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**FRONTIERS IN
PSYCHOANALYSIS**
Between the Dream
and Psychic Pain

With an Introduction by
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THE INTERNATIONAL
PSYCHO-ANALYTICAL LIBRARY
EDITED BY CLIFFORD YORKE

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THE HOGARTH PRESS AND
THE INSTITUTE OF PSYCHO-ANALYSIS

CHAPTER ONE

Between Freud and Charcot: From One Scene to the Other

It is not only hysterics who suffer from reminiscences . . .

One October morning in 1885, Freud arrived in Paris. He put up at a small hotel half-way between the Panthéon and the Sorbonne. He stayed there for five months. Poor: he had only a grant to live on. Charcot: despite contemporary clichés associating Paris with loose and easy living. Solitary: he would wander through the streets of a city whose spoken language he could barely understand, amidst disconcerting crowds and customs. At times, he would withdraw up into the towers of Notre Dame for hours on end. He went to the theatre (ah, the voice of Sarah Bernhardt!) with a former Russian doctor friend, whom he had met again by chance. He went to the Louvre to look at the antiquities (ah, the statues!). He wrote long letters to his fiancée which alternated between melancholy and exaltation.

What had he come looking for? Something new. He wanted, and I quote, 'to learn something new', which according to him he no longer expected of German universities. This twenty-nine-year-old doctor, already a qualified neurologist and a freshly appointed 'Privat-Dozent', came to Paris as if to a rendezvous to discover what he did not know, but which yet urged him to his vocation.

He knew whom to turn to: Charcot. He had come to Paris for him. What a contrast between the two men. Charcot in 1885 was at the height of his fame, a fame we are hard put to to imagine, since it coincided with a time when medicine was at the acme of its power. It was this very power that Charcot personified and exercised in every field. In that of knowledge, his learning was truly vast, accurate and inventive: one notes that Guillemin (1955), in his survey of Charcot's works, devoted only one chapter in fifteen concerning Charcot's researches on hysteria. The world's first chair for the clinic of nervous diseases had just been created for him. He exerted the combined powers of teacher and sage over his pupils whom he fascinated and who served him with zeal and talent in the construction of his edifice, and of thaumaturgist and zoologist over the patients in his ward -- one could almost say his *collection* for he classified movements and postures in an effort to improve the clinical 'tableaux' he had derived from ideal models (ranging from the 'major hysterical attack' to

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'simple forms'). The possibilities offered by hypnosis – the reconstruction of hysterical paralysis or anaesthesia by suggestion – strengthened his grip on the strangeness of delirium and on the demoniacal nature of neurosis. 'What has been done can always be undone', Charcot would say of hypnotic suggestion; and his results corroborated this fantasy of omnipotence. Finally, there was the power he exerted over the large and varied audience that would flock, spell-bound, to the Master's weekly performance as High Priest of oral teaching: the *Leçons*.

Charcot was wealthy – by marriage. He lived on the boulevard Saint-Germain in an *hôtel* that was not just private but distinctly original in the pretensions of its décor. He gave what are called 'brilliant receptions'. He was high society's consulting physician, and was known to charge very high fees.

The astonishing thing is that Charcot's 'Caesarism' (the term was used and illustrated in *Les Morticoles*, a novel by Léon Daudet), his penchant for theatricality and the influence he exerted on scientific credibility with his magisterial authority failed to strike Freud, even though they had not escaped the attention of the Master's most fervent admirers. Freud did not care. On the contrary, he dwelt on Charcot's modesty, sincerity and respect for other people's opinions. Many years later in 'On the History of the Psycho-analytic Movement' (1914d) and in *An Autobiographical Study* (1925a) his indebtedness and gratitude had remained unchanged. They retained the tone of the obituary he wrote in 1895.

Some have said that Freud idealized Charcot and that this idealization helped him free himself of his first teachers: Brücke and Meynert. Further, it has been insinuated that he had retrospectively embellished his stay in Paris, so as to project the 'bad object' onto Vienna with greater ease, sometimes at the expense of reality. The ambivalence of his attitude towards Charcot is in fact obvious: Freud gave his eldest son the surname of Jean-Martin, but in his translations of J.-M. Charcot's *Leçons* he appended often severely critical comments, without informing the author.

That Freud's relationship to 'Meister Charcot' was caught in an oedipal configuration and was therefore rich in conflictual significations is indisputable, as Freud himself discreetly revealed. I am alluding to his paramnesia about a character in a novel by Daudet (the elder, this time, who was a friend of Charcot's), entitled, as if by chance, *Le Nabob* (The Nabob). In *The Interpretation of Dreams* (1900a), Freud made two errors: one in the naming of a character (he called him M Jocelyn instead of Mr Joyeuse, which is the feminine

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transcription of Freud's own name in French), and another in the daydreams he attributed to this rather lean and hungry character (*L'Imaginaire* was Daudet's wonderful name for him) who, while strolling through the town, imagines himself saving the life of some great man who forthright becomes his patron. Some time later, Freud asked himself where the reverie he had mistakenly attributed to Daudet came from: 'It could only be a product of my own imagination, a daydream I had had myself . . . in Paris where I was in such need of help and protection, until the great Charcot accepted me into his circle'. And he added in a passage that was deleted in later editions of *The Psychopathology of Everyday Life* (1901b): 'The irritating part of it is that there is scarcely any group of ideas to which I feel so antagonistic as the position of being someone's protégé, in the same way as the role of the preferred and favourite child. I have always felt an unusually strong urge to be the strong man myself'. Nor are hysterics the only ones in whom a disposition to transference develops.

However it is not my intention to pick up the crumbs – dreams, memories and confessions – which Freud has handed down to us himself. It seems to me that we have no right to seize upon such elements, but to indicate the different stages in the process of discovery.

It is universally recognized that Freud's attendance at the Salpêtrière was a turning point for him. One can show its main consequence with relative ease: his changing from neurology to psychopathology. But it would be more presumptuous to outline its determining factors. I shall simply indicate them.

The meeting between Freud and Charcot was crucial, despite (or perhaps because of) the fact that it was limited in time – it lasted a few weeks – and took place in an unfamiliar space. Freud was not Charcot's protégé, nor even his pupil. An attentive and reserved spectator, he used him in order to learn from him . . .

But to learn what?

Reading the Scientific Report (1886) that Freud wrote on his return from Paris, one is struck by a personal note quite uncharacteristic of this type of account. This impression is corroborated by the text written on Charcot's death. Freud seems to be saying to the authorities, and through them to us: something of great importance happened to me there and it changed everything. It was really very good and not at all what you imagine.

Of course, note must be made of the immediate theoretical con-

tributions: singing out hysterical neurosis from the hotchpotch of 'nervous diseases'; demonstrating the relatively frequent occurrence of masculine hysteria and the ensuing liberation of hysteria from its traditional 'uterine' aetiology; the notion of traumatic hysteria; the conjunction of traumas with a natural state approaching Breuer's hypnoid state at the outbreak of the symptom, etc. But the essential contribution did not lie in the area of knowledge, nor in the relationship that was never really effusive but remained mutually distant. I would say that it lay in the opening of a new space for Freud. But it was a hollowed-out opening, i.e. it could not be seen in Charcot who merely outlined its boundaries by exclusion. However, it was through this very exclusion that repressions maintained their collusion or secret connivance between 'scientific' medicine and the symptomatology of hysteria.

I used the term 'space' deliberately. At various levels, it pervaded Charcot's projects.

First, the space of the hospital. In 1862 when Charcot was appointed physician of the *Hospice* of the Salpêtrière, which then housed five thousand people, he visited every ward, together with his friend Vulpien, taking down hundreds of observations, after which he wrote the following astonishing lines: 'The different clinical types, each represented by many examples, lend themselves to a continuous observation of the disease, since any gaps appearing in a particular category are soon filled in' (my italics). 'In other words', he continued, 'we are faced with a kind of *living pathological museum* of considerable resources.' Thus a crowded and virtually inexhaustible space which it was the doctor's task to subdivide. Ideally, the subdivision into buildings of this space of *grand renferment* (great confinement), in the words of Michel Foucault, which the Salpêtrière was originally, was to coincide with the divisions of meticulously classified entities based on an increasingly thorough inspection of clinical symptoms. In this instance, segmentation had a nosographical function. Charcot inherited the Department of Ordinary Epileptics, where epileptic fits and attacks of hysteria coexisted to the obvious detriment of both patients and theory. Charcot was shut in with his hysterics. From experience, he could sometimes detect simulations, but failed to recognize semblances.

A remarkable caricaturist and art-lover, he may well have subjected his patients to the keenness and bewitching charm of his gaze, praised by many including Freud himself, but Charcot was not aware that he too was subject to the obliging theatrics of his patients' desires. And a hysteric's desire is quite something! Especially when it is the desire

for nothing! Let us take into consideration Pierre André Brouillet's well-known painting (1887): *Dr Charcot's Clinical Lesson*. On one side of the room are the spectators (Freud is not among them); on the other side, between Charcot and Babinski, who was later to ruin the great Master's edifice, is the patient nicknamed the 'Queen of the Hysterics'. In the upper left-hand corner of the painting we can see an illustration of the 'contortion phase' (in this case forming the *arc de cercle*) of a major hysterical attack, the very phase that this patient is in the process of experiencing or enacting. The circularity of the scene is perfect, all the characters, even the footlights – the light projected through the high windows – are in the appropriate place. Who determines and controls its setting? The clean-shaven master or the denuded and fainting 'Queen of the Hysterics', ready to repeat the scene and reproduce the tableau provided the gentlemen are there to watch! If things went too far, one could always resort to the 'ovary compressor'. After all, the teacher himself would admit the shortcomings of his knowledge provided this was kept quiet: 'It's always a genital thing'. And the very function of the compressor, that concrete apparatus of repression, was to put this *thing* back in its proper place, or to prevent it for a while at least from wandering around, disorderedly wreaking havoc.

It is scarcely necessary to recall that the primacy of the spatial element also showed up in the anatomico-clinical method and in the theory of cerebral localizations, both of which prevailed during the second half of that century, with Charcot as one of their masters. Thanks to his neurological work, he quite quite naturally attempted to transfer them to the study of neurosis. They supplied the guidelines for his mappings of hysterogenic zones: the excitable points of the hysteric's body. It is interesting to examine these plates, a sexual topography that could easily serve as a set of instructions for perverts (front view, back view, it's all there!) in conjunction with the wonderful photographs published from 1876 in the *Iconographie photographique de la Salpêtrière*, which provide a repertoire or, if one might put it that way, a roll-call for the phases and postures of the hysteric: the art of eroticism. Ecstasy, crucifixion, amorous supplication, appeal, threat and mockery – all typical *fin de siècle* headings. In juxtaposition, the plates and photographs provide us with two perceptible sides of the *body-space* of hysterics: surface-skin-and gesture, summoning the other person into the field of vision.

Psychic space was conspicuously absent. In order to constitute and differentiate this space, Freud had to journey down a long road full of obstacles, pitfalls and snares. He had to recognize conversion (a

spatial metaphor) not as the prevalent form of hysteria, as we had thought, but, with or without somatic symptoms, as the *model* of its mechanism. This implied that a *conversion* took place in the approach to and treatment of hysteria. The points of origin were no longer to be looked for directly in the areas of the body, but in the organization of the fantasy with its specific spatio-temporal laws, no longer in the proffered and rigid gestural picture, but in the shifting, multiple and concealed identificatory positions. Finally, Freud had both to construct a topography of the psychic apparatus and to invent the psycho-analytic situation: though it has been accused of being an obsessional ritual, or phobic retreat, it has certainly never been taxed with hysteria-inducing provocation. The split between the entirely visual scene of Charcot's consultation and the invisible 'Other Scene' of Freud's privacy of clinical space, between the overcrowded and the empty space was thereby consummated. It was irrevocable.

CHAPTER TWO

Between the Dream as Object* and the Dream-text

I Penetrating the Dream

Die Traumdeutung (*The Interpretation of Dreams*): the title alone links, indeed tends irrevocably to unite the dream and its interpretation. Although he renounced it entirely, Freud can be considered to have followed the tradition of various seers, both secular and religious, who circumscribed the dream to its *meaning*; thereby to some extent neglecting it as an *experience*¹ – the subjective experience of the dreamer dreaming and the inter-subjective experience of therapy, in which the dream is brought to the analyst, both offered and withheld, speaking yet silent. Perhaps something was lost when, with Freud, the dream reached its definitive status through interpretation and the dream *dreamt in images* was converted into the dream *put into words*: every victory is paid for by exile, and possession by loss.

I do not intend to situate myself prior to *The Interpretation of Dreams* (1900a) but merely to call to mind what the Freudian method had to leave aside to be fully efficient. With analysis as my point of reference, I would like to understand what from the outset appears to be an opposition between meaning and experience. I feel justified in this by some post-Freudian works and, clinically, by a certain reticence on my part in deciphering the contents of a dream without first perceiving what it represents in terms of experience or as a refusal of this experience. As long as one has not evaluated the *function* of dreams in the analytical process, and as long as the *place* they occupy in a subjective topography remains undetermined, any interpretation of their *message* is at best ineffective, while at worst it fosters perpetual complicity about a specific *object* that forms an unclassified libidinal cathexis between analyst and patient: what is in circulation is no longer speech, but currency.

Certain events led me to this point of view. A fairly recent conference of analysts was entitled 'Dreams in Therapy'. This was a deliberate

* In French *rêve-objet*; 'dream-object' will be used in the text.