

## New aspects of Freud's concept of the death instinct

Astrid Thome

German Academy of Psychoanalysis

### *Summary*

*In public and also often in discussions of the human sciences concerning violence a tendency prevails to refer to Freud's concept of the death instinct which ontologizes man's destructiveness. This paper argues against the assumptions of the genuine destructive nature of man by taking into account new neurophysiologic research on how violence influences the functioning of the brain. The basic principles of Freud's death instinct – repetition compulsion and the "nirvana" principle – become thus understandable as dysfunctional reactions of the brain, i.e. an inner physiological response to violence and neglect in early childhood.*

*Key words:* death instinct, human destructiveness, early childhood trauma, neuroscience

When the understanding of human destructiveness is at stake, there is regular reference to Freud's conception of the death instinct in the psychoanalytic, psychiatric and public discussion, claiming a tendency of destruction belonging to the nature of man. Fenichel stated that the theory of death instinct "could give chance for grievous misuse, when phenomena of masochism, self-punishment and the like emerge, in the sense that in resting on Freud's theory of death instinct, analysis will be finished assuming to have primarily biological facts which cannot be analysed" [1]. In the individual-psychological context the maintenance of the death instinct can lead to denial of real suffering, structural deficits and dysfunctionality. Fenichel's criticism seems also to be true for a simplifying discussion of violence, thus legalizing the creation of simple links between human destructiveness and personality instead of analysing group-dynamics of violence in their complex connections.

The concept of death instinct has been discussed on different levels: one strand of arguing in biological terms, others are in philosophical and psychoanalytical phenomenological interpretation and reinterpretation, in psychologizing biographical approaches and others [2].

This diversity of receptions stands in contrast to the critical and negative perception by the first and second generation of psychoanalysts – with the exception of Melanie Klein, Kurt Robert Eissler and Karl Menninger a.o.

In his work “Beyond the pleasure principle” (1920) Freud developed the concept of an inborn aggression drive and death instinct, taking repetition compulsion and the ‘nirvana principle’ as starting points. “The dominating tendency of mental life, and perhaps of nervous life in general, is the effort to reduce, to keep constant or to remove internal tension due to stimuli (the ‘Nirvana principle’...)” [3].

### **Repetition compulsion**

According to Vogt [4], mainly referring to the complex study of Schmidt- Hellerau [5], the basic assumption of Freud’s theory of death instinct can be seen as refuted in a meta-psychological way. In “Beyond the pleasure principle” even Freud in his theoretical argumentation of drives does not establish a strict connection between repetition compulsion and the assumption of the repetition compulsion’s lack of a motivational basis and by that enforced to assume a drive in opposition to the pleasure principle, the death instinct. “Enough is left unexplained to justify the hypothesis of a compulsion to repeat – something that seems more primitive, more elementary, more instinctual than the pleasure principle which it over-rides. But if a compulsion to repeat does operate in the mind, we should be glad to know something about it, to learn what function it corresponds to, under what conditions it can emerge and what its relation is to the pleasure principle....” [2]. Freud himself argues sceptically in the text, raising objections against his own assumptions.

In the post-Freudian era the concept of death instinct has shown a shift of emphasis. In a group-dynamic view of Dynamic Psychiatry Pohl interpreted repetition compulsion in the following way: In re-establishing destructive and painful situations of the former group dynamics, the person attempts at least to make new experiences instead of the painful ones. “The repetition compulsion is the deformed and mutilated expression of the infantile repetition acting. It is the self-repairing attempt of the ego to cure its deficits. This attempt fails because of these very deficits, which generally consist of feelings of sheer terror, a profound distrust and a fundamental fear of being abandoned. Neither the deficits nor the repetition of family dynamics are experienced consciously, but are acted out without conscious comprehension” [6].

In the course of acknowledging traumatic life events in the behavioural and neurosciences- extreme traumatizing, consecutive traumatizing, and the trauma of attachment - new aspects for repetition compulsion can be established:

The modern concepts of trauma emerged from a growing experience with therapeutic work of extremely traumatized patients. On the other hand, brain research has shown a dramatic further development, mainly because of the newer brain-imaging techniques. Highly sophisticated experiments have shown those experiences, behaviours and learning are correlated to physiological processes and probably even structural formations in the brain. From these two strains of scientific research the following interpretation can be derived: The incomprehensibly resistant part of repetition compulsion can be understood as interrelation of action and reaction. These have become automated and follow associations that are physiologically and perhaps even structurally fixed in the brain. Thus it is reasonable, that they are considered as

resistant against extinction. During flashbacks and intrusions, extremely traumatized patients are re-exposed to feedback circles conveying the original horror and death anxiety. In these feedback circles they are almost inaccessible to surrounding influences. On a physiologically pre-established and perhaps even structurally fixed basis, i.e. language comprehension and capacity – morphologically speaking, the Broca area – is excluded from activation.

Moreover it has been demonstrated that by immense use of violence the interplay of thalamus, amygdala, hippocampus, and cortex is functionally disturbed, preventing a differentiated adjustment of experience. Research by Joseph LeDoux [7] points the way to the future. “Storing of traumatic impressions not rarely only takes place by encoding of affective aspects of anxiety, panic and horror by means of the amygdala, separated from a contextual specification in the hippocampus and a self-autobiographic connection to the prefrontal cortex. Instead by means of classical conditioning an exceptional neural network of recalling the trauma is established, which can already be evoked completely by single sensorial stimuli...if they correspond with time and space of the original trauma situation...” [8]. That means: an event is not stored in its entire interrelated complexity, but in a fragmented manner and thus possibly may stay acute with its original urgency. Contrary to meaningful learning experiences it may lack psychological distance, which would be available to man in an appropriate completed experience. During the re-experience by means of a trigger there is no adjusting feedback, the behaviour cannot be sufficiently adjusted by will or by reason. Thus the internal condition of repetition compulsion is formed by external influences and is basically a consequence of the vulnerability of man.

#### **Nirvana principle, notion of deficit and destructiveness**

In a developmental-psychological understanding Allan Shore [9] establishes a connection between attachment trauma, chaotic attachment and deficient structural development which can be reproduced as follows:

He correlated results of brain research of the recent years with those of attachment and trauma research. Thereof a deeper understanding of the connection between mother-child-interaction or caregiver-child- interaction and maturation of the brain can be developed, according to Eisenberg [10] “the social construction of the human brain”. As external psychobiological regulator with his/her empathy for the child's needs, irritations and fears, the caregiver influences the development of the psychological and with that of the neural system. This is of vital influence within the first two years of life.

Particularly in this time the physiological basis for the ego-function of regulation is established: the capacity of interactive regulation and self-regulation of positive and negative ego-states. “...The psychobiologically attuned caregiver interactively regulates the infant's positive and negative states, thereby co-constructing a growth-facilitating environment for the experience-dependent maturation of a control system in the infant's right brain. The efficient functioning of this coping system is central to the infant's expanding capacity for self-regulation, the ability to flexibly regulate

stressful emotional states through interactions with other humans- interactive regulation in interconnected contexts. The adaptive capacity to shift between these dual regulatory modes, depending upon the social context, is an indicator of normal social emotional development. In this manner, a secure attachment relationship facilitates right brain development, promotes efficient affect regulation, and fosters adaptive infant mental health.” [9]

When the infant is exposed to neglect, incoherently changing behaviour of the caregivers and/or violence, he/she experiences abandonment and annihilation anxiety, falls into hyper-arousal in dependence of the sympathetic nerve or into dissociative states, which represent one of the ontogenetically earliest protective mechanisms, conserving energy, suppressing pain by involvement of opioids, causing immobility and so corresponding to the freezing reflex (Totstellreflex) in the animal world. “Ultimately, the child shows transition out of hyperexcitation-protest into hyperinhibition-detachment, and with the termination of protest (screaming), he/she will become silent. He/she will shift out of hyperarousal, and he/she will dissociate... And so not just trauma but the infant’s posttraumatic response to the relational trauma, the parasympathetic regulatory strategy of dissociation, is built into personality.” [9]

Depending on extent, frequency and quality of neglect, chaotic contact, maltreatment, direct and active violence, the child suffers from impairment of the psychodynamic and – of course – also structural development of cortical and sub-cortical structures in the right hemisphere and defects of related feedback-loops: post-natal: among other things permanent changes of metabolic processes; first to third quarter of the first year: negative effects on the maturation of the amygdala and its related feedback-loops; 12 to 18 months: disorders of the orbito-frontal areas of the cortex; stop of the maturation of the pre-frontal cortex; atrophy of the dendrites and therefore impairments in the connection of frontal sub-cortical structures.

By this correlation we achieve a brain-physiological justification for concepts which earlier have only been phenomenologically derived and described as structural deficits as in the concepts of Fred Pines (1994) and Günter Ammon [11].

In her study on death Cordula Schmidt-Hellerau [5] interprets Freud’s remarks on the nirvana principle - “that the death instinct works silently within the human being on his disintegration” [12] - in the sense of a structural deficit.

In Shore’s view the structural deficit would consist of the necessity of dissociation and its embodiment into personality and of deficiently developed functions and brain structures with their consequences. Shore demonstrates the connection with dysregulated aggression as follows: “A substantial body of neurological studies also indicates that aggression dysregulation is associated with specifically altered orbitofrontal function. Right orbitofrontal impairment is associated with difficulties in emotional recognition of angry and disgusted facial expressions, autonomic responding, and social cognition, as well as high levels of aggression...” [9].

Destructive aggression seems to be based on a deficit of the regulatory functions of personality and their brain-physiological basis rather than on an innate destruction drive.

In summarizing the ideas mentioned until now, the following different processes

of repetition compulsion and nirvana principle can be distinguished: Repetition compulsion is an attempt of coping with the traumatic experience by repetition, in order to make it an experience of learning which can be integrated. Repetition compulsion is a consequence of being exposed to external violence and their brain-physiological encodement. The nirvana principle is a structural deficit, caused by the absence of functions on the basis of group-dynamically determined deficits in the development of the brain. The nirvana principle is a deficit, caused by pathomechanisms of dissociation, which become effective very early in ontogenesis and can be understood as withdrawal of energy and function. Both possibilities are already part of Ammon's concept of deficit [11], which he understood as phenomenally derived constructs: that of withheld function and that of not developed function/structure. 'The echo of the concept of dissociation', being described by Janet [12] for the first time, is not only heard by neurological patients, whose vegetative status is characterized by Shore as "complete loss of attention to the external world" [9], but also in the negative symptoms of schizophrenia, depression etc.

Also Andre Green's understanding of the death instinct could be in accord to psychophysiological patho-mechanisms of dissociation when he writes: "The death instinct however does strive for the utmost fulfilment of a function of desobjectualization by means of unbinding. This distinguishing feature illustrates that not only object relation is questioned but also all of its substitutes- for example the ego or even the cathexis as far as they were also subject to the process of objectualization... The real manifestation of death instinct however is the withdrawal of cathexis" [13]

The protagonist in Coetzee's novel "Disgrace" [14] is a white south-African professor of literature. After being beaten in an assault and his head, hair and ears being set on fire, he is described finally coming to rest: "Slumped on a plastic chair amid the stench of chicken feathers and rotting apples, he feels his interest in the world draining from him drop by drop. It may take weeks, it may take months before he is bled dry, but he is bleeding. When that is finished, he will be like a fly-casing in a spiderweb, brittle to the touch, lighter than rice-chaff, ready to float away."

We may suppose that dissociative processes are associated with the establishment and production of violence in the form of aggression. Probably, military psychologists who train their soldiers in neglecting the resistance to kill, artificially establish a dissociative mechanism. So the ecstatic joy of soldiers after having killed and prior to feelings of guilt and a lasting post-shooting trauma, as described by David Grossman [15], a former American military psychologist, is probably due to dissociative mechanisms.

What we generally like to attribute to a genuinely human drive of destruction, can be interpreted on deficits in regulatory functions of personality and on artificially established ego-regulatory displacements.

At the end of this presentation we want to point to a discussion which in our view is highly misleading: namely the debate about the rejection of freedom of will in the face of a presumed determinism- a discussion recently renewed by neuroscientists. In the perspective as presented above, the argumentation just turns to the contrary when freedom of will is jeopardized. The influence of the surrounding group on the

individual development of brain-physiological formations and functions is misunderstood by the notion of a static determinism. Such an understanding would again lead into helplessness and powerlessness, clinging to the belief, that conditions cannot be changed. Such an understanding would again engrave destructiveness as a power that is engraved into the nature of man.

### References

1. Fenichel O. *Über einige Differenzen zwischen mir und Reich in analytischen Auffassungen – Nur für den Hausgebrauch*. In: Reichmayr J, Mühlleitner E, Fenichel O. eds. *119 Rundbriefe*, Bd.1, Frankfurt am Main, Basel: Stroemfeld; 1998. p. 811–841.
2. Barford D. *In Defence of Death*. In: Weatherill R. ed. *The Death Drive – new life for a dead subject?* London: Rebus Press; 1999.
3. Freud S. *Beyond the Pleasure Principle*. Standard Edition V.18; London: The Hogarth Press; 1920.
4. Vogt R. *Der „Todestrieb“, ein notwendiger, möglicher oder unmöglicher Begriff?* *Psyche*. 2001, 55: 878–905.
5. Schmidt-Hellerau C. *Lebenstrieb & Todestrieb; Libido & Lethe – Ein formalisiertes konsistentes Modell der psychoanalytischen Trieb- und Strukturtheorie* Stuttgart: Verlag Internationale Psychoanalyse; 1995.
6. Pohl J, Rock W. *Zwang*. In: Ammon G. ed. *Handbuch der Dynamischen Psychiatrie*, Bd.1. München: E. Reinhardt; 1979. p. 525–553.
7. LeDoux J. *Das Netz der Gefühle – Wie Emotionen entstehen*. München: dtv; 2001.
8. Kapfhammer H P. *Trauma und Dissoziation – eine neurobiologische Perspektive. Persönlichkeitsstörungen, Theorie und Therapie, Sonderband*. 2001: 4–27
9. Shore AN. *The effect of relational trauma on right brain development, affect regulation and infant mental health*. *Mental Health Journal* 2001, 22: 201–269
10. Eisenberg L. *The social construction of the human brain*. *American Journal of Psychiatry* 1995, 152: 1563–1575
11. Ammon G. *Das narzisstische Defizit als Problem der psychoanalytischen Behandlungs-technik - Ein Beitrag zur Theorie und Praxis der nachholenden Ich-Entwicklung*. *Dyn. Psychiat.* 1974, 7: 201–215
12. Janet P. *L'Automatisme psychologique*. Paris: Alcan; 1889.
13. Green A. *Todestrieb, negativer Narzißmus, Desobjektalisierungsfunktion*. *Psyche* 2001, 55: 870–877.
14. Coetzee JM. *Disgrace*. London: Vintage; 2000.
15. Grossman D. *On Killing. The psychological cost of learning to kill in war and society*. Boston, New York, London: Little, Brown and Company; 1995.

Author's address:

Astrid Thome,  
Martin-Luther-Platz 2,  
86150 Augsburg, Germany.