SECRET OF LIFE, SECRET OF DEATH

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Motto:

“In this encounter, the psychoanalyst is also caught by the *emotional-relational* forces: he feels and reacts within, and this is an integral part of the *analyst’s secret*. The perspective that analysis, or rather the analyst is just a “translator” of the analysand’s phantasms, the lector of a discourse, conforms to a representation of the analytical process that ignores inner movements, this *secret life of the analyst*. The intellectual categorisation of transference/ counter transference can be useful and represents a first approximation that provides us with a compass, yet things rapidly become more complicated.”

André Haynal, *La vie secrete du psychanalyste* [The Secret Life of the Psychoanalyst] (Haynal, 2003)

Abstract: *From his first Freudian studies, but especially in S. Freud’s correspondence with W. Fliess, the term “secret” (geheim, geheimnis) appears frequently, hence its weight and significance in psychic life, and implicitly as a form of intimacy and of confidentiality shared in the analytical relationship. The need and ability to keep a secret, but also the ability to confess, to share a secret, are mainly related to a certain elaboration of the sexual register, pre-oedipal and oedipal, of the elaboration of the traumatic, of the affects of shame, humiliation, guilt, as well as their impact on the psychic life of the subject, how they marked the subject’s existence and relationships. Another essential dimension is the inter- and transgenerational transmission of family “secrets” – often violent, incestuous experiences, such as severe diseases, genetic abnormalities, murders, suicides – transmitted over two,*

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three or more generations, unconsciously. This work aims to reveal the secret's dimension of life in clinical practice, as well as the deadly dimension of secrets and their vicissitudes in transfer-counter transference.

Keywords: confidentiality, shame, guilt, secrecy, transfer, inter/transgenerational transmission.

Introduction

This paper focuses on the importance of secrets in the intrapsychic, relational and intrafamilial life of the individual, with its traumatic impact, but also with the potential for working through, of processing, when a current event or the beginning of an analysis can unravel and restore the path of representations and affects initially registered as a traumatic incident. We will explore different meanings of *the secret*, and we will mainly focus on the dialectic of *secrets of life* – *secrets of death*, both in the sense given by Sigmund Freud for impulses, but especially in the sense of *life narcissism* – *death narcissism*, as evoked by André Green.

We will go through several types of secrets, starting from kept secrets, secrets transmitted in psychoanalysis, since the birth of psychoanalysis, the significance of confidentiality – which is why the selected clinical vignettes are brief and it is essential to keep the anonymity of patients – both in the analytical and in the institutional setting, but especially in works published and transmitted to third parties.

Another aspect I wanted to highlight was the importance of the inter- or trans-generational transmission of secrets, related to death as well as life, and the understanding of the mechanisms of encryption -

decryption - re-encryption from one generation to another, where the *unspoken*, the silent, become more significant than the confession.

Secrets kept, secrets transmitted in psychoanalysis

Starting from a dream about nudity (“Typical Dreams”) where strangers appeared, Freud [Freud, S., 1900, pp.79-81] wrote that the large number of strangers indifferent to the spectacle, which the dream substitutes for, is exactly the opposite of the desire to see the few well-known people, family members, who have seen the child completely naked. We find this “large number of strangers” in many other dreams. He then adds that the dream presence of the “whole family” actually carries the same meaning. Furthermore, this statement is repeated with: “As we already know, a large society means ‘keeping a secret’”. If the “large number of strangers” actually seems to represent “a few well-known people” or even “the whole family”, if “seeing” indicates, also in opposition, the desire to exhibit, then “the desire to show one’s self completely naked” is the real secret, rather than the number of strangers or family members.

The fact that we all have a family with its secrets... is no secret, even if referring to “a large number of strangers”, as our own family once was to us, can mean the same thing, as the current modesty or need for intimacy is an avatar of the nudity or promiscuity of yesteryear. Freud seems to move the contents of the secret into/over its containers. However, the *secret*, as in philosophy, ethics, sociology, and psychoanalysis, is a complex notion, and clinical practice demonstrates it with every analyst and analysand, even if the term as such, although

present in writings and personal correspondence, is not indexed in Freudian work and was not included in psychoanalytic language.

In a February 1925 circular to the Secret Committee [The Correspondence of Sigmund Freud and Sándor Ferenczi: 1920-1933, pp.66-71], Freud wrote about telepathy, a controversial topic for him, if we recall his contradictory debates with Jung: "I would even be prepared to lend support to the cause of telepathy through psychoanalysis". Eitingon took over the manuscript of the article, and Ferenczi also utilised this expression in his own letter, enthusiastic about the subject of telepathy, immediately after Freud. However Freud had wanted his writings to remain secret, so he had sent it in strict confidentiality to his Secret Committee. This is, of course, the article "Psychoanalysis and Telepathy" [Freud, S., 1953 [1921/1941], pp.56-68], in which the issue of the secret is reiterated. It is no longer just a question of the secret of the existence of this article, but of secrets kept by and about a *certain* patient:

"After having parted with this person who had been centre-stage, my patient became seriously preoccupied with breaking from this person's veritable chains. From his dreams, I had guessed at the plan he'd constructed to break away from the love of his youth, without hurting him too much or causing material damage. He had a daughter who felt a great tenderness for a young friend of a family and who, apparently, knew nothing of his secret role. He wanted to marry the young girl. Soon, this plan became conscious and this man took the first steps in accomplishing it. I would encourage the intention that offered a way out from this difficult situation, an exit that was outside the rules, yet possible."

In this article, the notion of the secret appears with at least two meanings: the first, about the patient's adventures with the girl who interested him, and the second, more general and important, regarding the history of psychoanalytic movement, regarding the surgical coldness and neutrality of Freud's interventions during his analyses. However, in reality, Freud was not as cold as the legend says, but he was often extremely present with his patients, frequently intervening in the organization of their lives. The development of cures with his closest disciples, those of more distant disciples, as well as those of patients who did not aim to become psychoanalysts bear witness to this. Freud quite actively encouraged the marriages, divorces, meetings, separations and life events of his analysands.

When the case of this patient was brought up again, fifteen years later, he added: "we have to know something about the secret history of our young man. In his first youth, because of his passionate nature, he fell madly in love with a young woman, who was still much older than him. When she left him, he tried to take his own life, a matter of a seriousness that cannot be questioned. It was only by an extreme chance that his attempt was not successful, and he could only recover after a long cure. But this violent act had a profound effect on the woman he loved and she had a change of heart; he became her lover, since then he became secretly attached to her and behaved like a true gentleman".

Here is a brief course of a secret that goes to and comes from a Secret Committee, where psychoanalysis is institutionalised, to the *secret history* of a patient, passing through a text that remains secret and the secret of a relationship, namely the one that aimed to articulate psychoanalysis with telepathy, dream and occultism. It is difficult to imagine that the institution of secret committees may keep from

affecting the assessment of patients' secrets by analysts. The secret practices of analysts reverberate on the practice of analytical cures and the training of new analysts.

As in the intrapsychic world and in the inter/transgenerational line/affiliation, contents are sometimes transmitted: by repression and return of the repressed, by cleavages, isolations, encapsulations, denials, foreclosures, by their transmission and reveal. Forgetting or rejecting one's own name, for example, as was featured in Freud's text, is only one of the movements that have an essential effect on birth and death, on infantile sexuality and on transference/countertransference, in which the strange hides the familiar and in which our primary nudity is hidden. Only revealing the secret allows a clear transmission, just as the growth, expansion of thought and dream is a source of creativity.

Secrets kept, secrets transmitted inter-/transgenerationally in families

Although often associated with painful, embarrassing, shameful, guilt-ridden family experiences and events, the *secret* is not reduced to them, but rather configured around the traumas experienced by a generation and insufficiently symbolised and elaborated by it. Traumas that could not be put into words remained mentally unrepresented (in images, words, affections and specific actions) and therefore unspeakable. Yet these traumas remained inscribed in the body, in mimicry, in the expressiveness of the face or eyes, in gestures and attitudes, in emotions and symptoms, and through them they reverberated over one or more generations.

However, for an important secret to exist, be maintained and transmitted within the family matrix, it is not enough for a content or an event, a fact, for something to be hidden. Some secrets are sanogenic, beneficial, meaning it can even be vital for the subject as well as for the family for the secret to be kept. From what moment or in what psychic context does a secret cease to be structuring, organising, integrating (*of life*) and from what point / beyond what limit does it become de-structuring, unhealthy, deadly (*of death*)?

The plethora of phrases or metaphors constructed through / with the term *secret*, the transition from one meaning to another, also shows us how easy it is for the same content to slide from the meaning *of life* to the meaning *of death*. *Keeping a secret* – an active process involving trust/confidence, intimacy and confidentiality – is different from *keeping under secrecy*, which rather involves a stagnation, an imprisonment, a petrification (“with dying oath”), an encryption of something dangerous that overwhelms and keeps one trapped as well (“in a cage”, as a patient used to say). The expressions “to keep a leash on your mouth” or “to take [the secret] with you to the grave” also have a different nuance and meaning from the above. Which means not so much keeping alive something precious, with great significance, but, *on the contrary*, you have to somehow erase its traces, make it disappear. What was locked up must no longer exist. Oftentimes, family secrets, between generations, are the ones that descendants do not have to find out. They do not have to know them, at any cost. They are deadly, insane. Or at least that’s how they were felt by the generation that endured the trauma.

How can an experience, an event, be kept secret? By cleavage? Through isolation/encryption/imprisonment? By repression, denial,

exclusion? To what extent does it remain unchanged? To what extent is it subject to perlaboration in time by a subject or in relationships with others, in the family, on the descending lineage? For how many generations? And if a secret is as such consciously silenced or erased by a generation, what happens when the secret is alienated from that generation and transmitted unconsciously? By what mechanisms? What are the effects on the next generation or generations? Because the generation that tries to hide a secret, an experience, will perpetually oscillate between two tendencies towards this secret. On the one hand, there will be an attempt at representation and collaboration, precisely so that the secret can be consciously repressed/suppressed. On the other hand, the person will try to bury it in her / with her / after her and make it disappear. This dual movement will require, will impose even, an interlocutor, “a secret-object”, which will allow both the elaboration/representation as well as the preservation of the secret, keeping it “under lock and key”/“encoded”/“encrypted” throughout several generations.

Vignette 1

Mrs T, 38, married, with two sons (12 and 17 years old), is requesting therapy due to disabling agoraphobia, for which she had been under psychiatric monitoring and undergoing anxiolytic treatment years ago. She also suffered from periodic, repetitive (violent) vomiting crisis, for some time, but that have returned massively, “cascading” in the last year. The recent incident that she believes has triggered them again is the consumption of ethnobotanicals by her eldest son and his

violence, which caused the husband to have violent outings and the atmosphere in the house to be full of scandals and almost daily quarrels.

Revealing this violence to her parents (the patient's mother, who is "silent as the grave", "says nothing, she doesn't let anything out of her, you cannot ask her for advice"; her father, who is "the darkest and gloomiest man, almost absent from our childhood") leads to an escalation of conflicts and her states of dizziness, her panic attacks, migraines and virulent vomiting.

Even from the first analysis sessions, she reveals – as a compulsion to confess – a violent incident, which resulted in the death of a young man. The incident took place during a vacation she spent with her husband, while she was pregnant – an altercation on an exotic beach, most of them having consumed alcohol. Investigations and inquiries followed, the husband being involved. She says that it was then that the symptoms reactivated (migraine, biliary dyskinesia, vomiting and panic attacks), as she was especially worried not to lose the pregnancy or not have the foetus/child be affected in any way. The incident was also significant for the couple's life. Paradoxically, the incident drew them apart while also bringing them closer, as it created a pact of silence, a taboo subject, which affected both of them over time.

Following a "nervous breakdown" of the mother, who could no longer bear the conflicts in the family, and to whom she had now revealed what she had experienced during her pregnancy with the eldest son, Mrs. T. found out that her father, too, when he was 19-20 years old, had a similar experience, following fights between gangs from 2 villages. Most of them had been under the influence of alcohol, and her father had been repeatedly investigated. Mrs. T's family secrets, buried, encrypted, were even more traumatic as the patient went through her

own life-and-death incidents and coincidences, the stigma of guilt and shame being one of the factors in her virulent symptoms, which lasted from puberty up to the moment of analysis.

Therefore, a child who grows up in a family whose gestures, tones, expressions, acts, attitudes, emotions and unconscious movements denoting suffering, torment, trauma, shame, guilt, a child who lives (dies?) under the imperative/the seal of silence will carry within him these foreign bodies, these “ghosts”, these malignant psychic “cysts”, which, although not his, are embedded in the psychic apparatus, in his mind, in his body/soma. A part of the subject will be eclipsed, neither alive, nor dead, nor represented, or barely representable, unspeakable, unthinkable, but with malignant reverberations (irradiations) stronger than what is transmitted to him consciously, verbally.

“Don’t speak of the noose in the hanged man’s house”, the saying goes. There will be no speaking, but this *unspeakable* will be more present and more alive than any word transposed in the speech. A child who grows up in a family where the sudden death of a baby, or incest, madness, murder, robbery are experiences that *must be kept quiet*, will have to understand that questions cannot be asked *about this*, that you can’t look for it in hushed whispers, there are no photos. Yet all he will know without knowing it is that there is something he does not know about. And it is exactly this *forbidden something*, indefinite, indefinable, unspeakable, but with such an emotional, generational charge, that will be an unconscious psychic attractor strong enough to vectorise the search, curiosity, instinctual and objective choices, life/death experiences.

Oftentimes, patients in the analysis end up revolving around a *family secret*, encrypted/transmitted inter/trans-generationally, which is said to be incomprehensible or symptomatically efflorescent. They realise that they have no idea what is happening to them, but this thing is always there, though foreign to them. They start searching, questioning, writing, painting or researching. They suddenly start to be concerned about the family tree, their ancestors going back 2-3-4 generations, their extended relatives, their fate, their way of living and being, how they died. The denser the nebula, the more oppressive the silence, the more compulsively they will need to keep looking, almost mentally/emotionally wandering to unravel the generational clutter. And all this is amplified once they also become parents, or lose a child, or they “wake up” acting by virtue of something traumatic, indefinite, but unstoppable.

Unthinkable, unnamed, unspeakable, there are at least three process-terms that make a secret carry mortiferous aspects. *Unspeakable* refers to the first generation, who consciously decided to hide the secret, the traumatic experience, from the descendants, because it was intolerable for those who lived it, considering that the descendants – children, grandchildren –will not understand or tolerate it. Not talking, being silent, keeping quiet/secret is the only way to overcome. However, the next generation ends up living it, feeling, putting into action or experiencing symptoms/disease, something unnamed, indefinite, which is present despite there being “no words for it” (“*I cannot comprehend with my mind*”, “*in me I know what I feel, but I have no words to describe it, I do not think there are words for these states and sensations*” – from the confessions of a patient).

The third generation will carry “traces in the body” at most, mental or psychosomatic chimeras/ghosts, disorders of the bodily scheme, *unthinkable contents*, which will agglutinate in various diseases or traumatic life situations. Even if, after the third generation, the secrets will tend to fade, to disappear, through new family alliances, which in turn carry other secrets, the sufferings can persist. They can become more complex and will generate other mechanisms of imprisonment and transmission, all the more so as each generation is generating its own secrets.

Vignette 2

Mr. G. (“Gambler”), 41 years old, divorced, has a 5-year-old daughter. He came to the analysis recommended by his older sister because of his “gambling addiction”, due to which he had lost his money, his house and had divorced. He had become physically violent, and feared his wife would commit suicide. It was obvious that the choice of analysis was not his. In the first months of analysis he remained silent for entire sessions, or answered very accordingly and calculated. He was extremely anxious, imprisoned, tense and petrified inside, with a jerky, interrupted and forced speech.

After the first 4-5 months of therapy, in one of the sessions, he arrived completely collapsed, torn down, sobbing, unrecognisable: he had just learned from his sister that his mother had died the day before, in a senseless accident. His mother had gone abroad to visit her sister (her older sister had been out of the country for over 30 years, she had married and had 3 children abroad) and that day, going down to the cellar, she tripped on the stairs and fell. She hit her head and died instantly.

For Mr. G, this was the moment of significant loss, which caused his life and his analysis to take a turn, all the more so as he reactivated the loss of his father that occurred when he was a teenager. With this fatal accident of his mother, Mr. G reveals how his father also died when he was 16, also in a “stupid accident”: he was a hunter and “his rifle” had gone off while he was cleaning it. “He hunted himself”. The patient repeatedly spoke about the stuffed animals and birds, hunted by his father and his companions, which filled the house. He hated them and, at the same time, he was fascinated/frightened by them, as he had also felt towards his father, terribly ambivalent.

The family secret learned from his sister, after his mother’s death, was that his paternal grandfather had been reported missing in the mountains. It had been rumoured that he had been killed. Only a jacket and boots had been left behind. Mr. G makes the connection between family secrets, disappearances, “stupid” deaths and his unconscious attempt to self-destruct, losing everything he loved, to the point of taking his own life.

The transmission of psychoanalysis is possible only through the experience of the analytical encounter and relationship, which is defined by a certain “deprivation in intimacy” (Leo Stone) [Stone, L., 1961, p. 160], confidentiality and an analytical setting, a situation in which they meet at the same time, as André Green said in his article “The Silence of the Psychoanalyst” [Green, A. 1990, pp.317-346]: “1. The patient’s speech; 2. The patient’s silence, non-utterance and knowledge; 3. The patient’s silence, non-utterance and ignorance; 4. The patient’s inaudible and unheard; 5. The analyst’s speech; 6. The silence, non-utterance and knowledge of the analyst; 7. The silence, non-utterance, and ignorance of the analyst; 8. The analyst’s inaudible and unheard”.

However, there is a difference of nuance/meaning between the *silent unconscious* and the *silent conscious*, just as there are differences of meaning between *intimate/private* and *secret* in the analytical setting, the psychoanalytic encounter being an experience difficult to describe objectively/scientifically in measurable quantities, which underlines the vicissitudes of the two psychisms: of the analyst and the analysand, as well as of the interaction between the two. Therefore, the lived, dreamed experience, the reverie, the unconscious experience in this relationship is difficult to transmit (*publishable*, as Bion said) to a third party. In other words, the transfer, the counter-transfer are barely transferable, borderline “non-transferable”.

Analysis is an intimate rather than secret experience, although the secret is one of the nodal centres of the analytical relationship, especially in situations of stagnation, impasse or rupture of the relationship. By arranging the setting and specifics of the analytical relationship – through neutrality, abstinence, confidentiality, anonymity – the pillars of the analytical situation (not only classic, but also contemporary), the analyst maintains or rather regulates a sufficiently good psychic, mental, emotional and physical distance of his patient’s secrets. Sometimes, the analyst discovers them or they reveal themselves to him as in a solitary psychic theatre with *n* characters in search of a truth or like pieces that are missing from the picture in order for it to be completed.

Vignette 3

Miss C, 36 years old, unmarried, had a 2-year-old girl from a violent relationship. She had been psychiatrically diagnosed with

“dissociative disorder” and came to the analysis to find out the truth about her and her family, she feels she can no longer live in falsehood and lies, as she has always been in search of the truth.

At the age of 21, looking through a box of old photos that was always there, it was obvious that her mother had been an “out of wedlock” child, adopted by a poor family – distant relatives of her own parents – but who could not have children of her own (she discovered this from a letter full of reproaches, written by her mother at the age of 14, to her adoptive parents). Through arguments with her parents, whom she then barely knew had adopted her, he finds out that she had a sister also “out of wedlock”, from her adoptive father and a woman he had abused when he was young. The adoptive mother desperately confesses that the paternal grandfather had physically and sexually abused a younger cousin and that on the paternal grandmother’s side of the family the grandmother had a severe mental illness (schizophrenia, “she was the village crazy lady”; her grandmother’s sister was an alcoholic and had 19 abortions, and in the case of one of her babies who was born, it was rumoured she let him die).

In all this family context marked by ruptures, violence and mental illness, the patient mentally collapses. After the birth of her child she experiences a severe postpartum psychosis, which brings her to the point of harming her baby, requiring hospitalization and psychiatric treatment. At the time of requesting analysis, the patient was still undergoing psychiatric treatment, but refused to abide by it and was looking for allopathic medication and therapy because she did not want to end up in a pill-dependent life and be considered the family’s “crazy person”.

In place of a conclusion

The analytical situation seems to organize a relationship between an observer and an observed, the first having the tools of knowledge (Bionian binocular vision being one of them), the other being looking for or waiting to find hidden truths (subjective, inner, unconscious).

But the analytical process is much more than this observer-observed relationship, and the transference-countertransference movements will affect that which is consciously observable. In addition, the transference-countertransference relationship is an extraordinary emotional experience (oftentimes tempestuous), in which the analyst and the analysand are in a transformative connection striving towards knowledge. Here, intimacy reveals a certain attachment, a certain tender connection, a reciprocity, a space or field in which internal contents are continuously transmitted between the analyst and the analysand, even if in different proportions or rhythms. However, any psychic space (of one or of the other) will not generate anything else in the space between the two than what exists or is co-created. Because when two psychisms / two unconscious spaces meet in order to explore the psychic world, the analytical relationship, with the asymmetry included, it becomes a *tuning*, unison, a communication (even archaic) following the interaction and transmissions.

The secret of life involves an experience, an un-metabolized experience that will make the analytical relationship a shared experience, as long as the analysand and the analyst have the ability to metabolize the barely imaginable contents together. The secret of death determines an experience and a relationship marked by confrontations, fights, ruptures, deadlocks, losses, sudden endings, when the

mortiferous predominates on stage. The analysand experiences, session by session, an oscillation between the ability to live an intimate experience (analysis) and withdrawal (unconscious or not) in a silence that imposes the secret.

I conclude with a reflection of psychoanalyst André Haynal, from the same afore-mentioned article, “The Secret Life of the Psychoanalyst” (Haynal, A., 2003, pp.215-221)

“Psychoanalysis is an experience of change for both partners. Should we accept the statement of Michael Balint (1949) that the purpose of analysis is finding again the area of “primary love”, then this experience can no longer leave the analyst indifferent. If we recall Freud’s definition: making the unconscious conscious and returning the capacity to work and love to the subject (Freud, 1912c, p123; 1923a, p. 201) – then, we can translate it into allowing the subject to extend his personality (conscious) and capacities, his potential, respectively to keep in mind, in any case a Delphic or Goethian purpose of “becoming what you are”.

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