

The Shell
Renewals of
and
Psychoanalysis
the Kernel

Volume I

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and
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FOUR

The Illness of Mourning and the Fantasy of the Exquisite Corpse

M. Torok, 1968

A REVELATORY MISUNDERSTANDING

An astonishing exchange of letters between Sigmund Freud and Karl Abraham brings attentive readers to the origins of my topic and illustrates its immediately disturbing aspects.¹

Berlin-Gruenewald, 13.3.22

Dear Professor,

Incorporation of the love-object is very striking in my cases. I can produce very nice material for this concept of yours, demonstrating the process in all its detail. In this connection I have a small request—for a reprint of "Mourning and Melancholia," which would be extremely useful to me in my work. Many thanks in anticipation.

One brief comment on this paper. You, dear Professor, state that you find nothing in the course of normal mourning which would correspond to the leap from melancholia to mania. I think, however, I can describe such a process, without knowing whether this reaction is invariably found. My impression is that a fair number of people show an increase in libido some time after a period of mourning. It shows itself in heightened sexual need and appears to lead relatively often to conception shortly after a death. I should like to know your opinion and whether you can confirm this observation. The increase of libido some time after "object-loss" would seem to be a valid addition to the parallel between mourning and melancholia. . . .

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1. *A Psycho-Analytic Dialogue: The Letters of Sigmund Freud and Karl Abraham*, ed. Hilda C. Abraham and Ernst L. Freud (trans. Bernard Marsh and Hilda C. Abraham) (London: Hogarth Press 1965), pp. 328–31.

Bergasse 19, Vienna, 30.3.22

Dear Friend,

After more than a fortnight I reread your personal letter, and came across your request for a reprint, which for some reason escaped my attention when I first read it.

I plunge eagerly into the abundance of your scientific insights and intentions; I only wonder why you do not take into account my last suggestion about the nature of mania after melancholia (in "Group Psychology"). Might that be the motivation for my forgetting about "Mourning and Melancholia"? No absurdity is impossible for psychoanalysis. I should like to discuss all these things, particularly with you, but it is impossible to write about them. In the evening I am tired, . . .

Berlin-Gruenewald, 2.5.22

Dear Professor,

. . . Your letter of March 30 is still waiting for a reply, but I have already thanked you for your reprint of "Mourning and Melancholia." I fully understand your forgetting it. Your failure in sending the paper I asked for was meant to indicate that I should first of all study the other source ("Group Psychology"). I am, however, quite familiar with its contents concerning the subject of mania and melancholia but, in spite of going through it once again, I cannot see where I went wrong. I can find no mention anywhere of a parallel reaction after mourning in normal cases which can be compared to the onset of mania (after melancholia). I only know from your remark in "Mourning and Melancholia" that you were aware of something lacking and I referred to this in my observation. The increase of libido after mourning would be fully analogous to the "feast" of the manic, but I have not found this parallel from normal life in that section of "Group Psychology" where this "feast" is discussed. Or have I been so struck by blindness that I am unable to see the actual reference? . . .

Bergasse 19, Vienna, 28.5.22

Dear Friend,

With Eitingon's help I discovered to my amusement that I completely misunderstood you through no fault of yours. You were looking for a normal example of the transition from melancholia to mania, and I was thinking of the explanation of the mechanism.

With many apologies,

This series of misunderstandings cannot be ascribed to pure chance. Karl Abraham senses the fruitfulness of his discovery, he insists, and I understand him. But what to make of the extent of Freud's resistance to a clinical observation? It demonstrates the reluctance we all feel when, in

a sacrilegious move, we want to grasp the inmost nature of mourning. It is not surprising that, without encouragement from the professor, Karl Abraham is led to minimize the importance of this subject. He accords it only limited space in his crucial essay of 1924 ("An Outline of the History of the Development of the Libido Based on the Psychoanalysis of Mental Disturbances") and does not come to the theoretical and clinical consequences the problem most assuredly implies.

"NORMAL MANIA" AND THE ILLNESS OF MOURNING

Still, clinical observation brings forward a preliminary fact. All those who admit to having experienced such an "increase in libido" when they lost an object of love, do so with shame, astonishment, hesitation, and in a whisper. "My mother was there, dead. And at a time when people should feel the most intense grief, be doleful and forlorn, at a time when the arms and the legs should give way, when the whole frame should be prostrate, sinking to the floor—I can hardly bring myself to say it—at that moment I had sensations, yes, carnal sensations," says a voice. Another voice says, "I've never understood how something like that could have happened to me; I've never forgiven myself . . . , but a giddy song coursed through my mind and wouldn't leave me. It continued during the entire vigil. I tried on the black veil like a bride preparing for the big day."

These admissions definitely concur with Karl Abraham's ideas. His intuition seems to me fully confirmed by clinical experience. In this essay I will draw the lesson from his preliminary observation by casting new light on all the cases psychoanalysis teaches us to designate as "illness of mourning."

Why are these patients overwhelmed with self-reproach and inhibitions, why are they subject to exhausting ruminations, physical diseases, constant depression, fatigue, and anxiety? Why do they suffer from disinterest in objectal love? What dulls their creativity and makes them sigh nostalgically: "I might if I could . . ."? It is very rare that the connection between their state of mind and the originating event becomes conscious. To effect this realization is the task of analysis. "He pursued me intensely and I wanted to marry him. But an inner voice said to me: 'You would then have to abandon your dead.' This sad and insistent voice would return and for a long time I heeded its call. The world was an immense desert for me." Or this: "I've never forgiven myself for something. The day my father died I had intercourse with my husband. It was the first time I felt desire and satisfaction. Shortly thereafter we separated because . . ."

(here she gives some "good reasons"). This handful of examples characterizes the core around which the illness of mourning is constituted.

The illness of mourning does not result, as might appear, from the affliction caused by the objectal loss itself, but rather from the feeling of an irreparable crime: the crime of having been overcome with desire, of having been surprised by an overflow of libido at the least appropriate moment, when it would behoove us to be grieved in despair.

These are the clinical facts. A measure of libidinal increase upon the object's death seems to be a widespread, if not universal phenomenon. Karl Abraham's intuition leads me to see manic reactions as only one of the pathologically exaggerated forms of such an increase of libido. (It should be added that this sudden increase in libido can also lead to the emergence of a latent neurotic conflict.) How are we to understand the untoward arrival of this kind of libidinal invasion? A complex set of problems is tied up in this question and I will attempt to highlight some of its strands. First I will discuss conflictual introjection and the auto-aggressive reactions that derive from it, in addition to the economical problems they may engender. Next, I will consider the specific form of repression that manifests itself in the therapeutic process through a particular content: incorporation. Finally, and in a more general way, I will try to delimit the various neurotic trends that might be termed neurosis of transition. Strictly speaking, the illness of mourning appears to be a restricted form of this larger category of neurosis.

FERENCZI'S CONCEPT OF THE INTROJECTION OF DRIVES CONTRASTED WITH THE CONCEPT OF THE OBJECT'S INCORPORATION

a) Some Transformations of the Concept of Introjection

Whoever approaches the problem of mourning or depression is required to muddle through a conceptual terrain studded with obstacles, for example "introjection." Ever since Sandor Ferenczi introduced the concept in 1909—first Freud and then Karl Abraham took it up, handing it down to Melanie Klein and others—the term "introjection" has undergone so many variations in meaning that its mere mention is enough to arouse in me the suspicion of confused ideas, not to say verbiage. The initial and rigorous meaning of this concept must be revived if we are to avoid such pitfalls. The concept gives shape to the first great discovery Ferenczi

made, being filled with wonder before the phenomenon of psychoanalysis. Only when its initial and precise meaning is restored will the concept of "introjection" reveal its effectiveness in clarifying the clinical facts noted above, as regards both their genesis and evolution.

Freud, Karl Abraham, Melanie Klein, and others are quite willing to consider Ferenczi as the father of the concept of introjection. Nevertheless, it is remarkable that none of these authors attempts an in-depth analysis of the original concept, travestied from the start despite the clarification in Ferenczi's brilliant 1912 article "On the Definition of Introjection." Immediately adopted because of its pithiness, the concept became muddled—departing from its initial sense as an explicative synonym for "transference"—on account of its lexical structure (intro-jection: casting inside) and ended up being given entirely other, even mutually exclusive meanings. The confusion is such that the term "introjection" is often used to denote a mechanism characterized by the impossibility or the refusal to introject, at least in the sense originally intended by Ferenczi.²

We know that the study of psychosis and the emphasis placed on the narcissistic forms of the libido between 1913 and 1917 gradually enriched the libido theory (see *The Standard Edition of Freud's Psychological Works*, vol. 14). Freud's views on identification—narcissistic forms of incorporation as opposed to incorporation in the neuroses—continued to gain in complexity and came to constitute the pivotal point in his enigmatic understanding of the work of mourning in the 1919 article "Mourning and Melancholia."³ According to Freud, the trauma of objectal loss leads to a response: incorporation of the object within the ego. The incorporated object, with which the ego would identify partially, makes it possible both to wait while readjusting the internal economy and to redistribute one's investments. Given that it is not possible to liquidate the dead and decree definitively: "they are no more," the bereaved become the dead for themselves and take their time to work through, gradually and step by step, the effects of the separation.

Karl Abraham has established (and Freud recalled this in his study on mourning) that incorporation of the object and separation from it occur in the form of oral-cannibalistic and anal-evacuative processes. Given that they make use of Ferenczi's term "introjection," we might think that neither Freud nor K. Abraham would stray far from Ferenczi's original conception. Yet this initial impression fades as we examine Freud's inter-

2. [This paragraph followed the next two in the original and was moved here at Maria Torok's request—Ed.]

3. ["Incorporation" and "introjection" in this historical overview reflect Freud and K. Abraham's use of these terms; Torok's definitions follow in the next two sections.—Ed.]

pretation of the concept. For example, he equates introjection with identification. Moreover, Freud equates introjection with the recovery of investments placed either in a lost object (the ego becomes what it cannot leave) or in an inaccessible ideal object (the ego sets itself the ideal of becoming what it cannot yet be). Both of these processes—the identification with the relinquished object and the rival's so-called "introjection" into the superego, which is also the double requirement for the dissolution of the Oedipus complex—are justified through the loss of love objects in Freud's *Group Psychology and the Analysis of the Ego* and *The Ego and the Id*. In the essay on "Denial" the same theme of introjection, allegedly compensating for a loss or a lack, is found. We will see that completely different ideas inspired Ferenczi's concept.

b) Ferenczi's Text and Its Significance

It will be useful to stop and consider for a moment this basic text, worthy of being read and reconsidered. In any case, it constitutes the keystone of my theoretical elaboration.

I described introjection as *an extension to the external world of the original autoerotic interests, by including its objects in the ego* [emphasis mine]. I put the emphasis on this "including" and wanted to show thereby that I considered every sort of object love (or transference) both in normal and in neurotic people (and of course also in paranoiacs as far as they are capable of loving) as an extension of the ego, that is as introjection.

In principle, man can love only himself; if he loves an object he takes it into his ego. . . . I used the term "introjection" for all such growing onto, all such including of the loved object in, the ego. As already stated, I conceive the mechanism of all transference onto an object, that is to say all kinds of object love, as an extension of the ego.

I described the excessive proneness to transference of neurotics as unconscious exaggeration of the same mechanism, that is, as addiction to introjection. . . .⁴

What does an analysis of this text teach us? First and foremost, in the sense Ferenczi gave this concept, "introjection" is comprised of three points: (1) the extension of autoerotic interests, (2) the broadening of the ego through the removal of repression, (3) the including of the object in the ego and thereby "an extension to the external world of the [ego's] original autoerotic interests." In the writings of Ferenczi's contemporaries,

4. S. Ferenczi, *Final Contributions to the Problems and Methods of Psycho-Analysis* (New York: Brunner/Mazel Publishers, 1980), pp. 316–17.

this initially threefold meaning of introjection is reduced to a single superficial aspect: taking possession of the object through *incorporation*, that is, by putting it into the body or the psyche. Yet the difference is considerable and must be sustained by a clear distinction between the two concepts. In defining the illness of mourning more precisely, I want to eliminate the misleading synonymy between introjection and incorporation. I will adhere strictly to the proper semantic specificity of each as it manifests itself in clinical work and as should appear clearly in what follows.

Ferenczi's text implies that introjection cannot have as its cause the actual loss of an object of love. No violence is done to his concept by the statement that introjection operates like a genuine instinct. Like transference (that is, like its mode of action in therapy), introjection is defined as the process of including the Unconscious in the ego through objectal contacts. The loss of the object will halt this process. Introjection does not tend toward compensation, but growth. By broadening and enriching the ego, introjection seeks to introduce into it the unconscious, nameless, or repressed libido. Thus, it is not at all a matter of "introjecting" the object, as is all too commonly stated, but of introjecting the sum total of the drives, and their vicissitudes as occasioned and mediated by the object.

According to Ferenczi, introjection confers on the object, and on the analyst, the role of mediation toward the unconscious. Moving back and forth between "the narcissistic and the objectal realms," between auto- and hetero-eroticism, introjection transforms instinctual promptings into desires and fantasies of desire, making them fit to receive a name and the right to exist and to unfold in the objectal sphere.

c) Incorporation: The Secret Magic Aimed at the Recovery of the Object of Pleasure

Most of the characteristics falsely attributed to introjection in fact apply to the fantasmic mechanism of incorporation. This mechanism does suppose the loss of an object in order to take effect; it implies a loss that occurred before the desires concerning the object might have been freed. The loss acts as a prohibition and, whatever form it may take, constitutes an insurmountable obstacle to introjection. The prohibited object is settled in the ego in order to compensate for the lost pleasure and the failed introjection. This is incorporation in the strict sense of the term.

Incorporation may operate by means of representations, affects, or bodily states, or use two or three of these means simultaneously. But, whatever the instrument, incorporation is invariably distinct from introjection (a gradual process) because it is instantaneous and magical. The object of pleasure being absent, incorporation obeys the pleasure principle and functions by way of processes similar to hallucinatory fulfillments.

Furthermore, the recuperative magic of incorporation cannot reveal its nature. Unless there is an openly manic crisis, there are good reasons for it to remain concealed. Let us not forget that incorporation is born of a prohibition it sidesteps but does not actually transgress. The ultimate aim of incorporation is to recover, in secret and through magic, an object that, for one reason or another, evaded its own function: mediating the introjection of desires. Refusing both the object's and reality's verdict, incorporation is an eminently illegal act; it must hide from view along with the desire of introjection it masks; it must hide even from the ego. Secrecy is imperative for survival. Here we see one more difference between incorporation and introjection. True to its spirit, introjection works entirely in the open by dint of its privileged instrument, naming.

The specificity of each of these two movements now appears clearly. While the introjection of desires puts an end to objectal dependency, incorporation of the object creates or reinforces imaginal ties and hence dependency. Installed in place of the lost object, the incorporated object continues to recall the fact that something else was lost: the desires quelled by repression. Like a commemorative monument, the incorporated object betokens the place, the date, and the circumstances in which desires were banished from introjection: they stand like tombs in the life of the ego. Clearly, the mechanisms of introjection and incorporation are at odds. To call these two movements—the introjection of drives and the incorporation of the object—by the same name can hardly contribute to clarity in communication.

d) Incorporation, Its Origin, and Its Telling Nature

There is an archaic level on which the two mechanisms, though subsequently opposed, could still be fused. Let me illustrate this with the early form of the ego which is made up of the oral libido's introjection. This type of process *signals* its meaning to itself by way of a *fantasy* or ingestion. Comprised exclusively of the oral libido's introjection, the ego consists at this stage in the use it makes of ingestion and its variants (salivation, hiccups, vomiting, etc.), in symbolic expressions, such as asking for or refusing food *regardless of the actual state of hunger* or, alternatively, fantasizing the consumption and refusal of food by means of the same mechanism but when the object is absent. The latter corresponds quite precisely to what is usually described as the mechanism of incorporation.

The fantasy of incorporation is the first lie, the effect of the first rudimentary form of language. It is also the first instrument of deception. Satisfying need by offering food does not sate the actual and persistently active hunger for introjection. The offer of food only serves to deceive it.

(A gesture of this type occurs in the manic position too, but in relation to oneself.) Thirsting for introjection despite an insurmountable internal obstacle, the ego tricks itself with a magical procedure in which "eating" (the feast) is paraded as the equivalent of an immediate but purely hallucinatory and illusory "introjection." Manic persons announce with fanfare to their unconscious that they are "eating" (an act signifying the process of introjection and satisfaction for the ego). Yet, this is nothing but empty words and no introjection. When deprived of progressive libidinal nourishment, the ego regresses to this archaic level of magical attainment.

Inasmuch as it is merely a language *signaling* introjection, without actually accomplishing it, the fantasy of incorporation lends itself to a wide-ranging, even opposite contexts. At times it signals the desire for an impossible introjection as in penis envy; at other times its claim is that introjection has already occurred, for example in phallic displays; or else it signals the displacement of introjection, pointing to the oral zone when in fact another zone is meant. Realizing that incorporation is a form of language, which merely *states* the desire to introject, marks an important step forward in psychoanalytic therapy. This language is striking in the vocabulary of dreams. A patient who has never masturbated dreams: "My mother is serving a dish of asparagus and hands me the fork." (I wish she would relinquish her power over my penis and hand it over into my own hand, authorizing me to introject my desire for her.) Another patient dreams: "I am eating and vomiting blood flow and periods." (This recalls a gynecological examination during her puberty at which her father was present.) Any number of examples could be marshalled; they occur daily in clinical work. The same function of language can be found also in the "clinical" study of myths and traditions. Consider Popeye eating spinach; love potions; the fruit of knowledge whose ingestion by the first couple conferred on it genital sexuality; various cannibalistic rites; and the incorporative function of first communions, etc.

All these examples illustrate the point that, unlike lay people, analysts do not understand incorporation as a request to be granted or hunger to be satisfied, but as the disguised language of as yet unborn and unintrojcted desires.

FIXATION AND THE ILLNESS OF MOURNING

Having established the difference between Ferenczi's concept of introjection and my own concept of incorporation, it is now time to return to our original problem, Karl Abraham's idea of "normal mania." An increase in libido, leading at times to orgasm, is a reaction to a death. I will now

proceed with a metapsychological reconstruction of this moment, experienced and repressed upon the death of the object. Here we will reach the core of the illness of mourning.

It is clear now that, in the course of its organization and also in transference, the ego makes use of the object (or the analyst) to achieve its libidinal awakening and nourishment. Playing, as it does, the part of mediator between the ego and the unconscious in the introjection of drives, the object's function is not to serve as a complement to instinctual satisfaction. Since it is a pole of the developing ego, the object is the more intensely invested because it carries the promise of introjection. This is manifestly the meaning of the passionate love characteristic of both childhood and transference. Supposedly in possession of all that the ego requires for its own growth, the object long remains its focus of attention. When the process of introjection is complete, the object can descend from the imaginal pedestal where the ego's need for nourishment has placed it. If there is a death, the nature of the bereavement will be a function of the role the object played at the time of the loss. If the desires concerning it were introjected, no breakdown, no illness of mourning or melancholia should be feared. The libido invested in the object will be recovered eventually and the ego, in accordance with Freud's description, will become available once more in order to fix itself on other objects that might be necessary for its libidinal economy. Surely, the work of mourning is a painful process even in these cases, but the ego's integrity guarantees the outcome.

The same is not true in the other case—a rather frequent occurrence—in which the process of introjection was incomplete. Because the unassimilated portion of the drives has congealed into an imago, forever reprojected onto some external object, the incomplete and dependent ego finds itself caught in a self-contradictory obligation. The ego needs to keep alive at all costs that which causes its greatest suffering. Why this obligation? It is understandable if we consider the following. The imago, along with its external embodiment in the object, was set up as the repository of hope; the desires it forbade would be realized one day. Meanwhile, the imago retains the valuable thing whose lack cripples the ego. "My wife took my potency to the grave. She holds my penis there, as though it were in her hand." The imagoic and objectal fixation is cemented precisely by the contradictory and therefore utopian hope that the imago, the warden of repression, would authorize its removal. The object invested with such an imaginal role ought never to die. We sense the disarray into which the object's disappearance throws the ego. Its destiny having been fixation, the ego is henceforth condemned to suffer the illness of mourning.

AN ATTEMPTED RECONSTRUCTION OF THE METAPSYCHOLOGICAL MOMENT OF LOSS

The initially mysterious increase in libido at the moment of loss becomes understandable in light of the metapsychological analysis of introjection. The increase in libido is a desperate and final attempt at introjection, a sudden amorous fulfillment with the object. Here is how it can be explained.

When patients describe their being overcome with libido (for example, Breuer's Anna O. overcome with "serpents," one of my patients with "fleas," another one with "frivolous" songs), they recount the astonishment they felt at this completely unexpected event. The libido breaks in on them like an unbridled tidal wave, giving no heed to the imago guarding repression. The "surprise" is no doubt a disclaimer: "It's not my fault. It occurred without my being there to intend it." The event is never totally repudiated, however: "It was a dream and yet not a dream." Faced with the imminent threat that it might be too late, the ego regresses to the archaic level of hallucinatory satisfaction. In that realm, as we saw earlier, introjection and incorporation still constitute two aspects of the same mechanism. Not being able to remove repression and thus remaining unfulfilled, the long-contained hope is cornered in a desperate dilemma: deadly renunciation or fallacious triumph. Regression permits the latter, substituting fantasy for the real thing, magic and instantaneous incorporation for the introjective process. The hallucinatory fulfillment exults in orgasm.

Obviously, such a regression to magic does not match the ego's present conformation. In consequence, this fleeting fulfillment is struck with explicit condemnation and immediate repression. The ensuing amnesia concerns the concrete context of the moment in which the regression and the orgasm occurred. Should those ill from mourning consciously recall an orgasm (for which they secondarily blame themselves), its link to a desire for the dying or dead object is always severely censored. The novelty of the illness of mourning in relation to any underlying infantile neurosis is precisely the repression of this particular link. Which is why the relation between the orgasmic moment and the illness of mourning fails to be recognized.

The additional repression placed on the hallucinatory fulfillment of desire is responsible for the particularly intense resistance encountered in the analysis of these cases. The resistance here is comparable to that displayed by patients who, prior to psychoanalysis, have undergone therapy by narcosis. Placed all too abruptly before their desire, without previously having had the chance to deconstruct their imago gradually, these

patients awoken in the same situation as those ill from mourning; both carry the buried memory of an instant of illegitimate sexual delight.

In both these cases, repression not only separates, but also has to preserve carefully, although in the unconscious, the wish the ego can only represent as an "exquisite corpse" lying somewhere inside it; the ego looks for this exquisite corpse continually in the hope of one day reviving it.

Those patients of mourning who choose psychoanalysis seem to know nothing of their attempt to recapture a precise moment. Everything unfolds as though a mysterious compass led them to the tomb wherein the repressed problem lies.

A character in the verse of Edgar Allan Poe comes to mind here, a character who, unaware of the secret aim of his journey, notwithstanding the admonishments of his Pysche, walks under an ashen sky in a desolate and dank region to his beloved Ulalume's tomb, buried on that very night in the previous year. This poem is psychoanalytical ahead of its time since it symbolizes openly, for the first time in literature, the action of the unconscious. The return of the repressed occurs inescapably through the fatality of acted remembrance. I can say for my part that what drives the Narrator to relive the moment of loss with the blind force of the unconscious is the delight that silenced all prohibition at that supreme moment. The involuntary commemoration a year later exemplifies the revival of the unforgettable moment when the object's death permitted its magical conquest in the rapture of orgasm.

A CLINICAL EXAMPLE

Only in rare cases can the diagnosis of illness of mourning be made quickly. This characterization usually comes at an advanced stage of the analysis when a substantial amount of material has collected around a death.

"Leaving here, I was shaken up. I sobbed. I don't know what I cried over. I feel as if I've just buried my mother. You reminded me of what I said at the beginning: I had to leave that very evening. And that evening she died. She had already been dying for days. I knew, I expected it. I was fleeing. I didn't want to know anything. No, that's not it. Not quite. There is something mysterious. She was dying and I—I'm upset saying it—I had desires, yes, carnal desires actually overcame me."

"What I said at the beginning": Thomas is a young journalist of Alsatian extraction who came to analysis wrenched by anxiety, fatigue, and depression. Gradually, he discovered some regularity in the appearance of his depressive states. They occurred on Thursdays, the day he lost his

mother. The analysis showed that this beloved and loving mother contributed a great deal to the formation of an imago: a violent sea [*mer: mère: mother*] that uproots trees, a kind of hard man-woman who withholds money, etc.

The incorporation of the imago, obstructing phallic and genital introjections, took place thus: "When I was a little boy, mom used to wash me in a tub. One day, my penis got really big. She took hold of it abruptly, saying: 'See, if a woman is attacked, she can overpower a man by taking hold of his penis.'" The desire of the little boy and the mother met for an instant then, but for an instant only. The hardly reassuring idea suggested by the erection revealed at once the mother's desire and her superego's aggression toward the penis. This contradiction led to the boy's imaginal incorporation of both the desire and the mother's superego. Fixated on the imago, Thomas never stopped looking for this moment in order to overcome the prohibitive superego, hoping to carry off his mother's and his own desire in a common triumph.

Numerous dreams about rain, flooding, and bathing recall the mother "washing." "A small path. In the middle there was a toilet. I relieved myself. 'How old is the little boy?' asked someone. I wanted to get away. But in front of the door there were some washerwomen. I don't know whether they were taking care of me or not. They were working, laughing and laughing." Thomas said on another occasion: "Your area is completely flooded with water. I like your area of town. I like the antique shops, the little garden in your courtyard." (I like you; wash me as my mother used to like to do.) But as soon as their common desire emerges, the internal mother's superego surfaces to erase it. "A stingy, rude, masculine kind of woman who gives you trouble. Why pay an analyst rather than a plumber?" Yet, Thomas rebels against this imago. He has Chinese men [*chinois: penis—Trans.*] come to Paris in his dreams who spread tar on the ground and make faces with their heads between their legs. "I like people who are assertive, who have their way, saying 'I, me.'" (As for me, I really want my mother to recognize her desire for me.)

The Christmas vacation is drawing closer. Thomas remembers how much he used to like his mother's bed. She would get up and he would slide between the sheets. His rebellion is beginning to bear fruit. Thomas is drawing closer to his desire for his mother just as the internal mother also recognizes her own repression and sexual fear. "I would probably have trouble overseeing a child's sex education. I would be afraid" (like his mother). His depression intensifies. We are two sessions away from the vacation and Thomas says he feels ruined. All he can talk about is his ill health, his anguish, and his failures. But, at the end of the session, he tells me this dream: "A curious image, very clear and distinct, as though suddenly in a spotlight. How could I dream such a thing? I'll tell it because

here you have to say everything. Otherwise, I would do my best to forget it. I see her ill on her bed and, despite her age, she appears to be a lustful woman, someone who still has carnal desires. Her eyes are full of . . . , she's out of breath . . . , her thighs are wide open. She is like an old prostitute. Then rails, rails, rails (alluding to the flow occurring at the moment of agony). And while I was watching her, I ruined, ruined, ruined. No! I urinated." Ever since his mother's death Thomas has been ruining himself for having "urinated" that day, for having unearthed their common desire, bringing victory to it by "ruining" his mother's superego. Thomas is astonished when I remind him of this moment. "Yes, I left in a hurry and suddenly. I was seized with intense desire in an incomprehensible way." And now the repressed content revives in the transference: the analyst-mother is leaving and "dies." Thomas says to this old woman in the throes of death: I wish you could be a prostitute for me (and caress my penis in the tub) *since you desire it too*. Shaken after this session, Thomas can finally mourn for his mother and thereby somewhat lighten the load of his imaginal fixation.

THE PAIN OF MOURNING AND THE FANTASY OF THE EXQUISITE CORPSE

The triumphant libidinal intrusion attendant upon objectal loss offers matter for renewed thought about the pain inherent in the work of mourning. Taking up Freud's question as to why the work of mourning is such a painful process, Melanie Klein suggests an answer. Every objectal loss entails a manic sadistic triumph over the object. Such a feeling of triumph seems to be badly tolerated in most cases and the ego allegedly does everything in its power to turn a blind eye to this proof of its ambivalence. The rejection or denial of triumph blocks the work of mourning either temporarily or permanently. The remorse and the guilt felt on account of aggressive fantasies would then explain the pain of mourning. This is so because, according to Melanie Klein, every time a love object is lost, the original situation of objectal loss is revived along with the ego's archaic attitude, namely the depressive position. The latter manifests itself above all in the fear that the child's own sadism might actually have caused the loss of the good and indispensable maternal object. The specific anguish, in this position, of having done the irreparable makes the child lose the prospect of ever being able to restore or reinstate the object permanently in order to guarantee the harmony and cohesion of the internal world.

However rigorous and plausible the Kleinian conception may be, it provides only a partial answer to the question at hand. Neither the dialectic

of aggression directed at the "good" object (no doubt found in all patients), nor the repudiated fact of sadistic triumph manages to clarify the true source of the pain of mourning. A distinction is needed here between an internal object and the imago. The former is the fantasmic pole of the introjective process, whereas the latter is precisely all that resisted introjection and that the ego took possession of through other means, namely through the fantasy of incorporation. Melanie Klein seems to have focused, justifiably, on cases in which this type of fixating imago exists. Its dual nature needs to be kept in mind from now on. First of all, this imago was born of a failed introjective relation to an external object, and second, its effect is always to prohibit sexual desire. Clinical experience shows that the imago forms after a satisfaction was initially granted and then withdrawn. The presence of an imago in the subject attests to the fact that a desire became retroactively reprehensible and unspeakable before it could be introjected. The "ayenbite" of remorse no doubt refers to aggression. But psychoanalytic elaboration showed very early on that remorse and rumination arise at the libidinal spring of prohibited sexual desire. No wonder that, despite the suffering it causes, self-torture does not relent, since in it desire concerning the object is both revived and satisfied.

We now see that, upon the death of the object, for an instant hallucinatory regression gratified desire. In cases of fixation the intense pain tied up with the work of mourning concerns this precise moment. Though denying it, the pain testifies to this moment as well as to the objectal fantasy which furnished its content. With every libidinal outburst, with every unconscious revival of the exquisite moment, pleasure takes on the appearance of pain because of repression. The subject of so many sessions, this pain is highly instructive. A genuinely "exquisite" pain, it constitutes a valuable tool for analysis when it is understood in the medical sense of the term, not only because it derives from a desire but also because it points to the place where one needs to operate in order to unearth repression.

Leading us to the tomb where desire lies buried (the pain being a kind of "here lies," an inscription on which the name of the deceased long remains undecipherable), the pain of self-torture is an invitation extended to the analyst to proceed with the exhumation as well as an appropriate directive for this stage of the analysis: "Accuse me."

These kinds of analyses present many special features, but I will mention only one here because it appears constantly and also because it constituted my study's point of departure. The analysis of the ill from mourning often yields a nightmarish dream that patients say brings some relief although it is troubling. The following example captures this type of sometimes recurrent dream. "*I am being accused*. I committed a terri-

ble crime. I ate someone and then buried them. I'm on the site of the crime with someone who is charged with disinterring and examining the remains. This person is accusing me. I don't know who it is I ate and buried. I only know that I myself committed the crime. For this reason I have to spend the rest of my life in prison."

"I ate someone and *then* buried them," a macabre yet palliative dream . . . and a twofold contradiction. Its meaning comes to light when the transference is analyzed. In these dreams the analyst is cast in the role of the accuser. At a time when patients cannot name their desire—so as to recognize it as being legitimately their own—and cannot relive it in the transference relation, a single avenue remains open: inviting the analyst to don the judge's robes. Let us not be misled by such a request. It is simply a maneuver. Wishing to see the crime proven and the guilty indicted, patients demand that the "crime of repression" ("the burial of the corpse") that followed the satisfaction ("I ate someone") be placed on trial. This particular "crime" explains the feeling of oppression: having to spend one's entire life in prison, locked up in neurotic suffering as a result of repression.

The analyst-judge also acts as a morphologist: they have to reconstruct the event from a few scattered body fragments. Whether they play morphologist or judge, analysts—consulted because of the pain of mourning—are called upon to unmask the "crime" of repression and to identify the victim: the orgasmic moment experienced upon the object's death. That is why, in the dark hours when patients feel they are at an impasse, a dream of this type, though apparently macabre, can bring relief and the hope of finding a way out. Patients ask their analysts: Help me find that moment so that I can come out of the impasse of my interminable mourning.

Thérèse has feelings of sensuality each time she feels she is acting as a "nurse." When asked to visit a bedridden family member or friend, she feels embarrassed ahead of time: "It's going to happen again and I don't know why." And yet she is mysteriously attracted into friendships with people she rightly or wrongly suspects of being ill. Thérèse has been blocked in her work of mourning for over ten years. The suffering and the embarrassment that had led her into analysis turned out to be of the same nature as the "pain of mourning." Analysis has shown a massive repression of the father's death through a scene whose memory she has not stopped wanting to recapture at her ill friends' bedside.

In the course of her analysis Thérèse brought a dream triptych that I also found in other patients of mourning: marriage with an inaccessible man, an indictment for having eaten a corpse, a dentist predicting the exposure of her receding gumline, followed by the total loss of her teeth ("exposure" is an allusion to the father's corpse being dressed for the

funeral). The much desired though deeply repressed union in love with her father was consummated hallucinatorily during the last rites. Thérèse's added repression of the moment of magical satisfaction directed her development toward an illness of mourning that endangered both her romantic relationships and her professional pursuits.

THE VICISSITUDES OF TRANSITION AND THE ILLNESS OF MOURNING

In addition to the constantly recurring dream of the "exquisite corpse," we also need to note the existence of another type of dream in illnesses of mourning: dreams about "teeth," about their growth or loss, their mending or their exposure due to a receding gumline (as in Thérèse's case), etc. While dreams about "eating and burying a corpse" characterize the illness of mourning, dreams about "teeth" reach beyond this frame; they are found in nearly all analyses.

What does the language of "teeth" tell? Patients evoke this symbol each time a conflict born of the passage from one stage of introjection to the next is discussed. Teething marks the first great transition, hence its symbolic value in the evocation of transitions in general. Whether it is the oedipal passage, adolescent growth, the attainment of adulthood or progress toward menopause, "teeth" always lend themselves to symbolizing the vicissitudes of libidinal reorganization. "You expect your first period like your teeth," says a patient. For another patient the recurrent dream in which she loses her teeth expresses the loss (in the strong sense of the term) of the oedipal mother when she passes into adolescence.

When dreams about "teeth" appear, they can offer a helpful clue if we know how to take advantage of them for the organization of dispersed material.

A sudden and severe form of adolescent anorexia is set off by a teacher's comment: "You're too big." The boy stops chewing for several months. His passive silence also hides his now adult voice. A dream about "teeth" fortunately throws light on the conflict of adolescent transition and bears fruit in the psychoanalytic process. The dream is a nightmare about "mice who bite" and persecute him. (The boy hears the "biting" comment made by the teacher, the jealous father's substitute image, as follows: "Your penis grew too large when you first ejaculated.") He runs away bewildered from these "beasts with powerful and sharp teeth," is paralyzed and wakes up in anguish.

For those who might ask whether the illness of mourning is an autonomous formation or merely an episode in a prior neurotic problem, the

recurrent dreams about teeth, indicating conflicts of transition, authorize an answer. The illness of mourning is a special case of a wider and more inclusive framework of disturbances that generally characterize periods of transition.

Libidinal irruptions occur precisely in moments of transition when the new drive (experienced as pleasant) "cuts through" and forces the ego to reorganize itself and its objectal relations. There really is an intrinsic problem, reminiscent of fixation, in transitional periods. Although mindful of the sweetness of its new drive, the ego is not always ready to accommodate what "the gods give it." The ego remains ambivalent for a more or less lengthy period as regards this newcomer. In cases where the object helps the child ever so slightly to introject the drive, giving it back to the child in objectalized forms, the transition need not degenerate into an insurmountable conflict. Introjection should proceed quite smoothly. If, on the other hand, the object is absent, lacking, or has performed a seduction, the introjection of new drives will be blocked and imaginal fixation will inevitably follow. This is why, as libidinal forces appear, new transitions create a favorable breeding ground for inhibitive developmental disturbances. How is the object who inhibits the ego's growth experienced? Clearly, as someone who is cut off from his or her own desire (as in the case of Thomas's mother). If in addition, the object fleetingly welcomes the child's (that is, its own) desire for an instant *and then rejects it*, the object effectively sets the stage for infantile conflict due to its own conflict. The fixation feeds on the child's unwavering hope that one day the object would once again be *what it was* in the privileged moment. For the child, after all, is not the object comparable to itself, it too being subject to a superego's prohibition, but also, just like the child, an exclusive lover in its heart of hearts?

There is a difference, however, between objectal loss linked to fixation—the loss of a moment of satisfaction and its being buried like a corpse—and the illness of mourning. Loss here consists in the actual death of the object.⁵ Paradoxically, the object who is dead because of real death revives momentarily the "exquisite corpse" that together the dead and the survivors had both long before consigned to the grim tomb of repression.

5. In his study "If I Were Dead" (in *De l'art à la mort*, Paris: Gallimard, 1977), Michel de M'Uzan describes the *work of passing away* at the point of death. The dying person experiences an increase in relational appetite in the form of renewed creative impetus. The analysis of people ill from mourning shows the many revivals of these moments in which the respective introjections of both parties converge and the impulse of the survivor coincides with the "last muster" ("let us muster up life") of the dying person; these impulses manifest themselves in an anguished state of confused identity, if not in pain. [This footnote was inserted by Torok in the French edition of *The Shell and the Kernel* in 1978, ten years after she originally published her essay.—Ed.]