

what does transitivism consist of?

Jean Bergès and Gabriel Balbo

As noted by these authors, the term *transitivism* was introduced by Lacan at various points in his work. Bergès and Balbo note that they initially took up this notion and elaborated upon it in their work *L'enfant et la psychoanalyse* (The child and psychoanalysis), published by Masson, Paris, in 1994 and as a second edition in 1996. The paper below is the introductory chapter from their book *Jeu des places de la mère et de l'enfant: Essai sur le transitivisme*¹ (Game of the places of the mother and the child: Essay on transitivism), published in 1998, and republished in 2010. It is translated and republished in *écritique* with the kind permission of Gabriel Balbo and Éditions Érès.

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In our book *The child and psychoanalysis*, we already dedicated two brief chapters to transitivism. We let it be understood that we would further develop this concept. We nonetheless indicated that transitivism is like the negation of what is experienced by the other, and that its logic is situated between the satisfaction derived from an hallucinatory object of desire and a double negation. There, we also indicated the relations of transitivism to aggressivity, to sadism and to masochism. Finally, we evoked the possibility of a secondary transitivism from this perspective. But this is not the *be all and end all* of transitivism.

How can we recognize transitivism? Let us begin by locating it in clinical practice itself, first from the side of the child then from the side of the mother.

On the side of the child let us note that transitivism presents itself in its most common form in the following manner: a little fellow knocks his leg against an obstacle but does not react. The child who witnesses this articulates a complaint in regard to this blow and rubs his leg. Let us recall the example of Elsa Kohler related by Henri Wallon: little A, two years and nine months old, is sitting between her nanny and her young friend H, in front of a heap of foam collected nearby for her to play with. After a little while A is worried and anguished. Suddenly she hits H and pushes her. “What are you doing?” asks the nanny. “H is naughty, she just hit me.” We see here that it is not just the pain that *transitivizes* but rather an action (in the grammatical sense that the transitive verb possesses) that passes from a subject to its complementary object (the complement of the object of the transitive verb). Transitivism answers to the situation in which I knock myself, and it is the other who suffers. It goes no further than this.

My fellow, my neighbour, knocks against a piece of furniture with his leg: I feel pain and show it, I say “ow” and painfully rub my leg. So why do I transitivize, towards him, what I feel?

The masochism by which I experience pain (even if I do not feel it, whilst sadism supposes that the pain is experienced) unconsciously reminds me of the natural way in which my masochism is constituted. This is what might explain why I transitivize, by some sign or other, towards the one who has truly experienced a blow that he has not complained of. I also transitivize, not the pain experienced, but the masochism, my masochism. From then on, the aim of transitivism is to limit the other's masochism and not his pain. With this masochism that is transitivized towards the transitive other, the essential thing is the corresponding masochistic satisfaction. This raises a subsequent question: when I have a masochistic satisfaction why do I name it pain? Is pain masochistic satisfaction? Is it a question of two comparable phenomena? We can put forward, it seems, that pain is nothing other than the secondary naming of a primary mechanism: masochistic satisfaction.

It is because there is a satisfaction to be shared that the other speaks about it, manifests it, takes account of it: "the secondary pain which is yours, keep it for yourself, it is the child of my masochism". Examples: two sisters are going for a walk. One falls and lands flat on the ground. The other, with a smile that shows her teeth, lets out the sort of whistle heard with pain and repeatedly hits her teeth with her fingers. The adult says to her: "Your sister fell down and your teeth hurt?" She replies: "Of course not!" and runs off. This case is interesting on two accounts. Firstly because the one who falls shows no expression of pain: she gets up and starts running again as if nothing had happened. It is her sister who suffers from it, and this suffering is to be noted because in order to express it she chooses a partial zone of the body: the teeth.

It is an enigma to us that classical transitivism is always vectorized from a subject supposed to be psychotic to his complement. For us the transitive vector is oriented not only in this direction but also in the opposite direction. And, if one can speak of complementarity, it is really from one direction in relation to the other that it is noted. One cannot think of one vector without the other: its opposite. In doing so we are led to dissociate the two directions that are confused in psychosis. In effect, if a psychotic hits his knee against an object, he will either rub another's knee or the object. He transitivizes, but the one whose knee he rubbed neither received a blow nor experienced any pain. One way transitivism.

On the side of the mother: It is no less commonly observed that, for instance, upon seeing her child in danger of falling, or having just fallen and showing no response, the mother finds herself affected by it and does not hesitate to express her affect of pain to the child in a manner that is indeed demonstrative, but above all perfectly articulated and demonstrated *in speech*. And what she experiences and expresses through this is a certainty, because she sustains her affect from a real. And because her affect is sustained from a real, the child accepts that the mother is right according to what she tells him about it.

Transitivism is not only what the mother experiences and demonstrates. It is also the process she engages in when she addresses her child because she makes the hypothesis of a knowledge in the child, a knowledge around which her address will turn, like around a pulley, in order to return to her in the form of a demand, a demand that she supposes to be that of an identification of her child with the discourse she entertains with him. This circulation describes a very general process that pertains to access to the symbolic.

In the particular case of transitivism this process necessarily passes via the body since it is engaged in an experience that affects it differently to how a feeling would affect it – which might only be mentally. Here the body is the hiding place by which the world, for the child, takes on both form and consistency. One can grasp that this access to the symbolic,

represented by the identification of the child with the discourse of the mother, concerns the body in so far as it is not only an imaginary body but also a body of language, of signifiers and letters.

Following this clinical vignette, how can transitivism be specified?

The transitivism of the mother towards the child and transitivism in general can be considered as a *coup de force*.

Effectively, in sustaining a transitivist discourse, the mother forces the child to integrate him or herself into the symbolic. She obliges him to take some affects that she names into account, to designate his experiences in reference to her own. She compels him to limit his activity, his experiences. Thus she compels him to evaluate what he experiences in reference to a masochism which is none other than hers. What is specific to transitivist thought, also a *coup de force*, is to deny the real experienced by the other, but in order to force him to experience. The latter will truly experience, through a mirroring effect, what was supposed by an other (the mother in particular) and which he must experience.

This transitivist forcing anticipates and conditions the forcing that subsequently pushes the child to enter, for better or for worse, the field of speech and language, and eventually that of written language.

We well understand that this *coup de force* may seem shocking to the prevailing *sensitivities* that are so overprotective of the child. A *coup de force*, however, is anything but brutal: clinical practice bears witness to this. One also wonders what would become of a child who is completely unconstrained! In order to retain a certain conceptual rigor, the *coup de force* in question is not a trauma but pertains to the real. This real is necessary for access to the symbolic and for the knotting of the three registers which are those of the imaginary, the symbolic and the real. This *coup* is in this regard a blow [*coup*] that forces the child into the Borromean knotting: no more but no less than this.

Nonetheless let us raise the question: in what way is it not a trauma? It is not because arising from this forcing, the child, like the mother, produces a discursive elaboration, supposing an anticipation, an hypothesis that transitivism emphasizes by the knowledge that it supposes in the child *and that it solicits*. This has the potential for the acquisition of an experience that opens up the access to the symbolic, and is in every way the opposite to trauma, which is purely disruptive, and which is specified by its characteristic of pure unthinkable real that resists any knotting. Trauma, on the one hand, effectively leaves the subject with what Freud called the “stroke of lightning” [*coup de foudre*] that by its violence overwhelms the tolerable limits of pain. On the other hand, in transitivism, it is also the object of a remarkable symbolic elaboration. This elaboration is principally due to what we emphasized above regarding the double negation characteristic of transitivism. A child hurts himself and does not react: first negation. Another, or his mother, complains about it without suffering from it: second negation. This double negation is the effect of a double division and a double repression. In order to be produced, the *coup de force* supposes these three terms: double negation, division and repression. The subject, on the other hand, overwhelmed by effects of the trauma, is deprived of the capacity to be forced.

Clinical practice shows us that if the child takes over from his mother and in turn becomes transitivist, other people will also take it up. This applies particularly to teachers who then demand that the child identify with the learned discourses of which they are the keepers for

the child. This is because they sustain the hypothesis that what they transmit to him is articulated with a knowledge that he already possesses. In clinical practice learning difficulties cannot be adequately addressed if one does not take account of the deviations of transitivism.

As can be seen, transitivism is indeed a process of forcing, far from tender maternal care – *holding*, for example – but this process has its origin in the hypothesis made by the mother: the child demands that she read the knowledge in him, so that by this reading he will be able to identify with that knowledge, thus symbolically taking possession of goods that he already really possesses. In regard to this we can raise a question that was the subject of methodological discussions at the end of the nineteenth century in the German and Liège schools. These discussions attempted to distinguish transitivism from appropriation. In transitivism, I neither appropriate the blow received by the other nor his pain. What is in question is my masochism: I get my satisfaction from the blow that the other received (someone falls: I laugh...). When I go to transitivize this satisfaction towards the other, I both thank him for mine and I act as if I were allowing him to share it a little.

It is the child who demands that the mother operate the forcing upon him. It is a major source of his primary masochism. Transitivism on the side of the child is characterized in all its brutality by the *coup de force* that we find here once again. Nonetheless, beyond this consideration regarding brutality, forcing remains the principle of the transitivism in both the child and the mother.

The consequences upon the direction of the treatment: if we follow what has just been emphasised, we need to point out what is effective in the analytic treatment due to transitivism. In regard to what an analysand experiences, is it not the function of the analyst to return it to him? And especially by saying it to him, so that he identifies with it... One can recognise in this a whole stream of *friendly* practice based on the empathy of the therapist, which utilises what is *felt* as well as *sameness* in order to make the patient and the therapist complement each other. Such practice ends up with a *classic* transitivism, a one-way transitivism. It seems to us that there is an aspect of the treatment that needs to be reconsidered from the perspective of a quite different notion of transitivism.

Furthermore, the informed reader will not fail to make the distinction between what we are proposing and what he already knows:

- on the one hand, from transitivism in the psychoses that was studied by classical psychiatry, especially in the German school at the end of the nineteenth century, a school of thought that had little later influence;
- on the other hand, from transitivism as elaborated by Henri Wallon in his work, especially in chapter 5 of his 1934 book, *Les origines du caractère chez l'enfant*;
- and finally from the transitivism to which Lacan referred on numerous occasions in his *Écrits* (1966), his Seminars □ especially Seminar 11 □ and the transitivism to which he had already referred in his article “The Family Complexes” that was published in the *Encyclopédie médicale*, in 1938.

But if this knowledge already allows us to make a distinction, for us it seems important to return to the constitutive stages and the major reference points in a more detailed and precise way.

From the beginning of the twentieth century until the 1930s, following Wernicke who was its instigator, the notion of transitivism was taken up again by the classical psychiatrists who attempted to clearly differentiate a *true* transitivism from a process of appropriation. This occurred in Germany of course within the framework of the *Group for the Methodological Study of Psychopathology*, but also in Belgium where this group had a following. In France, this term was also part of the psychiatric vocabulary. It was particularly employed in the field of psychoses by Halberstadt in 1923, by Sallier and Courbon in 1924 and by Vié in 1930.

Henri Wallon drew attention to transitivism in the sense given by Wernicke as early as 1921. His major contribution was that of bringing *morbid* transitivism and *normal* transitivism together, as manifested by children between the ages of two and three, for which he was indebted to the writings of Elsa Kohler on the psychology of children (1926).

From then on, thanks to Wallon, transitivism was no longer considered a psychopathological concept. It also became a concept that was part of the description of the normal development of *personality* in children (stage of interchangeable personalities). As was common practice in that era, the developmental dimension was salient. Wallon wrote, "Transitivism immediately precedes the instant in which the child knows how to correctly attribute to himself and to others, acts that he perceives". The immediacy and instantaneity of this proposition, which is not at all philosophical but suggestive rather of scientific manipulation, seems to us to be quite remarkable.

Around the same time, notably after having presented a paper on "The mirror stage as formative of the function of the I" at the international congress of psychoanalysis in 1936, in which transitivism had already been alluded to, Lacan wrote his article on the family and the "Family Complexes". He took up the development of the concept of transitivism and its articulating function from pathology to normality, but this time in a Freudian manner. He clarified its inadequate psychoanalytic elaboration and its narrow articulation, firstly with the mechanisms of identification, and then with the relations of the subject to everything that is other to it. In his *Identification* seminar (1961-1962), Lacan did not take up the question of transitivism. M C Cadeau and C Landman, beginning with the concept of transitivism as Lacan articulated it, undertook a very interesting analysis in their article "Dépairsonnalisation", which was published in *Le journal français de psychiatrie*.

In regard to child psychopathology, only J de Ajuriaguerra has tackled the question of transitivism in the child, in his *Textbook on child psychiatry*. This author shifts transitivism into the register of "disorders of self-differentiation". A pathological transitivism was described by Heuyer and his collaborators at the Salpêtrière, who saw it as a type of depersonalisation. A similar case was also commented on by J Laroche.

From the perspective of English language psychoanalysts, only D W Winnicott mentions a clinical case that for us evokes transitivism. The author, however, does not make any allusion to this: "The child bites in an excited experience of relating to a good object, and the object is felt to be a biting object".²

Regarding what we will put forward regarding transitivism, we are indebted to P Castoriadis-Aulagnier for her paper "Demand and identification". In this article, written in 1968, she took up the question of what she calls "primary identification", stressing its relation to demand. However she defined this relation as purely univocal and did not at all take it up in reference to transitivism. In the same edition of the journal *Inconscient* in which this article appeared, J-L Donnet and J-P Pinel attempted to differentiate identification in dreams from hysterical

identification, based on Freud's analysis of identification. We consider that they were unsuccessful since they did not draw on the notion of transitivism.

What all of these successive approaches seem to come up against, without exception, is that which underscores their shared method, in other words the reduction of the observed phenomena to a *bipolarity*, that is, to a purely *univocal* relation of the subject-object, ego-object, object-object, subject-subject, etc. They attempt to extricate themselves from this bipolarity and univocity through recourse to primary narcissism, marked as it is by the double, by ubiquity or by ambivalence. Their over-investment of the object and the object relation also incessantly brings them up against a barrier in their theorization of the observed phenomena.

We can only give our thanks for the primacy that Lacan gave to discourse, not to the object, to describe and explicate psychical phenomena and the characteristic of a case [*trait d'un cas*]. Discourse allows the big Other, the unconscious, to be interposed between the agent of speech and what he produces from it. From that point onwards the observed phenomena are no longer able to remain bipolar: they are always related to at least three terms. Indeed, this minimal ternary structure obliges us to consider the subject *and* the object, but to consider them *in reference* to the big Other, therefore as function of *the division* that it commands and by which they are marked. Without this, a bipolarity insists, which excludes non-specularity. This insistence also excludes psychoanalysis itself and any theorisation of the relation of the subject to the object □ a relation which, often, is then reduced to the humiliations of the ego.

From this bipolarity, transitivism, on the other hand, as we conceive of it, is no doubt exceptional since it introduces this third term of the demand from which, by her very discourse, the mother formulates the hypothesis attributed to her child.

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References

- ¹ Bergès, Jean and Gabriel Balbo. *Jeu des places de la mère et de l'enfant : Essai sur le transitivisme*. Toulouse: Éditions Érès, 2010. (<http://www.editions-eres.com/resultat.php?Id=454>). The original is copyright to Éditions Érès.
- ² Winnicott, Donald W. *The Maturational Processes and the Facilitating Environment*. London: The Hogarth Press and the Institute of Psycho-Analysis, 1965. 100.