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Is the Death Instinct Silent or Clinically Relevant? From Freud's Concept of a Silent Death Instinct to Understanding Its Clinical Manifestations

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Abstract

When Freud introduced his concept of the death instinct in *Beyond the Pleasure Principle* (1920) he solved three theoretical problems which could not be explained by the one drive theory: masochism, repetition compulsion and the negative therapeutic reaction. The concept of two inherently opposed instincts remained one of the most controversial parts of Freud's theory. For Melanie Klein, Freud's idea of the death instinct was a powerful instrument in solving her greatest problems of integrating her clinical evidence of an earlier, very harsh superego. In Freud's account, the superego was the manifestation at birth of the death instinct operating in destructiveness towards the person, as he had argued. In this way, Klein put – as Hinshelwood claims – clinical “flesh on the bones of Freud's theory of the death instinct.” I will describe the development of Freud's theory and how this was elaborated by Klein and her followers Bion, Esther Bick, Segal and Rosenfeld. With three clinical vignettes--from an Infant Observation, a child analysis and an adult analysis--the clinical use of the concept will be illustrated.

Keywords: death instinct, clinical evidence of the death instinct, Freud's dual instinct theory, repetition compulsion, negative transference

1. Introduction

1.1 Freud

Freud's model of the mind is a dynamic one- that is, it understands the mind as being in constant movement and conflict between impulses arising in one area, along with defenses against these impulses [1, 2]. He developed three models, adjusting them to his clinical material according to his understanding of therapeutic work with his patients as research into the human mind – “psychic apparatus,” as he first called it.

2. The topographical model of the mind

Freud's first model was based on repression, which occurs when thoughts or wishes are not acceptable to the thinker, who accordingly learns to repress them from consciousness. The Unconscious – usually metaphorically conceived of as a *deeper* layer of the mind – tries to bring these repressed ideas back to light. The repressed induces dreams, is used in jokes, causes “Freudian slips” and forgetting things, elucidate creative ideas, and sets the formation of a symptom in motion. The return of the repressed is described by Freud in “The Psychopathology of Everyday Life” [3] in a surprising and convincing way.

3. The structural model

Freud then began to conceptualize the mind less as composed in layers – his favorite archeological metaphor of the analyst who is searching for a buried culture – than as consisting of agencies or structures: the ego, the super-ego and the id. The id corresponds roughly with much of what had previously been encompassed by the concept of the Unconscious. It can be regarded as an area containing the primitive instinctual elements, dominated by the pleasure principle and functioning according to the primary process, as in dreams. The ego constitutes the rational part of the mind which is in touch with the external world, and which tries to mediate between our desires and reality so that we can stop insisting on the impossible, and settle for what is – thus postponing the fulfillment of impulses. The superego is a fiercely irrational, unreasonable half-instinctual force granting only partial gratification or even suppresses instinctual impulses. Sandler states, that ... it developed as a sort of internal stratum or residue of the child's early conflicts in relation to his parents..., ([4], p. 27). The idea that we act according to the pleasure principle was difficult to maintain when Freud discovered the repetition impulse, the negative therapeutic reaction and masochism/sadism.

The concept of the death instinct, Thanatos, and the life instinct, Eros, as two basic instincts.

Freud introduced the idea of the death instinct in 1920 in “Beyond the Pleasure Principle” as a biological drive and expands on its psychological significance in 1923 in “The Ego and the Id.” “His view is that under the influence of the life instinct some of the death instinct is deflected out in the form of an attack on the object,” writes Spillius et al. in the *New Dictionary of Kleinian Thought* ([5], p. 298). Freud writes:

Besides the instinct to preserve living substance and to join in into ever larger units, there must exist another, contrary instinct seeking to dissolve those units and to bring them back to their primeval inorganic state. That is to say, as well as Eros there was an instinct to death. The phenomena of life could be explained from the concurrent or mutually opposing action of these two instincts ... a portion of the (death) instinct is diverted towards the external world and comes to light as an instinct of aggressiveness and destructiveness. In this way the instinct itself could be pressed into the service of Eros, in that the organism was destroying some other thing, animated or inanimate instead of destroying its own self. Conversely, any restriction of its aggressiveness directed outwards would be bound to increase the self-destruction, which is in any case proceeding. At the same time one can suspect from this example that the two kinds of instinct seldom – perhaps never – appear in isolation from each other, but are alloyed with each other in varying and very different proportions and so become unrecognizable to our judgment.” ([6], p. 119)

Freud distinguishes between two very general tendencies which he referred to as *libido* or *Eros*, on the one hand, and *aggression*, which he formulated in terms of the *death instinct* (*Thanatos*), on the other. Libido or Eros is manifested in all processes, both physiological and psychological, that impel towards synthesis. Freud assumed that the death instinct remains within and some of the remaining death instinct is fused with the libido to form sexual masochism. Other fusions occur, resulting for example in 'moral masochism', but some remain unfused as 'primal sadism' ([7], p. 164) when cruel action give pleasure and lust. The death instinct or the Nirvana principle constitutes the most fundamental aspects of instinctual life: To return to an earlier state, the absolute "Ruhe des Anorganischen" (repose of the inorganic) ([8], p. 102) and is therefore an economical principle reducing energy to zero/nil; it is silent operating in the background and cannot be seen in the clinical material.

With the concept of the death instinct, Freud managed to solve three riddles and explain the contradictions regarding the pleasure principal and Libido as a source of primal strength.

First, some consideration needed to be given to the phenomena of the "Compulsion to Repeat" -- repeating unconsciously unpleasant experiences from earlier life instead of overcoming them -- "an irrepressible force which is independent of the pleasure principle" ... "a fundamental tendency of every living being to return to the inorganic state." ([8], p. 102). The repetition compulsion occurs in a patient's transference relationship to the analyst, patterns of thinking, feeling, and behaving from earlier life -- which can be painful and distressing. The repetition compulsion also occurs outside analysis, in normal as well as in pathological relationships -- Freud likened it to the death instinct in his later writing.

The second riddle to be solved was the concept of sado-masochism and hate. From the very beginning, it seemed impossible to Freud that hate could be derived, metapsychologically speaking, from the sexual instinct.

The third riddle was the negative therapeutic reaction, which means that some patients reacted badly to analytic interpretations even after they had acknowledged their accuracy. "One begins by regarding this as a defiance and as an attempt to prove their superiority to the physician, but later one comes to take a deeper and juster view. One becomes convinced, not only that such people cannot endure any praise or appreciation (of the analyst GDW) but that they react inversely to the progress of the treatment.... A temporary suspension of the symptoms produces in them for the time being an exacerbation of their illness; they get worse during the treatment instead of better." ([9], p. 49) Freud explained the negative therapeutic reaction in two ways: as an expression of unconscious guilt or as an envious attack on the analyst.

The death instinct is perhaps Freud's most controversial assumption. It has been severely criticized by both psychoanalysts and others and highly appreciated and further developed by Herbert Rosenfeld [10], Betty Joseph [11] and Hanna Segal [12]- the object relation school. This was difficult for the psychoanalytic community to accept, because Freud thought that the manifestation of the death instinct was silent, meaning that one could not investigate it in clinical material as they two instincts are fused and defused with the result that it can be observed in a number of different mental states, e.g. a fear of falling apart and disintegration, self-destructiveness, destructiveness, envy, sadism ([5], p. 298).

4. Melanie Klein's and Bion's concept of the death instinct

Melanie Klein used Freud's view of the death instinct and his concept of incorporated objects to give a theoretical basis to her clinical observations in work with small children and their harsh and punitive attitudes towards themselves and

towards figures of their imagination. “Klein considers the harsh internal figure to be the introjected hostile mother whose hostility towards the child stem from the sadistic phantasies attacks that the child made of her ... this hostile internal mother as an early version of the superego.” ([5], p. 299).

Klein assumes that from the very beginning the baby has a core-ego and an inner conflict between Eros and Thanatos. In the International Journal of Psychoanalysis celebrating its 100th anniversary a chapter is dedicated to “Repletion and the Death Drive” (2019). Freud’s concept of the death instinct is seen by Blass as a “new view on the tie between narcissism and death, which is relevant for the Kleinian view of it” ([13], p. 1294). She connects Freud’s concept of a fundamentally opposed instincts, from which all emotions, sensations, desires, and activities derive as affirmation of Klein’s concept of the paranoid/schizoid and depressive position. Rosenfeld [14], Bion and Segal [12, 15] suggest an anti-object relational force with destructive attacks on the self and the object.

The first year of life is of enormous significant for the baby as the basic elements of the physical and psychic development are laid. One can it compare with building the foundations of a house and of equal importance for its stability and structure. The child needs another living and caring object to perceive the real world, being aware of the difference between inner and outer sensations: although Klein assumes a core-ego since birth the baby’s thinking, and its relationship to the parents are all evolving out of raw, unintegrated feelings and perceptions. The parents or caregivers must help the infant as it copes with its raw, primitive and archaic feelings and somatic perceptions. They need to be perceptive how the baby feels and what it needs. In the first three months, a “social birth” follows the baby’s physical birth, where it builds a relationship to the world via its relationship to its mother or caregiver (primary object). The infant can establish elements of structure and inner order if its mother succeeds in containing and understanding its raw fears and giving it back to the baby describing them with words so that the baby can introject them. Winnicott calls this ability of the mother “Primary maternal preoccupation,” Stern speaks of “mother and baby being in harmony or in tune” Bion speaks of a special ability which he calls “Reverie” meaning the capacity to sense what is going on in the infant [16].

In Bion’s words, the baby needs a mother/container in order to be emotionally touched; this mother/container takes in the baby’s projected raw sensory data, which Bion calls “Beta-Elements,” and transforms them into “alpha” elements which the child can introject and begin to think ([16], p. 110–119). Esther Bick compares the infant with an astronaut who has been shot into space without a spacesuit. She thinks the baby fears that it will either disintegrate or die. Especially this observation when a baby is undressed and start trembling is considered as expression of this basic fear ([17], p. 296).

By internalizing its mother’s caring and containment the baby develops a positive core in its psyche, a “good inner object,” which remains a secure inner base. The loving, emotional care, the infant’s first encounters with chaotic forces remain embedded in the deepest levels of its personality, constituting a “psychotic core” that is normally subordinated by positive experiences. If, on the other hand the baby finds his despair and misery are not received, it leaves him with what Bion calls “nameless dread,” unspecified, unthinkable thoughts which have continually to be expelled/projected into others ([18], p. 7).

Now I shall describe a vignette from an observation of an infant and its mother following the Tavistock model developed by Esher Bick (the observation follows Esther Bick’s method, developed at the Tavistock Clinic) [17, 19]. As the method is well known, I shall simply add that the observation is for one hour and notes are not made until after the observation. The observation is written up, presented

and discussed in a weekly seminar of 4–5 participants led by a psychoanalytically trained clinician who is experienced in Infant Observation. The observation of Felix and his parents was video-recorded by Barnett [20] for research and video purposes. As he was born on a Sunday, she called him “Sunday child.”

5. Felix, twelve days old

Felix's mother is 36 years old. The father brings Felix into the bathroom to his mother, who greets them both and takes Felix into her arms. After she has undressed him, she places him in the ready prepared baby bathtub.

Felix is just a few days old, he has his eyes closed and his hands are balled into fists. He cries in a high voice and is truly unhappy. In the background we hear father's voice making calming comments. It seems his words are addressed at the mother to calm her more than it does Felix. When the mother starts washing Felix's belly with soap, she talks to him saying: "Oh Felix, oh dear!" But his crying becomes even louder as the mother lifts him out of the water to wash his bottom, and he rather screams. The mother remains calm, continuing the washing and says, "Shhh", then turns him round and washes the back holding him securely under his arms. When the mother lifts him out of the water, his crying is of penetrating and frantic volume. He turns his head back and force, stretching it backwards with increasingly louder screams. When the mother turns him around again, lowering him into the water, and slowly dribbles water over his belly and chest his crying stops. Now the mother moves her head close to his and talks to him quietly about how comfortable and warm the water is,. "Do you like the water now a bit, Felix?" she asks. For the first time Felix opens his eyes a little and looks into his mother's eyes while she smiles at him. "Well, you see, it's OK. Look what I am doing now," she says, and begins to move him very gently back and forth in the water. He clearly enjoys it and has both eyes open, his fingers are relaxed. ... When he seems to enjoy it even more Felix closes his eyes and lets himself drift. (Description of the scene in the film by [20])

In this short observation in the film we can see how Felix needs protection from the outside world, how he presumably is anxious about falling apart without boundaries. His crying puts his mother under pressure, as if she had done something harmful to him and she is out of touch even stressed. The mother puts her head closer to his and talks with him in a calming way as the father's voice is calming and encouraging her. With the help of his mother's soothing voice Felix' anxiety diminishes and he can actually enjoy slowly moving about in the water. We see that both parents (the father is in the background) comprehend Felix's unhappiness and despair, talk with him, and help him to cope with these overwhelming feelings and anxieties. We see an example of what Bion calls “containment” – a mental and emotional process – where the mother perceives the baby's raw, disjointed impulses, digests them and then gives them back to Felix in a modified way. He might even remember the floating feeling in the uterus. When the mother responds in this way – being in “harmony” as Daniel Stern called it - Felix experiences his mother responding to his needs and mirroring his feelings; a communication between mother and Felix was established and will further develop day by day. Empirical infant research has made video-supported analyses of the complex tactile and verbal early communication between mother and baby in order to understand the emotional development and the learning of patterns of social interaction [21].

6. Child analytic case

Now I want to describe a vignette from an analysis of a 3 ½ year old boy, whom I call Patrick¹:

Patrick's parents came to see me first as a family in a parent-infant psychotherapy for 5 sessions. It was clear that Patrick needed a longer therapy so the parents agreed to an analysis for him. He had nightmares and they had to wake him up to help him stop crying. He had fits of rage, and was an outsider in his playgroup. In the transference to his analyst the same patterns that he has towards his parents are developing. Patrick's parents had not described any unusual experiences with their child although he woke up almost every night screaming and in panic. With Patrick it was his kindergarten teacher who drew the parents' attention to his emotional difficulties.

In the first assessment Patrick showed me his chaotic inner world, turning the playroom with cruel destructiveness and sadistic pleasure into a messy world in which he had no hope of making himself understood. For me, the analyst, it felt like a massive attack and I could hardly believe what I saw when he destroyed the brand new colored pencils. He deliberately and violently broke off the tips of the pencils, then throwing them around the room, then stamping on them. I tried to transform his projections of beta-elements into words, to show him how desperate he was and that he wanted to push these unbearable sensations into me. I suggested to him that he wanted to show me how easy it was to make useless broken pencils out of the beautiful new pencils and that he perhaps felt broken himself. When he continued I told him that he was convinced that I would turn away from him and he would not be allowed to come back. Then he stopped. As if accidentally, he touched my legs with his body by standing close to me, leaned trustingly on my leg. I told him that this was his way of showing me that he felt touched by my words. He looked into my eyes so that I added, "Now you feel understood" and told him that he could come three times a week and he nodded.

Now I shall describe a session at the beginning of Patrick's second year of analysis, where the fine structure concealed behind his apparently unmotivated destructivity and the special quality of Patrick's relationship to his father became visible. Here some vignettes from a therapy session:

First, we were two fishermen with fishing rods fishing small fish. Then he became aggressive demanding that I shout at him: "Dirty Patrick, he makes his pants dirty". When he was unable to do something, he said "crap"; when he gets excited, he quickly had to use the toilet. Later he played to be the little baby who needs his pants to be changed; he wanted me to be the father who did it. With enthusiasm he was the little baby, lying down (wanted to pull down his trousers what I stopped) I should say: "Lift your bottom", what he did pretending to put some paper towel under him as if it was a diaper. Then I should put him to bed as his father did. When I asked: "Where is the mother", he answered: "She is dead". After a few moments – in the middle of the night he climbed out of the bed. I was told as his father I should find him, shout furiously at him and beat him. This game was very intense. Patrick was not contend with my simulation of beating with without touching him. He became excited, took my hand and showed me how to do it saying: "You have to hit me hard, much harder!" Since I did not do this, instead expressing verbally how I (as his father) was furious with him, he began to hit himself with his own hand. "That's how to do it," he said.

¹ The case of Patrick is described in full in my book *The Early Years of Life* [22].

In his play Patrick shows the persecutory quality of his paranoid-schizoid feelings. He put me in the position of the sadistic father who clearly wants this punishment and denigration of his son. The pleasure of both of them was clear. Both of them are stuck in these intense sado-masochistic struggles. He wants to repeat them again and again. For the analyst, it is difficult and shocking to feel these feelings in him/her in the countertransference – but as Bion said: “If you cannot bear the heat, refrain from the kitchen.” ([23], p. 40). In many sessions, Patrick demonstrated how successfully he upset both himself and his father, drawing his father into his cruel fights. He is part of a couple consisting of a man and a boy – a homosexual couple – who were bound together in a pleasurable yet intimately cruel way. The child was in control: Patrick knew he could provoke his father into a state of extreme rage and complete helplessness. That was very satisfactory for him. My aim was to make him aware that he was the active agent in this. Or Patrick could provoke his father by doing the opposite of what his father wanted him to do, or pretended not to hear him. In a role play, he showed me how he could do this. He wanted me – as the child – to come and told me I had to pretend not to hear him. Then he as his father got furious and screamed “Don’t you hear me?”. I could feel the power to provoke him to get so furious. Sometimes he sat in the car ready to drive off, and I as the child was supposed to hesitate to get into the car. Then he really seemed about to drive away to threaten me as the child. I then had to scream in horror and run after him in panic. He showed he enjoyed this power game even to the extent of manipulating his father into acts of violence.

In the following discussion with the parents, the father said to me that he had asked his wife to take care of all disciplinary questions with their son. Patrick now loved to build houses with his sister, including the father in the role either of mailman or policeman. The parents were impressed by all the changes in Patrick, fits of rage had completely vanished; in kindergarten, in his play he showed more ideas and fantasies than the other children. It was important to allow him to continue his analysis to stabilize his inner development. He now loved to go to the playgroup. Visibly moved, Patrick’s mother described how he could talk about his feelings. She also could discuss and explain what decisions she and his father had made. Once Patrick came to her, put his arms around her neck and said, “Mommy, I love you”; that was the first time this had happened. He could also part from her without crying.

In these brief vignettes, I tried to show how useful Bion’s concept of container-contained is. Elements of destructiveness and jealousy emerged continually with Patrick, where he spat on me, tried to kick me or to tear the spectacles from my face in a fury and wanted to break them. I always had to be on guard to protect him and myself. However, he gained more control over his aggressive impulses. When I could understand his changing moods and connect them with his experience, he got softer and more sensitive; he even put his head in my lap as if he wanted to go back into mother’s belly. As a very distressed child he showed his inner conflict in a concrete way, often wanting me actually to perform the same cruel punishment and mockery as he provoked his father into doing. Patrick learned from emotionally experiencing his analyst able to take in his projections, suffer their impact, and put them into words. Pursuing the emotional truth even in very disturbing areas – as clinically visible expression of the death instinct – enabled him to acquire a knowledge that enriched his personality.

The advantage of working with children as young like Patrick is that they still show their aggression in a concrete and obvious way and show by their reactions whether they take in the interpretation of the analyst – stopping the destruction as soon as they feel understood. Then, it is not any longer necessary to show their aggression in this way and we can explore the deeper anxiety behind it. With adult

patients the aggressive wishes are mostly covered by a strong defense system. Now I shall show how an adult patient struggled to accept his aggressive and murderous wishes which were so vividly manifested in his dreams. In the session we observe the same struggle against understanding in the inner world of the patient, who attempts this with all means- mainly by massive projective identification, pushing these feelings into another person, his ex-wife or his analyst. In one dream he shows his aggressive side which is envious of his new baby.

7. Vignette from an analysis from an adult patient Mr. a

Mr. A is a 46 year old psychologist. He is in his second analysis because his first analyst was too ill to continue (Mr. A. still idealizes him). He is married for the second time to a warm and caring woman. He has a son with his first wife, a two-years-old son with the second wife and just got a new baby. He behaves as if he has no idea about insight, projects his omnipotent destructiveness into me and judges me from a moral high-ground. Often my words are felt as an attack and then he complains, he dismisses a shared responsibility. If I try to show him the situation of his ex-wife he accuses me of feminism--taking sides with women against men. Sometimes when he exposes his vulnerability and dependency he feels exposed. When I stick to the rules of time and fee – although I reduce it twice to make it possible for him to continue – he can accept them as strict but fair.

When his third son is born he is relieved and happy. It was a spontaneous birth, he is a robust baby—not as delicate as the second one. At the end of one session he says: “Maybe Prof (meaning me) was correct that the baby could develop well because I brought my aggression into the sessions.” On the following day he relates a dream he had after mentioning the worries he had had at birth of his baby because the umbilical cord was during the delivery around the baby’s neck, making a knot so that it could not be tightened.

P: (After a pause) I had a dream which is connected with yesterday’s session, I think. (He says it in a superior way as if he knew everything already and lets me know he does not need me to understand his dream). (Before he starts to tell the dream he goes into the details of yesterday’s session for 15 minutes. I become irritated and impatient but do not interrupt him). I felt abandoned by you.

The dream is in my analytic session, you and I are there but the room is much bigger-- 5 to 6 times as large (my room is rather spacious), really big and with impressive furniture. I come in and then I see at the entrance two workers decorating the entrance. A baby is lying on the floor. One man passes by and kicks the baby a bit without doing it on purpose. Then the second worker puts his large foot on the baby and presses hard, he even turns his foot on the baby’s chest. I go to him and shake him and pull him away telling him what he is doing. Then I walk in. It is very beautiful and impressive. I am speaking and suddenly you get up and without an explanation you leave the room. I do not know what the matter is. Then Dr R. walks in and sits down on your chair and listens. I talk until the end of the session. (Pause)

(He continues) I understand the dream that it is my wish that you leave because you did not understand me yesterday and I felt abandoned. Dr. R. has always impressed me and a colleague who is in analysis with him spoke quite freely on how he is as an analyst.

A: You come in and tell me that you felt bad yesterday, abandoned by me and today you told me how tired you are not getting enough sleep ... In your dream you show how you feel what you cannot feel during daytime--that you feel left behind

by me, by your wife who is looking and breastfeeding the baby. In the dream I go away and let you be with another analyst who does not refer to the early years of life (Dr R is a Lacanian psychoanalyst).

P: That I am jealous of M (new baby) I cannot feel in any way. What I can see is how much work it is to look after two small children and my mother had 5 children, my older brother, my older sister, myself and the new baby and while she was breastfeeding she became pregnant with the youngest sister. When I spoke with my mother on the phone she said we should look after the older son so that he does not feel rejected. Respect! She can think about the older boy.

A: You are glad that I can look at the child part of you who feels rejected and left behind as your mother does. And can we have space to think about the two workers and what they are doing with the baby, first by accident and then on purpose hurting the baby?

P: Naturally this must be a part of me, I am the dreamer like the director of the dream, the author. I know this although I cannot feel any aggression towards the new baby M. I use this understanding when I interpret my patients' dreams and it is very helpful.

A: It is easier to see it with other people than when it happens inside you.

P: Yesterday I observed how my wife's attention was distracted when she breastfed M ... I told her: Do not you realize that M is disturbed? She said: It's just a minute.

A: You describe how sensitive you are and how you can understand M's situation and another part of you feels terribly neglected and angry. And can you allow this angry part to become visible?

P: **You** are talking about murderous impulses!

A: When you say: 'I am talking about murderous impulses and not you' you show that you find it is difficult to keep in mind that it is your dream. You dreamed about the two workers putting their feet on the baby – expressing your unconscious phantasies. When you are awake you are shocked and want to push this aggressive impulses into me - you want me to be the author of this aggression: they should not show your wishes.

P: Sometimes I do feel tired because of this constant feeding at night. My wife told me to sleep in another room to be able to get some sleep, because I cannot help her with the breastfeeding anyway. But I cannot do it, I stay with her.

A: You cannot leave the two of them alone--you want to control what they are doing at night.

P: (laughs) To control them – well, I let them be together the whole day when I am working.

A: When you laugh you allow yourself to take the analytic breast and take my words in and it calms you. Now you felt understood and this dreaming part is glad to have been listened to.

P: I feel different now.

The **following day** he says: "Yesterday the session made me feel calm"...

A: Yesterday's session you felt you could get in touch with me for a moment and accepted what I offered. The part of you who wants to know and expresses himself in dreams, wanting to understand yourself, opens up sometimes.

P: Indeed-- and this only happens after a session with fighting, conflict and arguments. The image I was thinking about was the picture of the two workers who kicked the baby hard. I do not feel anything corresponding to it, no jealousy, and no anger towards M. In the dream I took the first one on the shoulders and pushed him away. It is hard to believe that this worker is really a part of me, of my wishes. But when I work with my patients and know how to interpret it I have to accept it in my dream as well even if I cannot feel anything.

A: You can see how difficult it is for you to see these primitive and murderous wishes in you. In your dream you were successful in pushing the two workers aside so we can assume that inside you have a part which does not let you really harm the baby. This only happens in your fantasy and not in reality and this calms you. And you said how good it felt to be able to talk about it with me and that I can accept it.

8. Discussion

The patient struggles to accept his unconscious murderous wishes expressed in his dream by the two aggressive workers and his jealousy against his new baby M. which he also dearly loves. He is used to dealing with his aggression and destructiveness by projecting it into others, first into his first wife when he blames her for the problems of their son. He allowed his former wife to be sadistic and did not stand up against her. He could not manage it. He cannot think about his contribution to the problems of the marriage or the difficulties of his first son. Now he is married to a warm and sensitive woman. Mostly he holds on to his pompous superiority. In the session I described, he is enormously agitated and reveals himself in a puzzling way: he has a new baby but behind his pride and joy of having a new baby he feels burdened by it--it is another mouth to feed. He is struggling to earn the money for his living and his analysis. Does he know that he is fighting against the wall struggling with the new baby? Can he differentiate between his outer and inner reality? He himself is a disturbed baby with unbearable guilt. He cannot see how difficult he is and he successfully projects his anger and alarm into his analyst – I have the murderous thoughts, not he, he says at first. He can use his ability sometimes in a touching way, it is a real struggle for him to get to know himself. He makes slow progress. In his dream his aggressive fantasies are expressed by the two men. Can he accept this part of him? Sometimes he can use his abilities and have insights. He has to put himself in my position – he as the therapist – then he can understand the meaning of the dream. He has to gain enough perspective to distance himself from his dream in order to see his destructive part.

He has got this lovely baby – strong and robust – but it stirred up so much rage and hatred. He felt he did not get sufficient understanding and support/containment from his mother and hardly can accept my help. He wants to see himself in a manic way as somebody who makes wonderful babies and is hardly able to accept himself as a disturbed man desperately clinging to his analyst/mother. As a baby he could not let go of the breast so his mother – after she had another baby – also allowed him to drink from her breast until the age of three, which made him feel guilty.

He chose me as his analyst because he thinks I am a Kleinian who is not afraid to see and deal with his primitive, dark sides, understanding the “two strong workers” as parts of him. Finally he can integrate his love with his aggressive, jealous feelings. When I asked his permission to use his dream in this paper he answered, that he remembers this dream vividly and also his strong resistance against my interpretations. He used the opportunity to tell me how well his life and his family had developed and thanked me for his analysis “which had been the greatest enrichment in my life and professional development.”

9. Final remarks

In these three vignettes, it becomes clear how variously the death instinct is manifested—with Felix’ Infant Observation as woeful cries, with fingers pressed into fists that we understand as the fear of disintegration or of death; with Patrick, chaos rules his interior life, with his great fear erupting in attacks of screaming or weeping

as well as nightmares, and his destructivity and cruelty projected “successfully” onto his father—to whom he has established a sadomasochistic relationship which excludes the mother, who is “dead” in role playing; with Mr. A., his murderous rage is pushed onto the analyst through massive projective identification and he remains as a nice, protective father of his baby. The analytic work consists in containing these unbearable impulses, digesting them emotionally and mentally and rendering them discussable. Felix’ mother was able to take up the feelings projected into her through “reverie” (Bion) or “primary motherhood,” to digest them and ameliorate his fears through her loving attention, so that Felix could ultimately move about happily in the water. Only through recognizing his psychic pain could Patrick work through his painful experiences and establish a loving relationship to his parents, integrating his aggressive impulses and using them to develop a new independence. His mother takes Patrick seriously now as an independent child, whose various wishes she can understand and help him to deal with and solve conflicts without manipulating him. Mr. A can recognize his “baby part” and finally integrate it. His massive jealousy and competition from his childhood is worked through transference to his analytic “siblings,” so that his great emotionality and care for his family and his patients become visible. We can see how this competition can be constructively solved or lived by his youngest son M., for whom Mr. A is a loving father. At the age of two, M starts a special ritual: he leads his father and his older brother in the morning to the front door as if he were the head of the house and says goodbye to them there, remaining as the man of the house behind with his mother. He then proceeds to be a very good, loving child all morning. The following little episode shows how well not only Mr. A but his son managed to integrate contradictory feelings:

When M. was four years old, his father came home one evening, greeted him and asked what he was building with his blocks. The son replied enthusiastically: a castle for himself and for his mother. The father, who had never been convinced by the concept of an oedipal phase, reflected and then asked where he would live then. The son thought seriously for quite a while and said: “In the garden there is a little house—you can live there! “This constitutes a mature emotional accomplishment, granting the beloved father and rival a space.

Hannah Segal describes the conflict between the life and death instincts and the way the individual can respond:

“One, to seek satisfaction for the needs; that is life-promoting and leads to object seeking, love, and eventually object concern. The other is the drive to annihilate: the need to annihilate the perceiving experiencing self, as well as anything that is perceived.” ([12], p. 18)

Mr. A was able, after working through his repressed aggressions, experiences of humiliation and feelings of abandonment—which he projected onto others—to use his life-affirming object relations in his family and profession.

There is still a controversial discussion concerning its philosophical status and its clinical usefulness. Michael Feldman however points out – and I agree – “that the gratification of this psychological drive does not lie in the annihilation of the perceiving and experiencing self, or indeed in literal death or annihilation. On the contrary, what is often clinically more compelling is the extent to which certain patients, rather than seeking to annihilate their perceiving selves, attack and distort their capacities for perception and judgement...The aim seems to be largely, but not entirely, to eliminate anything that gives rise to admiration, dependence, rivalry and, particularly envy.” ([24], p. 97f).

When the patient then holds on to illness and suffering, Feldman considers this not to be a derivative or compromise, “fused” or “bound” with the life instinct, but “a direct expression of a primary destructive drive towards the self and the others” (p. 98). The means to achieve this are distorting the words of the analyst, a fascination in omnipotent destructiveness, distorting the meaning and value of the analytic work. A shift can be brought through the patient becoming more able to acknowledge and tolerate his awareness of his own hatred and anger. Mr. A can hardly agree to an interpretation but does think about it between the sessions and bring it back as his own insight in the next session. The occurrence of curiosity and the wish to know and understand himself indicates a movement towards the life instinct. As Bion puts it in his article “On arrogance” (Bion 1957, p. 86–92) “when pride appears within an individual who is dominated by the life instinct, pride becomes self-respect, but if the death instinct predominates pride then becomes arrogance. These arrogant dismissals of the analyst’s interpretations can undermine the ability to care for the patient and stir up anger in the analyst. Brenman describes his dealing with the angry countertransference by reminding himself “how ill the patient is” ([25], p. 105). If we discover with the patient how he became the character he/she is and why he behaves in this particular way, being a victim of deprivation, loneliness and deal with the emotional pain of his earlier traumata he can recover the good inner object. “The good object ... is the combines (intimate) relationship of the infant and mother and the subsequent development extending to other object relationships, in which persons give personal meaning to each other... nothing can be meaningful without this foundation,” says Brenman [25].

Additional information


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