

DYNAMICS OF CULPABILITY IN RELATION TO DESIRE

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Abstract: If the desire targets the future and represents a good motivator for organizing a person's life, in order to fill what is missing, the guilt is much more intense and requires a search in itself for something that actually exists but is not consciously accepted. The desire directs the human subject towards the future, and a sense of guilt compels an analysis of the past.

In my cabinet activity, both in the country and in England, I met people who had been through life situations in different periods of their lives in which they could not explain what blocked them to satisfy their wishes. These people have been able to see that they are experiencing feelings of culpability, not just consciously justifiable, and that the accentuation of the culpability can lead to pathological disturbances. Thus, the question arises, to which this article proposes to answer: what is the link between desire and culpability and what are their common points?

Keywords: culpability, desire, masochism, pulse, blame.

In the "Vocabulary of Psychoanalysis," the feeling of guilty is presented as "designating a consecutive affective state of an act that the subject considers condemned, the reason invoked may be more or less appropriate (mistaken remorse or self-defeating in a seemingly absurd) personal moral degradation unrelated to a precise act that the subject imputes.

In the classical conception of Freud, the complex of culpable is linked to the Oedipus. The guilt is due to sexuality. Anger due to guilt is accentuated by the fear of castration.

Freud distinguishes a sense of guilty conscience, generated by the moral consciousness that is part of the structure of the self, and a sense of unconscious culpability. Psychoanalysis has attached greater importance to the unconscious sense of guilt, because it determines the specific behaviour and self-aggressive behaviours and influences our desires. Generally, the sense of unconscious culpability influences self-image, self-esteem, and desires. At the same time, the term "need of punishment" also appears. This need responds to the need to find a representation of guilt. Generally, the sense of unconscious culpability influences self-image, self-esteem, and desires. At the same time, the term "need of punishment" also appears. This need responds to the need to find a representation of guilt.

Unconscious culpability blocks any form of mental labour and seeks an external discharge at the body level, or as a serious illness that could function as an outward-looking relationship to mental development. Unconscious sense of guilt plays a decisive role in a large number of neuroses and raises the biggest obstacles to healing. Freud believes that nothing can be done against the unconscious feeling of guilt, or indirectly. What we can do in the analytical practice is to discover its deeply concealed fundamentals, making it conscious.

The sense of guilt is closely related to both masochism and moral. Masochism is the one that enters the sense of guilt in the body and makes it possible to somatise the culpability. In the psychosomatic, we encounter numerous situations where an organic disease is nothing more than a self-punishment, which allows the culpability.

We can see that in the absence of justification, feelings of culpability increase in intensity and fuel the desire for punishment. But the desire is intensified by the prolonged absence of the desired object, and the inability to satisfy a desire can generate feelings of guilt.

A major role in constructing a desire, as well as in the sense of guilt, is the prohibition, blocking access to the desired object. Prohibition also means limits. Exceeding this limit, either in the field of desire or culpability, causes the symptom, as a compromise between pulsation requirements and moral and social norms.

Possible complexes that accompany the guilty are: abandonment, insecurity, castration, inferiority. In a broad sense, the term "desire" evokes need, will, desire, desire, tendency, inclination towards something, fantasy, love, passion.

Desire, desires, f. 1. The soul state of the one who tends, craves, aspires to something; hope, desire, aspiration. ♦What constitutes the aspirations, aspirations of someone. 2. Lust, taste (to eat, drink, etc.); allowed. 3. Erotic attraction. [Pl. and: desires] - wish + suffer. Source: DEX '09 (2009), computerized version. In the synonym dictionary we find the following definition:

The desire s. 1. v. Aspiration. 2. v. Requirement. 3. Desideratum, wishful thinking. (He expressed his desire to ...) 4. v. Lust. Source: Synonyms (2002)

We can say that desire is man's tendency towards something. Guided by the principle of pleasure, from birth, man tends towards what pleases and avoids what can cause suffering, unpleasantness. The desire to get only what is good, divides the world into desirable objects and unwanted objects. Thus, when we find that something is missing and we want that, there are emotions and feelings. There is fear that we will not get, that frustration will be hard to bear, or we are glad that we have succeeded in achieving what we wanted. It is the desire that divides objects in good or bad. All emotions derive from this primitive division. When we get what we want, we are happy and when we get what we do not want, we are confronted with sadness and suffering.

For Plato the desire is the lack, but also what helps us to complete this lack, to get what we lack, and this brings us closer to the ideal. For Spinoza, desire is the very essence of man, his power to exist. So, what makes us want something is the lack, or the absence of the object we want. One of the definitions given by the French psychoanalyst, Lacan, of desire is: "Desire is a lack of being." French psychoanalyst believes that human desire is the desire of the Other. This remark means that man wants to be what the Other wants, that is, he wants to be recognized by the Other.

The cultural context fully participates in this failure by attributing sacred valences to the family and mother, the latter being considered life-giving. The mother becomes so difficult or even impossible to replace, and the couple becomes the only place where sexual pulsation can be satisfied. Thus the desire arises amid the abandonment of complete love, which requires the separation of desire and love and tends towards a reunification of it with love. Sexual life is marked by this separation of desire and love, as well as by the individual's attempt to reunify the two extremely important dimensions for his psychic development.

The cultural context also has a significant influence on the desire. This socio-cultural dimension imposes on the individual a number of exigencies. The socio-cultural environment legitimizes the desire provided that it is sustained by love, except when love is sublimated, as is the case of expressing it in an artistic form. The sublimation of love forces the individual to live his desire only in the relational aspect, social detached from the love that also involves a sexual side. This is the case for people deeply involved in humanitarian activities, dedicated to helping those in difficult circumstances.

Desire generates movement toward the Other. The Other, the one that the desire pushes us to meet, is what we are not, is the one through which we try to fill the void of our being, is the representation that we are making about our entire being, complete, without deficiencies.

From my work to the cabinet, I would like to present a case more unique that illustrates what has been said above.

Case description:

The patient, aged 58, the youngest of the three children of the family. She was a medical assistant, now retired. She has a sister four years older and a brother ten years older than her. Her sister is a marketing director at an international company, and her brother was a lawyer, who has now retired.

The patient, emotionally unstable, was presented to cabinet to ask for professional help for depression and anxiety she had. She did not know how to handle the feelings of guilt that were pressing her. She could not practice her job, so retired early. She was overwhelmed with sadness, anxiety, and empty inner space. She had pessimistic attitudes and lack of hope for the future. Both feelings of guilt, lack of value and helplessness, as well as the lack of interest or pleasure for actions and hobbies that once appealed to her were installed. She felt a constant low energy state, tiredness, and difficulty concentrating on decision-making. It shows insomnia and suicidal thoughts. The patient declares that none of her daily activities delight her anymore, and that she likes more in loneliness without much contact with friends. She did not care herself, with a low self-esteem, with a pessimistic attitude in general and overwhelmed by stress. The relationship with the husband was altered, "almost non-existent" for a few years, the patient prefers to retire to the holiday home, where to stay alone without a husband. With children she rarely met, prefer to keep distance and communicate more by phone.

Anamnestic data:

The patient was raised by her grandmother until the age of 6. During this time, she saw her parents on Saturdays and Sundays, to attend with them on religious service and on holidays. They were trained in the work of the field and cared for by the other two of their children. With her older brother because of the big difference in age she had little connection, when he went to school in another city the patient was still small. Her middle-aged sister did not quite understand, traumatizing her, bothering her and not playing with her. She was the mother's adored daughter, making quite a big difference between them: "I always knew you loved her more, I did not count. They gave her the best food, she was first called to the table and wearing the most beautiful and new clothes. I had to wear the clothes left by my sister and eat what was left of her and she did not like it." Between the two little sisters developed a rivalry, the patient developing the feeling of jealousy and futility. In the house, the patient had to make food, clean up and help her parents in the household. Her sister was not involved in the household, she had time, as the mother of the patient said: "study time to become a great person." For every malice her sister was saying or was making, the patient was always guilty and "mindless". Her father was left with the work of the field, he did not have time to get involved in raising and educating the children, leaving them in the mother's care. The father became more involved in religious education and attended religious services.

She slept in the same bed with her sister, until 18, when her sister went to college in another city. Then she was the only child in the house. Even at this stage of life, the mother made a difference between the patient and the other siblings. Then when she went to high school, the patient fell in love with a young man who later became a husband. Parents did not agree to the marriage between the two because he is not part of the same religion and social status with them.

Eventually, the patient "fled" from home, and settled in his house who became a few months later husband and father of the child.

She and her parents did not get in touch until the first child was born. Only then the mother of the patient came to see her nephew, and after so many years her own daughter. During this time, the patient developed the sense of guilt, of culpability, because she was not wanted and accepted by her mother because of this "mistake" to "run into the world" with the choice of my heart: "I made my parents shame in the village , I'm not as it should be, it's all my fault, I'm not good enough". After years and years, the relationship with her own mother has partially improved, but her sense of guilt was present not only in her relationship with her mother, she was also present in other relationships the patient develops along the way. With her husband no longer understood, being a "domineering and aggressive," as the patient said, she considers him the engine of failures in her life. He was accused of the unfortunate relationship she had with her own mother, and of her "destroyed life". When her mother died, the patient developed strong remorse on the grounds that "my mother died unimpaired because of me. All I wanted was to be accepted and loved by her".

Currently, the patient says she no longer wants to live, she does not find any reason to live. She cannot sleep without medication because of the culpability she feels and the "unhappy and meaningless life" that she has and that she is trying suicidal thoughts "to end up with this world, which is so meaningless".

Diagnosis and psychodynamic considerations

Of the important features of depressive disorder we find: pessimistic attitudes and hopelessness, feelings of guilt, often reminds of past failures, lack of value and helplessness, and lack of interest or pleasure for actions and hobbies that once made the patient pleasure. Permanent low energy status, fatigue, and difficulty concentrating on decision-making.

Another central feature of the depressive disorder that we find in the case presented is the presence of insomnia and suicidal thoughts; often talks about death and suicide. It should be mentioned that the patient is also undergoing specialized medical treatment.

Conclusions:

Since feeling guilty requires an inward search, self-replication and past-replication, and desire is the motivating factor and more dynamic that pushes action, I think we could respond that the desire for punishment is the one that blocks the ability to act, representing and symbolizing the subject. In general, the feeling of guilt unconsciously influence self-image relationship with herself and desires. The desire generated by the sense of guilt is the desire to release, to discharge any tension felt by the Ego, the desire to enjoy life again.

The relationship between culpability, unconscious desire and ways to symbolize lack is very well illustrated in the case presented above. Despite these differences, they still have something in common. Guilt causes a certain type of desire, and once this desire develops, there is a process of mutual stimulation and retention. The appearance of a sense of guilt raises the desire for punishment, and the desire for punishment stimulates the sense of guilt. As long as this feeling remains unconscious, the desire for punishment and the feeling of guilt cannot disappear.

Rene Roussillon believes that the Ego cannot work with raw data, the raw material it receives by the sensory way or the pulsation imperatives of the self, but needs to metabolize them, transform them into psychic representations. The ability to symbolize allows re-presentation of self and the world, the ability to give meaning and integrate into the life experience, the events through which a subject passes. This ability to symbolize, to attribute meaning, to transform and to re-present, allows the traumatic situations to be overcome, allowing the subject to rediscover meaning and give him the

desire to live. In the case of unconscious culpability manifested by feelings of guilt and desire for punishment, the ability to symbolize allows the subject to identify his guilt and disinherit the desire for punishment in favour of the desire to live freely, being able to reinvest real world objects, offers satisfaction, other than masochistic satisfaction.

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