

Ghost-Objects and Their Various Expressions of Commotion

Mr. Willy Van Lysebeth

Vicissitudes of Anxiety

Catching sight of a ghost or sensing its presence arouses dread.

Clinical practice attests to it as belonging to various pictures. Two vignettes from child analysis display it. The first evolved towards neurosis, while the second opened onto the vagaries of the schizoid-paranoid position including diverse components of an autistic order.

The ghost lives beyond-me. Unlike the mirror image which reflects myself here and now. It implies my presence. Within this specular register, we observe the strange limit of the self's apperception: effacement. The throes of the blank, 'empty mirror': the inconceivable absence of the self's image in a mirror. Being without a face. Empty figure, figure of emptiness. This is the opposite of the famous episode of Freud's uncanny when faced with his (as yet) unrecognised image.

Another extreme avatar: indifference in front of the mirror, in which one does not recognise oneself. As was the case with an autistic child who took about twenty sessions of analysis before glimpsing and recognising the relationship between what appeared in the mirror and his movements and proprioceptive, tactile and cutaneous sensations. Bion remarked: linking together these elements in a continual conjunction.

If the ghost translates at times a denial (it makes the invisible visible, the absent touched, and so on), this is not however its only fate. Our first example is more centred on more neurotic, nocturnal terror, the primal scene and excitation. In this case, anxiety was even eroticised.

The second vignette takes us into the archaic. In it is played out the very organisation of perception and of 'that' which experiences it. It is the domain of primary modes of experience-and-thought.

Sometimes these sites are peopled with partial entities, beyond-becoming. Here, proto-thoughts and other 'bizarre objects' (W. Bion^[1]) impose themselves in the manner of wandering ghosts.

In autistic spaces having diverse dimensions (D. Meltzer^[2]), catastrophic commotion is everywhere and nowhere. Unborn beings, lacking in access to creative growth, congeal there in crypts.

The following vignettes illuminate various aspects of the situations alluded to.

A Boy between Excitation and Anxiety

First off, let's consider the sudden appearance of a 'ghost' in the first year of the therapy of an eight-year-old boy. It began by transforming the outpouring of excited, uncontrollable behaviour. Then the child became easier to reach through the access to expressed, played and interpretable fantasy. There then suddenly appeared enacted, concrete imaginings. Can we speak of 'corporal ideas', following the example of pictorial or musical thought?

Little by little, we slightly modified the passages from tension to emotion; then, to affect (its qualities and degrees of intensity).

The therapeutic encounter (at a rate of one weekly session) was initially experienced as discharge. The excitation appeared suddenly without any obvious links or perceptible, relatable forms or imaginings.

When the agitation was channelled, there appeared sequences (reproducible) which were transformed into games. Apart from a growing sensitivity to separations from the therapist, there

emerged primary symbolisation. Excitations-and-affects were differentiated into interpretable fantasies.

The theme of the ghost thereby appeared. Commotion related to absence and separation/presence became clearer. The primal scene (relatively archaic) arose abruptly in this context. The 'ghost' condensed the overdetermined (re)presentations. It brought together diverse fantasies and imaginings. It was the same for experiencing feelings. In different ways anxiety, aggression, violence and excitation coloured the intense imaginings appearing suddenly in the games. We moved from noise and rage to strange and troublesome nights with their exciting mysteries. The ghost literally incarnated nocturnal noise and its bizarre, strange 'things'—at once fascinating and frightening-exciting. I pointed out to him that these noises might have come from his parents' bedroom. Following a game of roaming ghosts, I spoke about the night, about things that make one afraid. Attentive and astonished, he listened to me. I asked, 'What is the night? Is it when it's dark, when you go night-night, when you're alone in bed...?' He then went to the office window and repeatedly lowered the shutters. He opened/closed his eyes. I said, 'Closed eyes, they're like closed shutters. So it's dark inside your head?' I then added, 'What's a ghost? We don't see it, it doesn't really exist. It frightens!' As a reply, Pierre breathed very heavily and irregularly. I pointed out that this is how you breathe when you're afraid, and played at imitating his breathing. He urged me to breathe more strongly, in step, and specified, 'This is the ghost breathing.'

Three sessions later, I had to go to bed, to go night-night. I was the Dad. My wife was in bed beside me. We had a child, a boy. He clung to me, wanting to keep still. Previously, he had made a game of making a crib and we had to play the scene of the 'crying baby'. He screamed with all his might. I did all I could to calm him down, in vain. My baby was crying his head off. He was in pain. I wasn't able to calm him. Overwhelmed and desperate, I said, 'There's crying in his head, in my head.' The expression stupefied him. I immediately had to press my ear against his stomach. 'It's now crying in the stomach. My baby is really hurting in the stomach. So what is there in his stomach that hurts so much? Does he need to have a poop? Is he hurt? Is there something in his stomach?' Then I had to listen to the thorax. 'It's the right lung,' Pierre specified. The next part of the treatment further fleshed out the fantasmatic with its more neurotic appearance. A certain 'hysterisation' was evolving. The ghost marked a turning point: the beginning of a depressive position free of nocturnal terrors whose 'main character' was the 'ghost-primal scene'.

'Concerning the factors of silence, solitude and darkness, we can only say that they are actually elements in the production of the infantile anxiety from which the majority of human beings have never become quite free. This problem has been discussed from a psychoanalytic point of view elsewhere.'[\[3\]](#)

A Terrorised Girl

Let's imagine the therapy of a five-year old autistic girl carried out in an outpatient clinic at a rate of three weekly sessions to which were added a number of group activities led by a pair of childcare workers.

Silvia grabbed a ball at the beginning of the session. She observed it, aroused herself on it, revelled, touched the bright colours, and so on. If it got away from her, it no longer existed (even if I made it roll towards her). She brought figurines to life which went poo-poo and wee, and explored the animals with manipulations and different kinds of touching. I gave names to the sensations (colours, prickly, hard, warm, wet, and so on), made connections between them and referred to her body ('you see colour with your eyes, it's shiny, it goes into Silvia's eyes'; 'take Willy's balloon in your hands'). At the same time as the sensorial convergence in her body, I made a connection with myself (balloon-of-Willy or balloon-Willy).

Many activities were related to the contact-distance with things, sometimes with me. Announcing the end of the sessions represented the key moment: she reacted with autistic

withdrawal (that could lead to falling asleep or not), excitement, fleeing or provoking a chase.

In the course of the sessions, I linked what she did to what she stirred up inside me.

Another theme: opening/closing—filling/emptying: jar, stomach, mouth, drawing, she, me.

On several occasions, we touched each other. We imitated each other (mouth movements, tongue, clicking teeth, rotating eyes).

In no way did she respond to initiating games of peek-a-boo or hide-and-go-seek. Losing sight and finding again had neither meaning nor interest in her eyes.

Following the analyst's holiday, she took the balloon-Willy in her hands and made it explode. She became excited by it, was agitated and cried. I said that it was 'the Willy that explodes'. She broke mean Willy, who had gone away. And that was very frightening.

(...)

When the idea of 'separation' began to show itself, she could throw herself on the floor in the hallway (outside the office). I said, 'Leaving is like falling. And on the floor, without moving, you no longer fall.'

The breakdown was intense (for both of us!). For me, this 'vestibular catastrophe' evoked the torment of breakdown and primitive agony; much worse than anxiety.

'[...T]he infant who does *not* have the experience of a good-enough mother is prevented from developing and discovering the capacity to be. This is the infant who will experience what Winnicott refers to as unthinkable anxiety, primitive agonies, and annihilation'.[\[4\]](#)

We could say that these thoughts were accessible to me only well after treating the child.

From this period date her first tears; the first 'pain-suffering'.

In another episode, she suddenly experienced the terrible fear of a fly that she imagined flitting about nearby her. She was terrorised by the invisible 'notfly'[\[5\]](#) that might suddenly appear at any time, from anywhere. Everywhere and nowhere, but enclosed in the consulting room.

The scene next became bluntly schizoid-paranoid. To which was added the terrible fear of getting the anus stung-penetrated.

Among the associations that helped think about these agitated, screaming scenes, we may note: the anus attracted the poo-poo-fly. It was a thing expelled from itself which returned sadistic and destructive. Was the fly an 'agglomeration' of fragments of the inner world (body-psyche inseparably)? In this sense, it would be a kind of bizarre object, as Bion described it. It was the condensation of unthought elements in self-pieces.

The invisible flight of the fly was nevertheless extremely real and particularly concrete. It reminded me of Max Ernst's painting, 'Young Man Intrigued by the Flight of a Non-Euclidean Fly'. The cloud of points is an agonising threat; this, all the more so as the 'swarm' has but a single fly (imaginary, yes; but is it a matter of a hallucination or of 'another reality'?). Extremely dense, the thing doesn't really have a form. Nor is it contained or delimited. The paranoid cloud is doubly virtual. In this sense, it differs from a ghost, which reveals itself through perceptible, too perceptible examples. The prototype of the ghost is the white, evanescent form at times accompanied by macabre noises or vibrations. However, in many ways, the virtual cloud, frightening and unpredictable, resembles the ghosts' terrors.

In fact, Sylvia found herself faced with an inconceivable fragment of the self. She experienced dread without any possible means of escape.

In Conclusion

Let's differentiate various expressions of commotion (constitutive of the experience of the ghost) and their objects.

Always catastrophic, the experiences are in the order of terror, dread. Extremely dense and concrete, they do not in fact have the psychic quality of anxiety.

Apart from the distinction suggested by Winnicott between anxiety and primitive agony, we

should keep in mind that Freud recognised the specificity of horror. He puzzled over it in ‘The Uncanny’: ‘The subject of the “uncanny” [...] is undoubtedly related to what is frightening—to what arouses dread and horror; equally certainly, too, the word is not always used in a clear and definable sense, so that it tends to coincide with what excites fear in general. Yet we may expect that a special core of feeling is present which justifies the use of a special conceptual term. One is curious to know what this common core is which allows us to distinguish as “uncanny” certain things which lie within the field of what is frightening.’^[6]

As to the ghost-object, it remains elusive. It’s at once invasive and fleeting! It covers a gamut ranging from anguished illusions to hallucination and including the bizarre and the crude. In this sense, it does not elaborate the shadow of the absent or vanished object. It is the *shadow of the ‘impossible object’*.

An externalised sensorial form, the non neurotic ghost does not have any status of (re)presentation. It is not a symbol. Or, if so it is, it is an immobile symbol, incapable of change and encapsulated beyond-becoming.

(Translated from the French by Steven Jaron.)

Keywords

Anxiety, the uncanny, bizarre object, primal scene.

^[1] *Learning from Experience* (1962), *The Complete Works of W.R. Bion*, vol. 4, Chris Mawson (ed.). London: Karnac, 2014.

^[2] ‘Dimensionality in Mental Functioning’, in *Explorations in Autism: a Psychoanalytic Study*, Donald Melzer *et al.* London: Karnac, (1975) 2008.

^[3] Sigmund Freud, ‘The Uncanny’ (1919), *SE 17*, p. 252. The ‘elsewhere’ Freud refers to is found in *Three Essays on the Theory of Sexuality* (1905) in the passage on fear of the dark among children (*SE 7*, p. 224).

^[4] Jan Abram, *The Language of Winnicott: a Dictionary of Winnicott’s Use of Words*, 2nd ed. London: Karnac, 2007.

^[5] The patient uses *amouche* (‘notfly’) for *mouche* (‘fly’), which resembles the verb *amocher*, colloquial French for ‘to bang up’. (Translator’s note.)

^[6] Sigmund Freud, ‘The Uncanny’, *SE 17*, p. 219.