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**The repetition in the service of the eroticisation of distress.
When the addiction invites itself in the relationship to work:
Theoretical thoughts and considerations on a case**

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Addiction is a subject that has been explored extensively in the psychoanalytic literature (Mc Dougall, 2004; Brusset, 2004), but the considerations around the object-relationship underpinned by addictive behaviour without substance abuse is a problem that we encounter increasingly in our consultations, in particular in private practice. In this sense, work is a privileged and socially valued object in the context of which the narcissistic fragilities of our patients may emerge, between instinctual drive fulfilment and a need for recognition. It is precisely when the instinctual drive discharge cannot find the conditions for its relief in this tenuous relationship to work that repetition will set in, furnishing the ingredients of a potentially addictive subversion.

We will begin by discussing the clinical approach to the subject in the field of the psychodynamics of work with reference to the contributions of its founding father (Dejours, 1992), and then go on to examine a potential perversion of this relationship to work by drawing on the work of Freud (1905d, 1915c) and of Denis (1997). We will bring this theoretical part to a close by evoking possible slippages towards forms of addiction. To this end, we will define how the addiction to work that can be observed in some of our patients could be regarded as a perverse mode of relating between the subject and the object of his jouissance, and provide a basis for thinking about how the relationship to work can be put to the service of an erotization of suffering. Finally, we will illustrate the above theoretical and clinical considerations with reference to the case of Lucie, and will present the treatment arrangements as the main points of clinical reflection arising from it.

Clinical work with the subject and the psychodynamics of work

Dejours (1992) examined the subject's relationship to work from the perspective of resistance, endurance and pathological dimensions. Then the field of this clinical work was extended beyond the pathological dimension and envisaged the psychic resources at play in those who, going beyond the constraints of work, resist to the point of experiencing pleasure. An examination of these questions made it possible to highlight the subjective resistances and strategies employed by the subject.

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Dejours applied Freudian metapsychology to the subjective relationship that the subject has with work, in particular by focusing on the dynamics at play between the subject, the task and the prescriptive tasks. According to him, all prescriptive work must be subverted by zeal so that the company – whatever it may be – functions correctly. In particular, he takes the example of the deviation from the prescriptive tasks as a subjective achievement of the subject in his task, but which also serves as a guarantee of the satisfactory functioning of the company or institution. He looks at the functioning of hospitals, focusing on how nurses assume their functions subjectively. Some nurses take liberties, for example, “acting with zeal” in relation to the doctor’s initial order, Dejours tells us, thereby avoiding many deaths. This, then, is a matter of what the author calls “*living work*”.

This expression denotes the subject’s additions to the instructions laid down in the company, by the management and/or the employer generally speaking. This subjectivity in the relationship to work must therefore go beyond external reality, through failure and then through resistance, overcoming the latter and the affective ordeals that accompany these experiences in order to define the outlines of this work which is as living as it is subjective. This is what the father of the psychodynamics of work means when he tells us that “Working initially involves failing” (“*Travailler, c’est d’abord échouer*”), but it also involves going beyond failure by means of a subjective experience that pushes back the limits of the subject even in the private sphere. It is a matter, then, of having endurance, even in the intimate sphere, Dejours says, in order to appropriate the enigma of reality: between the body and reality, taking up in the process the contributions of the French philosopher and novelist Michel Henry (1987) on the “bodyappropriation of the world” (“*corpsappropriation du monde*”). “Each skill,” he writes, “is in fact the result of an elaboration of the subjective experience of the body at grips with reality. It is the body that endows intelligence with its genius. Thus the work of production – poiesis – is transformed thanks to endurance, as a ‘demand made upon the mind for work (*Arbeitsanforderung*) in consequence of its connection with the body” (Freud, 1915c, p. 122), provided that it is in this body that the resistance to reality is first felt (Henry, 1987, p. 26).

According to Dejours, working is therefore not limited to the outlines of production, far from it, but requires a subjective experience of intimate transformation in one’s relationship to work. The fact of working is not confined to the action of producing but requires a transformation of the ego, right down to the way in which one inhabits one’s body, including dreams and relationships with others.

This is true of both cooperation and activity – that is to say, there is always a discrepancy between the organisation of the work required, which is referred to as coordination, and the actual organisation of work, involving cooperation. The latter implies a consensual reorganisation of the prescribed organisation based on relations of trust, which themselves are underpinned by the confrontation between different deviations from the norm, as different “intelligent” ways of cheating with the prescription devoid of all subjectivity. Now, in his work, Dejours insists on the immaterial retributions involved here: risking oneself subjectively by deviating from the norm, in cooperative exchange, is thus rewarded by a symbolic but crucial equivalent: recognition which will involve two forms of judgement:

1. The *judgement of utility*, which pertains to the economic, social and technical utility of the contribution made by a subject to the organisation of work. The

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judgement of utility is important for the subject, because it gives him a status in the organisation for which he works and, beyond that, a status in society.

2. And the judgement of beauty, which is always stated in aesthetic terms. It is an elegant piece of work. The *judgement of beauty* can only be made by someone else, namely, someone who knows intimately the rules of the art and the profession. It is the judgement of peers, which is certainly the most severe but also the most valued, for it represents the path of access to belonging. The *judgement of beauty* also includes an element of *judgement of originality*, an even more precious judgement because it guarantees the subjective and unique identity of the worker.

These theoretico-clinical considerations with regard to work are essential to my argument because they give an insight into the richness and complexity involved in understanding the subjective and singular bond between the worker and his object: an object of resistance and suffering, but one that potentially opens up the path towards drive sublimation. It is precisely against the backcloth of this potentiality, this possible opening of a reward beyond resistance, that the endurance of the worker, the repetition of the act, between sterility and fecundity, will emerge at the dawn of two possible vicissitudes: the stumbling-block, and its sometimes dramatic repercussions for identity, and sublimation.

It is not difficult to point out that beyond endurance, the relationship that some of our patients have with their work can sometimes take the form of suffering that is a vector of pleasure, beyond any possibility of sublimation, as if endurance were no longer the means of fulfilling oneself through work, as Dejours (2003) pointed out, but the end in itself. Here, it would seem that the drive aim is reversed in the fashion of a perverse process, understood as the reversal of means and ends. Faltering in its course, the drive no longer finds the possibility of fulfilling itself in and through work, and the drive fulfilment can then only occur through intrinsically unsatisfying repetition which contains within itself the ingredients of a subversive addiction.

From fulfilment through work to fulfilment through suffering

As we have just seen, thanks to the contributions of Dejours (1992, 2003), instinctual drive fulfilment that is part of sterile repetition opens the way to the death drive, *as a return to the zero level of instinctual drive excitation*, and encourages masochistic tendencies in the service of the latter (Freud, 1924c).

In effect, in this text Freud opposes primary masochism and secondary masochism. To describe their economic and dynamic foundations, Freud mentions that the attacks linked to primal sadism emanate from the life drives, that is to say narcissism. What survives these attacks and has not been externalised through an act of aggression towards the object remains in the Ego of the subject potentializing a certain deadly residue that is liable to be actualized in self-destructive tendencies, namely, primary masochism. On the other hand, the sadism projected on to the outside and subsequently introjected could be seen as a regression to an earlier situation called “secondary masochism”, expressed here in its moral form. In this connection, as Rosenberg (1991) points out, “if moral masochism combines the appearances

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of guilt with a reality of masochistic satisfaction, it is in order to combine the appearance of neurosis with a hidden perverse practice” (p. 39). In the case of a failure in the neurotic functioning, in the case of excessive guilt, the subject will make it bearable through masochistic erotization.

This masochistic erotization seems to be at work particularly in the psychic economy of our patients who are caught up in an addictive relationship to their work. Drawing on the *Three essays on the theory of sexuality* (Freud, 1905d), I am evoking here the idea of libidinal coexcitation intrinsically linking pleasure and unpleasure. Thus the first lowering of tension leaves the subject prey to pleasure and to the/a satisfaction that is very dangerous for his masochistic psychic economy. These conceptualizations may be compared with those of Paul Denis (1997) on perverse movements. The accent is placed more on the desire than on its object and, in this respect, it is the drive excitation of desire that is sought after and essential for the subject. In the model proposed by Paul Denis, to the two Freudian aspects of the drive, affect and representation, two movements linked to each other are added: libido of mastery and libido of satisfaction.

The register of mastery designates “everything that generates action and receives sensations without having any erogenous power strictly speaking, without having the capacity for autonomous discharge” (Denis, 1997, p. 74).

The register of satisfaction is “that which is organised on the basis of the functioning of the erotogenic zones and of their orgasmic power. ... Attached to this register is the world of representations, the evocation of which is liable to bring a certain degree of satisfaction” (Denis, 1997, p. 74).

The author's hypothesis resides, then, in the fact that there exists in the perverse movements of the subject what he calls a disturbance of the relations between the register of mastery and the register of satisfaction, that is to say a disturbance of drive functioning itself. Briefly, according to the author, the elevation of the level of libidinal excitation disturbs a certain state of quietude in the subject. Its increase is first dealt with solely by means of hallucinatory satisfaction, as in dreams. However, after a while, when the subject is swamped by the flux of excitation, he will have to resort to a new satisfaction. A large portion of the energy frees itself from the register of representations to recathect that of concrete mastery over the object. This movement proves to be a vector of satisfaction, this time within the subject, through a lowering of tensions. In this sense, he is led to hypercathect the movement leading to satisfaction. Thus it could be said that he hypercathects the thrust of the drive to the detriment of the aim itself, to speak in Freudian terms.

We can understand, then, how this satisfaction is based on internal perceptions, the representation of which is offered temporary support by the object (and in the case that concerns us here, work). But this ephemeral power obviously requires the subject to repeat this search for satisfaction, thus establishing the pillars needed for the development of the addiction.

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The addiction in question

The term addiction was employed in France in its current sense by Fenichel (1945). This term can be found in the new French translation of Freud's Complete Works in the article "Sexuality in the aetiology of the neuroses" (Freud, 1898a). Originally, the term "addiction" was more Anglo-Saxon, whereas the term "*toxicomanie*" was French. For Jean Bergeret (1981), "It is important to consider which affective deficiencies have led the dependent subject to pay through his body for commitments not met and entered into elsewhere" (p. 10). This definition clearly recalls, moreover, the terms used by Joyce Mc Dougall (2004), who situates the addictive economy of the subject at the crossroads of the psychic and somatic dimensions. For her, addiction is a response to being swamped with emotions and anxiety, a form of acting out to prevent the psychical apparatus from being overwhelmed. She thus regards "addictive behaviour as an analgesic". The author thus shows that contrary to transitional objects – even if they seek to play their role – addictive objects necessarily fail in that they are attempts of a somatic rather than psychological order. The author speaks therefore of transitory objects corresponding to the additive objects, that is, fulfilling functions of "neo-needs".

As Blondel (2004) points out, Joyce Mc Dougall speaks of addictive activities or substances as substitutes for a transitional object, but adds that if the transitional object represents the "beginning of the introjection of an environment with a mothering function", the objects of addiction cannot fulfil this function or serve as substitutes for it, since they are supposed to replace the missing primary mothering function. Brusset (2004) insists on the fact that addictive behaviour represents the individual's attempt to free him or herself from emotional dependence on libidinal objects, but that, at the same time, it induces another form of dependence that reinforces it through a circular process. He emphasises its desexualised narcissistic and autoerotic logic as well as its self-destructive dimension. Here, it is important nonetheless to emphasise the particularity of what we are calling the object of addiction, that is to say "work", which has neither the characteristics nor the contours of the so-called "substance" addictions (Valleur, 2007). There is indeed justification for debating the classification of those behaviours that are said to have the characteristics of addictions but which, even though they do not entail the consumption of a psycho-active substance, involve the behavioural sphere. We will not enter into the details of the debate here, but will simply envisage the addictive dimension as a part of the subject's psychic economy in order to characterise its link with the object and the place that the latter has, in spite of the subject, in the characteristic addictive ambivalence between pleasure and suffering.

To sum up the points made so far in this paper: we began by discussing the psychodynamics of work and the subject's fulfilment through work, before going on to consider the possible stumbling-blocks of this subject/object relationship, which do not always encompass the contours of sublimation, with a view to envisaging a subversive economy of the subject in his relationship to work. In effect, we have described theoretically how the inversion of the coordinates of the drive (means and aim) can pervert the subject's relationship to his work, thereby establishing the conditions for a necessary repetition. Finally, we linked this up with the addictive problems of some of the patients in my private practice. This leads me on to a discussion of the case of Lucie. After presenting the setting of the treatment offered to this patient, we will describe, while illustrating the theoretical

contributions mentioned above, how Lucie was able to find in the therapeutic sphere, and through the transference, the conditions enabling her to overcome her addiction to work.

The encounter with Lucie: resistance, suffering, pleasure and repetition

Lucie was seeking help for the first time because she found herself in a difficult marital situation on account of her work, which her partner gave as a reason for being distant from or even breaking off the relationship. She said the situation that she was in was inextricable, adding, *"I cannot do otherwise ... Work is my whole life ... Well, no, it's not my whole life. That's not true. But you know, it takes up all my time, even if I know that it's not the most important thing in life."* She continued: *"Mathieu (her partner) has asked me to slow down, but, obviously, he doesn't understand. Before I met him, I was very happy in my work. I'm not saying that I am less happy now, but it's different. It's more unpredictable ... Before, I was self-sufficient. Well, in my work, I mean."* It was under the following auspices that Lucie's psychotherapy got underway: *"There are three of us: Mathieu, my work and me."*

I decided to offer her twice-weekly face-to-face psychotherapy in private practice. The sessions lasted 45 minutes and Lucie came very regularly, at least at the beginning of her therapy. One of her sessions is the last slot that I generally offer to patients, at 9.15 pm. This questionable practice, with regard to what it may evoke at the transference/countertransference level, turned out to be a nodal point in Lucie's identificatory cathexes towards me. I would like to add, however, that while this is not the most frequent form of practice, it is nonetheless quite widespread in large French cities, where more flexible working hours leave greater margins for the time slots that can be offered for consultations. We will come back to this.

Lucie is 40 years old, and her thin and tired appearance illustrate the hectic rhythm that she imposes on herself on a daily basis as an emergency doctor: *"No, hang on a minute, I do not impose that on myself; it's imposed on me. If I don't do it, patients die, you see. It's not as easy as sitting there listening to people... It's a matter of life and death. But nobody's able to understand that, not even Mathieu, particularly not Mathieu."*

It was by evoking those who were absent in a highly aggressive projective register that Lucie sealed her entry into her psychotherapy. She said she wanted to save her relationship, but her demand was clearly immersed in ambivalence. She described her libido as low: *"It's been like that for several years now, but that's also fairly normal when you only sleep three hours a night. And then I would like to attempt the competitive examination to become a University Professor; but to become a PU-PH,³ you have to work twice as hard, it's not fair."*

A few minutes later, she backtracked on what she had said: *"Well, in fact, no, it's not as unfair as all that. I know that everyone pulls the strings, but I tell myself that if you are excellent, someone will feel like pulling the strings for you. You have to be brilliant and attractive, and well, I am average. That's my problem."*

³ "PU-PH" means "University Professor and hospital practitioner" in the French system. It applies to doctors who benefit from the dual status of being licensed physicians in the public hospital sector at the same time as having an official post in higher education.

Lucie launched into in a sort of monologue from which she seemed to be excluding me. She was speaking to herself in a logorrheic flow that was difficult to understand. The trio to which she referred in her words at the beginning of the session seemed in reality to belong to a more archaic dual relationship, between a hospital-based and ethically-based prescription: *“One can't let patients die”. This suffering was marked on her body and even in her deadly boring way of speaking, as well as in her attempts to get recognition: “You can't imagine what a difference it can make to be appointed at a university. Well, I can't either. But I can imagine the pride that I might feel. Sometimes when I think about it, I can almost touch it. Moreover, that's what I think about when I'm listening to the chest of my 40th patient in the emergency department.”*

Lucie was hardly sleeping any more. She looked worn out. She was getting thinner and thinner, and she remarked during a session that her “thirst” for work was being satisfied less and less, even though she was working as much as ever. The more hours she did, the less hungry she felt, and the less tired she was. *“It's physiological,” she announced proudly during one session: “There are people who don't necessarily have the same amount of tolerance. I always need more, without any chemical substances.”* Lucie relegated her entire therapeutic space to purgatory, while making me a passive and helpless spectator faced with the torture that she was forcing upon herself, driven by an unsatisfied need for recognition by others.

Mathieu got bored; he decided to leave her, and Lucie found herself *“alone at last”* in an insatiable quest for the absolute which seemed to recall for her the image of her grandfather, a renowned figure in medicine, in whose footsteps Lucie's father followed without ever succeeding in equalling him. *“My father really suffers from this. I know that he feels it is a failure in his life. He would have liked to leave his mark on medical research, but he contented himself with being a general practitioner. When I was little, I admired him, but I gradually discovered that there was nothing admirable about him.”* Lucie's way of thinking seemed at times to be very defensive, but also, paradoxically, to manifest itself in the vestigial traces of the sensual relationship that she once had with her work. Indeed, Lucie only seemed to find pleasure now in the suffering that she was inflicting upon herself, flirting more with the limits of her body than with a question for fulfilment through work. Her mode of functioning thus fell largely within the boundaries of secondary masochism, colouring the subjective impression that Lucie had of finding fulfilment in and through suffering.

All this seems, then, to resonate with an instinctual drive inversion, between means and aim, as we have already described with reference to the contributions of Paul Denis (1997).

We could put forward the idea, then, that there exists in this patient a hypercathexis of the perceptual traces linked to the experience of satisfaction in the relationship to the object, as I we pointed out in my introductory theoretical remarks.

Her suffering was sought-after, proclaimed, affirmed, and communicated so strongly that it drove me to arrange for Lucie a parallel medical follow-up in order to avoid the mental and physical breakdown that seemed imminent. Work, a part-object, was envisaged on the permanent threshold of the risk of loss, leading this patient, it seems to me, to introject the object fantasized in advance. There was no longer any question of entering the competitive

exams to become a university lecturer. This background aim was much more part of a professional project with a masturbatory air to satisfy the needs of a compulsion to repeat contained by the ramparts of secondary masochism.

From repetition to addiction

Satisfaction no longer came from instinctual drive satisfaction but from resistance to the drive, pushing Lucie to exchange the object of the frenetic course she was on against the means of attaining it. She eroticised endurance in itself which confined her to perceptual repetition, anchored in mastery and resistance against this mastery. She commented on this process thus: *"It has always been like that. At school, I made myself sick in an attempt to do well at tests, but I was always the best, and somehow, I liked school in spite of everything. I loved the idea of going through ordeals, but it made me physically sick. I would vomit and have anxiety attacks."* At first, Lucie described her parents in a very idealised way, but as the psychotherapy progressed they were disparaged both for the way they had fulfilled their role as parents and for what Lucie called their automatisms: *"In fact, they were always telling me that they didn't understand how I could get myself into such a state. That's what they said, but what they said wasn't reassuring at all. I don't know to what extent you can understand but, in fact, they said things without embodying them at all, as if they were empty words, empty of meaning and emotion. The result is that it encourages the opposite."* I wondered, therefore, if this lack of interactive tuning in Lucie's schooldays did not have echoes on two counts:

1. First, in relation to her mother, during her early childhood: Lucie described a father who was very absorbed by his work, and a mother whom she described herself as an enigma: *"We never knew what was important with her. Well, yes! Contours, appearances, and stewardship, those were the essential things for her. But it was impossible to speak to her."* Lucie recalled several episodes: *"I used to play the piano. I have always hated the piano. I had no pleasure or desire and I told them so, but my only means of escape was to be a social showcase for my mother, for my parents ... Once, I asked my mother to offer me a memory box, something she had made herself, just to get her to do something affectively, to get her to involve herself. She offered me memory box from the supermarket. As usual, she hadn't understood."*
2. Then, towards me in the sessions, asking me constantly if I understood what she was saying, if I could imagine what she was going through: she wondered what effect she had on other people and seemed increasingly surprised when my remarks actually resonated with what she was feeling. When this happened, she would burst into tears: *"You see, you hear what she doesn't hear. I've told her, and told her over and over again, repeating things to her... Repetition changes nothing. Even if I can't find any other ways, any other means of having a real relationship with her."*

Lucie ventured to make links with her frenetic relationship with work: *"Finally, nothing was really imposed on me. But they didn't need to tell me that. It was something I felt because, on the contrary, they didn't ascribe any importance to my malaise. [At this point in the session, she raised her voice]. 'It's not normal for a little girl of 7 years old to get herself*

into such a state because of a French test. It's not normal to work 10 hours a day... It's not normal,' " Then she added: *"When you speak to your child without really being in contact with him, without reassuring him, are you not, on the contrary, encouraging his quirks? ... My parents never touched me. It was only at school that I felt something. It frightened me, but at school I existed. I felt things. Even if it was painful!"*

Here, it is as if the impossible affective rhythmicity in Lucie's early childhood and school years had resulted in giving too much prominence to the supremacy of perception in her relationship to work, but also in her relationship to others in general. *"My relationship with my mother was always based on looks, on gestures, on what I could perceive in order to understand something, because my mother never revealed anything. I know, moreover, that she has had a chronic illness for twenty years. I have understood this from the medication that she's taking, from certain snippets of discussions I overheard. But it has never been possible to speak about it directly."* As for Lucie's father: *"I adored my father. I was madly passionate about him. There was a lot of complicity between us, but I understood later that he was above all in collusion with my mother's madness, with everything that she preferred to leave unsaid."*

Lucie ventured spontaneously to make links between her mother who alienated her with her inconsistency and her subjection to her work, highlighting the potential affective deficiencies of my patient who was beset by the enigma of her mother's behaviour: *"I think she has always been depressed. She is never there. Or rather, she is there, without being there. It's unbearable, I assure you. I would like to shake her."* Lucie's confusion can perhaps be thought about in terms of this gap between affect and perception in the first interactive spaces, or even of the interchangeability of the two: that is to say, she hypercathects the environment and the relationship to the object perceptually because she is unable to link affect and representation. Moreover, it is along these very lines that the contributions of Brusset (2004) on the *"addictive solution"* help us think about this situation.

Lucie portrayed her father in a highly ambivalent way, idealising him furtively while at the same time placing him in the role of a stooge: of his own father (Lucie's grandfather), and of his wife, making the latter (Lucie's mother) an unstable figure of identification, whose alienating character she did not fail to emphasise. Lucie then ventured to make a connection between being subjected through feelings of emptiness to her mother and her past and present feelings of alienation in her relationship to work, which she herself describes as an object of addiction. *"It's stronger than me. I cannot let go of my work. It's the only thing that fulfils me. My work comes before everything else; I have already tried to give it up for Mathieu, for example, but I have never succeeded. It's gnawing away at me; eating me up. There's no room for anything else. It's what gives me the greatest pleasures and the greatest pain, but the worst thing is that I think that the two are linked in me. I can't cope with it. Perhaps I'm crazy. I'm crazy about my work, an addict, as they say."*

Repetition, suffering, pleasure and reversal

It would seem that the only part of Lucie's history that subsisted was auto-erotic sensory traces prior to any sexualised libidinal impulses, subverting the masochistic libidinal movement towards the contours of a part-object. And it may indeed be that the core of Lucie's

psychotherapeutic work is concerned with this nostalgic quest for the traces of the part-object, reduced today to the state of perceptual traces: between stifling paralysis in the transference, a compulsion to repeat and desperate attempts at linking, confusing me with the ear of this mother who was now capable of hearing and of holding out to Lucie an affective reality supplanting the percept – *the percept being understood here as an artificial counterpart of the drive, owing to a lack of affective emergence.*

It was at this point in her therapy that Lucie began to express herself in a particularly aggressive way. Indeed, she missed many sessions, arrived late without even apologising, and began openly taking me to task, comparing the amount of work I do with the amount she does, constantly alternating between these two poles. During the sessions, when I ventured to explore with her my concerns about her apparent state of health, Lucie intimated that I was not in a position to understand, to hear, or even to accompany her. And later, when she felt her own limits were constantly being challenged she projected on to me what she felt about my own work: *“Are you there?! You have pushed me to think about all that. You have pushed me to take a step back. I’m trying to do that, but you, you’re not budging one iota. I’m sure that you work more than me. Just look at the hour at which you’re seeing me!”* In fact, it was just at the moment when Lucie was raising these questions that I was asking myself questions about the work setting I had put in place with her. As I have a relatively tight schedule for seeing patients, I offer quite a wide range of time slots until quite late in the evening, and from the beginning of her therapy, Lucie had the last evening session, sometimes after 21hr. I therefore felt I was beset by Lucie’s symptoms, caught in a clear transference/countertransference confusion, asking myself to what extent Lucie would have pushed back the boundaries of the therapeutic setting, even before I had a chance to see what was going on and to analyse the dynamics involved. Drawing on my own relationship to work, Lucie projected her own conflicts on to the space that I offered her, leading me, moreover, to lose sight of that fact that this time slot had existed for other patients before Lucie’s psychotherapy. Transference through reversal (Roussillon, 1999) is then at work, reproducing the fragility of Lucie’s object-relationship, caught up in abandonment and intrusion. The transference through reversal described by Roussillon defines how a subject transfers on to the object the drive impulses that he is unable to process. It was as if, even before I was aware of it, Lucie had transferred on to me the avidity of her relationship to work, resonating in me as an eagerness to understand and hear this reality – a reality that no doubt touched on certain phantasies in me of omnipotence, albeit totally unconscious. The therapeutic space at this point was nothing but a “space of reversal” for a transference relationship functioning at two exclusive poles: active and passive.

From psychotherapeutic constraint to the pleasure of thinking

During this period Lucie once again pursued her wish to take the competitive medical examinations, the reverberations of the loss of Mathieu having apparently strengthened the outlines of her defences struggling constantly against the threat of depression: *“I must sit these examinations. That’s why I do medicine. I cannot remain an operator all my life. When I explored with her what she meant by the word “operator”, Lucie said she had the impression of being an agent of medicine, a sort of “machine for applying rules, ... mechanically”, cutting her off from any sensual involvement in her work. She added: “Before, I knew what I*

was doing. I had a feeling for patients' bodies. I could hear the organs living, the heart beating in my stethoscope. But it was more than a noise. It was a real vibration, a tempo, which resonated with the music of the organ I was listening to. ... Today, I have the impression that I don't hear it any more. Or that I can't hear myself hearing it. It's perhaps more a question of that." The experience that is so valuable in the relationship between the subject and the object of his "living work", as Dejours (1992, 2003) describes it, became automatic but seemed to take on the form of a new embodied and intimate prescription from self to self which, devoid of any form of recognition, precipitated Lucie's depressive collapse: "Who sees what I am doing? And then, if it wasn't me who was doing it, it would be someone else!" Lucie felt that she was one doctor among others, and the spontaneous image that she linked to this impression was that of her father whom she described as completely "ordinary... from his way of working to his physique, including his life style". Lucie was waiting for recognition, recognition that was extremely bound up with what Dejours (1992) calls the "judgement of utility" which we have already discussed, and it was in the transference that this insatiable quest would assume its full importance: "You, it's the same. If it wasn't me you were seeing at this time, you would be seeing someone else." The instance of the Ideal crushes the reality principle. The time slot from which she befitted was marked by great ambivalence, somewhere between claiming it as a right and open reproach. The particular status that Lucie had seemed to attribute to herself not so long ago in her therapy now seemed to lose its status of exceptionality, relegating her to the status of being one among other patients, like a link in a chain in which each agent would be interchangeable, like in her work, and in her family, she added: "We are two sisters. We have the same aims, the same profession. We're in the same race, in the same lane." The depressive collapse seemed inevitable, but Lucie defended herself against it with all her strength by making direct attacks and showing aggressivity that was less and less concealed, which made the sessions difficult. As a disappointing object, I was now attacked for my insufficiencies, taking on, for a period of time that seemed very long to me, the role of a primary object that was less and less split but whose duality Lucie seemed to maintain in the increasingly sharp reproaches she was making: "You're useless. You don't understand anything; I don't know why I pay you. You make me lose my time ... You, you're probably not particularly concerned by all that, by this need for excellence!" After initially being cathected as someone who colluded with her relationship to work, I was now the object of massive projections by Lucie which transformed the therapeutic space into a constant space of projective identification. Projective identification, as we know, is the mechanism of defence described by Klein (1946) whereby the ego projects outside of itself intolerable experiences by splitting itself, and then expels these split parts into external objects in order to get rid of them and/or to identify with them. It was at this period that Lucie said in a session that she did searches on the internet concerning people around her, in order to know what they did, who they were: "It's an activity I enjoy a lot", she added. I could not help imagining that I had not escaped such searches and that Lucie now knew that I was a teacher/researcher at university, sharpening even further the projective and identificatory processes in the service of aggressiveness that was tangible in the sessions. It was several weeks before this question emerged directly in a session. Lucie became agitated: "But you, frankly, how do you manage? Have you kept a private life?" Noticing my surprise, she continued: "I came to see you because I wasn't able to combine everything, my personal life, my professional life, and you can see me sinking further and

further into this situation when perhaps you could very well be giving me some advice...” I felt deeply destabilised by this attack on me, as both a disappointing and idealised figure, which left me silent for a few moments. Lucie continued: *“For all I know, you may not have a life.”* She smiled and calmed down. As a result of what she had said, I now felt prey to Lucie’s murderous phantasies; she wanted, it seemed, to “deprive me of life” in order to avoid any risk of ambivalence between a good and bad object, between private life and professional life, between pleasure and suffering. I asked her to what extent she wished, perhaps, that I did not have a life. Lucie paused, seemed to appreciate the significance of her remarks, and added, with tears in her eyes: *“I’m going crazy. This work drives me crazy. Perhaps I would also like to drive you crazy.”*

It was from this moment on that Lucie’s projective tendencies seemed to ease up. I no longer felt directly prey to Kleinian splitting, but it would seem that Lucie had to go through the extreme experience of projecting her aggressiveness to the point of identifying with her fantasies of murdering a partial rival, which I represented at that moment in the split transference dynamics.

Lucie seemed to move away from the competitive relationship she was getting into with me. I felt I could allow her to cathect me, while surviving her murderous thoughts as well as the insufficiency she ascribed to me. Lucie evoked her father increasingly in the sessions, whom, she said, she needed to get closer to. Ambivalence now seemed possible, which enabled Lucie, it seemed to me, to abandon the split register that she brought into play to avoid depression. She accepted “to give herself time” (that is, to sit for her exams), and this diffraction seemed to me to be the need for a new period of latency allowing her to experience pleasure in meeting her patients of whom she said for the first time since the beginning of her therapy that she “*treated*” them. Up until now, she often spoke of “*seeing them*” or, at best, of “*following them*”, using, with this last term, a very particular terminology often employed by psychotherapists. The rival part-object and the perceptual traces of its cathexis seemed to have lost its lustre in the libidinal economy of Lucie who was now able to let herself get depressed during sessions without falling apart, accepting the need to to “*treat*” her patients with “*pleasure*”, she said, even though she sometimes experienced a certain weariness. If suffering was still present in in Lucie’s relationship with the object, as with her psychotherapeutic space (“it’s difficult to come”), the pit dug out by the danger of depression no longer seemed to be a bottomless abyss and could sometimes be the vector of pleasure in thinking, without shame. The ideal ego seemed less and less crushing, and it was first through the pleasure of thinking about her patients that she spoke about several times during her sessions, that Lucie was able to think about her own history and enter into a new and evident introspective process. She questioned her relationship to her body, her relationships with others, her relationship with parental figures – which went beyond adopting a merely reactionary position – harnessing a primordial epistemophilic instinct that had hitherto been suffocated by her mechanical investment in her work.

Conclusion

With the theoretical considerations put forward and illustrated by the case of Lucie, I have tried to describe how the articulation of the contributions of the psychodynamics of work (Dejours, 1992) with a Freudian metapsychology of perversion (Denis, 1997) can account for the process of the erotization of suffering, which is then no longer to be seen in terms of the means but of the drive aim.

As Western societies place more and more value on the pursuit of excellence in and through work, the imprint of the latter on identity is increasingly present. If, as Dejours suggests (1992), the resistance between the subject and object of work is an obstacle that has to be overcome in order to achieve pleasure or sublimation, it is not uncommon for the value placed by society on the “price to be paid for success” resonates with the personal and identity-related vulnerabilities of the subject. Suffering is thus no longer a condition for gaining access to pleasure but an immediate vector of *jouissance*.

Thus, Lucie’s psychotherapeutic treatment made it possible to consider the transference relationship as a way of avoiding this risk of perversion. Suffering and resistance were no longer in the service of pleasure, allowing Lucie to free herself from splitting and to navigate towards a more ambivalent relationship with the object. Indeed it was this ambivalence – in the Kleinian sense of the term – that offered the necessary conditions for going beyond the partial register of the rival object and of the primary object that I had represented in a split way in the transference.

The compulsion to repeat relived in the relationship to the psychotherapeutic setting helped Lucie to free herself, via the transference experience of (perceptual) alienation, from suffering (object of *jouissance*). Thus it was through the regression inherent to the transference processes themselves, initially bogged down in the compulsion to repeat, that the perceptual trace of the object came up against the echo of Lucie’s murderous fantasies in the transference. Suffering and resistance thus no longer seem to be the end, but rather the means for Lucie to have the possibility of gaining access to a certain form of *jouissance*, in exchanges with the others, beyond the partial register, but no longer “*beyond the pleasure principle*”.

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