The Skin Ego Theory: 

Dyadic sensuality, Trauma in Infancy and Adult Narcissistic Issues.

I would like to thank you Paula Mandel, Deborah Melman and the PINC Institute for inviting me and giving me the opportunity to meet with all of you.

I will give an overview on Didier Anzieu’s work, showing how his analytic technique has changed through time and had been influential in France.

He was a French psychoanalyst (1923-1999), who wrote the important essay on Freud’s Self Analysis while he was in analysis with Lacan, and then he developed his own critical views on psychoanalysis.

Andre Green named him:” My imaginary twin”, since both at the same time have stressed the importance of the use of metaphors in sessions, as we will see in his theory on the Skin Ego and its consequences on analytic technique with borderline patients.

The complex clinical problem presented by those patients, and now with the disaffected modern ones, shows that the focus, in psychoanalytic theory, has moved from the capability to create fantasy in the absence of the maternal object, to the construction of the early bonding: that the primitive link is not a given. The patients may exhibit specific features in their construction such that the whole of psychic life may be lastingly affected by it.

These clinical pictures display certain “autistic”, “melancholic” or “anti-social” traits
when they come up against specific issues, the subject then resorting to forms of retreat more akin to the splitting of subjectivity than the repression of a part of psychic life. It therefore seems necessary to make reference to action of forms of destructivity – most often silent, but at time violent – which requires us to reframe the problem of representations and of construction of early links in a more wide-reaching way.

Didier Anzieu has developed his own critical approach of the body in psychoanalysis during the seventies, at a time when in France structuralism had put the language at the center. He rehabilitated the body and the role of early sensations, associating in a very unusual way Bowlby’s view on attachment and the Freudian drives theory. Skin contact, maternal touching and holding, all primitive experiences were described as having a fundamental role in the development of the ego, and linked to adult unconscious functioning.

Associating sensuality with drives, Didier Anzieu stressed the role of containment of emotions and primitive experiences as priority to the content of fantasies. Containers of psychic experience are described as essential for maintaining a capacity for internal organization and fantasy: Psychic Envelopes and Formal Signifiers were the development of the Skin Ego theory, when sensory traces of maternal care and quality of attachment preceded the drive content. In this metaphor, the mechanism of the engine takes precedence over the fuel.

“The establishment of the Skin-ego responds to the need for a narcissistic envelope and creates, for the psychic apparatus, the assurance of a constant, certain, basic well-being. “

The skin is the surface of the body that receives and creates sensations that gives eventually to the infant the sense of a constant unity in contact with the mother; This process is fully associated with the integration of a sense of self, and the role of the skin experience is to offer a possibility of containment of the body sensations
and disorganized emotions. The skin to skin contact with the mother –if constant enough- gives the helpless baby elementary secure forms of meanings.

Direct observation of mothers and newborns, parents and their baby, reports of psychoanalytic investigation during analytic therapy of children, psychoanalytic reconstruction with adult patients suffering from fragile narcissism, all those clinical experiences have allowed Didier Anzieu to understand the early need for a narcissistic envelope as the primary step for the psyche to operate within limits that create a sense of security and continuity.

Didier Anzieu neither followed Lacan’s view of the ego as imaginary nor the ego as autonomous as the American Ego-Psychologists. He was more interested by the body support for the protective shield described by Freud. In his 1895’s “Project for a Scientific Psychology” Freud defines the Ego as a container for the internal objects and as a barrier protecting the inside. The Skin Ego is a representation of the boundary between the internal world and the environment.

After presenting Didier Anzieu’s notions of the skin ego and his developmental model, I will use my clinical experience of psychoanalytic therapy with adults, as with parents and babies to show the use of the skin ego. Then I will present two different functions of the skin ego and the notion of psychic envelopes while describing how they can be applied to analysis with difficult patients.

**A topological Model of Embodied Subjectivity.**

The skin ego is a metaphor used to make the psychic skin based on the biological skin. The reflexive capacity of the skin makes it an essential element of the psyche: the surface of the skin, that envelops the whole body, informs the subject about the external perception at the same time it is the object of the touching. The skin ego is a maternal enveloping from the uterus protecting the development of the fetus, to the mother’s mind that provides with a constant capacity for being
devoted to the infant’s needs. The baby integrates the sensations from the body contact with the mother on the surface of his body; that gives the sense of unity and integrity of his body self, eventually differentiated from the external object.

The skin ego is the capacity of the ego to present and represent itself from the sensory experiences of the skin. The skin ego is an interface, I feel myself feeling, touch myself touching, since mother-baby interaction is a sensorial bath that gives the fantasy of a common symmetrical skin between mother and infant. Internalization of this envelope will make the child’s psyche able to contain and transform sensations and emotions into images, affects and thoughts.

This very specific envelope is a shield against external stimulations, a filter that has an economical function of regulation of the quantity of what is being perceived. The other side of the same envelope, the internal one, keeps record of what has been experienced and contained. The two layers of that envelope, envelope of excitation and envelope of communication, are connected together, the first one selecting the quantity of what is being perceived, the second one selecting the quality of it.

Didier Anzieu postulates, using his experiences with masochistic and borderline patients, the fantasy of a common skin with the mother at the beginning of the psychic life. This skin merger was the basis for containing elementary sensations and fantasies associated with. And the experience of premature separation with the mother was represented by the fantasy of a flayed body, the traumatic painful tearing of the common skin.

The common skin with the mother, as a representation of the early dyadic closed system, provides the infant with protection, security, containment, and also with inscription of the traces of early pleasurable and non-pleasurable experiences. As Esther Bick wrote in her historical paper, the skin functions as a boundary that holds together the primitive parts of the personality. The mother's preoccupation gives her the capacity to be fully attentive and identified with the baby, then to
perform the adequate actions to hold and contain the infant; This is the same model for the skin that operates also like an auxiliary ego for the helpless baby.

The skin ego “is a mental image of which the Ego of the child makes use during early phases of its development to represent itself as an Ego containing psychical contents, on the basis of its experience of the surface of the body”, wrote Didier Anzieu. When the baby develops and his integration of the self is in process, he gets a more mature sense of his own body “with the skin as the limiting membrane”, as Winnicott pointed out. The capacity for containment has been introjected and a sense of individuality emerges from the dyad.

This is the end of the fantasy of a common skin and the beginning of an individual skin and ego. This is an essential acquisition, when the baby feels himself as a tridimensional body. For that the fantasy of the shared skin has to be abandoned. Then the skin ego has been achieved. This is a crucial moment that can be traumatic.

The skin ego has eight functions, maintenance, containment, protection, individuation, intersensoriality, sexualization, libidinal recharging and inscription.

The thinking ego that develops eventually when those functions are performed is permanently supported by the skin ego.

**The Functions of the Skin Ego**

**Maintenance** is similar to Winnicott’s notion of holding; the quality of a solid reliable physical support will be interiorized as part of his own body by the baby and will be associated with the stability of the narcissistic foundation of the self. The experiences of body sensations are held together physically and psychically. The Skin Ego is maintaining the psyche in a functional state, at least during waking life, wrote Anzieu. This is close to the Grotstein’s background object of primary identification.
A 14 month old baby was compulsively pulling his hair in an helpless search for self-soothing while experiencing the loss of his other who was emotionally unavailable; the dyadic therapy helped for this symptom to disappeared and the child to get some autoeroticism, but only when the need for a back support and for being touched in his back was satisfied.

-Containment is about handling the body and is associated with Bion’s emotional containment from the mother. Babies are touched, moved, washed, rocked, and they feel their body as a sac that contains the bodily contacts and as a surface that feels pleasure and pain. This sense of somatic containment is associated with the mother’s capacity for emotional containment and transformation. When the maintenance and the containment of the Skin Ego cannot be built, the self is damaged - because the baby has a very low level of tolerance or because the environment fails its support’s role-, and the suffering of primitive agonies make negative the process of creating representations. The babies who had avoidant reactions to their mother, using defenses as withdrawal, are those who as toddlers will suffer from disorganizing separation anxieties at night or during the day. In their confusion, the absent mother is dead forever while embarking their vulnerable self in her journey. There is no memory in the body feelings that could keep her alive.

An adult patient who as a young child had to travel long flights by herself to meet her divorced father, remembered the dreadful sensation of total emptiness when losing the memory of her mother: “My mother was dead forever and the feeling of a cold empty space without any possibility to form an image of her made me crazy, frozen and totally disconnected from my body. For days, I couldn’t walk, talk, think or dream.”

-Protection, like the skin is a barrier against external intrusion, the Skin Ego protects against trauma. The mother’s skin and body are offered to be used as a shield against intrusive or excessive stimuli. The introjection of this protective
capacity makes the baby having his own skin as a source of security. The failure of this function is a source of early trauma and causes primitive defenses. Selma Fraiberg reported about her observations of avoidant babies who never turn to their mother and scream in huge distress when being needy; She also described those who would manage extreme immobilization when the mother is not a source of protection, using “freezing’ as the only way to have the body out of feeling.

-Individuation, when the Skin Ego gives a sense of identity and individuality. Skin boundaries are associated with psychic barriers that eventually allow for having his own skin differentiated for the mother’s one. The true self is then on his way.

Esther Bick’s description of the second skin defenses showed how the skin can be used to protect against a maternal dysfunction, but at the same time interferes with the capacity for separation-individuation:

“In the "sack of apples" state, the patient was touchy, vain, in need of constant attention and praise, easily bruised and constantly expecting catastrophe, such as a collapse when getting up from the couch.

In the "hippopotamus" state, the patient was aggressive, tyrannical, scathing, and relentless in following his own way. Both states were related to the "second-skin" type of organization, dominated by projective identification.

Ellen is a 3 year old girl who has been expelled from preschool because she couldn’t stand her mother leaving her and was screaming for more that 30’, then biting other children or licking the teacher’s shoes, withdrawn from any interaction with others. When I met with her, she was a beautiful little girl, quite seductive and provocative when on her mother’s lap, but unable to separate. After many sessions with the mother in the room and the beginning of some pretend play, I decided to ask her to come with me and to take a part of the mother’s presence with her in my room, her mother’s scarf, keys, or phone. She cried and after 5’ of critical time when she was observing me, we were able to resume playing. I talked to her about her feeling of losing a part of herself. She played at falling down repeatedly, being like a piece of
fabric without any shape or bone structure. I imitated her suffering with a doll that I put on my lap in order to dress her with clothes and to maintain her alive. The next session, I had to tie up Ellen with a rope and very tight, she was calm and contained. She said that was the only way for her to be sure she wouldn’t lose her limbs. The next day I had to use a lot of tape to have both of us stick together and faking sleeping together. Then she started to build enveloping walls with blocks to protect the dolls; she said that made her feeling protected against vertigo. Then she drew big circles that were included in bigger circles, and I commented on her good feeling at being enveloped by her mommy’s arms and belly. Few weeks later she added a second skin to the animals: she drew them carefully with a double line of bold color to fully envelope the body, screaming: “This is me”. She could talk about her fear of her body being dissolved into water and disappearing forever, or her back being lost when she walked inside the school and have her mother disappearing. She then stopped hurting herself while falling down at any moment when walking or running. Those experiences of disorganization were associated with losing contact with the mother who is herself fragile and unavailable, with memories of cutting herself when she was an adolescent in a rage against an absent mother.

- **Intersensoriality** is the fifth function of the Skin Ego, when the skin “connects up the body’s sensations of various sorts and make them stand out as figures against the original background”. The different sensations can be experienced as chaotic and sometimes frightening, like for babies dealing with sensory issues. The Skin Ego coordinates different sensations and gives a feeling of unity that decreases the overwhelming danger of stimuli. Sounds, smells, tastes are part of the skin Ego. The skin ego is associating all sensory experiences auditory, olfactory, gustatory and visual.

- **Sexualization** is the important part of the Skin Ego that serves as a support for the drives. Skin contact is source of pleasure and stimulation of the erogenous zones. We know from Jean Laplanche that the mother’s unconscious fantasies will play a
role in the child’s sexual organization. The capacity for autoeroticism is essential for
the ability to figure out the absent object and to develop a mature sexuality. The
consequences of the early formation of representation can be important. If the child
has developed a structure to contain the representations and a capacity for
figuration, then the analytic intervention, if needed, will be about the content of the
child fantasies and their “après coup” meaning.

-Libidinal Recharging: the Skin Ego synthesizes the stimuli and helps for their
regulation in order the psyche not being overwhelmed or under stimulated. The
anxiety at being disorganized by chaotic stimuli can led to discharge into the body of
arousal that cannot get a meaning, like in behavioral issues in childhood or
psychosomatics reactions to exciting presence or absence of the mother. On the
opposite, being deprived of libidinal refueling leads to depressive feeling of losing
the vitality.

An adult patient claimed she was” a crab without shell, empty and lifeless”, irritated
at the over sensitivity to the contact with others, full with hatred towards her
mother who didn’t protect her against the hyper sexualization of family life during
her childhood.

The object of early attachment is important by its stimulation action and the
introjection of not only the containing ability, but also of the capacity for growing
and enriching the libidinal cathexis. When the parents forbid the toddler to touch
some objects and to repress his impulses, they help to organize the drives and the
process of representation of the absent object of satisfaction. This is an essential
step before the Oedipus complex.

-Inscription is the last function of the Skin Ego, essential for the thinking ego
capacity to be developed using the memory traces of early experiences that have
been elaborated through symbolization. Like Piera Aulagnier’s notion of pictogram,
registering sensory traces and the information that provide about the external
world is reinforced by the environment that “presents objects” in the Winnicott’s sense. “The Skin Ego is the original parchment which preserves, like a palimpsest, the erased, scratched-out, written-over, first outlines of an ‘original’ pre-verbal writing made up of traces upon the skin.” Some inscriptions are sources of pain or shame; eczema as rash when being prematurely detached from the mother’s body; tattoos, scarifications, skin inscriptions signal the search for continuity with the contact with the object when anxious at losing the traces of its contact. The skin ego develops as a thinking ego, using those fundamental functions, barrier, filter and surface of meaning.

According to Anzieu, the lack of separation between the envelope of stimulation and those one of communication creates pathology: absence of transitional space and lack of ability for fantasmatization. Like the concrete thinking in psychosomatic organization described by the psychosomatic school of Paris, “Operational thinking” the communication if emotionless and without any imagination.

Didier Anzieu speculates that the psychic envelope has been reduced to one layer only, archaic and associated only with mentalization. There was no space for fantasy when the depressed on mourning mother could contain the baby’s experiences but was not available to transform and send them back in a way the child to be able to figure them out. Then there is no presentation. This is the model of the Andre Green’s Dead Mother figure.

**Psychic Envelopes and Analytic Technique**

Didier Anzieu mentioned first in 1987 in Psychic Envelopes the concept of formal signifier: characterized by their dynamic nature, they are concerned with changes of form, capturing the psychic properties of space and representing, not psychic contents, but psychic containers.

They are impressions, sensations and ordeals that are intense and too early to be put into words. They are representations of bodily states, and their identification is
useful to the psychoanalyst for the interpretation of alterations in the construction of the ego.

Psychic envelopes are sensory experiences that have been transposed from the somatic plane onto the psychic plane; once transposed, they are structured like and function as the envelopes, or skins, of the psyche. In other words, the skin of the psyche is not only a tactile skin, but an auditory skin, an olfactory skin, a gustatory skin and a visual skin.

Reading Anzieu's work on the psychic envelope alongside his work on the skin ego is, therefore, important for at least two reasons: first, because it attributes to the senses a more fluid and, indeed, fluctuating range of structures and functions; and second, because it emphasises “multidirectional intersensoriality” by showing the extent to which sounds, smells and tastes can—in some situations—serve as better skins than the skin itself.

D. Anzieu thought that the two analytical rules – the rule of abstinence and the rule of free associations – could be associated with the two layers of psychic envelopes: the inner side of the protective shield and the outside of the inscription. The progressive differentiation of these two layers allows the neurotic to use the classic framework. But disturbances in the establishment of these layers suppose an adjustment to the framework that has to be adapted to the patient's capacity for symbolization.

Here is a clinical example: the first analytic session with a 30-year-old woman who consulted Didier Anzieu after a suicidal attempt:

“She was silent, holding her arms up in the air, looking very anxious. She explained that she was feeling something terrible: her skin was getting narrow and she was losing her identity. The analyst remembered that during the first consultation she had talked about her obsessive feeling of being an old shriveled woman, he thought
that was a fantasy of the skin separating from the body.

She asked if he saw her skin getting smaller. He said no, that he saw her as a whole person. She quieted down and explained: "it's something horrible, I feel like "peau de chagrin" a shagreen and uncured lather, my skin is disappearing". He said: this piece of skin if from your mother and need to be separated from it." She cried:" I know I have to go away from her, but I don't have a skin anymore. I am going to dissolve myself in the air". The analyst was overwhelmed and said: You need to change your mother’s skin for your own skin”. She then felt her body without any limit, as she was floating in the space. Anzieu was anxious and said:" you are like a snake who casts its skin, it leaves its former skin”. She associated with her mother as a poisonous danger for her. She felt better, and he talked about the connection between her feeling of disappearing and the suicidal attempt. The patient remembered her mother reproaching her for having changed the mother’s body after the birth, for having worn her out. She explained that she felt her skin disappearing as a navel like water and associated with her mother telling her that she never wanted a child. She then felt better, smiled and said: "I know that my mother would be very sad if I were dead.”

Already in 1979, Didier Anzieu has proposed the idea of a transitional psychoanalysis: "What the patient no longer tolerates in the usual analytical framework reveals the early impediment of the environment which marked his Self.

He recommended adjusting the framework with the idea of the skin ego like a protective shields against trauma. Early childhood traumas are encountered in the flaws of the adult’s Skin-Ego, in the quality of the adult’s envelopes.

The suffering from narcissistic issues could be at the center of the treatment of vulnerable patients, but it is always part of the analysis of any patient. This is the signal of a lack of in the reflexive function of the internal mirror of the Ego. That would mean a narcissism that is confronted to the fluidity of the identity of a person whose transference is moved from rigidity to fundamental defect, in a paradoxical
way. The early trauma reveals that the experience of one self in relation to the object couldn't be represented or symbolized. Then the whole capacity for representation has been damaged. The mind is facing emptiness and lack of association. Then the patients would react with envy, rage and shame.

This narcissistic area of the analysis shows the traces of primitive development and early linking to the object. We feel ourselves as we have been felt, we see ourselves as we have been seen, since the skin ego is organized through the mirroring relation to the mother and by the reorganization and the defenses that will eventually replay that construction. The two sources of the support of the narcissism, the body and the object, are again activated in the transference.

The patient has the tendency to use the analyst as a part of himself and to make him feeling what had not been tolerated and not been integrated in the early time of his life. That could lead to an impasse in the analysis, when the transference is paradoxical, as Didier Anzieu wrote. It is in the counter transference only that the analyst can discover the feeling of the early trauma that wasn’t register by the memory.

The paradoxical counter transference is like being the witness of the trauma, and lead to a process of reconstruction and integration, but not of interpretation. It is a creative work that the analyst has to operate, since from his painful feelings in the counter transference, he will have to imagine what had happened that was traumatic. This is a vulnerable position for him, when he cannot be sure of what he interprets, since that comes for a negative experience where narcissistic defenses and destructiveness are involved.

The use of metaphor can help then to have the language to tell this difficult position in which the analyst is being put. The silence would be source of persecution, and the background presence of the analyst’s attention is source of non-verbal contact.

Didier Anzieu noted that most of his patients were borderline persons suffering
from a lack of limits with uncertainty regarding the border of the psychic ego and the body ego, of the conscious ego and ego ideal. They were confused with the differentiation between erogenous zones, not sure if they were sources of pain or pleasure. Using the observations and researches on early mother-infant interactions, he developed a theory about the fundamental role of sensations and sensuality during the first attachment to the mother figure. To the libidinal sexual theory about the satisfaction from an exciting object, he added the notion of another kind of drive starting for specific signals, the quality of the touch, the solidity of the holding, the softness and the rhythm of the contact, all the very early interactions with the body and its surface, the skin. This drive was said to be at the origin of the primary narcissism with the double envelop of stimulation-excitement and of communication.

One way of attempting to restore the skin’s containing function if it is not sufficiently developed or is collapsed after a trauma can be to inflict a real envelope of suffering on oneself: “I suffer therefore I am” To inflict physical pain on oneself via the skin—for example, by cutting oneself—can for some individuals be a way of experiencing oneself as real and restricting the unbearable pain to a fixed place. Paradoxically, self-mutilation can reinforce a sense of the skin’s holding the person together. Self-harm can be an attempt to manage deficits in the skin-ego’s different functions and all the forms of anxiety attaching thereto, such as those about not holding together as a person, fragmentation of the body, or bursting into pieces under the influence of excessive feelings. Another way to defend against fragmentation is to build up a narcissistic envelope of invulnerability.

A clinical vignette of formal signifier

At the IPA Conference in Boston few years ago, a French psychoanalyst, Rene Roussillon, presented the case of an adult patient cut off from the other in an autistic like withdrawal. This man had dedicated his life to inventing ways of “holding
objects together”, objects of all kinds and doing so in the most cost-effective way. It took the analyst some time to understand that these evocations represent “his solution” to the rigid character of his early environment and to the ruptures of link which suffused his early history.

The following sequence comes after the return from the holidays:

The patient begins the session by referring to the representation of a baby in his cradle who hears his mother coming to see if he is asleep, without revealing herself, remaining at the foot of the cradle. The baby is not asleep, and upon hearing the sound of a presence, writhes in every direction to try to see who is there (he mimes the scene).

Then, after a time, He had dreams that he said show that he is doing better:

There are two halves that join together. (the first formal signifier). He comments: “that usually doesn’t join up with him”. “That’s good, that shows he’s doing better, besides he feels good about it and that’s why he wants to continue. It’s clearing up within him. Deep inside him, it is as if there is a swamp with waters that stagnate with methane bubbles stuck at the bottom. There the bubbles come unstuck and burst up to the surface and that brings relief (another formal signifier: “a bubble rises to the surface and bursts”). It isn’t very pleasant but it brings relief, it is nice that it brings relief. His intestines are improving too, there also the gases (he laughs a belly laugh), the gases brrrrpp... (he mimes by touching his stomach, holding his belly between both hands). No, it’s better the gases come out, it doesn’t hurt as much, it brings relief”.

He had another dream:

“Two boards slot together” (another formal signifier) forming a kind of sledge, and he gets on the sledge and slides. But after a while, he stops the sledge and he can go back up, he can go backwards. Here this also shows that he is doing better, otherwise, before, the baby would slide (he shows it slipping from his arms) and it didn’t ever stop. In this case he was able to go back up, go backwards, and that is a
What came to mind during this session was that this was indeed a session after the return from the holidays, and that in a sense the dream was the enactment of “our reunion”: “two halves join together”.

Then a bodily impression is evoked in association and translated into another formal signifier: “a bubble rises to the surface and bursts”. This is once again taken up in the onomatopoeia “brrrpp”, enacting the movement of the bodily impression in verbal prosody. This is a formal signifier of “abreaction”, of discharge, linked to the experience of satisfaction.

The second dream returns to the coming together of the two parts, but with the aid of another formal signifier, constructs a more complex scene where the subject appears. “It slides” enacts a threat of endless falling (“it wouldn’t stop before”), a fall linked to separation, to the experience of abandonment, of being dropped, or more specifically of being let slip, according to a frequent schema with this patient; but a fall stopped in its tracks by the fact that a subject “takes control”, clings on, and stops “being let slide” unlike what would normally occur. A reflexive process then emerges and forms a return loop, a recovery or repeat loop. There is also another dream but in this case he does not know how to interpret it: He must manage to connect all the twisted wires but which have been cut (he mimes the twisted cable molding and shows that the twists of the first wire are offset in relation to those of the other half of the wire, offset by a quarter), he accepts to attempt it.

He goes on to make the following remarks: “You cannot connect the wires like that (he shows the gap of a quarter with the flat of his hands) because of the twisted cable molding (he shows the twisting with a hand gesture); you must connect strand by strand. In any case you cannot connect them in a cost-effective manner, it’s too expensive, for my old-fashioned hovel of a workshop”.

The analyst makes the link with what he showed of the baby at the beginning of the
session, where he had mimed a baby in his cradle, writhing and twisting to attempt to catch sight of his mother who has surreptitiously walked into the room from behind. The analyst then says to him that babies turn towards the source of investment. So they may twist to remain in contact with the mother, they can twist around. But the link is difficult when the torsion is too great and it may break.

The relevance of such a sequence is that it makes it possible to articulate the formal signifiers and the work of the dream; it makes it possible to inscribe the clinical exploration of formal signifiers within a more traditional and already well delineated psychoanalytic work.

Mr. M had to compulsively attempt to modify the rigid environment of his early history, unaware of what was at stake in his life’s “passion”, until analysis places him in a position to be able to more fully appropriate the meaning of what has represented the greatest endeavor of his life.

Didier Anzieu’s theory and technique demonstrate that containment, continuity and integration are the priorities at working with vulnerable patients, in order to maintain a secure experience of the skin ego, the primary condition to feel being alive and to thrive.

Anzieu’s conclusion regarding clinical practice is that an exploration of ideas of spatial relations between one’s own body and other bodies might reveal deficiencies in the functioning of the skin-ego: Therapeutic work with ideas of space and psychic containers must precede work with wishes, feelings, thoughts, and fantasies. We must first restore and strengthen the skin-ego before we can explore unconscious contents.

**A Skin for Thoughts**

D. Anzieu distinguishes between ‘thoughts’ and the capacity for thought, the process of thinking. Thoughts precede thinking. They need to be thought in order to be
recognized as thoughts. They invoke the creation of an apparatus for thinking. Thinking is the part of the ego where it intersects with the mind seeking to know the object. The first object is the body; then, by analogy with one's own body, the next is ideas. All thoughts are thoughts of the body: one's own body, other bodies; thinking seeks to bring thoughts together in a body of thoughts.

Developmentally, we first think through the thoughts of others. As Bion shows, the mother ‘contains’ or ‘digests’ the child’s chaotic impulses by her reverie, which transforms them into ‘alpha elements’ that can be used in dreams, symbols and conscious thinking. Both Bick and Winnicott see the work of infancy as letting the child internalize maternal care as an envelope that forms the kernel of thought - a curious play with inside outsides to which we shall return more than once. The next stage is a doubly negative one. The taboo on touching, imposed on the child, means that ‘putting desires and needs into action becomes dependent on putting them into words. Putting them into words becomes dependent on putting them into thought’. But the child itself also has a capacity to negate. In conflict with its mother over feeding, the baby of about six months may spit, keep its mouth shut or move its head away from the nipple or the spoon; by fifteen months, it uses a consistent shake of the head or the word ‘no’. Equal and opposite to the nod or smile, it ‘marks the earliest acquisition of a system of communication’ (René Spitz). Once ‘no’ is established as a word, ‘it is an act of thought’.

The theory of thinking is triadic: ‘the skin envelops the body; by analogy with the skin, the ego envelops the psyche; by analogy with the ego, thought envelops the thoughts. Analogy is not a vague resemblance, but a term-by-term correspondence of the elements of each of these wholes’. It is triadic also because there is a space between the shell and the kernel: ‘thinking requires exogenous stimuli (coming from other people) and endogenous stimuli (phantasies and affects) to leave in us and around us enough space to think’. Thinking is difficult and takes energy; in
order to make ‘great discoveries’ – here we see the connection to his theory of creativity – we need something like the transitional space and transitional object of Winnicott: a thing or a place that is both ‘me’ and ‘not-me’, an element of psychic safety that we have internalized from good early care.

Each of the functions of the skin-ego carries across to a function of the thinking-ego. Just as we need to be defended against excitation, so we need not to be overwhelmed by insistent thoughts or confused by their discontinuity; and just as we register meanings on our skin-ego, so thoughts are encoded or, when this fails, become unclear. As the skin-ego achieves consensuality, so thinking becomes capable of system and coherence and we enjoy finding ‘correspondences between words, things and thoughts’.

**Gethsemane, an enveloping of odors**

Anzieu’s work with a patient named Gethsemane makes clear, the skin ego can also be based on psychic envelopes that are linked to the olfactory sense. At certain moments, Gethsemane gave off a strong odor, the more unpleasant for being mingled with the scent of toilet water in which he drenched his hair, no doubt, I surmised, to offset the effects of heavy perspiration. This fact, combined with a number of others, led him to interpret that Gethsemane’s psychic and somatic functioning was structured around “the underlying phantasy of a fusional contact with the godmother’s foul-smelling and protective skin.” Put differently, Gethsemane had not fully acceded to the realm of the skin ego but had, instead, remained in the realm of the shared skin. So while Gethsemane’s skin ego was not completely absent, it was full of holes, for it continued to be fantasmatically fused with the sweaty and, indeed, leaky skin of his godmother. Gethsemane needed to confront his anger, rather than splitting it off and sweating it out through the pores of the skin. For him, this confrontation could only occur once the patient had learned to begin processing his aggression through his mind, not his body.
D. Anzieu’s notion of the psychic envelope does not begin with sound and end with smell; instead, it involves a host of other sensory events and experiences, such as those relating to taste. In fact, while the gustatory envelope may not be as fundamental as the auditory envelope, or as perceptible as the olfactory envelope, it is nevertheless an important part of what enables the infant to decide what it likes (and therefore accept) and what it does not like (and therefore reject). As a result, the gustatory envelope can be seen to enable the infant’s ability to make sense of its inside and outside worlds, and by extension, to form judgements about what is good and bad or right and wrong. According to him, then, the infant’s engagements with the qualities of taste lay the foundation for its engagements with the qualities of the objects that surround it.

**Rodolphe, wrapped in smoke**

The vital importance of the taste envelope is borne out by D. Anzieu’s work with Rodolphe, a young man who came to analysis suffering from compulsive vomiting and cigarette smoking. After some preliminary session work, he discovered that throughout Rodolphe’s childhood, sweet-tasting things had been presented to him as bad, while bitter-tasting things had been presented to him as good and forced on him to the point where his body rejected them through the act of vomiting. In Anzieu’s view, this situation resulted in an early and repeated invalidation of Rodolphe’s sense of taste. This confusion of the qualities of taste—this confusion of the taste envelope—eventually became the anaclitic basis for other forms of confusion, particularly as they relate to thought and communication. When asked about these other forms of confusion, Rodolphe described them in fog-like terms: his dreams often took place in a fog; when he was confused by the questions put to him by others he generated a fog of irrelevant and interminable answers; and
finally, he smoked compulsively, which created a barrier-like fog between him and those around him.

When asked to elaborate on his smoking habits, Rodolphe connected them to his eating habits. More specifically, Rodolphe explained how when he smokes, he fills his lungs with smoke and keeps it in without being able to breathe. Similarly, when he eats, he is often unable to keep food down and has a tendency to expel it as he breathes out. What is more, as a child Rodolphe used to swallow air while eating, and often still does. The analyst interprets Rodolphe’s fraught relationship to the acts of smoking and eating in two ways. On the one hand, he links this relationship to Rodolphe’s behaviour in the analytic session: “He so fills up the volume of the sessions” explains Anzieu, “that I can neither have any thoughts, nor ‘get a word in edgeways’, though he is so hungry for my words. He fills himself up with air and disgorges food”. On the other hand, he links this relationship to what he sees as Rodolphe’s confusion of the respiratory and the digestive tracts. Rodolphe experiences his body as a two-dimensional surface—rather than as a three-dimensional container—with a single tube passing through it that can accommodate air or food but not both. Rodolphe’s smoking can thus be seen as an unconscious attempt to fill himself up with air in order to give himself depth and substance, since eating has never been able to do so.

Rodolphe’s confusion of the qualities of taste had other consequences for the way he lived his life. For instance, he claimed to enjoy the burning feeling of smoke in his lungs. While Rodolphe acknowledged that this feeling could signal the threat of lung disease, he revelled in it nonetheless for, as the analyst puts it, “it made him feel warm inside”. For Anzieu, Rodolphe’s compulsive pleasure in harming himself by means of his own orality is symptomatic of the fact that his taste envelope had been inverted. Because of this inversion, Rodolphe developed a “taste” for what was bad for him and ”distaste” for what was good for him. Because the gustatory distinctions

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of good and bad, like and dislike, were unclear to Rodolphe, so too were a range of other distinctions tied to the gustatory sense organ, such as those of eating and breathing, and fullness and emptiness.

To Conclude

When we consider the construction of the primitive link, with the support the work of specialists and researchers in very early childhood, we must address the broader question of the emergence of early forms of symbol representation. Then we are confronted with the mode of encounter and mode of presence of the object. Human beings are born with a system of preconceptions (Bion) on encounter with human environment. But these preconceptions are nothing more than “potential” (Winnicott); their true appropriation presupposes that the human subject will encounter specific responses from the environment. Otherwise, they lose their generative potential or they take pathological forms, hindering their integration into the psyche. The failures of these early encounters produce a “primary narcissistic disappointment” (Roussillon) and mobilize primitive defense mechanisms in which we see early forms of retreat in an autistic line or attempts at healing by masochism. And between the two, we observe forms of psychotic, borderline, perverse or anti-social processes.

In the skin of others

The fantasy of existing inside the skin of someone else comes from, not so much a fantasy, as the reality of the replacement child.

Marguerite Anzieu, my grandmother, began life as the replacement child for a sibling of the same sex who had died of burns, and whose skin was thus unimaginable as a place to be. Even her name was the same, and she grew up surrounded by family members who had known the other child and seen her die.
She was, indeed, the last daughter of her family, all the children after her being sons.

My father, Didier Anzieu, was born as the replacement of a child of the opposite sex, unnamed, whose death by cord strangulation was unpredictable after a successful pregnancy, the culmination of his mother’s fears and the start of her paranoid terrors about his own safety. This mother was the mental patient who was interviewed by Jacque Lacan in April 1931, when she was arrested and then sectioned for attacking a famous stage actress with a knife. Lacan wrote his doctoral thesis on Marguerite Anzieu under the pseudonym of ‘Aimée’. (De la psychose paranoïaque dans ses rapports avec la personnalité. On paranoiac psychosis as it relates to the personality. 1932.)

Didier Anzieu in 1983 (when he was sixty) said: 'I became a psychoanalyst to care for my mother. Not so much to care for her in reality, even though I did succeed in helping her, in the last quarter of her life, to find a relatively happy, balanced life. What I mean is, to care for my mother in myself and other people. To care, in other people, for this threatening and threatened mother…'

The capacity to think ‘aspires to a unique and utopian universal logic; it is always disrupted by psychic impulses and failures. But it is a moving moment for a psychoanalyst when a patient accedes to the possibility of thinking about him- or herself and about other people’.

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