theory, the Kleinians, now admit, humbly watering down their wine, that the breast is just a word to designate the mother, this, to the satisfaction of non-Kleinian theoreticians who often psychologize psychoanalysis. One must retain the metaphor of the breast, for the breast, like the penis, can only be symbolic. However intense the pleasure of sucking linked to the nipple, or the teat, might be, erogenous pleasure has the power to concentrate within itself everything of the mother that is not the breast: her smell, her skin, her look and the thousand other components that 'make up' the mother. The metonymical object has become metaphor to the object.

One may note in passing that we have no difficulty in reasoning in the same manner when we speak of loving sexual intercourse, in reducing the whole of a relationship, which is far more complex, to the pairing 'penis-vagina', and in relating its mishaps to castration anxiety.

From this one may understand that, by going more deeply into the problems relating to the dead mother, I refer to them as to a metaphor, independent of the bereavement of a real object.

THE DEAD MOTHER COMPLEX

The dead mother complex is a revelation of the transference. When the subject presents himself to the analyst for the first time, the symptoms of which he complains are not essentially of a depressive kind. Most of the time these symptoms indicate more or less acute conflicts with objects who are close. It is not infrequent that a patient spontaneously recounts a personal history where the analyst thinks to himself that here, at a given moment, a childhood depression should or could have been located, of which the subject makes no mention. This depression, which has sometimes appeared sporadically in the clinical history, only breaks into the open in the transference. As for the classic neurotic symptoms, they are present but of secondary value or, even if they are important, the analyst has the feeling that the analysis of their genesis will not furnish the key to the conflict. On the contrary, the problems pertaining to narcissism are in the foreground where the demands of the ego ideal are considerable, in synergy with or in opposition to the superego. The feeling of impotence is evident. Impotence to withdraw from a conflictual situation, impotence to love, to make the most of one's talents, to multiply one's assets, or, when this does take place, a profound dissatisfaction with the results.

When the analysis is underway, the transference will reveal, sometimes quite rapidly but more often after long years of analysis, a singular depression. The analyst has the feeling of a discordance between the *transference depression* – an expression that I am coining on this occasion to oppose it to transference neurosis – and the behaviour outside the analysis where depression does not blow up, because nothing indicates that the entourage perceives it clearly, which nevertheless does not prevent the people close to him from suffering from the object-relationship that the analysand establishes with them.

What this transference depression indicates is the repetition of an infantile depression, the characteristics of which may usefully be specified.

It does not concern the loss of a real object; the problem of a real separation with the object who would have abandoned the subject is not what is in question here. The fact may exist, but it is not this that constitutes the dead mother complex.

The essential characteristic of this depression is that it takes place in the presence of the object, which is itself absorbed by a bereavement. The mother, for one reason or another, is depressed. Here the variety of precipitating factors is very large. Of course, among the principal causes of this kind of maternal depression, one finds the loss of a person dear to her: child, parent, close friend, or any other object strongly cathected by the mother. But it may also be a depression triggered off by a deception which inflicts a narcissistic wound: a change of fortune in the nuclear family or the family of origin, a liaison of the father who neglects the mother, humiliation, etc. In any event the mother's sorrow and lessening of interest in her infant are in the foreground.

It should be noted that the most serious instance is the death of a child at an early age, as all authors have understood. In particular there is a cause which remains totally hidden, because the manifest signs by which the child could recognize it, and thus gain retrospective knowledge of it, is never possible because it rests on a secret: a miscarriage of the mother, which must be reconstructed by the analysis from minute indications; a hypothetical construction, of course, which renders a coherence to what is expressed in the clinical material, which can be attached to earlier periods of the subject's history.

What comes about then is a brutal change of the maternal imago, which is truly mutative. Until then there is an authentic vitality present in the subject, which comes to a sudden halt, remaining seized from then on in the same place, which testifies to a rich and happy relationship with the mother. The infant felt loved, notwithstanding the risks that the most ideal of relationships presupposes. Photos of the young baby in the family album show him to be gay, lively, interested, carrying much potentiality, whereas later snapshots show the loss of this initial happi-

ness. All seems to have ended, as with the disappearance of ancient civilizations, the cause of which is sought in vain by historians, who make the hypothesis of an earthquake to explain the death and the destruction of palace, temple, edifices and dwellings, of which nothing is left but ruins. Here the disaster is limited to a *cold core*, which will eventually be overcome, but which leaves an indelible mark on the erotic cathexes of the subjects in question.

The transformation in the psychical life, at the moment of the mother's sudden bereavement when she has become abruptly detached from her infant, is experienced by the child as a catastrophe; because, without any warning signal, love has been lost at one blow. One does not need to give a lengthy description of the narcissistic traumatism that this change represents. One must however point out that it constitutes a premature disillusionment and that it carries in its wake, besides the loss of love, the loss of *meaning*, for the baby disposes of no explication to account for what has happened. Of course, being at the centre of the maternal universe, it is clear that he interprets this deception as the consequence of his drives towards the object. This will be especially serious if the complex of the dead mother occurs at the moment when the child discovers the existence of the third person, the father, and that the new attachment should be interpreted by him as the reason for the mother's detachment. In any case, here there is a premature and unstable triangulation. For either, as I have just said, the withdrawal of the mother's love is attributed to the mother's attachment to the father, or this withdrawal will provoke an early and particularly intense attachment to the father, felt to be the saviour from the conflict taking place between mother and infant. Now, in reality, the father more often than not does not respond to the child's distress. The subject is thus caught between a dead mother and an inaccessible father, either because the latter is principally preoccupied by the state of the mother, without bringing help to the infant, or because he leaves the mother-child couple to cope with this situation alone.

After the child has attempted in vain to repair the mother who is absorbed by her bereavement, which has made him feel the measure of his impotence, after having experienced the loss of his mother's love and the threat of the loss of the mother herself, and after he has fought against anxiety by various active methods, amongst which agitation, insomnia and nocturnal terrors are indications, the ego will deploy a series of defences of a different kind.

The first and most important is a unique movement with two aspects: *the decathexis of the maternal object and the unconscious identification with the dead mother*. The decathexis, which is principally affective, but also representative, constitutes a psychical murder of the object, accomplished without hatred. One will understand that the mother's affliction excludes the emergence of any contingency of hatred susceptible of damaging her image even more.

No instinctual destructiveness is to be inferred from this operation of decathexis of the maternal image. Its result is the constitution of a hole in the texture of object-relations with the mother, which does not prevent the surrounding cathexes from being maintained, just as the mother's bereavement modifies her fundamental attitude with regard to the child, whom she feels incapable of loving, but whom she continues to love just as she continues to take care of him. However, as one says, 'her heart is not in it'.

The other aspect of the decathexis is the primary mode of identification with the object. This mirror-identification is almost obligatory, after reactions of complementarity (artificial gaiety, agitation, etc.) have failed. This reactive symmetry is the only means by which to establish a reunion with the mother – perhaps by way of sympathy. In fact there is no real reparation, but a mimicry, with the aim of continuing to possess the object (who one can no longer have) by becoming, not like it but, the object itself. This identification, which is the condition of the renouncement to the object and at the same time its conservation in a cannibalistic manner, is unconscious from the start. Here there is a difference from the decathexis, which becomes unconscious later on, because in this second case the withdrawal is retaliatory; it endeavours to get rid of the object, whereas the identification comes about unawares to the ego of the subject and against his will. Here is where its alienating characteristic lies.

The ulterior object-relations, the subject, who is prey to the repetition-compulsion, will actively employ the decathexis of an object who is about to bring disappointment, repeating the old defence, but, he will remain totally unconscious of his identification with the dead mother, with whom he reunites henceforth in recathecting the traces of the trauma.

The second fact is, as I have pointed out, *the loss of meaning*. The 'construction' of the breast, of which pleasure is the cause, the aim and the guarantor, has collapsed all at once, without reason. Even if one were to imagine the reversal of the situation by the subject, who in a negative megalomania, would attribute the responsibility for the mutation to himself, there is a totally disproportional gap between the fault he could reproach himself for having committed and the intensity of the maternal reaction. At the most, he might imagine this fault to be linked with his

manner of being rather than with some forbidden wish; in fact, it becomes forbidden for him to be.

This position, which could induce the child to let himself die, because of the impossibility of diverting destructive aggressivity to the outside, because of the vulnerability of the maternal image, obliges him to find someone responsible for the mother's black mood, though he be a scapegoat. It is the father who is designated to this effect. There is in any case, I repeat, an early triangular situation, because child, mother and the unknown object of the mother's bereavement are present at the same time. The unknown object of the bereavement and the father are then condensed for the infant, creating a precocious Oedipus complex.

This whole situation, arising from the loss of meaning, leads to a second front of defence:

the releasing of secondary hatred, which is neither primary nor fundamental, brings into play regressive wishes of incorporation, but also anal features which are coloured with manic sadism where it is a matter of dominating, soiling, taking vengeance upon the object, etc.

auto-erotic excitation establishes itself in the search for pure sensual pleasure, organ pleasure at the limit, without tenderness, ruthless, which is not necessarily accompanied by sadistic fantasy, but which remains stamped with a reticence to love the object. This is the foundation for hysterical identifications to come. There is a precocious dissociation between the body and the psyche, as between sensuality and tenderness, and a blocking of love. The object is sought after for its capacity to release isolated enjoyment of an erogenous zone (or more than one) without the confluence of a shared enjoyment of two objects, more or less totalized.

Finally, and more particularly, *the quest for lost meaning structures the early development of the fantasmatic and the intellectual capacities of the ego*. The development of a frantic need for play which does not come about as in the freedom for playing, but under the *compulsion to imagine*, just as intellectual development is inscribed in a *compulsion to think*. Performance and auto-reparation go hand in hand to coincide with the same goal: the preservation of a capacity to surmount the dismay over the loss of the breast, by the creation of a patched breast, a piece of cognitive fabric which is destined to mask the hole left by the decathexis, while secondary hatred and erotic excitation teem on the edge of an abyss of emptiness.

The overcathected intellectual capacity necessarily comprises a considerable part of projection. Contrary to widespread opinion, projection is not always false reasoning. This may be the case but not necessarily. What defines projection is not the true or false character of what is projected, but the operation which consists in transferring to the outside scene – the scene of the object – the investigation, even the guessing, of what has had to be rejected and abolished from within. The infant has made the cruel experience of his dependence on the variations of the mother's moods. Henceforth he devotes his efforts to guessing or anticipating.

The compromised unity of the ego which has a hole in it from now on, realizes itself either on the level of fantasy, which gives open expression to artistic creation, or on the level of knowledge, which is at the origin of highly productive intellectualization. It is evident that one is witnessing an attempt to master the traumatic situation. But this attempt is doomed to fail. Not that it fails where it has displaced the theatre of operations. These precocious idealized sublimations are the outcome of premature and probably precipitated psychical formations, but I see no reason, apart from bending to a normative ideology, to contest their authenticity. Their failure lies elsewhere. The sublimations reveal their incapacity to play a stabilizing role in the psychical economy, because the subject remains vulnerable on a particular point, which is his love life. In this area, a wound will awaken a psychical pain and one will witness a resurrection of the dead mother, who, for the entire critical period when she remains in the foreground, dissolves all the subject's sublimatory acquisitions, which are not lost, but which remain momentarily blocked. Sometimes it is love which sets the development of the sublimated acquisitions in motion again, and sometimes it is the latter which attempt to liberate love. Both may combine their efforts for a time, but soon the destructiveness overwhelms the possibilities of the subject who does not dispose of the necessary cathexes to establish a lasting object-relation and to commit himself progressively to a deeper personal involvement which implies concern for the other. Thus, inevitably, it is either the disappointment in the object or that in the ego which puts an end to the experience, with the reappearance of the feeling of failure and incapacity. The patient has the feeling that a malediction weighs upon him, that there is no end to the dead mother's dying, and that it holds him prisoner. Pain, a narcissistic feeling, surfaces again. It is a hurt which is situated on the edge of the wound, colouring all the cathexes, filling in the effects of hatred, of erotic excitement, the loss of the breast. In a state of psychical pain, it is as impossible to hate as to love, impossible to find enjoyment, albeit masochistic, impossible to think; only a feeling of a captivity which dispossesses the ego of itself and alienates it to an unrepresentable figure.

The subject's trajectory evokes a hunt in quest of an unintrojectable object, without the possibility of renouncing it or of losing it, and indeed,

the possibility of accepting its introjection into the ego, which is cathected by the dead mother. In all, the subject's objects remain constantly at the limit of the ego, not wholly within, and not quite without. And with good reason, for the place is occupied, in its centre, by the dead mother.

For a long period, the analysis of these subjects will proceed with the examination of the classic conflicts: Oedipus complex, pregenital fixations, anal and oral. Repression reposing on infantile sexuality, on aggressivity, will have been interpreted without cease. Probably some progress has become manifest. But it hardly convinces the analyst, even if the analysand himself seeks comfort by underlining the points on which there would be cause for satisfaction.

In fact, all this psychoanalytic work remains subject to spectacular collapses, where everything again seems to be as on the first day, to the point where the analysand realizes that he can no longer continue to bluff himself and he finds himself forced to admit to the insufficiency of the transferential object: the analyst, in spite of the relational manoeuvres with the supporting objects of lateral transference which had helped him, the patient, to avoid approaching the central core of the conflict.

In these cures, I finally understood that I had remained deaf to a certain discourse that my analysands had left me to guess. Behind the eternal complaints about the mother's unkindness, or her lack of understanding or her rigidity, I guessed the defensive value of these comments, against intense homosexuality. Feminine homosexuality in both sexes, for in the boy it is the feminine part of the psychical personality which expresses itself thus, very often in the search for paternal compensation. But I continued to ask myself why this situation prolonged itself. *My deafness related to the fact that, behind the complaints concerning the mother's doings, her actions, the shadow of her absence was profiled.* In fact the enquiry against X concerned a mother who was absorbed, either with herself or with something else, unreachable without echo, but always sad. A silent mother, even if talkative. When she was present, she remained indifferent, even when she was plying the child with her reproaches. Thus, I was able to represent this situation for myself quite differently.

The dead mother had taken away with her, in the decathexis of which she had been the object, the major portion of the love with which she had been cathected before her bereavement: her look, the tone of her voice, her smell, the memory of her caress. The loss of physical contact carried with it the repression of the memory traces of her touch. She had been buried alive, but her tomb itself had disappeared. The hole that gaped in its place made solitude dreadful, as though the subject ran the risk of

being sunk in it, body and possessions. In this connection I now think that the concept of *holding*, of which Winnicott spoke, does not explain the feeling of vertiginous falling that some of our patients experience. This seems to me to be far more in relation to an experience of psychical collapse, which would be to the psyche what fainting is to the physical body. The object has been encapsulated and its trace has been lost through decathexis; primary identification with the dead mother took place, transforming positive identification into negative identification, i.e. identification with the hole left by the decathexis (and not identification with the object), and to this emptiness, which is filled in and suddenly manifests itself through an affective hallucination of the dead mother, as soon as a new object is periodically chosen to occupy this space.

All that can be observed around this nucleus organizes itself with a triple objective:

– to keep the ego alive: through hatred for the object, through the search for exciting pleasure, through the quest for meaning;

– to reanimate the dead mother, to interest her, to distract her, to give her a renewed taste for life, to make her smile and laugh;

– to rivalize with the object of her bereavement in the early triangulation.

This type of patient presents us with serious technical problems which I shall not go into here. On this point, I refer the reader to my paper on the analyst's silence (Green, 1979*a*). I greatly fear that the rule of silence, in these cases, only perpetuates the transference of blank mourning for the mother. I will add that I do not believe that the Kleinian technique of the systematic interpretation of destructiveness is of much help here. On the other hand, Winnicott's position, as it is expressed in his article 'The use of an object and relating through identification' (Winnicott, 1971*b*), seems appropriate to me. But I fear that Winnicott somewhat underestimated the sexual fantasies, especially the primal scene, which I will take up later on.

FROZEN LOVE AND ITS VICISSITUDES: THE BREAST, THE OEDIPUS COMPLEX, THE PRIMAL SCENE

Ambivalence is a fundamental trait of the cathexes of depressives. What is the case in the dead mother complex? When I described above the affective and representative decathexis of which hatred is the consequence, this description was incomplete. What one must understand, in the structure that I have expounded, is that the inability to love only derives from ambivalence, and hence from an overload of hatred, in