

Extending or Extinguishing the Lights? From Swarms of Affects to Streams of Affects

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ABSTRACT: *Censorship, whatever it may be, seems to me a monstrosity, something worse than homicide. The death of Socrates still weighs on the human race (Gustave Flaubert 1852).*

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INTRODUCTION

This story is an almost commonplace one, with numerous deafening or noiseless shocks, pitfalls or desertions: A posthumous stock-taking during which there are attempts at trying to locate the affects that are entangled or set solid on account of a phenomenon of disappearance or deletion that I shall call “a swarm of affects”.

CASE PRESENTATION

In order to facilitate the locating process, the following case presentation is based on what the psychoanalyst felt, how he reacted, what he answered then, both as object and subject of a “return transference”. Indeed, it is from such returns in the transference and with the help of other analysts that the sudden emergence of affects in the analyst gradually became more defined and could be worked out, so as to then and only then helps the patient whose story follows. To help him feel what had been inscribed in him throughout his life experience, and first to imagine it not as true but as possible, to finally manage to symbolize it. In this way, to live: of himself, within himself and for himself, open to others and to the environment, free from inhibition or censorship; to live his own affects, and no longer spend himself carrying the ones laid down upon him by others, when he was a child. In short, to go from magic and fantastic processes of incorporating tutelary figures to introjecting his own drives (and affects) concerning those figures (Maria Torok & Nicolas Abraham, 1987).

Censorship is at the heart of this story. There are many repeated forms of censorship. Those inflicted on the man who came to see me, those he inflicted on himself, those I may have – unconsciously – opposed to him, those that imposed themselves on me.

Just too precise this central term, for Sigmund Freud, a “censorship” is a psychic force which exercises the role of a censor, excluding from consciousness all types of tendencies which displease its moral beliefs. Once repressed, these tendencies remain unconscious. Moreover, resistances are induced when one of the censored propensities tries to become conscious (Sigmund Freud, 2008). In fact, manifold and multiform occurrences of censorship compelled the patient. He had to keep silent, there were taboo subjects, he was prevented from thinking for himself, there was disinformation about the family history and consequently there existed a shelving of his own personal feelings and a lack of representative capacity.

Solitude (s): His, mine. How is it that it holds such a formidable place in this therapy? What is it there to say? Why does this solitude chill me, weigh heavily on me, frighten, irritate or sadden me, in turn?

There are also the states, doubts, questions that prey on my mind (Denis Rossi, 1958). Exclusion, rejection (not to see that man any longer, to be rid of him). A certain form of attraction, nevertheless (wanting to soothe him, to help him). Some occasional impulses to mother him (to look after him as one looks after or feeds a baby). Bouts of annoyance against his pessimism, his apathy, his “complacency” vis-à-vis his unhappiness as though the enjoyment, the fact that he enjoyed this “ill-being” was repulsive or obscene for me.

I should have called this presentation “Vagrancy”. This is not only about nomadism. In every therapy, I feel like a nomad, I take strolls, I dawdle on the way, I am ousted, I am tossed or turned about. One constantly has to set out again. In this therapy, there is chaotic coming and going, much like the wanderings of a homeless person, no shelter, no true safe place where one can stop and have a rest. So, in between two sessions, I too with different texts participate in this coming and going, in order to try to see things a little more clearly, while waiting for the reappearance of more silences, groaning, complaints and ghosts.

Case 1: S. Freud, “Mourning and Melancholia”

“Melancholia is mentally characterized by a profound, painful depression, a loss of interest in the outside world, the loss of the ability to love, the inhibition of any kind of performance and a reduction in the sense of self ...” (Sigmund Freud, 1917) .

This man was thirty years old when he came for the first time. He had been taking anti-depressants for about a year, ever since his girlfriend had left him. He said he was a heavy drinker who very often got drunk, smoked grass every evening and two packets of cigarettes a day. He said he wished to stop all this. He was unemployed and had not had a regular job for more than two years. He lacked energy, looked apathetic, drab, a solid mass of a man with restless, shifty eyes. I found him very disquieting. During the first weeks, after the sessions, I was seized with strong fear as soon as he entered the room. I am phobic, I know, and yet I had never experienced that kind of fear before. Fear he might strangle me or step back into the room to kill me or that he might bash my head against the walls of the room.

Three months later, when a rather similar fear would reappear during a session, I was afraid that he might smash everything, the furniture, and the objects in the room. Even once when I could not hold it in anymore, I said rather sharply: “What is it you want to break now?”. An interpretation that could not be made at that time. What cannot be said reigns supreme and the analyst himself sometimes gets caught in the toils. This man disparaged himself. He was always gloomy even in the way he dressed. “I have the blues” (“J’ai les idées noires”) he said.

“In mourning, the world has become poor and empty; in melancholia it is the ego that has become so. The patient describes his

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ego to us as being worthless, incapable of functioning and morally reprehensible, he is filled with self-reproach, he levels insults against himself and expects ostracism and punishment.”(Sigmund Freud).

This patient could not associate freely. He retold the key moments of his life as though they were the only way for him to relate to other people (Denis Rossi).

When he was five, before his very eyes, he lost his younger brother in an accident. As they were getting out of a taxi, he let go of his younger brother's hand. The three-year-old child dashed out onto the road and was run over. The driver was drunk. Afterwards, the patient's father, who was there at the time, did not say anything to his surviving son (not a single word was ever exchanged about the event. First instance of censorship), his parents often fought especially his father who was often violent towards his mother. Once when he was a child, the patient saw his father tie his mother to a chair and beat her. The neighbours had to call the police. He said his mother was "very depressive".

Case 2: S. Ferenczi. "Confusion of Tongues between Adults and Child"

"Children have the compulsion to put to rights all disorder in the family, to burden, so to speak, their own tender shoulders with the load of the others ... A mother complaining of her constant miseries can create a nurse for life out of her child, i.e. a real mother substitute, neglecting the true interests of the child." (Sandor Ferenczi, 1933).

When he was ten, his parents divorced. His mother, who was an alcoholic, became even more depressive. She was in debt; the bailiffs were after her. She was prone to frequent and violent fits of crying, was often ill and only worked on and off.

When the patient was twelve, his mother committed suicide. She was thirty at that time. He was the one who found her dead in her bedroom. Not knowing what to do, he called one of his mother's friends. He did not attend the funeral. Later, his father forbade him to mention the event (Second instance of censorship). Twenty-four years later, he learnt through his sister – who was one year younger than he was – that their mother had cancer of the kidney when she died (Third instance of censorship).

From the age of thirteen to the age of eighteen, he was far away from Paris: his father sent him off to a boarding school in a very small town (Fourth instance of censorship/rejection). That was when he first started to drink and smoke tobacco and grass, and when he first had his first fits of violence. When he was eighteen, he spent a year with a friend, invited by and living at his friend's parents' in Bordeaux. When he came back to Paris, he was again driven out of his father's place (Fifth instance of censorship) and started a marginal existence that he enjoyed. He had a string of odd jobs and committed various acts of petty crime (Donald Woods Winnicott, 1984).

When he came to see me, he wanted to lead "a normal life" (?). By that he meant having a job, money to attract women, being with a woman, "having a woman", for he suffered tremendously from loneliness: he drank in the evenings and at weekends when he felt too lonely. To forget? To forget himself? Or on the contrary, to find himself, to find a fleeting contact with himself? (Radmila Zygouris). About seven months after the start of the therapy, he learnt that his "father" was not his real father: his biological father was a student (perhaps from Sweden) with whom his mother had had a very brief relationship.

His "adoptive" father had constantly disparaged him and belittled whatever he did for years, reproaching him with "being like his mother". The patient was afraid of floundering; he feared becoming a bum (Lucien Mélése). He could never remember his dreams. He had no personal memory of his childhood.

From the very first sessions, he kept mentioning suicide, very strong suicidal urges. He was in a really bad state at the beginning. I felt he was at the same time so vulnerable and caught up in something compact and representable that for almost a year, I feared he might act out his threats and take his life. He would often call me during the night - at any time - to avoid doing something irrevocable.

One day, during a particularly hard session, I told him that every human being is entitled to choose between life and death that one may also prefer to put an end to one's life. After a long silence, I stated that, from what he said, however, I heard that he had a desire to live, to live really for him and to leave unhappiness behind him.

Case 3: H. Searles. "Separation and Loss"

"The patient's amnesia serves as an unconscious defence against, of course, all sorts of negatively-toned emotions – guilt, fear, sadness, grief and so on. It serves as a defence against murderous feelings; ... the amnesia may be found to have served both as a defence against, and a symbolic form of, suicide." (Harold Searles, 1986).

The fear that had beset me slowly cleared up and I gradually became aware of the ambivalence of my return-transference. I now felt a kind of strange irritation and a desire to help him at the same time. Now helping is prejudicial in analysis. It was at that moment and thanks to this patient that I learnt the lesson.

With three sessions a week, almost five years were necessary to untie the murder drives, to unloose them from his self, for them to go outwards and to be expressed verbally – at times in a very violent way – towards his colleagues, his bosses, occasionally his psychoanalyst, but mainly towards his "fake father" or "pseudo-father".

Whenever he felt less suicidal, he would skip a session, calling at its exact time to cancel the appointment. Then he stopped coming for four weeks on end. After a while, I called him. He said, "As a matter of fact, I had decided to call you back to go and see you ..."

Seven weeks later – overnight – he decided to stop taking anti-depressants. Then a thankless phase started, both for him and for me. He was not well at all, but paradoxically, he had more energy; he often criticized me, questioned my competence, disparaged psychoanalysis, his own therapy, his life, his colleagues – he had just found a job for six months – his "fake father", his step-mother, his sister's fiancé, the people in the metro ... and most of all he continually disparaged himself.

Case 4: S. Freud. "Mourning and Melancholia"

"It would be fruitless both from the scientific and the therapeutic point of view to contradict the patient who levels such reproaches against his ego in this way. In all likelihood, he must in some way be right, and must be describing a state of affairs as it appears to him ... It is the consequence of the internal work, unknown to us and comparable to mourning, that is devouring his ego." (Sigmund Freud).

Then there was a new phase during which he spoke a lot about how insensitive he was towards the others and especially towards himself. He found growing older difficult. He felt he was no good, ugly, too fat, not attractive in the least. He felt too lonely. He was incapable of making the first move to meet a woman. He waited "for women to come to him". Even with his two male friends, he always waited for them to take the initiative in their relations.

Case 5: J. McDougall "In Search of a New Paradigm"

"For whatever reasons, events leading to shock or strain traumata have obliged the children of yesteryear to make sense of

what appeared unacceptable or senseless, in order to preserve their own right to exist and to invest their self-image and personal life with meaning ... The analyst, whose aim is not to 'socialize' or to 'normalize' his analysed, will consciously strive to treat with deep respect the precarious symptomatic equilibrium constructed by the distressed and anxious child that is hidden within every adult." (Joyce McDougall, 1995).

Then Christmas came. He was distressed at the thought of spending December 25th alone. He spoke about it a lot during the sessions preceding that date. On Christmas Day, I deliberately stepped out of the framework for once and called him up. We made small talk over the phone for a moment. When he arrived at the next session, he said he felt much better. The analyst changed places. He could no longer be confused with the transitional object and could acquire an existence of his own for the patient. The transference took another direction. The patient gradually allowed himself to gain his autonomy. During the spring, following a long period when he felt better, he mentioned the possibility of ending the analysis. He did not though. A relapse, due to lurching with his "father" and his sister, made him – at last – speak of a genital herpes, an extremely disabling one (castration? Feelings of guilt as retaliation against himself?), that he had contracted ten years before, when he "cheated" on his girlfriend of that time with a Swedish girl. (!) The herpes recurred whenever he "experienced stress". He no longer tried to treat it. He added "It's incurable ..."

Numerous sessions revolved around this herpes (es-père, espère? one way or another. Then he no longer spoke about it (he never mentioned it again: no recurrence of the symptom that probably got displaced). He then talked about his sexuality and women. He "had" a new girlfriend with whom he "hoped" to have a steady relationship. This "project" fizzled out but he felt better. Here are what the elements of progress were at the time, not so much regarding what he asked for as what he wished for: He did not take anti-depressants again despite numerous relapses. He no longer drank alcohol when he was alone and was able to drink "moderately" when in the company of others.

He said he "still smoked some grass but far less". He was back doing sports again (swimming, cycling - his favourite sports; swimming had a strong re-narcissizing effect on him).

He had found a regular job and no longer "complained" about his colleagues. From a more technical point of view: He spoke in a lighter, more flowing way. He was starting to associate freely. He could sometimes remember having dreamt, although he did not remember what it was about. He was still (except at rare times) cut off from infant memories. No sense of humour as yet either.

The months went by. One evening, almost at the end of a session, he related bits of a dream (Denis Rossi, 2001). He was in an apartment; water was seeping down through the ceiling from all sides (Denis Rossi). It was difficult for him to associate. Nothing came to his mind, except that he thought – although he was not sure whether it was in his dream – that he was asking somebody – he did not know whom – how he was going to get out, to pull through. First instance of a request that the patient dared to state for himself. As he was speaking about the dream, I saw (again) the twelve-year-old boy going into his mother's bedroom and finding her dead on the bed. The session went on. Somehow, I felt soothed, more peaceful. Then I felt some sort of affection for him. Another emotion flashed through me: I had "found" him. Then I asked him to tell me once more about the moment when he had found his mother, when he had discovered his mother dead. Until then, he had never wanted to speak about her. He censored himself, and firmly censored me too whenever I insisted even slightly. He told me about that memory. I asked him for more detail. He managed to answer. Another memory slowly came to the surface: he remembered the day after his mother's death. He was at school and left the school that very evening. Then he told me that one

of his mother's uncles had hanged himself when she was a child. He couldn't say any more about this - for the time being.

He spoke about his mother's family. There followed a series of disincorporating and disencrypting trans-generational family ghosts. A long and painful labour of getting in touch with bereavements; there were moments of aggressiveness against the analyst then. The knell of his melancholia tolled slowly. The fixation on the search for his "real" father and the possibility of meeting him diminished. A man, an unwilling biological father, who had left the woman with whom he had had sex, and the child she bore. Was this man really a father?.

A sense of humour appeared which the patient seemed to enjoy cultivating in a quiet way; he also appreciated discovering such a new ability in himself.

Case 6: J. McDougall... In Search of Solutions"

"When love is no longer equated with catastrophe, castration, or death; when parents can be recognized in their individuality, their separate sexual identities, and their genital complementarity; then the internalized primal scene in its transformed version becomes a psychic acquisition that gives adult-children the right to their place in the family constellation, to their bodies, to their sexuality." (Joyce McDougall).

Ten long months later, he met a woman. They liked each other and started living together. No trace of depression left despite a lot of fear of being abandoned at the beginning. Then one day, he told me with a smile that he wished to stop his analysis. I congratulated him for the "labour" (what a delivery!) that he had accomplished with such courage. I suggested that if he had another depressive phase, he could always come to speak to me about it. Since then I have not heard from him. I suppose he is still "doing well".

To sum up, I am trying to figure out what went through me, what engrossed my mind in the course of this therapy: First of all, I was much afraid he might commit suicide. Then there was the "murderous fear", rather than a real fear of being "murdered". Then his strong murder drives, aimed at other people than himself or myself. The long periods of powerlessness and emptiness (no thought, no affects, no drive, no words); A very silent loneliness, a nameless one (a loneliness in which I felt I was a stranger to myself), I had to accept letting time do its work so that the story of this man could gradually get inscribed in me, even within my body and could be worked out during the surprising hazards of an ever-enigmatic transference, often a massive and violent one, sometimes an absent or even a desperate one (Denis Rossi).

To conclude, it seems to me that affective censorship (associated with libidinal representations) was finally lifted out, with the reappearance of a fluid and flowing movement of affects (as if there was at last a "stream of affects", a flowing affective activity made up of movements and transformations, as opposed to a swarm of affects, a congealed affectivity). Didn't Freud propose Eros as an antidote to Thanatos?.

At that point, the following hypotheses can be made: *The swarm of affects is built up in an ex-centred, de-localized way, in the aftermaths of a dead queen, an extinct realm, a vanished kingdom (the paradise of childhood?): a tutelary figure is lacking through illness, depression, separation or death, and with all the vitality that it represented for the child's affective and relational economy.*

The meta-psychological phenomenon of the affects set solid is accomplished along the magic mode of incorporation, which it anticipates, without necessarily being followed by the incorporation of the loved object; this incorporation can be the incorporation of an internal object or an incorporate of the lost-loved person.

The swarm of affects can also develop as the wrapping up or concealing of a crypt, recess or inclusion, in order to keep secret the hiding place in which the trans-generational ghosts dwell. The setting of emotions in motion that heralds fluidity and mobility of the stream of affects is a prerequisite for making the introjecting processes operational.

DISCUSSION AND CONCLUSION

Finally, it seems to me that one may distinguish various forms of economic and dynamic use of the “swarm of affects” (from the deepest to the most superficial): *Swarming affects have an identifying capacity* (taking the place of identity): as when there is invention of the other-same or other-self (S. Tomasella. Eres) also in another way, like the young motel director’s schizophrenic delirium (to be the mother in the place of the mother) played by Anthony Perkins in *Psychosis* by Alfred Hitchcock. Finally like President Schreber’s paranoid delirium, following the knotting of affects around the emblem of feminine (female) position “in submission to” the father-God.

The swarm has a constituting capacity, a filling one. It can be transposed, “transferred” in its vital totality, fixed upon a chosen object so as to keep filling in a gap. The object can be the other (a person in addictive sexual or affective relationships), a thing (fetishism) or a substance (toxico-dependency, bulimia). *The swarm has an organizational capacity*. This is the case in melancholia, bereavement diseases, chronic depression or some sado-masochistic personalities. *The swarm has a compensating function*, stable and relatively efficient in narcissistic personalities, unstable and sometimes lacking in so-called “borderline” personalities. *The swarm of affects may present a relational function*; as a mask, it allows a protective displacement (defence), avoidance in constraint neurosis, precaution in hystero-phobia, conversion in hysteria.

These hypotheses may recently have thrown light on my clinical work and future cases may confirm, enrich and develop them according to the characteristics of each analysis and the history and uniqueness of each patient.

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