



## CLINICAL STUDY DAYS 2 DISCUSSION OF CASE

### ***It's a Family Affair: A Case of Bulimia Nervosa***

(by Yael Goldman Baldwin)

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It is an honor to participate in the Second Clinical Study Days with the distinguished presence of Marie-Helene Brousse. I would also like to acknowledge the exceptional work of Yael Baldwin that I had the privilege of responding to.

This case was one of a young woman, a student, attending a University. Her initial call for help was to see a medical doctor because she could not digest certain foods. A referral was subsequently made to the counseling center at the school. The therapist identified this setting as a difficult place to work, analytically. I will begin with an initial question for Yael. What were her precise words spoken at the time of the first session? Those initial words spoken by the patient are important later in the construction of the analytic symptom and often act as a signal for the direction of the treatment. I reflected on a sense of *jouissance* after I read some quotes from the patient. The death drive seemed to be inherent in the repetition of the symptoms. Jane's symptom was the ingestion of food without a sense of satiation. The statements of: "It just sits there, making me nauseous," and "I can't control it. I feel addicted," are reflections of this pleasure-displeasure repetition.

Yael's interest and thus the demand were for the patient to say the words that might provide meaning for the defined symptom of an "eating disorder." The desire to hear the symptom speak led Jane to produce many associations and significations. I wondered if the setting of the University influenced her production of extensive meaning. The therapist herself mentioned the discourse of the master in the background for the case. I thought much of what the patient had to say circulated around the meaning of the restriction of food and subsequent rejection of it.

Jane used her mouth prior to the therapy, not so much as the instrument to speak with but rather an instrument to throw up with. The oral partial drive was inherent in the patient's spoken words of mouth, nausea and the consumption of large quantities of specific foods. These foods were linked to each member of her family. Lacan has a statement in Seminar VII, *The Ethics of Psychoanalysis* that the process of an analysis is an "eating of the book" of one's life. Desire according to Lacan, is that which the "signifier over or under shoots...It is something that in every satisfaction of a need, it insists on something else; that the satisfaction formulated spreads out and conforms to this gap. Desire is...namely, something the demand means beyond what it is able to formulate."<sup>1</sup> This patient hung onto her symptom and the jouissance of bulimia never willing to keep her words ingested to find nourishment or satisfaction for herself and a different use of her symptom.

### *Partial Drives*

Oral partial drives were a family affair as Yael has so aptly named in her paper. There was the father's alcoholism and bulimia, the mother's anorexia, and the sister's eating disorder. In Lacan's short paper, *Note on the Child*, he stated: "The symptom may represent the truth of the family couple...The child is left open to every kind of fantasmatic capture. He becomes the mother's object and has the sole function of revealing the truth of this object."<sup>2</sup> Oral drives are related to the needs of the child and mother. To feed on the breast is initially experienced by a child as a fusion with the mother into one body. This imaginary, perfect union is present until the breast is removed and castration is felt. Jane did not speak much about the early relationships with her mother and father. I wanted to hear more of those early relationships. This might have provided some idea of her specific desires and the losses she experienced.

I was left wondering how Jane's self imposed restriction of food may have related to the early nursing ritual with the mother.

The patient sensed intuitively her mother was anorexic. Another quote from Lacan's paper, Note on the child is pertinent, "In substituting himself for this object a, he saturates the mode of lack in which the (mother's) desire is specified, whatever it's structure; neurotic, perverse or psychotic. In it, he alienates all possible access by the mother to her own truth."<sup>3</sup> Jane certainly took on the hidden symptom of her mother's anorexia. The mother was also consumed with "Payday" candy bars, and making money, demonstrating an investment in her ego, which placed her on the Imaginary Axis much of the time. This was a short treatment of one year and many questions remain for the patient and her next therapist.

Anal partial drives were clear in the way Jane controlled her appetite and then produced waste in the form of vomit. The anal partial drive circulated around the demands to retain secrets of the father's alcoholism and his affair. His bulimia, perhaps we could say, was a statement of something he could not stomach. It may have been the lack of a demand expressed by the couple for each other.

### *The Family Romance and the Oedipus Complex*

In quotes from the sessions, the patient had much to say about the father's shortcomings ("He's awful but he is a father. It is eating away at me;" and "I didn't blame her at all; just blamed Dad.") She pursued this rather than address her ambivalence with her mother. ("I want to be mad at mother and don't want to be mad at her.") I had another question about Jane and the family. Did the mother express desire for the father or just disdain, as is mentioned in the paper? The patient knew her mother and father slept in separate bedrooms, which did not reflect much semblance of a marriage. Yael described the father as the master but I would think it was more the mother who maintained control. For this patient, the "Name of the Father," was a castrated father who drank and even tried to kill himself when the affair was revealed. In this despair expressed by the Father, there is at least a desire for a woman, something outside him. We should also note he was the one who chose to be home in the afternoons when the children returned from school. I would have thought the mother would want this time with the children, but it was the father who did. This mother did not recognize the father was an alcoholic even though the children knew. I

wondered how that was possible. It seemed to me this mother did not want a connection with her husband or her children. Perhaps a castrated father offered a stronger link to desire than a mother who was more interested in making money and the image of the perfect family. The patient, herself stated she desired a closer relationship with her father and missed him after the divorce. These relationships would be useful to explore. Dreams and her fantasies may have held more openings into her unconscious and also illuminated some of this dynamic. The bulimia, which was not given up, maintained the precise connection to her father's symptom while the one symptom she was willing to part with was her anorexia, the symptom linked to the mother. Jane was literally what Lacan designates for us in his short paper "that which was symptomatic in the family structure."<sup>4</sup> The Oedipal relationship with the father remained intact.

I am aware, having treated several young women with the same symptom, that vomit erodes the enamel of teeth. One telling sign of the severity of bulimia is the degree of damage to the teeth, which brought me back to the issue of the death drive. Perhaps in her unconscious, she sought to destroy the very thing her mother at least, according to Jane, worked hard to preserve, teeth. Jane did not demonstrate a desire for perfectly white, glow in the dark teeth; instead she wanted grey dying teeth. Perhaps, this was an offering to the dentists, her mother and father, for teeth that always need attention, something she did not get as a child. The body and her sexuality are spoken about in reference to being separated from her boyfriend and a sense that her being alone contributed to her symptoms. Certainly, in her family, I had a sense that she felt alone.

The diagnosis of hysteria seemed appropriate to me. The hysteric situates herself as the object of desire. For Jane, castration remained as an issue. Subjective rectification or recognition of the bulimia as a choice would have moved her out of the position as a victim, and may have helped her to name the specific jouissance of ingesting large quantities of food and then rejecting it. The meaning and knowledge produced by Jane was extensive. The symptom of bulimia became more defined and left a gap open to further explore the ever present Object a, the source of her desire.

Therapeutic progress was demonstrated in her socialization and connection with others. In addition to the pleasure of consuming large quantities of food identified with the family and then later throwing it up, she began to use her mouth as the pleasurable, albeit incomplete instrument of speech, which she retained as a demand to the Other.

Thank you, Yael, for the opportunity to hear this fascinating case. It provoked me to formulate questions in cases where patients present with a defined "eating disorder."

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<sup>1</sup> Lacan, Jacques. Seminar VII, *The Ethics of Psychoanalysis* (1959-1960). Edited by Jacques-Alain Miller. (Translated by Dennis Porter.) W.W. Norton and Company, Inc. 1992. pages 293-295.

<sup>2</sup> Lacan, Jacques. Note on the Child. (Translated by Russell Grigg.) Originally published as *Deux Notes Sur L'enfant*, *Ornicar?* No. 37. 1986. pages 13-14.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.