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'spatial representations of transparency and the suicide potential'

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A Discussion of David Roth's
and Sydney Blatt's Paper :

'Spatial Representations of transparency
and the suicide potential'

Olivier Flourney

The time allotted to me being so brief, I will have to limit myself to comments on three aspects of the very interesting paper by Dr. Roth and Dr. Blatt (*this issue*) and to a short clinical contribution.

To begin with, I would like to say a few words concerning the problem of instability in general, and the particular instability of the spatio-temporal structures which reveals itself through the appearance of transparency phenomena. I want to emphasize its aspect as an aim for the treatment, a tactical aim, i. e. something to be hoped for but which sometimes only happens towards the end of a long analysis. It is indeed this instability which will permit the structural modification (in this instance the depth and tridimensional structures, from which the initial transference emanates) thus allowing the modification of the transference equilibrium towards a new and more satisfying one.

It is also this instability which will transmit, as indicated by the work of Drs Roth and Blatt, an anxiety signal to the analyst. The latter will then become particularly attentive, knowing the analysis to be at a crucial point, 'on the razor's edge' so to speak, and that it can evolve either towards suicidal depression or, on the contrary, towards a welcome change. Transparency phenomena indicate that there is a self-object confusion, accompanied by a defusion of the instincts, and that there is consequently a possibility of a new distribution of the instinctual investments.

At this point I would like to draw your attention to a problem of terminology, even though my mother tongue is French. In order to avoid confusion between instinctual fusion and fusion of the self and the object, I would like to

suggest another word, such as merging, or confusion, of the self and the object. Thus the metapsychological connotation of the term fusion would be preserved and limited to the problem of the instincts. In French, we talk about *intrication* or *union* of the instincts, and of *fusion* in a non-metapsychological sense, as for example in the case of the fusion-like state between mother and infant.

The merging or confusion of the self and the object, simultaneously with the instinctual defusion, is that privileged moment when the analyst and the analysand face new possibilities and new horizons.

This leads me to my second point, that of the relationships between depression and anxiety. The authors have focused mostly on depression and suicidal tendencies as linked with the appearance of transparency phenomena. This happens at the time of 'the use of an earlier parameter to maintain the constancy of a later stage'. I would like to reserve the term depression to characterize a fixation to this later stage, unsatisfying or pathological because of no possibility of regression. This can lead to suicide. But I would speak of anxiety if, instead of using an earlier parameter to maintain the constancy of a later stage, this earlier parameter is used in order to abandon temporarily the constancy of this later stage, for purposes of regression, in the hope of building a later stage reorganized in a more satisfactory manner. This allows us to oppose depression, as a static concept, to anxiety, as a dynamic concept.

Incidentally, the depressive position of Melanie Klein has, in my view, this static connotation. The depressive position is a stable one; the analysand is faced, thanks to his access to the depressive position, with an analyst who is a good, stable and total object. Winnicott, on the other hand, with his idea of a stage of concern, and Spitz, with his eight-month anxiety concept, leave the door open to a new evolution, in the presence of objects which have kept their naturally ambivalent characteristics. Similarly, when Dr. Giovacchini, whom the authors mention, says that translucent perceptions are linked to the ongoing process of introjection rather than to its end state, and to the incipient ability to perceive whole objects (albeit with ambivalence), I think that it is this ongoing process which causes anxiety and that it is prevention which would lead to depression with suicidal potentialities.

Thus, in analysis, it is a precious moment when the analysand can use an earlier parameter in order to upset the constancy of a later stage. Transparency is then for the analyst as much a signal of hope as a danger signal.

My third point is concerned with the authors' beautiful description of the responsible maternal presence in the near space of the child. My opinion is that the role of the mother is a general concept linked with reality, and I believe that the father can play exactly the same role. From a psychoanalytic point of view, it seems to me, on the contrary, that it would be better to speak of the omnipotent

phallic object, which is the fantasy aspect of either the real mother or father, or the 'ideal parent imago' (to use Kohut's terminology), rather than of the mother. Freud, who placed emphasis on the Oedipus complex, saw both parents as phallic, castrating (or castrated in turn), and therefore as fantasy parents. If we are to stay on the level of fantasies but also speak of dyadic relationship, I think that one should speak of the phallic object and that it should be differentiated from the real female mother.

Thus I would say that the development of an intact sense of self distinct from that of the object representation of the phallic object (instead of the mother) requires an intensely active initiative of aggressive libidinal seeing and grasping, which is conducted with a father-mother who is anything but detached.

To conclude, I shall mention a brief clinical episode encountered after having read the paper. It is the case of a woman who remembers having loved and admired her father until the age of three and a half. At that time the father became schizophrenic, was hospitalized, and committed suicide when my patient reached the age of seven. Furthermore, a young brother died of some disease at about that time. These new facts are mentioned in order to indicate that there was a real trauma on the side of the father which could explain the lack of affectivity which led the patient to undertake an analysis. One day, after a relatively long analysis (four to five years) she mentioned a piece of music by which she had been moved. She was then overwhelmed by emotion and suddenly overcome by anxiety. 'It is horrible, I am becoming transparent', she screamed. My spontaneous comment was 'You are the music'. The next day she told me that she had been reassured to be the music rather than being nothing at all, and my deferred interpretation was that by becoming translucent, she granted me a direct contact with the music without her opaque body preventing this.

When she is music, there is an anxiety-laden merging with a phallic parent, the music, accompanied by instinctual defusion towards a destructive masochism. If, thanks to interpretation, she leaves me with the music, there is an understanding of her anxiety in the presence of two parents in a possible coital situation (the music and me). This transparency situation is that of a regression full of anxiety which has happily opened up on something new, and not that of a suicidal depression when faced with a deadlock.

And now, let me congratulate both authors once more on their fine paper.