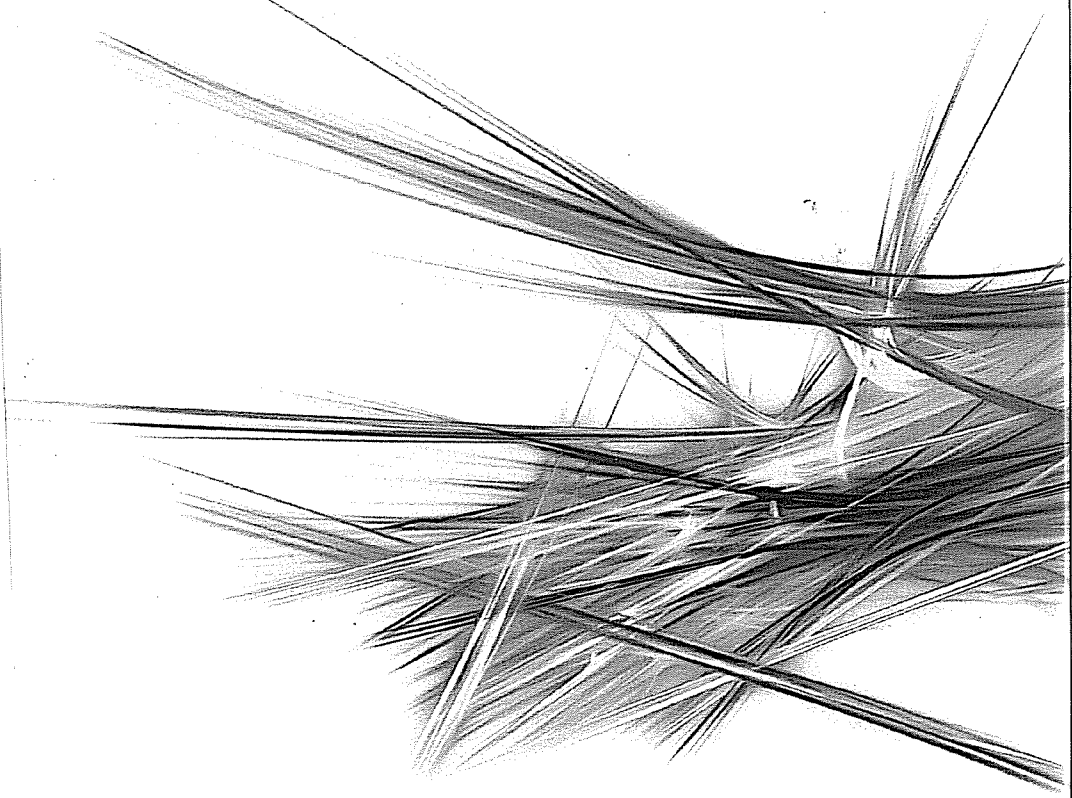


Primitive Agony and Symbolization



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KARNAC

The English reader will be able to be in contact with the proposals of a very well known French psychoanalyst, whose contributions enrich contemporary psychoanalysis.

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Leticia Glocer Fiorini
Chair, IPA Publications Committee
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INTRODUCTION

Primary trauma, splitting, and non-symbolic primary binding

In this book, I discuss several issues concerning the pathology of narcissism, narcissistic disturbances of the sense of identity, those that compromise the ego's subjectifying function and those that underlie the feelings of personal inadequacy that we come across in the course of every psychoanalytic treatment, either as its fundamental nexus or more incidentally. In the following pages, I develop and explore in more detail topics that I raised in a previous book entitled *Paradoxes et situations limites de la psychanalyse* (Paradox and Borderline Situations in Psychoanalysis) (Roussillon, 1991).

Although the fundamental outlook of this book is clinical, I attempt to establish a unitary model of the processes at work in these different forms of narcissistic pathology, a model that is both an alternative and complementary to Freud's model of what are usually considered to be neurotic problems. As the following chapters will show, that model has gradually taken shape as a result of my clinical and theoretical endeavours over the past ten years or so. The aim is to extract a sequence of mental processes that could be seen as typical of narcissistic disturbances of the sense of identity, with their several forms and clinical variations. I shall try to

describe how these are structured, together with their intrapsychic and intersubjective functions, based on the hypothesis of a defensive pattern that is set up to counter the effect of a split-off primary trauma and the threat that hangs over the mind and subjectivity, given that this kind of trauma is governed by the compulsion to repeat.

This first chapter, which, in fact, I wrote after the others, is an attempt to bring together in a detailed manner the elements that underpin the theoretical structure that I am suggesting. It summarizes the results of my research and illustrates the point that I have at present reached in my thinking; it is the outcome of the gradual working out of a theoretical and clinical approach, the various stages and phases of which I have tried to clarify. It is, therefore, an overview of the gradual discovery, with its various twists and turns, of the logic upon which, from the outset, it was based. It was only afterwards, as a result of a series of retroactive reflections and detours, without which it could not have come to fruition, that it became possible to draw up this model.

The chapters that follow explore in more detail the various stages in my thinking and highlight the various building blocks that I needed in order to construct the model; these were drawn both from specific clinical situations and from complex theoretical insights; in this particular domain, both elements are closely interwoven. I have dealt with the metapsychological aspects that ran parallel to my research endeavours in another paper (Roussillon, 1995b); had I included them here, they would inevitably have weighed upon and, to some extent, distorted the material that I am presenting, in so far as my aim here is essentially clinical.

The model of repression and secondary trauma

Before I present my ideas on primary trauma—a development of Freud's model as described in *Beyond the Pleasure Principle* (Freud, 1920g)—and discuss its intrapsychic and intersubjective effects, it may be worthwhile to remind the reader of the implicit pattern of the neuroses that can be drawn from Freud's early work. That model lies at the heart of the so-called "classic" form of psychoanalytic treatment, even though we rarely encounter this typicality

in actual clinical practice: that representation is to be thought of merely as an "ideal type", as Weber puts it (1949 [1904], p. 90), which enables us to gauge the nature of the variations to which the concrete reality of life subjects every model.

The model of neurosis is based on the hypothesis that the mind, beset by conflict between drive-related and subjective impulses, represses one of the elements of the conflict in an attempt to deal with the unpleasure that its acuteness generates.

An experience of drive-related gratification comes into conflict with subjectivity either because it is excessive and, therefore, difficult to integrate (it threatens to engulf the mental apparatus) or because it is incompatible with the demands of the superego or with certain aspects of external reality that such demands incorporate.

The presenting conflict resonates with one located in the past: its origin lies in infantile sexuality, which, because of its traumatic overtones, proved impossible to sort out at the time other than by means of repression. The past trauma has been repressed, and with it any representations of wishes that might have been involved in it. That is why this kind of trauma can be described as "secondary": the subjective situation has been experienced, represented, and then "secondarily" repressed. None the less, that repression lies at the origin of a fixation that prevented the drive-related impulses that were part of it from evolving and created an archaism which draws towards it any corresponding conflicts in present time; this then leads to a secondary repression of presenting conflicts.

By repressing certain aspects of these presenting conflicts, the ego keeps "choosing not to choose", hence the possibility of unconsciously satisfying (hallucinatory wish-fulfilment is typical of primary processes) the repressed drive-related impulses. That said, the repressed element, subjected to the modalities of unconscious satisfaction, remains active and threatens subjectivity with an overwhelming "return" of the repressed drive impulses and representations reminiscent of the earlier conflict and of the traumatic situation in which the initial repression occurred. The wish, or drive-related impulse, represented in unconscious phantasy as being fulfilled, threatens the integrity of the self exposed to one of the forms that castration anxiety can take on.

Faced with such a threat, the ego has to organize itself against the return of the repressed and set up some kind of compromise

with respect to the presenting conflict in which it finds itself with regard to such a return. The defences that the ego sets up and the kind of substitute satisfactions it introduces become the characteristic features of the neurotic state or of the transference situation if the individual concerned happens to be in analysis.

In the course of an analysis, the unconscious repressed wish is reactivated by the transference and the psychoanalytic setting; by means of its derivatives, it infiltrates the sequence of free associations, which, thereupon, carry within themselves metaphorized forms of those derivatives. Based on such metaphorizations and the displacements that they generate, the analyst's interpretations attempt to facilitate a secondary reintegration of the repressed elements so that the past and present issues contained in them can be brought into the transference situation; in this way, the typical features of the infantile context in which these early repressions took place can be examined. From the classic point of view, the clinical neurosis, transformed by the analysis into a transference neurosis, enables the infantile neurosis to be processed.

That kind of model, however, is relevant only if a number of conditions are fulfilled. It is precisely because certain elements were found to be missing in other clinical patterns that it became possible to identify these prerequisites.

The work of primary symbolization—which makes possible unconscious hallucinatory wish-fulfilment—has already been accomplished. The process as a whole takes place in the sphere of representation; the *Agieren* concern only the effect of unconscious representations "enacted" in the transference, given the tendency towards hallucinatory wish-fulfilment. Representations are transformed into enactments by hallucinatory actualization; they are, or have been, made into thing-presentations. In other words, the process unfolds under the aegis or domination of the pleasure-unpleasure principle; the only difficulty lies in transforming it in terms of the reality principle.

Narcissism remains "good enough"; it enables the setting up of an illusion that makes transference possible under the auspices of the pleasure principle, so that it then becomes conceivable to undertake the work of mourning the loss, little by little, of the fulfilment of infantile wishes revealed in the course of the analysis. In this way, the psychoanalytic process "improves" the patient's narcissism

and mental functioning; the patient benefits from this, even when the transference is in a negative phase, because of the gradual lifting of repression.

This model, which brings into a dialectical relationship repression, the return of the repressed as a representation, and the defences set up to counter the return of the repressed, has proved its worth in the analysis of the narcissistic components of neurotic states; it is a model typical of Freud's topographical picture of the mind. It cannot, however, account for all narcissistic disturbances of the sense of identity and it is precisely because of this factor that the key conceptual elements of what we call the "structural theory" had to be worked out, thus offering an alternative model.

Some aspects of mental life cannot be repressed because they are not represented—this is the meaning behind the distinction between ego and id, even though they are unconscious, that is, not integrated into subjectivity. As we shall see, another term, splitting, had to be invented in order to describe their position with respect to the ego. These mental experiences, which are unconscious even though they have not been repressed, influence narcissism and the relationship with anything felt to be lacking in a completely different way from aspects that are represented and repressed; they lie at the heart of what I call narcissistic disturbances of the sense of identity, which are characterized more by an inadequacy in what one feels oneself to be rather than by something felt to be lacking. Their presence in the alcoves of mental functioning brings about a series of shifts that modify the course of transference processes and how the psychoanalyst listens to these. Let me try to explain what I mean by this.

Paradoxical transference and the clinical picture given by narcissistic transference patterns

In transference processes that have their origin in the kind of mental functioning that is dominated by the dialectical relationship between repression and the return of the repressed through representation, analysts try to show, via metaphors or displacement, what they do not understand about themselves but can feel, in a vague way, what is expressed inside themselves in a disguised

fashion, clamouring to reach awareness. They show through the words they use, so that it can be heard, what they cannot acknowledge as being theirs even though they "know" that it is there within them. That is what "unconscious" means, in the sense of repression. Knowing without knowing that one knows, letting someone else hear what one feels about oneself without being able to hear it.

In narcissistic transference situations, the clinical picture moves towards a paradoxical form of this intersubjective dialectic. Analysands tend to show, or to make the analyst feel, something that they do not perceive directly as being part of themselves; they cannot feel it or see it, but they can discern the indirect effect that it has on others or on themselves. They "ask" their analyst to be what we could call a mirror of the negative aspects of themselves, of what in themselves they are unable to feel, see, or hear—or, at best, what they have not been able to feel, see, or hear properly.

The transference by means of displacement, typical of the various transference neuroses, is replaced by, or finds itself supplemented by, a kind of transference in which something is "turned back": the analysand, split off from any possibility of integrating a particular past experience, puts the analyst through that very experience.

This initial paradox of the transference—making someone else feel what one is unable to feel or tolerate within oneself—brings in its wake a whole series of other paradoxes, shifts in the transference in which paradox tends to replace the mental conflict that has been subjectively perceived (Roussillon, 1991).

Similarly, perception and sensation replace representation, and what presents as reality and objectivity takes over from subjective fantasy representation.

While this shift in the sequence of free associations is taking place, the overall atmosphere becomes one in which constraints or binds (paradoxical double-binds or multiple-binds) are uppermost, to the detriment of choice, even when this is simply the right to choose not to choose. Such constraints generate impasse situations in which no compromise appears to be satisfactory or even conceivable. Faced with impasse situations like these, the individual's response is one of distress, despair, or withdrawal rather than one of renunciation or acceptance of loss. What is at stake here is not loss, but the fact that some part of oneself is unable to come to

fruition. The paradox inherent in the mourning process is that it confronts the individual with the fact that he or she has to give up something in the self that had never come to fruition rather than something that, having existed, has since been lost.

Thus it is that the world of the transference is dominated more by issues involving negativity than by integration and linking. At the same time, destructiveness, or certain aspects of the death drive, take over from the libido; the relationship to the object appears to be subordinated to the idea of the use of the object (Roussillon, 1991; Winnicott, 1971) rather than to the more "classic" idea of object relations. What is at stake here is the narcissism of the individual's key objects, around which he or she has had to mould all sense of identity and attempts at subjectivation. Here, the ego ideal has, quite plainly, come to dominate all issues involving superego regulation.

Last, but not least, the compulsion to repeat overrides the pleasure-unpleasure principle.

A brief clinical example from the treatment of a patient whom I have called "Noire" in a previous paper (Roussillon, 1991) will make it easier to understand how, in the transference situations that I am attempting to define, constraints are developed within subjective space.

In her attempt to describe the subjective conditions behind her relationship with her primary object, Noire imagined a significant variation on the theme of *Sophie's Choice*, the book by William Styron that was later made into a film. In that story, an executioner gives a mother a choice: in order to survive the death camp in which she is imprisoned, the mother must agree to "choose" which of her two children is to remain alive—and, therefore, to sacrifice the other one. This is a particularly "borderline" choice, in so far as no really satisfactory solution to such a dilemma could ever be envisaged. It is borderline but, all the same, worth a try, because accepting the sacrifice of one of the children means at least that the other will be safe and that the mother herself will survive. The pleasure-unpleasure principle that lies at the heart of any real possibility of choosing can, therefore, find at least some justification in this case.

Here now is the variation on this theme that Noire imagined in order to describe the impasse she encountered in her relationship with her own mother: once the mother, in the presence of her two

children, chooses which one to save, the executioner decides to save the child whom the mother was ready to sacrifice and to kill the one she had wanted to remain alive. The child whom the mother sacrificed, the one whom she had chosen to kill, would survive and would see in her mother's eyes the traces of the subjective consequences of that choice.

In Noire's past, there was no actual executioner. It was inside her mother that the "choice" was encountered as a result of a severe infectious illness that had befallen both daughters in the family. Noire, the younger and thinner of the two, the least satisfactory in her mother's eyes, was the one who survived, in spite of her mother's wish that the elder daughter, whom she had cathected more deeply, should not die. Later, Noire's mother told her that, if a choice had had to be made, she would have preferred to see her elder daughter survive—or, rather, the mother said that, when faced with her elder daughter's death, she would have preferred to see Noire, the younger of the two, die.

The relationship between mother and surviving daughter could not hold up in the face of such an onslaught. Noire grew up haunted by the ghostly presence of the "chosen" sister in her mother's heart—with all the difficulties one can imagine with regard to becoming the heroine of her own history. To the agonizing distress that she felt, related to the severe illness of her childhood, was added the effect of her mother's inability to process the loss of the elder of her two daughters, as well as the hatred and envy she felt for the one who survived.

Of course, Noire's clinical history was much more complex than the impression given by this brief illustration. We can, perhaps, all the same begin to appreciate the subjective parameters of the narcissistic impasse that I am trying to highlight, as well as the connections that link that impasse to the idea of primary trauma. Let us now explore this in more detail.

Primary trauma and agonizing experience

The clinical processing of the transference situation that I have just described generally leads to a kind of subjective experience based on a primary trauma that influences the whole of the clinical

picture. I would now like to try to construct a model of the phases and typical features of what I call primary trauma in order to differentiate it from secondary trauma, which influences the way in which the experience is integrated into secondary processes. I shall attempt to show how primary trauma influences the very structure of these processes and of primary symbolization itself.

In 1920, Freud put forward a theory of trauma based on the breaching of the protective shield against stimuli caused by an excessive amount of excitation. Winnicott added the idea of a subjective experience in three phases, X + Y + Z, which gradually becomes traumatic depending on the vagaries of the responses (or lack of responses) by the environment. This rough outline, once contextualized and placed in a dialectical relationship to what takes place within the object, provides us with a basis from which we can think about the concept of primary trauma as it develops with its own specific features.

Although the model that I am about to suggest is particularly appropriate for early and very early trauma, it can be applied to any experience of feeling overwhelmed, with the helplessness that follows on from that, even when such experiences affect the mental apparatus at a later stage. I will make use of the three phases that Winnicott suggested, for they make it easier to understand how the initial situation, which is only potentially traumatic, ends up becoming traumatic if the environment fails to make an appropriate response.

Phase X

In this first phase, the mind is faced with an influx of excitation that threatens to overwhelm it either because it is not mature enough to withstand that influx or because the amount of excitation involved is so great. Faced with that threat, the mind calls upon its available internal resources in an attempt to bind or to discharge the flow of excitation. Depending on the person's age or degree of maturity of the mind, these attempts at binding or discharge may take the form of hallucinatory wish-fulfilment, auto-eroticism, or, with the help of motor discharge, destructiveness, etc.

The essential feature of Phase X is that the self's internal resources are exhausted and prove to be ineffective, either because

the infantile auto-eroticism or hallucinatory solution does not lead to gratification or because, on a more general level, the self's capacity for binding or for discharge is inadequate. That failure means that the situation enters the next phase, X + Y.

Phase X + Y

When there is no longer any possibility of internal solutions, the failure of the self's internal resources leads to a state of helplessness [*Hilflosigkeit*]*—*a state of intense tension and unpleasure that has no internal solution, is endless, and cannot be represented.

There are two possible outcomes.

1. If the state of helplessness is accompanied by memory traces of experiences of gratification related to the object, it becomes a state in which something is felt to be missing; in other words, one of hope related to the representation of an object to which the self can have recourse.

If that object "survives" the helplessness and feelings of loss, that is, if it offers a form of timely gratification that soothes the tension, that response will lay the foundations of a "narcissistic contract" with the object. According to the terms of that contract, the object will be cathected as one that deals with what is felt to be lacking as long as the presence of the object compensates for the self's feelings of helplessness. The object will be loved when it is present, missed when it is absent and, therefore, hated; thus, there will be a conflict of ambivalence. The narcissistic contract forms the basis of a process of socialization constructed around the acknowledgement that the self feels the other person to be lacking, just as the other person does with respect to the self; as a result, it generates object relations and structures them in terms of triangularity.

The other aspect of the narcissistic contract is that of the price that has to be paid in order to be sure that, if required, the self may indeed have recourse to the object. The minimum price to be paid is that of bearing witness to the conflict of ambivalence that asserts the value of the object and of the relationship maintained with it, even when the object is absent. It can happen that objects demand more of the self in order to

keep the narcissistic contract alive; they make having recourse to them and giving of their love depend on a series of preconditions that become part of the price that has to be paid if the narcissistic acknowledgement implicit in the contract is to be kept alive. In this attempt at constructing a model, I shall not discuss in any detail the various circumstances that may thereupon arise, even though they may be very important from a clinical point of view; they lie at the heart of many pathological forms of narcissism, given the conditionality of being that they set up. The pathological alliances that are then entered into with the object could be seen as the basis for what Winnicott calls "false self" structures. It may happen that the price to pay is so alienating that it threatens the very existence of any kind of narcissistic contract, with the result either that none can be set up or that the one that is created is only of minimal relevance.

2. The other possibility is that every attempt at setting up a narcissistic contract proves impossible. If the object is not present, if the response that the object makes to the self's needs is too unsatisfactory, or if the price to pay for having recourse to the object goes beyond what the self is capable of, the feeling that something is lacking, given the helpless anger that it awakens, gradually worsens, leading to phase X + Y + Z.

Phase X + Y + Z

Feelings of helplessness and of missing the object last throughout Phase Z, in a truly unbearable manner. The feeling that something is lacking worsens and degenerates into a state of primary trauma. If mental pain is uppermost, it produces agony (Winnicott, 1974); if terror linked to the sheer intensity of the drive-related impulses involved comes into the picture, this gives rise to agonizing terror or to what Bion called "nameless dread".

These primary traumatic states share a certain number of specific features. Like helplessness, they give rise to experiences of tension and of unpleasure that have no representation (although perception and sensation may well be present) and no way out; that is, there is no internal course of action available (these have all been exhausted), nor can recourse be had to any external object (for these

have all proved inadequate). Nothing seems to be available, and there is no hope left.

Primary traumatic states thus come up against a subjective impasse; they give rise to a state of existential despair and shame at the very idea of being alive, hence threatening the very existence of subjectivity and of the mental apparatus. The individual feels guilty (pre-ambivalent primary guilt feelings) and blameworthy for not facing up to the situation; he or she may well "die of shame", given the primary narcissistic wound to his or her sense of identity that the traumatic situation has provoked. Subjectivity comes up against what I would call—borrowing the term from Bettelheim (1943)—an extreme situation as regards subjectivity.

Splitting of the ego

The only way out of this impasse situation is a paradoxical one. In order to survive, the individual withdraws from the primary traumatic experience and cuts him- or herself off from all subjectivity. The paradox lies in the fact that the self ensures its mental survival by cutting itself off from subjective mental life. The individual no longer "feels" the traumatic state, has no idea of where he or she is—by decentring from the actual self, subjective experience is no longer in synchrony.

Following Freud's suggestions in his *Outline of Psycho-analysis* (1940a [1938]) and at the end of his paper on "Constructions in analysis" (1937d), I would tend to see in this process of withdrawal from the self a kind of splitting of the ego. This concept alone enables us to grasp the paradox of a defence mechanism that operates not simply by withdrawing or removing a representation or by repressing an affect, but by cutting off or withdrawing from all subjectivity.

The paradoxical aspect of this extreme defence lies in the fact that the ego cuts itself off from something that has been experienced, but not integrated as an ego experience (for, in that case, it would have to have had some kind of representation). On the one hand, it has been experienced, so that memory traces of the experience must exist; but on the other, it has not been experienced and owned by the self as such, given that, as Winnicott (1974) put it, it

has not first been gathered into the present-time experience of the ego (which would imply that it had been represented).

Unlike the splitting mechanism described by Freud in his paper "Splitting of the ego in the process of defence" (1940e [1938]), in which the ego is torn between two sets of mutually incompatible representations, the splitting mechanism that I am describing here divides subjectivity into two parts, one of which is represented while the other is impossible to represent: it is, therefore, more a splitting done "to" the ego than one that is "of" the ego. It is all the same subjectivity that is split; the part that is not represented has, none the less, to do with the mind and is subjective, and, as such, ought to belong to the ego.

In addition, it is, in my view, important to conceive of an overall model of narcissistic disturbances of the sense of identity and to subsume their various forms under a single process: splitting. In this, I am following the development of the concept as Freud later described it in his *Outline*; in that text, he states quite clearly that splitting is the process that structures narcissistic deficiencies.

In my earlier description, I spoke in terms of a process of defence, not of a structured organization such as narcissistic pathology. Some additional hypotheses are required if we are to go from one to the other; these will enable me to complete my representation of narcissistic disturbances of the sense of identity. As things stand at present, I have described an initial stage of psychic survival; what is now required is an exploration of how narcissistic defences are structured.

The problem of non-symbolic primary binding

In order to complete this general description and the overall picture that I am drawing up, I think that we have to keep in mind the fact that splitting oneself off from traces of a primary traumatic experience does not in itself make that experience disappear. It disappears only with respect to conscious subjectivity, but not from "unconscious" subjectivity in the sense of splitting, which keeps traces of it.

Traces of primary traumatic experiences lie "beyond the pleasure-unpleasure principle". The defence mechanism is governed by the pleasure principle and represents it; perceptual traces of such

experiences, on the other hand, are governed by the compulsion to repeat. This implies that they will often be reactivated when that compulsion is in operation, and that they will tend to be re-cathexed in a hallucinatory manner on a regular basis.

Their re-cathexis tends to threaten both subjectivity and the ego with a revival of the traumatic experience: what is split off also tends to return. Since, by nature, the split-off part has nothing to do with representation, its return will not be a matter of representation either; it will be manifested through enactments, hence the danger that the traumatic state itself will be reproduced.

Splitting by itself is, therefore, not enough. It will have to be repeated, or defences will have to be set up against the return of the earlier traumatic state. These additional defence mechanisms set up by the mental apparatus in an attempt to bind and to keep in check the return of the split-off part are the characteristic features of the clinical picture of narcissistic defences and the other forms that narcissistic pathology of the sense of identity may take on.

The first modality that we must explore is the attempt to go back to the previous phase, X + Y, the one in which a narcissistic contract, albeit alienating, can be drawn up with the object. Faced with the threat of mental catastrophe entailed by a refusal of those alienating preconditions, the self surrenders and accepts the terms as laid down in the narcissistic contract with the object. Better to have that, no matter how alienating it may be, than to have to face up to the nameless anxiety of the agonizing situation or to accept the complete absence of any possibility of delineating it. In order to remain in, or to create, some kind of relationship with the object, the self agrees to the stringent conditions laid down by that object. In order to maintain some alliance with the object, the individual agrees to be amputated of part of his or her self. That part is, as it were, "unclaimed", it roams about in the mind, without reaching fruition. Some kinds of masochism (cf. von Sacher-Masoch's [1870] contract: *Venus in Furs*), some "denegative pacts" (Kaës, 1989), some kinds of "incestual" relationships (Racamier, 1992) are set up on the basis of a choice of any object, no matter how unsuitable and alienating—the important thing is to avoid the return of agony. On that basis, some degree of symbolization can develop, but, in the area close to the traumatic sphere, this will remain somewhat inflexible and unchanging, forever under the potential threat of a return of

agony as soon as any separation from the object is envisaged, as soon as the terms laid down in the pact with the object are called into question.

The hypothesis according to which some secondary and retroactive symbolization of primary agony may occur is worth exploring. Clinical practice does confirm the fact that the primary traumatic experience may secondarily infiltrate later experiences with hallucinatory exaggerations; the primary trauma becomes mixed up with these, binds itself to them and may even, thanks to that binding movement, reach some degree of symbolization. Some resistances to the work of analysis and the lifting of repression with regard to neurotic symptoms indicate that these symptoms have also to do with issues of a quite different nature.

Repression may conceal splitting; the opposite may well also be true, and some previous splitting may contribute to repression. Psychoanalytic work has made us familiar with the idea of a mental apparatus that has several layers, where we encounter different levels of defence mechanisms, with a mixture of experiences that belong to different periods and are varied in nature. It is quite possible, indeed, that binding and secondary revival of the typical features of primary agony occur frequently—the sheer intensity of some forms of resistance against integrating aspects felt to be lacking and processing castration anxiety is sufficient proof of that (Roussillon, 1997a).

Nevertheless, clinical work shows us also that in some cases there is no retroactive revival of primary traumatic experiences, which, therefore, remain split off from all integrative processes. Splitting—to a much greater extent than repression—generates *fueros* (Freud, 1950a [1887–1902], p. 235), extraterritorialities that have no specific location and appear to live through different periods without being affected by later experiences; this, indeed, is probably the fundamental characteristic of split-off aspects of the mind.

How, then, are we to understand the fact that in the course of an analysis we can rediscover traces of these experiences of primary agony left practically untouched by the passing of time? In addition, we must ask ourselves how and why the traumatic experience was bound in a non-symbolic manner to the way in which it was, in the past, registered in the mind.

Non-symbolic primary binding is a specific feature of the clinical picture of pathological states involving narcissistic self-identity; their various modalities will help us to describe what happens whenever there is a return of split-off aspects. These so-called solutions are, in their attempt to counter the return of split-off aspects, basically solipsistic, even though they may accept some extra contribution from the object. They are similar to what Khan (1983), following Winnicott, called "self-cure": solutions that do not begin with any symbolizing internalization of subjective experience but bear witness to the fact that the self attempts to treat whatever it is faced with without going through the costly procedure of symbolization and the acceptance of loss that this necessarily entails. They are not, strictly speaking, auto-erotic, which would imply a kind of internal exchange with the object through some form of representation; they have more to do with "auto-sensuality", as described by some English-speaking analysts, or with the "self-soothing techniques" described in particular by Szwec.

The impoverishment of the ego, which Freud had already noted in his 1920 text on trauma, is typical of these clinical situations, so that it would be useful to begin our exploration there. It is always present, even though we may not see it at once, because of the fact that splitting brings about some degree of amputation of the self. In addition to this feeling of incompleteness that the self may have, the impoverishment of the ego is due also to the fact that, in narcissistic defensive modalities, the mind exploits part of itself in order to counter any return of split-off aspects and set up the necessary counter-cathexes. We could almost say that it is the "best" part of the mind that takes on this task of protecting the rest from any return of primary trauma, although, in so doing, it becomes, to some extent, alienated. This "exploitation" of some parts of the self had already been underlined by Ferenczi in his work on trauma; it lies at the heart of Winnicott's impression of a "false self" in his studies of narcissistic pathology. It is important to note that alienating one part of the mind by forcing it to carry out defensive tasks does not, in fact, help the mental apparatus to draw any real primary narcissistic benefit from that activity; it is, quite simply, the price that has to be paid in order to ensure the mind's survival.

This impoverishment of the ego is always present to some extent, but at times it may well be at the forefront of the clinical

picture. This is the case when a particular kind of non-symbolic primary binding is operated: energy neutralization. I shall now attempt to describe what I mean by this.

Energy neutralization

This consists mainly in an attempt to neutralize the return of split-off aspects by organizing the whole of mental life in such a way as to limit as much as possible any object cathexes and relations that might reactivate the primary trauma and the degenerative feeling of absence that accompanied it. Any such feeling that might reactivate the traumatic state and any relationship that might revive that feeling will, therefore, be avoided or frozen; there will be little engagement with it, and any accompanying liveliness will be severely restricted. Neutralization may be employed either as a complementary mechanism in narcissistic structures or as the main mechanism to which recourse is had in such states.

One well-known historical example is that of Norbert Hanold, the main character in Jensen's *Gradiva*. He "petrifies" his life, probably after the sudden death of his parents (Freud does not mention this, but it is part of Jensen's story), before Gradiva-Zoë gradually comes along and reawakens the volcano that was lying dormant. What is characteristic of the clinical picture of Hanold is not repression and the return of the repressed, as Freud argues (but, at the time, the concept of splitting had not been thought out); it is more a case of de-neutralizing splitting, as the many images of a fetish (Bellemin-Noël, 1983) show and as the hero's reawakening makes clear.

I shall not analyse in detail the elements that justify my argument, but simply point out that Hanold's dreams come to signify a self-representation of the process of petrification that metaphorizes, in the story, the neutralization which follows on from the psychological catastrophe and the splitting. In that story, non-symbolic energy binding and neutralization are followed, probably in a transient manner, by the sexualization of that bond, leading to the beginnings of a fetishistic kind of suturing (see below); this is more economical in that it makes for a certain kind of object relation.

Another clinical metaphor of neutralization is that of "freezing". This is outlined—but not in a metaphorical sense—in Freud's "Overview of the transference neuroses" (1985 [1915]). In that paper, Freud argues that a prehistoric phase of glaciation is the original fixation point for various transference neuroses, in an apparent attempt to see in the process of freezing both a way of keeping things in their present state—a kind of pseudo-latency, as Bergeret (1972) puts it—and as the moment when the historical neutralization of a primitive catastrophe involving the sense of identity occurs.

The story of Kay and Gerda, in Hans Christian Andersen's fairy-tale, *The Snow Queen*, could also be seen as an illustration of this way of neutralizing a split-off part. Once again, I shall not analyse this in any detail, but simply point out that the fairy-tale highlights the way in which a wounded aspect of the mind, represented by Gerda, tries to make contact with a split-off, frozen part of itself—represented by Kay—which remains forever imprisoned in the palace of the Snow Queen. This, then, is a metaphorization of the way in which part of the mind can be sacrificed when it attempts to revive what had to be split off in order for the rest to survive—an aspect that, nevertheless, remains essential if the mental apparatus is to become fully alive. What I am more directly concerned with here, all the same, is the way in which any contact with that split-off part is made impossible—the glaciation or mental freezing, which is just as much a freezing of the affects as that of all mental activity.

In the ordinary process of energy neutralization, which, of course, is similar in some respects to a "cold" depression, that is, without any accompanying depressive affects (a particularly important clinical distinction), it is as though the mind, acknowledging the failure of its attempts to integrate the traumatic experience, manages to push that experience aside and waits for an object—Zoë or Gerda—to come along and, in the name of love or in accordance with the terms of an extreme form of narcissistic contract, rediscover, reanimate, or warm up the part that the self had been obliged to split off.

I shall conclude these few comments on energy neutralization and on the impoverishment of the ego that it entails by suggesting that there may well be a link between this mechanism and what

Marty and other psychosomaticists have called operational thinking and functioning. Following Freud, I suggest (see below, chapter xxx) that one of the non-symbolic ways of binding the return of a split-off part is what I call somatosis or "bio-logical" binding. From that point of view, operational functioning can be seen as the effect on the mind of the energy neutralization set up to protect it from the return of a split-off agonizing experience.

Energy neutralization, the mobilization of counter-currents as Freud put it in his 1920 paper, (Freud, 1920g) can be found in most cases of splitting. As I have pointed out, it is often accompanied by supplementary defensive modalities, one of which involves the so-called "perverse" forms of attempts at secondary re-binding.

Non-symbolic primary binding and sexualization

The two most classic forms of non-symbolic binding, those that have been particularly highlighted by psychoanalysts ever since Freud's day, are "perverse" masochism and fetishism: I mean by this the forms of behaviour that follow on from a perverse implementation of sexualization rather than its organization in fantasy.

The usual form that this kind of non-symbolic binding adopts was mentioned by Freud in his discussion of libidinal co-excitation. The core idea is that unprocessed traumatic experiences will attempt to reintegrate subjectivity by using the binding possibilities opened up by sexual excitation, thereby attributing the subjective experience to the operation of the pleasure-unpleasure principle.

In the masochistic form of binding, thanks to libidinal co-excitation, the traumatic experience is brought under control and transformed into one that produces pleasure. Faced with the obligatory return of the agonizing experience, of the state that had earlier been experienced passively, the mind and the ego act as though they were the agents of what, in fact, they are being subjected to—as though the mind were extracting from that distressing situation the source of its well-being.

Libidinal co-excitation is not to be thought of as a physiological process belonging to a particular type of libidinal activity; it is a kind of secondary sexualization of an experience that did not give rise to primary gratification. Faced with the helplessness

experienced in the traumatic situation and with the defeat of the ego's efforts, the mental apparatus prefers to present itself as the agent of that which it cannot escape.

Everything that is in the mind is thereupon felt to be coming from the ego as though it were a fulfilled wish; in this way, the ego attempts to fortify its control over every part of itself. In a magical way, the ego or the self wishes for—or pretends to wish for—what it is powerless to avoid or to control. No masochistic position can be properly understood unless we take into account the issue of control, with its primarily narcissistic component. In this case, maintaining narcissism is achieved through a blurring of the dimensions of pleasure and unpleasure: splitting is deconstructed and is, to some extent, maintained by this procedure, thanks to the confusion between (and a reversal of) "good" and "bad". The individual prefers to feel guilty, and, therefore, responsible, active, and in control, rather than come up against the powerlessness and helplessness that are typical of the agonizing experience.

In 1915, Freud had put forward the idea that processes of reversal (Green, 1983) precede repression; therefore, they lie somewhere between splitting and repression, take over from splitting when this proves to be too costly given the amount of energy required, and try to make way for secondary repression, which becomes at least potentially viable thanks to the binding that takes place. The ego treats a rift in its backcloth as though it were an emblematic feature of its representative structure, a sign of its originality.

It is the magical aspect of the process that makes a mockery of the symbolic structure, because it treats the traumatic experience as if it were symbolically integrated within subjectivity, in an attempt to dispense with the mental work that would be required for it to be really integrated. This has given rise to speculation that, with regard to masochism, there may be some sexualization of the relationship with the superego. I feel that it is much more to the point—as is suggested by Deleuze in his *Présentation de S. Masoch* (1967)—to analyse the contract that binds the self to its internalized object. This contract—which is, of course, a kind of narcissistic contract—represents the price that has to be paid in order to ensure that the object will be cathected; the self will then be protected against the return of its "coldness", its absence and dearth of affects, and with it the re-emergence of the primary trauma. The masochistic solution

is, therefore, tenable only because of some degree of complicity with the object, which upholds it and with it the perverse exploitation of subjectivity.

To conclude these comments on the masochistic position, I would say that it is important to realize that the kind of perverse organization which I am describing here should not be confused with the capacity to withstand and endure a certain amount of mental excitation or tension, a necessary component if the work of symbolization is to take place. The idea—which is often found in French psychoanalytic texts—that masochism can be a guardian of mental life is somewhat ambiguous. Does the term refer to a truly inevitable masochistic position or does it mean—and this would almost be a misuse of language—some capacity for tolerating tension; this would imply that a quantum of excitation, contrary to the pleasure-unpleasure principle, has come to be thought of as "good" for the mind.

In raising these points, I do not claim to resolve these complex issues. They do, however, enable a distinction to be made between the tension that is contained by means of symbolic binding and one that cannot be contained other than by means of a narcissistic reversal that inverts the polarity of unbound excitation in an attempt to bind it. Only the latter, to my mind, should be called masochistic; the former has to do with the effects of primary symbolization that make it possible for the mind to "endure" drive-related tension.

Let me now turn to the second "solution" that makes use of sexualization to resolve the question of non-symbolic primary binding: fetishism.

That "solution" enabled Freud to develop the concept of the splitting of the ego. A closer reading of Freud's writings, however, shows that the fetish is, in fact, a form of suturing, that is, a kind of secondary re-binding of what has been split off. For Freud, splitting has to do with the catastrophic experience of the discovery of the difference between the sexes; this is what creates the rift in the ego that the fetish attempts to suture.

The difficulty with Freud's argument comes from the fact that he does not explain why, in some boys, the discovery of the difference between the sexes leads to an experience of mental catastrophe. My own clinical experience has enabled me to suggest that, in such cases, an earlier primary trauma—affecting primary

femininity, which at that point is mistaken for the typical features of the female sex—has become mingled with the later experience, which it modifies in accordance with its own specific features. In other words, the discovery of the difference between the sexes is felt to be catastrophic only if it has transferred on to it an agonizing experience that, thereby, can find a way of being represented. It then becomes sexualized and makes use of that sexualization in its attempt to be symbolized in the sphere of sexual difference. The fetishistic solution thus sutures the earlier splitting that had had an impact on subjectivity; it produces a representative/representation which binds together the split-off parts and cicatrizes them—but at the cost of abandoning the metaphorizing character of mental symbolization.

Although a fetish can be the subject of displacement, it puts a halt to all metaphorizing generative capacity, turning it into a singular specific object, another narcissistic emblem that conceals failings in the structure of representation. Similarly, in women (and in some men), penis envy implies that there was an earlier fetishization of the male sex organ, henceforth considered to be a guarantee against any failure in symbolization. The penis is no longer the male attribute that defines a particular sexual identity; it becomes a “magical” attribute that protects the self from a return of any agonizing experiences that were split off because they could not be symbolized.

Over the past few decades, clinical explorations of fetishistic object relations (Kestenberg, 1973) and of certain kinds of anorexia nervosa in women that are related to fetishism appear to follow this same train of thought. Once the sexual dimension, like other psychic signifiers, is seen as not being always the same (it is, therefore, not the only possible end-point of free associations), we can then think of it as being only one of several instances, essential, of course, but, none the less, relative, in a whole series of signifiers.

Here again, the risk is one of creating confusion between the importance of the sexual dimension, particularly in its phallic aspects, and a kind of pansexualism which, having forgotten the idiosyncratic relativity of its historical moment, looks upon itself as the *ultima ratio* of the mind. The phallic-sexual dimension is where a structural reorganization of the earlier history of the libido takes place (Roussillon, 1997a) and is, therefore, central to the

reorganization of signifiers; to that extent, of course, it relates to a particular moment in the structuring of the mind.

That is why the concepts of sexualization and desexualization—the processes through which the sexual dimension emerges—should be at the forefront of an analysis to the detriment of a kind of sexuality that claims to be never-changing, a thing-in-itself which is defined intrinsically (Roussillon, 1998).

“Somatic” non-symbolic primary binding

In 1919, Freud pointed out in his discussion of traumatic war neuroses (Freud, 1919d) that a physical wound occurring at the appropriate time can protect the individual from a subsequent traumatic state. He suggested that the quantum of excitation about to burst out flows, as it were, towards the wound, assuming that it is sufficiently well-defined, thereby protecting the mind from being overwhelmed.

That hypothesis lies at the heart of the idea according to which, when a split-off traumatic state is about to return, a somatic ailment may play a similar role; what the mind finds impossible to bind with its own resources becomes physically bound thanks to a somatic affliction into which it feeds. One of the basic narcissistic dimensions, that of the body, sees one of its parts or one of its functions sacrificed in order to “bind” something that threatens the mind. This somatosis also facilitates the attempt at re-establishing a relationship with various objects that might be more open to an actual materialization of suffering expressed through the body.

The process whereby this somatic solution is set up can function on two levels. It may simply maintain a pre-existing somatic illness through attributing to it a psychological function, or it may contribute to the actual production of the somatic ailment by infiltrating in a hallucinatory way earlier traumatic perceptions into the present perceptions and sensations of the soma. As I have observed on several occasions, in certain circumstances hallucinating a burn does indeed produce a burn and makes the body delusional in its functioning.

If we expand these hypotheses somewhat, we could argue that the same kind of process is at work in some cases of over-cathexis

of perceptions or sensations, thereby soaking up any surplus that cannot be bound by representation. Freud himself points this out in his paper on "Constructions in analysis" (1937d), where he discusses the extremely clear—almost hallucinatory—character of some perceptions that replace recalling traumatic memories. In what he says about fetishism, Freud emphasizes the fact that the perceptions and sensations that have to do with the traumatic scenario itself play a dominant role.

Sensation brings us into contact with that internal exterior, our body, while perception leads us towards external reality and the way in which it is put to use in non-symbolic binding of primary trauma.

Group and institutional "solutions"

I shall say only a few words about these, since I have elsewhere (Roussillon, 1995b) discussed in some detail the symbolic genesis and foundations of the setting and of institutions. As Freud suggested quite clearly in his *Group Psychology and the Analysis of the Ego* (1921c), part of the psychical apparatus can be externalized and superimposed on an external object. As he quite famously put it, "The object has been put in the place of the ego ideal" (1921c, p. 113).

Various papers by Jaques, Bion, Bleger, Kaës, Anzieu and others have developed that seminal comment of Freud's; they show that institutions or settings can play the part of containing objects or systems for binding those parts of internal topography that have been projected. This is even more the case of the part which is split off from the ego, as Bleger (1967) in particular has pointed out, and which, having no specific location in the mind, can be situated in objects outside of the ego (this is the mechanism we call projective identification) or in group or social systems. A clear and often-repeated example of this would be militancy (Chouvier, 1982) or ideology (Kaës, 1980) when they are engaged in with a particular kind of passion. In a more silent mode, as studies in Lyon, especially those of Jayle-Morel (1993), on the subject of unemployment have shown, the workplace, with its organizational and human environment, may also be used to bind together split-off post

traumatic parts of the mind, as can be seen in the breakdowns that may occur when people lose their jobs.

Here, too, in some circumstances, the institution or setting may function as a group fetish, a shared fetish; the history of religiosity is riddled with examples of this. In *Moses and Monotheism*, Freud (1939a) suggested that the monotheistic religion comes from suturing a split: he argued that there were two different Moses who had been merged into a single history. Institutions and settings can prevent neurosis, perversion, or psychosis occurring in individuals.

The delusional or psychotic "solution"

Another way of binding and suturing the return of split-off aspects is through psychosis and delusion. I shall say only a few words about this modality here, since I discuss it in some detail in Chapter Five, below. After a breakdown or a deconstruction of splitting, the agonizing experience that, since it has not been primarily symbolized, is activated in a hallucinatory manner is then projected into the individual's present and undermines its content. Faced with the need to signify the "present" subjective experience, whatever the hallucinatory confusion inflicted on different periods of time, the individual will try to do this with the help of resources drawn from the present: through delusion, he or she tries to auto-represent secondarily the primary agonizing experience.

A delusion is an attempt at secondary symbolic binding of a primary traumatic experience that has not been primarily symbolized. It is also a way of cicatrizing through secondary symbolization the return of split-off parts of the primary agonizing experience. That is why delusions often have to do with cataclysmic experiences—cf. Schreber's delusion (Freud, 1915f); they attempt to signify in present or future time the agonizing experience that the self was unable to take on board at the moment in the past when it occurred.

I could, no doubt, discuss other examples of these non-symbolic "solutions" to the threat posed by the return of split-off aspects; I have chosen, however, to examine only those that I will go on to develop in later chapters of this book and those that I have personally studied in some depth.

In the following chapters, I explore the links that are elements in the construction of the overall model that I am presenting. They make more explicit and demonstrate each of the structural phases of the model, sometimes as they happen to present themselves, sometimes in a more decided manner.

The analysis of narcissistic self-identity situations takes us back in time to a time that is timeless, one that is implicated in splitting and in the defences that are set up against agony; they lead to experiences of something lacking in the self, the kind of self-lacking that they have generated, and they invite us to participate in a journey both through time and outside of time.

PART I AGONY