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Is the concept of the death drive still useful in the clinical field?

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The issue of the death instinct *versus* the life instinct has been extensively discussed with conflicting opinions in the course of the development of the analytic thinking. The view I suggest in this paper is that postulating the existence of an innate force to explain destructiveness is not necessary in the clinical field. It is more useful to relate the destructiveness in many severe patients to infantile trauma, particularly the trauma from an abiding lack of affect. When the relationship of dependency on the primary object is failing or produces severe frustrations, the infant can develop psychopathological structures against life and human relations. Destructiveness towards the good objects would be a by-product of trauma, as it is fuelled by traumatic anger and anti-relational omnipotence. However, the trauma–destructiveness sequence is neither linear nor strictly consequential and requires a careful reconstruction during the analytic treatment. It mostly develops in deeply affect-lacking children through pathological identifications with destructive figures and mental withdrawal dissociated from psychic reality. As this kind of phantasies creates pleasure, a cold destructiveness distant from all passions emerges, showing a dependency on pathological constellations that fuel one another constantly.

Aggression and trauma

Although psychoanalytic thought has long concerned itself with aggression and destructiveness, it has never achieved a unified conception of this subject, but has instead formulated a variety of contrasting theories. Issues which permeate the literature include many questions:

-whether aggression is an autonomous drive or is a reaction to a narcissistic injury
-the conceptualization of an autonomous drive that implies the notion of a death instinct
-the connection between aggression and a pattern of 'transmission' in the environment (Perelberg, 1995).

Three basic positions can be distinguished.

1 According to the first, aggression, hate and destructiveness form part of the human instinctual endowment. The champions of the first position include Sigmund Freud and Melanie Klein. Freud saw aggression as an innate component of libido – that is, of the force that presses for the

achievement of pleasure and the conquest of objects. As we know, Freud initially regarded aggression and destructiveness not as a specific drive, but rather as the active component necessary for the achievement of the drive's aim; in other words, it was a component of the sexual drives of the ego. In this sense, perversion too was deemed to be a fixation onto anal sadism. In 1920, however, Freud introduced the notion of the death drive, whose aim was the dissolution of the individual, or nirvana; the death drive, which was originally directed inwards, gave rise to destructiveness when turned outwards. The working of the death drive was based on the activity of the libidinal drive, thus forming destructive impulses directed against external objects. Its virulence was mitigated by its fusion with the sexual drive (Freud, 1933); but in its defused form it entirely dominated the personality.

Melanie Klein (1932), on the other hand, held that the conflict between love and hate (the latter being an expression of the destructive instinct) was the engine of development and the foundation of mental functioning. The stronger the destructive endowment with which an individual was born, the more difficult would be that individual's path to integration and the achievement of healthy ambivalence. Melanie Klein's ideas entail an important change in comparison with Freud's formulations. According to Melanie Klein a fusion between hate and love is very difficult. They work in successions: firstly, hate and destructiveness, and then love and reparation. The permanent conflict between them gives rise to the opposition in the inner world of the good and the bad object. In Klein's work there are numerous references to the importance of the life instincts which fight against the strength of the death instinct, and to the continual process of interaction between projection and introjection in the development of the infant. Moreover, an analysis of Klein's views on psychic life indicates that the death instincts have a dominant importance in her work.

2 The group of psychoanalysts who regard aggression as a primal disposition that is reinforced in response to a traumatic experience (i.e. deprivation of basic needs or exposure to violence) includes Anna Freud, Fairbairn, Winnicott and Kohut. Freud (1949), for instance, stresses that traumatic experiences result in the defusion of aggressive and libidinal drives, so that the former are not neutralized but find expression in an urge towards destructive aggression. Such cases, in her view, involve a deficiency in emotional development, and it is this to which therapy must be directed. Kohut (1978) links aggression to a narcissistic self-image: this grandiose, omnipotent self-image will not brook offence and frustration, which unleash narcissistic rage whose degree of violence is proportionate to the image's grandiosity. Kohut emphasizes not only the reactive nature of aggression but also the self's predisposition to develop along narcissistic and grandiose lines.

3 A third group comprises the authors who see aggression as a reaction to a negative environment, or to unsatisfactory object relations – including Khan, the attachment theorists and Fonagy. Fonagy (1999) postulates that, when the capacity for mentalization fails to develop, the subject is

unable to distinguish reality from fantasy and physical from psychic reality – hence the instrumental and manipulative use of the object and the body. This mode predominates in violent patients, who tend to express and confront their thoughts and emotions by means of physical action directed against themselves and others. That is to say, when someone is unable to feel himself from within, he is compelled to experience the self from without. According to Fonagy, trauma plays a significant part in the psychogenesis of violence. One need only think of severely abused children who exhibit a persistence of psychic equivalence, a tendency to resort to the pretend mode (with consequent dissociation) and an inability to reflect on their own and others' mental states.

In this contribution I shall attempt to distinguish aggression, which can assume the form of hate and violence, from destructiveness. In so doing I follow Glasser (1998) in distinguishing between self-preservative and sado-masochistic violence.

The death instinct

In *Beyond the Pleasure Principle*, Freud (1920) introduces some of his thoughts about death, which touch upon the very foundation of psychoanalytic theory, as he had previously formulated it. Alongside libido – the only instinct considered until then – he places the death instinct as a representative of a biological force even more powerful than the life drive. The instinctual 'correlation', that justifies the death instinct, would correspond to the human tendency to repeat unpleasurable experiences. This tendency to repeat negative events contradicts, according to Freud, the notion that people seek solely the satisfaction of their erotic drives, and indicates, instead, the existence and activity of a drive towards unpleasure and death in the unconscious.

The death instinct, however, cannot fully express itself because it is mingled and fused with the libidinal drive. Only when a defusion occurs, does it manifest itself through unambiguous psychopathological states. Under normal circumstances, the death drive is subsumed by the aim of bringing the living organism back to a quiet state. In fact it works *silently* outside consciousness and beyond every possibility of being represented in the unconscious.

This is a radically new perspective but, at the same time, it does not contradict the previous statement, stressed several times, that the unconscious cannot contain a representation of death. Freud does not think that there might be a connection between the death instinct and the fear of death. The compulsion to repeat, the nature of primary masochism, the resistance to treatment and the merciless aspect of a melancholic superego would all be expressions of the death instinct.

Whilst for Freud the death instinct is a biological entity, which works within the organism but has no unconscious representation, for Melanie Klein (1948) it is a psychic perception present in the earliest unconscious phantasies. The anxiety experienced by the newborn baby is a direct derivative of the fear of death, activated by the death instinct. Klein maintains

that the baby attributes its discomfort and pain to hostile and persecutory forces. To protect itself from this fear, the baby introjects a good breast, which allows it to counteract the perception of a bad and starving breast. This first good internal object, a focal point for ego structuring, facilitates the infant's cohesion and integration.

Unlike Freud, Klein thinks that the unconscious contains a representation of death which coincides with the representation of bad and persecutory objects. The primitive superego, which in the internal world threatens the infant with death, would thus constitute one of the earliest representations of the death instinct. The bad objects, if they remained unmodified, would produce the experience of inner death.

The issue of fusion and defusion

To explain the development of the most dangerously destructive pathologies Freud spoke of the defusion of the death instinct, which would normally go along with libido that is constantly mitigating its action. When the death instinct becomes autonomous, its action becomes really destructive and dangerous. Many of the destructive manifestations, even in the case of neuroses, have been understood by Freud as the effect of the death instinct when it parts from the life instinct: "...and we come to understand that instinctual defusion and the marked emergence of the death instinct call for particular consideration among the effects of some severe neuroses, for instance, the obsessional neuroses" (1923, p. 41).

For Freud (1932) sadism and masochism are two excellent examples of the fusion of these two instincts: the sexual drive meets with the destructive drive and forms a fusion where aggressiveness, destructiveness, and sexuality are mixed and mitigate one another. The concept of fusion of the two instincts is part of the works of many analysts. For example, Hanna Segal (1993, p. 58) says:

> Libidinization is always present as part of fusion of the life and death instincts. But fusion can take many different forms. In healthy development the fusion of the life and death instinct is under the aegis of the life instinct and the deflected death instinct, aggression, is at the service of life. Where the death instinct predominates, the libido is at the service of the death instinct. This is particularly evident in perversions. A delicate balance is established between the life and death forces and a disturbance of this balance in the process of analysis is perceived as a great threat.

Pathological constructions

Freud's concept of the fusion and defusion of the two instincts can be better understood in the light of more explanatory models that have been developing in the last decades. His hypothesis becomes meaningful within a model taking into account different (and opposite) parts of the personality that keep a balance until the destructive part gains ground over the healthy one and causes pathology. The destructive part becomes prevalent by coaxing the patient who is seduced by the arousal stirred by omnipotence, cruelty and power.

The ill parts are expressed through the formation of pathological structures (perverse or psychotic parts) that are not present in normal development. Pathological organizations or constructions develop silently in childhood and express their pathogenic potential only later. Promoted by infantile traumas, they soon have an independent development and tend to change the emotional reality until it gets destroyed as parallel worlds are created. The newly created pathological reality, suffused with omnipotence, looks to the patient as being superior and desirable, and therefore captures him.

To emphasize how the pathological structure can become a part of the personality, some authors (Spillius, 1983; Steiner, 1982) studied its structure specifically. O'Shaughnessy (1981), in particular, makes a distinction between defences and pathological formations. She writes:

> Unlike defences [...] which are a normal part of development, a defensive organization is a fixation, a pathological formation when development arouses irresoluble and almost overwhelming anxiety. Expressed in Kleinian terms, defences are a normal part of negotiating the paranoid–schizoid and depressive positions; a defensive organization, on the other hand, is a pathological fixed formation in one or other position, or on the borderline between them.
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> (p. 362)

Furthermore, according to the same author, the defensive organization becomes increasingly invasive, and is transformed in such a way that it takes on an omnipotent, triumphant and cruel character.

The author who has best explained the mode of action of the psychopathological structure is Herbert Rosenfeld (1971). In describing destructive narcissism, he postulates that in certain severe psychopathologies a bad internal entity – a bad self – is idealized. This pathological nucleus removes the subject from contact with emotions and from relating to others. The sick part, which is idealized, progressively comes to hold sway over the rest of the personality, using propaganda that promises an easy solution to every problem. This structure resembles a delusional object whose healthy parts tend to allow themselves to be captured because in this way pain completely disappears and the subject is free to indulge in phantasy in any transgressive and pleasurable activity.

These patients' destructive narcissism is organized in the same way as a criminal gang dominated by a leader who controls all its members in order to increase their destructiveness. A pathological superego allied to the sick part of the personality is often present. For this reason, blind obedience is demanded and any insubordination is punished by attacks and intimidatory accusations.

A psychopathological construction cannot be regarded as a mere expression of the mechanisms of primitive aggression, but represents a pathological distortion of psychic development – that is, an idealization of a sick part of the self. Its supremacy results from the perverse transformation of the superego, which causes destructiveness to appear innocent and exciting.

The destructive pathological organization is similar to a delusion aiming to subjugate the emotional and relational parts of the self. Even though there is an initial balance between the destructive and the relational parts, the goal of the pathological part is to conquer the whole personality. The psychopathological construction can be represented by the figure of a grandiose character who promises wellbeing to the patient if he will surrender and submit. The protective side of this figure is deceitful because, as the patient tries to escape its domination, the psychotic organization threatens him to retaliate, disclosing his nature of delinquent gang (Meltzer, 1973; Rosenfeld, 1971).

In very severe patients the healthy part manages to contain the action of the destructive part for some time, until the sick part starts to colonize the healthy part. The latter weakens and cannot contain the sick part any longer. At this point defusion would occur, that is to say, the death instinct (the sick part) would become autonomous from the life instinct (the healthy part).

This model can also resolve the theoretical problem deriving from the concept of fusion of the two opposed instincts. To postulate the fusion between the two radically antagonist instinctual forces implies a real conceptual difficulty. It is difficult to assume a fusion, a mingling of two functions that cancel one another out. Fusion can occur between hate and love, that is, ambivalent feelings that can coexist for the same object. In this instance, love mitigates hate and decreases the violence against the hated object.

But the case of destructiveness is different – as it is conceptually different from aggressiveness. While aggressiveness can be a response to a relational conflict, destructiveness is an anti-relational operation that is not the opposite of the love. Whereas aggression can be regarded as an emotion and in certain contexts as a defence useful for survival, destructiveness is directed against the very roots of life.

Hate, a feeling that is inevitably present in human beings, is charged with the wish to harm one's adversary. Hating means to want to cause the object that harms us to suffer and to want to destroy that object. The difference between reactive and destructive aggression lies not in the intensity of the hate, which may be extreme in both cases, but in the quality and character of the attacked object. Hate is defensive when turned against a bad object, but destructive if the aim is to destroy a good object.

As Eric Brenman notes, it gives rise to a specific form of narrow-mindedness without which evil cannot be continuously kept up:

> In normal development love modifies cruelty; in order to perpetuate cruelty, steps have to be taken to prevent human love from operating. My contention is that, in order to maintain the practice of cruelty, a singular narrow-mindedness of purpose is put into operation. This has the function of squeezing out humanity and preventing human understanding from modifying the cruelty. The consequence of this process produces a cruelty which is 'inhuman'.
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> (1985, p. 273)

The perverse pleasure does not match aggressiveness or hate, but lack of love, that is to say, indifference. Self-satisfied destructiveness, thriving in indifference and lack of passion, constitutes the core of perversion. When destructiveness is at the service of pleasure, there is the risk of its constant enhancement. From this perspective, the fusion of libido and the death instinct rather than mitigating destructiveness, is a dangerous factor, as it heightens it.

Rosenfeld (1987) has rightly emphasized that fusion, when it happens, is a successful colonization attempt of destructiveness colonization over the rest of the personality. In this case, the violence of the destructive impulse is strongly enhanced rather than mitigated.

Feldman (2000) also argues that the gratification that is bound up in destructive phantasies or activities, and which gives them such a compulsive quality, does not result from fusion with the life instinct, with the resultant libidinization of the death instinct. On the contrary, the gratification obtained from attacking, spoiling and undermining, whether directed to the self or the object, is an essential element of such a destructive drive.

The drive towards self-annihilation

As I have already said, the death instinct became a powerful concept with Melanie Klein and, ever since, has been much used in clinical practice. In her late work she developed her theories about envy and identified in it – as an inexhaustible source of attacks against the good objects – the clearest manifestation of the death instinct.

In her work where she aims to show the importance of the concept of the death instinct in clinical practice Hanna Segal (1993, p. 55) says:

> One could formulate the conflict between the life and death instincts in purely psychological terms. Birth confronts us with the experience of needs. In relation to that experience there can be two reactions, and both, I think, are invariably present in all of us, though in varying proportions. One, to seek satisfaction for the needs: that is life-promoting and leads to object seeking, love, and eventually object concern. The other is the drive to annihilate the need, to annihilate the perceiving experiencing self, as well as anything that is perceived.

Hanna Segal's statement is very clear and relevant but raises some inevitable questions. Why do some children choose to depend on the love object and develop some interest in life, whereas others build worlds that lead them to distance themselves from human relationships? If the need to depend on a protective object is a good and useful need, why should it be turned down? Why should a child be driven to annihilate his own needs and destroy his psychic reality?

As I have already said, the rejection of dependency and the development of pathological structures depend mostly on an unfortunate or traumatic emotional relationship with the caregivers. A persistent lack of maternal empathy may be traumatic.

According to Winnicott (1971), a baby's ability to experience his presence in the world as significant results from a good relationship with a mother

who permits him the experience of a blissful union. When this need is systematically threatened or attacked, the wish to live and the sense of going on being are disturbed and an attraction towards a state of not being ensues. The notion of a prolonged emotional trauma can help us understand how a child, prematurely exposed to very unfavourable circumstances, could internalize a particular tendency to destroy his life instinct.

In thinking about some of our patients' histories, we have become increasingly aware of the importance for mental growth of the overall emotional responses of adults. These early experiences interfere with children's maturational potential and may have the consequence of psychopathology. Even if a child has not been subject to actual violence, he will have suffered a *trauma*, which could be termed *emotional*, caused by the overall set of responses of his caregiver. Such a trauma not only leaves 'holes' in the personality, but also affects its structure, giving rise to anxieties, arrests and disturbances of emotional development that can lead to loss of contact with the emotions and towards a process of dehumanization. The impact of the trauma on the psyche is determined not only by the magnitude and the kind of trauma, but also by the capacity to tolerate frustration, which in turn depends on the age of the person and his state of mind.

According to Freud (1915), hate comes before love:

> The ego hates, abhors and pursues with intent to destroy all objects which are a source of unpleasurable feeling for it, without taking into account whether they mean a frustration of sexual satisfaction or of the satisfaction of self-preservative needs. Indeed, it may be asserted that the true prototypes of the relation of hate are derived not from sexual life, but from the ego's struggle to preserve and maintain itself.
>
> (Freud, 1915, p. 138)

A little later, he writes: "Hate, as a relation to objects, is older than love. It derives from the narcissistic ego's primordial repudiation of the external world with its outpouring of stimuli" (*ibid.*, p. 139).

From this point of view, hate will be aroused by any stimulus that disturbs the primitive ego's maintenance of pleasure. In order to preserve narcissistic well-being, aggression is deployed against the frustrating object with a view to its elimination. The narcissistic ego thus makes no distinction between the inevitable frustration that is necessary for growth and an intentional, malevolent attack; in the narcissistic position, any object that interferes with personal well-being is bad, because the primitive ego is incapable of understanding the nature of frustration, but wishes only to eliminate it.

Sometimes even in the psychoanalytic literature that maintains some affinity to Kleinian thought it is possible to find alternative hypotheses to destructiveness against oneself or other people, considered as being original and instinctual. Emphasizing the importance of early emotional trauma, Rosenfeld (1978) believes that the prolonged suffering a small child experiences when his annihilation anxiety is not met by an empathic maternal response forms an early core of potential self-destructiveness. In these cases, according to Rosenfeld, the systematic attack to the libidinal self, as an

attempt to silence the experience of intolerable suffering, would be a possible response to trauma. Anger and hatred, initially directed against the mother, because of her failed affective response, are then directed against the libidinal self, held to be responsible for the unbearable suffering and mercilessly attacked. Rosenfeld emphasizes that early and repeated traumas, such as a systematic disavowal of the child's needs, are like a time-bomb bound to explode later on. Anger and rejection of life obliterate any survival instinct and lead certain individuals to pursue and idealize death in a triumphant state of mind. The drive towards self-annihilation thus represents an unconscious, dramatic and paradoxical response to trauma and early intolerable pain, reactivated in the course of life.

The risk of accomplishing one's own physical or psychic death is a rather frequent occurrence in cases of serious mental pathology.

This can be seen, for instance, in severe melancholia, where hatred towards life and the ego, with its wish to live, is so intense that Freud talked about the melancholic superego as a pure culture of the death instinct. The impulse towards suicide is the immanent condition of the melancholic state and is fuelled by the power of the superego, which blames the patient for failure and demands the ultimate sacrifice. We must note, however, that even though death wishes can be linked to delusional guilty feelings, the melancholic is always aware of aiming towards death and does not deny it.

In other mental conditions, which also drive towards death, the situation is very different. In anorexia nervosa, for instance, the patient is not aware of being ill or in pain, and denies that the anorectic behaviour can lead to death.

In many cases the drive towards death acts secretly and quietly; these patients' personalities seem dominated by a self-destructive force, which presents itself with idealized, exciting and positive features.

Mental areas charged with self-destructive impulses are formed: these are silent psychotic islands which remain within the personality, ready to break out at times of crisis. In less severely ill patients, those we meet more frequently in our psychoanalytic work, the attraction towards death might appear in dream images of beautiful landscapes in which a cemetery appears to be particularly pretty or is painted in lively colours:

> One of my patients, traumatized in her childhood, in a particularly sad and difficult period in her life as well as in her analysis, dreamt of flying over a little town, located on a cliff dropping sheer to the blue sea, a very beautiful Mediterranean landscape, and wishing to dive into that sea. The patient associated the little town over the sea with the Greek island where her father, together with other Italian officers, had been shot by German soldiers and thrown into the sea.

A characteristic feature of these mental states and these dreams is their lack of anxiety which, together with an idealization of death, allows self-destruction to be acted out. As death anxiety is lacking, the alarm signal coming from the desire to live and leading to self-safety is obliterated. In these cases, the drive towards self-annihilation would be an unconscious,

dramatic and paradoxical response to trauma and early intolerable pain triggered over and again in the course of life.

Borderline

To emphasize the complex relationships between trauma and the specific development of destructive behaviours I shall briefly examine the borderline disorder. As we know, these patients are unable to understand their own psychic functioning and the reasons for others' behaviours due to their lack of an emotional-receptive capacity (Fonagy and Target, 1996). Since they come from a traumatic environment, they are particularly susceptible to frustrations and react violently to conflict, attempting vindictive revenge against the objects they clash with. This is why borderline patients often perpetuate a very tenacious bond with their traumatizing primary objects, from which they cannot separate.

This complex behaviour would seem to originate from a series of infantile emotional traumas resulting from parental figures responding to the child's normal turbulence with aggressive rejections. Research on the childhood of these patients reveals that they suffered a high number of emotional traumas and early abandonments (Adler, 1988). Generally, parents were found to be incapable of being a supportive object for the emotional growth of their children. In particular, their behaviour was changeable and unpredictable so that they were experienced as confusing and untrustworthy. Even though cases of early abandonment or sexual abuse have been recorded, the constant common element is the lack of emotional contact throughout development. Precisely because they lack the capacity for emotional understanding, their behaviour is repetitive, impulsive, and aggressive, directed towards negating the tension rather than towards understanding the reasons behind conflict in human relationships.

Acquisition of the reflective function is part of a developmental trend that starts from the affective resonance in the first months of life, as described by Stern (1985), passes through responding to the mood of the other in babies of 8 months, up to understanding others' intentions as demonstrated in games of cooperation by babies of 14 months. The reflective function, therefore, is not innate but is acquired during growth and continues to develop in subsequent years.

Preserving bonds or maintaining a stable identity seems impossible or dangerous for borderline patients: they oscillate between an extreme need for dependency and the risk of feeling themselves enclosed and confined. A high level of instability and unpredictability is the main characteristic; this aspect also emerges during therapy, characterized by turbulent progress marked by repetitive impulsive acts, suicidal or self-mutilating tendencies or moments of intense dependency alternating with estrangement or interruptions.

Nirvana

Freud understands the death instinct in two apparently incompatible ways: on the one hand, as a catastrophic occurrence, destructive and self-destructive for the ego, on the other, as a quiet return to the state of nirvana. It is

not easy to establish whether these two views imply disparate phenomena, or whether they indicate different aspects of the same experience. Is this passive self-annihilation, this silent return to the foetal state, really so quiet, peaceful, conflict- and anxiety-free as patients would like us to believe?

> I recall here a 35 year-old patient with a non-cohesive self. His academic life and later his work life seemed to have come to a standstill. In analysis the patient usually expresses himself in a bizarre and enigmatic way.
> During a session, he tells me how, in his youth, he felt as if he was "flowing away" and how he watched, helplessly and passively, his failure, thus dissipating his own self and his youth. In the first phase of the analysis, the patient wishes to become a tramp, so as to be able to lose himself completely.
> He remembers reading and quotes reports of states of heavenly pleasure experienced by people about to die or drown: the dying person overcomes his death anxiety and his agony turns into enlightenment, peace and sweet annihilation. The patient now recognizes how, in his youth, this self-induced autoerotic pleasure had made him passive and unable to face the awareness of his unstoppable failure and psychological catastrophe. In this case annihilation and sensual pleasure coincide.

We could discuss if, in these cases, it is a regression towards a narcissistic foetal-like condition, whose foundations derive from the principle of constancy and inertia – that is, Freud's principle of nirvana – or whether they represent a state of silent and pleasant self-annihilation.

Janine Chasseguet-Smirgel (1985) explores this backward movement in her description of perverse or borderline patients. She suggests that they experience an uncontrollable drive towards total gratification, an illusory lost paradise, where they do not feel any need or tension and where they are the sole inhabitants of the maternal world. This condition is similar to a psychic retreat, as Steiner (1993) would later conceptualize it, a psychopathological construction where the patient creates a separate world pleasant in nature that allows the person to shun all contact with reality.

Green (2001) develops Freud's idea regarding the desire for life versus the desire for death (nirvana). The desire for life motivates the patient to continue to preserve the sense of vitality and creativity. According to Green, narcissism is also related to the desire for death. He believes that the desire for an object is central to the human psyche. But when this desire fails a possible solution is a primary identification, which is termed 'narcissistic identification', in which the ego fuses with the object. In this identification the ego begins to develop a sense of self-sufficiency and in this state remains isolated and is no longer enriched, nor does it seek another ideal object. Green calls this state 'death narcissism': the living desire is coming under the influence of the desire for death, which seeks withdrawal to an inert and insignificant nirvana.

In *On the clinical usefulness of the concept of the death instinct*, Hanna Segal (1993) talks about the deadly panic felt by one of her patients, whose phantasy of return to a foetal state was experienced as a process of violent mutilation of legs, arms and eyes, leading to a transformation into a shapeless embryo. She emphasizes that the desire to return to a foetal state is not

as idyllic as one might think; rather it is a violent process of self-mutilation involving the need to cut off one's sensory organs.

Withdrawal is a defensive measure but also, and above all, a pleasurable place in which the patient feels capable of creating his own objects from nothing. This place must be kept secret at all costs to safeguard its continuing existence; and this is exactly what happens in the analysis of these patients who only communicate the presence of this secret place at an advanced stage of therapy.

Making use of repeated identifications with phantasy characters, psychic retreat has a predominantly sensory nature. This type of pathological structure creates dependency and drains the rest of emotional life, damaging the development of personal identity. As mentioned above, psychic retreat manifests a variety of configurations but its overriding characteristic is that of presenting itself as an 'other reality' in which the patient lives.

In an earlier work (De Masi, 2006) I distinguished the intuitive imagination from escape into phantasy and emphasiszd the importance of differentiating positive imaginings – necessary for keeping lines to the future open – from constructions of parallel worlds dissociated from reality. These constructions represent highly pathogenic defences because, even when they do not produce clamorous results, they alter the perceptive-emotional functions necessary for the integration of psychic life. Some patients use psychic withdrawal as an alternative to experiences that serve to maintain contact with reality and mental growth. The use of the perceptive organs to create artificial states of well-being is what chiefly characterizes these states, rather than projection towards the world or curiosity. The fantasized construction of virtual and parallel worlds wields a highly seductive power that prevents the patient from recognizing its pathogenic nature.

When these worlds appear in clinical material or in dreams it is important to describe them in detail to the patient, who substitutes what is pleasurable for what is good and useful for the mind.

Concluding remarks

In this contribution I have attempted to distinguish aggression, which can assume the form of hate and violence, from destructiveness. The point of view suggested is that the concept of death instinct does not find a convincing explanation in the analytic clinical practice. By contrast, it is possible to consider destructiveness as a transformative potential inherent in the human mind, when life conditions become objectively and subjectively impossible to tolerate.

In the sphere of mental phenomena, destructiveness underlies severe psychopathologies such as perversion, anorexic and borderline syndromes, drug addiction and psychoses. In the social and political field, destructiveness was responsible for the greatest tragedies of the last century, such as Nazism and the derivatives of ideological communism.

In addressing the problems presented by the analytic treatment of some patients, we face considerable uncertainty when seeking to establish a link between infantile traumas and destructive pathologies. While acknowledging

the role of infantile trauma in the generation of adult suffering, we find that in some cases it is not always easy to establish evidence of repeated violent trauma in infancy. The common element favouring such pathology is in fact the mental absence of the parents – their indifference to the child's emotional development. This emotional remoteness allows a child, already in early infancy, to stand aloof from reality and to take refuge in (megalomanic, phantasy-related or sexualized) psychic withdrawal involving incipient pathological identification with grandiose, destructive characters, who are felt to be providers of pleasure, so that the world of relationships is progressively abandoned.

My idea is that human destructiveness does not derive from an original availability (the death instinct) but needs a long and complex development and is sometimes prompted by environmental destructiveness. In this regard, it seems essential to assume the existence of an internal pathological organization that forms gradually and tends to conquer the mind. The transformative process favouring the construction of an inhuman world takes place in a state of mind that is dissociated from the rest of the personality. In this psychic retreat destructiveness gives rise to a mental excitation that makes evil pleasurable and irresistible.

Whereas aggression is exhausted once the aim of lowering tension has been accomplished, destructiveness, sustained as it is by pleasure, tends to be self-perpetuating. The power acquired by the pathological destructive organization over the rest of the personality depends on the role of the superego which coincides with a perverse psychopathological structure that has an intimidatory, seductive power.

In my opinion (De Masi, 1999) the problem of pleasure is very complex: pleasure does not depend only on the defence of the self against the demands of external reality, or on drive discharge. In its production, the destructive mechanisms, directed against the subject's own self or others, seem as efficacious as those involved in the survival of the individual through self-affirmation and satisfaction of the drives.

Thus, human destructiveness is very strongly linked to pleasure that gets satisfaction from evil. To achieve this goal, and for primal aggressiveness to be transformed into destructiveness, a long process is required in which the innate resources are combined with the environmental causes so as to get to a perverse constellation that enhances the destructive act as evidence of power, superiority and omnipotence.

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