Fixation, fantasy and meaning in the clinic of repetition

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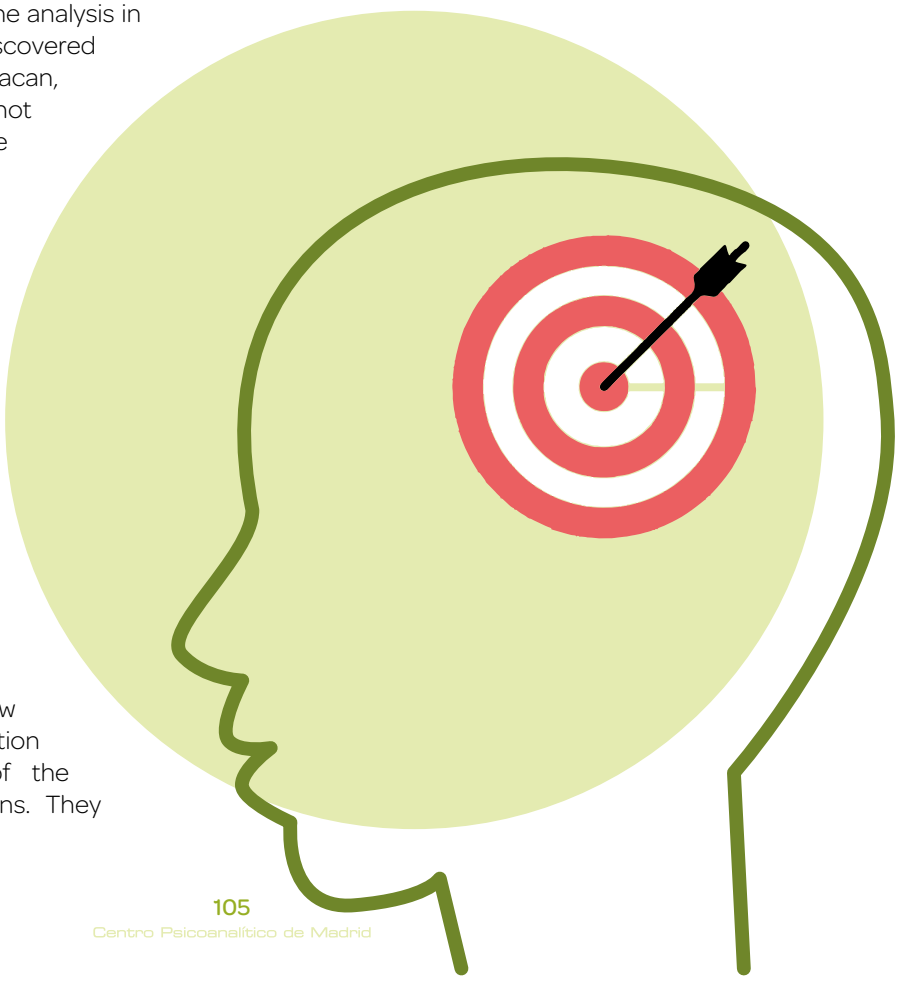
INTRODUCTION

On a previous occasion we suggested that the development of psychoanalysis has been evolving towards a praxis and a theory compelling us to think about the existence of two models that are separated both in their conceptual approaches and in their therapeutic models. The psychoanalytic Babel would be at the disconcerting base for the need to introduce a degree of order. Not like what has prevailed for a long time: distinguishing what psychoanalysis was from what it was not. Psychoanalytic institutions still operate within that constabulary dimension of detecting what "true psychoanalysis and false" is. It is clear to Lacan and he tells us so in an article that has precisely this title, "True psychoanalysis and false". (Lacan, 2012) True psychoanalysis, he tells us, has its foundation in the relation of man to "speech", whereas the false would be the one that finds its references in the biological and cultural. "The fact that the biological substrate of the subject may be deeply interested in the analysis in no way implies that the causality discovered is reducible to the biological". Says Lacan, immediately adding: "which should not lead us to believe, however, that the so-called culturalist position can be found here. For insofar as this refers to a social criterion of the psychic norm, it even further contradicts the order discovered by Freud in that this appears radically earlier than the social". Despite the approach to authentic psychoanalysis being old, it never ceases to be present, albeit more subtly, as we showed in the anecdote between Kristeva and Stern. (Aguillaume, 2016).

We do not consider one form of psychoanalysis authentic and another not, nonetheless, we do suggest starting to differentiate how psychoanalytic concepts condition a praxis and an understanding of the cure that distinguishes both positions. They appear defined, in the last instance, by their proximity to an epistemological position that we could broadly say approaches a causalist praxis or a praxis more of hermeneutical concern. Psychoanalysis of the representation or psychoanalysis of the signifier marks the beginning of a difference. i.e., psychoanalysis with pretensions towards natural science and psychoanalysis within the cultural sciences. Psychoanalysts, even Freued, have always been tempted to make psychoanalysis a natural science, and in doing so resolving W. Dilthey's dichotomy between natural sciences and social sciences. (Dilthey,1986).

Nowadays it may no longer be possible to continue with this difference and its pretensions of exclusivity should only be maintained for the sake empiricism.

Speech, biology and culture would be at the base of these two psychoanalysis that we strive to describe and



which others have also tried. For example, the difference between these two psychoanalysis for Maud Mannoni would be more in the communication model: "Analysts who use evolutionary concepts and biological criteria to communicate their experience, express themselves in a language that is not the one used by those who base the analysis in the economy of desire" (Mannoni, 1980)

From a therapeutic point of view it would be important to differentiate - hopefully to be presented in a future work - between what occurs in both psychoanalysis with regard to suggestion and transference.

This work aims to address these two psychoanalysis models by means of certain theoretical concepts and their repercussion in practice. On this occasion we will focus on a basic concept from the origins of psychoanalysis but which, little by little, has lost its relevance and that neither of the two psychoanalysis have seen fit to rescue. I am referring to fixation.

Regardless of the theoretical model we use, fixation, either as an expression of the symptom or expression of the character, will be imposed on us from the very start of any treatment.

Treatment begins when fixation appears in its repetitive dimension.

The various psychoanalytic models that have been developed, furthered by therapeutic or, in any case, operational interest, have modified both the framework and the conceptual elements, nonetheless, the central core of the therapeutic activity has had to focus on the difficulty of change, the subject's fixation on immutable bonds. However, neither of these two psychoanalytic models -which we are trying to define- have delved any deeper into this concept, that of fixation, with which psychoanalysis practically began, being lost along the way in favour of others that have eclipsed it. I refer, of course, to repetition compulsion and to regression, fundamentally. As a result, fixation does not seem to have been lucky enough to become a psychoanalytic concept. It is merely a descriptive term.

Fixation to the facts of a trauma expresses the causalist and naturalistic dimension of psychoanalytic practice. Fixation to the trauma through phantasy takes us away from this naturalistic dimension, however, in both cases the term continues to be merely descriptive. If, in Freud, fixation is at the base of the symptom and expresses consequent pleasure, then Lacan fixation expresses a jouissance explained by the intricate twists and turns that Lacan considers the drive to go through, not joining the object but contouring it.

Discovery of the trauma, real at first, opened the door to an empirical model that soon had to be revised when phantasy broke the evidence of the real. Another real, in Freud psychic reality from thereon appears to be the space of the psychoanalytic field. It was never very clear to what point reality and phantasy took centre stage.

In Freud these two options were never introduced as such, phantasy and reality were always present and the resulting field of psychoanalysis was that of the relationship between reality and phantasy. In Beyond the Pleasure Principle (Freud, 1999) the reality of trauma further strengthened the concept of repetition, however, fixation was once again overlooked.

In Lacan, fixation does not appear as a specific concept, nevertheless, we could say that the real, insofar as it is seen as something fixed, immovable, the basis of repetition compulsion and that may well appear by chance, represents an equivalence between the real and the fixation.

Lacan's RSI offers another approach but that ultimately leaves things as they were.

The term fixation in classic dictionaries echoes what Freud said with no subsequent contribution. Even in the field of psychosomatics, where fixation is a major concept, Pierre Marty repeats the Freudian position when he says "Under the effect of difficulties with somatic, psychosomatic or psychic development, certain functional organizations activated by the repetition of these difficulties acquire a particularly vitalized value that is established progressively. This constitutes the fixation phenomenon". (Marty, P.1991, Pág. 62)

FIXATION THE OPENING TO A PROBLEM.

As I have mentioned, fixation has lost its conceptual character to appear merely in its descriptive character, the concept of fixation is not even to be found in any of the Lacanian related dictionaries that we have consulted. We do, however, find repetition, the compulsion to repeat, as if this concept covered and excluded fixation.

And so the term, in its descriptive dimension, was used to name how the sign is attached to the meaning, drive to representation, the lover to the beloved, etc.. Freud was prevented from attributing anything else that might explain the term: fixation from excessive joy or frustration; fixation from traumatic experience; "viscosity of the libido" or constitutional as the final attempt to comprehend the term. In Lacan, insistence of the signifier.

So it was passed on to repetition compulsion because, as such, clinical perception is far clearer, however, we should bear in mind that something that has been previously fixed is repeated. Therefore, not everything is repeated, or we should at least consider two qualities of fixation: that linked to trauma and that conditioned by libidinal cathexis.

In the study of the symptom - visible face of fixation - Freud himself swings between this libidinal dimension and the other one of meaning.

Throughout his work, Freud maintained two non-exclusive positions in his understanding of the symptom: in its dimension of meaning and in its dimension of libidinal pleasure. Yet again, two models that account for basic aspects of these two psychoanalysis. In the first part of his work –The Meaning of the Symptoms - therapeutic effort is interpretive, while later, with The Paths to the Formation of the Symptoms the economic dimension of pleasure, of enjoyment gains importance.

Considering the symptom as linked to enjoyment or as linked to meaning overlooks the other dimension, that of the symptom linked to the event. The Tally argument, which Grünbaum (Grünbaum, 1984. Pág. 142) describes, implies recognition of a traumatic fixation that has nothing to do with meaning or jouissance, but with the event itself. We could therefore say that fixation, hidden face of the symptom, is presented in its three dimensions, linked to the drive through jouissance, meaning through phantasy and the real through the unattainable event, but not because it is unattainable, impossible, but that it is non-existent.

In our opinion this concept is worthy of contemplation, first drawing on the three dimensions in which we should consider it:

- the moment of its constitution,
- its permanence through time and
- the impossibility of dismissing it.

Three aspects of fixation that certainly deserve more attention. For our part, a brief mention of some aspects to present in the future.

THE MOMENT OF ITS CONSTITUTION.

Fixation opens up the field of bonding, of why representation joins with another representation, of thing or speech in Freudian conception. We reiterate the importance of differentiating the field of bonding, that of fixation, of the field of association, and that of repetition. Discovering the trauma is not the same as understanding its repetition.

Permanence through time as an expression of the characteristic dimension or pathological dimension.

And the impossibility of dismissing it or the difficulty of its dismissal as determinants of various therapeutic stances.

To conclude, two clinical vignettes that allow us to reflect on two different types of fixation: one linked to a narcissistic disorder and another to a loss of object. Two qualitatively different fixations.

Case 1

Fixation appears during the patient's discourse. This patient came to me after 15 years of classical psychoanalysis. This is a patient who would today be diagnosed with a personality disorder. What is striking is that all his suffering (continuous anxiety, inability to study or interact with girls ..., etc.) is explained in just one scene, recovered by his first psychoanalyst and that the patient recounts all the time: he is 4 years old and goes down the hall of his house when his mother comes through the door and happily shows him what she has brought for lunch, to which the patient reacts with disgust and refusal. The mother responds to this behaviour by harshly slapping him. The end of his analysis, which concluded with the patient's death some five years after its beginning, fails to modify this unremarkable scene that thwarts any interpretation and does not manage to significantly modify any of his symptoms.

We might assume that trauma occurred at a significant age that definitively disturbs the subject's narcissistic organization.

Case 2

A patient, also highly psychoanalysed, sees the explanation for all his woes (apathy, depression, lack of capacity to enjoy life ..., etc.) in the death of his mother when he was 10 years old and how the father forbid any mourning of the loss or keeping her memory alive.

However, this patient soon begins to emerge from his apathetic situation when he begins to talk about and recreate the whole story of his childhood, his relationship with his siblings, with various surrogate mothers, etc. We might view this as the processing of grief that was not performed in its day.

REFERENCES.

- Lacan, J. (2012). Otros escritos. Buenos Aires. Editorial Paidos
- Dilthey, W.(1986) Introducción a las ciencias del espíritu. Madrid, Alianza Universidad.
- Mannoni,M (1980) La teoría como ficción. Barcelona, Editorial Crítica.
- Freud, S. (1999) Más allá del principio del placer. Buenos Aires, Editorial Amorrortu.
- Marty, P. (1991). Lecturas de lo psicosomático.(Marta Békei, compiladora). Buenos Aires. Lugar Editorial.
- Grünbaum, A. (1984) The fundations of Psychoanalysis. Berkeley, University of California Press.
- Aguillaume, R (2016) One Psychoanalysis or two.
- International Forum of Psychoanalysis
- Volume 25, 2016 - Issue 3: Psychoanalysis and epistemology.