DOI: 10.21901/2448-3060/self-2026.vol-11.260

Reflection Article

Self
Revista do Instituto Junguiano de São Paulo

In the Web of Compulsions: When the Soul Becomes Entangled in Excesses

Kelly Guimarães Tristão[1]
Viviane Lahorgue Porto da Costa[2]

[1]Universidade Federal do Espírito Santo – UFES. Vitória/ES, Brazil.
[2]Centro de Psicologia Analítica do Espírito Santo – CEPAES. Vitória/ES, Brazil.

Abstract

This article aimed to deepen the understanding of compulsions in the context of eating disorders by articulating C. G. Jung's analytical psychology with contemporary clinical frameworks. The methodology adopted was a qualitative theoretical essay, based on bibliographic research and the Jungian procedure of circumambulation, which seeks to circle around the phenomenon in order to construct symbolic interpretations. The theoretical findings indicate that compulsions, although marked by suffering and sterile repetition, can be understood as a coded language of the soul, calling the individual toward symbolization. The analysis addressed: (i) symbolic fragility and the cultural narcissism of postmodernity; (ii) the Jungian understanding of compulsions, based on the mother complex, the formulation *Spiritus contra Spiritum*, and the impact of archaic contents of the unconscious; (iii) clinical distinctions among binge eating, disordered eating, emotional eating, binge-eating disorder, and bulimia; (iv) the role of early trauma, dissociation, and the notion of "psychic skin"; and (v) the symbolic function of the symptom and its implications for clinical practice. It was concluded that compulsion, although destructive, can be re-signified as a call for symbolization and a pathway toward restoring ego cohesion, opening the way to the process of individuation.

Descriptors: eating, compulsion, Jungian psychology.

Conflicts of interest:
The authors state no professional or personal interest that may create a conflict of interests regarding this manuscript.

Received: September 28, 2025; Last review: February 23, 2026; Approved: March 25, 2026; Approved for publication: August 27, 2026.

Na trama das compulsões: quando a alma se enreda em excesso

Resumo

Este artigo teve como objetivo aprofundar a compreensão das compulsões no contexto dos transtornos alimentares, articulando a psicologia analítica de C. G. Jung com referenciais clínicos contemporâneos. A metodologia adotada foi a de ensaio teórico de natureza qualitativa, baseada em pesquisa bibliográfica e no procedimento junguiano da circuambulação, que busca circundar o fenômeno para construir interpretações simbólicas. Os resultados teóricos indicam que as compulsões, embora marcadas por sofrimento e repetição estéril, podem ser compreendidas como linguagem codificada da alma, convocando o sujeito à simbolização. A análise contemplou: (i) a fragilidade simbólica e o narcisismo cultural da pós-modernidade; (ii) a leitura junguiana das compulsões, a partir do complexo materno, da formulação *Spiritus* contra *Spiritum* e do impacto dos conteúdos arcaicos do inconsciente; (iii) distinções clínicas entre compulsão alimentar, comer transtornado, comer emocional, transtorno de compulsão alimentar e bulimia; (iv) o papel do trauma precoce, da dissociação e da noção de "pele psíquica"; e (v) a função simbólica do sintoma e suas implicações para a prática clínica. Concluiu-se que a compulsão, ainda que destrutiva, pode ser ressignificada como um pedido de simbolização e uma via de restituição da coesão do ego, abrindo caminho para o processo de individuação.

Descritores: alimentação, compulsão, psicologia junguiana.

En la trama de las compulsiones: cuando el alma se enreda en excesos

Resumen

Este artículo se propone profundizar la comprensión de las compulsiones en el espectro de los trastornos alimentarios, articulando la psicología analítica de C. G. Jung con referenciales clínicos contemporáneos. Adoptamos la metodología de ensayo teórico de naturaleza cualitativa, basada en investigación bibliográfica y en el procedimiento junguiano de la circumambulación, que busca circundar el fenómeno para construir interpretaciones simbólicas. Los resultados teóricos indican que las compulsiones, aunque son marcadas por sufrimiento y

repetición estéril, se pueden comprender como un lenguaje codificado del alma, convocando al sujeto a la simbolización. El análisis examinó: (i) la fragilidad simbólica y el narcisismo cultural de la posmodernidad; (ii) la lectura Junguiana de las compulsiones, a partir del complejo materno, de la formulación *Spiritus* contra *Spiritum* y del impacto de los contenidos arcaicos del inconsciente; (iii) distinciones clínicas entre compulsión alimentaria, alimentación desordenada, alimentación emocional, trastorno por atracón y bulimia; (iv) el papel del trauma precoz, de la disociación y de la noción de "piel psíquica"; y (v) la función simbólica del síntoma y sus implicaciones para la práctica clínica. Se concluye que la compulsión, aunque destructiva, puede resignificarse como un pedido de simbolización y una ruta para restituir la cohesión del ego, abriendo camino para el proceso de individuación.

Descriptores: alimentación, compulsión, psicología junguiana.

Introduction

The human soul, in its complexity, can be seen as a tapestry of infinite threads. When this fabric becomes entangled, a psychic web emerges, like a spider's web, intricate and almost invisible, yet strong enough to imprison. This image introduces a reflection on compulsions as psychic webs that imprison and, at the same time, reveal. Like a web, compulsions are made up of subtle, almost imperceptible threads that nevertheless prove resilient and persistent, capable of capturing experiences, desires, and affects that the ego is unable to metabolize (Anzieu, 1985/2000; Feldman, 2004). In postmodernity, where speed and the promise of immediate gratification govern subjectivity, these threads multiply and grow stronger, entangling the individual in a network of repetitions that replace symbolic experience with the urgency of discharge.

The metaphor of the web also points to the paradoxical dimension of compulsion: while it traps, it protects. Compulsive behavior can be understood as a psychic defense that prevents collapse in the face of intolerable anguish, offering the individual a precarious form of survival (Feldman, 1995/2017; Austin, 2013; Woodman, 1982/2000). Yet this same defense becomes a prison, since the web allows no opening for new images or narratives of the self. It is within this paradox that Jungian clinical practice positions itself to understand the symptoms as language and, through it, to establish the possibility of symbolization that moves beyond sterile repetition.

Jung (1928/2015) warned that symptoms should not be regarded as mere pathological deviations, but as signs that the psyche is seeking a path toward self-regulation. In the case of compulsions, this is a

failed attempt to restore a lost equilibrium, revealing both the absence of symbols capable of containing experience and the urgency of recreating meaning. Compulsion is understood as a matter of psychic survival and, as Austin (2013, p. 321) points out, "(. . .) it means that you will do whatever is necessary to discharge this super-intense state. You simply have to find a way back to some kind of 'ground state'." Thus, analytical psychology proposes understanding compulsions as an invitation to delve deeper, an enigmatic code that calls for translation.

In contemporary culture, however, the symbolic fabric has become increasingly fragile. The pressure to perform, the cult of image, and the logic of consumption colonize the imagination, leaving the individual deprived of internal points of reference. As Woodman (1982/2000) observes in *Addiction to Perfection*, the relentless pursuit of unattainable ideals opens pockets of despair and creates an emptiness that cannot be filled with external objects. In this context, compulsions intensify as rapid responses to a hunger that belongs not to the body, but to the soul.

This theme requires recognition that compulsion, although painful and imprisoning, is also a form of survival in the face of environmental failure and early trauma. Feldman (2004), in discussing the "psychic skin," shows how the individual, deprived of containment, constructs improvised defenses to prevent disintegration. Compulsion, in this sense, can be read as a second skin that protects but limits; that anesthetizes but silences; that relieves but imprisons. The clinical challenge lies in transforming the web into narrative, action into words, and emptiness into symbol, reinscribing the compulsive experience within the process of individuation.

The relevance of this study lies in its proposal of a new interpretive lens, articulating analytical psychology with the clinical treatment of these disorders. By transcending a view of the symptom as mere pathology, the article seeks to recover its symbolic function, treating compulsion as a coded language of the soul. This approach is crucial for deepening understanding and clinical management, offering a path that is not restricted to the elimination of the symptom, but also encompasses its integration and the expansion of consciousness.

Thus, the objective of this study is to deepen the understanding of compulsions through a theoretical and clinical perspective based on analytical psychology. Specifically, the study aims to: (i) analyze the relationship between cultural symbolic fragility and the emergence of compulsions as attempts to manage intolerable affects; (ii) articulate central concepts of Jungian psychology in order to interpret the psychic dynamics of compulsions; and (iii)

discuss the symbolic function of the symptom and its implications for clinical management, arguing that symbolization is a fundamental step toward restoring ego cohesion and overcoming suffering.

To this end, this article adopted the methodology of a qualitative theoretical essay (Penna, 2014). The essay was based on bibliographic analysis and the integration of concepts in order to construct an original and coherent argument, offering new perspectives for the understanding and clinical management of eating disorders. The research process employed a methodological perspective whose main characteristics are similar to the Jungian method known as "circumambulation" (Jung, 1954/2013), that is, a strategy of circling around the symbol/phenomenon, beginning with the delimitation of the theme and proceeding to a synthesis of the understanding of the symbol/phenomenon, culminating in theoretical articulation (Penna, 2014).

Postmodernity, Narcissism, and Symbolic Emptiness

Postmodernity brought with it a structural change in the way individuals perceive themselves and relate to the world. Lipovetsky (1989) describes this period as the "era of emptiness," in which ideals of durability and stability give way to a logic marked by the ephemeral, superficiality, and the relentless pursuit of new experiences. In this context, the self is called upon to *perform* continuously, adapting to social expectations that demand visibility, productivity, and self-improvement. Compulsions find fertile ground here, as they offer a rapid escape from psychic suffering that finds no space for elaboration. Rather than integrating painful experiences, the individual seeks immediate relief, becoming entangled in cycles of repetition that replace symbolization with consumption.

Cultural narcissism, by transforming life into a spectacle, intensifies this process of symbolic emptiness (Lasch, 1987). The body comes to be invested in as a commodity, evaluated and compared according to unattainable standards of beauty, reinforcing a constant sense of inadequacy. The promise of bodily transformation through diets, strenuous exercise, and aesthetic procedures operates as a "political sedative," in Naomi Wolf's (1990/2002) expression, masking psychic pain under the guise of self-care. In this context, binge eating emerges as a paradoxical response that anesthetizes suffering while simultaneously reinforcing the cycle of dissatisfaction, since the body never corresponds to the imaginary ideal. The beauty myth, therefore, is not only cultural but also psychic, as it feeds fantasies of completeness that collapse in the face of reality.

The beauty myth, as described by Wolf (1990/2020, p. 273), rests on the premise that dieting is "the most potent political sedative." The promise of controlling the body operates as a mechanism of submission, colonizing desire and diverting creative energy toward an endless struggle against dissatisfaction. The female body, in particular, becomes a battleground between subjectivity and the market, transforming intimate life into a disciplined aesthetic project. Binge eating can be understood, in this context, as the other side of this process, since, while exposing the failure of the promise, it also reinscribes the body within a circuit of obedience and rebellion.

Complementarily, Woodman (1982/2000) develops the idea that the relentless pursuit of bodily and spiritual perfection does not lead to an encounter with oneself, but to pockets of despair. "These anxieties and resistances must be respected because they are masking a very deep terror and rage" Woodman (1982/2000, p. 116). The woman (or the contemporary individual more generally), imprisoned within this ideal, becomes incapable of simply "being," since existing outside of doing and *performing* becomes confused with nonexistence. Compulsion, in this context, is not merely a clinical symptom but a cultural metaphor, insofar as uncontrolled eating attempts to fill the emptiness opened up by a culture that allows no failure, shadow, or limitation.

This external demand for perfection ultimately colonizes the inner world, preventing the formation of an authentic core of identity. The result is an individual who inhabits an "as-if personality," in which existence depends on the image reflected by the other. As Schwartz (2024, p. 9) analyzes:

> The corrosive emptiness signals the lack of a secure identity. The person is always restless and needs others for validation and positive evaluation. They need to be exceptional and without any problems, or they feel the weight of despair and defeat (our translation).

Symbolic fragility, as developed by Woodman (1982/2000), manifests precisely when this despair finds no channels for psychic expression, that is, when symbols cease to fulfill their mediating function between consciousness and the unconscious. The individual loses the capacity to dream, imagine, and create their own narratives, becoming subject to external images that colonize their subjectivity. From this perspective, compulsion cannot be understood merely as an isolated symptom, but as an effect of a cultural collapse that deprives the individual of symbolic autonomy. Without access to an inner language capable of giving form to experience, the individual is cast in a state of helplessness that renders them vulnerable to the immediate solutions offered by the

market and consumption. Symbolic emptiness, therefore, is not merely cultural and is directly reflected in clinical practice, permeating contemporary forms of psychic suffering.

From the perspective of analytical psychology, Jung had already warned that "[t]he human person needs a symbolic life. And needs it urgently" (Jung, 1961/2017, p. 291, our translation). When this need is not met, a state of alienation arises in which psychic life becomes impoverished and loses its creative vitality. In postmodernity, marked by cultural homogenization and the loss of otherness, compulsion assumes the role of a substitute for the symbol: it "fills" the emptiness without giving it meaning. This is the paradox of the contemporary condition, in which the relentless pursuit of fullness generates only greater emptiness, and the attempt to escape pain through compulsive repetition becomes a prison. Clinical practice must therefore restore to the individual the possibility of symbolizing their experience, reinscribing the symptom within a process of individuation that resists the homogenizing pressures of culture and recovers the singularity of the self. For Bovensiepen (2002), this becomes possible insofar as the therapist "lends" their own psyche (container) so that the patient can project their unbearable affections, naming them and making them tolerable.

Jungian Perspective on Compulsions

Complexo materno e regressão ao paradisíaco

In his studies on the mother complex, Jung (1916/2017) stated that symptoms related to orality, such as gastric pain, excessive hunger, or the symbolic relationship with food, often refer to the search for an infantile state of completeness. This "lost paradise" corresponds to a psychic time in which needs were automatically satisfied and there was no separation between the inner and outer worlds. In the case of compulsions, food can become a vehicle for regression to this idealized state, functioning as an imaginary bridge to an experience of fusion and security that was never fully consolidated.

This understanding allows us to consider the compulsive act not as a moral failing, but as a symptom of a psychic difficulty in elaborating absence and lack. When the primary object cannot be negated, as André Green (2009) proposes, the child does not develop the experience necessary to tolerate distance and sustain absence. Maternal excess or absence, by failing to foster this process, creates an emptiness that can later be filled by substitute objects. Binge eating, in this sense, is an attempt to restore psychic continuity, albeit precariously, through a regressive return to the lost object.

Furthermore, paradisiacal regression is linked to the archaic functioning of the psyche, which seeks to repeat experiences of fullness to avoid the pain of differentiation (Jung, 1916/2017). When the individual, faced with emotional or cultural pressures, resorts to compulsion, they unconsciously relive the fantasy of a perfect environment in which there is no failure, lack, or frustration. This search, however, is never fully realized, since food satiates the stomach but not the symbolic emptiness from which it originates. Thus, compulsion reinforces the vicious cycle between the attempt at reparation and the repeated experience of insufficiency.

From a clinical perspective, recognizing this regressive movement is fundamental. Rather than simply seeking to interrupt the compulsive act, analysis must ask: what is being sought in this return to the origin? What need for fusion has not been symbolized? The answers to these questions open a space in which the symptom can be understood as a symbolic expression and not merely as a disorder to be controlled. Jungian clinical practice, by giving voice to the imaginal realm, can transform compulsion into narrative, converting sterile regression into an opportunity for psychic elaboration.

Spiritus contra *Spiritum*

Jung's letter to Bill Wilson, founder of Alcoholics Anonymous (Jung, 1961/1994), became one of the best-known formulations concerning the phenomenon of compulsion. In it, Jung describes *Spiritus*, alcohol, understood as a material and addictive substance, in contrast to *Spiritum*: "(. . .) the same word is used for the highest religious experience as well as for the most depraved" (1961/1994, p. 13, our translation). According to Jung, no amount of willpower or material gratification would be sufficient to overcome compulsion, because what is at stake is the longing of a spiritual nature. This distinction invites us to rethink eating compulsions, considering that food is not merely food, but an attempt to fill a lack that demands meaning.

"*Spiritus* contra *Spiritum*" shows that inner emptiness cannot be filled by concrete objects. Compulsion, in this case, is an inadequate response to a legitimate demand for transcendence and integration. Jung (1961/1994) understands that only a qualitatively different experience—of reconnection with the *Self* and openness to the sacred—can reconfigure the psychic field in which compulsion operates. In the absence of such an experience, the individual remains imprisoned in repetition, seeking in the external object a relief that quickly fades.

This interpretation resonates with Woodman (1982/2000), who describes how contemporary culture replaces contact with the *Self* with the exhaustive pursuit of external ideals of beauty, thinness, or success. Food, in this context, is consumed not only because of hunger, but as a symbol of an unsymbolized spiritual emptiness. The attempt to "satisfy hunger" reveals itself, in fact, as a search for meaning. Without symbolic mediation, this hunger becomes compulsion, and the spiritual experience that could open paths toward integration gives way to self-destructive repetition.

Clinically, this point is decisive, because controlling the symptom is not enough; it is necessary to reframe the question of desire in spiritual and symbolic terms. Asking what one "eats" when eating compulsively opens the possibility of translating the act into symbolic language. It is through this conversion that it becomes possible to recover the dimension of *Spiritum* and restore to the individual an experience of freedom, replacing the prison of compulsion with the construction of meaning.

Archaic Unconscious and Fusion with the Object

Another fundamental aspect of the Jungian understanding is the idea that compulsions are rooted in archaic contents of the unconscious. Jung (1959/2014) states that, in certain states, conscious will is dominated by primordial forces, and the ego loses its capacity for choice. This capture of the will is characteristic of compulsions: when the individual does not decide to eat, buy, or drink, but is overtaken by a force that impels them to act. In this experience, the object assumes a numinous magnetism, becoming a symbol of deeper emptiness.

The phenomenon of fusion with the object is crucial to understanding the irresistible nature of compulsion. Food, in this context, is not neutral; it concentrates archaic projections, representing protection, care, and threat at the same time (Woodman, 1982/2000). This is why the individual describes compulsive experience as a loss of control, since there is no distance between the ego and the object, but rather a collapse of boundaries that evokes primitive modes of psychic functioning. This fusion, far from being a mere metaphor, is clinically expressed in a sense of inevitability and immediate relief, followed by shame and despair.

In analyzing obsessions and compulsions, James Hollis (1996/1998) points out that their core lies in the loss of subjective freedom. When the ego is seized by unconscious forces, the individual experiences the anguish of being unable to interrupt the cycle. This loss of autonomy, while revealing the presence of archaic forces, also

signals the need for symbolic translation, since what is at stake is not the food itself, but the power invested in it. Thus, compulsion can be understood as a primitive attempt to restore psychic equilibrium in the face of early failures in bonding and the fragility of symbolization.

In clinical practice, this recognition has important implications. Rather than reducing compulsion to a mere character flaw or lack of discipline, the analyst is called upon to consider the compulsive object as a repository of unconscious contents that need to be elaborated. Working with image, myth, and symbol is, in this case, a way of restoring the psyche's capacity to mediate between consciousness and the unconscious. The path is not to abruptly remove the object, but to create conditions for it to lose its numinous power and be symbolically reintegrated into psychic life.

Naming with Precision: Necessary Clinical Distinctions

Clinical practice requires conceptual precision. Although the term "binge eating" is often used indiscriminately, it is essential to distinguish among different manifestations of suffering related to food, the body, and affect regulation. Disordered eating, for example, includes irregular eating patterns, such as skipping meals, adhering to restrictive diets, and oscillating between excess and deprivation, which do not necessarily constitute binge-eating episodes but reveal a fragile relationship with the body and food. This pattern is highly prevalent in societies marked by diet culture and the cult of thinness, functioning as a gateway to more severe conditions (Barnhart et al., 2020). Distinguishing this phenomenon from compulsion itself makes it possible to intervene early, before repetition crystallizes into illness.

This aspect of eating represents a form of "denatured eating," highlighting a darker reality. Woodman (1982/2000) suggests that the lack of an authentic connection with one's own feelings can lead to uncontrolled eating behavior. Denatured eating occurs when food is used to fill emotional voids rather than to satisfy physical needs. Reflection on how to direct emotional and instinctual energy is essential for conscious mastery of the body and the healthy integration of instincts.

Another phenomenon is emotional eating (Barnhart et al., 2020), in which food is used to regulate affections, whether positive or negative, particularly in states of anxiety, sadness, anger, or loneliness. The analysis of emotional or symbolic eating, a concept introduced by Jung (1916/2017), leads to a deeper understanding of how hunger transcends physiological needs, pointing out that "hunger itself can be 'denatured' and even appear as something

metaphorical (. . .) it can manifest as simple greed or in the most varied forms, such as an uncontrollable desire and insatiability" (Jung, 1916/2017, p. 62, para. 236, our translation).

Eating can become a symbolic expression of our emotional needs, confusing the search for love with the need for nourishment (Woodman, 1982/2000). In these cases, food operates as an affective "prosthesis," offering temporary relief for emotions that find no space for symbolic elaboration. Although it does not necessarily involve excessive intake, emotional eating shows how the function of food transcends nutrition: it becomes a psychic mediator of experiences that the individual cannot name or sustain. Clinical practice must therefore investigate not only the amount of food consumed, but also the affective context in which it is consumed, revealing layers of meaning that do not emerge from a superficial observation of the act.

Binge-eating disorder (BED), recognized by the DSM-5 (*American Psychiatric Association* [APA], 2013), involves recurrent episodes of consuming large amounts of food within a short period of time, accompanied by a sense of loss of control. Unlike bulimia nervosa, these episodes are not followed by compensatory behaviors such as vomiting, fasting, or the use of laxatives. Suffering arises primarily from shame, guilt, and the impact on self-esteem and physical health. Differential diagnosis with bulimia is essential: whereas in BED the focus is on emotional dysregulation and the search for relief, in bulimia the central concern lies with weight and body shape, with binge eating functioning as a precursor to compensatory rituals. This distinction guides not only clinical formulation but also the direction of treatment.

Precise naming is not merely a technical resource; it is also an ethical gesture. Many patients describe their experiences using diffuse terms such as "eating too much" or "having no control," laden with moral judgment. The analyst's task is to help construct a language that distinguishes nuances, shifting the discourse from blame toward symbolic understanding. By distinguishing binge eating from emotional or disordered eating, a field of listening is created in which the patient can recognize the singularity of their experience without reducing it to generalized labels. This differentiation opens space for the symptom to be elaborated in its complexity, reinserted into the narrative fabric of psychic life, and understood as a legitimate expression of a profound conflict.

This systematic framework allows the analyst to maintain conceptual clarity, avoiding premature diagnoses and fostering a more ethical and precise listening to each patient's suffering.

Early Trauma, Dissociation, and "Psychic Skin"

Early trauma is often silent; it does not consist of spectacular events, but of repeated failures in the environment's capacity to sustain the child's emotional experience. When the mother—or primary caregiver—is unable to function as a "mirror" for the baby's needs (Winnicott, 2019), a hole emerges in the psychic fabric. Winnicott (2019) states that the absence of a good-enough mother compromises the constitution of transitional space, leaving the child vulnerable to psychic collapse in the face of ordinary frustrations. Instead of transforming experiences into symbols, the psyche defends itself by evacuating them into the body. Hence the power of compulsion: eating, vomiting, or consuming become ways of managing the intolerable when words cannot be found.

Kalsched (1996) adds that, when confronted with early trauma, the psyche creates complex dissociative defensive systems (the self-care system), in which parts of the psyche that protect the child's ego from further pain also imprison it in cycles of repetition.

> (. . .) emerges from a field of traumatic experience with others, especially with figures who were the objects of childhood attachment, and records a psychic split that became necessary because of the child's unbearable experience. The split is remembered as an archetypal defense—a bipolar complex containing a progressed self (guardian or persecutor) and its regressed counterpart (the child) (Kalsched, 2010/2019, p. 420).

In the case of compulsions, this protective system can be observed in the oscillation between the part that seeks immediate relief in food and the critical part that severely punishes after the act. This duality is not accidental; it internally reproduces the ambivalence of the primary object, simultaneously desired and frustrating. Thus, compulsion reenacts, in the present, the traumatic scene of childhood, in which care and wound were intertwined.

Dissociation, in these cases, should not be seen as merely a pathological defense, but as a vital resource. Jean Knox (2003) points out that the developing *Self* resorts to fragmentation as a way of preserving still-fragile cores of identity. However, what was a solution in childhood becomes a prison in adult life, and compulsion appears as a dissociated act, with the individual reporting that they are not fully present when they eat, drink, or consume. This absence of consciousness—often described by patients as "a trance"—shows how compulsion can be understood as a dissociative symptom, along the lines of what Feldman (2004) described as an attempt to control the "nameless dread" that emerges from a failure of maternal containment.

In this context, compulsions reveal an attempt to fill an inner emptiness with an idealized external form. The frequent changing of clothes or the constant struggle with weight are symptoms of someone who, "(. . .) divorced from her inner and outer worlds, is often unable to place her body in space" (Schwartz, 2024, p. 12, our translation). Unattainable beauty becomes the executioner of a personality that seeks, in the applause of others, the compassion it cannot find within itself.

This subjective experience of bodily alienation can be illustrated by verses that echo the feeling of estrangement:

> My body is not my body,
> it is the illusion of another being.
> It knows the art of hiding me
> and is so cunning
> that from myself it conceals me.
> My body, not my agent,
> my sealed envelope,
> (. . .)
> has become **my jailer**,
> **knows me better than I know myself…**
> (Andrade, 1984/2015, p. 7; our emphasis and our translation)

This poetic fragment conveys the dilemma of many patients with compulsion: living in a body that seems simultaneously intimate and foreign, accomplice and enemy. The body becomes the stage of compulsion, but also the guardian of pains that have found no other form of expression.

The theory of "psychic skin," discussed by Anzieu (1985/2000) and Feldman (2004), provides a powerful clinical metaphor for thinking about this experience. Biological skin, at the beginning of life, demarcates inside and outside, creating the first contour of the ego. When the environment fails to provide an equivalent function, the psyche improvises a "second skin," which fulfills the function of holding the *Self*. This second skin, however, is rigid and defensive, producing isolation rather than openness. In this sense, binge eating can be seen as an attempt to cover interiority with a provisional layer, filling holes and sealing off anxieties that could not be symbolized. Eating to the point of physical pain is, paradoxically, a way of feeling a limit where no consolidated psychic boundary exists.

Michael Fordham (1985), with his concept of primary deintegration, adds an important dimension, stating that the child needs to disintegrate temporarily in order to reintegrate with greater complexity, in a continuous movement of expansion and contraction. When the environment does not sustain this process,

deintegration becomes traumatic and the ego is unable to reintegrate adequately. Compulsion can be understood as an attempt to artificially restore this movement, since the act of binge eating produces a pseudo-reintegration that does not lead to growth, but only to momentary relief. The symptom, therefore, reveals both failure in the initial process and the need to construct, within analysis, an environment that allows for more creative reintegration.

Clinically, recognizing compulsion as survival—and not merely as destruction—is crucial. This means that the analyst must avoid premature interpretation, which dismantles the defense, as well as the simple normalization of the act. The challenge is to create a field of containment in which the patient can safely experience what could not be lived at the beginning of life. Sensitive listening, recognition of dissociated affects, and the possibility of naming them are steps toward transforming compulsion into language. In this sense, the analytic space functions as a new psychic skin, not a rigid barrier, but a permeable membrane that enables symbolic exchanges and deeper integrations.

The Symbolic Function of the Symptom: From Act to Word

In analytical psychology, the symptoms are never a random event, but a formation endowed with meaning, even when that meaning is hidden or distorted. In analytical psychology, we can understand the symptom as "an attempt by the self-regulating psychic system to restore equilibrium" (Jung, 1961/2017, p. 188, our translation). In the case of compulsions, repetition of the act—eating, buying, drinking, working—appears as a means of survival in the face of symbolic collapse. When the ego is fragile and cannot sustain the mediation between consciousness and the unconscious, the word breaks down and the act takes its place. Compulsion is therefore a substitute for the symbol, because where language fails, the body speaks in excess. This displacement shows that the clinical challenge is not to eliminate the act immediately, but to recover the capacity for symbolization that it conceals (Winborn, 2023; Bovensiepen, 2002).

Hans Christian Andersen's (1845/2020) tale "The Little Match Girl" offers an archetypal image for understanding the symbolic character of compulsions. On a night of cold and helplessness, the girl lights matches to keep herself warm, and in each fleeting flame she sees images of a fireplace, a feast, and a Christmas tree. Each spark is a desperate attempt to recreate warmth and presence, which soon fades, leaving her once again in emptiness. In the same way, the compulsive act provides momentary relief—the warmth of the match—but does not sustain symbolic continuity. Food, like the

flame, points to the need for a presence that transcends the moment, revealing that the true hunger is not for nourishment, but for connection and symbolization.

This symbolic function can be illustrated by the way food, for example, acquires the *status* of a psychic image. Binge eating is not merely the ingestion of calories; it is the enactment of a search for care, fusion, and containment. Food becomes a multifaceted symbol, presenting itself simultaneously as mother, protection, poison, and prison. The symptom then reveals itself as a condensed metaphor for unconscious conflicts. If analysis can open this space for translation, the act ceases to be a closed circuit and becomes narrative. In this process, the patient may realize that the hunger they are trying to satisfy is not biological but symbolic: a hunger for presence, recognition, and meaning.

Donald Kalsched (1996) emphasizes that the defensive systems created by early trauma serve to protect the child's *Self* from pain, but at the cost of sacrificing vitality. Compulsion can be understood as one of these defenses, since it protects against immediate collapse while restricting the possibility of growth. When clinical practice interprets compulsion as coded language, an attempt to say the unsayable, a path opens for this suffering to be symbolized. At that moment, the symptom ceases to be merely an obstacle and becomes a means of access to the patient's emotional history. As Woodman (1982/2000) proposes, it is precisely in excess that we can find the key to understanding emptiness.

According to Winborn (2022), patients with eating disorders usually have a history of relational and developmental trauma. Fragile primary bonds and traumas affecting the body and the *Self* often inhibit the symbolic elaboration of affect. Eating disorders can be seen as concrete manifestations of internal conflicts that reveal an absence of the capacity to "(. . .) adequately utilize their symbolizing function. (. . .) regardless of how poorly developed or blocked that capacity may be" (Winborn, 2022, pp. 93–94, our translation).

The passage from act to word is therefore the central movement of analysis. The analyst does not seek simply to suppress the compulsion, but to create a space in which the patient can narrate what was previously expressed only through the body. This transformation requires time, containment, and a willingness to engage with intense affections such as shame and despair. The symbolic function of the symptom, in this sense, is twofold: it reveals the failure of symbolization and, at the same time, offers a clue for reconstruction. Jungian clinical practice, by attending to the language of the symptom, restores to the individual the possibility of individuation, transforming what was once blind urgency into a

path of self-knowledge, integrating pain into a narrative that expands consciousness and restores the ego's creative capacity.

Clinical Implications (Operational Proposals)

Understanding compulsion as symbolic language, rather than merely as dysfunctional behavior, redefines clinical practice. The first step is to construct a phenomenological map of the symptom, delineating its form, frequency, triggers, and the states of consciousness in which it occurs. This detailed assessment allows the analyst to differentiate binge eating, disordered eating, and emotional eating, avoiding oversimplifying labels. More than classifying, the aim is to identify the psychic function that the symptoms serves for that particular individual. When the compulsive act is named and described in its singularity, it already becomes a partial narrative, opening space for new symbolizations.

Another important implication is the dual focus of Jungian clinical practice: immediate regulation and symbolic elaboration. Many patients arrive overwhelmed by urgency, and it would be unethical to ignore health risks or states of acute suffering. Thus, analysis must provide resources for stabilization, such as regulating sleep and eating routines and managing stress, without losing sight of the fact that the core of transformation takes place on the symbolic level. Food, the body, or consumption are not the problem in themselves, but vehicles for a search for meaning. The analyst's challenge is to balance deep listening with attention to the patient's conditions of psychic and physical safety, providing support without reducing the process to behavioral guidance.

In the field of compulsions, there is also a need to work with shame, an emotion frequently attached to the symptom. Shame can be so devastating that it prevents the patient from speaking about their experience, perpetuating the cycle of silence and repetition (Gilbert & Miles, 2000). Creating a space for listening free from judgment is essential so that the individual can symbolize what was previously lived in secrecy. Here, the analytic attitude requires compassion and curiosity, regarding compulsion not as a moral failing but as a clue to the underlying pain. It is this perspective that transforms the clinical experience into an opportunity for reintegration, allowing the patient to separate from the identity of a "failure" and recognize compulsion as the language of a wounded part of the self.

Finally, clinical practice should foster the reconstruction of psychic boundaries. Sensory grounding exercises, reflective writing, active imagination, and symbolic amplification can function as provisional "psychic skin" devices until the individual regains the capacity to

symbolize spontaneously. At the same time, the use of archetypal images, such as the little match girl or myths of hunger and feasting, provides access to a broader dimension of suffering, linking individual experience to the collective imagination. In this sense, Jungian clinical practice not only embraces the symptom but also reinscribes it within the process of individuation, restoring the possibility of constructing a narrative in which pain and creativity can coexist.

Final Considerations

Compulsions, far from being merely deviant behaviors, reveal themselves as complex phenomena rooted in the interweaving of early failures of care, contemporary cultural pressures, and fragilities in the symbolic fabric. In analytical psychology, this entanglement is understood as a sign of a rupture in the dialogue between the ego and the *Self*, in which the mediating function of the symbol has been weakened. By situating compulsion within this horizon, clinical practice shifts from a corrective stance to an interpretive attitude that recognizes the symptom as an encoded message. This shift in perspective allows the patient to experience their pain not merely as failure, but as an opportunity for reconstruction.

The study of compulsions in postmodernity further demonstrates how psychic suffering is traversed by cultural webs. The society of *performance*, spectacle, and consumption intensifies the sense of emptiness and undermines symbolic creativity, fostering compulsive responses. In this sense, clinical practice cannot be restricted to the isolated individual and must consider the cultural context that fuels forms of illness. Bodily, eating, or behavioral compulsions function as mirrors of an era in which difference is lost, and otherness is colonized by homogenizing images. By restoring space for singularity, analysis also becomes an ethical and political act.

From the perspective of the individuation process, compulsions can be seen as deviations that, paradoxically, point toward wholeness. They reveal what could not be integrated and call upon the individual to confront their emptiness and fissures. Woodman (1982/2000) reminds us that it is precisely in excess that the core of lack is revealed: compulsion shows what remains to be symbolized. If listened to in this register, it ceases to be merely destructive and becomes a passage—painful, but necessary—toward a renewed encounter with the *Self*. At this point, analytical psychology distinguishes itself because, rather than silencing the symptom, it seeks to decipher its symbolic language and reinsert it into the creative process of the psyche.

Thus, these final considerations are not intended to close the reflection, but to reaffirm the importance of a clinical perspective capable of embracing the paradox of compulsion: protection and imprisonment, survival and self-destruction, silence and language. The challenge lies in transforming the web that imprisons into a narrative that liberates, transmuting act into word and urgency into symbol. By enabling this conversion, Jungian clinical practice not only alleviates suffering but also restores to the individual the possibility of inhabiting their own history in a more integrated way. At the intersection of body, psyche, and culture, the path of individuation reveals itself not as perfection, but as reconciliation with one's own lacks and limits—a reconciliation that is, in itself, profoundly human.

References

Andersen, H. C. (2020). *Contos de fadas de Andersen* (Vol. 1, A garotinha dos fósforos, pp. 40-42). Principis. (Original work published in 1845).

Andrade, C. D. (2015). *Corpo: novos poemas* (As construções do corpo, pp. 7-9). Companhia das Letras. (Original work published in 1984).

Anzieu, D. (2000). *O Eu-pele* (2a ed.). Casa do Psicólogo. (Original work published in 1985).

Austin, S. (2013). 1. working with dissociative dynamics and the longing for excess in binge eating disorders. *Journal of Analytical Psychology*, *58*(3), 309-326. https://doi.org/10.1111/1468-5922.12009.

Barnhart, W. R., Braden, A. L., & Jordan, A. K. (2020). Negative and positive emotional eating uniquely interact with ease of activation, intensity, and duration of emotional reactivity to predict increased binge eating. *Appetite, 151*, 104688. https://doi.org/10.1016/j.appet.2020.104688.

Bovensiepen, G. (2002). Symbolic attitude and reverie: problems of symbolization in children and adolescents. *Journal of Analytical Psychology*, *47*(2), 241-257. https://doi.org/10.1111/1465-5922.00309.

Feldman, B. (2004). A skin for the imaginal. *Journal of Analytical Psychology, 49*(3), 285-311. https://doi.org/10.1111/j.1465-5922.2004.00463.x.

Feldman, B. (2017). Bulimia in adolescent women: An exploration of personal and archetypal dynamics in analysis. In M. Sidoli & G. Bovensiepen (Orgs.), *Incest fantasies and self-destructive acts: Jungian and post-Jungian psychotherapy in adolescence*. Brunner-Routledge. (Original work published in 1995).

Fordham, M. (1985). *Explorations into the Self*. Karnac.

Gilbert, P., & Miles, J. (2000). *Body shame: conceptualisation, research and treatment*. Brunner-Routledge.

Green, A. (2009). *O trabalho do negativo*. Artmed.

Hollis, J. (1998). *Os pantanais da alma: nova vida em lugares sombrios*. Paulus. (Original work published in 1996).

Jung, C. G. (1994). Spiritum contra Spiritum: a correspondência entre Bill Wilson e C.G. Jung. *Junguiana: Revista da Sociedade Brasileira de Psicologia Analítica,* (12), 10–13). (Original work published in 1961).

Jung, C. G. (2013). *A prática da psicoterapia* (OC, Vol. 16/1, 16a ed.). Vozes. (Original work published in 1954).

Jung, C. G. (2014). *Os arquétipos e o inconsciente coletivo* (OC, Vol. 9/1, 11a ed.). Vozes. (Original work published in 1959).

Jung, C. G. (2015). *O eu e o inconsciente* (OC, Vol. 7/2, 27a ed.). Vozes. (Original work published in 1928).

Jung, C. G. (2017). *A natureza da psique* (OC, Vol. 8/2, 10a ed.). Vozes. (Original work published in 1916).

Jung, C. G. (2017). *A vida simbólica* (OC, Vol. 18/1, 7a ed.). Vozes. (Original work published in 1961).

Kalsched, D. (1996). *O mundo interior do trauma: defesas arquetípicas do espírito pessoal*. Paulus.

Kalsched, D. (2019). Trabalhando com o trauma em análise. In M. Stein (Org.), *Psicanálise Junguiana: trabalhando no espírito de C.G. Jung*. Vozes. (Original work published in 2010).

Knox, J. (2003). *Archetype, attachment, analysis: Jungian psychology and the emergent mind*. Brunner-Routledge.

Lasch, C. (1987). *O mínimo eu: sobrevivência psíquica em tempos difíceis*. Brasiliense.

Lipovetsky, G. (1989). *A era do vazio: ensaio sobre o individualismo contemporâneo*. Relógio D'Água. (Original work published in 1984).

Penna, E. M. D. (2014). *Processamento simbólico-arquetípico: pesquisa em psicologia analítica*. Educ.

Schwartz, S. (2024). Personalidade "como se": síndrome do impostor e ilusões no espelho. *Self - Revista do Instituto Junguiano de São Paulo*, 9, e002. https://doi.org/10.21901/2448-3060/self-2024.vol9.200.

Winborn, M. (2022). Working with patients with disruptions in symbolic capacity. *Journal of Analytical Psychology*, *68*(1), 87-108. https://doi.org/10.1111/1468-5922.12880.

Winnicott, D. W. (2019). *O brincar e a realidade* (O papel de espelho da mãe da família no desenvolvimento infantil, pp. 165-174). Ubu Editora. (Original work published in 1984).

Wolf, N. (2020). *O mito da beleza: como as imagens de beleza são usadas contra as mulheres* (10a ed.). Rosa dos Tempos. (Original work published in 1990).

Woodman, M. (2000). *O vício da perfeição: compreendendo a relação entre distúrbios alimentares e desenvolvimento psíquico*. Summus. (Original work published in 1982).

Curriculum:

Kelly Guimarães Tristão – PhD, Master's degree, and Bachelor's degree in Psychology from *Universidade Federal do Espírito Santo* – UFES; specialization in Eating Disorders from *Pontifícia Universidade Católica do Rio de Janeiro* – PUC-RJ; specialization in Jungian Theory and Practice from *Universidade Veiga de Almeida* (UVA), Rio de Janeiro. Currently undertaking postdoctoral research in Eating Disorders at UFES; member of *Laboratório de Estudos, Intervenções em Trabalho, Assistência e Saúde* – LEITRAS/UFES. Director of *Centro de Psicologia Analítica do Espírito Santo* – CEPAES. Postgraduate Professor. E-mail: kellytristao@cepaes.com.br.

Viviane Lahorgue Porto da Costa – Specialization in Analytical Psychology from *Instituto Junguiano do Rio de Janeiro* – IJRJ/UNESA; specialization in Neuropsychology from *Universidade São Judas Tadeu* – USJT; Bachelor's degree in Psychology from *Instituto Brasileiro de Medicina e Reabilitação* – IBMR; training in Jungian Couples and Family Clinical Practice from *Sociedade Brasileira de Psicologia Analítica de São Paulo* (SBPA/SP). Professor and member of the Scientific Board of *Centro de Psicologia Analítica do Espírito Santo* – CEPAES. E-mail: psi.vivilahorgue@gmail.com.