

# The death drive: Conceptual analysis and relevance in the Spanish psychoanalytic community<sup>1</sup>

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*Based on a six-year doctoral research, the author carries out a historical, epistemological and paradigmatic assessment of the controversial concept of the death instinct. The author analyses this notion's speculative nature; its relation with the second principle of thermodynamics; the feasibility of a return to an inorganic state; the death drive's metaphorical and isomorphic uses, as well as its theoretical and doctrinaire approaches; its relationship with repetition compulsion and masochism; the influence of Freud's scientific background on its formulation; and its context-dependent meaning. Although this paper stems mainly from the theoretical aspects of the study, it also offers some clinical thoughts on the basis of a clinical vignette. The author stresses the underlying healing aspects of repetition in the analytic situation. Next, he presents concise comments on his empirical research on the current professional usage of the death drive in the Spanish psychoanalytical community. This research covered more than 27% of Spanish psychoanalysts (IPA) and psychotherapists (EFPP). The essay's conclusions point to the ambiguous character of the death drive concept and its literal unacceptability and the absence of consistent arguments for its acceptance.*

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I know better and better that the only valid knowledge is that which feeds on uncertainty, and that the only living thought is that which keeps itself at the temperature of its own destruction.

(Morin, 1977)

## I. Introduction

In 1920 Freud put forward his last drive theory, which introduces the conflict between the life and death drives. Starting from a general assessment of the concept of the death drive – which has provoked the most debate among psychoanalysts – I analyse its relevance within the Spanish psychoanalytic community. The controversy triggered by this notion in the psychoanalytic field has been such that it was chosen as the theme of the First Congress of the European Psychoanalysis Federation in 1984 in Marseilles. The papers presented accepted the death drive (Segal), rejected it (Yorke),

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<sup>1</sup>Translated by Judith Flic.

qualified it (Rechardt), or explicitly reinterpreted it (Laplanche, with his notion of sexual death drive).

A large part of the debate that has emerged around this concept is not only scientific or clinical, but also ideological. Belief in the death drive was tacitly used as a sort of label that differentiated Kleinians from other groups within the British Psychoanalytical Society, becoming a ‘hallmark’ for the Kleinian School (Spillius, 1994). Meltzer (1978) has remarked that the disagreement with regard to this notion has not harmed psychoanalysis. It is a rather trivial matter that has become the stage for psychoanalytic politics and might very well represent our “present-day still rhetorically compartmentalized theoretical pluralism” (Wallerstein, 2005a, p. 626).

When arguments in a controversy persuade one psychoanalytic trend but bear no value for the other, it is because each group follows different *premises*. Premises are the general principles and concepts that organize a theoretical perspective (Bernardi, 2002). This first obstacle to a fruitful debate is compounded by the fact that practitioners’ viewpoints do not stem exclusively from their theoretical training. They also derive from the analysts’ personal history and analytic experience, both as patients and as analysts. Questioning our theories is not just an intellectual endeavour; *it entails a challenge to our vital perception of our science*. In this process, emotional forces come into play that do not facilitate dialogue. If we add the narcissism with which we overinvest our theories (Rothstein, 1980) and the institutionalized nature of scientific activities, with the ‘loyalties and dissents’ that develop within each organization (Grinberg, 1981), dialogue often becomes an unreachable goal. In Green’s words: “For my part, during my psychoanalytic experience I have never heard any productive dialogue taking place between two authors who subscribe to conflicting theories” (Green, 2005 p. 629). These difficulties are intensified by the very *nature* of our object of study, *unconscious processes*, which must be inferred rather than observed. Our object of research, therefore, is subject to interpretation, posing a new challenge. Russell describes it as follows: “Even the words that we most desire to render scientifically impersonal require for their interpretation personal experiences of the interpreter” (1948, p.104). In this way, the validation of psychoanalytic theorization is hindered.

The complexity of our science demands a measured approach, to say the least, to the explanation of clinical phenomena – a missing feature, in my view, from the hypothesis of the death drive.

## II. The hypothesis

From the beginning Freud was interested in the repetitive nature of numerous clinical phenomena, such as Dora’s first dream: “A periodically recurrent dream was by its very nature particularly well calculated to arouse my curiosity [...]. But the figures do not quite fit in to my satisfaction yet” (Freud, 1901, pp. 64–6). In *Remembering, repeating and working-through* Freud (1914) discussed the compulsion, in the context of the transference, to repeat experiences that have been repressed and cannot be remembered. In this way, transference neurosis replaces primitive neurosis. In *The uncanny* Freud

(1919) expanded the horizon of repetition compulsion. He suggested that it originates in the innermost aspect of instincts, and points out that its nature and intensity are such that they seem to violate the pleasure principle – the regulating norm of all human activity. Yet it was not until 1920 that Freud decided to link repetition compulsion to the hypothetical death drive.

While he acknowledged the speculative nature of his new theory, Freud based it on various clinical observations, such as post-traumatic dreams, the ‘fort-da’ game, and patients’ compulsion to repeat painful experiences. This compulsion is manifested in transference neurosis, in ‘destiny neurosis’, and in the fact that people go from tragedy to tragedy, giving “the impression [...] of being pursued by a malignant fate or possessed by some ‘daemonic’ power” (Freud, 1920, p. 21). Freud used the adjective “daemonic” to describe motivational forces that recurrently lead to behavioural patterns resulting in frustration, misfortune and tragedy. The explanatory inadequacy of the pleasure principle allowed for the emergence of the hypothesis of the death drive:

Starting from speculations on the beginning of life and from biological parallels, I drew the conclusion that, besides the instinct to preserve living substance and to join it into ever larger units, there must be another, contrary instinct seeking to dissolve those units and to bring them back to their primaeval, inorganic state [...] It was not easy, however, to demonstrate the activities of this supposed death instinct.

(Freud, 1929, pp. 118–9)

Despite this precise definition, one of the hypotheses that guided my research was the *absence of a unified notion of the death drive*. Hoffman (2004) points out that the introduction of this concept has created such confusion that its opponents do not know what they are attacking, and its defenders are confused about what they are defending. This assessment is key to understanding the complexity of the idea. Contrary to my expectations, during the first years of my research my doubts about the death drive increased. Each practitioner is likely to attach a personalized meaning to this notion. For, what are we talking about when we say *death drive*? Do we *assimilate*<sup>2</sup> it to Rosenfeld’s ‘destructive narcissism’, to Bion’s ‘attacks on linking’, to Green’s ‘disobjectalizing function’, to Freud’s ‘return to an inorganic state’, and so on? Do we use it in a metaphorical or literal sense? Do we conceive of it as a metapsychological notion or as a psychological phenomenon? Is it a demonstrable biological principle, a fundamental psychic aspiration, or a universal principle that rules both animate and inanimate systems? Is it autonomous of the sex drive, or is it an unbound and radicalized form of this drive? From an epistemological ontological perspective, do we accept its actual existence, or is it a *concept* that would serve to organize data from clinical experience?

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<sup>2</sup>These various meanings refer basically to the same theoretical reality posited by Freud in 1920. I use *assimilation* in Piaget’s sense of fitting the notion of death drive into each author’s theoretical framework. Each of them attributes a particular semantic connotation to this notion that changes its original meaning. In this way, we come close to the idea of conceptual *elasticity* (Sandler, 1983), which refers to the existence of a series of meanings that depend on context. Despite the enrichment it provides to clinical understanding, such elasticity brings about increasing conceptual fragmentation. In the end, lacking a common language, we are forced to occupy an ever smaller intellectual ground (Fonagy *et al.*, 2001).

### III. Conceptual analysis of the death drive

#### *Metapsychological and speculative nature*

Due to its level of abstraction, the death drive belongs in the metapsychological<sup>3</sup> dimension of Freud's work (Wäelder, 1962, 1967). It has been categorized as a speculative–philosophical or theoretical–intuitive construct (Villamarzo, 1989) that, being an abstract frame of reference and not an inferred entity, hinders its own epistemological validation. Freud's research methodology led him to resort to these ancillary and speculative concepts. These 'theoretical fictions' (Freud, 1900)<sup>4</sup> devoid of clear content, such as *drive*, *psychic apparatus* and *libido*, served to organize the observed material in the manner of the classical sciences: "... it will be entirely in accordance with our expectations if the basic concepts and principles of the new science (instinct, nervous energy, etc.) remain for a considerable time no less indeterminate than those of the older sciences (force, mass, attraction, etc.)" (Freud, 1938, p. 159). Such concepts cannot be verified through observation; their value is solely heuristic (Fulgencio, 2005). They constitute a methodological guide that organizes research and may fill the gaps in empirical theories: "Instincts are mythical entities, magnificent in their indefiniteness. In our work, we cannot for a moment disregard them, yet we are never sure that we are seeing them clearly" (Freud, 1932, p. 95).

Freud alluded to the speculative nature of his theory throughout his life. Before making these ideas public he told Ferenczi: "I am writing the essay 'Beyond the Pleasure Principle' [...] In it I am saying many things that are quite unclear, out of which the reader has to make the right thing" (Falzeder *et al.*, 1996, p. 341). Years later (on 27 May 1937) he wrote to Marie Bonaparte: "I beg you not to set too much value on my remark about the destructive instinct. They were only made at random and would have to be carefully thought over before being published" (Freud, 1929, p. 63).

It is hence worth questioning Segal's (1993) assertion that Freud described the death drive as *biological speculation* partly as a defensive move, because he realized the great resistance he would encounter. Freud viewed his metapsychology as a harmless superstructure that would remain so as long as its speculative nature was not forgotten, and could be dismissed or refuted without regret at the right time. In his own words:

It will be sufficient to say that it appeared a legitimate course to supplement the theories that were a direct expression of experience with hypotheses [...] which could not be a subject of immediate observation. The very same procedure is adopted by the older sciences [...] Such ideas as these are part of a speculative superstructure of psycho-analysis, any portion of which can be abandoned or changed without loss or regret the moment its inadequacy has been proved.

(Freud, 1925, pp. 32–3)

<sup>3</sup>Home (1966), Gill (1976), and Klein (1976) assert that metapsychology's scientific–natural framework is unsuitable to elucidate facts that originate in clinical practice. It does not refer to the patient's subjective experience, and belongs in the context of the impersonal structures of the natural sciences.

<sup>4</sup>"We have already explored the fiction of a primitive psychical apparatus [...] such an apparatus is to that extent a theoretical fiction" (Freud 1900, pp. 598–603).

### *Metaphoric or isomorphic analogy?*

Segal (1993) rightly recalls the clinical facts leading to Freud's suggestion of the existence of a death drive, providing clinical vignettes that seem to justify the concept.<sup>5</sup> Nonetheless, Paniagua (1982) highlights some false isomorphisms in *Beyond the Pleasure Principle*. Among these are the analogies between fish and bird migration and repetition compulsion, and between the undifferentiated vesicle of excitable substance, with its receptive membrane, and the organization of the human psyche. Freud described this vesicle as surrounded by a differentiated and hardened surface that filtered external stimuli, thus protecting the internal protoplasm. He interpreted these metaphors of psychic functioning literally, transforming them into isomorphic analogies. We are thus no longer dealing with a linguistic tool to understand mental functioning. The metaphorical comparison between the functioning of the vesicle and the conscious system has become inductive reasoning. What happens to the vesicle, therefore, also happens to the conscious system. It is obvious that Freud wanted to use isomorphic comparisons that encompassed all inorganic life. These analogies, however, violate the laws of inference. Metaphorical analogy has usually been considered unsuitable for scientific language. Metonymic continuity, by contrast, fulfils one of science's basic aspirations, namely, finding universal causes and principles that may be applied to different dimensions of reality.

Laplanche (1970b) points to the ambiguity between metonymy and metaphor in *Beyond the Pleasure Principle*. The model of the protoplasmic cell is at times viewed as a metaphor, and at times as metonymic continuity. As Laplanche puts it: "To make sense of the death drive, we cannot consider that the biological myth developed by Freud in *Beyond the Pleasure Principle* is scientifically valid" (1970b, p. 42). In this sense, Meltzer (1984) explains that Freud debated between an anatomical-physiological model and one that addressed specifically mental phenomena. Freud believed that mind and brain were identical from a phenomenological viewpoint. He thus created a model that enabled him to structure a metaphor that was confused with a theory. Nonetheless, we can find passages in Freud (1915) where he questions the likelihood of reducing the psychic to the cerebral:

Research has given irrefutable proof that mental activity is bound up with the function of the brain [...] But every attempt to go on from there to discover a localization of mental processes, every endeavour to think of ideas as stored-up in nerve-cells and of excitations as travelling along nerve-fibres, has miscarried completely [...] There is a hiatus here [...] Our psychical topography has for the present nothing to do with anatomy.

(Freud, 1915, pp. 174–5)

Consequently, to be considered plausible the death drive must be interpreted in a figurative way, as Rechartd pointed out (see Folch and Eskelinen, 1984).

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<sup>5</sup>Chessick (1992) states that trying to *prove* the existence of the death drive through clinical material is a mistake. We would fall into the error of *demonstration through selected examples*. Illustrations do not *prove* but *support* an argument. Referring only to examples that favour our argument and not probing into those that contradict it constitutes a fallacy.

From this perspective, it represents the active and ‘obstinate’ struggle to retrieve a state of peace, or the effort to rid oneself of disturbing experiences. Death would be but a particular guise of this peaceful state; destruction, the means to that end. We are not dealing here with a provable biological principle but with a basic psychic aspiration. This author contends that Freud’s writings have been interpreted as a failed attempt to find biological evidence to confirm his point of view, rather than as an attempt to find a suitable thinking model. His biological speculations may be compared with scaffoldings that served to build a theoretical model of the psyche. These should have been dismantled once the building was completed.

Conceiving of the death drive as the restoration (through the shortest or most destructive route) of a state of absolute stability that eliminates the tensions inherent in human life constitutes a mistaken simplification of the life flow.<sup>6</sup> The life drive also tends to create a state of stability – not in the sense of the Freudian principle of inertia or of Fechnerian stability, but in that of homeostasis as described by Breuer (Breuer and Freud, 1893–1895) in *Studies on Hysteria*. This drive also seeks a state of balance and appeasement that facilitates rather than counteracts life itself. We are talking about a tendency to a decrease in tension comparable to the Epicurean notion of pleasure. Epicureans do not view pleasure as sensory gratification but as happiness, which is equated with a state of calm, of serenity (Hottois, 1997). This idea recalls Meltzer’s (1997) move to separate pleasure from sensuality so as to tie the former to Bion’s ‘K’ factor: “The tremendous pleasure of understanding”.<sup>7</sup>

### *The ‘context of discovery’: Creditable arguments for rejection?*

We may find two kinds of arguments for or against the death drive: *scientific*, which refers to the context of justification, and *psycho-biographical*, which refers to the context of discovery. The latter include Freud’s fear and superstition regarding death (Schur, 1972), and the deaths of his daughter Sophie (Grubrich-Simitis, 1993) and of his close friend Freund (Lehmann, 1983). An example mentioned by Reichenbach (1938) sheds light on this discussion. The analogy between the Holy Trinity and the solar system helped Kepler to develop his research, but the final theory, empirically justified, has nothing to do with theological speculation. What matters for scientific justification is how theories are justified once they have been developed, rather than the social context and the psycho-biographical circumstances of their development. Those who reject the death drive often overestimate the context of discovery. By contrast, when we accept a theory we do not usually analyse such a context. In this sense, *many theories currently viewed as scientific emerged from contexts of discovery that would not pass a rational*

<sup>6</sup>We agree with Caropreso and Simanke (2008) that it is not possible to establish a symmetrical opposition between the life and death drives, for they are both ruled by economic principles that seek the release of tension. Nonetheless, this drive dualism may be justified in so far as to understand reality, our mind classifies it into dichotomies (white–black, inside–outside, good–bad, and so on) that are the product of the activity of the lower parietal lobe. Reality, however, is likely to be much more complex than this dual categorization (García-Castrillón F, 2003a).

<sup>7</sup>Personal communication (Meltzer, 1997).

*justification test* (Chalmers, 1999). I am not denying here the existence of a context of discovery in the genesis of the death drive. I am simply pointing out that such a context is often used to reject this notion. It is true, however, that the more abstract a theory, the more it is shaped by unconscious and subjective factors (Brierley, 1958).

### *Influence of Freud's scientific background in its formulation*

Freud simultaneously resorted to an anatomical–neurophysiological model of the mind, permeated by the current positivism, and to a model of mental functioning focused on the significance of subjective experience (Hill, 1971). The scientific natural conception of the mind led him to explain clinical phenomena from a quantitative perspective and with a quasi-physical meaning. He would thus logically find in the drive theory a good working model (Freud, 1895; Greenberg and Mitchell, 1983). The idea of the death drive recognized the same guiding laws for psychic, biological, and physical processes. Furthermore, it reflected Freud's belief in the link between psychology and physical sciences and natural phenomena (Rangell, 1972). This link confirmed the scientific nature of the death drive within the epistemological framework of the time. From this Freudian aspiration to unify the various sciences stems the connection between this concept and the second law of thermodynamics.

### *The death drive and the second law of thermodynamics*

Associating the death drive with the law of increasing entropy involves assuming the existence of a universal principle that encompasses all living and non-living matter. According to this rule, drives act as natural principles or forces, but not as drives in the psychoanalytic sense (Bernfeld and Feitelberg, 1931). The entropy principle, however, is valid only for closed systems and cannot be applied to organic (open) ones (Szasz, 1952). Several researchers have shown that life bears anti-entropic features and self-organizing processes, as well as a universal tendency to complexity<sup>8</sup> that is not ruled by the second thermodynamics principle (Prigogine 1947, 1978; Prigogine and Stengers, 1984; Schrodinger, 1944). Bertalanffy (1968) asserts that since human beings are living systems, they do not seek balance in the same way as inorganic ones. Fechner's law, therefore, cannot be applied to biological systems. Freud confused a fundamental law that rules inanimate matter, for which the terms 'purpose' and 'function' are inappropriate, with biological processes, which demand an adaptive and evolutionary analysis (Mayr, 1982).

### *The 'return' to an inorganic state: Plausible hypothesis?*

In my view, this basic hypothesis of the death drive establishes a continuity between the animate and inanimate worlds that lacks scientific justification. Living organisms are *categorically* distinct from inanimate systems (Mayr,

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<sup>8</sup>Freud (1920, p. 41) states that: "There is unquestionably no universal instinct towards higher development observable in the animal or plant world, even though it is undeniable that development does in fact occur in that direction".

1997). The type of reduction performed by Galilean science on the regularities of the inanimate world cannot be applied to the qualities of the psychic world (Ahumada, 1999; Peterfreund and Schwartz, 1971). The return to an inorganic state would be thoroughly questioned if “the unique characteristics of living organisms [were] not due to their composition but rather to their organization” (Mayr 1997, p. 31). Monod (1971) suggests that life emerged from inanimate matter through a highly improbable combination of fortuitous circumstances. The appearance of life might have been an event of not just low but *zero probability* (Popper and Eccles, 1977, p. 28), a hypothesis that converges with current emergentist<sup>9</sup> explanations on the origin of life, such as those of Hazen (2005), with his notion of ‘emergent complexity’. Consequently, the origin of life may become an impenetrable barrier for mechanistic science and all its attempts to reduce biology to chemistry and physics (Mayr, 1997). In view of these reflections, I believe that assuming a psychic tendency that links us to an inorganic state, as Freud did to the end, is a highly questionable theoretical stance.

### *Compulsion to repeat: A conclusive argument to accept it?*

No clinical argument constitutes proof of the existence of the death drive. Clinical pictures may be interpreted in manifold ways and cannot be considered a direct expression of drive functioning (Green, 1986).

We cannot undervalue the destructiveness that often characterizes the *compulsion to repeat* that underlies the phenomena described by Freud in 1920 (transference, post-traumatic dreams, the reel game). Nonetheless, such compulsion is not necessarily tied to the *demonic*. Numerous psychoanalysts have stressed its role in relation to mastery. It might represent the preservation of something that has been achieved, or a necessary factor to maintain identity (Lichtenstein, 1961). In the ideas of Lagache (1953), based on the *Zeigarnik* effect, we find a plausible explanation for this compulsion: *what is repeated is a need; there is no primal need to repeat*. What is repeated is the need to finish the task, to close the structure. In transference repetition, the underlying desire is to complete something that was left incomplete; to close a structure that had remained open; to seek a solution for unsettled issues. Unresolved problems emerging in the transference concern decisive developmental stages and require an object relation for their resolution (Etchegoyen, 1986).

At the same time, there does not seem to exist a simple and univocal answer to the persistence of post-traumatic dreams. Yet, as Freud acknowledged and other psychoanalysts have stressed, these dreams do not constitute conclusive evidence against the pleasure principle. Several authors have claimed that dreams are not faithfully repeated; distortions do appear (Garma, 1946). Stewart (1967) and Silverberg (1948) have described traumatic

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<sup>9</sup>Emergentism is the belief in emergence: systems can have qualities not directly traceable to the system's components. These new qualities are irreducible to the system's constituent parts. The whole is greater than the sum of its parts. An example is water having a new property when hydrogen and oxygen combine to form H<sub>2</sub>O (water). It ‘emerges’ a new property of a transparent liquid that would not have been predicted by understanding hydrogen and oxygen as gases.

dreams as attempts by the ego to master a traumatic event through repetition. Balson (1975) shows that, as time goes by, the soothing role of dreams becomes more evident. Furthermore, post-traumatic dreams perform additional functions, such as healing narcissistic injuries caused by traumatic experiences. These dreams must not be considered an exception to dream theory. Rather, they represent “a more general phenomenon which is at the root of all dreams and is merely magnified in cases of trauma” (Anzieu, 1993, p. 140). In each dream we may discover a potential trauma (Garma, 1966). We cannot escape in our dreams the suffering experienced during childhood or the pain implicit in everyday life (Sandler, 1976).

Concerning the reel game, Gill (1984) mentions Lacan’s analysis, highlighting the French analyst’s linguistic approach when pointing out that the child handles the mother’s absence by putting a word in her place. The game, explains Sopena (1996), involves a drive renunciation and, if it repeats something displeasing, it does so in order to work through this experience and acquire some mastery over reality [Barros’s (1996) substitutive repetition]. Such behaviour does not go against the pleasure principle; it does not bear the demonic nature attributed to other repetitions. The mastery function may be tied to the ‘*instinct to master*’ (Hendrick, 1942, 1943), which gives rise to the specific pleasure of successfully performing a function. Other authors (Kubie, 1939; Schur, 1966) have also associated this instinct with the ego’s mastery pleasure. Moreover, games such as the one described by Freud involve symbolizing processes (Sopena, 1996), problem resolution (Steiner, 1992), and autonomy acquisition.

### *Masochism and the death drive*

In psychoanalytic literature, masochism has been described as a metapsychological construct, as a constant human dimension (Monchy 1950; Rosenberg, 1991), or as indissolubly linked to sadism (Moore and Fine, 1990). Freud viewed masochism as secondary to sadism until the appearance of the last drive theory. I do not believe that it is possible to determine the innate primacy of masochism over sadism. Sado-masochism is a basic dimension of intersubjective life (Lagache, 1961). Furthermore, there are universal phenomena such as envy that place the subject either in an unpleasurable position that generates suffering (masochistic, in short), or in a sadistic position, with the diversion of aggressiveness to the outside. Take the Queen in *Snow White* – does she not suffer as much as she makes others suffer (García-Castrillón F, 2005)?

Maleson (1984) provides an example of the various ways to approach masochism. It may be defined, for instance, as the exercise of infantile omnipotent control over others by provoking punishment (subjugating and controlling the subject through one’s own martyrization). Stolorow (1975) believes that masochistic (and sadistic) activity serves the narcissistic function of restoring cohesiveness, stability and positive affective tonality to a precarious, threatened and damaged representation of the self. Fenichel (1945), Berliner (1947, 1958), and Bergler (1949) have highlighted the exhibitionistic component of masochistic personalities. Exhibitionism serves to

compensate the self's structural deficiency and deteriorated representation. The presence of a real or imaginary audience (Kohut, 1971) that witnesses the dramatization of the subject's misery gives rise to a visual affirmation of the self (Brenman, 1952; Socarides, 1958). Associating, therefore, masochism with the death drive may overload this causal variable and its drive dimension, leading us to lose sight of the overdetermined nature of every psychic phenomenon posited by Freud. Laplanche (1986) stresses the contradiction inherent in the concept of the death drive. Opposing tendencies are ascribed to the same drive, namely, the radical suppression of tension and the masochistic search for unpleasure, which can only be interpreted as an increase in tension.

### *The paradigmatic variable as a validating (or invalidating?) criterion*

According to Bernardi (1989), theories are not just abstract formulations; they are concrete ways of seeing and thinking. This author claims that Freudian, Kleinian, and Lacanian theories became:

independent systems of hypotheses [...] with their own laws of internal organization and of articulation with practice. Consequently, they do not need to seek support from other theories or logically derive their concepts from them, even if Lacan or Klein often make Freud say what they themselves are actually saying.

(Bernardi, 1989, p. 905)

In that regard, Jones (1957, p. 297) points out that: “so far as I know, the only analysts, e.g. Melanie Klein, Karl Menninger, and Nunberg, who still employ the term ‘death instinct’ do so in a purely clinical sense which is remote from Freud’s original theory”.

The following are significant features of psychoanalytic paradigms:

- Psychoanalytic paradigms are ways of observing and choosing clinical material that hinge on specific ways of asking and answering questions.
- Even though they are all analysing the same material, practitioners interpret it based on the selection of certain aspects. This selection often changes according to the interpreter's training paradigm.
- That is why these are not theories about the same thing. They do not tackle the recorded material as such. Rather, they address a more abstract formal object constituted by certain aspects of that material. This phenomenon is called *empirical incommensurability* (Stegmüller, 1979). The clinical material observed by each paradigm varies according to different observation parameters – what is observed differs.<sup>10</sup>
- Psychoanalytic paradigms cannot be reduced to each other. It is not possible to reach an agreement based either on their general premises (which are not shared) or on experience (which is not considered in the same way).
- Notwithstanding their empirical anomalies, paradigms are not abandoned. A theory is not set aside due to empirical refutation. This con-

<sup>10</sup>Theories not only interpret data but generate it (Küchenhoff, 2004). The nature of the analytic process will vary depending on the analyst's theoretical perspective. Data generated by analysts belonging to different psychoanalytic schools varies, and sometimes cannot be compared.

cept of science implies that the latter develops according to different paradigms. Both the existence of a *universal criterion of scientificity* and the idea of science as *objective* are thus rejected.

- That is why concepts often persist due not so much to their empirical verification but to scientists' methodological decisions.

In the case of the death drive, this paradigmatic incommensurability<sup>11</sup> may be illustrated by the numerous conflicting personal communications I received from renowned psychoanalysts, of which I have included two:

This is a highly speculative doctrine and not necessarily helpful in the understanding of the phenomena that we meet with in the therapeutic consulting room. [...] To me it is a conception that is biologically very dubious indeed, and psychologically does not give any better understanding of the psychoanalytic phenomena of aggression. I am very much in accord with the great majority of analysts, certainly here in North America, who do not use this concept of the death instinct either theoretically or clinically in our psychoanalytic work. I do not think there is any way in which this conception can be empirically supported.

(Wallerstein, 2005b)

It is a metapsychological concept that is very germane to psychoanalytic practice as a contrasting concept [...] Personally, I think that it is clinically useful in the case of theoretical-clinical concepts such as negative therapeutic reaction, or in serious psychopathology, such as what Rosenfeld calls destructive narcissism [...] In addition, the representation of the death drive as envy, as Klein remarks, would support this notion.

(Eskelinen, 2002)

Paradigmatic incommensurability may provide an explanation for the coexistence of different opinions regarding the death drive.<sup>12</sup> Perhaps because of this phenomenon, the paradigmatic plurality of psychoanalysis precludes the existence of a univocal response to the death drive. What is useless and false according to one paradigm is useful and true according to another one. Kuhn (1962) states that we can only speak of true or false in the context of a paradigm whose presuppositions are assumed as accepted. If the death drive shows its usefulness and appropriateness within a certain paradigm, such as the Kleinian, there is no need to reject it. However, the slippage between both concepts of truth advanced by Hanly (1990) is frequent. The notion of death drive is considered true, understanding truth as *correspondence with reality*. Yet in fact truth here means *coherence* with the structure of a certain theoretical system where the notion is useful. This slippage is particularly common in a discipline such as psychoanalysis, where "the metapsychological and the empirical aspects of the theory are so interwoven [...] that it has become difficult to distinguish between them"

<sup>11</sup>The term *incommensurability* (Feyerabend, 1975; Kuhn, 1982) refers to the impossibility of comparing two theories because the terminology used in one of them cannot be fully translated into the terminology used by the other one. There is no shared measuring criterion.

<sup>12</sup>Goldberg (1976) suggests that the fact that two individuals with similar neurophysiological equipment differ in their perception of the same phenomenon does not necessarily mean that one is right and the other wrong. Rather, they approach the phenomenon from different theoretical perspectives that may be incommensurable.

(Money-Kyrle, 1955, p. 480). I am reminded here of a statement by Popper (1972) to the effect that every observation of facts is permeated by theory.

*The death drive: Theory or doctrine?*

Kernberg (2006a, p. 1653) qualifies the training offered at many psychoanalytic institutes as a “mixture of technical school and religious seminary”. During a seminar on Melanie Klein, I asked the instructor why Klein was convinced of the existence of the death drive. “Because it is evident”, he answered, and added, “One does not question the fundamental hypotheses of a theory”. His answer reinforced my conviction that our scientific attitude must be the one described by Montaigne in *Of the education of children*, when he recalls Dante’s famous words: “Doubting pleases me no less than knowing” (Montaigne, 1580, p. 111).<sup>13</sup>

Drawing on the ideas of Garza-Guerrero (2002) on the doctrinarian transmission of psychoanalytic theories to the detriment of their scientific scrutiny, we may say that, depending on their potential for dialogue, systems of ideas may tend both to *closedness* (protecting themselves from external degradations and refutations) and *openness* (to external refutations, validations, and contrasting). Those in which openness prevails are called *theories*; those where closedness predominates, *doctrines* (Morin, 1991). Even when they welcome outside criticism and refutation, scientific theories seldom have the necessary aptitude for reflection to criticize their own basis – a theory surrenders but does not commit suicide. When the logic of a theoretical system cannot integrate empirical data that contradicts it, to protect this logic the system may reject empirical disturbances. Its rationality becomes rationalization. In the light of these thoughts, we may say that in the Kleinian school the death drive has worked as a doctrinarian rather than a theoretical system. Spillius (1983) observed that most Kleinian articles written in the 1950s and 1960s were doctrinarian (with an emphasis on the interpretation of destructiveness), a tendency that contrasts with Freud’s scientific attitude. He was willing to modify and discard his theories if necessary (Table 1).

**Table 1.**

<i>Doctrines</i>	<i>Theories</i>
Self-reference	Self-exo-reference
Weak ecodependency	Strong ecodependency
A core that is insensitive to experience	A core that is resistant to experience
Primacy of internal coherence	Logical-empirical negotiation
Rigid unions among concepts	Logical relation among concepts
Self-regeneration from itself	Self-exo-regeneration
It only accepts what confirms it	It only rejects what is not pertinent
Rejects all criticism	Accepts criticism under certain conditions
Dogmatism, idealism	Flexibility, empiricism

<sup>13</sup>“*Che non men che saver, dubbiar m’aggrata*” (Dante, *The Divine Comedy, Inferno*, canto XI, v. 93).

The more abstract a psychoanalytic concept, the more it can be used for ideological purposes. A high level of abstraction may hinder empirical questioning and clinical contrasting. The notion may be imposed on the data in a dogmatic way (Compton, 1972; Guntrip, 1965; Kernberg, 1976; Laplanche, 1986). It is worth recalling here the distinction put forth by Britton and Steiner (1994) between *selected facts* (generating a concept from experience, which renders disparate facts coherent) and *overvalued ideas* (facts are forced to fit the theory). I believe that the concept of the death drive is more commonly used as an overvalued idea.

### *The death drive in Freud and Klein: The same meaning?*

- For Freud the death drive had a higher level of abstraction than for Klein. In Freud's view, it is a metapsychological notion; in Klein's, a psychological notion. Freud made little clinical use of it, while Klein resorted to it in her clinical descriptions and explanations (Hayman, 1990; Spillius, 1983). The post-Kleinian trend continues to apply the death drive (Feldman, 2000; Segal, 1993), even though its use seems to be in decline.
- Unlike Freud, Klein did not have a biology background – perhaps not even a scientific one (Hinshelwood, 2005). She interpreted the death drive in psychological terms, for instance, in relation to children's destructive activity (Gillespie, 1987). Klein believed that she was following Freud, but she was not, as he was, the 'product' of 19th-century mechanistic biology. She did not have a clear understanding of Freud's notion of drives (Grosskurth, 1986). Consequently, she left aside some aspects of Freudian theory, such as its economic–energetic facet, which Freud maintained to the end. Freud and Klein understood the same term in different ways (De Bianchedi *et al.*, 1984).
- Freud always highlighted the speculative nature of the death drive; Klein saw it as an *undisputed fact* (Guntrip, 1967, p. 38). Baranger (1971) believes that when Klein incorporated Freud's drive theory, she saw it as a finished and univocal edifice, despite Freud's well-known hesitations.
- Klein attributed a different meaning to the Freudian notion of drive (Greenberg and Mitchell, 1983). Yet she did not make this 'derivation' sufficiently explicit because she wanted to remain loyal to Freud and to use his terminology without appearing too divergent in the eyes of the psychoanalytic community (De Bianchedi *et al.*, 1984; Hinshelwood, 1989). In Klein, drives are directional psychological phenomena. They are constituted by a complex of emotions that express passionate bonds with somebody else.
- Bleichmar (1989, p. 97) has observed the following trait in Klein's work: "In most of her articles she advances innovative ideas. Yet at the same time, she forces the theory so as to include her discoveries in Freud's postulates. When incorporated into a different theoretical context with a new meaning, preexisting psychoanalytic concepts are redefined. This happens with Freud's life and death drives".

#### IV. Statistical analysis

I elaborated a questionnaire on the death drive<sup>14</sup> to assess the extent of this notion's prevalence in the Spanish psychoanalytic community. Respondents were members of the *Asociación Española de Psicoterapia Psicoanalítica* (AEPP, EFPP) (Spanish Association for Psychoanalytic Psychotherapy), the *Asociación Psicoanalítica de Madrid* (APM, IPA) (Madrid Psychoanalytic Association) and the *Sociedad Española de Psicoanálisis* (SEP, IPA) (Spanish Psychoanalytical Society). At the time of the survey, the total number of professionals in the three associations was 611. The final sample consisted of 168 subjects (27% of the total population). The questionnaire was answered by:

- 44% of the members of the SEP (59 subjects)
- 22% of the members of the APM (63 subjects)
- 24% of the members of the AEPP (46 subjects)

Socio-demographic variables (association, institutional category, gender, province) were measured according to the 'blind' technique, and they were related to the subjects' responses. Three homogenous groups were obtained from the answers, namely: (1) *detractors* of the concept of death drive, (2) *moderates* (moderately in agreement with the concept), and (3) *enthusiasts* of the concept.

Table 2 shows that nearly half of the detractors (48.7%) belong to the SEP, a paradoxical finding if we consider Klein's well-known influence over the training of its members. On the contrary, 60.6% of the total for enthusiasts belong to the APM. This result is probably due to the prevalence of the drives in APM theorizations, and of object relations in those of the SEP (Coderch, 2005).

**Table 2.**

(vertical reading)	<i>Detractors</i>	<i>Moderates</i>	<i>Enthusiasts</i>
SEP (IPA)	48.7%	33.3%	24.2%
AEPP (EFPP)	12.8%	37.5%	15.2%
APM (IPA)	38.5%	29.2%	60.6%

**Table 3.**

(horizontal reading)	<i>Detractors</i>	<i>Moderates</i>	<i>Enthusiasts</i>
SEP (IPA) 59 subjects	32.2%	54.2%	13.6%
AEPP (EFPP) 46 subjects	10.9%	78.2%	10.9%
APM (IPA) 63 subjects	23.8%	44.4%	31.8%

<sup>14</sup>Cronbach's alpha reliability coefficient: 0.8220. Structure confirmed through the LISREL model. A Multiple Correspondence Analysis was performed.

As we can see in Table 3, the group of enthusiasts *within* the SEP (13.6%) is significantly smaller than that of the APM (31.8%). On the other hand, the EFPP's general tendency to moderation compared to the IPA may represent a 'diplomatic response' to avoid showing a 'committed opinion'. This attitude suggests that psychotherapists are less involved with psychoanalytic theorizations.

## V. Clinical reflections

As long as they are not used to prove a theory but to illustrate a particular viewpoint, vignettes can be very useful. With this consideration in mind, I would like to mention a case that for years *I* saw as a vivid example of a possible clinical manifestation of the death drive.

The youngest of three siblings, Alex began his analysis when he was 25 years old. His parents had divorced when he was 10. Mother and children had experienced the separation as a cruel abandonment by a narcissistic father who only cared about his professional and social success. Alex's relationship with his father was catastrophic. He felt his father's lack of love.

During the first year of his treatment the patient agreed with my interpretations. He seemed to have found someone with whom to identify and who could act as a model. Yet he soon developed a strong negative transference that became a negative therapeutic reaction. His attacks on my professional prestige were relentless. I had great difficulty containing his aggressiveness. His severe affective, social and academic failures were discouragingly frequent. Without losing contact with reality, he persistently experienced a quasi-hallucinatory sensation that my castrating and persecuting penis occupied the whole office. He often told me that he did not understand my interpretations, that they were meaningless and banal. His compulsion to discredit me reached its peak at the beginning of the fourth year of treatment, when he would insult me in a direct and hostile way. Fortunately, I was able to firmly contain a behaviour that might have ended in physical aggression.

*Patient:* You're a shit. A real shit. You're worthless. What did you think, sitting there! I'll say it once more: shit. [He spits on the floor.]

*Analyst:* I will never accept your insults. We're working together to move forward, and we've tried to understand your anger and frustration. But if you insult me again, we're through.

Alex left my office without my knowing whether he would come back. He did, and said: "I'm sorry. I lost it".

Kleinian theories on envy and the 'attack on linking' dominated my mind. The continuous devaluation of the analyst made me think of destructive narcissism. And it was precisely due to the emergence of an open negative transference that we were able to analyse, as Rosenfeld (1971) points out, the patient's negative therapeutic reaction.

The summer of his fifth year of analysis, Alex interrupted his treatment for the very first time to go to Scotland for an internship. I offered him the unorthodox option of keeping in touch through the Internet. He accepted

my suggestion of a 'cyberspace bond'. When he returned, however, he harshly criticized my 12 answers to his 12 e-mails. Nonetheless, from that moment on the negative transference gradually became milder, and the prevailing paranoid-schizoid position was replaced by more reparatory and constructive attitudes. The patient appeared to accept a more harmonious affective dependence on me. In the following years he was able to finish his university degree, find a steady job, and get married, generating a flourishing family project.

My patient no longer feels compelled to satisfy his destructive impulses against his own person, against me, and against life. Was there a repetitive attack on linking? Yes. Was there envy? Yes. Do these facts show a drive tendency to self-destruction? I would suggest the opposite – his intense wrath in his analysis was Alex's single means to achieve a true restructuring of his self. If I am allowed to coin a metaphor, his rage and his constant attacks on me functioned as a hammer that pulled down the walls of his (internal) old house to build a new and more functional architectural design of his mental space. The price: living among 'debris' for five years.

There are more plausible hypotheses to explain Alex's negative therapeutic reaction without stressing an alleged destructiveness that was constitutive of his personality. We may resort, for instance, to those advanced by Olinick (1964) and Symington (1985) regarding the role of omnipotence in the analytic process. These hypotheses take more into account the relational dimension to explain the appearance of destructive behaviour than does the assumption of a death drive. I also found relevant Viderman's (1970) view that narcissism reflects subjects' frustrated love in their relationship with the object, rather than the love they need for themselves. Yet it was Fairbairn's model of mental functioning that enabled me to understand Alex's behaviour. The patient's anti-libidinal ego, full of rage against all enticing objects and against the libidinal ego itself because of its ties to a frustrating internalized object, angry with mother, somehow protected him from a new traumatic experience by making him much more cautious in the choice of his emotional support. This hypothesis shows the adaptive value of Alex's behaviour compared to possible destructive/lethal motivations. It was as if the anti-libidinal ego were protecting the child's interests by saying: "Oh, yes, 'one more father'... Well, I'm not going to fall for it this time!" To avoid feeling vulnerable, my patient needed to denigrate me and everybody else in a compulsive, desperate way. His behaviour aroused painful feelings and gave rise to rejection or aggression. He thus lived in a continuous self-fulfilling prophecy.

The destructive and pathological nature assigned to the concept of repetition compulsion by psychoanalytic literature has led to the underestimation of its reparatory function, and has therefore created confusion regarding its 'stubborn' presence throughout the analytic process. Both Alex's stormy relationship with the father figure and his overwhelmed mother's unmentioned inability to contain him were repeated during his analysis. The following reading was illuminating:

My postulation is that the *repetition compulsion* [...] may very well be a principle of reparative healing, much like a chronic inflammation is in physical illness. When a patient has a physical abscess, there seems to be a continuing motion of the abscess to the surface of the skin so as to facilitate its 'coming to a head' for discharge. Perhaps the repetition compulsion functions in a similar way – to bring deep mental debris to the surface in repetitive waves so as to allow them to surface for recognition by the healing object and/or for expulsion. As such, the repetition compulsion may represent an aggressive self-healing act.

(Grotstein, 1982, p. 195, my emphasis)

Transference repetition, with its strong – if hidden – restitutive value, served in this case as a means to restructure the self. This development brings us closer to the ideas of evolutionary psychoanalysis and points to the adaptive value of repetition compulsion (Slavin and Kriegman, 1992). We can already find references to this role in authors such as Loewald (1971), who distinguishes between re-creative and reproductive repetition. In the first case, repeating provides a chance to grow.

Alex's negative therapeutic reaction was maintained at least partly by a tenacious defence against the 'unbearable shame' he felt for showing such deteriorated and undervalued internal objects, in keeping with Steiner's (2006) description of narcissistic humiliation. My 'penis' thus became almighty in contrast with his weakened 'penis', a symbol of his weakened self. The expansion of my penis to occupy the entire office represented the intolerable feeling of the narcissistic father who made no space for his son's growth, likely generating castration or even violation anxiety (Bleichmar *et al.*, 2001).

For children, parents represent a mirror that provides an image that children ultimately identify as their own. If a mother looks at her child with profound displeasure, the child will finally see and feel such displeasure and will say to itself: "That's me, the displeasure; I'm a displeasing being" (García-Castrillón C, 2007). In the same way, patients look at their analysts to see what analysts see. Alex needed an analyst who was able to 'see', to recognize the constructive and valuable aspects that Alex himself, *crushed* by the guilt and shame he experienced in the face of his internal ruin, could not appreciate. If we are able to value the healthy aspects of our patients, these aspects will gradually become an active part of their personality. On the contrary, as Riviere (1936) claims, nothing will lead more certainly to a negative therapeutic reaction than the inability of analysts to recognize but the 'noisy', destructive aspects of their patients. They will thus remain stuck to the surface of their patients' defensive and evacuative shield. Symington expresses in a masterly way something we have all intuited in our practice:

The work of mind-building takes time and is more hidden than what is destructive [...] The activity to which the analyst gives attention grows and expands. If he attends to the destructive, then it is that which enlarges and grows; if he attends to the constructive then it is that which develops and ripens.

(Symington, 2007, pp. 1411–12)

In clinical practice the analyst's theoretical perspective may undermine the therapeutic relationship. For instance, the patient may be 'seen' in the light

of the death drive – envy, attacks on linking, massive projective identification, and so on. I might have interpreted Alex's difficulty in understanding my interpretations as 'discrediting the analyst' or as an 'attack on the analytic function'. Even more so when you believe, as I increasingly do, that countertransference bears a strong influence on the development of the transference (Stolorow, 1990). For this reason, when Alex said he did not understand me, I tried to find the healthy core or the undistorted aspect of his assessment. In other words, I decided to take his claim seriously (Etchegoyen, 1991).

My attitude stems partly from having been an immigrant and having experienced difficulty in globally apprehending linguistic messages emitted in a language that was not my own. Even though this meta-psycho-linguistic analysis remains outside the framework of this paper, I have studied the ways in which the same word may evoke different emotional and historical referents for different subjects. Affects, memories, conceptions and phantasies, both conscious and unconscious, may be activated and stimulated in one subject's mind without being grasped by the other (García-Castrillón F, 2003b). Misinterpretations may ensue due to a lack of understanding that affects both participants in the psychoanalytic mis/understanding.<sup>15</sup>

I believe that it is important for analysts to take into account that the nature of observation depends on the observer, precluding an 'aseptic' psychoanalytic intervention. (This idea has been suggested in other scientific fields such as quantum physics, and is present in Heisenberg's uncertainty principle.) Before suggesting that Alex and I communicate through e-mail, I asked my father, a psychoanalyst, what was the most advisable thing to do from a technical perspective. He answered me with a question: "To whom do you owe loyalty – to Freud, to Klein, to your supervisors ... or to your patient?" His answer gradually shifted my psychoanalytic attitude towards a more comprehensive approach to the analytic function. I thus not only contributed interpretations and empathy as tools for change; I also acknowledged that the totality of my healthy and pathological aspects played an active role in the psychoanalytic process. Without losing the necessary distance from the patient, this analytic attitude brings about a more genuine bond and, in my professional experience, deeper transformations in the patient. These are probably due to the patient's feeling of a balanced reciprocity in the 'emotional wager' the analytic process entails.

## VI. Ambiguity of the death drive

I have tried to illustrate the three hypotheses that guided my study of the death drive, namely, its literal unacceptability, the absence of consistent arguments for its acceptance, and the lack of a unitary conception. The

<sup>15</sup>Translator's note: The author uses here the Spanish word *des/encuentro*, which bears a wider range of meaning than mis/understanding. A '*desencuentro*' is also a failed or missed encounter. Each participant in the conversation is taking a different 'interpreting path', which gives rise to the inability to understand.

death drive is a synthetic concept that bears diverse meanings (Lagache, 1961). It is conceived of as isomorphic analogy, metonymic continuity, or metaphoric analogy. Some authors see it as the radicalized expression of the sex drive (Laplanche, 1986), while others consider it autonomous. Some place it at a theoretical level close to clinical practice (Feldman, 2000; Segal, 1993), while most contend that it is a metapsychological notion. It has been categorized as biological (Brenner, 1971; Freud A, 1947; Hartmann *et al.*, 1949; Kohut, 1959), quasi-religious (Heimann and Valenstein, 1972), metaphysical (Laplanche, 1970a; Shabad, 1991), philosophical (McIntosh, 1979; Yorke, 1971), or even as a representative of the 'original sin' (Winnicott, 1971). I have shown the differing characterizations of the death drive in Klein and Freud, as well as its connection with the second thermodynamics principle, which favoured the inaccurate application of such principles to psychology (Barros, 1973; Szasz, 1952, 1955). Freud (1937) even associated this drive with Empedocles' philosophical-cosmic ideas.

The death drive shows *conceptual elasticity* – it is connected with biology and physics, as well as with various theories on destructiveness, sometimes becoming a huge 'tower of Babel'. As Gutiérrez Terrazas (1998) puts it: "We must be careful not to slip from the *concept* of death drive into its *existence*. These are two different things". That is why the term is ambiguous. It can be understood in different ways and is therefore subject to doubt, uncertainty or confusion. Ambiguity may lead to "... abolishing contact with any possible sense of lack" (Ahumada, 1999, p. 31), in this case, the lack of explanatory power to decipher various clinical phenomena. The death drive may thus reflect the boundaries of clinical research and the expulsion from psychoanalytic theory of unresolved and unrepresented aspects of the analyst's countertransference (Guillaumin, 1989).

I endorse Mannoni's (1968) view that Freud was not convinced of having demonstrated the existence of a death drive in a biological sense. He was convinced, however, of the need for a distinct principle to explain repetition, hatred and aggressiveness. In Meltzer's words: "Somehow, *Beyond the pleasure principle* is a great triumph in that Freud has moved in the direction of rescuing violence, destructiveness and cruelty from a position of being tucked away in sexuality as a component instinct called sadism" (Meltzer, 1978, p. 118).

So far, my research leads me to believe that in current psychoanalytic theory, the concept of the death drive is dispensable rather than indispensable. Moreover, its use is restricted to specific theoretical contexts, and it fails to converge with other psychoanalytic theories of human destructiveness. Such advisable convergence would provide the notion with a certain epistemological validity within the corpus of psychoanalytic knowledge.

The compulsion to repeat self-destructive experiences must continue to be studied within a more comprehensive epistemological framework that includes other sciences, such as evolutionary and cognitive psychologies. This inclusion will reduce our isolation within the scientific community and will grant our theories increasing external validity (Kernberg, 2006b). In this

sense, I think we must incorporate into our notion of the nature of mental functioning the idea that our mind does not function solely on the basis of our emotional experiences starting at birth. Rather, it does so according to an adaptive survival program (Langs, 1996) developed over six million years of hominid evolution (*Science*, 2004). From this evolutionary perspective, it seems less than likely that a death drive may have evolved into a universal species trait<sup>16</sup> (Kriegman and Slavin, 1989; Migone and Liotti, 1998; Peskin, 2001; Slavin and Kriegman, 1992; Westen, 1997).

Furthermore, the model of brain functioning suggested by Freud does not have many characteristics in common with the one discovered by current neuroscience. Freud conjectured the tendency of the nervous system towards eliminating the tension or reducing it to the lowest level possible (the 'principle of inertia'). We now know that the brain is always active and that it does not have the tendency towards reducing its activity to this state of almost absolute passiveness. Therefore, the economic principle that formed the basis of the existence of a death drive would be wrong (Coderch, 2009).

Just as we accept the idea of an innate language module (Chomsky, 1975; Pinker, 1994), evolutionary psychology advances the hypothesis of the presence of an innate mental module that constantly assesses the *cost-benefit* relation of every human interaction (Cosmides, 1989). How can we explain the fact that Alex never missed a session despite the suffering he experienced in his treatment if his mind were not actively recognizing a benefit to his survival? I do not intend to offer answers. Rather, I would like to raise new questions in keeping with the philosophical and scientific foundations of current research into the mind. That, and no other, was Freud's way.

I believe that destructiveness is rooted in the high complexity reached by the human mind. Such complexity generates infinite emotional experiences, unbearable on occasion. If these are not contained and channelled, transformed and worked through by consistent psychic structures, they give rise to loss of control, dissociations, projections and evacuations, with ordinary and extraordinary destructive results. We might resort to the following metaphor: overall, the destructive effects of Katrina did not depend on the force of the hurricane but on the fragility of New Orleans' levees. Psychic structures set the course for human beings' drive dimension. The earthquake metaphor may contribute to our understanding of human beings' self-destructive functioning. Like the Earth through its tectonic movements, the psyche seeks a state of stability that will free it from the high tension it

<sup>16</sup>Caropreso and Simanke's assertion that current biological research supports the notion that death is genetically programmed (Caropreso and Simanke, 2008) seems to have been refuted by some contemporary scientists. Richard Gregory (2006) claims that "the brain is designed to survive, not to search for truth" (Gregory, 2006, p. 457). Damasio (2006), in turn, states that "we are born with a mandate that we carry in our genes – to maintain life throughout our existence" (Damasio, 2006, p. 195). Furthermore, Tom Kirkwood (2005) asserts that "ageing is caused not by active gene programming but by evolved limitations in somatic maintenance, resulting in a build-up of damage, in what I called *disposable soma theory*". Kirkwood's idea coincides with Meltzer's views when he states that "when experts in genetics tell us that there is a gene in charge of ageing and that if we modify that gene, we will not age, I do not believe it. At 75 years of age, I believe that almost everything wears out" (Personal communication, 1997).

normally endures. Tectonic movements, in turn, may have very destructive effects *on the surface*: those predicted for the West coast of the United States or, in the case of the mind, the elimination of a significant part of the life development of schizoid subjects caused by their inclination to isolate themselves. I do not think that mental functioning contains a tendency that is lethal per se – a tendency toward an inorganic state of absolute stability. I do believe that there is a tendency to avoid the unpleasure caused by overwhelming excitations, and this tendency, like tectonic movements, may occasionally become destructive.

More than any other, however, the concept of the death drive has posed not only a theoretical challenge – how does the mind function – but also, and above all, an epistemological challenge – how do we get to know the truth.

### Dedication

This paper is dedicated to my father Dr Cayetano García-Castrillón de la Rosa. It is based on a presentation given at a Scientific Meeting of the Sociedad Española de Psicoanálisis (IPA), Barcelona, 15 September 2005. I would like to express my gratitude to my sister Martha, my brother Tano and to Dr Cecilio Paniagua and Dr José Luis Lillo for their comments on the initial version of this paper.

### Translations of summary

**Der Todestrieb: konzeptionelle Analyse und Relevanz des Konzepts in der psychoanalytischen Gemeinde Spaniens.** Auf der Basis einer sechsjährigen Forschungsarbeit im Rahmen einer Promotion führt der Autor eine historische, erkenntnistheoretische und paradigmatische Bewertung des umstrittenen Konzepts des Todestriebs durch. Der Autor analysiert dabei den spekulativen Charakter dieses Konzepts, seinen Bezug zum zweiten Hauptsatz der Thermodynamik, die Möglichkeit der Rückkehr in einen anorganischen Zustand, den metaphorischen und isomorphen Gebrauch des Todestrieb-Konzepts sowie die theoretischen und doktrinären Zugänge, seinen Zusammenhang mit dem Wiederholungszwang und dem Masochismus, den Einfluss von Freuds wissenschaftlichem Hintergrund auf seine Formulierung und seine kontextabhängige Bedeutung. Obwohl dieser Aufsatz hauptsächlich den theoretischen Gesichtspunkten der Studie entspringt, bietet er auch – auf der Basis einer klinischen Vignette – einige klinisch relevante Gedanken. Der Autor betont die heilenden Aspekte, die der Wiederholung im analytischen Setting zugrundeliegenden. Als nächstes kommentiert er kurz und prägnant seine empirischen Forschungsergebnisse über den gegenwärtigen fachlichen Gebrauch des Todestrieb-Konzepts in der psychoanalytischen Gemeinde Spaniens. Mit dieser Forschungsarbeit hat er mehr als 27% der spanischen Psychoanalytiker (IPA) und Psychotherapeuten (EFPP) erfasst. Die Schlussfolgerungen dieses Essays zeigen den unklaren Charakter des Todestrieb-Konzepts und seine eigentliche Unzulässigkeit und das Fehlen folgerichtiger Argumente für seine Akzeptanz auf.

**Pulsión de muerte: análisis conceptual y vigencia en la comunidad psicoanalítica española.** Basado en una tesis doctoral de seis años de duración, el autor lleva a cabo un análisis histórico, epistemológico y paradigmático del controvertido concepto de pulsión de muerte. El autor analiza su naturaleza especulativa, su relación con el segundo principio de la termodinámica, la posibilidad de retornar a un estado inorgánico, sus usos metafórico e isomórfico así como las aproximaciones teóricas y doctrinarias sobre el concepto; su relación con la compulsión de repetición y el masoquismo, el bagaje científico de Freud para su formulación y su carácter y sus significados dependientes del contexto. Si bien este artículo procede básicamente de la parte teórica de la investigación también ofrece algunas reflexiones clínicas partiendo de una viñeta y resaltando los subyacentes u ocultos aspectos reparadores de la repetición en la situación analítica. El autor hace breves comentarios relacionados con la investigación empírica acerca de la vigencia del concepto en la comunidad psicoanalítica española y en la cual más del 27% de los psicoanalistas españoles (IPA) y psicoterapeutas (EFPP) hubieron participado. El autor concluye con el carácter ambiguo del, su inaceptabilidad literal y la ausencia de argumentos consistentes para su aceptación.

**L'istinto di morte: analisi concettuale e rilevanza nella comunità psicanalitica spagnola.** Sulla base di un dottorato di ricerca durato sei anni, l'autore presenta una valutazione storica, epistemologica e paradigmatica del controverso concetto di istinto di morte. L'autore analizza la natura speculativa di questa nozione; la sua relazione con il secondo principio della termodinamica; la possibilità di ritorno a uno stato inorganico; l'utilizzo metaforico e isomorfo dell'istinto di morte così come i suoi approcci teorici e dottrinali; il suo rapporto con la coazione a ripetere e il masochismo; l'influenza dell'ambiente scientifico di Freud nella sua formazione; e il suo significato legato al contesto. Sebbene questo saggio prenda spunto principalmente dall'aspetto teorico dello studio, esso offre anche dei commenti clinici sulla base della vignetta clinica. L'autore sottolinea i basilari aspetti curativi della coazione all'interno della situazione analitica. In seguito, l'autore offre delle sintetiche valutazioni sulla sua ricerca empirica in merito all'attuale utilizzo professionale dell'istinto di morte nella comunità psicanalitica spagnola. Questa ricerca si è avvalsa del contributo del 27% degli psicanalisti (IPA) e psicoterapisti (EFPP) spagnoli. Le conclusioni del saggio evidenziano il carattere ambiguo del concetto di istinto di morte e la sua inaccettabilità da un punto di vista letterario nonché l'assenza di solidi argomenti a sostegno della sua accettazione.

**La pulsion de mort : analyse conceptuelle et pertinence dans le monde psychanalytique espagnol.** À partir d'une recherche qui a duré six ans, menée dans le cadre de son doctorat, l'auteur présente une évaluation historique, épistémologique et paradigmatique du concept controversé de la pulsion de mort. Il analyse l'aspect hypothétique de cette notion, ses rapports avec la deuxième loi de la thermodynamique, la faisabilité d'un retour à l'état inorganique, l'utilisation métaphorique et isomorphe du concept de la pulsion de mort ainsi que son approche théorique et doctrinaire, ses rapports avec la compulsion de répétition et avec le masochisme, l'influence de la formation scientifique de Freud sur sa formulation et le fait que le sens de cette notion dépend étroitement du contexte dans lequel elle est employée. S'il se base surtout sur l'aspect théorique de cette recherche, l'article propose quelques réflexions cliniques à partir d'une vignette clinique. L'auteur souligne les aspects thérapeutiques sous-jacents de la répétition dans la situation analytique. Il poursuit en présentant de façon concise quelques commentaires à propos de sa recherche empirique sur l'utilisation du concept de la pulsion de mort dans le monde psychanalytique espagnol actuel. Cette recherche a porté sur plus de 27% des analystes [A. P. I.] et des psychothérapeutes [F. E. P. P.] espagnols. L'auteur conclut son article en relevant le caractère ambigu du concept de la pulsion de mort, son irrecevabilité et le manque d'arguments cohérents en faveur de son acceptation.

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