

The traumatic in the (as) frontier of the unknown: psychoanalysis and dynamic semiotics in dialogue

Isabel Marcos (isamar@magic.fr)

Carlos Farate (ccfarate@gmail.com)

Introduction

Our address to the 29th Colloquium of the PPS on “(in)finite space: psychoanalysis and intersection of places” is aimed at presenting a new interdisciplinary domain: *Territorial Psychoanalysis*. During the next minutes we will display dialogically some of the key concepts - the “toolbox” – of this new, and hopefully innovative, interdisciplinary domain encompassing Thomian dynamic semiotics and psychoanalysis to methodologically capture the morpho-psychodynamic nature of the collective-individual historical and physically embodied built-up of a lively common human space.

Thom attacks the semiotic problem as a mathematical one. He seeks the relationship between the signs and the significations, that is to say to *think or to understand*. This approach leads Thom to a major demonstration: morphologies are universal and create the possibility to elaborate a language of forms, armed with syntax and semantics, the units of which would be local elementary morphogenetic fields that can be modeled by elementary catastrophes. This inheritance and the morphological actuality lead us to naturally elaborate a specific psychoanalytic theory founded on a symbolic psycho-morphology that we came to designate as ***Territorial Psychoanalysis***.

Morphogenesis – Morphogenetic Gradient (Salpêtrière)

Presently Salpêtrière district is made up of a very confused urban fabric. Constituted by two historical monuments: a hospital of the XVII century and a train station of the XIX century. This district is historically marked by a "repulsive attractor". What is then the true attractor, the train station or the hospital? The answer is to be found in the morphogenesis of this district, which has built no less than five dikes successively to prevent any permeability between this district and the city:

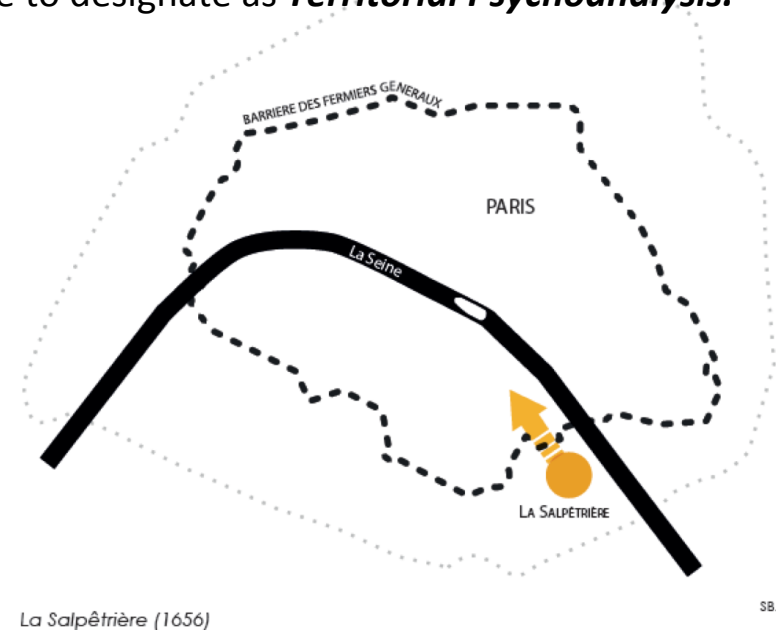
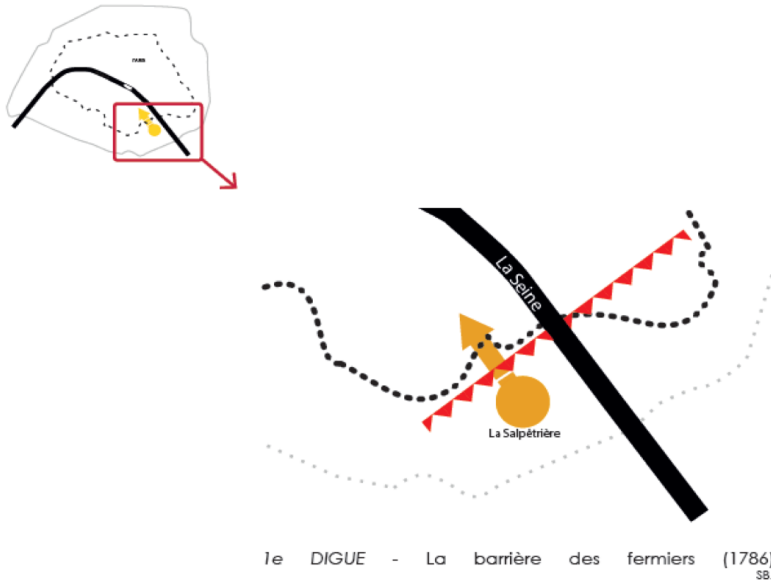


Fig. 1 – Topological position of the Salpêtrière hospital in relation to the Seine river and the limits of the city of Paris in 1656



(1) The primitive dike of the boulevard de l'hôpital emphasizes the presence of a **border**. This **border**, on the one hand, encloses the city of Paris at the administrative level while, on the other hand, separates the city from the women's prison of Salpêtrière (1656);

(2) The dike of the fence of grant of the general farmers forbidding any construction beyond this limit in 1786. The Salpêtrière becomes the place of recovery for those rejected by the city (beggars, prostitutes, the foolish, etc.). This place is therefore a "**repulsive attractor**" in relation to the city from which is separated by a barrier, establishing the impossibility of living inside at the risk of being rejected (see Fig. 1);

Fig. 2 – Between the Salpêtrière Hospital and the city an administrative dike is created in 1786: the “General Farmers” barrier that reinforces the rejection of this space to a sideline

(3) The dike is strengthened by the institutionalization of the psychiatric hospital in the 19th century (see Fig. 2). The Salpêtrière is already for centuries a "**repulsive attractor**" located at "good distance" from the city and forbidden to the urban populations establishment.



Figure n°3 – The General Hospital " Salpêtrière" is set back from the water way, for a long time the principal and founding activity of this site

(4). The railway lines of the “Austerlitz Railway Station”, in 1840, create an impassable area that isolates the hospital and the whole fringe of the 13th arrondissement of Paris (municipality). The construction of line 5, in 1906, of the aerial Metropolitan rail transport at the symbolic place of the former Farmers’ barrier isolates the hospital from the city by an aerial dike. The chaotic extension of the railway buildings in front of the main façade of the hospital hides this monument. The succession of dikes emphasizes the existence of a **morphogenetic gradient** (Fig. 4 and 5).

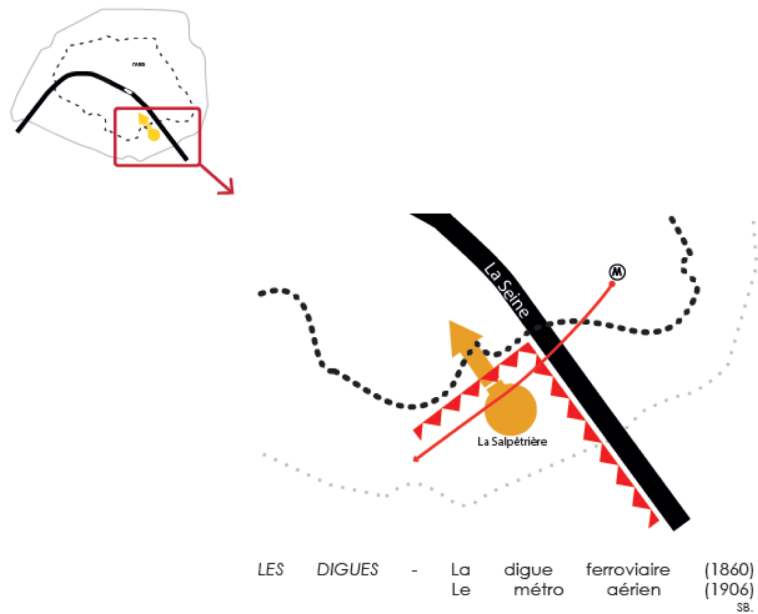


Fig. 4 – The dike of the “Austerlitz Railway Station” in 1860 and the dike of the construction of line 5 in 1906

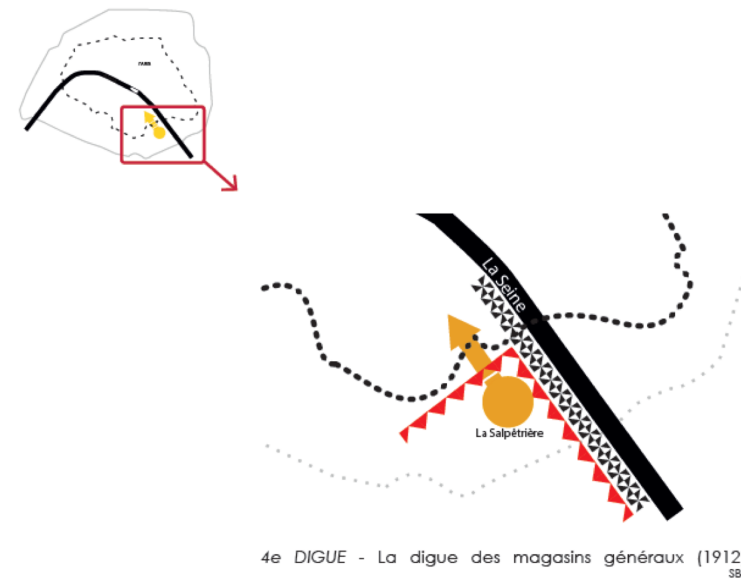


Fig. 5 – The Charles de Gaulle Bridge demolishes part of the general warehouses but the objective of linking the hospital to the Seine river is not attained

(5) The patrimonial dikes appeared in 1976, with the classification of the chapel, the main façade of the hospital and the land of the square of São Luís. Another patrimonial dike arises in 1997 with the classification of the railway station as historical monument (Cf. fig. 6). The conjunction of all the dykes described so far gives rise to **morphogenetic gradients** that disorganize the urban tissue, a structure that has its centre in a "vortex" inside the hospital (even if the psychiatric function is no longer present).



Figura nº 6 – Another patrimonial dike arises in 1997 with the classification of the railway station as historical monument

Psychogenesis – Psychogenetic Gradient (Pitié)

Pitié is a quite attractive, medium height white skin blue-eyed 38-year-old woman, with an elegant silhouette and a seductive gait, a well-succeeded environmental systems engineer with a Stanford University post-graduation. She is unhappily married to Martin, a neurologist thirteen years her elder, and has a fourteen year-old teenager son, Lucien, she cherishes a lot. She comes from a middle-class highly educated family, the elder of three sisters admired and cherished by her idealised father, a renowned Physicist and former Physics Professor at the University. The relationship with her mother is softly ambivalent with a feeble homosexual identification and superficial feminine complicity. She feels that the mother stayed too much behind her father. On the contrary she shared with the father the interest for natural sciences, geology, wildlife and science fiction and would go on long walks in the countryside, chatting and discovering plants, rocks, animals, streams of water, while the sisters would stay at home with their mother, playing and watching TV. When she was a 10-year-old pre-pubertal girl she suffered a long-time no memorisable traumatic event. Her intelligent and seductive maternal uncle, Joseph, she praised a lot at the time, has sexually abused her in a playful intrusive manner.

This unknown semiotic “thing” hidden from consciousness and repressed into a procedural memory hysterical suffering, gave rise, during the teenage years, to a turnoff from an attractive easy-going adolescent to a shy restrained girl. She would actively avoid dating with male colleagues even if that prospect often excited her libido. She ultimately developed an irritable bowel syndrome further restraining her social life. Towards the end of her college years she finally got engaged to a rather discrete, educated and shy male colleague about her age, named Jean. Their sex life has always been sparse and unpleasant. She would allow no preliminary masturbatory caresses or attouchements and Jean suffered from premature ejaculation. By that time the irritable bowel syndrome (almost) spontaneously went into remission being substituted by an anorgasmia. We can understand both the irritable bowel syndrome and the anorgasmia as hysterical-dissociative symptoms managing a “psychogenetic gradient”, a notion in conceptual dialogue with the Thomian semiotic construct “morphogenetic gradient”, that acted as a “dam” isolating the sexual-erotic drives in Pitié’s growing personality. Conversely, this sexual dysfunction seems to parade Pitié’s sexual inhibition, which was “rescued” by the birth and early upbringing of her son Lucien. By Lucien’s 3rd anniversary she broke up with Jean and four years later she met Martin, a neurologist thirteen years her elder. Whilst attracted by this well succeeded, seductive, determined and mature man she couldn’t help feeling defensively anxious, almost intimately threatened by their physical closeness. The sexual intimacy always came down to copulation and she tried to avoid caresses, erotic attouchements or any masturbatory preliminaries. Martin finally accepted what he interpreted as her skittish nature and eventually began moderating his sexual longings for her. Half a year after their got married, almost seven years ago, they were enjoying the weekend in a charming hotel in a quite attractive coastal village. After dinner and a drink in the bar they went to the bedroom. She was sleepy, a bit tired by the sightseeing of the journey while Martin was sexually aroused. He tried to make love to her but she delicately postponed his wish for the next day. After falling asleep for a little while she suddenly woke up in shock feeling the fingers of Martin rhythmically caressing her vulva, while rubbing her breasts erotically with the other hand. Troubled and quaking she jumped out of bed in panic, got rapidly dressed and without saying a word left the room silently weeping. Martin tried to follow her but with a nervous gesture she dissuaded him. She remembers wandering around the beach all night until dawn. When she regained the room Martin was awoken, sleepless and tense. She kissed him in the face, took a shower got dressed and they both went downstairs for breakfast without exchanging a word about what had happened. This dramatic “après-coup”, this obnoxious “cumulative traumatism” reinforced the “semiotic unknown” of her sexual longings and reissued the “ β -screen” of the unknowable Other, the Real of an unspeakable desire (the small a probably condensed in the libidinal longings for the phallic oedipal father) unlashd as a hysterical vaginismus coupled with psychosomatic gastrointestinal and urinary complaints.

Symptom – Morphogenetic gradient (Salpêtrière)

The Morphogenetic gradient can be equated to a border front that oscillates between the two sides of this gradient. It can also be defined as a field advancing as a front before the pioneers that are discovering new space in the USA (Richard, 2009: 232). Our example of Salpêtrière district morphogenesis allows us to identify the multiplication of dikes, frontiers, frontier fronts pregnant fields and morphogenetic gradients, that constitute the **symptom** of a "repulsive attractor" of the ex hospital of the insane.

Symptom – Psychogenetic gradient (Pitié)

Pitié's pre-pubertal sexual longings for her idealized Oedipal father, sublimated through their common libidinal interests on earthly exciting objects (rocks, streams of water, plants, soil humus) were traumatically revealed, as seductive trauma, by Joseph, a displaced erotic paternal substitute, with his playful "anatomic lessons" on her father's home office, where she would feel an odd pleasurable sensation with his masturbatory attouchements, until the moment she felt dramatically intruded by a shockingly abusive genital stimulation. The somatic-functional and hysterical-dissociative symptoms – shyness, social retreat, irritable bowel syndrome, anorgasmia – act not only as "psychogenetic gradient", or "prégnantiel field", isolating Pitié's sexual drives and erotic phantasies from the (normative) intellectual interests and investment, but also act as a "repulsive attractor" to her adult sexuality, a "sinthome" in Lacan's sense, disconnecting the Real agency, the sensual-biological unknown, from the Imaginary agency that, in spite of the "dyke-dam"-symptom, is able to connect with the Symbolic agency in a no psychotic manner (fig. 7)

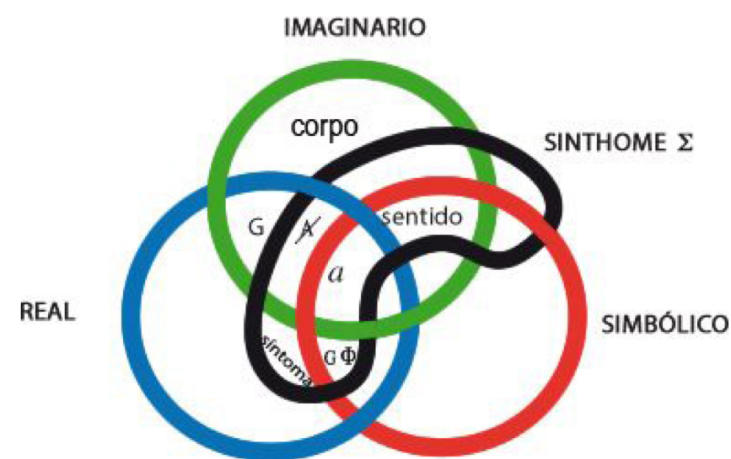


Figura nº 7 – O nó de Borromeu formados por 4 elementos entrelaçados. Correspondem a 4 registos de subjetividade

Vortex (Salpêtrière)

The urban structure is constituted by a hospital of the XVII century historically marked by "rejection". The principal facade of the hospital was designed to give dignity to the hidden function of recovery for those rejected by the city (beggars, prostitutes, "lunatics", etc.), this facade is symbolically the wall of a "rejection" and the mark of an introverted island- former prison. The metabolic functioning of this space is that of a structural lock, generating rejection around him, as a pole attracting the rejection of Parisians regarding the history of the place, bad *genius loci*. The "spirit of the place" is formed by the juxtaposition of a hospital historical monument of the XVII, a train station historical monumental of the XIX and a space between them whose limits are undifferentiated. This "remnant" space is the visible expression of the effects that the primary symbolic "**repulsive attractor**" space exerts on its environment. It acts like a **vortex** that generates around it a dysphoric area that spreads inside the hall itself, invaded by catchall activities unrelated to the place. The work of urban reworking will have a symbolic effect on this site, more precisely will be able to give it a value of its own implying a symbolic change to a different "spirit of the place".

Vortex (Pitié)

This is the part of the unconscious (drive agency in freudian 2nd topology) that is excised-rejected from Pitié's conscious (ego 2nd topology), or, in a Bion-Klein perspective, the protomental oneiric no thinkable β -elements provoking a fight-flight basic assumption against her sexual drives. This primitive unthinkable emotional sensorium can also be taken as "the thing" (Lacan's "Das Ding") that stimulates a "beyond the pleasure principle" hallucinatory *jouissance* either through the cumulative traumatic episodes, or through the traumatic dream she brought to analysis. We refer here to this traumatic dream: she finds herself in front of a beautiful cottage she identifies as her parents' weekend demeure. The day is shiny and she feels in a good mood. She enters the cottage but inside the scenario changes dramatically. The house is empty, there's no one inside and the rooms seem drowned in a misty surreal atmosphere. She senses the heavy air while she directs her steps to the large dining room. When she gets there she notices that the furniture is covered with white sheets. There's a dusty atmosphere and she begins to breathe with difficulty, almost suffocating. She wants to leave the room but has no strength since she is losing her breath. Then as she is wandering in this phantasmatic scenario she notices the furniture is strangely moving and shaking and she feels a weird dreadful sensation all over her body. She wakes up in panic still feeling the strange hallucinatory sensation all over the body. It's important to notice here that both the dream and the traumatic-hallucinatory episodes act as a "repulsive attractor", a notion used here in analogy with dynamic semiotics that keeps Pitié "quarantined"-rejected from her instinctual life.

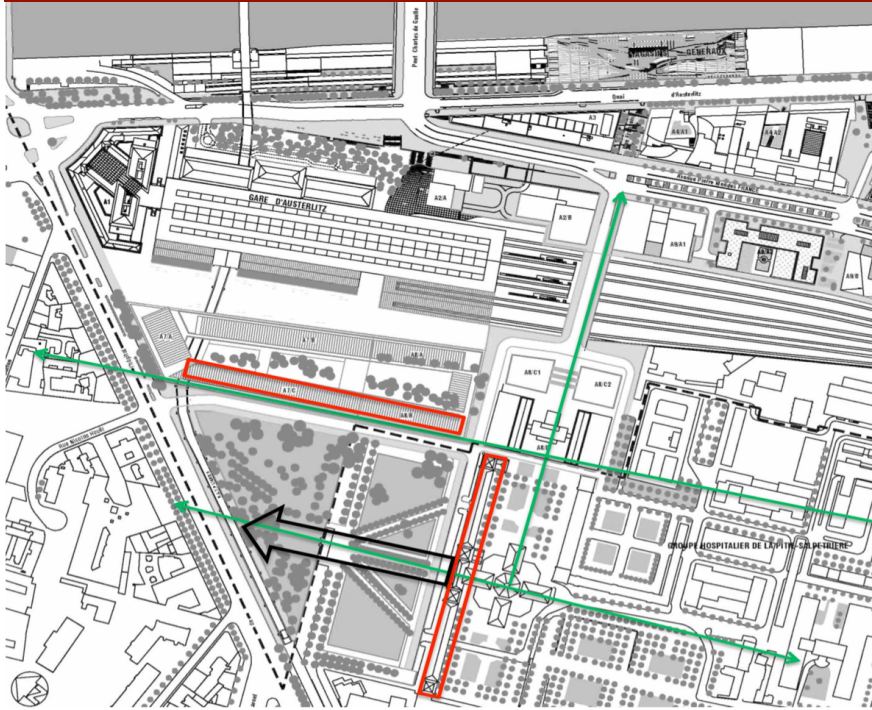


Fig. 9 – The reestablishment of the perspective on the main façade of the hospital eliminates the “chaos” installed since 150 years ago.

- (1) the establishment of the green marked axes that open the hospital space;
- (2) the crossing by the railway lines (thus depleting one of the morphogenetic gradients);
- (3) the rehabilitation of the two squares in a single square in front of the monumental façade of the hospital;
- (4) the construction of a building perpendicular to the main façade of the hospital.

Each of these elements will be able to progressively integrate this space into the urban fabric by transforming the "dikes-dams" into places valued by threshold.

Vacuum (Pitié)

In Pitié's life the vacuum is represented by the Ego Ideal disentangled from the repressed incestuous sexual drive towards the Oedipal paternal figure. Also by the feminine-maternal investment on a couple-child family organization that partially recovers the Oedipal maternal-parental couple secondary identification.

Frontier (Salpêtrière)

Regarding the apprehension and reconstitution of the shape of Salpêtrière district by morphogenesis, the bordering (“mise-en-frontière”) is constituted by the following phases:

- (1) the **border** of the *boulevard de l'hôpital* and the **border** of the *fermiers généraux*;
- (2) the emergence of a “**repulsive attractor**” gives rise to a **prégnantiel field**;
- (3) the multiplication of frontiers: physical, functional, patrimonial, gives birth to several **morphogenetic gradients** that encircle a **vortex** around the hospital.

Frontier (Pitié)

The lines of frontier in Pitié's life that keep the internal and external boundaries in spite of the vortex, "repulsive attractor" PS field that sabotages her sexual freedom as a woman and put at stake her narcissistic-objectal equilibrium emerge from the vacuum we referred to before: the Super Ego-Ego Ideal excised from the hysterical-dissociative, traumatic-hallucinatory primitive (β) elements that allows her to invest a intellectual-professional career; the α -contact barrier authorising the no psychotic libidinal investment of a couple-child adult line, through the elaboration of a depressive position (reinforced by her analysis).

Pregnancy - Prénantiel field (Salpêtrière)

Salpêtrière hospital appears initially as a pregnancy. As the virtual contents are progressively updated, as we have mentioned in the unfolding of their morphogenesis, these pregnancies will be converted into **prénantiel fields** that gradually transform the "**repulsive attractor**" hospital space. This repulse happens when the valued objects (in this case the hospital space) are invested of values perceived as negative by the subjects strolling in the space.

Pregnancy – Prénantiel field (Pitié)

Pitié's pregnancies are based on inner and outer perceptions that structure her psychogenesis. There is clearly a dual sensualist prénantiel field during childhood that shapes her feminine identity: (1) the libidinal investment and secondary identification to an idealized oedipal fatherly figure; (2) in the opposite side, the no memorisable, seductive-incestuous guilt-laden traumatic fact-fantasy that repressed her feminine physicality to the present day, imposing restraint to her amorous-sexual investments. This dual prénantiel field allows for a conflict dynamics furthered on her personal analysis to the point of (possible) the future resolution of her sexual inhibition

Salience (Salpêtrière)

From the **prénantiel field** that surrounds the Salpêtrière neighbourhood stands out a salient shape that is the space of the hospital. This is a **salience** since it plays a role, in this case a de-structuring one, of the Salpêtrière neighbourhood

Salience (Pitié)

The dual prégnantiel field results in a dual salience outcome (action-behaviour): (1) on the one hand, the choice for a marital-maternal objectal investment and the option for a personal analysis able to free her from her adult sexual inhibition; (2) on the other hand, the on-going imprisonment in a hysterical-dissociative symptom (vaginismus) and the inhibited sexual intimacy putting her marital-couple life in jeopardy.

Conclusion

In order to present our epistemological démarche we resorted to a double case study. The first case concerns an urban “collective” space-institution historically significant to Psychoanalysis, Psychiatry and the city of Paris, Salpêtrière. The brief clinical vignette of Mrs Pitié, a woman that has been in personal analysis for three years now, constitutes the individual case in study. The tools we selected from this new interdisciplinary field were as follows: *morphogenesis*, *psychogenesis*, *symptom*, *vortex*, *vertex*, *vacuum*, *frontier*, *pregnancy* and *salience*.

We began by the *morphogenesis-morphogenetic gradient* of Salpêtrière and the *psychogenesis-psychogenetic gradient* of Pitié towards the actual-past, or past-actual, traumatic event (*trauma*) that shaped their lives.

The *symptom* has been schematically released, implying the obligatory allusion to the concepts of *vortex* and *vertex* not only to allow for the representation of the internal fight-flight against a threatening “semiotic unknown”, but also to give an account of the internal *dynamics of conflict* that finally built-up the *frontier* in both of them

The “mise-en-oeuvre” of the *frontier* represented the key-moment that symbolically filled the *vacuum* and allowed for the *pregnancies* of the *drives* moving along the ditches (dams) that outline the (cyclically) renewed space to be perceived and worked-through by both the subjectifying object and the objectifying subject.

Finally the imaginary *enactment* of Real (unthinkable) past-actual traumatic experiences (*trauma*) yet not thought-remembered and *introjected as pregnancies* either by the living subjects inhabiting the renewed physical space (Salpêtrière) or the internal objects inhabiting the mental space (Pitié), tacitly influenced the *saliences* that contributed to shape the intersubjective feeling of both the urban site and the private Self, until new meaning can be generated by the reassessment “raisonné” of the morphological psycho-dynamics and the psychological morpho-dynamics at play in the present day.



THANK YOU VERY MUCH

*Isabel Marcos (isamar@magic.fr)
Carlos Farate (ccfarate@gmail.com)*
