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## THE RELATIONSHIP BETWEEN NON-NEUROTIC PSYCHOPATHOLOGIES, OBSESSIVE NEUROSIS AND DEATH DRIVE

Aldo Ivan Pereira Paiva<sup>1</sup>, Orcid: <https://orcid.org/0000-0003-3099-7588>

**ABSTRACT.** The non-neurotic psychopathologies, category described by André Green, are characterized by problems in the constitution of the self, basically involving a narcissistic frailty, failures on symbolization processes, and the tendency to acting out and to compulsion, without the use of psychic elaboration, and predominance of an economy of trauma related to the *jouissance*<sup>2</sup> and drive excess. The manifestations of those psychopathologies are somatizations, panic disorder, addictions, eating disorders, borderline states, and depression. Green believes that the death drive, understood from the process of disinvestment of objects or deobjectifying function, would be a fundamental concept for understanding non-neurosis. From the Freudian theory, it is possible to establish a relationship between non-neurosis and obsessive neurosis, considering the use of similar defensive mechanisms and the remarkable role of the death drive, still assuring the importance of unconscious infantile sexuality as the predominant etiologic factor.

**Keywords:** Death drive; psychopathology; obsessive neurosis.

## A RELAÇÃO ENTRE PSICOPATOLOGIAS NÃO NEURÓTICAS, NEUROSE OBSESSIVA E PULSÃO DE MORTE

**RESUMO.** As psicopatologias não neuróticas, categoria descrita por André Green; são caracterizadas por problemas na constituição do eu, envolvendo basicamente uma fragilidade narcísica, falhas nos processos de simbolização, além da tendência à atuação e à compulsão, sem o recurso da elaboração psíquica, e a predominância de uma economia do trauma relacionada ao gozo e ao excesso pulsional. São manifestações dessa psicopatologia as somatizações, a síndrome do pânico, as adições, os transtornos alimentares, os estados-limítrofes e a depressão. Green considera que a pulsão de morte, compreendida a partir do processo de desinvestimento dos objetos ou função desobjetalizante, seria um conceito fundamental para a compreensão das não neuroses. A partir da teoria freudiana é possível estabelecer uma relação entre a não neurose e a neurose obsessiva, tendo em vista a utilização de mecanismos defensivos semelhantes e o papel marcante da pulsão de morte, garantindo ainda o lugar da sexualidade infantil inconsciente como fator etiológico predominante.

**Palavras-chave:** Pulsão de morte; psicopatologia; neurose obsessiva.

<sup>1</sup> Centro de Atenção à Saúde Mental (CESAME), Belo Horizonte-MG, Brasil - E-mail: [aldoivanppaiva@gmail.com](mailto:aldoivanppaiva@gmail.com)

<sup>2</sup> Jouissance is a French word that literally means orgasm, but is used by Lacan as a concept to refer to something more than pleasure, which can easily tip into its opposite and touches on an area of excess, outside any register of need, and beyond an economy of pleasure.

## LA RELACIÓN ENTRE PSICOPATOLOGÍAS NO NEURÓTICA, NEUROSIS OBSESIVA Y PULSIÓN DE MUERTE

**RESUMEN.** Las psicopatologías no neuróticas, categoría descrita por André Green, se caracterizan por problemas en la constitución del yo, básicamente, implica una fragilidad narcisista, el fracaso en los procesos de simbolización, y la tendencia a la acción y la compulsión, sin el uso de la elaboración psíquica, y predominio de una economía del trauma relacionado con el gozo y el exceso pulsional. Son manifestaciones de esta psicopatología la somatización, trastorno de pánico, adicciones, trastornos de la alimentación, los estados fronterizos y la depresión. Green cree que la pulsión de muerte, entendida a partir del proceso de desinversión de los objetos o función desobjetalizante, sería un concepto clave para entender la no neurosis. A partir de la teoría freudiana es posible establecer una relación entre la no neurosis y la neurosis obsesiva, en vista de la utilización de mecanismos de defensa similares y el papel notable de la pulsión de muerte, asegurando todavía el lugar de la sexualidad infantil inconsciente como el factor etiológico predominante.

**Palabras-clave:** Pulsión de muerte; psicopatología; neurosis obsesiva.

### Introduction

In the last decades, psychoanalysis theorists have formulated hypothesis on the psychopathologies that supposedly would not match the classic Freudian model of neuroses, psychoses and melancholy. Those psychopathologies would be represented by eating disorders, panic syndrome, borderline cases, psychosomatic phenomena, toxicomanias, addictions in general, and depression.

Among the theorists, André Green has been highlighted for his formulation of the category named by him as “non-neuroses”, which are characterized by psychic configurations in which disorders on the constitution of narcissism predominate, causing disturbances on the frontiers and functions of ego, as well of the libidinal investment in Self<sup>3</sup> (Minerbo, 2009). They can also be characterized by pathologies of the self, by disturbances in the field of the object relations and drives, and by problems in the tertiary symbolization processes, i.e., by failures in the chains of mediation between the primary and the secondary processes (Figueiredo, 2009).

According to Carvalho (2004), the main psychoanalysis theorists point out some characteristics that are common to patients who suffer from those psychopathologies, which are: the absence of symptoms like compromise formation, the lack of an operating fantasy world by means of which the derivations of the repressed issues may manifest and the tendency to acting out, without the resource of psychic elaboration. Besides the failure in symbolization, those patients would also have a narcissistic frailty that would let them susceptible to the anxiety of disintegration and death, differently from the classic neurotic frame, regulated by the Oedipus Complex and by the Castration Anxiety. Eventually, a notion of trauma also appears, underlying those pathologies, related to *jouissance* and drive excess, differently from

<sup>3</sup> The Self in the Freudian theory is composed of two sub-structures: the ego, which appears from the differing of the Id in contact with the reality, being responsible for the egoic functions (realistic, symbolic, imaginative, sublimation and defense mechanisms) from the self, which appears as the precipitate of the identifications and works as the imago of an internal object that allows the subject to relate to him/herself. (Juignet, 2001, as mentioned by Minerbo, 2009).

the classic neurotic frames, where the intrapsychic conflict predominates, linked to sexual desire and to unconscious fantasy.

All those characteristics seem to reflect the manifestation of the death drive, for the trauma, the acting out and the lack of classic neurotic symptoms would indicate a relationship with the aspects that are disconnected from libido, i.e., subjected to the primary process, the principle of pleasure and to the compulsion for repetition, evidencing the traces of the reduction of the tensions and of the drive discharge at any cost. Then, is it meaningful to suppose that the so-called “non-neurotic psychopathologies” are related to the manifestation of the death drive in the psychic apparatus?

This paper aims at answering that question by carrying out a theoretical study in the psychoanalysis field. Its methodology included the review of the specialized literature, using Freudian concepts on obsessive neuroses and on death drive, as well as other theoretical contributions made by other psychoanalysts who dedicated themselves to the topic, and, specially, the works of André Green, who was the first to elaborate a psychopathologic theory to understand the non-neurotic manifestations.

## **Objectifying and deobjectifying functions**

In order to answer the key-question of this study, it is important to recall Green's hypothesis (2002/2008) on the objectifying and deobjectifying functions, which can be understood in terms of the linking or the releasing of drive energy, at the relation established between the ego and the internal or external objects. The failure in the symbolization and the psychic elaboration process, attributed to non-neurotic psychopathologies could be a result of the deobjectifying function, which would be directly connected to the death drive. Freud, without noticing it, gave an example of the objectifying function when he described the origin of melancholy: the ego divides itself so that one part identifies itself with the lost object and by so doing becomes an object available to drive investment.

Incorporation and introjection are the most primitive ways of object relation, and possibly remain all life long, like identification and internalization. However, the ego is not satisfied with only transforming the position of the objects from the exterior to the interior; it creates objects by means of drive activity, when this latter, when transformed, becomes an object. Thus, the psychic functions take the position of objects, such as it happens in thinking, for example; the narcissism and the libido invested in the ego would explain such affirmation (Green, 2002/2008).

If the objectifying function seems to be related to life drives, because of its linking character, the deobjectifying function, on the other hand, is connected to the issues of destruction drives, for the manifestation that seems to belong to the destructive realm of death drives is disinvestment. The deobjectifying function is connected to the activity of the negative narcissism, which yearns for the level zero of the investments that had the destination of loss, which, in turn, leads the ego itself to sink in this kind of deadly subjective disinvestment. It culminates in the appearance of disorders of the elementary incorporation and introjection functions, whose psychopathologic manifestations are represented by anorexia and certain types of depression; among them, we can highlight the essential depression described by Pierre Marty (Green, 2002/2008). In general, there is the excessive projective identification,

or refusal, operations supported by the illusion of setting the psychic apparatus free from the conflicts that it cannot solve, but which, concomitantly, empties the psychic device, making it exhausted.

Therefore, the objectification concept, connected to narcissism, would explain the fact that the psychic functions turn into objects; in the negative narcissism, under the action of death drive, those psychic functions could suffer the process of disinvestment, and by so doing they could cause the inhibition of the ego, as already described by Freud (1926 [1925]/1996f).

Therefore, the deobjectifying function, under the influence of death drive, which stems from the superego, would be able to impoverish the ego and cause, for example, difficulty in the capacity of symbolization, due to the inhibition of the thinking functions. That hypothesis will be valuable for understanding the relation between the death drive and the non-neurotic psychopathologies, once it integrates a pre-genital way of working, on which the death drive has a remarkable role with the appearance of certain clinical phenomena, characteristic of non-neurotic organizations, such as the inhibition of the capacity of symbolization by means of thinking.

### **Symptomatic manifestations of non-neurosis**

Freud (1894/1996a) revealed the importance of the psychic working in the organization and the regulation of the organism and of the drive conflicts by means of the thinking activity. This latter would have the role of solving the contradiction between the incompatible representations and the censorship, connecting the feeling resulting from the repressed contents to other more acceptable representations, such as occurs in sublimation, for example, which would result in the reduction or in the elimination of the disturbs caused by the conflicts. On the other hand, in case of a failure in the thinking activity, a condition would be created for installing neurotic symptoms, as a way to keep the psychic balance by means of a compromise solution.

The importance of thinking in the organism's management of excitement becomes clear. Thinking symbolically mediates the countless mediations symbolically the countless possibilities of connection among feelings and representations, to eliminate or to reduce the displeasure generated by the conflict.

According to Freud (1911/1996c), the appearance of thinking activity during the course of the psychosexual development was a consequence of the introduction of a new principle in mental activity, namely the principle of reality. It is constituted due to the increasing importance of the external reality and the subsequent satisfaction frustration, opposed from the principle of pleasure, which unceasingly searches for pleasure and avoids displeasure. With that, the merely hallucinatory satisfaction, which until dominated the archaic psychism and was regulated by the principle of pleasure, had to be left behind. It caused the increase on the tension resulting from the postponing of the satisfaction of internal needs. Nevertheless, that increase of tension could be tolerated by the psychism due to the appearance of thinking, which started to work as a mediator of the excitements, trying to connect it to ideational representatives.

However, thinking is not guided only by the reality principle, for fantasizing is a kind of thinking activity that remained subordinated only to the principle of pleasure. The sexual drive is also greatly dominated by the principle of pleasure, once it remained, for a long time of the period of psychosexual development, far from the reality test. At the beginning, it obtained satisfaction in a self-erotic way and, later, remained latent until puberty, and thus far from the external objects, which caused the postponing of the frustration that instituted the reality principle (Freud, 1911/1996c).

As a consequence, a tighter link between fantasy and sexual drives appeared, once both are strongly influenced by the pleasure principle, and in the fantasy field, the repression appears in a dominant way, inhibiting ideas even before they can be noticed by consciousness, in case an imminent risk of displeasure is noticed. This is the weak link of the psychic organization, which is responsible for the return to the field of the pleasure principle those thinking processes that had already become rational (Freud, 1911/1996c).

The determining role of thinking on the regulation of the psychic conflicts can be observed by means of the defensive mechanism of repression, which is one of the main means to deal with the unconscious conflicts, for it causes the break of the bond between the representation that causes displeasure and the affect, turning the representation unconscious and unloading the feeling on corporal or behavioral functions or reconnecting the affect to another more acceptable representations. However, sometimes there are not resources for the psyche to accomplish that function (Volich, 2010), such as what happens on non-neurotic pathologies, in which there would be a failure on the symbolic mediation.

Besides the symbolic issue, non-neurosis, according to Minerbo (2009), would also embrace all the psychic configurations in which disorders in the constitution of narcissism predominate, including disturbances on the libidinal investment of *self* (set of representations of imago of oneself) and the frontiers and functions of the ego. That category would comprise those cases that have been named threshold states, where *borderline* may be seen as a model. This type of subjectivity comprises, except from the so-called psychoses, all the pathologies related to the problems of the constitution of the self, regardless of the way that the subjectivity has organized/disorganized itself before the narcissistic anxiety: compulsions and addictions, eating disorders, pathologies of emptiness of melancholic character, pathologies of acting out associated with different types of violence, somatizations, perversions and a whole range of symptoms, named by Freud as narcissistic neuroses and character neuroses.

It is worth to explain those clinical entities described by Freud. The narcissistic neuroses, for example, stemmed from the need to distinguish melancholy from other psychoses, for the melancholic conflict is more limited, establishing itself essentially between the erotic and the destructive drives. Reality repression is present, but it does not lead to the lasting constitution of a new reality. Narcissistic organization of the ego and its reaction to object loss predominates. Repression of reality follows that loss that did not pre-exist to it, as it did in other psychoses (Mijolla & Mijolla-Mellor, 1999/2002).

Freud (1917[1915]/1996d) defined melancholy from the narcissistic identification with the lost object, in a way that the ego itself became poor and empty after losing the object. That identification is characterized by the ambivalence, in an oral world of object incorporation, referring to the ego all its load of sadism. Due to the ambivalence, the ego is divided



into one part identified with the lost object and another part, which drives all the hate to that incorporated object, revealing the superego's self-destructiveness.

In its turn, character neuroses can be defined from the example of the reactive formations present in obsessive neuroses, which are basically exaggerations of the regular character traits and that develop during the latency period. The difference between the reactive formations in obsessive neuroses and in hysteria is that, in the latter, there is not universality of a character trait; they are confined to specific relations. Freud gives the example of a hysterical woman, who can be extremely loving to her own children, whom, in fact, she hates; but because of that, she will not be more loving in general than other women or more loving to other children. The reactive formation of hysteria attaches strongly to a specific object, and never spreads to a general disposition of the ego. On the other hand, what is characteristic of the obsessive neuroses is precisely a diffusion of that kind – a loosening of relations at the choice of the object (Freud, 1926[1925]/1996f).

Returning to the characteristics of the unbalances of the non-neurotic states, according to Green (2002/2008), there would be the incapacity to fantasize or to construct a representation of the analyst in his/her absence. While a neurotic person will not find it greatly difficult to make for him/herself a psychic reality in which he/she substitutes the analyst, imagining him/her in his/her own way, the non-neurotic subject sees him/herself stuck in that activity.

Certain patients seem to be unable to understand the transference nature of their reactions to the analyst, not noticing any relation between the past – very defended – and the present – not less defended. Freud had already observed that phenomenon. It could be said that those psychic manifestations, resistant to analysis, lost the transitionality character of the psychic processes described by Winnicott. We are here, in fact, close to a “delirious” thought that only wants to listen to what it affirms. On the other hand, that is the case many times, without the associated erotic transference, of so many patients who cannot stand the interpretation and only want to listen from the analyst a paraphrase that recognizes his/her right, that authenticates his/her conscious thoughts as the ones that are valid and without any distancing in relation to the version that his/her defenses of Ego have elaborated. There is only one true version of the history that they tell; that is the one that they have just enunciated and that have the value of an incontestable reality, which is therefore, impossible to be interpreted. (Green, 2008/2002, p.101, free translation)

The incapacity of those patients to freely associate and to construct symbolic relations based upon the oedipal configuration and upon the transference relation, revealing an excessively rigorous defensive control. It led Green (2002/2008) to conclude that those patients would be keeping away from the oedipal organization of the sexuality in direction to pre-genital structures, threshold-structures or narcissistic organizations – in short, non-neurotic structures – , for, the greater the sexuality dynamics regression, the harder the removal of the defensive control and the disorganization risk of self .

Therefore, in those clinical entities, the representations do not play a role as important as they play in classic neuroses, and the sexual desire appears in a brutal way, expression of imperious drive demands, which force the ego to cause a discharge of the excitations that are distressing due to their excessively erotic or destructive charge. For that, the ego carries out an excessive projective identification, which impoverishes through the emptying, according to what is described by Green (2002/2008).

A certain frailty on the representative elaboration and a failure on the contention possibilities that characterize it, opening the doors to regressions that happened before the representations: hallucination, somatization and acting out. We understand then that the procedures of expulsion to the soma or in direction to the act, i.e. burying into the most internal or unloading to the most external, produce themselves as if they lacked what I call intermediate formations, those in which the unconscious wishes can find a unique expression way (dream, fantasy, parapraxes, etc.). In all of those cases, the Ego appears as almost blind to itself, suffering from blindness during the establishment of its operations. In this situation, the analyst has the impression of addressing a patient under permanent somnambulism, wandering as a shadow in the daylight. (p. 134, free translation)

Before the attempt to isolate a type of psychopathology different from neurosis, there was the need to use other metapsychological concepts that would not be related to the repression of child sexuality, which is the neurosis determining and paradigmatic etiological factor.

Death drives, for example, would be one of those concepts, for its deobjectifying function, as described by Green. It would have the capacity to activate the primitive defenses, inhibiting the imaginative, symbolic and mediating capacity of psychism, provoking non-neurotic sickening due to the defense mechanisms activated, evidenced by the inhibition and impoverishment, dissociation and encystment; overflow and evacuation. The impossibility in the passing to the symbolic means of expression would create areas of non-symbolization and non-representable elements in the psychism, which, according to Figueiredo (2009), would be associated to a traumatic experience, as a cause or as a consequence, for the weakening of its imaginative potency makes the subject less able to deal with what affects him/her coming from the outside world.

Apparently, the psychic mechanisms that produce the non-neurotic psychopathologies would be related to the deobjectifying function, death drives and pre-genital defenses, and therefore are different from the repression process (understood here as a defense mechanism and not as the original repression that creates the unconsciousness), which is responsible for the production of classic neurosis situations and that would be related to the life drive, considering its objectifying aim.

On the other hand, as Carvalho (2004) and Ribeiro (2004) point out, the explanations that do not consider repression as being fundamental to the appearance of psychopathologies that do not follow the classic model of the neuroses must be seen carefully. For these authors, repression of child sexuality continues being the fundamental factor for the constitution of the psyche, and it would be a huge reductionism to separate repression from trauma, and failure in symbolization from narcissism.

Regarding this aspect, Green also seems to agree with the importance of sexuality as an etiological and structuring factor of psychism. His proposal is to integrate drives and objects, as well as psyche and somatic processes, in order to re-introduce sexuality in the treatment of non-neuroses.

From that, it is important to question if the non-neurotic psychopathological manifestations would really be distinct from the neurotic ones, or if it would be necessary to classify them that way. Would there be enough theoretical resources in Freudian metapsychology to explain them? To answer that question, we will see the Freudian theory on obsessive neurosis.



## Obsessive neurosis and its relation with non-neuroses

According to Freud (1926[1925]/1996f), the obsessive neuroses are originated in the same situation that hysteria does, i.e., the need to deviate the libidinal demands of the oedipal complex. However, the ways to achieve that aim follow a course different from hysteria, for the genital organization of libido is frail and insufficiently resistant, in a way that, when the ego needs to carry out its defensive task, the first thing that it can do is to regress, totally or partially, to the anal-sadistic level. That regression to an earlier phase of the psychosexual development does not make repression unnecessary, but clearly works in the same way as that. This way, in obsessive neurosis, the traumatic and conflicting occurrences are not forgotten by means of repression, but remain conscious; nevertheless, they remain isolated void of any affect, which causes the suppression of the associative connections, in a way that they are not reproduced in the common thought processes, obtaining, then, the same defensive result as the one of hysteric amnesia.

Thus, the defense of the obsessive neuroses is more comprehensive than in hysteria, not restricting itself only to repression, for “the trauma, instead of being forgotten, is deprived from its affective cathexis, in a way that, in the consciousness, there is nothing left but its ideational content, which is completely uninteresting and considered unimportant” (Freud, 1909/1996b, p. 172, free translation).

That ideational content, which remains conscious, but, concomitantly, without meaning connections, being kept isolated in the thinking process and deprived from feeling, constitutes the basis of the symptoms; it harms the capacity of the obsessive neurotic to freely associate and to establish symbolic connections between the sexual contents, very defended, and the symptoms. On the other hand, the sexual pleasure that was earlier linked to the thinking contents sees itself applied to the act of thinking itself, once the sexual meaning remains isolated, causing a displacement of the libidinal investment of the representative content to the act of thinking itself, which provokes the ruminant thinking and the fixed ideas, but that are deprived from meaning.

The fact that there is a regression to the anal-sadistic phase is decisive for the configuration of the symptoms of obsessive neuroses. Freud (1926[1925]/1996f) understands this regression as a drive defusion, originating from disconnections of the erotic components. With the beginning of the genital phase, they gather the destructive cathexis that belonged to the sadistic phase.

Here we have the first indication that allows us to relate the death drives to the birth of that kind of psychopathology. Drive defusion, as a Freudian concept, is related to Green's point of view regarding deobjectification. Like Green, Rechart and Ikonen (1986/1988) consider death drives as coming from non-connected libido, which manifests mainly in the earlier phases of human development, in regressive states and in serious psychopathologies.

In addition, the broadening of the concept of defense to beyond repression evidences the action of other defensive mechanisms in obsessive neuroses, which, according to Green (1986/1988), reveals the action of death drives. The more we keep away from repression,

the more the action of other types of primary defenses<sup>4</sup> is noticed, such as splitting and foreclosure, in which the disconnection is highlighted, hindering the re-connection.

What follows is that a certain similarity between the non-neurotic psychopathology and the obsessive neuroses can be noticed, considering the weakening of the thinking mechanisms to establish associative connections and symbolic relations with the unconscious sexual content, making them refractive of the psychoanalytical method of free-association.

Another likely similarity would be in the action of death drives, separated from libido, through regression to the anal-sadistic phase. The consequence of that is the presence of a tyrannical superego, characteristic of that psychosexual phase, which takes advantage of the symptoms to satisfy its destructive impulses.

In obsessive neurosis, the ego forces a regression to the anal-sadistic organization due to its defensive struggle against the drive demands. However, despite recognizing the action of other defense mechanisms instead of repression, Freud did not dismiss the importance of the child sexuality on the etiology of obsessive neuroses, for he recognizes that it is maybe in the obsessive cases, more than on the normal or hysterical ones, that we can notice, more clearly, that the defense driving power is the castration anxiety, and that the tendencies of the oedipal complex is what is being deviated. Freud (1926[1925]/1996f) believes that in the obsessive neuroses, during the beginning of the latency period, the dissolution of the oedipal complex and the consolidation of the superego are taken farther than normally, because it is possible to observe a regressive degradation of libido, in which the drive defusion predominates. It makes the superego exceptionally severe and rude, and the ego, obeying the superego, produces strong reactive formations of consciousness, pity and cleanliness, which will be opposed to the destructive and aggressive tendencies of the Id. Those reactive formations in the obsessive neurotic ego, like isolation and undoing, seem to be absent or much weaker in hysteria, constituting, according to Freud (1926[1925]/1996f), other defense mechanisms to be placed close to regression and repression.

The same way, Bergeret (1972/2006) considers repression the main defense mechanism, because it takes a fundamental quantitative place in the economy of different organizations, even in non-neurotic states, but, despite of the main defense, he attributes to repression the existence of a network of accessory defenses, such as isolation, displacement, condensation and avoidance.

With the regression of libido and with the drive defusion, the superego becomes more rigorous and insists even strongly in suppressing sexuality, once that the latter took such repulsive forms due to the presence of sadistic-anal components. Thus, in obsessive neurosis, the conflict between id and superego is worsened in two ways: the defensive forces become more intolerant and the forces that must be deviated become more intolerable, due to the regression of libido (Freud, 1926[1925]/1996f).

The result of that process, which is closer and closer to a complete failure of the original aim of the defense, is an extremely restricted ego, which, in case the guilty feeling is not conscious, becomes reduced to the search for satisfaction in the symptoms, penances of restrictions of self-punitive nature, as a way to satisfy the masochistic impulses. With that, as

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<sup>4</sup> According to Bergeret (1972/2006), the defense mechanisms that are more archaic and less elaborate than repression (such as projection, undoing, isolation, denial, splitting etc.) are activated to treat what could not be repressed, which, becoming uncomfortable, must be eliminated by means of procedures less efficient than repression, but also less expensive in counter-investment, for being "more brutal" and closer to the primary processes.

Freud highlights, (1926[1925]/1996f), it is clear that the ego is more like a scenery of actions for the formation of the obsessive neuroses symptoms than hysteria, losing its capacity to mediate the conflict. An example of that is the way that the ego's intellectual faculties are aimed for the formation of symptoms, due to the fact that the thinking process itself becomes hypercathexed and eroticized.

The consequence of that can be noticed in the psychoanalytical treatment in a very clear way, for the obsessive neurotic patients have much difficulty to associate freely. Their ego is more attentive and makes stronger isolations, keeping much information away from thoughts, such as the intrusion of unconscious fantasies and the manifestation of ambivalent tendencies. Those characteristics have also been attributed to non-neurotic patients, in a way that we can assume the existence of similarities among them, in the defensive mechanisms and in the inhibition of the ego, especially in relation to thinking.

Another factor that would supposedly cause the integration of the obsessive neuroses with non-neuroses concerns the observation of Chartier (1972/2006) about the precarious neurotic arrangement presented by some obsessive individuals, whose hysteria level is low or inexistent, with the predominance of depressive, psychasthenic or character elements, and, also, in cases in which the rituals dominate the symptomatology, like real passages to acting outs. In all of those cases there would be a similarity with threshold states, which are considered by Green (2002/2008) and Minerbo (2009) as paradigms of the non-neurotic structure.

In non-neurotic psychopathologies, body and behavior are the preferred aim of the symptomatic manifestations, as it can be observed, for example, in somatizations and eating disorders, in impulsiveness or compulsiveness characteristic of the threshold states and of the addicts, besides the body manifestations and diffuse anxiety, both present in panic syndrome. With that, the affect that in the obsessive neurosis was displaced to the process of thinking, due to the obsessive ideas, in the case of the non-neuroses, was probably displaced to the body and behavioral spheres, keeping, in both structures, the content of the inhibited thinking and deprived from feeling, under the effect of the defense mechanism isolation. Besides that, according to Figueiredo (2009), it is possible to identify the action of the defensive mechanisms that cause inhibition and impoverishment of the ego; it allows the overflow and the discharge of the excitations by means of the body and of actions.

With that, it is possible to suggest the hypothesis that the non-neurotic patients have the same defensive mechanism that is present in obsessive neurosis, caused by the regression of the libido and the drive defusion; however, it keeps a certain similarity with hysteria, once the affect is not displaced to the thinking process. It is guided to the body or driven to psychic apparatus, by means of acting and compulsions. Nevertheless, the symbolic meaning of those symptoms, which is commonly within the hysteria of conversion, remains absent or "encysted" by the inhibition of the thinking activity carried out in the ego.

As for bulimia and anorexia, in short, without deepening in the complexity of those issues, the inhibition of the ego would happen within the corporal sexuality sphere in its most radical form, for it is against the sexual maturity and the struggling maternity, delaying or even hampering the development of the secondary sexual characters, interrupting the menstrual flow, which can even lead to death (Green, 2002/2008). Therefore, what can be concluded from the anorexic inhibition or from the bulimic compulsion is the avoidance of

anxiety itself, as already mentioned by Freud, to whom the struggle against the drive activity happens in the body itself. In both cases, the activity of thinking follows a course very similar to the one of obsessive neuroses, considering that the fixed ideas related to weight-losing, to diets and to the body image suggest an obsessive character. As for the destructive aspect of the death drive, observed in the eating behaviors that put life itself at risk, a possible explanation would be in the regression of the libido to the anal-sadistic level, as a subsequent drive defusion, such as occurs in obsessive neurosis by means of the sadistic ego, evidenced by the countless reactive formations.

Finally, another hypothesis to be considered concerns the fact, described by Freud (1924/1996e), that the desexualized libido, which suffered a type of sublimation, is the result of the dissolution of the Oedipus complex, which will compose the superego and the moral awareness, loaded with death drive in the form of desexualized libido, or, in Green's conceptions, deobjectified libido. That death drive which stems from the superego would tend to keep disconnected from sexual representations, at the risk of sexualizing itself again and re-living the oedipal situation, in a way that it would help the ego at the defensive task of repression, preventing the repressed content to find substitutive representative forms by the symbolic function via of thinking, and causing the inhibition of the capacity of symbolization, once that the repression has a network of accessory defenses that include isolation, that are able to obtain such result, according to what is demonstrated in obsessive neurosis.

Thus, despite of the thinking and symbolization processes, the free affect, resulting from defensive mechanisms and prevented from reconnecting to other representations by the death drive, would not find another discharge way, unless by the body, behavior and acting out. Those have apparently shown to be, in clinical experience, the favorite psychopathologic manifestations described as non-neurotic.

## Final considerations

From the analysis of the non-neurotic psychopathologies, it was possible to construct a hypothetical mental working model, in which the death drive would play an important role, like the one described by Freud in obsessive neuroses. Their characteristics would involve regression of the libido to the anal-sadistic phase, drive defusion, presence of a sadistic superego, and prevalence of defensive mechanisms different from the ones of repression, but which, concomitantly, would be accessory to that, erotization of thinking and its consequent inhibition for the defensive activity, which would hamper the capacity to associate freely, and, finally, to the tendency to acting out and to drives discharge, which would be driven to the body and to compulsive behavior.

All those characteristics confirmed the descriptions made by the theorists of psychoanalysis on non-neurosis, regarding the lack of an operating fantasizing world by means of which the derivatives repression can appear, besides acting out, without the resource of psychic elaboration, and the predominance of an economy of trauma related to jouissance and to drive excess.

The possible relation with the obsessive neurosis allows us to understand the non-neurotic pathologies based on the Freudian notion of defense, without disregarding

the repression and taking into account the Oedipus complex and the castration process as mechanisms that structure the psyche, besides considering the effects of death drives in its etiology, assuring then the primacy of the unconscious child sexuality.

On the other hand, the hypothesis of the existence of a psyche working in a similar way to the one of the obsessive neuroses, apparently, does not explain completely the non-neurotic psychopathology, for there would not be enough arguments to explain another type of description, which attributes to patients a narcissistic frailty, and, consequently, would make them susceptible to anxieties of disintegration and death. It would not be possible to explain such assumption because, in obsessive neuroses, those anxieties would not predominate, but are, oppositely, prevalent in psychosis.

Perhaps the solution for that dilemma may be found in the regression of the libido to the anal-sadistic phase, as described by Freud in obsessive neuroses. Due to the regression, there would be a need to use more archaic and radical defensive mechanisms as a response to the action of death drives disconnected from libido, in its objectal branch, directed to external object. Those are noticed as being split, fragmented and prosecuting, as well in the narcissistic branch directed to the ego itself by means of the sadistic superego, which would put the narcissistic integrity of the ego at risk.

That assumption can be valid for cases in which the psychic constitution happened in a way that would demand the need of psychotic defenses, more difficult to the ego, such as the way it happens in threshold states. This becomes evident in Bergeret's conception (1972/2006) that the trauma experimented in a precocious period of the normal oedipal evolution, which "could not be noticed by the child according to a perceptive, relational, finished, objectal, genital way" (p.190, free translation), and could lead the ego to "try to integrate that anticipated experience to other experiences of that time, placing those perceptions near the frustrations and the threats to its narcissistic integrity" (p.190, free translation). This way, the narcissistic frailty would be a characteristic more evident in threshold states and, according to Bergeret (1972/2006), that type of psychopathology would be more like a defensive device than a structure, for the ego would have overcome the psychotic fixation, but would not have reached the normal oedipal evolution of neurosis, concerning the drive genital organization and the maturation of the ego.

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*Aldo Ivan Pereira Paiva*: graduated in Psychology from Universidade Federal de Minas Gerais (2004), Specialist in Psychoanalytic Theory from UFMG (2008) and master in Psychology – Psychoanalytic Studies from UFMG (2012). [orcid.org/0000-0003-3099-7588](https://orcid.org/0000-0003-3099-7588)