

THE NEW LIBRARY OF  
◆ PSYCHOANALYSIS ◆

— 28 —

General editor: Elizabeth Bott Spillius

# Emotional Vertigo

BETWEEN ANXIETY AND PLEASURE

DANIELLE QUINODOZ

Translated by Arnold Pomerans

PUBLISHED IN ASSOCIATION WITH THE  
INSTITUTE OF PSYCHO-ANALYSIS, LONDON

**Also available as a printed book  
see title verso for ISBN details**

## Emotional Vertigo

There are few people who have never experienced vertigo, and in many instances the symptom has a psychic rather than a physical cause. In this book, Danielle Quinodoz gives an account of various forms of emotional vertigo, drawing on both Freudian and Kleinian theory to support her definition of the symptom as an expression of anxiety connected with movements in space and time.

Through numerous clinical examples the author describes different types of vertigo which appear to express different anxieties. Among these are fusion-related vertigo, vertigo related to being dropped, vertigo due to attraction to the void and competition-related vertigo, this latter appearing in an oedipal context. Through this description of Danielle Quinodoz' clinical work we gain insight into the vicissitudes in object relationships and the role of the analyst in making the patient aware of the psychological cause of the symptom. The analysand experiences the transformation of sensation into representation and is able to understand vertigo as a reflection of earliest relationships, rather than as an alien and incomprehensible symptom.

Danielle Quinodoz goes on to make the link between anxiety and pleasure by examining why we are attracted to sports in which we confront the void or vertiginous slopes. Patients often experience vertigo as a split-off part of their ego, enjoying risk-taking as if on a quest to push back the boundaries of life and time. Thus, Quinodoz argues, vertigo is inexorably linked with equilibrium, suspended as it is in a paradoxical position between anxiety and pleasure.

*Emotional Vertigo* offers a unique insight into object relationships and its resonance in bodily symptoms.

**Danielle Quinodoz** is a psychoanalyst in private practice in Geneva. She is also a training psychoanalyst of the Swiss Psychoanalytic Society and consultant at the Department of Psychiatry, University of Geneva.

## THE NEW LIBRARY OF PSYCHOANALYSIS

The New Library of Psychoanalysis was launched in 1987 in association with the Institute of Psycho-Analysis, London. Its purpose is to facilitate a greater and more widespread appreciation of what psychoanalysis is really about and to provide a forum for increasing mutual understanding between psychoanalysts and those working in other disciplines such as history, linguistics, literature, medicine, philosophy, psychology and the social sciences. It is intended that the titles selected for publication in the series should deepen and develop psychoanalytic thinking and technique, contribute to psychoanalysis from outside, or contribute to other disciplines from a psychoanalytical perspective.

The Institute, together with the British Psycho-Analytical Society, runs a low-fee psychoanalytic clinic, organizes lectures and scientific events concerned with psychoanalysis, publishes the *International Journal of Psycho-Analysis* (which now incorporates the *International Review of Psycho-Analysis*), and runs the only training course in the UK in psychoanalysis leading to membership of the International Psychoanalytical Association—the body which preserves internationally agreed standards of training, of professional entry, and of professional ethics and practice for psychoanalysis as initiated and developed by Sigmund Freud. Distinguished members of the Institute have included Michael Balint, Wilfred Bion, Ronald Fairbairn, Anna Freud, Ernest Jones, Melanie Klein, John Rickman and Donald Winnicott.

Volumes 1–11 in the series have been prepared under the general editorship of David Tuckett, with Ronald Britton and Eglé Laufer as associate editors. Subsequent volumes are under the general editorship of Elizabeth Bott Spillius, with, from Volume 17, Donald Campbell, Michael Parsons, Rosine Jozef Perelberg and David Taylor as associate editors.

## ALSO IN THIS SERIES

- 1 *Impasse and Interpretation* Herbert Rosenfeld
- 2 *Psychoanalysis and Discourse* Patrick Mahoney
- 3 *The Suppressed Madness of Sane Men* Marion Milner
- 4 *The Riddle of Freud* Estelle Roith
- 5 *Thinking, Feeling, and Being* Ignacio Matte-Blanco
- 6 *The Theatre of the Dream* Salomon Resnik
- 7 *Melanie Klein Today: Volume 1, Mainly Theory*  
Edited by Elizabeth Bott Spillius
- 8 *Melanie Klein Today: Volume 2, Mainly Practice*  
Edited by Elizabeth Bott Spillius
- 9 *Psychic Equilibrium and Psychic Change: Selected Papers of Betty Joseph*  
Edited by Michael Feldman and Elizabeth Bott Spillius
- 10 *About Children and Children-No-Longer: Collected Papers 1942–80*  
Paula Heimann. Edited by Margret Tonnesmann
- 11 *The Freud—Klein Controversies 1941–45*  
Edited by Pearl King and Riccardo Steiner
- 12 *Dream, Phantasy and Art* Hanna Segal
- 13 *Psychic Experience and problems of Technique* Harold Stewart
- 14 *Clinical Lectures on Klein and Bion* Edited by Robin Anderson
- 15 *From Fetus to Child* Alessandra Piontelli
- 16 *A Psychoanalytic Theory of Infantile Experience: Conceptual and Clinical Reflections* E. Gaddini. Edited by Adam Limentani
- 17 *The Dream Discourse Today* Edited and introduced by Sarah Flanders
- 18 *The Gender Conundrum: Contemporary Psychoanalytic Perspectives on Femininity and Masculinity* Edited and introduced by Dana Breen
- 19 *Psychic Retreats* John Steiner
- 20 *The Taming of Solitude: Separation Anxiety in Psychoanalysis* Jean-Michel Quinodoz
- 21 *Unconscious Logic: An Introduction to Matte-Blanco's Bi-Logic and its uses*  
Eric Rayner
- 22 *Understanding Mental Objects* Meir Perlow
- 23 *Life, Sex and Death: Selected Writings of William Gillespie* Edited and introduced  
by Michael Sinason
- 24 *What Do Psychoanalysts Want?: The problem of Aims in Psychoanalytic Therapy*  
Joseph Sandler and Anna Ursula Dreher
- 25 *Michael Balint: Object Relations, Pure and Applied* Harold Stewart
- 26 *Hope: A Shield in the Economy of Borderline States* Anna Potamianou
- 27 *Psychoanalysis, Literature and War: Papers 1972–1995* Hanna Segal
- 28 *Emotional Vertigo: Between Anxiety and Pleasure* Danielle Quinodoz
- 29 *Early Freud and Late Freud* Ilse Grubrich-Simitis
- 30 *The History of Child Psychoanalysis* Pierre and Claudine Geissmann



---

NEW LIBRARY OF PSYCHOANALYSIS

---

28

---

General editor: Elizabeth Bott Spillius

# Emotional Vertigo

## Between Anxiety and Pleasure

DANIELLE QUINODOZ

Foreword by Alain Gibeault  
Translated by Arnold Pomerans

First published as *Le Vertige entre angoisse et plaisir*,  
Presses Universitaires de France, 1994



London and New York

First published as *Le Vertige entre angoisse et plaisir* in 1994  
by Presses Universitaires de France, Paris

This edition published in the Taylor & Francis e-Library, 2004.

First published in English in 1997  
by Routledge  
11 New Fetter Lane, London EC4P 4EE

Simultaneously published in USA and Canada  
by Routledge  
29 West 35th Street, New York, NY 10001

© 1997 Danielle Quinodoz

Translation © Arnold Pomerans

All rights reserved. No part of this book may be reprinted or reproduced or utilized in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

*British Library Cataloguing in Publication Data*

A catalogue record for this book is available from the British Library

*Library of Congress Cataloging in Publication Data*

Quinodoz, Danielle  
[Vertige, entre angoisse et plaisir. English]  
Emotional vertigo, between anxiety and pleasure/Danielle Quinodoz;  
with a preface by Alain Gibeault; translated by Arnold Pomerans.  
p. cm.—(New library of psychoanalysis; 28)  
Includes bibliographical references and indexes.  
1. Vertigo—Psychological aspects. 2. Psychoanalysis.  
3. Object relations (Psychoanalysis) 4. Medicine, Psychosomatic.  
5. Anxiety. 6. Pleasure. I. Title. II. Series.  
RB150.V4Q5613 1997  
616.8'41—dc21  
97—12260  
CIP

ISBN 0-203-44103-6 Master e-book ISBN

ISBN 0-203-74927-8 (Adobe eReader Format)  
ISBN 0-415-14835-9 (Print Edition)  
ISBN 0-415-14836-7 (pbk)

---

# Contents

---

Foreword by Alain Gibeault	ix
1 What is vertigo?	1
<i>Definitions</i>	
<i>Psychoanalysts and the study of vertigo</i>	
<i>A clinical example: a request for analysis in a case of vertigo</i>	
2 Fusion-related vertigo	21
<i>Anxiety about being destroyed together with the object</i>	
<i>Luc's fusion-related vertigo—more frightening than I could ever have imagined</i>	
<i>The beginnings of thought</i>	
3 Vertigo related to being dropped	33
<i>Anxiety about being dropped by the object</i>	
<i>From the feeling of void to the feeling of space and from symbolic equation to symbol</i>	
4 Suction-related vertigo	45
<i>Anxiety about being sucked up by the object</i>	
<i>A withdrawal that makes sense in the counter-transference</i>	
5 Imprisonment/escape-related vertigo	53
<i>Two active tendencies: fleeing from the object and returning to it</i>	
<i>Envisaging an active role may lead to apprehension</i>	
6 Vertigo due to attraction to the void: the emergence of internal space	59
<i>The irresistible attraction of the void: the feeling of external void as projection of the feeling of internal void</i>	
<i>The emergence of inner space: its repercussions</i>	
7 Expansion-related vertigo	74
<i>Anxiety about expanding into a world without limits</i>	
<i>Expansion-related vertigo appears during the sudden transition from an unlimited representation of the inner world to a limited representation</i>	



8	Competition-related vertigo	84
	<i>Anxiety about surpassing the oedipal rival</i>	
	<i>Competition-related vertigo from a feminine perspective</i>	
9	Vertigo, from anxiety to pleasure	101
	<i>Every form of vertigo goes with a form of pleasure</i>	
	<i>Pleasure and fusion-related vertigo: de-idealization of fusion</i>	
	<i>Pleasure and vertigo related to being dropped: de-idealization of the carrying object</i>	
	<i>Pleasure and suction-related vertigo: de-idealization of the imprisoning object</i>	
	<i>Pleasure and imprisonment/escape-related vertigo: de-idealization of immobility and change</i>	
	<i>Pleasure and vertigo related to attraction to the void: de-idealization of the void and of projection</i>	
	<i>Pleasure and expansion-related vertigo: de-idealization of ego expansion</i>	
	<i>Pleasure and competition-related vertigo: de-idealization of victory</i>	
10	What makes a candidate for vertigo?	127
	<i>What do we mean when we say someone has vertigo? Search for the specific characteristics of the symptom</i>	
	<i>The impossibility of linking omnipotence and realistic power</i>	
	<i>What does 'no longer having vertigo' mean on the clinical level?</i>	
11	Vertigo in the work of Sigmund Freud and Melanie Klein	136
	<i>Sigmund Freud: vertigo as 'an anxiety-equivalent' (Freud 1916–1917)</i>	
	<i>Individual symbolic meanings of vertigo</i>	
	<i>Freud's theories of anxiety</i>	
	<i>Were Freud's blackouts instances of vertigo?</i>	
	<i>Melanie Klein: theoretical concepts supporting my own view of vertigo</i>	
12	Dangerous games with vertigo	152
	<i>Risking a fall or dicing with death? Players of impossible games</i>	
	<i>Why run such risks?</i>	
	<i>Defying the limit: vertigo or equilibrium?</i>	
13	Equilibrium: a continuous construction	173
	<i>Equilibrium is not the happy medium, between smallness and immensity</i>	
	<i>A progression imposed by solitude; the de-idealization of equilibrium</i>	
	<i>Between vertigo and equilibrium: playing with space and time, the changeable and the immutable instantaneity and duration</i>	
	<i>Vertigo and equilibrium</i>	
	Bibliography	190
	Index of names	195
	General subject index	197

---

## Foreword

---

In this fascinating book, Danielle Quinodoz suggests a way of researching and understanding vertigo, namely treating it as a factor of prototypical importance in the organization of the psyche and of its object relations. While other authors may have referred to the subject, this is the first time that vertigo and its corollary, anxiety related to the void and to falling, have been treated as part of a much wider problematic.

The author rightly recalls that Freud discussed vertigo at the very beginning of his work: at the time, he considered vertigo as an important symptom of anxiety neurosis, that is, as an example of failure to elaborate a somatic tension psychically; in addition, he also thought that it could serve as a psychic representation, especially in the case of hysterical patients.

Seen in that light, vertigo is part of a wider problematic of somatization, and can assume different functions according to whether the ego excludes or includes the body and the object. The Freudian distinction between actual neurosis and psychoneurosis which underlies the different meanings and functions of vertigo is not, however, as clear as one might think because, even in hysteria, the somatic symptom is part of the wider issue of affect prevailing over representation, and action over thinking. At times, vertigo may therefore seem a veritable form of acting out in the body intended to avoid destructive acting out with respect to the object, and to the maternal object in particular; but it also becomes an appeal during analysis to transform action into *representation* and to integrate messages from the body and from objects on the psychic plane.

This is why Danielle Quinodoz is right to consider vertigo an ‘alarm system’ which draws attention to faults in the containing function of the object, but which also triggers off attempts to integrate *incompatible sensations* into *representations increasingly reorganized according to the secondary process*. In these circumstances, the description of different forms of vertigo is

particularly instructive, because it brings out the importance of different mediations involving the transition from sensation to representation, from passivity to activity, and from pre-oedipal forms to oedipal forms of vertigo. These mediations bear witness to a process of symbolization corresponding to an act of transformation, to a change from non-sense to sense, which Freud likened to a leap from quantity to quality.

Seen in that light, vertigo brings out the paradoxical and privileged position of the body which, while being part of external reality, is also the source of psychic reality. This presupposes that psychic work is an appropriation of the erogenous body, that is, a transformation of a body experienced as external to the self into an internal body. Danielle Quinodoz gives numerous clinical examples of the work involved in the ‘decondensation’ of vertigo during therapy: this is not a linear development, reflecting an inevitable transition from one form to another, but a process that brings the analyst face to face with the conflictual nature of various types of vertigo—so many modes of cathexis in conflict with one another.

Viewed from that angle, vertigo is inherent in the experience of satisfaction, because it appears the moment the *illusion* of absolute satisfaction comes up against the disillusionment of irremediable object-loss. This fact was stressed by Ferenczi in his own way when he attributed vertigo to a *sudden* change of physical and psychic attitude at the end of the session, during the possibly violent transition from the pleasure principle to the reality principle. Now, when dealing with that experience, which might entail splitting of the ego and depersonalization, we might follow Milner (1952) and Winnicott (1951) in postulating a transitional space and a transitional time that helps to maintain, however briefly, the sphere of illusion in a flow that is opposite in direction but not in essence to that of disillusionment.

This is why our understanding of vertigo, as a symptom reflecting the vacillation of space, must be linked to the psyche’s experience of time. As Danielle Quinodoz stressed in connection with the dialectical relationship between vertigo and equilibrium, it involves ‘playing with space and time’, moving between ‘change and constancy’, between ‘the instantaneous, and time as duration’. Hence, though vertigo is bound up with the experience of the void, we must not forget that the void is not primary but secondary, because the object is cathected in accordance with affects and rhythms, before being apprehended and lost. It is a well-known fact that the void corresponds less to a primary reality than to a phantasy, namely that of providing protection against the irruption of drives and of the object, which challenge narcissistic continuity.

Only by thus introducing the dimension of time can we transcend the absolute opposition between Being and Nothingness, to which the experience of vertigo, which engulfs the subject, takes us back. Once object-loss is felt

to be definite, fixity replaces constancy, mobility replaces movement and the juxtaposition of opposites replaces contradiction. It is this temptation of dead time, which corresponds to the coexistence of two apparently incompatible attitudes, that Danielle Quinodoz has described so strikingly as the source of pathological vertigo and of our sense of infinity. In this connection, one cannot help linking vertigo to the experience of the 'uncanny' which Freud (1919) has shown to spring from the coincidence of phantasized and external reality, and which takes us to the frontiers of the ego. It is impossible to go beyond dead time without a process of temporalization introducing a delay, a waiting period, a gap between narcissistic cathexis (I am the breast) and object cathexis (I have it, that is, I am not it) cf. Freud 1914). In that way the psychic topic is organized; it presupposes the non-simultaneity of perception (succession) and memory (constancy). The 'nihilitating' effect (Sartre 1966:804) of vertigo cannot be surmounted unless 'consciousness arises instead of a memory trace' and not at the same time (Freud 1920:25).

Pascal (1648) observed that 'the space occupied by the void lies halfway between matter and nothingness'. That is one way of underlining the importance of negative psychic work, which can certainly engender experiences of pathological vertigo, but can also encourage the construction of psychic space and time, enabling us to discover, not the opposition of, but the difference between, Being and Nothingness. Hence we must suppose that this 'potential space' is also an 'intermediate area of experience' (Winnicott 1971), mediating relations between the internal and the external world: a third space thus constituting the crucible or matrix of all symbolization by the fusion of the ego with the non-ego which alone allows us to differentiate between them, and to take shelter from vertiginous collapse.

The construction of that dimension, which has enabled Danielle Quinodoz to reconcile extremes, can then give rise to 'games' involving different forms of vertigo and facilitating a transition from anxiety to pleasure. This clearly calls for emotional work in correlation with the integration of the *receptivity* that is so indispensable to human experience, and in that sense constitutes a major investment in all analytic treatments. One of the merits of this book is that it invites us to reflect, with the help of a wide range of clinical examples, on the essential role vertigo plays in the psyche, and to muse with the author about the many transformations of that experience in the most varied facets of the pleasure principle inherent in psychic life.

Alain Gibeault

## References

- Freud, S. (1914) 'On Narcissism: an Introduction', SE 14:67–105.  
——(1919) *The 'Uncanny'*, SE 17:218–256.  
——(1920) *Beyond the Pleasure Principle*, SE 18:1–64.  
Milner, M. (1952) 'Aspects of symbolism in comprehension of the not-self', in *International Journal of Psycho-Analysis*, 33:181–195.  
Pascal, B. (1648) *Récit de la grande expérience de l'équilibre des liqueurs*, Paris: Charles Savram, quoted in D.Anzieu, 'Naissance du concept de vide chez Pascal', *Nouvelle Revue de psychanalyse*, 1975, 11:195–203.  
Sartre, J.-P. (1966) *Being and Nothingness*, New York: Washington Square Press.  
Winnicott, D.W. (1951) 'Transitional objects and transitional phenomena', in *Through Paediatrics to Psycho-Analysis*, London: Hogarth, pp. 229–242.  
——(1971) *Playing and Reality*, Harmondsworth: Penguin.

## What is vertigo?

---

I became interested in vertigo a long time ago—when Luc first came to consult me: he complained of vertigo and asked for psychoanalysis. His vertigo hampered him considerably, not only in his social and leisure activities, but also in his professional life. He had previously seen a number of physicians who had failed to detect a somatic cause. In the end, his family doctor, who had found Luc in perfect health, had advised him to consult a psycho-analyst. Luc had hesitated; he had first tried self-analysis, reading Freud and using introspection, but his vertigo had become more acute. He had then decided to see a psychoanalyst: he felt vaguely that his vertigo might be connected with his way of relating to people important to him; he also sensed that, if relationship problems were really involved, communication with the analyst would help him to get to the bottom of them. Actually, though he had not thought it through, Luc felt vaguely that he was in danger of repeating his relationship problems in the transference, and hoped that the analyst might help him to bring these problems into the open and to change them.

Luc simply said that he had vertigo. But what kind of vertigo? What was its precise nature? At first he mentioned his insurmountable fear of falling out of a cable-car; but that fear quickly turned out to be no more than a gateway to a very complex world: the world of vertigo.

### Definitions

#### *The various meanings of the word ‘vertigo’*

In current French, the word *vertige* can refer to a variety of symptoms. To begin with, there is a difference between *vertige*—vertigo—and *vertiges*—giddy spells. If you say that you suffer from the first, you are indicating that

you have a fear of heights or suffer from mountain sickness; in the second case you convey the fact that you tend to feel dizzy and may be physically ill. However, with these two meanings the ambiguities only begin, not only in the somatic but also in the psychic realm.

In fact, the expression *I have vertigo* can be used to express a physical sensation (for example, 'I feel the room is starting to spin'), but it can also reflect a feeling of disquiet or anxiety about a psychologically daunting situation (for example, 'The immensity of the task before me makes me feel giddy'), in which case the physical sensation of vertigo betrays a particular form of psychic or emotional insecurity.

Even when people say 'I feel giddy' to describe their physical sensations, we realize that they might be referring to a number of quite distinct experiences. What, then, do we mean by vertigo?

The word *vertigo* is derived from the Latin *vertere*, to turn; it reflects the mistaken impression that our surroundings revolve round us, but also the opposite false impression, that it is we ourselves who, having lost our balance, keep spinning involuntarily. Professor Rudolf Häusler, an oto-neurologist who is particularly interested in vertigo, provided this definition during his course of lectures at the Geneva faculty of medicine (1989): 'Vertigo reflects a mistaken sensation of the body's movement in space, or of the movement of space with respect to the body. It can give rise to a feeling of turning, reeling, or of the imminent danger of falling.'

He also distinguishes between vertigo (*vertige*), dizziness (*malaise*), and loss of balance (*déséquilibre*), three terms that are often confused in modern French. In the *Journal: Questions et Réponses*, he proffered the following explanations:

'*Vertige*' is derived from vertigo, which means whirling. The term therefore applies above all to rotatory feelings but can also describe the sensation of rolling, of pitching and tossing, or of an imminent fall. In short, it therefore refers to a disturbance of the perception of space combined with an illusion of movement.

'*Malaise*' generally refers to an acute condition coupled to a sense of weakness, of being empty-headed, of having lost one's physical and mental powers, and often of feeling faint ('presyncopal state'). *Malaise* includes a whole range of neuro-vegetative manifestations such as cold sweats, nausea, vomiting, abdominal cramps, irregular pulse, and drop in blood pressure. It can even include rotatory vertiginous sensations.

'*Déséquilibre*' refers to disturbances of the postural sense, especially while one is stationary before or during a walk...

In modern usage, the terms '*vertige*', '*malaise*' and '*déséquilibre*', inasmuch as they refer to medical complaints, tend to overlap. They may describe not only the sensations listed above, but also such purely psychic

disturbances as phobias (fear of heights=void-related vertigo, agoraphobia) and depressive states (vertigo felt in the face of an insurmountable problem, the condition manifesting itself before a difficult situation).

Similarly, in respect of the clinical meaning of these terms, considered as symptoms, we find that vertigo is often accompanied by *malaise*, and also that it can cause loss of balance. In the same way, rotatory vertiginous sensations occur very often during *malaise*.

(Häusler 1985:12)

*Vertigo of emotional origin* has the same symptoms as vertigo of somatic origin, and hence fits into Häusler's picture, although it is due to psychic rather than somatic causes. Nor can it be reduced to a form of vertigo elicited by particular external conditions, because, even when these conditions appear to trigger it off, they do not suffice to explain it. We must therefore try to get at the psychic mechanisms responsible for a set of symptoms that so spectacularly involve the body, and to discover what significance they have for the patients concerned.

It is obvious that, as a psychoanalyst, I should be primarily interested in vertigo of psychic origin, and that I should try to discover what psychic mechanisms might help to elicit that symptom. Even so, I shall give a brief summary of the manner in which the mechanisms of vertigo can currently be explained on the somatic level, if only to emphasize how firmly the psychic aspect is rooted in the somatic. It may be of special interest to note that the appearance of vertigo of somatic origin is connected with the difficulty of integrating the diverse data provided by different perceptual systems, and that the appearance of vertigo of psychic origin is bound up with the difficulty of integrating equally diverse psychic currents (needs, wishes, affects). Moreover, vertigo can be said to serve as an alarm signal in both cases.

### *Summary of the mechanisms of vertigo of somatic origin*

#### **Data provided jointly by three sensory systems**

The sense of balance or of vertigo of somatic origin depends on the co-ordination of data supplied by three sensory systems: the optokinetic apparatus (optical data), the proprioceptive apparatus (which supplies data about muscles and tendons, and tells us about the position and changes in the position of the body) and the vestibular apparatus (which comprises the otolithic system and the semi-circular canals located in the internal ear, and keeps us informed about the static position of the head, about bodily movements and about gravitational pull). These three systems help us to take stock of our position and of our equilibrium in space, and to act accordingly. Of these three, the



vestibular apparatus plays the most important role. When these three systems supply coherent data, these data are integrated to provide us with a sense of balance. When one of the systems provides data that do not agree with those provided by the other two systems, then vertigo may ensue.

The disparity between the various sets of data may be of pathological origin. There may be a lesion in one of the three systems, causing that system to produce abnormal data; most often such lesions occur in the vestibular system. Thus an otolith may have been displaced and jammed; it loses its mobility and provides erroneous information about the position of the head, that information no longer corresponding to the data supplied by the other two systems, with a consequent threat of vertigo. By manipulation of the patient's head (Semon's manoeuvre), the physician can sometimes unwedge the otolith, restore its freedom of movement, help it to function normally and to provide valid information; the vertigo disappears.

Vertigo can thus serve as an alarm signal, alerting us to a possible defect in one of the three systems that combine to help us to establish our equilibrium.

### **The sensation of vertigo is not necessarily of pathological origin**

The disparity between the data provided by the three perceptual systems need not be of pathological origin, but can be due to special external conditions with which everyone is familiar.

Suppose, for instance, that we are standing at the edge of a precipice. Our inner ear informs us that we are standing still, our proprioceptive system signals that our feet are touching the ground as usual and that our position is stable, but our optokinetic system supplies data that do not tally with those coming from the first two systems: we look at the bottom of the precipice, and see the ground a thousand yards below us. There is a discrepancy between the data: two sources make us feel the ground under our feet, but the third makes us see the ground a thousand yards below; this incoherence can give rise to a non-pathological form of vertigo of somatic origin. That explains why mountain guides sometimes tell a climber overcome by vertigo in the midst of a climb: 'Stop looking down! Look at the rock face straight in front of you!'

Now, a very interesting thing happens when the person who has vertigo at the edge of a precipice takes off with a para-glider or hang-glider: as soon as he leaves the ground his vertigo disappears. By eliminating the information that the ground is underneath his feet, he has also suppressed the disagreement between the information produced by his three sensory systems: the three systems now supply concordant data and the vertigo has vanished.

I could easily quote other, more common experiences. For instance, some

people get vertigo when they read in a moving car: there is a discordance between information of vestibular origin suggesting that they are experiencing displacements, accelerations or rotations; and information from their optical system which tells them that they are looking at a stationary page of a book. If they then look at the landscape in the distance, the vertigo generally dies down. Or take the case of the person who having waltzed, say, clockwise for a long time, suddenly stops, and then feels so giddy that he is in danger of collapsing on the spot: when he stopped, his semicircular canal and otoliths, over-stimulated by the waltzing, continued to signal that he was still moving, while his optokinetic system presented him with static surroundings. The incompatibility of the data led to vertigo. Waltzers often deal with this discordance by ending their dance with a brief whirl in the opposite direction; that serves to slow down the movement of liquid in the semicircular canals, which are then able to convey the state of immobility more rapidly.

It is worth noting that these somatic mechanisms giving rise to vertigo and equilibrium do not affect everybody in the same way. Some people do not have vertigo at the edge of a precipice, some people can happily read in a moving car, and there are others who used to have vertigo at the edge of a precipice but have it no longer. Does that not suggest that some psychic component may intervene to modify the course of what is at first a purely somatic process? In fact, the person at the edge of a precipice can, by his own psychic action, correct the information received by one of his perceptual systems with the help of a partial deciphering process enabling him to restore coherence; experience and training thus play an important role and some persons subject to vertigo can, if no emotional factor is added, learn to overcome it. We also find that some people are better than others at compartmentalizing the data or at taking advantage of one system of information while pushing the rest into the background: in a car, some passengers are so absorbed by what they are reading that, to all intents and purposes, they ignore all the other information and hence do not suffer from vertigo; in short, some people have no problem in reading an exciting text in a car, but have vertigo if the text bores them.

All these facts lead us to think that a psychic component may intervene even in the case of non-pathological vertigo of somatic origin. More generally, people can learn to master physiological vertigo provided they do not also suffer from anxiety giving rise to vertigo of psychic origin.

### *Psychoanalysts and physicians in the face of vertigo of psychic origin*

It is obvious that, as a psychoanalyst interested in the meaning of vertigo of psychic or emotional origin, I take a different view from that of Häusler and

other physicians. Even so, their work and the information it provides are extremely valuable to me. Actually, in order to be able to analyse the symptoms of vertigo of psychic origin, or even the psychic components of a case of vertigo due to somatic causes, I consider it essential to obtain an expert medical opinion about the origin of the vertigo presented by patients who come to see me.

On the one hand, it is important for me to know if the specialists have been able to exclude, as far as possible, any possibility of a somatic cause; on the other hand, whenever they think that this symptom is of somatic origin, it is equally important for me to know how severe the patient's somatic condition is. In no circumstances must the diagnosis of a grave somatic illness be brushed aside, the less so as its beginnings might well have manifested themselves by that particular symptom.

On this subject, Rentchnick and Häusler mention a study of a thousand persons suffering from vertigo who were examined between 1980 and 1982 at the onto-neurological unit of the ear, nose and throat clinic attached to the Cantonal University Hospital in Geneva. Häusler states that 'in 29% of these cases it was not possible to determine the origin of the vertigo' (Rentchnick and Häusler 1985:3097). He adds later that

what is important is that one can almost invariably determine the origin of those cases of vertigo that were caused by a grave illness, in which an early diagnosis is vital. In fact, it is estimated that from 5% to 10% of all vertigo cases have a serious cause, for example a brain tumour or a cerebrovascular accident that can endanger the patient's life.

*(ibid: 3098)*

He concludes: 'Approximately 80% of all cases of vertigo have a spontaneous cure. This conclusion should enable the physician to reassure this group of patients' (*ibid.*: 3098).

### *Who turns to psychoanalysts in cases of vertigo?*

The thousand cases of vertigo studied at the Geneva hospital between 1980 and 1982 are not representative of those who come to see psychoanalysts—in my own practice I have had to deal with quite different requests concerning vertigo. It is rare for vertigo to be, at least on the manifest level, the main reason for a request for psychoanalysis. However, it does happen that people ask for analysis as their last hope of being freed of a symptom that ruins their life. Generally, they have already consulted medical practitioners who failed to find a somatic cause for their vertigo. This, in particular, was the case of Luc, whose normal life was badly upset by this symptom. Luc used the general

term *vertige* to describe his condition, but actually he presented all three related forms described by Häusler: vertigo, giddiness and loss of balance.

On the other hand, many analysands consulting me for reasons other than vertigo later disclosed that they suffered from this symptom; they had failed to mention it earlier either because the symptom was mild, or else because they had never thought that vertigo might have anything to do with psychoanalysis.

Moreover, I have often noticed—and many colleagues have told me that they had made the same observation—that numerous patients present isolated vertigo episodes of various forms during their analysis; this may even happen to patients who had not been subject to this complaint before to any great extent. It is therefore interesting to anyone concerned with the course of the analytic process to discover in what circumstances these episodes occurred and what their significance was.

Yet other patients consult a psychoanalyst aware that they suffer from vertigo of somatic origin, linked, for example, to Ménière's disease, and identified and treated as such by medical specialists. In no case did they expect the psychoanalyst to replace the physician, but merely to help them to live as best they could with an illness that can sometimes be very troublesome, indeed frightening. Some medical specialists will encourage them to consult a psychoanalyst, in the knowledge that medical science cannot yet eradicate the cause of their discomfort.

In psychoanalysis, we also sometimes encounter patients who seem to treat vertigo as a challenge, who play with leaps into space, and who take special pleasure in flirting with what, while threatening to give them vertigo, also provides them with thrills they need not fear. Between the pleasure afforded by heady adventures and dicing with death, there is a no man's land that may be worth exploring, however daunting the task.

I must mention yet another aspect of vertigo with which nearly all my patients have been confronted at some time during their analysis. I am referring to metaphysical vertigo caused by confronting the great existential questions: life, death, infinity, eternity, the sense of one's own being or nothingness, the feeling of emptiness. This form of vertigo is defined by the answers to such questions as 'What is the meaning of (my) life?' or 'What is the meaning of (my) death?' I sometimes wonder if the need of certain patients to find a psychic meaning for their personal history in order to improve it, is not simply one way of warding off the anxiety caused by their failure to discover a meaning in life.

### **Psychoanalysts and the study of vertigo**

Freud kept referring to vertigo (*Schwindel*, translated as 'Vertigo' by Strachey in the *Standard Edition*) throughout his writings; he considered it one of the

major symptoms of anxiety neurosis. I have devoted part of Chapter 11 to the development of Freud's thought on this subject.

After Freud, to the best of my knowledge, those psychoanalysts who made a special study of the symptom of vertigo concentrated mainly on vertigo of somatic origin, thus following in the footsteps of French (1929); however, Schilder (1939) and Rycroft (1953) contended that vertigo could sometimes be linked to neurosis. Rallo (1972), using the approach of Abraham (1913), took an interest in the physical, and especially the muscular, phenomena accompanying giddiness, associating them, among other factors, with the repression of aggression. In 1990, I presented vertigo of psychic origin as a fundamental experience in the organization of the psyche, one that enables us to investigate the vicissitudes of the object relationship (D.Quinodoz, 1990d). Melanie Klein, to the best of my knowledge, did not make any explicit reference to vertigo, but dealt at great length with anxiety. That is why at the end of Chapter 11 I stress those parts of her theory of anxiety that support my view of vertigo.

### *Vertigo and object relationships*

In my work with analysands, vertigo appeared to be an expression of anxiety manifesting itself through physical sensations connected to space and time: I was able to demonstrate that the various forms this symptom may assume during treatment reflected the vicissitudes of the analysand's relations with important persons in his inner world. These vicissitudes manifest themselves from the ability to differentiate oneself from the object<sup>1</sup> and then separate from it, to the emergence of what Jean-Michel Quinodoz has called the 'feeling of buoyancy' (*portance*) (J.-M.Quinodoz 1993). For me the study of vertigo is much more than the observation and description of a symptom. I believe it is a prototypical dimension of the object relationship, so much so that it can be considered to be a fundamental experience in the organization of the psyche, involving the fear of falling and a sense of inner emptiness.

It is fascinating to try to understand how vertigo, an experience of sensations that does not apparently lend itself to psychic working out—that is, as a symptom presenting itself as an accumulation of purely physical tensions—can, in the course of psychoanalysis, become organized on the psychic plane. What we have here is psychic work that makes it possible to pass from vertigo felt exclusively as a set of sensations to vertigo felt as having a function of psychic defence thanks to the binding of affects in representations. For example, the transition from the *sensation* of the void to the *feeling* of emptiness accompanied by representations demands intense psychic work. It is a call for the integration by means of representations of sensations

increasingly organized according to the secondary process and that, at first, seemed impossible to link: a transition from passivity to activity, from pre-oedipal to oedipal forms of thought. It is equally interesting to gather to what great extent the analyst is forced to trust his counter-transference in order to help the analysand discover representations that will enable him to become aware of his various levels of vertigo, and to make sense of them in order to work out his conflicts by recourse to his symbolizing capacity.

*Physical and psychic equilibrium; the language that touches*

The medical definition of vertigo is based on the relative position of a person in his surroundings. On the somatic plane, if that position is satisfactory, the person feels stable and balanced; or rather, he is not aware of being stable as he rarely thinks about it under normal conditions; it is usually not until he loses his balance that he realizes that balance did exist before. That may explain why people invent situations in games or in sports that carry them to the verge of disequilibrium, the better to enjoy the sense of being in command of their body that goes with the restoration of their balance.

A similar process occurs on the psychic plane: the ego defines itself by differentiation from its environment. According to some theories, at the start of his life, the child is not aware of being distinct from the person who looks after him; according to other theories he is aware of the presence of that object all along but in a very primitive way. We can easily imagine that when the infant feeds at the breast he does not know where the breast stops and where his own mouth begins. Indeed, he is not aware that there is a breast and a mouth, a mother and a baby. It is but gradually that a differentiation occurs, thanks particularly to repeated absences of the breast, which enable the baby to appreciate its former presence. This disequilibrium thus makes him aware that the breast is not his mouth, and hence that his mother is not himself. In addition to the perception of the difference between his body and his mothers, he starts to differentiate himself as a person from the person of his mother. Hence it is not merely the body which situates and defines itself by differentiation from the environment, but his entire self, including his psyche.

To me, vertigo seems an outstanding means of studying object relations, because the material produced by an analysand who talks about his vertigo, which, as Ferenczi (1914) showed, inseparably involves both the physical and the psychic dimension, enables us to analyse the vicissitudes of the object relationship in a language that evokes or recalls bodily resonances. It seemed obvious to me that the interpretations that most *touched* persons subject to vertigo were those that elicited representations with a resonance at the level