

## TRACES OF THE ARCHAIC IN CHILDREN 'S CLINICAL WORK

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"But the return of the past will also be made in traits of the psychic life, even more embryonic. There are more elemental forms of the psyche [...] they put into play basic driving aspects that become reservoirs of raw senses regularly explosive, declared sometimes like sudden passages to the act; and that evoke the dimension of an 'automatism' of repetition or 'perform themselves' in a hallucinatory form, and they even take the paths of a somatization more or less evocative of significance. "

André Green

The fragmented time, p. 58

The archaic exerts a sort of fascination to the scholars of the psyche in its origins. Always sensed through its traces, sometimes clamorous and, other times, locked in the silence of what isn't represented, the archaic escapes the attentive observation while it becomes lived experience in the *après coup* of the transference-countertransference play and in the historical construction, which is always a myth born from the encounter between patient and analyst, as an emergent from the primary fog. A previously non-existent sense is created at the point of confluence between the act or the affection of the patient, shown waiting for a shape, and the countertransference of the analyst that includes not only his emotions and thoughts but also the whole of his knowledge.

The archaic term is polysemic in psychoanalysis. One of the last Freud's texts, *Moses and Monotheism*, opens the range of significations when thinking analogies between the *archaic heritage*, of phylogenetic origin, and the *early experiences* in the ontogenesis' field (p. 69). A further step in the analogy's development, Freud refers to infantile *trauma* as early impressions in the child's life that exceed their ability to assimilate and, therefore, they can't be remembered. Their effects reappear, compulsively, a posteriori

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(p. 70). Those forgotten traumatic experiences correspond to pre-verbal times and, Freud says, "they refer to impressions of sexual and aggressive nature and, certainly, also to ego's early harms (p. 71)

From *Beyond the principle of pleasure* and from *Constructions in analysis*, the current Freudian thought listens to the sign of pre-verbal times in the compulsion to repetition of transgenerational stories and of sensory impressions or experiences as unregistered represented experience. A kind of amnesic memory is revealed in acts or in returns to the limit of the hallucinated waiting for the signification or finding a scenario of figurability, similar to the dream, which allows the access to what is not represented in the psychic plot.

The compulsion to repetition would be one of the reactive responses to early traumas in times of no differentiation between the ego and the world, before that the principle of pleasure would have ensured its dominance over the psychic life. This is one of the primitive logics that seek to generate anti-trauma systems in front of the failure of the first connection between the drive and the primary object (Michel Neyraut in: Smadja, p. 189).

In clinical work with adult patients the return of what isn't represented in the origin will take the shape of some defense mechanisms: the somatization or the acting out like blind discharge for the psyche; the denial with the ego splitting and the disinvestment that will lead to the emptiness, mechanisms that confront the subject to the dilemma of being delirious or to die (Green, 1972).

How do the archaic experiences in the clinical work with little children express themselves?

The clinical work with children often makes us witnesses of the repeated attempts of discharging, by the motor via, an excitation that doesn't find the channels to transform quantity into quality; it's about what isn't represented in the psychic plot, sign of the original chaos without vectoring toward the object of the satisfaction, a bridge tended to the unbraked driving discharge, i.e., lacking the calming network providing the entanglement between the death drive and the life drive.

The chaos of the id, an unqualified pure excitement, will emerge to the driving life through a shape that would confer it a meaning and a representation by mediation of the object. The experience of satisfaction, as Freud described it in *Project for a Scientific Psychology*, provides the Eros bind that ensures the unification of the fragmented psyche

when printing a lovemaking mnemonic trace, seed of a desire that is now heading toward an object, and of an autoerotic pleasure that founds the basis of the future own existence. The registration of the trace of the satisfaction's experience, a representation that gives sense and human meaning to the driving impulse, is also an anchoring that inhibits the unbraked discharge. The drive's Inhibition prevents destruction and opens the contact way with the object, *sine qua non* condition for the psychic birth and the development of subjectivity.

When the satisfaction's experience is bad or without love, when the invasion or the absence come first instead of the identification and the satisfaction of the spontaneous gesture (Winnicott), the creature will not only have to fight against his own driving life, but also against the object (Green , 1972). The impossibility of representing focuses on the disorganization's chaos or the psychic death that accompanies the trend to disinvest the object, the world and the own ego, unrestricted territory of the death drive, as It has been known for years thanks to the work done by Spitz on anaclitic depression in infants.

The state of non-representation is the greatest danger to the psyche; it's head towards suffering the violence of the affections and helplessness, while lacking the instruments to start the work of bonding, of figurability.

We will now present a clinical vignette to advance into the development of the topic. Through the early stages of the psychotherapeutic work with little Andreu and his parents, we will observe the compulsive recurrence of the traumatic traces of the mother-baby misencounter at the origin. Meanwhile, lacking of representation, these traces haven't been resignification's object a posteriori so they unfold perceptive traces (Freud, letter 52) not vectored towards the link with the object, and the protection's archaic shapes against excitation.

*Andreu's case, 2 years old<sup>2</sup>*

Andreu is interviewed for the first time at 2 years old in an early care facility because he hasn't been initiated in the communicative language; he only emits small screams but not a single word. It's a "hyperactive child, he never keeps still, he is very nervous" - says the mother- "he's a mummy's boy"- says the father- "But there are times when he's very affectionate". The parents are surprised because he is so hyperactive and

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because he often hits himself without making any fuss. They usually put him in the high chair for him not to rock too much and not to fall over.

During the first child-mother joint interview the psychotherapist observes a creature that appears to be "little humanized, as if he were a little animal". He is brought in the stroller with his hands tied. When he is released in the office, he throws all to the floor, he doesn't keep still for a single moment, he goes from side to side, even, sometimes, bumping into the walls. If we contain him physically, he relaxes a bit but then he stiffens, runs off and he leaves. The words of the therapist produce neither a reaction nor a response although at times he gives her a quick glance. Promptly, he takes some object of the play box and he throws it, sometimes hard, as if he were infuriated. At some point he puts something in the mouth without sucking.

Obsessively, he slips through the chairs, below the legs, he gets into every corner but he doesn't stay there, he goes back and looks for another corner.

The therapist observes how the excitation grows and sweating is notorious. In this interview, the mother tells that by night the child can't sleep if she hasn't her gaze put very close on him. She has to put her hand on the child's belly because, if not, he gets scared and wakes up. She also relates that when he's at home, he often stays a long time, staring a light.

#### Highlights in the story

Before Andreu's pregnancy, the mother had lost another pregnancy as result of the amniocentesis: she gave birth to a dead girl of 5 months gestation. The mother was very affected by this loss and deeply depressed. The abortion occurred in a period that coincided with other deaths in her family, all of them very meaningful, they were maternal substitutes (her mother died when she was 16 years old). There was a brief psychiatric hospitalization as a result of that depression. After 3 months she got pregnant of Andreu, because she was advised to get immediately pregnant. She would wish to have a girl.

Andreu was born with some breathing difficulties and, not having the hospital a neonatology unit, he was transferred to another unit; so that mother and son were separated for five days. Then everything went smoothly, except that the mother continued to be distressed all over the first year of the child's life, fearing that something bad would happen. The mother tells that "I spent all day looking at him, putting my hand on his heart to see if it was beating". With the loss of the first

pregnancy, the fear of not being able to have healthy children had awakened in her, but she didn't discuss it with anyone, not even with her husband.

It attracts the psychotherapist attention the fact of the mother always wearing black. For her, the father looks like older and tired. He works at night and, if the child permitting, he sleeps in the morning. "I have trouble sleeping with this good-for-nothing", the father said. He considers that the child is "a little upset " but he believes that nothing important is happening. He is very busy with his stuff and he doesn't pay him much attention. He highlights in the story the fact that Andreu's paternal grandfather died 6 months into the pregnancy.

*Session at Andreu's 2, 4 years old*

The psychotherapist has decided to work with the child alone because the mother pervaded all the space talking incessantly and going from one topic to another, although they were not related to Andreu.

The child goes from side to side of the room, as without intention or object, sometimes with his head back, his look doesn't stop at anything. He hits into objects, passes along narrow channels or through the therapist's legs.

He climbs a small foam rubber slide that's in the office and when he reaches the upper saddle, systematically, falls down (he doesn't slide, he falls down). If the therapist wouldn't hold him, he would get hurt. He also sits down on the child chair in such a way that he always falls down.

He approaches the mirror and he doesn't look at himself but he leans his face on it. He licks the mirror. No speech. He only repeats a sound just like this: "trecketrecketrecke" without any communicative intent.

At one point in the session the therapist stretches herself on the floor closing her eyes and tells the child that she's going to sleep and that he can go to sleep too. The boy, being prey to a great agitation, throws himself on her; he grabs her hair and forces her to sit. The scene is repeated, always with great agitation and despair.

*Session at Andreu's 2, 6 years old*

He says "mommommom". He watches himself in the mirror with two balls, and he opens his mouth looking at it with interest, as if he wanted to see inside.

*The emergence of the archaic in Andreu's case*

The first interviews show the state of emotional passivity and disengagement that dominates the family ties. The helplessness and the maternal depression fit their parts in the deadly puzzle built with the father, affectively distant, blind to the suffering shown daily at home by the mother and the son. However, there is alarm in these parents that are trapped in the networks of their own childhood stories without a driving rest to invest little Andreu with an integrator Eros or resources to contain his permanent restlessness and to signify the excitement that invades him. Tied on the high chair, with his hands bound, the little boy finds there a supporting structure that serves as the exoskeleton, holding up a body still distant from the psychosomatic unity or from the jubilant assumption of a specular ego. He is left at the mercy of himself; the undifferentiated motor function unleashes without brakes or anchoring to any internal or external object, without the calming resource that the oral autoerotism provides to normal babies.

Some very primitive defenses already allow intuiting that this scenario is not the original but it's crossed by the other's stories and protective maneuvers, as Frances Tustin would say. So, Andreu seems to find calm in the autistic void that the brightness of a light induces, in the self-generated sensations when licking the cold mirror or when repeating a surrounding sound, "trecketrecketrecke"; he finds some self-destructive pleasure in the bumps that he inflicts on himself (primary autoerotism); he shows his need of a hug that puts a curb on the anxiety and also on the panic to get there trapped in both times of the brief contact with the object that is trying to contain him. And beyond, there are clear traces of the archaic, signs of perception (Freud, letter 52) that haven't entered the representation circuit, signs that something, that should have happened at the beginning, didn't happen. Andreu falls, he slides below the chairs, he gets into the corners, he passes between the legs as if he, compulsively, were pointing to a repeated act of birth and rebirth in which, once more, he's in and out without staying together with the rhythms and the sounds of the mother's body. But at the end of the interview, an unexpected revelation: Andreu needs the mother's look and her hand on his belly to sleep. A sort of objectal anchoring is unfolded in this night scene told by the mother, counterpoint of disconnection shown so far.

The parents' narrative weaves senses around this little actor that is putting, on the stage of his sessions, the traces of the past, crossed by the defenses that try to protect him from primitive painful agonies (Winnicott) and enigmatic actions that secretly wait for the encounter with another one, loaded with emotion and ability to decipher its

meaning (session 2, 6 years). When Andreu was born, he had a mother overcome with the weight of some losses impossible to symbolize and the fear of being unable to sustain the life of a child. In a state of not processable mourning, and perhaps waiting the birth of a girl who could repair the successive deaths, the mother had difficulty investing Andreu with an intense erogenous load and to place him on the throne of his majesty, the baby, the one who would come to realize all her unfulfilled dreams. Having the mission of denying death, Andreu was caught in the place of his mother's living deaths.

In my view, the session of the child alone, with his therapist at his 2, 4 years old, is very revealing. If in his free behavior he appears as a child undifferentiated and absent as subject, whose voluntary gesture only is expressed through sensation shapes (Tustin), instead, he becomes active, desperate and owner of his body when the proposal of playing to sleep faces him to the horror of sleeping-dying.

Sleeping-dying is the maternal phantasmatic equation that crosses Andreu and alienates him in a story of other people preventing him from starting his own story. But, curiously, there is a model, a representational construct that organizes world's data and experiences, giving Andreu a brief perception of unity, of psychosomatic integrity. This is the place to feel invested by the deeply moved maternal look, although that look can only reflect another person's anguish, invader, unable to make sense and meaning to the child's own anguish.

The movement of the session allows seeing, at a so early age, the importance of the meeting with the analyst that raises a reactivation of the traces of transgenerational experiences to which the child is identified (passive primary identification); he falls and he falls again, as dead. The analyst's proposal to go to sleep, emerged from her countertransferential intuition, organizes a scenario that foreshadows the possibility of beginning to give shape and meaning to what is not represented, untying a knot of the subjective development.

The transgenerational wound, that doesn't heal, has dyed the satisfaction's experience by preventing the birth of the objectalising function of the life drive (Green, 2003, p. 304), responsible for the creation of external and internal objects. The misencounter between the drive and the primary object prevents its transformation into representations of any kind and, therefore, the implementation of the hallucinatory satisfaction and its correlative, the auto-eroticism. The state of no representation is the bed by which the death drive passes along; the impossibility of carry out a figurability's

work that leaves the child immerse in the undifferentiation, the driving chaos and the psychic helplessness in front of excessive amounts, an excitation impossible of being processed.

### **Linking the death drive**

For Winnicott, the primary mother-baby link is condition of the ego integration and support of the feeling of existential continuity. The holding is a protective covering in front of the world's stimuli and the driving life, it's also a hug that, in an undifferentiated unit, combines the rhythms of the two members of the duo in the paradoxical belief that the creature is the creator of everything good that is offered to him to suit his need and his spontaneous gesture. That first paradox that structures the rising infantile narcissism will make way to the second constituent paradox: "playing alone in the mother's presence", the consolidation of a transitional space that opens itself to the symbol. But if the face and driving maternal rhythms early impose their real presence or significant cracks occur in the holding continuity, the child will experience unthinkable falls. The break of the existential continuity due to failures of the holding will be the source from which the destructive tendencies will be born. (Winnicott, 1971)

From the perspective of André Green, this protective covering provided by the maternal holding ends up reversing its polarity through the double driving return (activity-passivity, turned against oneself) constituting a framing structure for the subject himself. "The subject is built where there has been the object's investment and not where his own investment has realized" says Green (1983, p. 120). The maternal embrace, including the mother-baby fusional experiences, becomes frame and limit of the psychic space where the representations and the autoerotism play are being inscribed. "When the conditions favor the inevitable detachment between mother and son, a decisive mutation within the ego is produced. The maternal object fades away as the primary object of the joining, to make way for the ego's investments, founder of his personal narcissism [...] this effacement of the mother, doesn't make her really disappear. The primary object becomes the ego's framing structure, which gives shelter to the negative hallucination of the mother" (Green, 1983 p. 231).

It's from the absence of background presence that the maternal protective covering is borrowed to constitute the structure of the child's psyche, through the negative hallucination of the mother. It's essential the moment when the child makes the mother's presence to become negative ("playing alone in the mother's presence")

to create that personal psychic space and, imaginarily, self-sufficient that will work as secret background of his own representational world. The success of this process of constitution of the framing structure ensures the bind and the neutralization of the death drive while the primary object's para-exciting function becomes psychic structure. The failure in the psychic frame's constitution speaks of a disagreement on the origin or a rupture of the existential continuity, either because the primary object has refused the libidinal hug or, conversely, because the excess of presence doesn't allow it to become negative.

The pain that for the child implies the deficiency or the excess, the lack of cathexis as much as the driving intrusion, ends up being coagulated by means of the retreat of his own investment. When the psyche doesn't find the way to the driving vectorization by means of representation, the death drives open the way to the de-objectalization, the withdrawal of investments object-directed and to anything that might evoke it, including the representations of the world and of itself. "This movement of withdrawal of investments is reflected on the rising subject and on his rising representation system, making explode all its bond's potential" (Ch. Delourmel, 2012). For Green, the clinical expression of the de-objectalization is the negative narcissism or narcissism of death, "this double shadow of the unitary Eros of the positive narcissism which tends towards non-existence, anesthesia, emptiness, blank ..." (1983, p.38.)

Let's now see the first interview with the little Jan who maintains a base of archaic fragility over which was organized a framing structure that couldn't get in a stable way to hold the ego unification that the primary narcissism and the auto-eroticism provide. In the interview, instinctual binding and unbinding states take turns. The vectorization of the driving order depends on the activation of the memory of positive encounters at the origin while the trend to disobjectalize is promoted by the repetition of the archaic fails.

### ***Jan's case, 3 years and 6 months***

Jan is a smart and connected child but he has difficulty being calm, playing or sleeping. He wakes up several times a night with nightmares, he's always restless, constantly moving, touching everything and without constructing any playful sequence unless someone organize an activity and were always keeping an eye on him. At school he might be very aggressive and he might bite his classmates. The teacher complains he doesn't pay attention and that he never keeps still.

The father is anxious, tense, and he barely is able to contain his aggressiveness. He's very affectionate with his son and he takes care of him a lot. The mother is a very quiet woman, passive, little expressive and of very little sexual appetite. She's very dependent on her own mother and often she leaves her child in the care of the grandmother even during the hours she doesn't work. She's afraid of the aggressiveness of her child and she doesn't know how to calm him. The couple has conflicts in their sexual life and in the aggressiveness regulation between them.

First joint interview mother-child:

The child is cheerful and interested in all the objects in the office. He investigates some toys from the box I offer him but he doesn't organize any play sequence except for a brief time he spends putting some blocks within the others.

His interest goes from one object to another. For a long time he picks up objects that, immediately, he forgets or drops; the interest gives way to an aimless growing excitement. At no time he addresses me although he doesn't avoid my eyes. Sitting with him on the floor, I throw him softly a little model car while I talk to him; he returns it to me but, when I throw it again to him, he makes it crash violently, first into another model car and then, forcefully, into the walls, and with a clear exaltation.

At a time, he keeps still and I notice that he masturbates himself anally, sitting over his ankle. Then, quieter, goes all over the office, he tries to light the fan and he climbs into the chair and the desk. Then, he chooses a teddy bear and he presses it against his chest; calm and smiling he approaches his mother and he throws himself onto the ground in front of her lying face up, holding the teddy bear, he looks tenderly and, with a seductive smile, he asks her if she will go away. She replies that no, with curtness and without showing any interest in the child's loving demand. He insists a few more seconds, but she doesn't respond in any sense, her gesture remains indecipherable. The child gets up and, furiously, starts hitting a toy with a hammer; the blows are accompanied with a stare full of rage, as if he hated the object he's hitting. But, gradually, the blows are weakening and becoming a rhythmic movement, increasingly slow and rhythmical, discharged of all emotion, empty, hypnotic. The look continues fixed in the movement, but the child is absent.

I call him and he runs away, out of control like a top without shaft running from wall to wall, touching everything, throwing objects without regard to any verbal brake. I

only get to stop him wrapping my arms tightly around him. His mother remains passive and expressionless.

The conflicts of the parental couple are presided, explicitly, by violence and sexuality and Jan, far from being protected from the intensity of these stimuli, seems acting projections that multiply his own driving ability and that hinders the structuring of his oedipal longings. The seduction scene doesn't find opening ways to the symbolization but it ends repeating, compulsively, a misencounter at the origin between the drive and the constituent object.

Jan has made a big effort throughout this interview to contain his driving life. He tried to put the brakes on his aggressiveness by means of a pleasant way of autoerotism and he has lovingly addressed to his mother who, by not responding to the seduction moves, lets also fall the possibility of signifying the child returning him sense, qualified emotion and limit.

The failure of the experience unleashes an uncontrollably rage, a desire to destroy and to get rid of an object that he rejects and that he leaves at the mercy of the pain of the excitation's invasion. It's obvious how her mother's lack of response disorganizes the autoerotic functioning that allowed Jan to inhibit the disorganized driving discharge.

Soon, the affections are losing quality, there is already no violence, neither pleasure nor search: he only is able to contain himself by generating a vacuum of emotions. Jan is becoming subjectively absent; the blows full of rage give way to the auto hypnotic pure movement, signal of the production of a mental void by means of the self-sensory path. The cathexis directed to the object has disappeared, and with it all investment of himself or of his internal representations.

Since then Jan is like a top without axis looking to find his limits crashing into walls. The anguish of this state is destructive, words already doesn't serve, the only limit that can contain him is the physical hug. The lack of maternal response, the face that doesn't reflect, result in the active production of an emptiness of the internal object and its counterpart, an emptiness of the subject, a hole into the subjective organization that regressively degrades in a pure discharge of excitation.

In the driving movements of this interview, it becomes possible to observe the *conspiracy of the object*, as Green named it (1972, pág.255). This is an attempt to protect us from the object that, by invasion or by absence, exposes us to the destructive

effects of an unrepresentable and traumatic excitation's excess. In this context, Green describes the automatic resource to destruction drives by way of objectal disinvestment, the de-objectalization, which seeks to erase the psychic traces from the object and from all what could remember it, even the own ego.

When this radical disinvestment occurs very early in the child's life, the withdrawal of investment is directed not only to the object but it also operates over the object's representation, at a time when there has not been the differentiation subject-object. In the worst case, the disinvestment reaches all aspects of oneself that could come into contact with pain: thinking, feeling, body, word, in an aspiration to not being, to the own psychic death of some psychotic conditions (white psychosis, autism).

But often the disinvestment of the mother/object representation, -absent in her presence- leaves a blank, a gap, a void on which the textures and neurotic excesses of border areas are woven (e.g., *dead mother syndrome*, Green, 1983).

It will be in the *après-coup* of the transference-countertransference's unfolding in which these traces of the archaic might find a stage for their revelation. Its way of manifestation will always bear the mark of what isn't shown in the origin and of the primitive logics of protection against pain.

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