Ambivalent Manifestations in the Neurotic Symptom Etiology

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This article seeks to focus on the clinical richness arising from obsessive patients in a small health clinic. From the choice of a clinical case of obsessional neurosis, this article seeks to explore the experience resulting from this psychotherapy, analyzing the doubt symptom from the obsessional neurosis metapsychology legated by Freud. For this purpose, it refers to the many psychopathological texts in which the father of psychoanalysis approaches this neurosis, emphasizing the anal-sadistic phase importance for this symptom understanding. From the transferential relationship, the author points out that the aggressive and ambivalent movements should be highlighted in the uncertainties analysis. It is concluded that the ambivalence between love and hate (regarding the father figure) is of extreme relevance for the understanding of this symptom.

Keywords: obsessional neurosis, anal-sadistic phase, ambivalence, doubt symptom

Introduction

From the psychotherapeutic care with obsessive patients, this article aims to elucidate a reasoning about the doubt symptom in obsessional neurosis. In other words, does the doubt symptom have any relation with the anal-sadistic phase in the obsessional neurotic cared in a small public health center in the countryside of the State of São Paulo?

In order to answer this question, the author chose a patient that he considered to be an obsessional neurotic. This patient, who the author identified with the fictitious name of Paulo, seeked psychotherapy due to the ruminant thoughts of his father death (and his father had died two years before), and he also complained a lot of chest pains.

Material and Method

From a clinical data survey about Paulo history, a review on the Freudian work is prepared on the anal-sadistic phase concept for the further analysis of this symptom.

It should be highlighted that, as this article is from my thesis studies on the obsessional neurosis identificatory problematic, this case publishing was approved by PUC-SP (Pontificate Catholic University of São Paulo) Ethics Committee, by means of protocol 173/2011.

Results

During the author’s first contacts with this patient, the author seeked to understand his complaint. In the patient’s associations, he said that the chest pain and the ambulance sirens trigger compulsive thoughts of death, and this reminds him of the time he took his father to the doctor. Throughout his history narration, the
author realized that the paternal identification “permeated” all this patient complaints. The alleged heart attack pains give room for complaints of intestinal pains. According to the author’s “concealed” memories, since the early childhood he suffered of “trapped gases”, as he himself said.

From this symptomatic complaint, the author sought to listen a little more about his childhood. All and every analyst is, according to Freud (1937), “In the search of a portrait of the patient’s forgotten years that is equally trustworthy and, in all essential aspects, complete…” (p. 276). Thus, this “mind archeologist” service is essential for understanding Paulo libidinal and identificatory history. This reconstruction allows a better understanding of his symptomatic structuring.

Paulo, when addressing the relationship with his parents in childhood, shows a very interesting expression of how the relationship with the parental figures is structured, saying: “My brothers went away and it was left to me…”. About his childhood, he says: “I had a lot of contact with my mother and with my father who worked. My older brother never worked with him, but he is also a shopkeeper today. I did not have much contact with him, and the little that is told is that I fought a lot with my brothers when I was a kid…”. His other earliest memories also date back to the age of six. At this age he had a piggy bank where he kept the coins. Since that time, he went fishing with his gather, who was much older.

When he was seven, he already attended school and remembered his third sister flirts. At that time, between seven and eight years of age, the compulsive doubts arose in the school environment. According to Paulo: “I was not a bad student. This time, I did not understand Portuguese. I had to retake tests. I had a Portuguese teacher named Sandra who marked me. She was very angry. I trembled in front of her”. In his associations, Paulo speaks about this teacher:

Connect her with my third sister? I think these are different situations. I was afraid of her. She ordered me to look in the dictionary and I was the first, but I never understood these proparoxytones…. Because of my doubts, I messed everything. The proparoxytones did not come to my mind. In mathematics, I was excellent. In Portuguese, I struggled and she failed me. This teacher insisted so much on the proparoxytones that until today I do not understand it. I did two years of the fifth grade. After that, I was always the best student…. Everything I have done in my whole live I was in doubt. I was always suspicious. I did things with doubt and it did not work...

The author noticed that the doubts referred to male and female figures, such as the boss, the teacher, the son and the psychotherapist, demonstrating the ambivalence stuck in his paternal and maternal imagos. For example, at the end of the sessions, he raises several questions, such as: “Do you think I did right or wrong, doctor?” So, the author always tried to return him the same question, not replying his demand.

Since the end of his childhood and early adolescence, he had many intestinal pains and problems with intestinal gases, which intensified at the age of seventeen. During the psychotherapy, he had several complaints due to abdominal pains caused by these gases. Every time that he could not verbalize any word that required certain tone of aggressiveness, the gases appeared. After mentioning, in several sessions, these pains, he said: “When I started putting out this volcano that was asleep through the mouth, the gases are better. Before I kept it, today I already can speak at the right time. The gases even disappeared …”.

Thus, it is worth noting the ambivalence movement that he shows due to these abdominal pains. When he started putting these gases out, the author noticed that he was less contained, listened, and absorbed more the author’s interventions. In a session, in the first year of psychotherapy, he says: “… I am calm today. Everything was like I expected…”. When something goes beyond his control, he gets totally “contained”, as he said: “Last week I had a momentary relapse. The idea of heart attack returned and the chest pain…. And these gases did
not pass. It did not go out up or under. I need to relieve myself and here is the only place I can place myself…”.

Interestingly, the old heart attack fear, a thought that plagued him due to his father’s death by heart attack,

begins to give room to abdominal pain. An expression that specifies this movement well is when he says: “If I
cannot release my volcano underneath, today I can release it through the mouth. After I started talking about
things that I think, these pains began to disappear…. Here is a place where I can calmly talk. You listen to me.

But not at home. My son does not listen to me and I do not like it…”.

The issue of the time and people control is very strong in the dynamics of Paulo. In one session, he says:

“I wonder if I am making mistakes monitoring my son? I am in a conflict. I protect my daughter-in-law, I
protect her, I do not think it is right that women call my son. I checked the calls on his cell phone and there
were a lot of women calls. Did I do the right thing?…”. Regarding the time, the author noticed that he never
delayed in any session. Time is like “gold, a great gift” for Paulo, as he says: “I have the right to 30 minutes,
and not 29 minutes…”.

Therefore, from these data brought by this patient, the author would resort to the anal-sadistic phase
described by Freud, once the author finds support on it for the understanding of this patient’s uncertainties.

**The Anal-Sadistic Phase According to the Freudian Theory**

For Freud, the second pre-genital organization is the anal-sadistic which dominant erogenous zone is the
anal. In this organization:

> The intestinal contents… have for the breastfeeding other important senses. It is obviously treated as a part of his own
body, representing the first “gift”. When disposing of it, the little creature can express docility to the environment
surrounding him, and when refusing it, his stubbornness. (Freud, 1905, p. 176)

During the anal-sadistic organization, the faeces represent the first gift that the child can give someone that
he likes, demonstrating his obedience. If he denies giving the faeces, he is expressing his stubbornness.

Freud (1905) explains that “The fecal mass retention, at first intentionally practiced to take advantage of the
masturbatory stimulation of the anal zone… is, by the way, one of the constipation reasons, which is so frequent
in neuropaths” (p. 176). The fecal mass retention during childhood may be related to masturbatory stimulation of
anal zone, as he can also be demonstrating his pertinacity in the relationship with the people who take care of
this child. And when growing, this game of retaining faeces may be symbolically present in the special
scatological rituals, in ceremonial acts and similar acts which are carefully kept confidential by the neurotic
individual.

According to Freud (1905):

> Intestinal catarrhs in the early age leave child “nervous”…. Children who take advantage of the anal zone erogenous
stimulus are denounced by retaining the faeces until its accumulation causes violent muscular contractions and, on the
passage through the anus, it may exercise an intense stimulation in the mucosa. With that, they might produce themselves
voluptuousness sensations besides the painful sensations. (p. 175)

During the anal-sadistic organization, it is very common that intestinal disorders provoke intense excitations
in the anal zone. In infant intestinal catarrhs, the boy can come to feel pleasure in erogenous stimulation while
retaining the fecal mass. In the later neurotic illness, these catarrhs that caused the anal zone stimulation
influence on neurosis somatic manifestation.

Freud (1917) states that, during the first years of life, “Faeces are the first gift of the child, a part of his
body that he only will give to someone he loves, to whom, in fact, he will make a spontaneous offer as a sign of affection” (p. 139). The act of defecating offers the first opportunity for the child to choose between a narcissistic attitude and an attitude of object love. In this way, or he shares his faeces in the name of his love or he retains it with the purpose of autoerotic satisfaction.

Freud (1918) still postulates that, “The act of ceding the faeces in favor of someone becomes a prototype of castration” (p. 89). That is, the act of providing the faeces to who he loves is the first moment in which the boy shares a piece of his own body with the purpose of obtaining the favors of anyone else.

According to Freud (1933), “The old interest in faeces becomes the great value granted to gold and money, but it also contributes to the baby and penis affective cathexis” (p. 103). The interest for the money is taken from anal-erotic sources, since the commitment on defecation disappears in later phases of adult life, emerging the interest in the money that was not present in childhood. The interest for the money enables the transfer of the primitive impulse to this new object. Therefore, the old libidinal interest for the faeces can move in adulthood, becoming the value granted to gold and money. And this same interest contributes to the baby and penis affective cathexis.

About the baby and penis affective cathexis, Freud (1917) still asserts:

In the unconscious products—spontaneous ideas, fantasies, and symptoms—the faeces concepts (money, gift), baby and penis then form a unity, an unconscious concept…. Throughout these association trails, the libidinal cathexis can become displaced or intensified. (p. 136)

The libido deposited in the faeces can displace to the penis and baby cathexis, because faeces, baby and penis “are three solid bodies; all three, forcing penetration or expulsion, stimulate a membranous passage…” (Freud, 1917, p. 141). That is, the libidinal cathexis of these three elements can displace or intensify, since they are symbolically equivalent and one replaces the other.

Freud (1913) points out that in anal-sadistic organization, “The genital zones primacy has not yet been established. On the contrary, the instinct components that dominate this pre-genital organization of sexual life are the anal-eroticism and the sadistic” (p. 345).

In a note added in 1915 to *Three Essays*, Freud (1905) recognizes that in this organization, “The division into opposites that pervades the sex life is already constituted, but they still cannot be called male and female, but rather active and passive” (p. 187). In the anal-sadistic organization, the present activity is the domination impulse through the body muscles and as a passive sexual target organ, the intestine erogenous mucosa is found. At this infantile psychosexuality constitution phase, the primacy of the genital zones is not established yet. The antithesis between male and female do not exist, but rather the opposition between active and passive.

About the anal eroticism present in the anal-sadistic organization, Freud (1913) states:

An accentuation of this anal eroticism in the pre-genital organization phase leaves behind a significant predisposition to homosexuality, in men, when the following phase of sexual function, the genital organs primacy, is reached. The manner in which this last phase is erected on the precedent, and the concomitant remodeling of libidinal cathexis, provide the analytical research the most interesting problems. (p. 346)

During this pre-genital organization, the active inclination is filled by the domain common instinct that Freud calls sadism and the passive inclination is fueled by the anal eroticism. A fortification of anal eroticism allows an inclination to homosexuality in males when the genitals primacy is achieved.

On Laplanche and Pontalis reading, the anal-sadistic phase “is the first phase in which the activity-passivity
polarity is constituted”. Freud (1967) makes the activity with sadism and passivity match with anal eroticism, and assigns to each of the corresponding partial impulses a different source: “anal muscles and mucosa” (p. 186).

In his book *Psychoanalytic Theory of Neurosis*, Fenichel (1981) declares that:

Anal eroticism always has bisexual character: The anus is, at the same time, the organ that actively expels and a hollow organ, possible to stimulate by any object that enters it…. The objective of female desires of male obsessive neurotic is… the desire that something is inserted or retained in his body. (p. 259).

On *New Conferences* published in 1932/1933, Freud (1933) highlights that, the attitude towards the libido organization phases has changed a little…. Whereas, previously, it was mainly emphasized the way how each phase passed before the next phase, our attention, now, is directed to the facts that shows how much of each prior phase still continues in the subsequent configurations…. (p. 102)

Namely, the predominance of one phase in relation to the other does not occur so suddenly, but gradually, since parts of the previous organization always coexist side by side with the latest. These sadistic impulses (which already begin during the emergence of the teeth in the oral phase) become common in anal-sadistic phase and for being the satisfaction sought in aggression and in the excretory function. During this phase, the aggressive impulses are present, because in sadism there is an instinctive fusion of libidinal and purely destructive impulses.

Freud explains that the anal-sadistic organization “can be preserved for the entire life and permanently attract for it a good portion of sexual activity…. It is proper in it that the impulses opposite pairs are developed in a roughly equal manner, in a state of things described by the convenient designation of ‘ambivalence’” (1905, p. 187). Thus, the ambivalence begins at the oral-sadistic state with the emergence of the teeth and the biting activity, becoming more frequent in the sadistic-anal phase. In this, the opposite pairs of impulses are already developed, but the subordination of these impulses aiming the reproduction will only occur in adult genital organization.

These opposite impulse pairs, the ambivalence between love and hate, are essential for understanding the doubt symptom. About the love-hate ambivalence, Freud (1915) always reports:

Love… almost does not distinguish hate in its attitude towards the object. Only after the genital organization establishment is that love becomes the opposite of hate…. Hate, as a relationship with the objects, is older than love. It results from the narcissistic ego primordial repudiation to the outside world… Love so often manifests as “ambivalent”, i.e., accompanied by impulses of hate against the same object. (p. 143)

In the adult genital organization, conscious love reaches a high degree of intensity in a way to be sufficiently strong to keep under repression its opponent. Love cannot annul hate, but only repress it in the unconscious system. And hate, in the unconscious, protected from the threat of being destroyed by the conscious operations, is able to persist and, even, to grow. This same hate can be reinforced by a regression from love to sadistic phase, because of love intensity directed towards the same object hides a hate of equal or greater intensity.

**Discussion**

Analyzing the excerpt taken from a clinical case with the problematic that he proposes to discuss, we can point out that the doubts presented by Paulo are related to love-hate ambivalence as a result of the libido fixation in his early childhood. The author stated this based on the transference relationship; since what is at stake is the paternal complex internalized at an early childhood of this patient; and also the movements of
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retaining associations (of not symbolically giving the faeces to the analyst when this patient is more contained) or to freely associate it when not suffering of trapped gases; as he himself said. The author noticed that when this patient is more “relaxed” and less “contained”, he can capture better the psychotherapeutic interventions, replying: “I fully agree with you doctor…”. But, in most of my interventions, when he is more contained, full of hate, he always replies: “I am going to disagree with you, I do not think that…”. Thus, the giving and retaining faeces is manifested, in a symbolic way, expelling the associations or in the understanding (or not) of the interventions. Here comes the doubt as a symptomatic formation against the most primitive hate for the father figure embodied in the figure of the analyst. And it is this hate that moves this patient doubts against his progress under analysis. So, the doubt still is the ultimate resistance weapon of this patient.

The ruminant doubts also highlight the relationship of master and slave in this patient. When he is less contained, he behaves as a son submissive to the father; but when he is more contained, he puts himself in a relation of tremendous revolt, complaining about the injustices of his authoritarian boss. The author noticed that in the relationship with this boss, his sense of justice is a never-ending revolt, fed by his ambivalence. Currently he is suing the company, since they reduced his salary. Therefore, all his revolt acts are demonstrated in this “hate” related to his intestinal gases since childhood.

The fact of giving or not the faeces to the analyst is also related to the paternal sadist penis that left this patient handed over the homosexuality ghost. When expelling the memories in his associations, the equation faeces-penis works as a pleasant movement, referring to the former anal eroticism of passive pleasure with the father figure, and which ramifications are currently related to the pleasure that he feels about smells and odors. On the other hand, while retaining the associations, this act expresses the old childish sadism, symbolically manifested by hate in containing the father’s faeces, denoting the activity relationship with the external environment. Thus, the activity-passivity relations are manifested by providing or not the association, the faeces, to the psychotherapist.

In addition, the author noticed that he presents a rigid superego. This inflexibility perpetuates his doubts. And from the author’s observation, he began to ease this superego and sew it. So, the author was relieving the rigidity of this instance and, therefore, as he himself said, the gases began to loosen. In this “loosening”, the doubts emerged in the therapeutic setting. These doubts, which were already part of Paulo’s life story since the age of seven, are the resistance weapons of his own self in favor of the transfer; since they denote the ambivalence of love-hate in the transference relationship with the analyst. On the other hand, this ambivalence denotes the identification with the father figure permeated with unconscious hate; since this patient walked parallel paths to the paternal ways; but which is currently present in the infantile sadism ramifications that are manifested in the fact of promoting family meetings to reach collective decisions; because if someone requests an individual decision, that causes him much embarrassment. Therefore, the fact of promoting family meetings and exercising the control over his sons puts in evidence the unconscious sadistic aspects of this patient.

Conclusion

From the excerpt analyzed above, it might be pointed out that the doubt symptomatic formation of patient Paulo evidences all the unconscious hate against the father figure, and this hate is manifested in the transfer with the analyst figure. The ambivalence between the love towards the father, such as the hate related to him and repressed in his early childhood, serves as a propelling spring of this symptom, feeding this patient resistance; also favoring (or not) his free associations. Therefore, any study of this symptom, in this class of
neurosis, necessarily has to consider the ambivalent manifestations of anal-sadistic phase; because it is in this one that we find the ambivalent impulses (of love and hate, of activity and passivity) related to external objects, fomenting these patients’ uncertainties.

References


