



In the histories of psychotic children we often meet with the following types of episode: massive transfusions, resuscitation, toxicosis, as well as non-cerebral diseases such as recurrent otitis, skin conditions, surgical operations, immobilization, etc. Some of these children present with mental deficiency, others with developmental dysharmony; others again have psychotic structures without impairment of maturation.

We find that we cannot discriminate between the psychotic structures of the mentally deficient group and the non-mentally deficient group; there seems to be no connection between physical or psychic trauma and the pathological organization. None of the clinical findings—difficulties in relating, whether of physical or psychic origin—could serve as a basis on which to determine the pathogenesis. Our experience also shows that it is important methodologically to keep separate the lines of approach to this problem according to whether they are directed towards the maturational aspect, the learning difficulties, or the libidinal organization.

On which of these lines can the psychoanalyst place himself? He can study the effects of the trauma, specifically the cerebral trauma, on the whole psychobiological development and thus bring into question the existence of a psychoanalytical area of study in early central nervous system diseases. He can accept the trauma as being at the origin of disturbances in relationship, upsetting the first libidinal ties—thus bringing up the question of the reaction character of psychotic symptomatology. He can, finally, study the effects on libidinal development of physical trauma insofar as it is experienced as a psychic trauma, or, rather, question whether there is such a relationship—which leads to a discussion of the genesis of these conditions in psychoanalytical terms. It is on the level of the gap between the traumatic event and the fantasy process (the psychosis) that the psychoanalyst will have to centre his deliberations.

In one concept of trauma and reality and of the reality of trauma psychoanalysis appears essentially as a science of psychogenesis. Only the real psychological traumatic factors would be likely to have a repercussion on the affective state of the patient and thus be at the origin of unconscious conflicts. If there is organic trauma then it is in the reality of its effects upon the psychic system that must be found the essence of the mental process that is supposed to spring from it, that is, on the level of its historical reality. Hence we come to a reaction theory of mental disorders: instrumental or functional damage—disturbances of object relationships—inhibition of drive—all this depending on the child's developmental stage at the moment of the traumatic event. There may be regression, fixation at the level of the source of the instinct, inability to elaborate a defence mechanism, or to reach a higher level of libidinal organization. The reactions of the environment at this stage would lead to secondary disorders following a comparable pattern.

This view of the effects of traumatization is paradoxically linked indissolubly with psychobiological stages of development, to the development of libidinal organization. Paradoxically too, it represents the only possible basis for pathogenic "explanations" which so intensely irritate paediatricians and organicists—from the typical mother of a schizophrenic child to those who conceive of toxicosis as absorption in reality of the bad-food-mother. The psychoanalytic contribution would thus be reduced to an attempt to ascertain the influence of so-called psychogenic factors in mental disorders or to elucidate the "contents". Hence the uneasiness of the analyst, his reticence, or his lack of interest each time a patent biological fact appears to the fore, such as an organic deficiency syndrome with underlying psychotic structure.

Throughout all the modifications in his theory of trauma, Freud persisted in questioning whether the origin of fantasy is internal or

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external. The temptation to ascribe psychic sources to trauma persists, especially in the approach of so called "genetic psychoanalysts," whose aim will depend in fact on our conception of object relationships.

In the case of trauma occurring at a very early stage, during the period when there is no self-object differentiation, it is possible to disregard all difference between the real and the fantasy object. The trauma impedes the relationship to the need-satisfying pre-object. It is the ego defence mechanism which engenders the psychotic process: it detaches itself from the external world, regresses to magical identification and changes in cathectic organization. The child regresses to the stage of confusion between the object and his own body which corresponds to the confusion during infancy between the infant's own body and his mother's body, to a relationship of an anaclitic type where satisfaction of needs cannot be experienced except as fusion with the need-fulfilling object (Lebovici, 1956).

The object here is purely imaginary, but the imaginary intervenes only in its functions and as defence (evasion in the fantasy), not as a structural element in the process itself.

It is thus that the ego, though not formed, bears the essential responsibility for the psychotic process in the face of trauma. Hence we have the theory of the functional ego. The trauma entails or reveals the fragility of the ego structure; the autonomous ego is not allowed to develop. As a result, there is a fixation at, or a regression to, an obsolete psychobiological stage. According to this conception we see the fantasy dimension of object awareness fade out. Archaic fantasies are understood in a coherent way only as evidence of a process that takes place elsewhere, as banal representatives of psychic experience on the level of relation to the archaic object, preserved as such.

It is the Kleinians who have reminded us that fantasy is not only a product of the imagination to be examined, but a structural element in the psychic processes. When trauma occurs, pathological object-relationships are constituted which, far from being the ego's answer to the failure of hallucinatory gratifications, constitute the psychotic process. At the core of this pathology based on the repetition compulsion and the death instinct is primary anxiety and the fantasy. But the Kleinian theory of fantasy is that it is the whole of subjective experience that represents psychic reality. Psychic expression of experience is closely related to bodily zones and thus to any impairments in these zones; the fantasy becomes part of the patient's motivation towards an object originally destined to satisfy needs. Every trauma is thus experienced as a psychic attack where the biological subject and the fantasy subject are the same. Hence the temptation to resort to an uncomplicated psychogenetic theory, aimed at the pure and simple reconstruction of a fantasy past through the vicissitudes of a development dotted with more or less accidental events.

Freud's economic approach will help us here. In *Beyond the Pleasure Principle* he introduces a theory about the "traumatic neuroses" which occur following severe mechanical concussion. By following the steps he takes towards this theory we can attempt a transposition to a theory of psychosis. The symptoms following trauma bear no relation to the strength of the traumatic experience but rather to the factor of surprise ("fright"); the repetition of unpleasant experiences

... which include no possibility of pleasure, and which can never, even long ago, have brought satisfaction even to instinctual impulses which have since been repressed ...

is in relation to a gain of pleasure ("of another kind"), liable to become the object of recollection and of mental elaboration.

Following the pattern of protective shields against stimuli, the trauma breaks through the barrier, provoking such disturbance that "the pleasure principle is for the moment put out of action." Then

There is no longer any possibility of preventing the mental apparatus from being flooded with large amounts of stimulus, and another problem arises instead—the problem of mastering the amounts of stimulus which have broken in and of binding them, in the psychical sense, so that they can then be disposed of.

Cathectic energy is summoned to the point of breach. The repetitive character of the process is explained, not so much by the fact that it is in the service of bringing about wish-fulfilment in a hallucinatory manner, even though that has become its function under the dominance of the pleasure principle, but because it has another task, which must be accomplished before the pleasure principle can gain a hold—a function

"beyond the pleasure principle," independent of it, more primary than the gain of pleasure and the avoidance of unpleasure. It is the failure of this task which entails traumatic pathology.

If Freud refers to signal anxiety (its absence being responsible for traumatic neurosis), it is primary, traumatizing, anxiety that concerns us here. No organ for receiving stimuli can be hypercathected; no narcissistic hypercathexis (for example, on the level of the injured organ, allowing for the liberation of excess excitation) is conceivable. At this premature stage of primary narcissism anxiety is not the last line of defence, it is the only one.

The role played by dreams in traumatic neurosis is played in psychosis by the primary fantasies, which are an attempt to master stimuli retrospectively, to bind them. Whether it concerns primary anxiety or the failure of signal anxiety, a stage of primary narcissism or the failure of the secondary process, the theory of "the beyond" subsists. This leads us back to a phase much closer structurally to autoerotism, the area in which the object has disappeared. Such is the meaning of Rank's research. Greenson too holds this opinion:

When signal anxiety regresses to panic or traumatic anxiety, we seem to have a regression to objectlessness (**Greenson, 1959**).

But Freud pursues much further the study of the relationship between drive and the repetition compulsion: drive would be a pressure inherent in the living organism towards the re-establishment of a previous state which it had to abandon under the disturbing influence of external forces, the role of drive being to maintain, as an interior source of pleasure, the modification thus imposed. A traumatic conception of psychosis would entail the consequence of organic life pushing towards retrograde forms (**Freud, 1920**). The regression, dictated by the modification due to the trauma, becomes a source of pleasure—which underlines the ineffectual character of chronological genetic explanation, in which Freud's theory has no place.

The pleasure principle, concludes Freud, seems in fact to be at the service of the death instinct. Psychosis, far from representing the result of a "life-and-death struggle" of the ego to survive, is from an economic point of view the best illustration of this assertion. The ego, in so far as it exists at all, in anxiety as in fantasy, exists only parenthetically.

We thus arrive at the whole question of the extent to which analysis is possible, to which the study of the nature of the fantasy must attempt an answer. We cannot deal with this here, but we should remind you that ever since the primal scene theory, analysts have not ceased to refer to the revival of an earlier, primal process, beneath any real trauma, whose sexual charge precedes the distinction between inner and outer; which presupposes an understanding, at a certain level of the psychic apparatus, of the surrounding erotism, not symbolized by the patient, and offering an irreducible core to any further attempt at symbolization.

After abandoning the biological basis, Freud adopted the theory of primal fantasy, a process transcending the individual and the imaginary experience, and which presupposes a symbolic order. The fantasy structure is defined in its symbolic function and in its reality function, and not as imaginary preceding the sense of objective reality, translating through the mediation of a fantasy scenario a symbolism founded in bodily reality (Laplanche and Pontalis). It is in this way that the fantasy, organized and organizing, can emerge in analysis and become analysable.

Any possible link between real premature trauma and psychotic organization is by way of the interpretation of the hiatus not only between the experienced event and the pathological instinctual process, beyond the pleasure principle, but also between the experience and its hallucinatory revival, below the recognition of the object, on the level of the splitting between the satisfaction by the pre-object which gratified needs and the fantasy object on whom the child's desires are centred.

It is only later that the instinct loses that object, just at the time perhaps when the child is able to form a total idea of the person to whom the organ that is giving him satisfaction belongs. As a rule the sexual instinct then becomes autoerotic (Freud, Three Essays).

Beyond the pleasure principle, beneath the event. A traumatic theory of psychosis, based on premature organic injuries, allows us to reject any psychological cause and to replace the genetic point of view in an ahistoric perspective, in which an economic concept, that of the second theory of instinctual impulses, and a topographical point of view, rendering an account of the nature of fantasy, should precede

any reference to the organization and defence of the ego; also any attempt at a reconciliation with the psychobiological organization at the moment of the traumatic event.

It is only in this way, furthermore, to the extent that the psychoanalyst recognizes the role of prevention, that we can be listened to by the paediatrician.

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