

The Traumatic in the countertransference of Child Psychoanalyst

Raúl Levín*

*A roar: the truth itself
makes its appearance
among men,
right in a whirl wind
of metaphors.*

Paul Celan

When in "Beyond the Principle of Pleasure" (1920) Freud explores about what he would call the instinct of death, part of the phenomena exposition somehow related to psychoanalytical clinical work: the traumatic dreams, children's play and the transference; he highlights more what is related to the repetition itself than what is related to the contents which are present in the phenomena above mentioned.

The sense of where Freud located the topological reiteration of the "beyond" of the free cathexis link is not related as much to the spatial or topological point of view (as ambiguously the name "beyond" might suggest) but rather it appears related to the concept of "what is at the origin" and even more directly to a characterization of what would be a mode of functioning of the child's mind.

* levinraul@fibertel.com.ar / [CV](#)

Throughout the text there are continual references to the traumatic as prior and independent of the participation of the pleasure-reality principle. In any case, the most prominent theoretical difficulty, and that in the article will remain as a question, will be how to articulate these two modes of the mind functioning.

From this approach, we can say that the mind of a young child operates in a predominantly traumatic way, although this functioning tends to be fundamentally mitigated through the oedipal metaphor that the culture provides.

Offered through the family first, incorporated, afterwards, through identifications, (and the consequent constitution of the unconscious and stratification of the psychic apparatus), the Oedipus complex is the metaphorical structure around which others will be constituted, which together will order the free cathexis that circulates as a way of repetition.

In the presence of the traumatic, the analyst's situation is difficult. He will be suffering the effect of the free cathexis in circulation and how this can only be endured, he will sometimes tend to preserve his mental integrity by composing deceptive metaphoric responses, for example, interpretations that being as they are they cannot be still subscribed from the patient's repetitive, pulsional, instinctual insistence. These interventions of the analyst would be a way to create an anti-stimulus protection against the risk that his own countertransference would remain left to a mere and sterile drive to repetition.

The analyst's exposure to the drive to repetition would be even greater when it comes to the analysis of a child. The child's game itself, strictly speaking, -and in that sense Freud takes it as a paradigm- includes an important (albeit, variable) participation of the traumatic, being one of the more hierarchical manifestations of the psychoanalysis as a path to the child's mind.

The death instinct will not be externalized as a "pure" form. It will be shown by its combination with Eros that, somehow, will introduce "a detour" on its way to an end that anyway will be inexorable: the return to a previous state.

But, if even while linked to a pleasant drive, the traumatic categorizes what defines the child functioning, I think that's interesting to stop in studying some of its possible effects on the analyst's countertransference.

To that end, we will briefly present some analysis' fragments of a four years old girl and to offer, then, some thoughts about the issues raised.

Gabriela and her crying

Although as we saw, the child's play can be taken as a model of childhood traumatic functioning, it is not the only manifestation that externalizes the repetition compulsion.

In Gabriela's case, for example, we can focus on another one, the one in which we think that the Thanatos' effect is shown more refined than playing, and that, significantly, has held little place in the psychoanalytic literature. I mean crying, and more precisely, as it will be seen, to a particular form of crying.

Gabriela began her analysis recently, due to her excessive concern for order, despotic attempts to handle situations and an exaggerated sense of property. At home, with her toys, she did not play: she kept them in bags and not allowing anyone to alter the order she had imposed. Her mother said "she has such a control on everything that she knows if something is out of place." She doesn't invite her friends so that her things will not be disordered. If someone changes something of place she gets exasperated, she anguishes herself." Sometimes she looked disorganized and overly anxious. She didn't have night bladder sphincter control and had suffered some episodes of bronchospasm.

In the first sessions, Gabriela displayed an unusual activity, making use of the play material in a way that seemed to be the opposite of what her parents described as the controlled order of her toys at home. She took all the elements out of the game box, and sometimes in an indiscriminate way and at a breakneck pace she could break them, throw them to the trash or cut them into pieces. What she liked more was to cut with the scissors the cardboard boxes in which were kept some toys or drawing materials.

If the game took some direction, soon it was interrupted by something that seemed to have nothing to do with what she was doing. Then she searched other toys, generally, to exercise some form of violence on them.

Sometimes, she tried to put together a more structured game. With little dolls she staged situations with children and a teacher or with children and mothers, but soon after they ended with some accident: the kids were thrown off a spinning crazy carousel or they fell from above the table. At that point the game was interrupted.

Some other times she tried to get into the toy box, which at the time had been emptied of much of its content.

In a first approximation the sessions seemed to be erratic and disorganized. I could give an image to illustrate the state in which the office was left.

However, of what it seemed chaotic and dispersed, I could deduce that there was something that kept repeating and maintained, and it was related to sadistic attacks on the maternal contents, which reach such an extreme point in her fantasy, that when each sequence was finished there was no possible processing except to return to the beginning and so on.

At the beginning of the analysis, and at Gabriela's request, the mother stayed with her in the office. However, it was established that if she was brought by someone else, she would go in alone. So it happened several times, and this did not result in major changes concerning the climate and session content.

On one occasion, the mother, perhaps overwhelmed by the aggressiveness that appeared in Gabriela's game, abruptly announced that she would not come anymore.

From the next session, Gabriela began to cry. Sometimes she came spontaneously, but most of the times I left her up in my arms separating her from the mother or from the person who brought her. But the crying was somewhat independent of the way by which she had entered. It could last a few minutes or the entire session.

It was a monotonous, stereotyped, monochord crying, which did not transmit any particular emotion. It seemed like something mechanical that started functioning and that could arbitrarily stop. There were no tears, and even though Gabriela usually stayed near the door, she made no attempt to open it or to move in its direction. I tried to speak to her, to interpret by gathering data of small assumptions or elements of previous sessions in which she had played. I experienced feelings related to my confusion and ignorance that kept increasing even more when the crying suddenly eased up, because I could not articulate that interruption with my interventions or with other session data.

Crying seemed beyond me, beyond session and beyond Gabriela herself. My countertransferential discomfort (which included a good deal of hopelessness) was greater to the extent that I realized that I repeated what I have already said, stereotyping myself in resonance with her way of crying.

Having past some sessions that were all alike, once, when leaving her at the door of the office –Gabriela was cheerful, ready to enter– the mother told me they had gone to the theater to see "Popeye". Once inside, Gabriela made me some comments about the argument. We talk a lot. I felt a growing relief. Of course, now I understood, at times I was Popeye that rescued her, others I was Brutus that forced her to enter in a place full of dangers; attacked babies, the retaliation ... The scene was being completed ... Olivia was now pulled by two men, "Brutus" and "the rescuer"the hysteria ... I thought at the time that the analysis finally was launched. Gabriela contributed with some details and rectified some of my interventions. When the session ended I had the feeling that I had found a line leading to a resolution of my patient's problem. Was it a perfect session?

The next session Gabriela cried again, as if the former session had not existed. Of course my discomfort, because of her crying, appeared again, but now I knew something more. I knew, at least, that that material -that had been offered to me in a silver platter, with so obviously oedipal connotations and that I had found fascinating and that allowed me to structure appropriate apparent interventions- was actually independent of Gabriela's traumatic crying.

Sometime later, she arrived at the office held to her mother, and it was very difficult to get Gabriela away from her. "She's a tick," the mother said.

Already in session, another character appeared, "Tickus" which was so gripped that when separated he harmed the person to whom he was holding. Gabriela's concern was then the object to which she clung on possessively and that was, at the same time, the target of her sadism. The detachment could not be without being torn apart. The mother, having withdrawn from the sessions, had played Gabriela's game as though the attacks were real. Sadism proved its destructiveness, annihilating the mother-daughter relationship.

There was something in the mother that did not allow her to contribute to the processing of Gabriela's Thanatos cathexis, who was then exposed to them without possibility of processing. She found in the mother a replica that reflected as in reality the effects of her fantasies.

Then I decided to end each session, taking Gabriela to the place where her mother was waiting for her, and to stay with the two of them some minutes - usually Gabriela remained with the head between the legs of her mother, as if trying to get into her- during which I did a brief overview about what had happened in the office.

Shortly thereafter, spontaneously, the mother included herself again in the sessions, and a new period with another possibility of analytical work began, period in which we are while I' m writing these lines.

Clinical work of the "beyond"

In this brief review of some sequences of Gabriela's analysis, I tried to focus myself on what I was interested to illustrate, related to the countertransference effects derived from the manifestations of the repetition compulsion.

My patient's crying -that particularly crying- sunk me into an inertia and discomfort state from which I could not find a way out through psychoanalytic interventions. What's more, gradually I experienced a feeling of being trapped in a very similar repetitive mode of crying stereotype. On more than one occasion I thought about possible technical variations that I could introduced in the session, but they were more related to the analytical intolerable place I was in, than to a true solution of the problem.

There was a sort of invocation to my own repetitive mechanisms provoked by Gabriela's own repetitive mechanisms -we must remember that as the transference also the countertransference is a repetition compulsion- that led me to find a way to preserve myself through the possibility to access beyond the traumatic functioning, to the principle of pleasure-reality.

When I was offered the material about Popeye, I clung to it, as if that sailor has been submitted to throw me a life vest, the oedipal plot, that would rescue me from the painful repetitive insistence that I was suffering in the countertransference. It was like that that I surrender to the illusion -afterwards I would realize that it was only that- that that traumatic voyage had been left behind.

I think that what is important to stress of that session, is not only related to the opportunity and relevance of my interventions (which could be the subject of another discussion), but rather to the possibility of evaluating through it, the powerful influence of the repetition compulsion on the transference-countertransference, which was of such magnitude, in this case, as to carry me to a delusional state, in an attempt to get rid of its effects.

As the cry was repeated in the next session, I could relocate myself in a psychoanalytic position from which it was possible to diagnose and treat Gabriela's traumatic functioning without getting involved in it.

The fact that, afterwards, the mother mentioned the signifier "ticks" allowed me to place her in a retrospective reading of the analytical process. When, unexpectedly, she left the sessions, she showed that what was traumatic for Gabriela was also traumatic for her. And, in a transferential way, I happened to be the mother, not only because I responded to the trauma traumatically, but also because in that response there was a way to take off my analytical place in the same way that the mother moved from hers. Both mother and daughter were involved in the same trauma and that was what I had experienced in the countertransference.

I could infer then that that moving of the presence of an object that participates of the processing of the thanatic cathexis was related to some historical traumatic situation that generationally moved something from mother to daughter, as well as the analytical process.

Commentary

It's very difficult to convey experiences related to the repetition compulsion because by doing so, precisely, we refer to what we cannot nominate.

I chose to present a clinical testimony in which the traumatic is offered in a more refined way than, for example in the game, to be able to some extent to ensure that its effects are those that are manifested in certain phenomena of transference-countertransference.

The traumatic impression of game often goes unnoticed to us as it may seem masked by its entanglement with what's libidinal. Then we tend to deal with Eros.

However, even when the repetitive pulsional character of the game may seem mute, it isn't if we consider the effects. Many situations of repetition and unbinding provoke a deep countertransferential discomfort and urge the analyst to look, prematurely, for an exit that enables him to suppose that the significance from the principle pleasure -reality is possible.

We may find difficult to admit that an autonomous functioning of the demoniacal order be a part of the children's condition. But to ignore it not only does not inhibit its

impact on the transference-countertransference repercussion, but can also disrupt up to the irreversible the course of the analytical process.