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Chair: Dr John Steiner

**Richard Rusbridger discussion of Ignês Sodré’s paper: “Voices Off: On Fragmentation and the return of the Split Off”**

Ignês’s paper is extremely rich and interesting, and I am very pleased to have the opportunity to open the discussion of it. She takes us right into the experience of a psychic catastrophe, the result of very early abandonment. In doing so, she takes us into the earliest stages of the depressive position, either as experienced at the time of the abandonment, or as construed retrospectively. She contrasts differing primitive defences against the realisation of damage done in phantasy to the object: fragmentation and its consequences, on the one hand; and more organised splitting, on the other. She takes us into areas that are on, or beyond, the boundary of what language can capture; and into experience that cannot, or can barely, be symbolised. These are places where few people, and few analysts, can bear to go, or are equipped to go.

I talked about psychic catastrophe, but in fact there are a number of different catastrophes in the paper. There is the initial catastrophic loss of the patient’s mother, into her puerperal depression. There is the second catastrophe, in which, to try to deal with this abandonment, the patient, unable to bear what has happened, has fragmented his mind, leaving him now as a thought-disordered adult. And there is a third catastrophe, in which he tries to reassemble the split-off fragments, but in a way that creates further confusion. Ignês makes powerful use of Elizabeth Bishop’s extraordinary short story and poem in putting into words the experience of an inaudible but ever-present scream that Bishop describes as hanging over the village and herself ever since her mother was committed to a psychiatric hospital when Bishop was 5. This is a wonderful evocation of very primitive confusion about what is self and what is other. Bishop says, ‘is the scream around the horizon – or is it around the rims of the eyes?’. This sense of pervasive distress can be expressed non-verbally in music, such as in the ominous sense of menace in Berg’s *Wozzeck* (Berg 1925), or in the persistent, maddening high harmonic E in the last movement of Smetana’s first string quartet (Smetana 1876), related not only to his tinnitus but to his eventual mental breakdown. The analyst Fortunato Castillo (1975) talked of singing as a sublimated scream. But the remarkable thing about Elizabeth Bishop is that she could give words to her experience within a coherent whole, as Berg and Smetana could give musical form to theirs. This in itself distinguishes her from Ignês’s patient, who gives his analyst the experience of his distress but in a way that he can’t stand back from and describe. Bishop’s loss, at a later age than his, is more amenable to symbolisation. As Colm Tóibín points out in the book about Bishop that

Ignês refers to (Tóibín 2015), Bishop generally relies in her poetry on control and understatement to both manage and hint at distress<sup>1</sup>. In contrast, she wrote this rare autobiographical story in two nights, with her inhibitions loosened by a combination of cortisone, which she was being given for asthma, and gin and tonic (Bishop 1981).

Ignês's patient's material is on the very edge of what Freud (1900: 339) called, in connection with dreams, 'representability'<sup>2</sup>. Her patient transmits his sense of a psychotic catastrophe to his analyst in a number of ways: through words, some of which are themselves fragmented and reassembled wrongly; through pressure of speech and rapidly shifting ideas; and through evoking a disturbing countertransference. I thought of how the violence of the Big Bang is perceptible, but only just, in the gravitational waves in space. He has missed the very earliest adjunct to symbolisation, to which we give the shorthand term containment: the naming and hence modification of what was unnamed. It is for this that he comes to his analyst. Just how an analyst comes to give 'representability' to trauma that a patient cannot remember but instead repeats is an interesting question and a mysterious process.

Ignês shows us just why the material is so jumbled and disturbed. She traces the patient's need to break up his mind to having to avoid terrifying incipient depressive feelings of having damaged his object. She shows his constantly having to shift between self and object; his manic pressure to repair his object; and the further damage that this entails. She describes the result as the return of the split-off – of the patient's murderous violence – and differentiates this process from repression. She makes the very interesting point that the repressed is experienced as surfacing from a hidden place within the self; while the split-off is experienced as coming from an area of the internal world called the 'outside'. For her patient, the split-off elements appear, for example, in the form of the terrifying accusing voice of the object – an amalgam of terrible accusation and terrible cries of suffering: of the mother's screams and the baby's screams. In one prototype of premature separation, a nipple is ripped from a mouth. It is completely unclear what is mental pain and what is physical pain; whether the damage is to the nipple or the mouth; and whether it is the nipple or the mouth that has caused the damage. Rosenfeld describes the confusional states, such as hypochondria, that can result from when 'the objects and the ego become pieced together but in a completely mixed up and faulty way' (Rosenfeld 1950: 137; 1965: 187). So in hypochondriasis and dysmorphophobia one can think of an ejected fragment of hatred, returning, but faultily attached to, say, a headache, or to a nose or an ear, leading to a phantasy of

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<sup>1</sup> An example is her poem 'One Art' (Bishop 2011: 198): 'The art of losing isn't hard to master'. Everything in the poem screams opposition to this statement, but the desperation is controlled in part by the poem being cast in one of the most stringent of poetic forms, the villanelle. The pain bursts through in the italics and capitalisation in the last line – but the irony persists, as she is both writing and still not writing it:

'It's evident  
the art of losing's not too hard to master  
though it may look like (*Write it!*) like disaster.'

<sup>2</sup> German *Dastellbarkeit*, translated by Botella and Botella (2005) as 'figurability'.

having an inner object filled with hatred that wants to kill one.

Both sessions involve a cheque that the patient owes the analyst; and both have a persecuting reproving voice. This is the 'Aaah' of his object, which is an echo of the scream – a scream of pain and accusation. Both sessions are full of part-object relating and longing. However, the two sessions are very different from each other, and I think represent differing levels of functioning. The first session is in the area of fragmentation of pain and violence, and how these threaten to re-emerge, and entail further fragmentation in avoidance. The second, apparently from about a year later, shows the patient still in distress, still confused and in a world of part-objects, but using clearer splitting mechanisms and less fragmentation.

This move to a clearer division between self and other, even though in alternation or projective identification, represents an attempt at repair, though it is again manic and therefore intrinsically self-defeating. This happened with Schreber (Freud 1911). John Steiner (2011: 47) has drawn attention to the change in Schreber from fragmentation (the malign "little devils" that pulled at his eyes, and the many talking or singing birds) to splitting<sup>3</sup>. In the second state, the Flechsig soul, standing for Schreber, was divided into two parts – an upper and a lower Flechsig, just as God was similarly divided. Schreber's illness seems to have been a psychotic depression, and Freud suggests that this move towards a clearer splitting was an attempt, as it seems to be with Ignês's patient, at recovery. Elsewhere, Steiner has written about a similar change often observable in patients admitted to psychiatric hospital, from a state of tormenting confusion and dread to 'a clear-cut delusion of persecution with apparent relief' (Steiner 1993: 66). Despite the splitting and paranoia, there is substantial contact in Ignês's patient's moving material with the depressive feelings of loss that are being defended against.

This moving quality takes me, finally, to resonance, the subject of this conference. Both sessions resonate, it seems to me, but differently. In the first session, where the patient is using more desperate defences, we feel, I think, disturbed *for* the patient, in his lost and dispersed state. Ignês doesn't lose contact with him. In fact, her response to the dead mother/filing cabinet atmosphere is to try to reach and contain his fragmentation. She talks quite a lot in the session, partly as if to prove that she is alive. But in the second session, I think we feel disturbed *with* the patient, more able to identify with his sense of loss of his girlfriend and some idea of his responsibility for this, despite his trying to reverse it so quickly. It would be interesting to hear more from Ignês about her experience of resonance in the two sessions. I would like to thank her for this really remarkable paper.

## References

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<sup>3</sup> 'there had appeared in my skull a deep cleft or rent roughly along the middle, which probably was not visible from outside but was from inside.' Schreber 1903 [2000]: 150.

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