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Starving Body, Starving Soul

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What is wounded in an anorectic young person?
The best description is by an anorectic girl when she says:
You don't know what it is like to be near this black hole!'
The black hole is a wound from loss of attunement in early infancy. It is opened up again during a crisis in the physically and emotionally developing adolescent girl whose whole brain is changing and her body becoming sexually mature.

Today I'm going to describe the experience of loss of loving emotional links with both internalized and external parents and siblings. After 40 years of working with eating disordered children from infancy onwards, I believe a starving body represents a soul deprived of the compassionate comprehension needed to survive psychologically. I shall begin by describing some general theoretical ideas regarding loss. They will be illustrated with the story of a 15-year-old girl born with a twin sister. I should emphasize that I have worked at Great Ormond Street Hospital psychiatric inpatient unit which admitted anorectic adolescents who were not able to be helped to recover in local health authority services.

I shall then go on to portray dreams from the therapeutic encounters with anorexic girls. I suggest that they demonstrate internal psychological development. I believe these dreams influence feelings about the self, the relationship with the internal parents and one's body image and sexual identity. All of this is presented with a sense of uncertainty with a wish for you to comment on what you think about the experience of loss, eating disorders and self-image.

This is anorectic Hanna's story. Like that of many twin siblings who, if placed in an incubator alone in hospital without much presence of parents or other ever-present carers, was at risk of severe anxieties as well as an eating disorder used to defend against such severe anxieties.

Twin Babies in Utero
Hanna, 15, had a Twin Sibling, Grace, with Whom she has been very Attached Since Conception.

Her mother said to both Hanna and Grace that she did not want the twins. She had wanted just one baby. It was too much for her because she was already a very dysregulated borderline psychotic traumatised person. For this reason, discovering she had conceived twins was traumatic for her! Graham Music, has written in Womb Life how the severe infantile anxieties in eating disordered young people may have commenced in the womb.

Music describes how the fetus, 'the baby in the womb', as I prefer to say, seems to show smiles, disgust and she puts her thumb in mouth to defend against anxiety. Also she swims around to feel more comfortable when uncomfortable. The baby blinks when exposed to light and becomes hyperactive when mother is stressed. The pregnant mother's state of mind affects the fetus. The unwanted pregnancy, the depressed mother, the severely anxious mother will influence the production of cortisol as a stress reaction. This will seep through to change the actual structure of the amygdala. Excess cortisol in the womb may cause the amygdala to become Hyperactive, predisposing the child to Anxiety, Fearfulness, or Emotional Dysregulation later in life. My assumption, therefore, is that Hanna was born as a severely anxious baby who was more difficult to comfort.

The Influence of Cortisol on the Babies in the Womb

Born Prematurely, Hanna and her Sister were Extremely Attached to one Another

Unfortunately, Hanna had breathing complications so she had to stay in the intensive care unit for two weeks, alone most of the time, while her sister Grace went home with their parents.

Alone in the Incubator

Stephen Porges' Polyvagal Theory (2017) states that ignoring a premature baby's cries can lead to a harmful impact on the development of as yet not fully developed neural connections that comprises the vagus nerve. When disrupted by the cries the vagus nerve leads to dysregulation of the parasympathetic nervous system which is responsible for regulating various involuntary bodily functions including heart rate, digestion, respiratory rate and the immune response for infection. Repeated lack of responsiveness to the baby's cry thus causes stress and anxiety. If the baby's anxiety is not transformed through therapeutic interventions, a caregiver's regular non-responsiveness involving leaving the infant to cry has a deleterious effect on the physical, emotional and cognitive well-being during time in the NICU and long-term throughout life!! [1].

The Experience of Loss of Twin-Sibling for Newborn Baby

When left alone in hospital Hanna lost her twin-sister Grace who was already a physical source of security in the womb. We know that separating premature twins is more anxiety-provoking than keeping them in co-bedding. The research shows that co-bedding provides better oxygen saturation levels, fewer episodes of apnea more stable heart rates; lower levels of cortisol stress hormone higher weight gain trajectories; attainment of developmental milestones earlier due to continuous physical and emotional interaction; as well as better social and emotional outcomes with fewer behavioral problems later on. We sometimes forget about the experience of separation and loss in relation to attached siblings [2-6].

The Experience of Loss of Ongoing Parental Containment

Hanna was very dependent on caregiving adults and, when they were absent and/or mis-attuned to her, she would have been initially terrified. As a baby alone in intensive care she would attempt to save herself from 'falling apart' by using what Esther Bick has called adhesive identification (1968). This involves finding ways to use her body to save herself from being terrified and falling apart psychologically. outlines ways that baby's have been observed using adhesive identification. She says: 'The baby holds himself together in a variety of ways. She may focus her attention on a sensory stimulus visual, auditory, tactile or olfactory. When her attention is held by this stimulus, she feels held together. She may engage in constant bodily movement, which then feels like a continuous holding skin; if the movement stops, this may feel like a gap, a hole in the skin through which the self may spill out.

Also non-stop movement of legs to help contain anxiety is remnant of this continuous movement. A third method consists of muscular tightening, a clenching together of particular muscle groups and maintaining them in this rigid position. This is an attempt physically to hold everything so tightly together so there can be no gap which could occur. It not only occurs with skeletal musculature but also in the smooth muscle of the internal organs so that the spasm might result, for example, in colic or constipation [7].

Feeling Loss of Mother's Compassionate Attention

When Hanna experienced the loss of the mother's containment she would feel she has been dropped. She feels this because she has not yet internalised a good mother. Suddenly she is falling through space, unprotected, terrified of never being caught. She has to stick her eyes to a light or some bright object or a sound.

Loss of the Breast before Internalising a Good Mother

Hanna would be afraid of change from breast to the bottle until she has a good internal mother as a base of her security. Therefore, being weaned from the breast at six weeks was extremely fraught and during the weaning she refused almost any liquid and the bottle given by her mother for 4 days.

Finally, she Accepted to be Bottle-fed by her father

I am showing you these photos to remind you of Hanna's bodily experiences that occur before she has symbols for her sensations. These are sensations which [8]. would describe as beta elements which need to be contained by the mother to transform them into alpha elements suitable for a verbal narrative to be created. These are sensation-experiences in the non-declarative part of the brain which through therapeutic attunement and containment can be transformed into symbols suitable for visual representations in the dream. My experience with anorectic adolescents in the art therapy group is that they often spontaneously draw pictures two weeks before they then depict similar images in a dream narrative. What I am suggesting is that the therapist, being emotionally and physically present to receive in the countertransference the patient's dream life, provides an essential therapeutic aspect of deep recovery of split off aspects of the anorectic girl's infantile physical hurt, terror, disappointment, emotional pain, dependency, love and hostility. Also, the anorectic girl's starving body can also be experienced in the therapist's physical countertransference!

Let me Give you an Example Now

The crisis of losing the therapist in a holiday after trusting her occurred in psychotherapy a nine-year-old borderline psychotic girl whose anorexia camouflaged her disturbed inner psychic structure. She dreamt this during my holiday:

I Dreamt I was Falling off a Cliff. It was Terrifying. then I Awakened

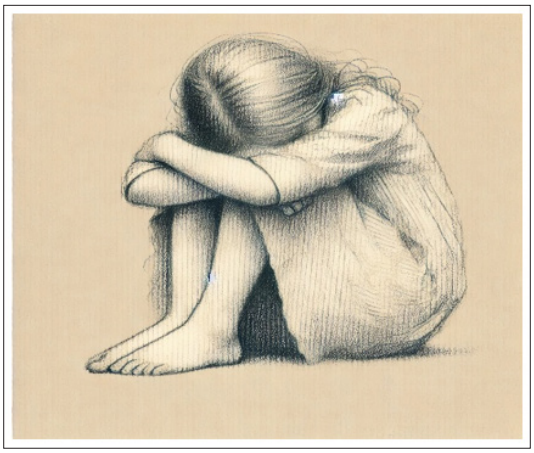
The feeling of being dropped by me, her therapist, awakened this anorectic girl's early infantile anxieties of not being emotionally held by her depressed mother. I had to experience her fear projected into me for she was at this point still disconnected emotionally from the her emotions present in the dream she was reporting.

Feeling Dropped in Childhood Expressed Through Falling

During her childhood, Hanna's need for her mother, accompanied by a lack of a secure attachment to her mother, was masked by her clinging to her twin-sister Grace. What was rather startling during this period is that Grace had a series of visits to the hospital due to dropping from her mother's arms while being held during a ceremony in the Synagogue and as well as when she fell out of a tree. In addition, Hanna's parents' harsh physical discipline and criticism, lack of emotional containment left Hanna feeling hostility towards her external parents thus spoiling much of the goodness of her internalised parents. Hanna's harsh superego was thus created through her hostility towards her internalised parents.

Also, Hanna's experience in the womb, hospitalisation in intensive care and genetic constitution may not have enabled her to bear frustration anxiety in a way that her mother could tolerate. This would influence their feelings towards one another. As I have said before these factors all contributed to Hanna's hostility towards her internalised parents. However, this hostility was primarily repressed for, throughout her childhood and until I saw her at age 15, Hanna appeared compliant, shy, apologetic and kind. Underneath she was a slave to the harsh superego demanding perfection and obsessional cleanliness and order. Her slavish adhesive addiction to her cruel, bullying harsh superego influencing her anorectic symptomatology seemed to be a way of holding the fragmented aspects of herself together.

Things fell apart for Hanna when she accompanied her twin-sister Grace, aged 15, when she went to parties involving boys and alcohol. Hanna wasn't emotionally mature enough for these experiences. In addition, at one of these parties, Hanna was sexually abused by a boy whom she had trusted as a friend. She told no one about it until she was in therapy.



Not Speaking in Psychotherapy

Hanna stopped eating completely while hiding the abuse and she was admitted to hospital. During the first three months of her admission Hanna remained mute, refusing to see her family and mainly crying in psychotherapy. At one point though she poignantly mourned, 'I would run away, but I have nowhere to run.' During the 'not speaking' periods of therapy it was essential for me not to remain in silence but to use my countertransference and understanding of babies I observed to be emotionally present with different vocal intonations as I spoke in relation to Hanna's attitude towards me at that present moment.

I do not believe one should wait to provide therapy until the anorectic girl has a 'good enough weight', a popular notion. Nor do I believe she should be rejected by the therapist because she is not speaking. It will not be a surprise to hear that underneath Hanna's anorectic symptoms was a diagnosis of autistic anxieties shared with 1/3 of anorectic girls studied in the UK [9].

I feel that anyone who can get to psychotherapy should allowed to have psychotherapy! See our Italian book **The Silent Child: Communication without Words** [10]. to understand this concept further.

Body Image and Starving

Hanna, like most other girls suffering from anorexia nervosa, had a physical sense of being bigger, taller and fatter than she actually was. Brain studies suggest there is actually a physical sensation and a visual experience of seeing oneself as fat while seeing others in their normal size! This is actually linked with which suggests that emotional, cognitive, physical and neurological issues influence this experience of fatness [11-13]. suggests that it is important to accept the delusion of fatness as what the girl experiences at

that point when she is speaking. Anorectic girls say, 'When I am thin I shall be happy. I am no good and unlikeable.' No matter how often people tell Hanna she is thin and not fat, her reality was that she was unlikable because of 'fat'. Hanna needed me to accept that she's obviously filled with something disgusting that makes her feel bloated with this terrible substance she calls 'fat'.

Phobic of Food

It is not simply a fear of fatness that is gripping Hanna. Putting that food in her mouth feels like those terrifying injections she had as an infant in hospital. In addition, she has protected her parents from her hatred and split it off and projected it into the food. Food- mother's food -now contains the 'bad persecutor internal mother.' Its odour, its taste, its look are all experienced as horrible! At times she fears contamination by even touching it!

Starving Body, Starving Soul

The loss of a good experience given by the feeding mother can be reactivated by important crises in adolescence. On the one hand there is loss of the girl's firm latency age body but there is also an experience of loss of parents and siblings who have provided a sense of containment of love, hate and resulting anxieties. Crises in the family may be marital conflict, loss of family members, family illness, parents losing income necessary to support the family. I believe the anorectic girl often is waving a flag signalling that there is a loss of the family's capacity for emotional containment of conflictual experiences. Her starving often signals the family system of interaction is in need of repair says there is a miscarriage of the anorectic girl's normal development. A melancholic process takes place similar to the process described by Freud and Klein. Present is no mourning process, no depressive concern for the hurt and hostility generated internally. There is an identification with the hated and lost mother so that anorectic girl feels completely empty and depressed, fat and ugly [14].

The anorexic girl says, 'I am no good', 'I don't deserve anything', and 'I don't want anything,' 'I don't want presents, heat, food'. These phrases can also be linked with' I don't want to do anything', 'I don't want to think about it' and 'I don't know.' The anorectic girl is 'held together psychologically' by the cruel anorectic self. She is afraid to lose this very present part of herself about which she says, it is always there with me, unlike you!" Many of the anorectic girl's state: 'If I lose my anorexia no one will take any notice of me!" Sometimes, unfortunately there is some truth in this.

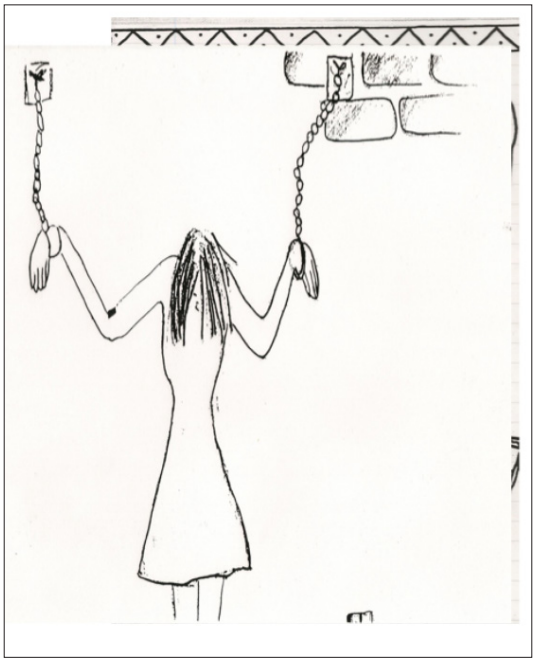
The propaganda of the anorectic self is like a loud dictator and sometimes hallucinated in the form of witches. The dictates of this anorectic part of the self

prompt starvation. Rapid weight loss presents a serious risk to the heart and other organs even if one is normal weight! This fact should not be ignored!

Anorectic Propaganda Includes Some of the Following

- The Refusal of Food and even a Wish to Die.
- Weight Loss or Failure to Gain Weight During Pre-Adolescent Growth Period
- Preoccupation with Body Weight, often Getting Fixated on a Particular Low Weight
- Distorted Body Image
- Fear of Fatness
- Self-Induced Vomiting
- Intensive Physical Activity
- Laxative Abuse (Lask: 1993)

The starving self feels imprisoned by this destructive protection against anxiety while at the same time the fragmented psyche feels addicted to this same potent anorectic propaganda. There is a denial of the physical harm to the body, including possible death. Sometimes nasogastric feeding feels more comfortable to the girl because one is not seen by the controlling anorectic self to be actively disobeying its demanding dictates! Fainting due to starvation sometimes breaks the anorectic girl's denial of the harm she is doing to her actual body.



Refusing Food is Refusing Life and Refusing Mother. Food Symbolises one's Mother Giving Life to the Child

The Starving Body Represents the Starving Soul

Greed is present in the wish to possess the mother completely, but often the baby has not internalised a sufficiently good containing mother to let go of her. Its t is this which creates the possessiveness and protest about separation when an anorectic girl regresses to needing so very much maternal presence and understanding.

There is inside the anorectic girl a hard, cruel voice which is directed against herself and this voice says, 'you are fat, ugly and you shouldn't eat.' Hanna also hated breasts and a sexual body identified with her hated mother. She also hated them because she felt they made her susceptible to being sexually abused. Her anorectic voice is used as a protection against overwhelming anxieties, fragmentation and the fear of being disappointed if she looks towards others for love, care and containment.

This is the omnipotent destructive part described by in Impasses and Interpretation. At the beginning of therapy, it is very difficult for the anorexic girl to listen to the therapist and take in and remember their discourse because there's so much noise from this loud persecutory voice. It is a protective armour like that used by a snail to protect the vulnerable, anxious self. Similarly, at the beginning of therapy this bad destructive anorectic part takes over when the therapist misunderstands, ends the session and goes on holiday.

The Necessity of Collaborative Work with Parents and Eating Disorder Doctor

For everyone working with an anorectic young person it is crucial to do collaborative work with the parents in order that they can develop a capacity to provide resilient containment for the girl to bear eating food and feel compassionately comprehended and If therapeutic collaborative work with the parents takes place, when the young person stops therapy, she will then still have her parents for the developmental issues which she will face. Also, if the young person internalizes the containing psychotherapist, she will have a more mature capacity to have a sense of forgiveness of the external parents for not being perfect. In doing so she will allow them to be just human beings who have perfections and imperfections [15,16].

Psychological Development as Shown Through an Anorectic Girl's Dreams

Regardless of the underlying difficulties, in the course of their psychotherapy, eating disordered girls tend to progress through similar phases of emotional development. This developmental course is well illustrated in children's play and drawing as well as by dream life. The young person's dream life functions as a kind of internal theatre with internal family figures entering into emotional relationships and conflicts with one another. I sense that stable developments, the growth of the personality's inner strength, including the capacity for mentalisation, is most reliably traced through assessing the dream structure and the young person's emotional relationship to her dream experiences as she talks about them with her therapist [17,18].

As a young anorectic girl discusses her dreams the therapist can focus on how the mind copes with emotional experiences and how it deals with the distortions formed by the conscious self during the day. Gradually, in the course of therapy, maturity is characterised by the girl taking responsibility for thinking about her emotional experiences in the dream and having a growing acknowledgement, loving concern and a sense of responsibility for destructive feelings and actions.

Here are some phases of dream development which I have noticed during the psychotherapy of anorectic adolescent girls.

The first statement made by many anorectic girls is, 'I don't dream.' There is a difficulty in remembering dreams and/or difficulty excepting they are meaningful and a part of oneself. This is a reflection of the rigid barrier between rational thoughts and the spontaneous expression of feelings which are not loving, rational and in control. The inability to recall dreams should lessen during the course of a successful therapy of any anorectic girl. Of course, the psychotherapist needs to value the importance of dreams as I have been trying to do in my own U.K. psychoanalysis and that of the anorectic girls.

Fragmentation and Manic Protection

The most primitive dreams described suggest that the anorectic girl is overwhelmed with feelings that take over her sense of self. Examples are:

Dream One: a young person awakens from dreaming that she's disintegrating.

This dream suggests the fear of dying experienced by all infants, but particularly by an ill infant living in an intensive care incubator as Hanna had been.

Dream Two: a young person dreams that she is a porsche. she has completely lost her own physical identity as she becomes an expensive racing car.

This second dream reminds me of the non-stop talking of one anorectic girl who uses rapid fire talking 'describing every minute of her day 'to hold her fragmented self together. This is how Mrs. Bick describes non-stop movements in infancy. Also, the attempts to virtually exercise, jiggle legs, go running of anorectic girls seem similar.

Terror of the Monster

Dream Three: A Lion is Chasing me along the Beach

A young girl who is mainly not speaking draws this image and says it was her nightmare that awakened her.

Dream Four: A shadow of a huge man is falling on the wall and I can hear footsteps as though he is about to enter my bedroom. I awaken and cannot sleep again.

In the distant past I interpreted such a dream of the persecutory man or lion as representing a split off hostile part of the self-projected into the lion or huge man. I also would discuss the terror of being made to eat. In addition, I would wonder aloud as to whether unconsciously I am experience as a therapist who, like the frightening man, is threatening to break into the wall of omnipotent defences of the anorectic armour. This is an armour which has been used by the girl to protect her vulnerable infantile self.

However, as a result of my clinical experience, I now understand that I need to explore the external context!! I now say to the anorectic girl, "You know, sometimes your unconscious is trying to tell me things which you are forbidden or too anxious to reveal for fear of the consequences to you or someone else." Gradually the story of being harshly hit repeatedly, fiercely shouted at, and being sexually abused has often emerged. In fact, my experience is that more than 1/3 of these anorectic girls have been emotionally, physically or sexually abused, often repeatedly. The girls have been forbidden or are afraid of letting me or others know. Apparently in one study 46% of anorectic girls have had sexually abusive experiences [19].

The Imprisoned Self

As an anorectic girl began to feel she could trust me and found some hope in working with me a change occurred. A sensation described using something similar to this statement was often mentioned:

'I feel as though I'm in a box with a lid shut as tightly as can be, open and shut, open and shut, but the lid never opens for me'

As therapy went on, the little girl trapped under 'not-thinking' of the rigid anorectic barrier to the unconscious was slowly, very slowly able to reveal herself through this dream.

Dream Five: I am locked in a room. I feel it is a bit like being Rapunzel being locked up in the tower for there is something like a witch around keeping me locked up. I feel it would be preferable to go out the window rather than stay locked up in the room. in his book, Impasse and Interpretation describes how the witch of the omnipotent destructive self-imprisons her. He says the omnipotent destructive part often works in a silent, hidden way. Its task is protection of the self from any emotional frustration or pain. Its method is to systematically attack the strength, goodness and vitality present in the loving, caring emotional link with the therapist. It attacks the mutual understanding which is being created with the therapist. When I get too close as a therapist to the dream, I am greeted with a yawn or 'I don't know' meaning her omnipotent self has shut me out. It also devalues, attacks and destroys, with pleasure, any wish on the part of the anorectic child to depend on another person. Several anorectic girls have said to me, 'I hate being dependent on you!' [20].

The omnipotent self-attacks the girl's link with life by promoting starvation of the body. It uses obsessional control of feelings rather than depending on the primary caregivers and/or therapist. Several girls have said, 'I can't cry, for if I do, I'll never stop.' At times secrecy is part of the omnipotent superiority. At times the girls appear not to care a lot about therapy although deep inside is a developing a hidden loving link with me which enables the nightmarish dream to be told.

Hearing such a dream about 'Rapunzel like imprisonment' I feel the anorectic girl is actually wishing to get out of this emotional state of being trapped by omnipotent destructive protections against pain and dependency. However, the anxiety I have is that the girl is so despairing that I am not sure whether getting out of this imprisoning tower involves reaching out to me to have a therapeutic relationship with me or whether the dream was suggesting something like: death is the answer out of this horrible situation of people trying to help her eat, keep her in hospital, give her therapy. Also, over time I have realised that being 'locked in a room' can also refer to secrets of a serious nature which can't be told: secret self-harming, secret overdose that no one knew about in the past, secret self-medication through cocaine, other serious drugs and frequent drunkenness.

The Lid Opens' and Feelings and Sensations are Unleashed

Dream Six: I am in a room and suddenly all sorts of cats and other furry wild animals come out of the walls. I pet them thinking, 'Isn't this nice!' but I feel frightened.

Taking Responsibility for Ones way of Being

Shortness of time prevents the whole sequence of phases to be presented so I I'm skipping to the stage where more reflective thinking is taking place in relation to one's dream life and also in relation to one's 'way of being' with others. Dreams such as this are described:

Dream Seven: I'm coming across a little lost six-year-old girl in a school uniform. I go over to her, hold her hand and try to help her find someone to take care of her.

Establishing Trust in Good Internal Parents

When there are mentally ill severely depressed, alcoholic or very violent parents the anorectic girl is having to let go of depending on these external parents and find ways of using her internalisation of the psychotherapist and inpatient staff.

Here is One of Those Dreams Suggesting This

Dream Eight: I am sitting in a living room with many people, including D, (the inpatient consultant whom she greatly appreciated) and his wife, Maggie. He was calling Maggie Mary for she said that's what she wanted to be called now. I sat with them on the sofa and had a warm, safe feeling.

Feeling Remorse Regarding One's 'Unkind Feelings

In the later phases of psychotherapy, the anorectic girl has dreams such as these:

Dream Eight: I was listening to my grandmother saying that I have been unkind to her and my parents. I agree with her.

Dream Nine: I am crying, feeling sad about fiercely quarrelling with my mother.

In the ending phase of psychotherapy, the young person is able to move from the egocentric position of thinking only of her needs, to a position of protective concern for her 'baby self' as well as her internal and external siblings and parental figures.

Ending Therapy Reawakening Hostility about Weaning, Separation and Loss

In this stage of therapy there is a continuous struggle between loving feelings and angry, hostile, jealous feelings.

Dream Ten: I was climbing a hill. For some reason it was all red. It looked a bit unnatural. There has been an explosion. I then found myself wondering around at the bottom of the hill lost.

What is important about this moment of facing anger about ending the therapy is that the young person is able to see the explosion as belonging to her own rage towards me for not being 'an everlasting therapist'. There is an inevitable end of inpatient psychotherapy. Nevertheless, it is important that the loving feelings tend to dominate the girl's relationships with others as well as with her relationship with herself. By the time of leaving the inpatient unit is important that she's no longer regularly neglecting her body or her feelings, but rather she is attempting to take seriously her emotional and physical needs. Having internalised a compassionately comprehending psychotherapist, she's able to truly 'parent herself' while still depending on others to support her through her adolescent development.

If therapy is being therapeutically effective, we can see how the dreamer increasingly develops the capacity to love, repair and become intimate with internalised parental figures This means that that hopefully there will have developed internally the analytic process of holding feelings and bearing them long enough to think about them. In other words, there is a refurbishment of the inner world with the evolution of the maternal and paternal functions within the dreamer herself. 'Essentially it is the internal mother-baby relationships which are being observed in dream-life as they continually revise themselves in the conflict between

developmental and anti-developmental forces' (Harris-Williams, 2009) You can also read about development of the dream structure and themes in A Psychotherapeutic Understanding of Eating Disorders in Children and Young People [21].

Conclusion

I expect every parent and step-parent of an anorectic girl to be engaged in parent-work/family therapy, usually alternating with each other. This enables much of my therapeutic focus to be upon the task of exploration and assistance in the preparation of internal object relationships as shown in dreams, rather than focussing only on the young person's external relationships. The necessity for this is aptly described by Rainer Maria Rilke in his Letters to a Young Poet:

Think of the world which you carry within yourself and call this thinking what you like: let it be memory of your own childhood or longing for your future, only pay attention to what arises within you at the moment and set it above everything that you notice about you. Your inmost happening is worth your whole love, that is what you must somehow work at [22].

Meltzer reinforces Rilke's thoughts in his statement that meaning is generated by internal objects and mental growth occurs 'in the quiet chrysalis of dream-life'.

I do not agree that there is 'no cure' for some people with anorexia nervosa IF they continue psychotherapy. Instead, I hold onto the words of Hanna Segal, psychoanalyst, who describes how in psychoanalysis, it is terribly important that there is kept alive "the little fire burning as a symbol of Hope, an expression of that light within that, despite all, can keep something alight and warm that which is needed to sustain life to catastrophically dark days [23-30].

Footnote

A Drawing Done at the end of Therapy by a Girl who was Helped to take Care of her 'Starving Body' Representing her 'Starving Soul'.

References

1. Ainsworth MDS, Blehar MC, Waters E, Wall S (1978) Patterns of Attachment: A Psychological Study of the Strange Situation. Lawrence Erlbaum Associates https://mindsplain.com/wp-content/uploads/2021/01/Ainsworth-Patterns-of-Attachment.pdf.
2. Sizun J (2004) Co-bedding twins and higher-order multiples. Pediatrics 1073-1079.
3. Brooten D, Kumar S, Brown L, Butts P, Finkler SA, et al. (2011) Kangaroo mother care to reduce morbidity and mortality in low birthweight infants. Cochrane Database of Systematic Reviews 3: CD002771.
4. Fegran L, Helseth S, Fagermoen MS (2008) A comparison of mothers' and fathers'experiences of the attachment process in a neonatal intensive care unit. Journal of Clinical Nursing 17: 810-816.
5. Harris-Williams M (2009) Introduction to Meltzer. www.artlit.info
6. Hayward, Madigan (2008) Cobedding twins and higher order multiples. Pediatrics https://www.artlit.info/pdfs/MeltzerIntro.pdf.
7. Symington J (2022) The survival function of primitive omnipotence, In: Ed. J. Arundale, The Omnipotent State of Mind. London: Routledge. https://www.routledge.com/The-Omnipotent-State-of-Mind-Psychoanalytic-Perspectives/Arundale/p/book/9781032027944.
8. Bick E (1968) The experience of the skin in early object relations. International Journal of Psychoanalysis 49: 484-486.
9. Bion WR (1952) Learning from Experience. London: William Heinemann. (reprinted by Karnac https://www.scirp.org/reference/referencespapers?referenceid=2904524.
10. Tchanturia K, Smith K, Glennon D, Burhouse A (2020) Towards an Improved Understanding of the Anorexia Nervosa and Autism Spectrum Comorbidity: PEACE Pathway Implementation. Frontiers in Psychiatry 11: 640.
11. Magagna, J. Ed. (2012) The Silent Child: Communication without Words. London: Routledge (Also in French, Italian, Russian and Spanish). https://www.routledge.com/The-Silent-Child-Communication-without-Words/Magagna/p/book/9781855755185.
12. Gaudio S, Brooks SJ, Riva G (2024) 'Body image alterations in eating disorders atients: a systematic review', Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity 29: 1-20.
13. Keizer A, Smeets MAM, Dijkerman HC, van den Hout MA, Klugkist I (2025) Behavioral, neuronal, and physiological facets of multidimensional body image ddistortion in anorexia nervosa: a systematic review', Journal of Eating Disorders 13: 01191.
14. Rosenfeld H (1975) Psychotic States. London: Hogarth Press. https://www.routledge.com/Psychotic-States-A-Psychoanalytic- Approach/Rosenfeld/p/book/9780950714684.
15. Mondatori R, Magagna J (2021) The experience of loss in anorectic young people. Florence Centro Studi Martha Harris Podcast on website. https://www.centrostudimarthaharris.org/i-podcast-del-centro-studi-martha-harris-percorsi-della-psicoterapia-psicoanalitica-infantile/.
16. Magagna J, Piercey J (2020) Collaborative work with parents. British Journal of Psychotherapy 36: 275-293.
17. Bryant-Waugh R, Lask B (2013) Eating Disorders: A Parent's Guide.London: Routledge https://www.routledge.com/Eating-Disorders-A-Parents-Guide-Second-edition/Bryant-Waugh-Lask/p/book/9780415501569.
18. Meltzer D (1983) Dream-Life. London: Karnac Books https://www.karnacbooks.com/product/dream-life-a-re-examination-of-the-psychoanalytic-theory-and-technique/93471.
19. Magagna J (2005) The reparative aspects in dreams in children. In: : M. Camonier et al. (Eds.) Sogni: Pisa: Editioni ETS.
20. Carter JC, Bewell C, Blackmore E, Woodside DB (2006) The impact of childhood sexual abuse in anorexia nervosa. Child Abuse & Neglect 30: 257-269.

21. Rosenfeld H (1987) Impasse and Interpretation. London: Tavistock. https://www.routledge.com/Impasse-and-Interpretation-Therapeutic-and-Anti-Therapeutic-Factors-in-the-Psychoanalytic-Treatment-of-Psychotic-Borderline-and-Neurotic-Patients/Rosenfeld/p/book/9780415010122.
22. Magagna J (2021) A Psychotherapeutic Understanding of Eating Disorders in Children and Young People. London: Routledge. https://www.routledge.com/A-Psychotherapeutic-Understanding-of-Eating-Disorders-in-Children-and-Young-People-Ways-to-Release-the-Imprisoned-Self/Magagna/p/book/9780367491871.
23. Rilke R (1934) Letters to a Young Poet. p. 46. New York: W.W. Norton https://www.alyve.org/english/docs/9.1/Rilke-Letters_to_a_Young_Poet.pdf.
24. Waddell M (2018) Inside Lives: Psychoanalysis and the Growth of the Personality London: Routledge.
25. Bhutta Cleves MA, Casey PH, Cradock MM, Anand KJ (2002) Cognitive and behavioral outcomes of school-aged children who were born preterm: a meta-analysis. JAMA 288: 728-737.
26. Johnson S, Hollis C, Kochhar P, Hennessy E, Wolke D, et al. (2010) Autism spectrum disorders in extremely preterm children. Journal of Pediatrics 156: 525-531.
27. Lask B, Bryant-Waugh Eds (1993) Childhood Onset Anorexia Nervosa and Related Eating Disorders. London: Lawrence Erlbaum.
28. Montirosso R, Borgatti R, Trojan S, Zanini R, Tronick E (2017) Early Developmental Trajectories in the Context of Neurodevelopmental Disorders: From Dyadic Interactions to Therapeutic Intervention In: Ed.. Power of Feeling Safe. New York: W. W. Norton & Company.
29. Porges Stephen W (2017) Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe. New York: W. W. Norton and Company. https://www.amazon.in/Pocket-Guide-Polyvagal-Theory-Transformative/dp/0393707873.
30. Porges SW (2011) The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation. Norton & Company. newborn babies to connect in a NICU. Journal of Infant Observation 17: 68-79.