

JOSEPH FERNANDO'S PROCESSES OF DEFENSE: AN OPEN THEORY

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Before I start, I want to thank our three morning presenters warmly for their thought-provoking papers. I offer special congratulations and thanks to you, Joseph, who have really enriched the psychoanalytic literature with your remarkable and so generous work on *The Processes of Defense*.

It is difficult, Joseph, to choose what points to address amongst all your rich concepts, material, and elaborations. I will start with what you say towards the very end of your book (p. 323), when you seem to fear that what you present may suggest a closed theory. On the contrary! I have the feeling that, and it is also the way I try to work, you maintain the difficult tension between drive-centred theories and object relation theories, never discarding one or the other, even when you do not refer explicitly to them. All along you succeed in keeping your thoughts in the realm of psychic reality, where drives meet external reality. You take into consideration the importance and the impact of external and historical reality and the unconscious traces it leaves in the psyche. You explicit in detail, and with a lot of coherence, the work and constraints that external reality imposes on psychic reality and the different defence processes and mechanisms that it entails. For Freud, the essence of the defence mechanisms resides in the anti-cathexis that protects the ego against conflicts. With the reference to trauma, do you feel that we sometimes are far beyond a question of ego conflicts, closer to the conflict between the fundamental instincts, life and death? At first, I thought that your zero process was essentially a manifestation of Freud's death instinct. But I now think that it manifests really the fusion of the two. The triumph of the death instinct would mean the

extinction of all processes. Is not the zero process finally an expression of the life instinct, because what is then at stake is survival?

In different places in your book, you refer to Ferenczi. Your theory on the defence mechanisms triggered by trauma is quite close to that of Ferenczi: splitting, guilt, and denial, for example. Concerning splitting, Ferenczi goes as far as to say that the child avoids death by means of autonomy that entails the amputation and expulsion of part of oneself. When we refer to denial, would it not be more accurate to talk about foreclosure, at least in the case of extreme denials? Also, according to Ferenczi, and I think the same way, denial is always the fruit of the disavowal of the trauma by the significant other. Would you agree and go so far as Ferenczi in saying that it is not the event that is traumatic, but rather the disavowal to which it is submitted, and that represents the trauma, strictly speaking? In his clinical diary, Ferenczi writes on 27 July, "Traumatic confusion arises mainly because the attack and the response to it are denied by the guilt-ridden adults, indeed, are treated as deserving punishment" (1932/1995, p. 178). This brings us to the mechanism of identification with the aggressor.

In order to protect himself against the loss of the object and of the relationship, a distressed and traumatized child will identify himself with the aggressor, introjecting the adult's desire and guilt, a forced introjection, says Ferenczi. "It is your fault if your father loves you too much," once said the mother of an abused patient to her young daughter. Could we furthermore say that the child introjects the traumatized child that lies in the aggressor?

Disavowal inflicts a narcissistic wound on the subject and impairs the possibility of representation and elaboration. It is why, as you put forward, it is so important for us to acknowledge the trauma. This opens on the delicate question of construction and historical truth. How and what do we acknowledge? Towards the end of her analysis, the patient I just talked about, after recovering—with a lot of pain and resistance—memories of the multiple abuses perpetrated on her by her father, asked me, "How can we know if all this is true?" I remember pausing a moment and then answering, "I guess we will never know for sure if things happened in detail exactly as we talked about it, but there is one thing that I am sure of: there is a traumatized and abused little girl." She started crying, smiling at the same time, and said, "That is exactly what I have always been waiting to hear all my life."

Another form of acknowledgement can consist in simply using the patient's own words. We try not to be judgmental towards patients and also towards their parents, but isn't it sometimes important that we do

express a judgment, and traumatizing if we don't? In a session, talking of the psychotic mother of a patient, I used her own words and talked about her "crazy mother." She was at the same time relieved and angry: "Why didn't you say that before?" I guess she was right: I had waited too long.

Naturally historical reality is always likely to have been transformed by the pleasure principle under the influence of the patient's desires, fantasies, and defences. But despite the repression and the splitting off, the historical reality always leaves traces in the psyche. Freud, even after having abandoned his neurotica and stated that hysterics lie, never completely abandoned the hope of finding a historical ground to trauma and a "complete image" of the events. He pursued his search of events, concerning, for example, the Wolf Man's primal scene (1918). In *Constructions in Analysis*, he comes back to the idea of a "piece of historical truth" contained in the analytic construction. It ensures a therapeutic effect by restoring what he calls a "lost piece of real-life" that takes its truth from the repressed and forgotten days. He dreams of having access to the "whole truth," but he resigns himself to the fact that "the one and only course open is that of reconstruction, which for this reason can often reach only a certain degree of plausibility" (1937, 260).

Plausibility is the word that Serge Viderman takes up. He maintains the paradox that I always feel I have to cope with: "The historical field is indeterminate. Historical constructions show aleatory characteristics difficult to evaluate. Our therapeutic effect on the afflictions we treat depends on the coincidence between what we say about history and what history has actually been" (1977, p. 247; my translation). In your very rich clinical material, you show very well, Joseph, how it is the combined movement of the transference and the counter-transference that brings forth a common work that Viderman calls a "co-construction."

The search for intelligibility is crucial in order to counter the traumatic stunning of thought, and that is why construction and historicization are so important, as Dr Bohleber underscores following Joseph's insistence on the construction of the reality of the trauma. I totally agree with them. As Jacques Lacan says very eloquently, "History is not the past. It is the past in so far as it is historicized in the present . . . The subject's center of gravity is this synthesis of the past that we call history" (1975, 19; my translation). Historicization is an integrating and founding process, a true work of symbolic creation of what has been traumatic. It allows the patient to become the subject of his own history. It therefore opens on temporalization.

You say, Joseph, "The contents of the zero process are not yet in the past in the psychical sense. They are always about to happen or just happening,

and thus belong more to the present and the future than the past” (p. 156). Dominique Scarfone (2006, 2011) would say that this corresponds to the “actual.” It manifests itself in the transference through its quality of instantaneousness. A patient that protects her head every time she passes in front of me is really, here and now, in danger of being beaten. A bodily memory. As Pontalis (1997) so aptly put it, “Ce temps qui ne passe pas” (The time that does not pass). What repeats itself has never existed psychically before. Temporality does not exist for the psychotic either. Could we then say that trauma induces a psychotic relation to time?

Finally, a word on technique. Here, I somewhat differ from the position that you defend very eloquently, as does Brian Robertson in his authentically analytic paper. In your book you define what you call the necessary activity of the analyst. Although I agree that the analyst, especially with traumatized patients, is definitely not neutral, I have reservations about the idea of “bringing denied realities into the conversation” (p. 231), questioning and pushing. It does seem to allow memories to appear, but I think, at least for the moment, that what we grasp through transference and counter-transference can be interpreted and analyzed when it appears. In other words, I prefer an approach that errs on the side of patience. I feel it permits just as well the work of repetition, remembering, and elaboration, and a more permanent symbolization of trauma. Furthermore and more essentially, don’t you fear that “pushing” and “confronting” may convey an undue violence that is at risk of needlessly repeating the trauma, even if both you and the patient experience some benefit from this type of active technique? Analysis is traumatizing: setting, abstinence, repetition, and remembering: the whole process in itself is traumatizing.

At the same time, is it not also this setting and its regularity that helps the patient, through transference and counter-transference, to establish a trusting relation to the analyst? When I find myself “tracking” or insisting on a resistance, it usually reflects anger on my part, or at least negative counter-transference.

Thank you, Joseph, for giving us a very challenging and open theory, that leaves place for questioning and is a fantastic example of analytic aliveness.

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