

The Relation among Paradigms and Psychoanalytical Clinics: Narcissism and Death Drive as Main Operators in Psychoanalytical Psychopathology By Sissi Vigil Castiel

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Abstract

From the concept of paradigm and the paradigm of hyper complexity itself, the present paper seeks to find within the notions of narcissism and of death drive, both theoretical and technical elements that may assist in the understanding and in the clinics of non neurosis.

Index terms— psychoanalysis, psychopathology, paradigm, hyper complexity, narcissism, death drive/instinct.

1 Introduction

Considering the contemporary subjectivities in which we perceive the mark of destructiveness, of cruelty, of psychic pain, of anxiety and melancholy, psychoanalysis fits with theoretical and technical propositions in its abilities to listen and to treat pathologies that present such marks. To address the psychoanalytical understanding of these frameworks and their clinical model, I intend to make use of the concept of paradigm and of the hyper complex thought of Edgard Morin in order to, later on, take psychoanalytical conceptual elements that would allow the understanding of these pathologies to be expanded.

As regards to the first question, Paradigm is a concept by Thomas Kuhn in *The Structure of Scientific Revolutions* (1970). For the author the sciences evolve through paradigms. The latter is defined to be a model for solving problems related to the field of action of a science that shall function as a problem-solver of certain types through these models of solutions that constitute the paradigms. It is attained by these exemplary cases that allow generalizations. A new paradigm is formed when there is an epistemological break in a preexisting level, where there is a break with the hitherto prevailing to a new way of looking at certain problem. Thus, in Physics, along the time, different paradigms exist, the geocentric theory of Ptolemy, subsequently the heliocentric theory of Copernicus, and so on.

The work of Kuhn made it possible to differentiate sciences and their theoretical objects, and also functions as an answer to the matter of scientific character of the unnatural sciences. Hence, my reading is that psychoanalysis, as an unnatural science, has its theoretical object on the concept of the unconscious. However, before that same theoretical object, the various facets with which the pathologies present themselves put the need of distinct clinical models and meta psychological formulations, forming different paradigms.

Joel Birman (2014) speaks of the different paradigms in psychoanalysis, saying that these were forged on the basis of successive historical periods which enabled the emergence of different forms of subjectivities that propitiate the identification of different paradigms in Freud.

Thus, the author affirms that the concepts of hysteria and neurosis, as well as those of the first topic and the first instinctual duality, all belong to a first Freudian model -that of the repression of sexuality and that they also allow to outline the technique centered on neurosis. On the other hand, the concept of narcissism, death drive, the second topic and the second instinctual duality all together belong to another historical moment -that of violence and cruelty -and now these concepts allow a glimpse at melancholic and psychotic subjectivities.

I find myself totally on common ground with Birman's postulations. I would add on that this first model is based on the case studies of Dora, Little Hans and The Rat Man, which all make part of this same historical,

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theoretical and technical moment. Whereas the second model finds its anchors on the case stories of Schreber and The Wolf Man (Castiel, 2012a).

In that sense, Birman (2014) affirms that the post-Freudian authors, in among which he highlights Melanie Klein, Lacan and Winnicott, all belong to a different historical moment than that of the repression of sexuality, but a moment that is actually related to violence and cruelty. Thus, their research lines are grounded on psychosis. Melanie Klein takes the paranoid-schizoid position as a model whereas Lacan holds up paranoia as his model. In addition I would note that, more recently, Andre Green dedicated his work to theoretical and clinical models for borderline states as well as for non neurosis.

Nowadays the subjectivities also emerge from a scenario of violence, cruelty and helplessness. So the existence of these different paradigms make us think that psychoanalysis finds the theoretical elements that allow us to propose theoretical and technical tools to manage the non neurosis, borderline states and pathologies of narcissism on Freud's second model, as well as on its contemporary authors. In face of such situations some questions arise: to which clinical model do these frameworks respond? What weight does a history of mistreatment, abandonment, with regard to healing have? Which paradigm does give account of the theoretical and technical elements facing these situations?

First of all, these considerations take us to the paradigm of hyper complexity of Edgar Morin (1996). To the author, there are complex systems that have a measurable number of components, function with a linear causality and do not receive help or modification from another system as the time goes by, and so tend to entropy.

On the other hand, the hyper complex system has a number of measurable components only by order of magnitude or whose number of components establishes a number of relations that cannot be measurable. Therefore, the components of the system necessarily product errors, work with the errors, despite the error and from the error. The perspective of growth occurs according to the reuse of that, in order to produce a reordering system. The hyper complex systems with multiple paradigms coexist and have indeterminacy as causality.

Considering the subject of the analysis from the hyper complex point of view, in which there is indeterminacy, and there is not linearity and determination, lead us to think about the roll that the history of the patient plays inside the analytical experience. Luis Hornstein (2000) has been dedicated to these matters, which I am totally in agreement with. The history of the subject seen from the point of view of indeterminacy means that his/her experiences are not a destiny, as new encounters may enable reorganizations of him/herself. Among these new encounters there is the analyst, which also means that there is not only one interpretation of the history, all ready, to be communicated by her/him to the patient. It is about sharing the history in the analysis, through transference, that takes the patient to new symbolization. In the words of Morin, it is possible to re ordinate the system from the error.

In that way, it would be as the American historian Carl Shorske (200) has said that contemporary historians, different to the others, should think with history and not about history. In psychoanalysis it is also needed to think with the history of the patient that is shared in transference and that is not determined by it. To think of the transforming ability that lay within encounters is to reflect about the status that is given to transference. It is also to give the clinics its potential as a place to generate transformation of what is destructive within a subject. Once released from determinism, theories make way to difference as a factor of creation or change.

From the perspectives of the hyper complexity and of the various splits which Freudian works of the second topic offer us, along with post-Freudian concepts, we may think of theoretical concepts and clinical models that will handle destructive aspects and frames of anxiety, as contemporary clinics confront us with graves neurosis, rooted on narcissistic issues, borderline cases and melancholy. The psychoanalytical work with such cases put the statements of meta psychology to judgment. We must rethink them, before the puzzles that the clinical practice with these patients imposes us, in order to find ways towards some transformation.

The complete work of Freud is open to new readings that may reconfigure psychoanalytical theory and practice. If I take the text On narcissism of 1914 as a starting point, my hypothesis is that there is a great possibility to match the concepts of narcissism and those of death drive of 1919 for a light to be thrown upon the understanding of depressions, melancholies and borderline cases. Those are frames that the subjects whose action, in the sense of acting-out, is a mark of his/her condition of being. Such subjects have their discharge of excitement without means of symbolization, and their behavior can be more or less self destructive. The expressions of destructiveness appear as impasses in the analytical process and call us upon, as psychoanalysts, to take position before its baleful effects. (Castiel, 2013) As I mentioned above, Freudian work On narcissism (1914) is a start for the comprehension of pathologies beyond neurosis, considering the impossibility presented in such pathologies for the subject to come out of a narcissistic condition and to invest in objects. Although Freud has not continued thinking specifically about narcissism to write his later texts, the concept allows openings on the meta psychology and became the model to many Post-Freudian elaborations. Lacan (1948Lacan (/1998) departs from narcissism and its relation with the formation of the ego to support his conception of mirror stage. Green (1993b) questions narcissism in relation to the drive and to the object. Moreover, he points out that although Freudian formulation about melancholy could indicate the existing relation between the death drive and narcissism, that same relation is yet to be discovered. That is so that the author postulates the existence of a negative narcissism, a death narcissism that opposes itself to a positive one, a life narcissism. Green emphasizes the Freudian idea that the objective of life drive is the objectalizing function, in the sense of connection, in the capability to invest new objects which may promote drive satisfaction after the separation from the primary object. While the purpose of the death instinct

would be the deobjectalizing function that is characterized by disinvestment and deobjectalization. Freud (1914 postulates narcissism as the investment of the drives in the ego, and that that investment constitutes the ego. Such investment happens before that the libidinal cathexis are channeled to objects and so it is overshadowed during the libidinal development. Subsequently pathological states would bespeak a narcissism that comes from the libidinal cathexis withdrawals from the objects of the world. This would be a secondary narcissism superimposed upon a primary one.

There are two Freudian statements that seem fundamental in the sense that they may be essential elements to think of a paradigm that handles theoretical and technical proposals on melancholies, pathologies of narcissism, etc. The first, at the end of the second part of the text, refers to the need of the subject to leave narcissism in order not to become ill. Freud considers it to be necessary to surpass the limits of narcissism -by attaching libido to objects. The "dammed-up" libido in the ego might become pathogenic. As to the second affirmative, in the third part of the writing, it is about the formation of an ideal as a conditioning factor to repression, considering that the real ego, that is seen as the ideal for the subject in his/her childhood, will be substitute for ideals which will become the milestone of the self-love. Therefore, what the subject projects before him/herself, as being his/her ideal, is actually the lost narcissism of his/her childhood, when he/she was his/her own ideal. It can be noticed that Freud states a difference on the treatment of the ideals: an initial moment, when the child is his/her own ideal, and after the lost narcissism, when the ideals become milestones to be achieved by him/her. The possibility to accede to the second position, called ego ideal, is given with the end of narcissism.

Freud also says that idealization occurs both in the sphere of ego libido as of the object libido. Therefore, this Freudian idea allows us to suppose the ego as an object and as a result we can say that the idealization relates to the field of narcissism. Moreover, the idealization relates to the cling of the libido to the object that is, in this case, the own ego. So the reading I propose here about Freud's formulation is that this cling of libido to the ego, which composes narcissism, also prevents the formation of an ego ideal, as far as this would be the substitute for the lost narcissism. In the case of narcissism, the ego is the ideal itself. Thus the pathologies which are based on narcissism, the ego is the ideal of the subject and its relationship with the objects occurs from the idealization, as in the relationship between subject and object happens with the ego as the center, what the subject wants is the recognition of the object. Therefore, the idealization of the self as an object occurs at the expense of other objects.

My proposal is that these theoretical links that are made possible by the concept of narcissism could be problematized and expanded, considering the opposition in Freud (1920) between Eros and the death drive. Therefore I understand that it is from the relationship between narcissism and the death drive that one can get to a understanding paradigm for subjectivities grounded on narcissism, as well as arrive at a clinical model to work with them. In Freud (1920) Eros is compatible with the binding, ie, with the ability to invest. While in the opposite way the death instinct is characterized by disinvestment, by unbinding. The disinvestment implies increasing destructiveness, in which unbinding processes triumph over the generation of sources of pleasure or over the development of creative potential (Castiel, 2012b).

All that is discussed more specifically, already taking the second topic into consideration, in *The Ego and the id*. There Freud (1923) states that the two classes of instincts bond and fuse, so that the destructive impulse can be neutralized, being diverted to the outside world through the muscular apparatus. Thus, the two classes of instincts bond and function together or split up. The libido is a binding factor, a factor of instinctual fusion while aggressiveness is a factor of drive defusion. The higher the prevalence of aggressiveness, the more instinctual fusion tends to crumble. Conversely, the more the libido prevails the more the merger will take place. Therefore, the postulation of the second drive theory and the idea of instinctual fusion-defusion allow thinking about the combined operation of the sexual and death instincts, as they appear merged or diffused in the subject.

Therefore Freud (1923) believes that a neutral energy can be added to erotic or destructive impulses, defining whether this increase of energy would lead to instinctual fusion or defusion. However, still within the context of the fusion-defusion of instincts, there is in *The Ego and the id* (1923/1980) a Freud affirmative on the withdrawal of object-cathexes characteristic of the death drive that appears to broaden the understanding of the destructive phenomena. He says in the text:

"The transformation (erotic libido) in ego-libido naturally involves an abandonment of sexual aims, a desexualization. Anyway, it sheds light on an important function of the ego in its relationship with Eros. Thus taking over libido cathexis of the object, erecting in single love object and desexualizing or sublimating the libido of the id, the ego is working in opposition to the goals of Eros and placing itself at service of opposing instinctual impulses." (Freud, 1923 ??Freud, /1980, p. 61) , p. 61) I would highlight some issues of the Freudian formulation: if the energy that serves both types of Volume XIV Issue VI Version I 15 (A)

drives is neutral, which will determine if it is sexual or death is the direction to the object or to the ego, ie, a cathexis process becomes deadly because it disinvests the objects. These questions allow me to consider that the instinctual defusion entails that the ego is transformed into a single love object -as Freud says -it relates to narcissism, ie, the result of defusion is narcissism, destructiveness relates to narcissism. It is important to note that it is the statement of Freud in *The Ego and the id* (1923) which allows me to assume a link between narcissism and destructiveness, so between the death drive and narcissism. If the ego is the only object of love, this happens due to a disinvestment of objects. And therefore, the subject is destructive to him/herself according to the disinvestment of objects, and also to the narcissistic position that such disinvestment entails.

And finally, this postulation of Freud brings technical implications for a clinical model able to cope with the restlessness that is placed by subjectivities which present the disinvestment of objects and destructiveness. As for the transformation of the death drive depends on its merger with Eros, this means that there are possibilities of transformation of what is destructive in a subject, insofar as possible to maximize the clinic as the place capable of generating such transformation through the transference. (Castiel, 2007) This passage in Freud's text provides elements for understanding the destructiveness, in that it poses as central aspects of destructiveness both disinvestment and narcissism. Freud has not made this link, leaving us with the burden of working the condition of openness and incompleteness, vital for the duration of his legacy. Indeed, the specificity of the relationship between narcissism and destructiveness was crafted by leading authors of contemporary psychoanalysis. Among them stands André Green (1993a) who shows that in extreme cases the dominant mechanism is the insurmountable grief and the defensive reactions it raises as a result of a negative narcissism.

In this line of reasoning, Green (2010) raises the hypothesis of the role of destruction by disinvestment. The author reports a negative narcissism, expression of the deobjectalizing function, which is the disinvestment that undoes what the investment had managed to build. The negative narcissism is a kind of extreme measure which, after having disinvested objects, carries itself on its own ego and disinvests it.

The deobjectalizing function cannot be confused with mourning, for it is opposed to the work of mourning. Here, the relationship with the object is attacked and the ego is also attacked, in that it becomes the sole object of investment since the unbinding of the objects. The formulation of Green is emphasized as far as it is possible to find there support to understand the destructive actions as a result of the process of disinvesting within the deobjectalizing function (Green, 2008).

On the other hand, the narcissistic position of the subject confirms a continuing disappointment in the encounter with the other, increasing self-destructive actions. It is therefore also because of the disappointment of the subject on what he/she expects from the object which leads him/her to disinvestment and self-destruction. It is in this sense that Lacan (1953/1983), based on the importance of the mirror stage for the constitution of subjectivity, and also considering that it is through mirroring oneself in relation to the other that the subject acquires the image of him/herself, posits paranoia as a constituent element of subjectivity. I understand that that is clear, because if the person depends on what the other says, it is obvious that he/she will search on his/her look for approval or disapproval. Which brings us to the idea that these pathologies, where the subject is wedded to narcissism (and thus disinvesting the object as such), there is a paranoid attitude toward objects in the sense of expectation of the subject in reading attitudes of approval or disapproval coming from them. Bearing in mind that the actions of the object are not always directed to the subject, the approval of the object over the subject is always relative, and this may lead to resentment and anger and might also generate disinvestment of the object, as in a vicious circle.

These considerations allow an ascertainment that is the relevance of the object to the psychic economy of the subject. Such affirmation comes from a conception of destructiveness that contextualizes the intersubjective field experiments together with their instinctual repercussions. Under such conditions the object occupies a position of prominence in the life of the subject and there is an endless complaint about the objects. Therefore, the speech is a complaining about the lack of recognition of the object over the subject. So there is an idealization of the object, that is often magnified, not in the sense of exaltation, but in the sense of its power in relation to the subject, which creates and increases anger and resentment felt for the subject towards the object.

Thus, having in mind pathologies grounded on narcissism and before the need for a paradigm that takes into account the theoretical elements as operators that would extend the possibilities in the clinics, I understand that the link between narcissism and the death drive seems essential. The contextualization of the self-destructive actions and of the characteristic disinvestment of the death drive within a narcissistic perspective resizes clinical practice in the sense that destructiveness may be analyzed from the disappointments with the objects and subsequent narcissistic withdrawal. Likewise, it also opens up space for possibilities of instinctual fusion from the place the analyst occupies in the transference. From a hyper Volume XIV Issue VI Version I 16 (A) complex view of the subject traversed by indeterminacy, the encounter with the analyst is a possibility of transformation of the death drive in Eros. Among the suffocation of the subject with respect to the objects, the analysis may be an essential space for creation.

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- 221 [Lacan ()] , J Lacan . 1948. 1998. Rio de Janeiro: Jorge Zahar.
- 222 [Castiel (ed.) ()]) e cols. *A psicologia clínica e suas relações com a violência e negligência: marcas na constituição*
- 223 *psíquica. Passo Fundo: IFIBE*, S Castiel . MIRANDA, C. A. (ed.) 2012b. 2012. Org.. p. . (Abuso sexual e
- 224 clínica psicanalítica)
- 225 [Kuhn ()] *A estrutura das revoluções científicas*, T Kuhn . 2003. São Paulo: Perspectiva.
- 226 [Birman ()] *A fabricação do humano: psicanálise, subjetivação e cultura*, J Birman . 2014. São Paulo: Zagodoni.
- 227 [Freud ()] ‘Além do princípio do prazer’. S Freud . *Obras completas. Rio de Janeiro: Imago* 1920. 1980. 18.
- 228 [Castiel ()] ‘Destrutividade e narcisismo’. S Castiel . *Sig revista de psicanálise*, (Porto Alegre, Ano 2, número 1)
- 229 2013.
- 230 [Green ()] *El pensamiento clínico*, A Green . 2010. Buenos Aires: Amorrortu.
- 231 [Hornstein ()] *Narcisismo autoestima, identidade, alteridade*, L Hornstein . 2000. Buenos Aires. p. paidós.
- 232 [Green ()] *Narcisismo de vida, narcisismo de muerte*, A Green . 1993b. Buenos Aires: Amorrortu.
- 233 [Freud ()] ‘O ego e o id’. S Freud . *Rio de Janeiro: Imago*, 1923. 1980. XIX. (obras Completas)
- 234 [Morin ()] *O problema epistemológico da complexidade*, E Morin . 1996. Publicações Europa América.
- 235 [Lacan ()] *O seminário: livro 1: os escritos técnicos de Freud, 1953-54*, J Lacan . 1983. Rio de Janeiro: Jorge
- 236 Zahar.
- 237 [Green ()] *Orientações para uma psicanálise contemporânea*, A Green . 2008. Rio de Janeiro: Imago.
- 238 [Green ()] *Por qué el mal? La nueva clínica psicoanalítica y la teoría de Freud: aspectos fundamentales de la*
- 239 *locura privada*, A Green . 1993a. Buenos Aires: Amorrortu.
- 240 [Green ()] *Pulsão de morte*, A Green . 1988. São Paulo: Escuta.
- 241 [Castiel ()] ‘Schreber e Kafka: destinos possíveis para a hostilidade’. S Castiel . *Psicologia: ciência e*
- 242 *profissão/CFP*, (Ano) 2012a. 32 p. . (O homem dos ratos)
- 243 [Freud ()] ‘Sobre o narcisismo: uma introdução’. S Freud . *Obras completas. Rio de Janeiro: Imago* 1914. 1980.
- 244 XIV.
- 245 [Castiel ()] *Sublimação: clínica e metapsicologia*, S Castiel . 2007. São Paulo: Escuta.