Women Between Sacrifice and Masochism: A Psychoanalytic Approach and an Anthropological Questioning

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Encounters with female patients who have experienced trauma linked to the anthropological conditions of women in certain Arab countries confronts the female analyst with the phenomenon of “the uncanny” and a mass of affects, which threaten to compromise her attitude of benevolent neutrality and the structural asymmetry of the analytical setting. Certain situations may provoke a sense of shock or a psychic acting-out, thus confronting the analyst with the limits of what can be analyzed. Using a clinical case as an illustration, the author would like to reconsider the hypothesis of penis envy and its connection with the socio-cultural bedrock.

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In a hospital in the outskirts of Paris, I work with many women of Maghreb origin. Madame R., 40 years old, is one such woman: born in southern Morocco, near Agadir, she left the country when she was 14 years old to join her husband who resided and worked in France. She was a housewife, and entirely dependent on her husband. But when this husband retired, he returned to live and re-marry in Morocco—polygamy is authorised in Islamic law. Alone, Madame R. had no financial resources and spoke very little French.

Madame R. needed to find a job, but any search for work was made very difficult by the fact that she could barely speak, read, or write the language of the host country. A social worker signed her up to a literacy centre which communicated to a Social Service—the psychic troubles of Madame R., who was incapable of “retaining” any words or letters in French.

Following the advice of her social worker, Madame R. started coming to me for consultations—as the only psychologist in the sector who spoke Arabic, I could conduct sessions of therapy in her maternal language.

From the first session, the patient linked her incapacity to learn with a psychic saturation which was preventing all retention. “My head is too full”, she would say. She described, in great detail, all her attempts to remember anything that she had been taught. They were all in vain. And the teaching centre responsible for her professional reinsertion was threatening her with expulsion.

I invited Madame R. to free her head of the “too full”. Therapy thus commenced, and continued for several years.

From the start, I was struck to hear her recount events that were very far, in a moving actuality. Not only was nothing forgotten, but everything remains current in the extreme density of her speech. From session to session, she talked of a series of traumas which punctuated and marked her life.

When she was two years old, she lost her father. He died when his wife was pregnant with a second child. The issue of this pregnancy was enormous. According to the Arab Muslim tradition, the woman only keeps the property of the deceased man if the posthumous child is a boy. If the widow has no son, it is the brothers of the deceased who inherit the possessions, including the house. This mother gave birth to a girl who died very quickly. To use Ferenczi's expression, the baby joined "individual non-being,"¹ from which it was not yet "divided by so much bitter experience of life" (Ferenczi, 1982, p. 79). Thus the patient lost not only her father and sister, but also her mother, who fell into a deep depression and could not provide the care needed for the psychic survival of her daughter. Madame R. was brought up by her maternal grandmother. Over many years she would move from one household to another, according to the whims of the mother's family, especially her uncles (as the tradition dictated). When she was about 13 or 14 years old, she was married to a cousin, the son of the uncle who had forced her and her mother out of the paternal home. She gave birth to a son, whom she handed over, as a gesture of redemption and reparation, to her mother. This was her only child.

Accused of infertility by her husband, he repudiated his wife and then took her back, then again repudiated her. Over the years, her body was, she said, handed over for a long series of "operations", the first of which her husband approved on the advice of the maternal uncle to "see what was wrong". The first operation took place in Morocco and was followed by others in France. The patient was not able to pinpoint the hospital or the year. It was obvious that Madame R's inscription as a wife was inseparable from this wounding of her body, a female body unable to bear more children. The patient did not experience her body as fragmented, but literally as bearing a hole.

Only after a long period of therapy was she able to slowly begin unfolding these events, so she could order them, date them and place them. I came to understand the gaps in France represented endoscopies.

Her first complaint (a woman who could not retain anything in French, not even a trace of written material, and who was threatened with expulsion by the Rehabilitation Centre) gave way to another: a woman whose body is sterile. This complaint would be followed by a questioning (which attests to a jog into movement of the thought) of several things: the sense of this sterility when she had in fact given birth to a son; the effects of the expulsion from the paternal home; the guilt at imagining the little sister killed, so she could have exclusive access to maternal love; and the feeling that she had been punished for her "nasty" wishes.

She talks about how she ran away when she learned that she was going to be given to marry her cousin. When she was found, her mother tried to make her stay with her husband: she had been sacrificed in turn offered her own daughter as a sacrificial object. The daughter gave the mother her son—the little boy was conceived only as a gift to the mother. In this sacrificial genealogy, the woman appears as a double: not only a victim, but also a heroine.

The patient said that she had been the object of several repudiations by her husband. She went from being a wife to a fallen woman. She was repudiated and taken back several times. "Why did I accept to live with a man who scorned at my dignity? I became the laughing stock of the family", she cried one day.

Complexities of Alliances

"The existence of a masochistic trend in the instinctual life of human beings may justly be described as mysterious from the economic point of view." Freud writes that if the pleasure principle dominates the psychic

¹ If the widow does not have a son, the inheritance belongs to the dead spouse's brothers.

process, so that the latter aims to avoid unpleasure and obtain pleasure, masochism initially makes no sense (Freud, 1981, p. 287).

The pleasure principle is the guardian of life. Therefore we should focus on its connections with the two types of drives, the life drives and the death drives. A portion of the latter, Freud (1981, p. 292) explains, is displaced outwards on to objects; the other part “remains inside, as a residuum of it.” This is “the erotogenic masochism proper, which on the one hand has become a component of the libido and, on the other, still has the self as its object. This masochism would thus be evidence of, and a remainder from, the phase of development in which the coalescence, which is so important for life, between the death instinct and Eros took place” (p. 293). Therefore the primary erotogenic masochism is a self-preserving mechanism *par excellence* because by blocking the death drive from reaching complete satisfaction it prevents our own destruction. Only in “certain circumstances, the sadism, or instinct of destruction, which has been directed outwards, projected, can be once more introjected, turned inwards, and in this way regress to its earlier situation. If this happens, a secondary masochism is produced, which is added to the original masochism” (Ibid).

Benno Rosenberg distinguishes between a life-preserving masochism and a deadly masochism. If masochism is a liminal space where things are linked together, the first and permanent psychic interweaving combines the life drives with the death drive. A state of distress is not in itself enough to create the primary erotogenic masochism but must first be “eroticized” (Rosenberg, 1991, p. 79).

Because of her mother’s depression, the patient was unable to accomplish this coalescence, and as a result, her psyche was left with a deadly masochism that had been insufficiently projected outwards.

The process of libidinal disinvestment undermines the binding of the self-destructive drives. “The permanence of the primary masochistic coalescence in the ego is a guarantee of the psyche’s temporality and continuity. On the one hand, it removes the need for immediate discharge by maintaining a continuum of excitation (...) On the contrary, in moments of inner emptiness, of a rupture that undermines fantasy life, the subject experiences a need for masochistically invested suffering (secondary masochism), in order to re-establish this guardian of psychic continuity” (Chabert, 2003, p. 84).

It seems to me that the traumas that had punctuated Mrs C’s life effectively silenced this primary masochistic core.

Matters are complicated by the imbrication of the psychopathological configuration with the anthropological dimension. In this case, the historical and social conditions in which many Arab women live.

Penis Envy and the Anthropological Context

Freud speaks of the little girl’s narcissistic humiliation: “They notice the penis of a brother or playmate,” he writes, “strikingly visible and of large proportions, at once recognize it as the superior counterpart of their own small and inconspicuous organ, and from that time forward fall a victim to envy for the penis” (Freud, 1969, p. 126). The little girl has seen and has decided that she does not have what she wants to have. This involves a narcissistic humiliation, which is then bound with the penis envy.

In this context, the concept of penis envy acquires a specific resonance. It seems to me that penis is particularly idealized in Arab culture, because it assumes a vital value that goes beyond a simply oedipal problem. I believe that we have not given sufficient consideration to penis envy in connection with the cultural and anthropological context of Arab Muslim culture, where “beating women” is permitted by divine decree (Adonis & Abdelouahed, 2015; Abdelouahed, 2016). The boy identifies himself as the one who beats, and the

girl as the one who is beaten. The supremacy of men over women is the subject of several Koranic verses which cultivate masochism, or for women, melancholy.

On the Uncanny

The sacrifice of women, punishment, disinheritance, and other cultural elements are recurrent in sessions with Arab patients. One day, a colleague told me, "When I listen to my female Arab patients, I feel like it's just too foreign." I was surprised to hear my own reply, "For me, it's only too familiar."

This excess (too foreign/too familiar) confines the clinician's ability to listen to what we could call "limits or liminal situations." These are "transferential situations which take the analysis of the transferential structure to its own limit" (Roussillon, 1991, p. 239). Pierre Fédida talked of a counter-transference marked by anxiety and the feeling of the uncanny (Fédida, 1992, p. 169). The story that my patient told me troubled me a great deal, because it brought me close to something that had always been there yet remained deeply buried. Now the repressed began to emerge from the shadows, and with a strong feeling of the uncanny. "The uncanny is that class of the frightening which leads back to what is known of old and long familiar" (Freud, 1985, p. 215). It describes "everything that should remain secret, in the shadow, and which has emerged" (Freud, 1985, p. 222). The feeling of the uncanny threatened the essential dissymmetry of the analytical situation. Things that the patient failed to register came up during clinical work as an attempt to prevent the transference of any interpretation, and to render sterile any attempt at registering. This "sterility" put me in contact with the traumas that had punctuated the patient's life, and that René Roussillon describes as a "return of what was not symbolised" and "threatens to destroy the space of the session" (Roussillon, 2000).

The Individual and the Collective

A series of questions must be posed. If the work of analysis consists in allowing the patient to construct her history and give meaning to the legacy of her past, how should the work proceed when the individual is so closely linked to the collective, when the sacrifice is not simply a family story but concerns a historical heritage? When counter-transference becomes marked by an "excess of presence" (Duparc, 2001, p. 713), not only because of what the patient cannot appropriate as part of her own history, but also because of something else that is always there and has to do with the historical legacy of the collective. How can we work and construct when we are faced with something that insists, persists, and continues to form the basis of a culture or religion, and even of identity? How can we dissociate individual past from the collective past and psychic present from the actual historical present? Although the analyst works with the unconscious, it is also a part of her work not to negate the historical context.

Conclusion

The symptom that originally brought my patient to our work was her inability to learn and remember—in a sense, she was penetrated by other meanings. In Arabic, the word *qara'a* means both "to read" and the fact of the female retaining the male substance that makes her be a mother. And the word *qalam* designates both the pen and the penis.

Working with the patient became a process of elaborating something around a hole, instead of holding on to some very visible appendage, so that femininity could become a positive experience, or something that exists yet cannot be seen, instead of simply being a lack. The work involves itself with this "crux of life" (Anzieu,

2004, p. 60). This went hand in hand with the elaboration of the patient's ability to internalize the good inner object.

We also began work on writing, which also requires an ability to bind, as well as the introduction of the phallic representation, without erasing the hollow as a source of germinating power. Writing refers not only to the aspects of our lives that each of us writes for him or herself, but also to the figure of the Fate, which can take on a demonic form. And the patient who began by saying "it was *maktûb*! (It was written!)" comes regularly to her sessions to rewrite her story.

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