

Ego-Deficit, Agoraphobia, And Compulsive Overeating: A Structural Model

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This article proposes a structural model in which agoraphobia and compulsive overeating are viewed as consequences of ego-deficit, a fundamental disturbance of the embodied self. The model integrates phenomenological, psychoanalytic, and neuroscientific approaches to understanding disturbances of embodiment. Ego-deficit is operationalized through the deficit scales of Ammon's Ego Structure Test (ISTA). Phenomenologically, ego-deficit manifests through three phenomena: symmetry (the ontological basis, the search for oneself in the Other), isolation (the claustrophilic act of establishing boundaries), and stagnation (the refusal of change, "getting stuck"). Empirical testing of the model on a sample of 289 women (164 controls, 125 with compulsive overeating), using Ammon's Ego Structure Test (ISTA) and the author's original "Virus" method, confirmed that ego-deficit is significantly associated with all three phenomena, with stagnation showing the strongest association with ego-deficit. Different deficit profiles (Internal Deficit, External Deficit, Anxiety/Fear Deficit, and Aggression Deficit) were shown to be differentially associated with these phenomena, which is relevant for differential diagnosis. Compulsive overeating is interpreted as a somatic equivalent of an unresolvable claustro-agoraphobic dilemma.

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Introduction

Our work follows the tradition of research organized around the concept of embodiment. Within our model, embodiment is understood as the fundamental human capacity to feel oneself as a bodily subject "from within," to experience one's body as "mine," and to use it as the point of reference for all experience.

Understanding agoraphobia and eating disorders (ED) requires addressing the fundamental question of how a person experiences the self in space. We proceed from the premise that body representation is the primary system of coordinates through which the self is constituted and through which the boundaries between inside and outside, between self and Other, are drawn. This approach allows us to show that agoraphobia and ED are not simply "fears" or

"eating disturbances," but a fundamental failure of self-orientation in the world, in which bodily and spatial boundaries become blurred.

Within the phenomenological tradition, the problem of embodiment was first posed by E. Husserl, who introduced the distinction between the body-as-object (*Körper*) and the lived body (*Leib*). The lived body is the subjectively experienced center of perception, the source of all sensations, and the point of reference for all sensory experience. Maurice Merleau-Ponty developed this idea further, introducing the concept of the body schema (*schéma corporel*) as an unconscious, dynamic map of the body that is continuously updated through interaction with the world. For Merleau-Ponty, the body is our "point of view on the world," the primary instrument of orientation and understanding. As Chris Mawson writes, our basic sense of continuous existence rests on somatically based particulate sensations of self [1, 149–150]. The loss of this bodily foundation leads to ontological anxiety and a loss of the sense of reality, a state in which the world ceases to be whole and stable, turning into a "lacunary world" that the anxiety of non-being may invade at any moment.

The fundamentality of the body as a spatial structure is also confirmed by linguistics. Anna Wierzbicka shows that the conceptualization of the body and its parts follows universal principles reflected in the semantic organization of this domain across the world's languages [2]. In particular, the verticality of the body is basic: this is precisely why, in ordinary language, we speak of a person's height rather than their length — the standing posture proves more fundamental to characterizing the body than the lying position. This is linguistic evidence that the body itself is a spatial structure through which a person structures not only the perception of the world but language itself.

Neuroscientific research confirms that the experience of the self is inseparable from space. Olaf Blanke and Thomas Metzinger, in their work on bodily self-consciousness (BSC), show that the fundamental experience of the self comprises three basic aspects: self-identification

(the experience of "I" owning this body), self-location (the experience of where in space "I" am located), and the first-person perspective (the experience of the world being perceived from a specific, centered point in space) [3]. Normally, these three aspects are synchronized, and the self is experienced as localized within the boundaries of one's own body. A disruption of this synchronization provides a neuroscientific basis for the claim that agoraphobia and ED may result from a failure in the fundamental mechanisms of the spatial construction of the self.

Within the psychoanalytic tradition, ideas about the bodily foundation of the psyche were developed in the work of Armando Ferrari, who postulated two fundamental axes structuring the psyche: a vertical axis — the relationship between psyche and body — and a horizontal axis — the relationship between the psyche and the external world and Others. Using the metaphor of "Alice in Wonderland," the authors demonstrated a disruption of the vertical axis: Alice cannot control her own body; it is experienced as an alien and frightening space. Alice loses the embodied self — she no longer feels herself from within, and her body becomes an object she does not control. In Alice's world, cause-and-effect relationships disappear, time becomes distorted, and the boundaries between self and Other are erased.

M. Bakhtin, in his philosophical and aesthetic works, introduces a fundamental distinction between the "internal body" (self-for-itself) and the "external body" (self-for-the-other). The internal body is the body experienced from within, as a subjective sense of bodily wholeness. The external body is the body as seen by others. In Bakhtin's view, the boundaries of the body are "the boundaries of two consciousnesses." This means that the identity and boundaries of the self are always formed in dialogic tension between the internal and the external. A disruption of this dialogue, when the internal body loses its footing and becomes entirely subordinated to the external gaze, becomes a key mechanism of disturbed embodiment.

Developing these ideas within psychology, V.P. Zinchenko and A.Sh. Tkhostov showed that the boundary of the self is not fixed: it is mobile and can expand to include external objects [6, 7]. Tkhostov introduces the concept of the "probe of consciousness": when a person uses a tool (a probe, a stick), their sensations shift to the boundary between the tool and the object, rather than remaining at the boundary between the hand and the tool [7]. This demonstrates that the boundary of the self is not fixed: it is mobile and can expand to include external objects. In the work of D.A. Beskova, this mobility of boundaries is treated as a fundamental characteristic of corporeality: the boundaries of the body and the self are not given once and for all but are constructed in experience and can become pathologically distorted [6].

Neuroscientific research supports the thesis of boundary mobility. If the boundary of the self is mobile, then the space immediately surrounding the body is not a neutral background but a continuation of the bodily self. This idea is developed within research on peripersonal space (PPS), a multisensory representation of the space immediately surrounding the body that serves as an interface between the individual and the environment [8]. The boundaries of PPS are not static: they change depending on experience, for instance when tools are used and effectively become "incorporated" into the body schema, extending the PPS. The integration of multisensory signals within the PPS underlies the experience of the body as one's own and its localization in space; a disruption of this integration can lead to a deficit of bodily self-awareness.

F. Pöhlmann argues that egocentric spatial representation (the ability to perceive the world relative to one's own body) is not merely a form of perception but a form of self-representation [9]. A sense of one's own capacity for movement is a constitutive condition for the ability to perceive the world spatially. This means that if a person loses their connection to their body as an active agent (ego-deficit), this directly undermines their ability to construct a spatial picture of the world. The consequence is an

inability to localize oneself in space (agoraphobia) and a disintegration of the sense of the body as a stable point of reference.

The phenomenological distinction between "being a body" and "having a body," proposed by Maren Wehrle, adds a temporal dimension to this analysis [4]. Drawing on Husserl's distinction between the lived body (*Leib*) and the body-as-object (*Körper*), Wehrle shows that these two modes of bodily existence correspond to different forms of temporality. "Being a body" is an operative, fluid, processual intentionality tied to the present moment and to action. "Having a body" is a reflexive, objectifying stance that allows one to experience the past and plan for the future. In pathology, these two temporalities can become dissociated.

This distinction intersects with the work of Tsakiris, Longo, and Haggard, who investigated the neural correlates of two fundamental aspects of bodily self-consciousness: the sense of body-ownership and the sense of agency [5]. They showed that these two aspects are qualitatively distinct, independent experiences that engage different neural networks. The sense of body-ownership is linked to the sensory-driven experience of "having a body," while the sense of agency is linked to motor control and the experience of "moving one's own body."

A. Rey's Dilemma and the Psychic Exoskeleton

Henri Rey introduced the concept of the claustro-agoraphobic dilemma [10]. He found that many patients with borderline and schizoid states are unable to find a safe zone: when they draw close to objects they feel trapped, while attempts to avoid closeness leave them in a frightening void. They cannot feel safe either with objects or at a distance from them. A key concept for Rey was that of the "stuck place," a state that obstructs development and creates a deadlock. Rey emphasizes that genuine safety and a sense of identity are built on an internalized bodily foundation that protects against "exploding into formless infinity" [10, p. 103].

Developing this idea, Ricardo Lombardi introduces the concept of "the body emerging

from the formless infinite," showing that the fundamental developmental task is the transition from a state in which the body has no form or boundaries to one in which it becomes the point of reference for subjective experience [11]. In our model, ego-deficit is precisely the state in which the body remains within this formless infinity, unable to "emerge" from it.

Developing Rey's ideas further, John Steiner introduces the concept of the psychic exoskeleton [12]. He describes how patients with a schizoid organization, lacking a stable internal center (an endoskeleton), attempt to find support in external structures, in the manner of an exoskeleton that provides support from the outside. They enter an external object as one would a shell, but feel trapped within it and, once outside it, abandoned and falling apart. This is precisely the claustrophobic dilemma: the exoskeleton provides an illusion of boundaries but does not resolve the underlying absence of internal support. In our model, symmetry and isolation represent two sides of this exoskeletal strategy: symmetry is an attempt to gain support through fusion with the Other, while isolation seeks it through rigid self-enclosure. Neither restores an internal center of gravity, and both lead to stagnation.

The claustrophobic dilemma provides the initial framework for understanding how ego-deficit structures relations with the Other. It is worth noting that both poles of the dilemma are phobic in the sense that both are triggered by fear: the agoraphobic pole by the fear of emptiness and the absence of boundaries, the claustrophobic pole by the fear of being engulfed by the Other. In our model, however, we distinguish between fear as a trigger and the behavioral act as a response to that fear.

Continuing this line of thought on the claustrophobic dilemma, S. Mizen in her relational affective theory, views eating disorders as comorbid manifestations of severe narcissistic and borderline states [13]. According to Mizen, patients with such states exist in a state of constant claustrophobic tension: intimate relationships activate the fear of being engulfed

(the claustrophobic pole), while attempts to avoid closeness give rise to a panic of emptiness and abandonment (the agoraphobic pole). The author links this conflict to two forms of projective identification:

Acquisitive projective identification corresponds to the agoraphobic pole, an attempt to "capture" the Other and merge with them in order to fill an internal void. In bulimia, this may manifest as compulsive food consumption.

Attributive projective identification corresponds to the claustrophobic pole, the fear of being engulfed by the Other and a desperate attempt to preserve one's boundaries. In anorexia, this may manifest as a total refusal of food intake.

Thus, S. Mizen shows that the claustrophobic dilemma underlies both bulimic and anorexic responses: bulimia is an attempt to resolve the dilemma through fusion, anorexia through isolation. Both poles, however, remain within the same dilemma, without achieving genuine safety [14].

Allocentric Lock and the Loss of "My Body"

According to the allocentric lock hypothesis, the normal experience of the body relies on the integration of signals from two frames of reference: the egocentric (first-person) frame, in which the body is experienced as a living, sentient center of the self, and the allocentric (third-person) frame, in which the body is perceived as an object in the physical world [15, p. 254]. In eating disorders (ED), this balance is disrupted. Patients become "locked" into an allocentric (object) representation of their own body. Phenomenologically, this state is described as a loss of the sense of "mine": "I don't know what's mine, I'm dissolving"; at the same time, a growing dread of falling into chaos emerges [11, p. 93]. Lombardi characterizes this position as a loss of spatiotemporal coordinates and the patient's collapse into a "black hole of the formless body." An empirical study by Serino and colleagues confirmed this mechanism, showing that patients with ED display a deficit in the ability to update the long-term stored representation of the body using current sensory data [17].

Disturbed Embodiment and Defenses against Bodily Sensations

Working within the Jungian approach, Alessandra Cavalli views eating disorders as a defense against the experience of an inner emptiness that the patient has become accustomed to filling with food or with the wish to merge with the Other [18]. As the patient gained access to the experience of her inner world and to the capacity to tolerate affect, her need for the eating disorder as a defense against emptiness diminished. This process resonates with our model, in which compulsive overeating serves as a somatic equivalent of an attempt to fill an inner void through an act of incorporation.

Angela Connolly develops this line of thought, showing that in states of "psychic deadness" and disembodiment, the central disturbance concerns the sense of body-ownership and body image [19]. In her observations, patients with anorexia and bulimia often use control over the body and eating to avoid confronting affects that are experienced as bodily (for example, anger, shame, guilt). Here, food becomes not merely an object to be consumed but a means of regulating bodily experience: it either fills a bodily void (bulimia) or allows the avoidance of bodily fullness (anorexia). Connolly emphasizes that for such patients the therapeutic task is not interpretation but the provision of the analyst's "living body" for corporeal mirroring, which allows the lost connection with corporeality to be restored [19]. In terms of our model, this indicates that ED are not only an attempt to fill an ontological void (symmetry, fusion) but also a defense against bodily affectation, which is experienced as threatening. This very inability to tolerate bodily sensations may be one of the mechanisms that keeps the patient in stagnation.

The opposite pole of this same dilemma is described by Jeanne Magagna in pervasive refusal syndrome, a state in which patients refuse food, drink, movement, and speech, actively resisting any help [20]. This state is grounded in a fear of dependency and an inability to accept anything from the Other. In terms of disturbed embodiment, this represents an extreme form of

the loss of agency and a refusal of embodied engagement with the world. Magagna introduces the concept of the "blockading thumb" of primitive protections, a rigid fixation that blocks the acceptance of anything from another and makes development impossible. This offers a clinical illustration of how ego-deficit, as a disturbance of embodiment, leads to a total refusal of contact with the world and to a rigid fixation in isolation.

The Archaic Symmetry of the Psyche: Matte-Blanco's Bi-Logic

A theoretical grounding for the regression to an archaic, undifferentiated state of the psyche is offered by Ignacio Matte-Blanco [25]. He postulated that the psyche functions on the basis of two types of logic, asymmetrical and symmetrical. Symmetrical logic is a fundamental characteristic of the unconscious: within it, relations are reversible, structures become homogenized, and parts can represent the whole. Symmetrical logic is characterized by the absence of time and space, the absence of differentiation between whole and parts, and the boundlessness of affect.

Klaus Fink [21] directly links Matte-Blanco's theory to agoraphobia, showing that clinical cases of agoraphobia can be understood as a disturbance or absence of the concept of space in the unconscious. In our view, regression to symmetrical logic underlies not only agoraphobic fear but also the disturbance of the differentiation between inside and outside that manifests in various types of ED. In symmetry, this manifests as an erasure of the boundaries between the self and the Other, an attempt to find oneself through reflection in the Other. In compulsive overeating, it manifests as a disturbance of the differentiation between a need and its satisfaction, between inner emptiness and its filling through incorporation.

Within the system-evolutionary paradigm of N.E. Maksimova and I.O. Aleksandrov [22], a comparable state is viewed as the initial level in the hierarchy of psychological structures: the psyche is originally a global, weakly structured whole characterized by a high degree of

symmetry. The process of development consists in successive differentiation, a transition from symmetrical, undifferentiated forms to asymmetrical, hierarchically organized structures. The regression to symmetry captured in our model reflects a genuine shift to a lower, more primitive level of psychic organization.

Theoretical Framework: A Structural Model of Three Phenomena

Building on the theoretical concepts presented above, we propose a structural model in which the claustro-agoraphobic dilemma is operationalized through three sequentially organized phenomena. According to our theoretical hypothesis, these phenomena represent behavioral markers of how ego-deficit, a disturbance of the embodied self, structures relations with the Other and with the world.

Within our model, embodiment is understood as the fundamental human capacity to feel oneself as a bodily subject "from within," to experience one's body as "mine," and to use it as the point of reference for all experience. Disturbed embodiment manifests as the loss of this capacity: the body ceases to be an internal foundation and instead comes to be experienced as an alien, frightening, or permeable space. This disturbance is operationalized through the concept of ego-deficit that we introduce.

We understand ego-deficit as a fundamental disturbance of the embodied self: the loss of the capacity to feel oneself as a bodily subject "from within," to experience one's body as "mine," and to use it as the point of reference for all experience. At the level of neural mechanisms, this is a disturbance in the integration of multisensory signals underlying the construction of bodily self-consciousness [3] and dynamic peripersonal space [8]. This deficit undermines the capacity to feel oneself as an active agent in space, which, following Pöhlmann, is the very basis of our self-representation [9]. A person loses not only the sense of their own body but also the bodily foundation of their knowledge of the world and of themselves.

Clinical confirmation of this construct can be found in the work of Ricardo Lombardi [16],

who, in "The Body Emerging from the 'Neverland' of Nothingness," describes patients experiencing a state strikingly consonant with our concept of ego-deficit. These patients are "overwhelmed by a boundless abyss of nothingness," and for them "gaining a body meant gaining 'a land that never was.'" The body as "a land that never was" is a precise metaphor for the loss of internal bodily support that lies at the core of ego-deficit. Lombardi treats the sensory perceptions arising from the body as the "first manifestations of self-awareness and psychic existence" [16], which fully corresponds to our understanding of embodiment as the fundamental human capacity to feel oneself as a bodily subject "from within." Ego-deficit is thus not merely a theoretical construct but a clinically observable state in which the patient is deprived of the ability to use their body as "land," as a foothold for existence in the world.

Three phenomena emerge from this deficit, according to our hypothesis:

Symmetry — the search for oneself in the Other, the recognition of mutuality, an attempt to restore a lost internal foundation through the external gaze. In our model, symmetry is treated not as a defensive strategy but as an ontological basis — a fundamental mode of existence for a person with ego-deficit. This state arises directly from the loss of internal bodily support and is not derivative of deeper defenses.

Isolation ("to lock away") — an agoraphobic response to the terror of getting lost and failing to find oneself in the Other. When the attempt to find support in the Other leads to the fear of a total loss of one's own identity, the person tries to close off, to lock themselves away, in order to preserve what remains of their autonomy. In our model, isolation is a claustrophilic act, an action aimed at seeking safety in an enclosed space. This act is triggered by agoraphobic fear, but is not itself fear; rather, it is a drive toward isolation.

Stagnation ("does not mutate") — a refusal of change, rigidity, the "stuck place" described by A. Rey as a state that obstructs development and creates a deadlock [10]. Stagnation represents the consolidation of the claustrophilic state: the

person not only locks themselves away but also freezes in isolation, refusing change and development. In Wehrle's terms, stagnation corresponds to a collapse of temporality — the loss of the capacity to "be a body" in the present and to plan for the future [4]. In terms of allocentric lock, stagnation reflects the impossibility of updating the body representation on the basis of new experience [15, 17]. In Lombardi's terms, this is the patient's collapse into a "black hole of the formless body," a state in which spatiotemporal coordinates are lost and the body ceases to be a source of sensation and instead becomes a void [11, p. 93].

We propose that these three phenomena are interrelated and mediate the relationship between ego-deficit and compulsive overeating, an attempt to fill an inner void through an act of incorporation.

The aim of the present study is to propose a structural model in which agoraphobia in compulsive overeating is understood as a consequence of ego-deficit, a disturbance of the embodied self operationalized through the deficit scales of Ammon's Ego Structure Test (ISTA). To this end, we will turn to an empirical test of the hypothesis that ego-deficit is structurally organized through three phenomena: symmetry, isolation, and stagnation.

Methods

Sample and Design

The study was conducted as an online survey. To identify groups with compulsive overeating, an overeating scale (an adaptation of Anykina's method) was used [23]. Based on its results, respondents were divided into three groups (tertiles). After the middle group was removed, the two extreme groups were included in the analysis: controls (164 individuals) and compulsive overeating (125 individuals). The final sample thus comprised 289 women.

To test the hypotheses, Ammon's Ego Structure Test (ISTA) and the author's original projective "Virus" method (Rebeko, 2023) [24] were used, the latter developed to operationalize the model's

three phenomena — symmetry, isolation, and stagnation.

The "Virus" Method

To empirically test the model, the author's original projective "Virus" method (Rebeko, 2023) [24] was developed. Respondents were asked to make choices on behalf of scientists who had discovered and captured a malevolent creature (a virus), answering three questions in a closed-format questionnaire.

Question 1. "What will the scientists do: send the virus into exile in space, or lock it in a specially constructed box?" (yes / no / don't know). The choice "lock it in a box" is treated as a behavioral marker of isolation, a claustrophobic act of establishing boundaries triggered by agoraphobic fear — as distinct from "send it into space," which corresponds to exile into infinity and does not serve as a marker of isolation in our model.

Question 2. "Will the virus mutate?" (yes / no). The response "does not mutate" is treated as a marker of stagnation, a refusal of change, a rigid fixation.

Question 3. "Is it true that the virus and the human being mutually kill each other?" (yes / no). The response "yes" is treated as a marker of symmetry, a recognition of the identity of the virus's actions and the human's actions, corresponding to an erasure of the boundaries between the self and the Other.

Thus, the method operationalizes the model's three phenomena through behavioral choices in a projective situation, making it possible to capture deep-seated response patterns that correspond to the phenomenological description of the experience of nothingness and the terror of infinity, as well as to the claustro-agoraphobic dilemma [10] as one of the psychoanalytic models describing this state.

Operationalization of Ego-Deficit

To assess the overall level of ego-deficit, a latent factor was constructed on the basis of four deficit scales of Ammon's Ego Structure Test (ISTA): Internal Deficit, External Deficit, Anxiety/Fear

Deficit, and Aggression Deficit. The scales were standardized and averaged for each respondent.

Results

1. The Factor Structure of Ego-Deficit

The four deficit scales of the ISTA converge into a single latent factor, "ego-deficit" ($\alpha = 0.655$),

confirming its existence as a common construct. The internal consistency of the construct was $\alpha = 0.655$. The largest contribution was made by Internal Deficit ($r = 0.784$), and the smallest by External Deficit ($r = 0.649$). The variance explained by the factor was 84.5%.

Table 1. Contribution of the Deficit Scales to the Latent "Ego-Deficit" Factor

Scale	Loading (r)
Internal Deficit	0.784
Anxiety/Fear Deficit	0.754
Aggression Deficit	0.666
External Deficit	0.649
Variance explained	84.5%

The largest contribution to this factor is made by Internal Deficit ($r = 0.784$), which is consistent with the theoretical understanding of ego-deficit as a disturbance of internal bodily support.

2. The Effect of Ego-Deficit on the Phenomena

Ego-deficit is significantly associated with all three phenomena — symmetry, isolation, and stagnation — with the weakest association found for symmetry and the strongest for stagnation.

Table 2. Effect of Ego-Deficit on the Phenomena (β , logistic regression results)

Phenomenon	β	p
Symmetry	0.177	<0.001
Isolation	0.210	<0.001
Stagnation	0.225	<0.001

All three effects are statistically significant, though the strength of the association varies: ego-deficit has the weakest effect on symmetry ($\beta = 0.177$) and the strongest effect on stagnation ($\beta = 0.225$). This means that a lower level of ego-deficit is sufficient to give rise to symmetry than is required for isolation or stagnation.

3. The Association of Individual Deficit Scales with the Phenomena

To clarify the contribution of the individual deficit scales to the emergence of each phenomenon, logistic regressions were constructed. A separate model was built for each phenomenon (symmetry, isolation,

stagnation), with the dependent variable being the presence of the phenomenon (yes/no) and the four deficit scales entered simultaneously as predictors. The results are presented as odds ratios (OR).

Table 3. Effect of the Deficit Scales on the Phenomena (OR, 95% CI)

Deficit Scale	Symmetry (OR)	Isolation (OR)	Stagnation (OR)
Internal Deficit	1.61* [1.28–2.02]	3.45* [2.52–4.73]	2.52* [1.89–3.35]
External Deficit	0.94 [0.79–1.13]	0.05* [0.02–0.13]	0.64* [0.53–0.77]
Anxiety Deficit	1.12 [0.98–1.29]	4.66* [2.91–7.46]	1.18 [1.01–1.38]
Aggression Deficit	1.15 [0.99–1.33]	3.63* [2.21–5.96]	1.28 [1.10–1.49]

Note: $p < 0.05$; significant effects are shown in bold.

Interpretation of the results:

Internal Deficit is the only scale significantly associated with all three phenomena. This confirms its role as the central deficit that triggers the entire chain.

Anxiety Deficit and Aggression Deficit are almost unrelated to symmetry (OR ≈ 1.1 , non-significant), but are strongly associated with isolation (OR = 4.66 and 3.63, respectively). Their association with stagnation is weak (OR ≈ 1.2). This indicates that anxiety and aggression deficit contribute predominantly to isolation, whereas symmetry and stagnation show different patterns of association with these scales.

External Deficit shows a negative association with isolation (OR = 0.05) and stagnation (OR = 0.64). This means that a high level of external deficit reduces the likelihood of these phenomena. At the same time, External Deficit is not associated with symmetry (OR = 0.94, n.s.). This is consistent with an interpretation of External Deficit as a blocker of deeper defenses: a person with high External Deficit cannot isolate themselves, because they do not experience themselves as a separate subject; they remain in a symbiotic fusion.

Discussion

The empirical data obtained confirm the proposed structural model, in which ego-deficit, a disturbance of the embodied self, is associated with three phenomena (symmetry, isolation, and stagnation) and leads to compulsive overeating.

Ego-Deficit as a Disturbance of Embodiment

The confirmation of a single latent "ego-deficit" factor ($\alpha = 0.655$, 84.5% variance explained), with the maximum contribution coming from Internal Deficit ($r = 0.784$), is consistent with an understanding of ego-deficit as the loss of internal bodily support. In Husserlian phenomenological terms, this is a loss of access to the lived body (Leib) as the subjectively experienced center of perception: the body ceases to be a point of reference and comes to be experienced as an object (Körper). In Wehrle's terms, ego-deficit corresponds to the loss of the "being a body" mode, the operative intentionality tied to the present moment and to action [4]. At the neuroscientific level, this is a disturbance in the integration of multisensory signals within peripersonal space [8], which deprives the person of the capacity to feel localized in space [9]. It is precisely this loss that constitutes the

neuroscientific substrate of agoraphobia as understood in our model — not as a fear of places, but as a fundamental inability to "be somewhere" owing to the absence of bodily support.

The Association of Ego-Deficit with the Three Phenomena

Ego-deficit is significantly associated with all three phenomena, with the strength of the association increasing from symmetry ($\beta = 0.177$) to isolation ($\beta = 0.210$) to stagnation ($\beta = 0.225$). Symmetry shows the weakest association with ego-deficit, consistent with its theoretical status as an ontological basis, whereas isolation and, especially, stagnation require a higher level of deficit. This pattern is consistent with the logic of the system-evolutionary paradigm of N.E. Maksimova and I.O. Aleksandrov, in which regression is understood as a shift to a lower level of psychic organization [22], and it also accords with the notion of claustro-agoraphobic "stuck place" [10] as a state that blocks development.

Symmetry emerges at the lowest level of ego-deficit. In terms of Matte-Blanco's bi-logic, this represents a regression to the symmetrical logic of the unconscious, an erasure of the distinctions between the self and the Other, an attempt to gain support through fusion [25]. According to Fink, regression to symmetry in the unconscious underlies the disturbance of the concept of space, which makes genuine self-localization in the world impossible [21]. This is empirically confirmed by the fact that Internal Deficit is the only scale significantly associated with symmetry (OR = 1.61), whereas Anxiety/Fear Deficit and Aggression Deficit have no effect on it. This indicates that symmetry is not a defense activated by anxiety, but rather the ontological basis of existence under conditions of ego-deficit.

Isolation, as a claustrophilic act, is associated with a higher level of deficit. Anxiety/Fear Deficit and Aggression Deficit are specifically associated with isolation (OR = 4.66 and 3.63, respectively) but not with stagnation. This means that isolation is triggered by agoraphobic fear (the fear of getting lost in the Other, of being engulfed) but is

enacted as the active establishment of boundaries. In Steiner's terms, this is the search for a psychic exoskeleton, an external support that substitutes for the missing internal center of gravity [12]. The patient attempts to enter an external object as one would a shell, in order to gain boundaries and protection; yet within this exoskeleton they feel trapped, and outside it, cast into emptiness. In our model, isolation is precisely such an attempt to construct an exoskeleton through rigid boundaries, but it does not restore internal support; it merely creates an illusion of safety, which inevitably leads to being stuck.

Stagnation shows the strongest association with ego-deficit ($\beta = 0.225$). It is stagnation that makes the largest contribution to compulsive overeating (34.3% of the total effect). Stagnation corresponds to Rey's "stuck place," a state that blocks development [10]. In Wehrle's terms, it is a collapse of temporality, the loss of the capacity to "be a body" in the present and to plan for the future [4]. In terms of the allocentric lock hypothesis, stagnation reflects the impossibility of updating the body representation on the basis of new experience: the patient becomes locked into an object (allocentric) representation of their own body that is not updated by current egocentric experience [15, 17]. In Lombardi's terms, this is the patient's collapse into a "black hole of the formless body," a state in which spatiotemporal coordinates are lost and the body ceases to be a source of sensation, becoming instead a void [11, p. 93]. It is notable that Anxiety/Fear Deficit and Aggression Deficit are weakly associated with stagnation (OR $\approx$ 1.2): at this stage, even anxiety loses its mobilizing function, and a total freezing sets in. In terms of Tsakiris, Longo, and Haggard, stagnation primarily affects the sense of agency, the capacity to experience oneself as an active agent in space [5]. Without a sense of agency, a person cannot initiate change, which corresponds to a total refusal of development.

The Role of External Deficit

External Deficit shows a negative association with isolation ($OR = 0.05$) and stagnation ($OR = 0.64$), but is not associated with symmetry. This means that a high level of external deficit blocks isolation: the person cannot wall themselves off, because they do not experience themselves as a separate subject. In Mizen's terms, this corresponds to being held in symbiotic fusion through acquisitive projective identification, in which the disturbance of the differentiation between "self" and "other" in the bodily domain becomes a mechanism that blocks individuation [13, 14]. Clinically, this may manifest as a "quiet" agoraphobia: fear without overt avoidance, in which the person remains in contact with the world but without internal support, in a state of constant dependency on the external gaze.

Compulsive Overeating as a Somatic Equivalent of the Dilemma

Stagnation, as the key link between ego-deficit and compulsive overeating, allows the latter to be interpreted as a somatic equivalent of an unresolvable claustro-agoraphobic dilemma. In terms of Matte-Blanco's bi-logic, compulsive overeating represents a disturbance of the differentiation between a need and its satisfaction: symmetrical logic erases the distinction between inner emptiness and its filling through incorporation [25]. In terms of allocentric lock, it is an attempt to fill an ontological void that nonetheless remains within an object representation of the body and does not restore access to the experience of "being a body" from within [15, 17]. As Connolly and Cavalli show, behind this vicious circle lies not only the drive to fill the void but also the inability to tolerate bodily affects, which become unbearable in the absence of internal bodily support [19, 18].

Thus, our data confirm that ego-deficit, as a disturbance of embodiment, is associated with the three phenomena and, through stagnation, leads to compulsive overeating. The model integrates phenomenological, psychoanalytic, and neuroscientific approaches, allowing for a new interpretation of agoraphobia in ED, not as

a fear of open spaces, but as a fundamental inability to feel oneself localized in space owing to the absence of internal bodily support.

Conclusion

The proposed structural model of ego-deficit, agoraphobia, and compulsive overeating integrates phenomenological, psychoanalytic, and neuroscientific approaches to understanding disturbed embodiment. The model shows how the loss of internal bodily support is related to three phenomena — symmetry (the search for oneself in the Other), isolation (self-enclosure), and stagnation (the refusal of change) — which, taken together, can be regarded as the links mediating the relationship between ego-deficit and compulsive overeating.

The key contribution of the model lies in distinguishing between the ontological basis (symmetry as a fundamental mode of existence) and its consequences (isolation and stagnation as derivative phenomena). This makes it possible to reinterpret the symptoms of ED and agoraphobia, viewing them not as isolated disturbances but as manifestations of a deeper deficit of the embodied self.

Findings

Ego-deficit is a significant predictor of compulsive overeating. The largest contribution to ego-deficit comes from Internal Deficit ($r = 0.784$), confirming the central role of the loss of internal bodily support within the structure of disturbed embodiment.

Different deficit profiles (the ISTA deficit scales) are differentially associated with the three phenomena — symmetry, isolation, and stagnation. Internal Deficit is a universal driver of all three phenomena; Anxiety/Fear Deficit and Aggression Deficit are specifically associated with isolation; and External Deficit blocks isolation and stagnation, holding the person in symbiotic fusion. These differentiated patterns are relevant for differential diagnosis.

Stagnation shows the strongest association with ego-deficit, consistent with the notion of

claustro-agoraphobic "stuck place" [10] as a state that blocks development.

Compulsive overeating can be interpreted as a somatic equivalent of an unresolvable claustro-agoraphobic dilemma, an attempt to translate psychic conflict into the bodily register through an act of incorporation.

and pervasive refusal syndrome.

Directions for future research include a longitudinal test of the proposed sequence of phenomena, an investigation of the differentiated pathways linking ego-deficit to the phenomena depending on the deficit profile, and an extension of the model to other types of ED, including anorexia nervosa

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- Computational note:** All calculations were performed in Python using the Google Colab environment and the pandas, NumPy, SciPy, and statsmodels libraries.