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THEME 3: The psychoanalytical experience and contemporary culture

SUBTHEME 3.b.

**EXTREMES OF THE SOUL:
CLINICAL PRACTICE, SUBJECTIVE EXPERIENCE AND FIELD OF AFFECT**

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SUMMARY:

Clinical psychoanalytical demand is marked at the present time by an abundance of what are customarily called “difficult cases.” Aware of this situation, the objective of this work is to reflect on the processes of subjective transformation during the course of analysis. It gives special emphasis to the existence of a field of affect between the analyst and analysand which is essential for making the continued action of subjectivising movements possible.

The primary objective of this study is to reflect on the processes of subjective transformation experienced during the course of analysis, without losing sight of the fact that the psychoanalytical process is extended to anyone who looks for an analyst, depositing their expectations for a cure and change in this person. Although this work does not concern itself with an analysis of the current historical moment, it should be borne in mind that psychoanalysis and culture establish a close relationship with each other, the outcome of which is felt in the theoretical output of each period: one cannot forget that at the beginning of the last century hysteria served as a matrix of thought for constructing a significant part of psychoanalytical wisdom and that at another time in the psychoanalytical movement, paranoia spurred Lacan into theorization. I notice in congresses and specialist publications that even today what have been called “difficult

cases” since the 1970s, by theoreticians like Joyce McDougale, still prompt analysts to think about theory and practice.

However, it is necessary to keep in mind that the so-called ”difficult cases” do not constitute anything new today; Ferenczian practice provides us with the certainty that, since the very beginning of psychoanalysis, they already existed. In fact, what has changed radically is the sheer number of cases and the willingness of psychoanalytical circles to treat them clinically. It is well-known that the psychoanalytical movement, immersed in the spirit of the times, driven by the ideal of modern purification, created a kind of fictitious schism between what the “ideal” patient is and the “real patient”: the former fits the psychoanalytical protocol while the latter is confined to the silence of the consultation room (cf. MAIA, 2002). At the extreme of this process, one might place the so-called “difficult cases,” which in the early days of psychoanalysis, were considered to be unsuitable for the psychoanalytical process, as they were not characterized as being “significant.” This assessment was subject to criteria which were guided by the figure of the “ideal” patient. In 1954, however, Winnicott denounced this fact in “Clinical and metapsychological aspects of regression within the psychoanalytical setting.”

As for a possible nosographic classification, “difficult cases” always prove resistant. According to Joyce McDougall (1987), the symptomatological diversity which they present is so great that it becomes difficult to name them. In the search for classifications, there are those that bet on new pathologies; there are also those that say that nothing has changed, that the contemporary symptomatological framework has always existed: they claim that all we seem to have today are new nomenclatures for old configurations . In my view, the only possible thing we can be sure of is that the “well behaved neurotic” is becoming rarer and rarer, and one might question if in fact he ever existed in a “pure state.”

However, there is a common thread running through the different kinds of pain and suffering presented by such cases: when one deals with these patients, one realizes that the symptoms arise as a last resort, when there is a risk of a narcissistic rupture, in an attempt to protect life itself. Undoubtedly, every symptom aims at resolving conflicts, but such configurations, instead of bringing conflicts of a sexual order, on the lines of classical neuroses, bring symptoms that meet the need for preserving narcissistic unity, for containing psychic pain – which Ferenczi and Winnicott described as unimaginable and unassimilable – able to lead the person to disassociation or fragmentation.

We could deal with the current malaise from different view points, but, as far as this study is concerned, I will restrict myself to a symptomatological pattern which is presented by a number of young people who are seeking therapeutic assistance today: apathy or a certain **disaffected** with the world, which is frequently disguised by the use of drugs. The curious thing about these young people, who vary in age between 17 and 25, is that despite using a large variety and quantity of drugs, they are not chemically dependent, since very often they stop resorting to drugs after acquiring a degree of confidence and a therapeutic tie.

Initially in the therapeutic process, these forms of presenting suffering may cause considerable difficulty to the analyst, bearing in mind that the sessions are marked by a terrifying void; as if these people had really lost the necessary force to affirm their sovereign individuality. However, as the sessions proceed one realizes that these people are paralyzed by a traumatic excess set off by fear and anxiety¹: unassimilable anxiety which has probably been reducing their potentialities. Keeping oneself in

¹ For a more detailed look at the contemporary social questions involved in these presentations of psychic suffering see MAIA (2001).

reserve is a response to a psychic movement which aims at maintaining narcissistic unity.

One needs to be cautious in making a clinical evaluation of these patients because, at first sight, we run the risk of slotting them into the conceptual scheme of the already classic “difficult cases,” bringing them close to the *borderlines* or to schizoidism. Undoubtedly, they are difficult cases to manage, since they present a loss of interiority and a tendency to behave in such a way as to hamper the processes of free association during the course of the analysis. However, the speed at which these people move out of this state of subjective freezing and regain the “total person” statute (cf. Winnicott, 1954), recovering their vital processes, lead me to reflect on what the intra and intersubjective relations of forces might be, which provided these persons, in the analytical domain, with fertile terrain to reaffirm themselves as sovereigns of their own territories. This machine², which I have been calling the field of affect, is set up between the analyst and analysand in the course of therapy and can be used in aiding the recovery of the subjectivation processes.

THE AFFECT DIMENSION OF TRAUMATIC PROCESSES

Traumatic affect in the subjective experience is valued by Freud when he reformulated the traumatic theory at the end of the 1920s. In “Beyond the pleasure principle” (1920), Freud links the birth of psychism to affect process between the nascent self and the world. The experience of birth brings with it a traumatic experience that gives rise to momentary chaos in the baby's narcissistic economy. To understand better this fact, one simply has to consider the number and quality of transformations

that the newborn will have to experience on entering the world: it will have to breathe for the first time, it will move from an aquatic environment, where it is not aware of the state of absence of movement, to a terrestrial environment, where it will feel hunger, etc.

From the excess of intensities that assails it, the baby finds itself facing an overwhelming anxiety that will give rise to an initial process of differentiation of the psychic apparatus vis-à-vis the world. This process is formed by a psychic movement of internal differentiation, which involves major psychic splits, that is to say, cleavages in this nascent “self” directed at its protection.

From 1920 onward, the traumatic has shifted to the base of psychic processes and can no longer be thought of just in terms of its destructuring aspects, and needs to be viewed positively: that which sets off in the self, still not structured by differentiated psychic instances, a process of transformation and creation which will emerge into different modes of subjectivation.

Or rather, the first traumatic event, that is to say, the excess of excitations experienced by the baby as a result of birth, sets off a call for psychobiological responses aimed at the process of psychic formation. If a positive network of affectivity between the “self” and the world is not constructed, the psychism in the process of formation runs the risk of suffering pathological consequences resulting from the trauma experienced.

When one takes the already structured self as a reference, one can say that the traumatic experience occurs largely through an emotional excess that cannot be assimilated and reduced to the field of prevailing significations; the traumatic episode occurs at the limit of narrative possibilities.

2 The idea of a machine that engenders analyst and patient in the *setting* is inspired by the theoretical construction of Gilles Deleuze and Félix Guattari. For a more detailed discussion, see

The traumatic experience does not have any meaning in itself. It will be from the feelings set off by the overflowing of excitations that psychism will go in search of possible solutions: that which represents pain will gain “significance,”³ or not, through a psychic response to the traumatic impact.

In its positive aspects, we could say that the trauma “calls,” it provokes the narrative, as it affects, it destabilizes momentarily the psychic constructions in force, and can provoke consequent developments in forms, meanings and significations.

In its de-subjectivizing aspects, traumatic affect rules out any narrative possibility concerning what occurred, defying the memory and the possibilities of psychic elaboration. The de-subjectivizing traumatic experience presents itself as a violation: a field of pain without the possibility of mediation. As Ferenczi stresses, what one experiences can be classified as violence and its effects can vary from diseases, panic, paralyzation to psychic fragmentation and the “cleavage of the self.”

The trauma, as a pulsional excess, is not pathological in itself. Whether it becomes subjectivizing or annihilating will depend on a complementary series which involves, on the one hand, the psychic possibilities of the person that experienced the traumatic excess and, on the other, the support provided by the socio-cultural network. It should be stressed, however, that traumatic affect lies at the core of any creative possibility and, above all, that the subjective transformations revolve around this axis, which appears as a destabilizing agent that allows new forms of organization.

Deleuze, G; Guattari, F. (1994).

³A distinction is made here between the possibility of signification, limited to the linguistic meanings, and the possibility of “significance,” that is to say, meanings that can be felt in an affective register but which do not figure as conscious verbal linguistic signification. For a more detailed discussion of this question, see MAIA, Marisa (2001).

Based on such considerations, it is worth returning to the initial question concerning the intra and intersubjective psychic mechanisms involved in subjectivizing processes, ensuring the sovereignty of the self.

FIELD OF AFFECT AND PROCESSES OF SUBJECTIVATION

When one is dealing with humanization, there is no possibility of constituting subjectivity outside a field of affect. This field functions as an intersubjective space through which one creates conditions for the non-pulsional dispersion coming from the traumatic experience, thus allowing the processes of subjectivation. That is to say, there exists a field of intensive affect – non-linguistic, non-symbolic – between the subjects, or between the subjects and the world which ensures the different possibilities of subjective organizations.

The idea of a field of affect as a dimension of the subjective experience which favors the creation and capturing of feelings can be understood from the theorizing of Freud, Sándor Ferenczi, Françoise Dolto, José Gil and Daniel Stern. Here, the introjective process, as described by Ferenczi in 1909, is central, in that it keeps the possibility open in each person of affecting and being affected.

The original introjection mechanism conceived by Ferenczi occurs along an axis of tension between pleasure and unpleasure, in which any psychic possibility will include necessarily the body, since, in the final analysis, it will be through bodily sensations of well-being or discomfort that the baby will discern what will or will not be introjection material. In this primary process, a psychism is involved which includes the body, sensations, feelings and senses. The introjection mechanism is marked by the inclusion of the “world” in the “self” through sensations and feelings, which defines it as a basically affective process (cf. MAIA, 2001).

It is in the recording of the original real self that, at an initial moment, the individual is formed through the sensorial marks and impressions that shape a pulsional body defined by the circuit of drives (cf. FREUD 1915, BIRMAN, 1996). It is necessary to underscore that both the introjective process and the recording of the original real self is a response to a domain of the subjective experience which, with the maturing of the individual will coexist with other domains. This is not a development process of psychic formation, which might become latent after the psychic maturing of the individual. The original self that I am describing concerns the domain of the psychic always present in any subjective movement. However, due to its complexity and invisibility, particularly after the advent of verbal language, I find it more productive to approach it starting from the primary processes forming the individual.

The field of affect existing between the baby and the world is regulated by subtle perceptions, i.e. by olfactory, visual, tactile and auditory introjective experiences, which protect the baby from a de-subjectivizing traumatic experience (cf. DOLTO, 1992). As Dolto says, it is through the sense of smell that the mother is able to move from the position of being a partial object, the breast, to that of a total and singular object – not as a person yet, but as an atmosphere that envelopes the baby, as the sense of smell is not found in one localized spot: the smell of milk mixed with the smell of the mother fills the air all around, creating this atmosphere which surrounds the child and allows the possibility of the maternal body moving away without the child experiencing the feeling of having lost it. (op.cit., p.85).

From Dolto, we learn that the experiences of subtle perceptions, through the senses, create a perceptive atmosphere which will give rise later on to macro-perception or conscious perception.

According to Freud, the senses function as tentacles which reach out toward the outside world and withdraw from it, collecting, expelling and transforming stimuli, with a view to their protection and structuring. Ferenczi goes even further in this elaboration, when he states that “to smell or breathe the surroundings are acts of thinking, since they allow one to obtain more accurate samplings of the surroundings” (FERENCZI, 1926, p. 284).

The formation of the individual takes place within a linguistic field, in which a universe of significations will participate in this radically singular construction. Language is a vital and fundamental aspect in this process and in the genesis of the mechanisms for creating meaning, as it enrolls the infant in the cultural domain, presenting itself, right from the beginning, as one of the regulatory agents of the language relationships existing between the world and the baby. However in this psychic domain, the body and affections give support to the processes of subjectivation.

To understand better this basic network, one has to bear in mind that in fact the linguistic codes and their combinations are but a small part of an infinite array of feelings and perceptions that go through a semiotic process. Each culture, faced with the adversities and demands of life, will discover ways, the most varied ways, of existing in the world. However, in this cut-out process, the language, in order to constitute itself as such, needs to promote a cleavage “in the amorphous mass of meanings” (GIL, 1996, p.97), i.e. to bring into being, based on this process, linguistic and non-linguistic material and immediately afterward impress on the latter marks that make verbalization possible.

It is fundamental that there is a link between linguistic and non-linguistic, so that the processes of signification can come to pass, as it would be impossible to think of signification, without there being a link between language, body, action and life.

According to José Gil, linguistic content is not exhausted in itself, but perceives this translinguistic horizon always at the ready for the use of language. They are minor perceptions, (a concept that the author is working on based on Leibniz) that promote this vital link between one dimension and another.

We are dealing with one dimension of the processes of subjectivation in which language coexists with a non-verbal layer (gestural, sensorial) which floats around it and from which it nourishes itself so as to become autonomous. This layer is formed by an infinity of feelings and perceptions which supply the source from which language will imbibe so as to acquire consistency.

When Dolto and Gil talk of subtle perceptions or minor perceptions, they are bringing to light this invisible level, non-semiotized and yet non-amorphous which, here and there, continues to permeate language relationships, forming an “I don’t know what” which allows the link between linguistic and non-linguistic and which confers possibility to the shared significations.

According to Gill, the field of minor perceptions can be understood as a threshold (non-conscious) phenomenon. In our field of knowledge and practice, we find these phenomena in specific psychic states as, for example, hypnosis, transference and counter-transference, telepathy, or even in any intersubjective relationship, as between one and the other, one always finds a “tension of non-conscious forces” at play (Gil, 1996, p.15).

The “minor perceptions” are not of vital importance, as this aspect of perception is not limited just to this primary moment of subjective experience. They constitute structures of this field of affect and are a base material for analytical work as, besides being fundamental for making the symbolization processes viable, they are involved in the ways the transference takes place.

Still seeking to consolidate the construction of this affect space, I have associated to the introjective process and minor perceptions the concepts of amodal perception and sentiments of vitality created by Daniel Stern. Using precocious child development as a matrix, Stern says that, in a specific psychic domain, we have a capacity for amodal perception in which a piece of information received through one of the sensorial modes can be transferred to another in a direct way (cf. STERN, 1992). The hypothesis is that the information is not experienced in isolation. It is not perceived as belonging to a specific sensorial mode, but in a generalized form. That which is perceived “are not visions, sounds, touches, or named objects, but on the contrary, forces, intensities and temporal patterns” (op.cit., p.45).

Associated with this process, according to Stern, there are still the sentiments of vitality. The world to be introjected by the baby, besides being composed of feelings like anger, sadness and joy, is also permeated by sentiments of vitality which are characterized by permanence and continuity and present a certain frequency and constancy. They are a type of affective conducting wire, though still without content, through which feelings like anger and joy or sadness can find expression. They are defined better by movement as, for example, appearing, disappearing, passing rapidly, exploding and growing. They are feelings that regulate life.

In this psychic ambit, the world is not described just by what is seen, heard or touched, but is apprehended by immediate perceptions, globalizing perceptions which occur through feelings of vitality, subtle perceptions and intensive shapes. Forms that take shape from affective levels. That which is an object of introjection is a way, a form of shielding and taking care of the child: the tone of voice, anxiety, tranquility, pleasure, fear, anger, an infinity of feelings and vibrations that leave marks. Primitive marks that

will remain as a fountainhead for life, modelling the expressive body, gestuality; a way of being and how one relates to the world.

The sensorial process of affect of the individual with the world is positively traumatic. It was based on impressions, coming from the original affect process, that the individual was formed in a singular way. However, as has already been mentioned, this experience is not limited to the original moment of subjective formation. This network of affectivity is a fundamental part of subjectivizing movements, in which, based on the introjective processes, sensorial, affective and language exchanges, it will guarantee the impression of psychic marks that begin to form a memory record that transcends considerably that oriented by mnemonic traces. Better defined by the signs of perception (FREUD, 1896), these registers, added to others, will guarantee to individuals a psychic basis which is still to come, which maintains a mobility, fundamental for their sensorial movement in the world and also for their expressive potency. It will be in future encounters in the course of life, that new marks can appear and old impressions can be transformed.

Returning to the presentation of psychic suffering that I described at the beginning of this paper, what is at risk in the lack of affect and apathy of these individuals is the freezing of a psychic domain that is sheer process. That is to say, if the subjectivizing traumatic affect brings as a consequence movement, making various forms of psychic registers shift, intertwine and transmute, in the de-subjectivizing traumatic experience this psychic mobility runs the risk of paralyzation, leaving the self with the enormous task of dealing with the freezing of its sensorial and expressive power. The possibility of creating new forms of organization will be blocked and the only path ahead is already pre-defined by the deep grooves left by the pathogenic traumatic marks.

I conclude, therefore, that if we wish to reflect on the possible clinical strategies to deal with the type of suffering that is found today, one cannot fail to consider this "expressive machine" which comes into being between the analyst and analysand, providing an opportunity to set in motion the subjective possibility to affect and be affected.

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