing.’ The refusal is not simply a refusal of food. As
Augustin Ménard has pointed out, what the anorexic
subject refuses is primarily to eat the signifier.  

Their fundamental refusal, to take up Miller’s formula, is a
refusal of the Other. Eating nothing and refusing the
Other are two sides of the same operation.

There is, however, a third operation distinguishing
anorexia that needs to be explained because it relates
to a clinical aspect specific to this position. This con-
cerns the issue of identity naming, and the special
importance that identifying the subject’s condition
assumes in anorexia. In anorexia, the subject names
his or her being through an identification with the
anorexia itself: "I am anorexic." This is an integral
action of attaching the individual’s ego to that condi-
tion, which is not experienced primarily as a pathol-
ogy, but rather as a lifestyle. Through this opera-
tion, which we can define, as Soria proposes, as an
imaginary nomination, the subject’s being is defined
through its identification with a generic, universal
identity.  

This definition offers the ego a certain sta-
bility, through its rigid identification with the condi-
tion and an anorexic ideal. It is an imaginary stabili-
ization that can even be sustained for a long period of
their life, but rarely until the end of the life.

PSYCHOANALYSIS AND THE ANOREXIC
SOLUTION

What usually happens, though, except for some
rare exceptions, is that the anorexic solution can no
longer be sustained on its own. It is at this point
that the subject moves towards bulimia, surrenders
to the drive, towards the object, and loses its alleged
purity of origin. At this stage, a step is taken that is
favorable for beginning treatment. A crack is intro-
duced that gives way to an experience of the loss of
control, to an ego-dystonic sensation in the life of
the anorexic subject. Patients will often make every
effort to restore their initial anorexic condition, but
they are mostly unsuccessful. It is at this point that
the path is cleared for the initiation of a treatment
gear ed at enabling the subject to find and to assume
a different name for their subject position. ‘One’
name, which is no longer imaginary and generic, but
rather symbolic and singular. This is the point at
which psychoanalysis can implement the full poten-
tiality of its discourse in the treatment of anorexia.

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6. Dewambrechies La Sagna, C. “L’anorexie vraie de la jeune fille” La
Cause freudienne 63 (juin 2006): p 57-60.
7. Miller, J-A. (sous la direction de), Situations subjectives de déprise sociale
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