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A PHOBIA OF THE COUCH: A CLINICAL STUDY OF PSYCHOANALYTIC PROCESS

BY NANCY KULISH, PH.D.

Conversion from psychotherapy to psychoanalysis and the differences between the two have been the subject of discussion and controversy in recent years. The theoretical and technical questions that have been raised suffer from the lack of detailed clinical accounts that might help to elucidate the processes involved. The author presents a case of a woman whose refusal to use the couch for three years became a central organizing resistance and took on the structure of a phobia. It is argued that the case, rather than a conversion from psychotherapy to psychoanalysis, was one of psychoanalysis from the beginning, with the conflicts about the couch analyzed as are any other resistances.

INTRODUCTION

Psychoanalytic writings about conversion from psychotherapy to psychoanalysis and about the differences between psychoanalytic psychotherapy and psychoanalysis are mired in ambiguities and contradictions. What is not clear is exactly what happens in the process of conversion from psychotherapy to psychoanalysis. For example, what are the resistances in the psychotherapy and how are they worked through? Are resistances in psychoanalysis different and handled technically in a different way? Discussions about the differences between the two modalities often seem reductionistic and misleading, hinging either on superficialities, such as the use of the couch or the frequency of sessions, or on idealistic and artificial generalities about the nature of “true” psychoanalysis. What is missing is

detailed, convincing, and clear clinical accounts about what goes on in the psychotherapy, the conversion, and the psychoanalysis to back up the claims made about the differences or the similarities of the processes involved.

The following is an account of the treatment of a woman who sought psychoanalysis, but refused to lie on the couch for the first three years. Her refusal to use the couch was the expression of a major resistance, an organizing point around which fantasies in the transference and countertransference revolved, and a phobic symptom. Although patients frequently are resistant about the couch, especially in the initial weeks of analysis, analysts have not written extensively about the subject, perhaps because such resistances are so commonplace and temporary, as Byerly (1992) has suggested. Most analysts who have addressed the subject (Fenichel, 1941; Glover, 1955; Goldberger, 1995; Greenacre, 1959; Greenson, 1967; Hogan, 1990; Rothstein, 1990; Stone, 1961) have advised flexibility in the technical handling of an initial fear of the couch. An exception is Kernberg (Panel, 1987, pp. 719-721), who has described his insistence that patients follow his recommendations for treatment in order to set the analysis on the correct course from the beginning.

Other writers also have focused on patients' incapacities which interfere with their lying on the couch. Greenacre (1959) pointed to individuals who have too great a regressive potential or who are given to acting out their fantasies repetitively as not being able to go on the couch. Byerly (1992) suggested that inability to use the couch can reflect developmental problems connected with unresolved separation-individuation, masochism, and difficulties with compliance. Jacobs (1990) noted that young adults frequently have difficulties with the couch. Pines (1993) added adolescents and severely traumatized concentration camp victims to the list. It has been a clinical truism, no longer taken for granted, that the couch is contraindicated for borderline patients (Rosenbaum, 1967). Since individuals who fall into all these categories do not necessarily have problems

with the couch, these generalizations do not get us very far in understanding the processes involved.

More specifically, vision seemed to play a special role in many of the reported cases. Weissman (1977) described a woman who had major difficulties in lying on the couch. Her unusually strong hunger for visual, face-to-face contact stemmed from early maternal deprivation and separation. Searles (1984) documented the meaning and significance of the analyst's facial expressions to the patient in a series of clinical cases, both in psychoanalysis and psychotherapy, and argued convincingly that vision has an important role in the therapeutic relationship in general.

As for more protracted instances of refusal or inability to lie on the couch, there are only a few reported cases in the psychoanalytic literature. One of these is Weissman's, mentioned above, in which the need for visual contact played such a prominent role. Another was reported by Frank (1992). His patient was a woman who began treatment with a strong fear of lying down, which reappeared intermittently throughout what he considered a successful analysis. While he showed that the symptom was overdetermined, he felt that the significant issue contributing to her fear of the couch was a profound problem in object constancy, which led to a need to keep the analyst in sight. Thus, patients' developmental difficulties are most frequently offered as the explanation for problems with using the couch. This focus draws attention away from the analytic process and from a closer look at the resistances, therapeutic interaction, and technical issues in a given case.

One of the more thoughtful and detailed accounts of a patient who had prolonged difficulty with the couch was given by McLaughlin (1992). During the course of analysis his patient frequently felt troubled in lying down and had to sit up periodically. When she did lie down, she often displayed unusual non-verbal behaviors, such as spreading her legs and holding out her heels. These behaviors and her fear of the couch were traced to

her history of suffering from urinary tract difficulties as a child and having to lie still on her back and in stirrups for long painful procedures. For this patient, as with others with histories of painful, traumatic medical procedures, the couch evoked memories and feelings related concretely to lying down in a passive position.

McAloon (1988) described her countertransference reactions to a provocative patient's refusal over three and a half years to use the couch. During this period, McAloon experienced profound doubts over her own competence and professional identity. She felt she was not a "true analyst" without the use of the couch. The issue of the couch became part of a sadomasochistic interaction in the transference-countertransference. The patient used the couch to control the analyst, whom he experienced as his provocative, exhibitionist mother. In reaction, McAloon felt guilt-ridden, angry, and frustrated. Whenever she felt stymied, she tried to talk the patient into getting onto the couch. In retrospect she concluded that her need to *feel* like an analyst interfered with her ability to *behave* like an analyst.

A similar problem characterized a case of Reiser's (1986), in which the couch mobilized conflicts based on preoedipal issues. The case became stalemated inexplicably until the analyst had the patient sit up. Then the patient was able to explore her memories of early hospitalizations, abandonment, and possible sexual abuse, traumas to which she had reacted by altered states of consciousness. When she lay on the couch, she re-experienced these states and was not able to observe and understand her reactions. Reiser characterized the case as a switch from analysis when the patient was lying on the couch to psychoanalytic psychotherapy when she was sitting up. This characterization strikes me as artificial, based as it was only on the change in the patient's position and not on substantial changes in the analytic work. It is, however, in keeping with the once prevalent notion that any modification in standard psychoanalytic technique meant that the endeavor could no longer be called psychoanalysis (Wohlberg, 1967).

Surprisingly, given its importance to the analytic situation, few of the writers have examined in depth the *meaning* of the couch to the patient and in the analytic relationship. (An exception is McLaughlin, reported above.) Frequently, lying on the couch is thought to have sexual meanings to the patient. Orens (1965), for example, reported the case of a woman who became panicky when she first tried to lie on the couch. He felt her fear was related to the position itself, with the analyst above and behind her. The patient felt powerless and fearful of her fantasies that the analyst would attack her sadistically. Khan (1962) briefly compared the psychology of lying on the couch to the psyche of the dreamer. His ideas are interesting, but not supported by detailed clinical data. Similarly, Bergel (1984), drawing on mythology and anthropology, speculated on the unconscious symbolic meanings of the couch and the positions of analyst and analysand: "Fear or refusal to assume the analytic position on the couch could represent fear of death and change on the deepest levels" (pp. 296-297). These speculations, while intriguing, are far-fetched, and not based on analytic data. Apart from these few cases, there are few detailed clinical reports of the meaning of the couch to the patient.

My case, in which the patient sat up for the first three years of treatment, shares characteristics of cases of conversion from psychotherapy to psychoanalysis in which resistances to analysis are worked through and allow for the switch to be made. I will argue, however, that my case was psychoanalysis from the beginning and that the use of the couch per se is not a defining feature of the psychoanalytic process. My patient also shares many characteristics in common with patients described above—namely, her masochism, her disposition toward acting out and negative therapeutic reactions, and difficulties in self-other differentiation. What is different in this case, however, is how the fear of the couch took center stage and became an organized symptom within the transference.

CASE MATERIAL

When she sought treatment, Ms. S was in her late thirties, married, with two children, a girl of nine and a boy of four. She was employed as an office manager. She sought help because she was troubled by her physically and verbally abusive behavior toward her daughter, Rachel—"possessed by demons," as she put it. She was depressed in general and felt herself to be "nothing but shit." Ms. S reported being incessantly drawn into angry interchanges with Rachel, who was extremely provocative and seemingly masochistic. An example of one of her abusive interchanges with Rachel had occurred several years before. Very jealous, the girl scratched her brother across the cheek. In a rage, Ms. S then scratched Rachel across the cheek and drew blood. A more serious instance of physical abuse occurred during the first Christmas break in Ms. S's treatment.

The patient stated that she had almost total amnesia—a word she used—for her childhood. She dubbed her amnesia "The Black Hole," and this term was particularly pertinent to her feelings about her mother, "a mystery" to her. Ms. S had almost no affective-laden memories of her family and early childhood, but mostly of places, things, isolated scenes. Moreover, denial washed over any negative characteristics of her family or any possible family secrets. The family ethic, preached by her mother, was to put a good face on in public (and in private, as it turned out). Thus, it was months, even years before I learned this account of her history.

The patient's father was an alcoholic, a word she could not apply to him at first. Frequently, he flew into rages and belittled his family with biting, cruel remarks. Ms. S described him as a raging bear. He had his secrets: there were hints of his troubled business having been destroyed by arson; he owned some businesses in the seedy side of town; the fact that he had a history of syphilis was revealed by his doctors only during an illness several years into the patient's treatment. Yet she experienced him as warm and loving for the most part, and as treating her indul-

gently as the only girl. He seemed more real and available than the mother, a pretty, genteel lady, who was remote and unemotional. She was given to speaking entirely in clichés and to absolute denial of anything negative in herself or her family. She was frequently critical of the patient, but when confronted, became indignant and threw it back on the patient with a remark like “You’re too sensitive.”

Most of the patient’s memories are of being the onlooker. She characterizes herself as just being the good girl. The patient had two older brothers. Jack, the youngest sibling, was “the golden boy,” good-looking, smart, a star athlete. He took over the family business and ran it to the ground, even embezzling money from his father. He was also an alcoholic, and his fortunes have steadily declined over the years. Yet he remained the mother’s favorite, untarnished in her eyes. Throughout his childhood Henry, the older brother, was tormented by the father for his effeminate mannerisms, apparently evident in early childhood. Henry was “wild and different” and always in trouble. The patient recalled her father pushing a bowl of hot cereal in Henry’s face but did not remember any of the other abuses, such as being shoved up against the wall, that Henry and even Jack said they endured. Henry told the patient that he remembered constantly picking on her because he was extremely jealous of her, but the patient recalled very few isolated instances of this, such as being tied up by him in a closet. In one memory the patient was dragged out of bed in the middle of the night by her father, probably drunk, who forced her to show Henry how to do his arithmetic in order to humiliate him. She always felt close to Henry. He took on the role of being an older sister, sometimes mother to her as a child to make up for the mother’s inattention and inadequacies. He told the patient what to wear, picked out jewelry for her, even planned her wedding. She met her husband Tom, her first real boyfriend, while in college and married him shortly thereafter.

Two years before she first saw me, Ms. S had been in treatment for about seven months with Dr. T, an analyst whom she

liked. Ms. S recalled that in a session when she told Dr. T about the incident of scratching Rachel, she complained of a migraine and inadvertently drew her hand across the side of her face. Dr. T's suggestion that her gesture was connected with feelings of guilt made a lasting impression on her. Because she found their once-a-week meetings difficult, but could not afford to come more frequently, Dr. T recommended that she undertake a low-fee analysis with an analytic candidate. After some delay and ambivalence about following through on his recommendations, she called me. She knew of me through a friend, a mental health professional. She was also "perhaps vaguely aware" that I was connected with the psychoanalytic institute and was an advanced candidate there. The seriousness of her problems and her evident pain impressed me that analysis was needed; Ms. S's clear intelligence and positive response to Dr. T were hopeful signs that she could engage in the process. She readily agreed to begin an analysis on the basis of four times a week as a private patient and with a moderately reduced fee. One month before she first saw me, Ms. S also had arranged for her daughter to begin therapy with a social worker.

Exploration of the Meaning of the Couch in the Sitting-up Stage

The issue of the couch emerged immediately. In the first session after the arrangements had been made, Ms. S sat in the chair and asked, "Is this the same chair?" She had mistakenly thought the chair was dark. Driving to the session she found herself thinking about the couch and how it wouldn't be so easy for her. At first she had thought that using the couch would not be the problem it was for a woman friend of hers who was in treatment. Referring to her friend, she mused, "competitive thing perhaps." Her husband Tom, who had been in analysis, said the couch had a profound impact on him. She asked anxiously, "Do you lose the whole interaction when you lie down?" When I suggested we could talk more about the meaning of the

couch for her, she said, "Good! So I don't have to feel like a failure if I don't right away." I agreed there was no great hurry but indicated clearly that I felt the couch would be helpful.

In these early weeks Ms. S gingerly expressed some disappointment with me. I had called her son by the wrong name. I should be more like Dr. T, who would not have made such a mistake. She complained that her mother had not helped her with menstruation. Clearly, she was feeling that I was not helping her either, although she denied it. She did express her feeling that the process was like exposing dirty laundry in public, a taboo in her family. When I interpreted her fear of getting into dirty things in analysis and on the couch, she agreed, and added a memory of her kindergarten teacher's washing her mouth out with soap. It was in this context that the patient revealed that her brother Henry was gay.

Ms. S's conflicts about the couch appeared in the first dream of the analysis, which she reported after about a month:

We were looking at some water down below from a high, high cliff, like watching a movie. A man and I. He said he was afraid to leap, but I said it was O.K. because it was deep not shallow. So he jumped—sitting—and he hit his butt. It was terrible. It wasn't deep . . . Injured. Like from the movie, *Born on the Fourth of July*, paralyzed. I was trying to help him, like get to an agency. The movie really affected me. And he had wispy hair, like Jessica Tandy in *Driving Miss Daisy* looked at the end in the nursing home. To me dreams are feelings, and the feeling here was weird. [How so?] Just so high, steep.

In her few associations the patient referred to Friday's session—"that transference stuff." In that session she had been talking about how she floated into college far from home, a stranger. My interpretation that she felt that way in analysis with me had provoked tears. In answer to my question about the man's sitting position, she replied, "Like sitting here." I said that when she had told me about her emotional reaction to *Driving Miss Daisy*, she had identified with Miss Daisy, disabled and being

wheeled around in a wheelchair by a servant. I wondered if the dream expressed her fear of taking the plunge into analysis and being on the couch, and that although I might reassure her it was O.K., she would get hurt. The patient could follow this, but said that, if so, she was “unconscious of it” and added that she had also identified Jessica Tandy with her mother, always the lady. (A few months later she had a dream about me with wispy hair like Jessica Tandy’s.) Thus, this opening dream hinted at many of the themes that would emerge in the analysis. Most salient at this point were her feelings of hostility and mistrust toward me, the mother in the transference. A struggle over control and buried competitiveness with me was suggested in the reversal and blurring of roles of helper and helped, servant and mistress.

The dream foreshadowed a major transference-countertransference interaction between the bad withholding mother and the willful, bad, and disappointing child. In this primarily sadomasochistic interaction, the patient most frequently cast herself as child and me as mother, but at times the roles were reversed. Repeatedly, this paradigm was acted out with Rachel in a confusing interplay of reversals in roles. Typically, the patient would allow or even suggest to Rachel some behavior which was dubbed as demanding, greedy, or bad, then react with rage when the child acted the behavior out. The drama would inevitably end with self-recriminations and guilt on the patient’s part.

We came gradually to see that in these enactments the patient often played the role of bad, rejecting mother, but at other times, the greedy, demanding, willful child, or the disappointed, hurt child. At still other times the patient was her sadistic father, the torturing older brother, or the frightened onlooker. Besides the rapid shifts in projections of self and object and the projective identification of induced roles, what made this all so difficult to untangle was the patient’s “amnesias.” Not only did Ms. S have amnesia for much of her childhood, but she could frequently not recall these incidents between her and Rachel, or

what led up to them. The patient's speech in her sessions was filled with small gaps in syntax and content, gaps of which she was apparently unaware. Thus, her words were often incomprehensible. I personally found this aspect of the treatment very difficult. At times I had the fantasy that if the patient would only get on the couch, things would become easier and more comprehensible.

In refusing to get on the couch, the patient acted out a sadomasochistic relationship with me, as she did at times in not paying her bill. Fantasies and interactions about money and the couch were often intertwined. As the analysis proceeded, it became evident that the family's finances were a disaster. There were back taxes, huge credit card debts, and legal difficulties. It was Ms. S who was in charge of managing the family's finances, and she often made major mistakes in balancing the checkbook or ignoring important bills. Tom distanced himself totally from the whole matter. In all of this mess the patient blamed her husband—for passivity, his poor judgment, and for not making enough money.

A major focus in the first three years of treatment was to help her take responsibility for her part in these difficulties, to understand their meaning in her life and as they appeared in the transference-countertransference. For example, she lamented the fact that the IRS was on her back, the utilities were threatened with cut-off, and her poor children were without new sneakers. How could I ask for my money? One consequence of the money difficulties was an attempt to induce guilt and to cast me as the bad mother, the mother who never gave her anything or helped her. As the financial picture became clearer, I learned that the patient's father had always helped her financially and generously—a big sugar daddy. "Daddy" had "loaned" them the down payment for their big house, which they could ill afford to maintain. Indeed, Ms. S had never furnished her house, but there were other reasons for this, as we learned later. The patient jokingly remarked that her family had always said, "Never rely on the kindness of strangers." "But in a sense you do," I

replied. Thus, a meaning of the financial acting out was to make me into her “Sugar Daddy,” paying for her treatment. I tried to interpret these meanings as I understood them, but the patient resisted understanding the transference. “My feelings about you are a mystery to me,” she would lament. She blocked out the fact that such behavior as not paying her bill or not getting on the couch would negatively affect our relationship, or that it had hostile meanings. It seemed that she wished unconsciously to provoke me into forcing her to pay. Indeed, I did finally have to say that her behavior was endangering the treatment, and insist she find a way to pay regularly. She did so, with a few lapses along the way, and finally worked out a scheme to pay me the back balance that had accrued.

Just as she wished me to force her into paying up, she wished me to force her to get on the couch. This fantasy revealed itself early in the second week of the treatment. She reported that her husband asked if I had said anything about the couch. She confessed that she was afraid to bring the subject up, but, “The longer it goes, the harder it gets.” She was thinking about Dr. T and “how it would have been if *he* were my analyst. *He* would be more definitive, forceful—but your way is better for me, I think.” Thus, the idea of being forced onto the couch had anal connotations as well as phallic, sexual ones; a man would have the power to force her to submit. The patient could readily admit it was a question of control, of “weakness and strength.” “Yes, it’s there. The trouble is if I feel you want it, I’ll never get on the couch.” In these sessions she talked of the inequities she experienced between us.

In the first year of treatment the patient reported the following: “Had a dream last night, but I don’t remember it, except I realize it had to do with the couch. I was thrust on the couch [she laughs] by someone or something. When I woke up, I felt that would be good. But now that feeling is gone, and I feel I can’t again. I am a failure.” She had no associations to being thrust on the couch. She went on to tell how Rachel had been better behaved of late, and her report card was improved. The girl had

wanted to make her teacher a present, but messed it up and was devastated. The parallel was clear to me in the way the patient told the dream. She wanted to give me the present of going on the couch but then took it back. This type of giving and taking back, of doing and undoing, was to be repeated frequently in the months and years to come.

Almost a year later, however, she would use the same word, “thrust,” in a different context, which I think throws light on an important underlying fantasy. The patient dreamed she was in a car with her daughter, taking her to a roller-skating rink. The girl was afraid but the patient made her get out of the car; she thrust her out. A similar incident had occurred in actuality. The patient associated roller-skating with danger, with the secret, seamy part of town frequented by her father, and with sex. Until the patient’s defensive use of externalization was worked through, however, the fuller meanings of the fantasy of being forced could not be explored and appreciated by the patient. I repeatedly interpreted the patient’s need to put me in charge of her treatment. I suggested to her that her preoccupation with my wanting her to go on the couch covered her own wishes in that regard.

The Couch and the Need to be Special

Beneath the patient’s defiant, stubborn refusal to get on the couch lay many fears and conflicted wishes. Prominent among these was her fear of her intense desires for closeness and to be cared for. In the latter part of the first year the patient had been talking about her Nanny and contrasting her warmth and “soft hands” with her mother’s aloofness and coldness. In this context she reported that she had had a dream, interesting, she thought, because it had to do with the couch:

There was the couch, but it wasn’t like it was, but like a down quilt, white, soft, inviting. Then I was in the theater, but the seats were out and there was this tapestry rug there. I was

watching a projector. The scene was of all the people going up a hill, “down home” people—how corny—music in the background.

Her vague associations were to seeing that a lot of her friends had those fancy quilts (said with tacit envy), a video she watched for her work, and how Rachel’s girl scout leader suggested that the girl did not belong in the troop. At that time I took up the wish for me to be her Nanny and her fear of rejection. In the following sessions the patient again brought up “the couch thing,” with new insight: “Maybe it’s not that I fear the loss of the interaction, but that I’m afraid of not being remote.” She admitted that by not paying, she was pretending not to be in analysis. She toyed with the idea of buying an expensive comforter, the price of which just coincided with a month’s analytic bill. Then with anger and sadness she related how her mother gave her only *eight* towels as her wedding shower gift, “Why not the standard dozen?” Again a few weeks later she took up “the couch thing,” and momentarily admitted that she was feeling closer to me. For the first time in treatment she wept.

In the midst of trying to make sense of her feelings about her mother and beginning to tackle her money problems, the patient had the following dream: “You and me. You were comforting me . . . this is hard for me . . . like I was a baby, patting my head. Definitely not like a therapist. Can’t put it into words.” Later in the session she remembered another part of the dream. “In a long, narrow room with two long, narrow pieces of furniture, like one for each of my children. Or like a couch! But made of plasterboard. Flimsy. Don’t know.” I said to her that she was afraid of how much she wanted to be close to me, for me to comfort her and hold her like a baby, and that the feelings would overwhelm her when she got on the couch. “Or fall apart, like the furniture in the dream,” she added.

Psychological distance from or closeness to me was represented concretely in fantasy by how close she sat to me, as illustrated by a series of dreams. In the context of talking about her

conflicts in arranging for a maid who could watch the children and her difficulties in paying her bills, she dreamed: "You were sitting in a chair, which moved forward. As it moved forward, your face changed, became old and fatter, flat, weird. You had hair like Jessica Tandy. What context did that come up in—as mother?" In another dream some months later, the chair had been moved to the other side of the room. In her associations she told how her little boy often just jumped into her lap to cuddle.

The Couch as a Vehicle of Exposure of Forbidden Fantasies

Another fear expressed from the beginning was the idea that lying on the couch would leave her vulnerable, exposed, and on display. In one of her dreams, for example, the couch was an examining table. Early on she expressed her conviction that I would be able to see her and her body more fully if she were lying down rather than seated directly across from me.

Ms. S was afraid of revealing secrets on the couch—family secrets and her own perverse and sexual secrets. She speculated that the couch would help her to get in touch with memories, her "black hole." A series of dreams of rustic buildings, always introduced by the patient as "weird," were linked to secrets. Most of these buildings were long and narrow and at times directly associated with the couch. She reported a dream which came on a night in which her husband had encouraged her to get on the couch: "A group of us are in a line being escorted into a rustic, wooden, box-like building by a man. There was a feeling of something ominous, not quite doom, that's too strong. It was through a process that was mysterious and unknown. The man who was running it was not known but a magician. . . ."

In earlier dreams her conscious identification was with the victim of Nazi attackers. In one such dream a woman's house was broken into by robbers. She associated to her own fears of break-ins, to "thoughts about the couch—it might be a wrong

decision,” and how Rachel “freaked out” in the middle of the night and ended up sleeping with her. She was afraid something would happen if she got on the couch. Clearly, she was afraid and wished that I would sexually attack her. It was a breakthrough in the third year of treatment when the patient could acknowledge and take ownership of her identification with the attacker. She could feel that the word “sadistic” applied to her. Much later she would associate rustic buildings with “low life” and the wild sexual side of town her father frequented, and with games she and Henry played which left her tied up or closed in. Thus, the fantasy was that the couch would be the setting for sadomasochistic games.

Another set of representations of the couch in dreams was as various pieces of furniture: other kinds of couches, tables, chairs, a piano. A dining room table had special significance for Ms. S. She had been unable to fix up her house, to furnish it. Her lack of a dining room table was especially upsetting and significant to her. At first she rationalized that it was the lack of money that inhibited her, but we came to understand that a dining room table carried conflicted feminine connotations. She conjured up her mother’s beautiful, formal dining room table. Without a dining room table of her own she could not invite people into her house, could not entertain. She wasn’t a real grown-up woman or mother. She could see that she just did her house “part way.” I added that the same applied to her analysis, not lying down, for example, was doing it part way.

As we came to see, she wished to be a boy, favored by her mother. She could not let herself be a successful female and fix herself up as a woman, get in shape, get a dining room table; and to get on the couch was to display her inadequacies. A central unconscious self-representation was that of a castrated male, the dilapidated, pasteboard couch, or a broken piano. One of her most vivid screen memories was at the age of about seven eagerly awaiting the arrival of a piano that was being shipped from another part of the country. To her horror, the piano had

been damaged in shipping; she remembered that the keys fell off. She was devastated, inconsolable.

Ms. S linked getting on the couch to conflicts about playing the piano. Her mother played the piano and encouraged the patient as a child to take lessons. At times, her mother would play duets with her. While the patient enjoyed the piano and showed some musical talent, she was anxious about performing publicly and quit her piano teacher before her senior recital. Thus, playing piano brought her mother's favor and attention and, unconsciously, conflicted identifications with her. Playing the piano also expressed forbidden exhibitionistic fantasies.

In the latter part of the first year of treatment Ms. S made a typical opening announcement: she had been thinking more about the couch. The word "embarrassment" came to mind, embarrassment about her body. At her work, she continued, she liked to work behind the scenes, and she shunned the more glamorous jobs, such as public speaking. On Halloween of the same year she expressed her incredulity that children, anyone, could get any pleasure from parading around in a costume. I said that this feeling related to her body, and I linked it to her anxieties about the couch. In response, she related a story about how a superior had complimented her profusely at a meeting. To her surprise she found herself becoming tearful as she told the story. For the first time I could begin to help her to recognize her strong need to be special, to get attention.

These ideas of being special and displaying herself to the mother and their link to the couch come together in a central memory. When she was in the first grade her teacher called the home. The mother answered and relayed the message, in a dispassionate tone, that the teacher had wanted the girl, as one of a select few, to be on a special radio program. Without hesitation, the child refused. The feeling at that moment—"I can't!"—was exactly the feeling she had about the couch. She did not know why, but that was that. This story and the feeling of "I can't!" came to mind whenever she thought of getting on

the couch. In an early session she went through a familiar series—first, that she was thinking about the couch, then that she felt like a failure, and that she would be in treatment forever (clearly, a wish).

In the next session she speculated whether her mother preferred her, the good girl, over her brothers. She worried whether or not she would disappoint me (also, clearly a wish, which I repeatedly interpreted). It took her years to acknowledge the wish to shine and perform, which “I can’t” concealed, the wish to shine in front of me on the couch, to shine in front of her mother on the piano and her teacher on the radio. Such wishes typically were first voiced in regard to Rachel. In the second year of treatment she reported that Rachel’s piano teacher felt that the child had talent. She was able to accept my interpretation that she wished that I would tell her *she* had a talent for analysis. In denying her wish to be special, the patient had to repress the whole situation of how the analysis began and was structured: that I was still in training, that she was getting a reduced fee, and whatever fantasies of being special or not special as a patient that entailed. When questioned about her thoughts about the reduced fee, she expressed the fantasy that I was “just being nice” to her. This wish to be special was another motivation for her to avoid paying the bill and using the couch.

It took still longer for the patient to recognize her anger at her mother for the clear lack of encouragement to excel expressed in the neutral manner she reported the teacher’s call. Indeed, the patient realized that she felt that her mother subtly discouraged her in her career and in any attempts she made to better herself as a woman in fixing up her house, etc. In any case, competitive wishes were dangerous and were to be inhibited or punished. In the third year of treatment the patient again announced that she had been thinking about whether or not she’d be able to “do it,” i.e., get on the couch, then proceeded to talk about her newly found ability to delight in her daughter’s sparkling performance at a dance recital, and then to think that perhaps she herself was not supposed to want to shine. She contin-

ued painfully to acknowledge her father's cruelty toward her brothers, how they both were screwed up and unsuccessful, then to recount the memory of the night she showed Henry up with his arithmetic, and finally to express her guilt about being better than both her brothers, but especially Henry, whom she loved. (Not yet acknowledged was her wish to better them.) Following this session she had a severe migraine, which she herself could tie into her reaction to the session and speculate whether it was self-punishment.

The couch was associated with success, or what success meant to the patient. Success meant competing with beautiful women. Thus, she refused to go to the local university, with its emphasis on sororities and social life, "just as I refused the couch," she said noting the analogous feeling. Success meant letting herself get better and hence sometime having to terminate. Success also meant competing with men, or perhaps bettering them, unconsciously castrating them as the hero in *Born on the Fourth of July* was castrated. In her dreams the couch was often represented directly by phallic images, such as cars, her father's big car, the hood of cars, wagons. During one session she had the image of a child's red wagon, like the one her brother Henry had. She had always wanted one, she said, but had never gotten one. Henry's was rusty; the ones she saw now were shiny, maybe plastic. She associated to a TV program with puppets on a long, narrow table. Then she mused, "My wagon here in analysis has stopped." And, of course, she wanted to fix my wagon by complicating, undoing, our analytic work.

The Couch as a Phobic Object

As time went by, more and more of the patient's conflicts seemed to be encapsulated by the fear of the couch. As she herself thoughtfully put it, "The couch is a symbol, isn't it?" The patient had many phobias—of elevators, of heights, of carnival rides; the couch had become another. She likened being thrust

on the couch to pushing Rachel to overcome her fear of the roller-skating rink. Again, in a session at the end of the second year, her thoughts went from fear of the couch to her fear of riding a roller coaster, to a memory of a fall on the ice, to playing the piano. Another fear was of jumping off a high board, reminiscent of the initial dream of falling off a cliff. Later that year, she reported being afraid of coming to her session. Then her thoughts went to phobias her daughter seemed to be developing—of being alone upstairs, for example. The patient wondered why she was not more empathic with her daughter; after all, she too had phobias. In the third year she described her fear of driving on ice, of being stranded. I likened this to her fear of the couch, and she agreed. She remembered a feeling of danger associated with the attic in her childhood home. There were long scary stairs like the stairs to my office. She had a scary dream about a mother and a daughter looking for something in an attic. Her statement that the couch was now “like the black hole” summed up her conflicted feelings. In the same session she complained that her husband should help her conquer some of her fears. When I suggested that she wanted me to do the same, she immediately replied her characteristic “no,” then wavered, “but . . .”

As the third year of the treatment was ending and the fourth beginning, Ms. S was showing progress. Steady work on her defensive use of externalization and denial had made her increasingly able to take responsibility for her actions and thoughts. The physical abuse against her daughter had disappeared and the verbal barrages had diminished, even as Ms. S was able to own up to her own sadism and understand its roots in her troubled familial past. She had become a more active participant in her sessions and had taken full responsibility for payment. Still she was not on the couch, and she was avoiding directly talking about sex. She had told me early in the treatment that she was orgasmic, that her first sexual partner was her husband while they were dating, and that she had enjoyed sex. But after their marriage, as the troubles with finances and her

difficulties as a mother mounted, their sexual life suffered. There were months of estrangement and no sexual relations. I had persistently interpreted her fear of the couch as related to her fear of talking about her sexual fantasies and of their being realized in analysis.

For example, the patient had two dreams on two successive nights, both vague. One was about sex; the second about me and some kind of dual relationship. Her associations were how she avoided sex in her relationship with her husband, how she became scared when people try to get close, and how “not doing the couch” was because I wanted her to. She talked anxiously about Rachel’s need to get close to a girlfriend and of lying down next to the girl on the bed to comfort her. I interpreted the obvious parallel fears in the transference of getting too close and of a dual relationship, and she agreed. A few months later she again declared she never would do the couch or talk about sex. (She had been able to link this inhibition to her mother’s cold prudery and avoidance of the subject.) She complained angrily that her resistance to the couch was worse now. She dreamed she was working for royalty, did something that brought her into disfavor, and was cut in half lengthwise so one could see inside. Her association was to a new law that would ban surrogate mothers. Again I interpreted the fear of being cut open on the couch and her need to flee from the increasing closeness she felt between us. When the third anniversary of the treatment came, the patient lamented that it would go on forever. Shortly after, she dreamed again of long rectangular buildings. Her thoughts went to a friend’s question of whether she was on the couch yet.

The Central Enactment around the Couch

At this time the patient was offered a new job that would mean more pay, but also more responsibility, work, and prestige. She struggled with her ambivalence, acted out by forget-

ting to call the prospective employers back. It became very clear to her how conflicted she was about letting herself excel and compete, especially with me. For example, she saw the new job as more professional—she would have to wear a suit as I did. Ultimately, she turned the job down, but afterward mourned the lost potential and felt distraught about her self-destructiveness. With new resolve she said she wanted to understand this and overcome it. At this point I asked if it might be time to consider trying the couch. After a bit more work on her fears of success, she decided to do so.

Thus, in the third month of the fourth year of her treatment, in somewhat of an anticlimax, she lay down. As she walked toward the couch she said, “I am very very nervous. As I was driving here I was thinking about the piano recital, about being so scared and so nervous then. You’re waiting for your turn, and then when it comes your turn, you go into automatic.” Getting on the couch was a performance, a performance for her mother. She said, “I am proud of myself.” With the insight that she was referring to the analysis, she went on to describe how after years of thinking her oven did not work properly, she tried cooking dinner in it and the chicken cooked in just the right amount of time. She also was wondering about my feelings about her getting on the couch. “You should think you handled it well and your timing was right. At first it seemed like it was you [who decided the issue], but I think you just took the cue from me.”

I see the circumstances of the patient’s finally lying down on the couch as the unconscious enactment of a central transference-countertransference paradigm. This was a woman who felt that her mother was cold and ungiving and preferred her brothers. The patient had repeatedly tried to induce me to treat her as special, even as she denied such wishes and recast me as the cold, neutral mother. Yet what could be more special than being a training case who was allowed not to lie on the couch? In spite of my attempts to remain neutral, I finally gave her a gentle shove onto the couch. This shove came in the context of the patient’s anguish at her holding herself back from success. The

mother had remained neutral when the teacher called to invite her to go on the radio. Unlike the mother, I, in effect, did not remain neutral, but encouraged her to let herself shine. "Taking the cue" from her meant being the loving, engaged mother when the patient was ready to let me be so.

In the following weeks, with new clarity, the negative oedipal transference began to unfold. Her father had become quite ill with cancer. She dreamed of his death and being alone with her mother. She fantasized about "bringing Mother home." She was able to speak angrily of how her mother's attention had always been completely devoted to "Daddy" and to her brothers. To her horror she found herself making jokes about the death of a friend's husband. She recognized her murderous jealousy of her brothers and their favored position by virtue of being males. At the same time she could openly admit that she herself preferred her son to her daughter. She was able to acknowledge masturbating with fantasies which "had to do with" power and control. She accepted her wish to castrate her brothers and to rid herself of all rivals for her mother. She could acknowledge a need to belittle her husband and speculated that she might have had a need to choose a passive man.

She dreamed again of the couch, in the context of talking about her father's sickness and a friend's delivering a baby boy: two babies had been switched at birth. The woman who had the wrong baby, with a birth defect, was lying back on the couch. In the transference she feelingly spoke of the importance I had in her life and could acknowledge that she wanted to please me. Then after she had been on the couch for two months, I went on a short vacation. For the first time she openly expressed some curiosity about me. Enviously, she speculated that I had gone on an ideal trip with my husband. She never got to go away. She tearfully asked, "What good does it do being on the couch?"

I had fantasized that the patient's lying down would make the analysis easier, and, in fact, it seemed to have done so. The material seemed to be more cohesive and understandable. To be sure, this cohesiveness was also a product of the years of work

that allowed her to get on the couch. (And, of course, the analysis was not by any means headed for only smooth sailing from that time on.) During those years I sometimes had the feeling that I was nagging the patient about the couch. In going through my notes, however, I was impressed with the evidence that this was not so. If anything, the patient was herself constantly bringing up the matter of the couch. It was used as the medium by which she expressed her feelings.

DISCUSSION

A central transference-countertransference enactment in this case revolved around the patient's conflicted wish to be special to the analyst-mother. Her fear of getting on the couch disguised the wish to be a very special case to me—being in a supervised analysis, yet not being forced to lie on the couch. Her refusal can be viewed descriptively as a resistance, in the most general sense as any interference with the progress of the analysis or defensively as avoidance of underlying fears (Boesky, 1990). The patient repeatedly expressed her fear that not getting on the couch would keep her from “succeeding” in the analysis. It was possible to understand and to work through many of the fantasies involved in this resistance while the patient remained sitting, but it was only after several years and at a particular point in the treatment, which led to a mini-break in my neutrality, that the patient was able to lie down. At that moment my rather mild suggestion that the patient might try to lie down and the patient's response became the unconscious enactment between us of the fantasy of the loving mother-daughter dyad. It became the expression of the love, engagement, and encouragement to be special that the patient had so fiercely warded off yet unconsciously longed for from her cold, detached mother.

It might be argued that the process that led to that moment could be conceptualized simply as a conversion from psychotherapy to psychoanalysis. So-called conversion does bring into

focus the question of the distinction between psychoanalytic psychotherapy and psychoanalysis. In the 1950's and 1960's, as psychoanalysis was expanding its techniques and borders to include broader varieties of patients, a debate flourished about whether or not the use of the couch was necessary for a psychoanalytic treatment to be successful or worthy of the name. Wolberg (1967), for example, stated unequivocally that "modification of analytic rules is frequently necessary, but whether we should label such alterations [in which he would include not lying on the couch] as 'psychoanalysis' is another matter" (p. 194). Kubie (1950) asserted that he would not feel secure about an analysis in which the patient had never been able to use the couch. Greenacre (1959), in contrast, stated that there was nothing inherently inimical to analysis in sitting up. Other writers agreed (Kelman, 1954; Robertiello, 1967; Rosenbaum, 1967; Salzman, 1967) and argued that use of the couch should not be taken for granted. Experiments were even undertaken to demonstrate that the couch did or did not make a difference to the flow of free associations (Chessick, 1971; Hall and Closson, 1964).

In a recent discussion of conversion of psychotherapy to psychoanalysis (Panel, 1987) it became evident that no clear distinction could be agreed upon. Gill, one of the panelists, made the distinction between extrinsic criteria, such as the couch or frequency of sessions, and intrinsic criteria, which have more to do with the analytic process, such as resolution of the transference neurosis or restructuring of character. His criteria for the difference between psychoanalysis and psychotherapy rested on attitude or intention; in psychoanalysis the intention is to analyze transference, in psychotherapy, to combat symptoms through the therapeutic relationship. Other panelists, notable Kernberg and Ticho, and members of the audience did not agree with this distinction or with the criteria for making it. Horwitz took a middle ground in stating that the external criteria are necessary but not sufficient for a definition of psychoanalysis.

Elsewhere, Skolnikoff (1990) argued the obvious—that use of

the couch does not ensure analytic work. He felt that what distinguishes psychotherapy from psychoanalysis is not form but substance, and that the differences lie on a continuum. Bornstein (1990) argued along similar lines that what distinguishes psychoanalysis from other therapies is "a shared ideal of the systematic integration of all resistances," which strikes me, as do some of the other criteria proposed by others in the literature, as in itself idealistic and also too cognitive. Stolorow (1990) criticized the underlying assumptions in these arguments about the conversion from psychotherapy to psychoanalysis. He argued that the criteria used to define analysis, such as neutrality, uncontaminated transferences, the analyzable patient, etc., are in themselves myths.

In my opinion, implicit in many of the arguments about the distinction between psychoanalysis and psychotherapy are arguments about what is good or ideal analysis versus bad, false analysis. Furthermore, since many therapists approach psychoanalytic psychotherapy with the same goals, myths, and attitudes that analysts, such as Gill, Skolnikoff, or Bornstein, have proposed as the distinctive criteria for psychoanalysis, it would seem that distinctions between the two modalities cannot be made easily on those grounds. It seems to me that many psychotherapies can indeed be considered incomplete analyses, by virtue of the shorter duration, fewer numbers of sessions, absence of the couch, lesser commitment on the part of the patient, or inadequate training of the therapist, but are otherwise indistinguishable in terms of their "intrinsic" characteristics (Levine, 1985).

In a recent article Goldberger (1995) took up these issues and argued that a psychoanalytic treatment can occur without using the couch. She went even further to argue that it is not beneficial to the process to use the couch in all instances. She made a case for not forcing the patient to put unconscious conflicts too quickly into verbal expression, before verbal connections for actions are preconsciously available. Goldberger drew attention to the role of *action* within the analytic setting and its relation-

ship to the use or nonuse of the couch. In my case the role of the patient's *body*, its display, position, and distance from that of the analyst, was also an important factor.

To quote Goldberger, "[T]he couch is intended to facilitate freedom of verbal expression, and in my view it is the latter that is fundamental to the analytic method; the couch does not in itself define psychoanalysis" (p. 40). She stated that what defines the analytic work is the consistent attempt to understand the patient's conflicts in detail. Obviously, I agree and would add that this attempt also involves an effort on the analyst's part to be "neutral," an effort which inevitably fails. I think that the couch helps both analyst and patient immensely in their attempt at understanding the patient's conflicts, but it is no more than a potent tool of the trade. My patient knew that I felt the couch was helpful, but perhaps she sensed that I attached some further importance to it. Like McAloon (1988), a relatively young analyst, I valued the couch as a badge of my analytic identity. This patient with her conflicted needs both to rebel and to be special seized upon that symbol, just as she had refused to play piano, which she knew was important to her mother. Intellectually, and with most of my analytic heart, I felt that it was indeed wise to let her sit and to analyze her behavior, rather than to insist upon her lying down. Yet, unwittingly, a part of me wanted her to lie down, "for her own good" and for that of the analysis—and because I felt it would be easier and better for me.

In this case, Ms. S was engaged in psychoanalysis in terms of both the so-called process criteria and all extrinsic criteria, except, of course, for the use of the couch. Certainly, the couch was omnipresent in the analysis, although the patient did not actually lie on it. In my mind and in hers we agreed to an analysis, though she unconsciously kept her fingers crossed behind her back. Her inability to lie on the couch was from the beginning seen as a symptom by the patient herself. Her agreement to do an analysis, her subsequent refusal and fear of the couch, and her perception that her refusal was a symptom for

the two of us to understand constitute a different picture from that of a patient who comes in for psychotherapy, and somewhere in the process analyst and patient decide to begin an analysis. In this sense, then, there is something to Bornstein's (1990) ideas of the mutually shared, conscious goals of patient and analyst that partially define analysis. The meaning of the couch itself, lying on it or not lying on it, as I have demonstrated, became a central arena for the analytic work. The couch clearly had a magical meaning for the patient. Beyond its technical usefulness about which so much has been written, the couch may take on a magical quality for the analyst as well. The magical quality of the couch in both the patient's and the analyst's minds may contribute to the unconsciously shared ideal and idea of what they are doing together.

Each analysis is, of course, different from every other one. In this case I did not insist that the patient lie on the couch (I think that if I had done so, she would have complied) and was convinced that it was better to handle the situation clinically in the way I have described. At the same time, I had to resist an inner, conflicting pressure that it would somehow have been "more correct" to get the patient on the couch sooner. These two attitudes on my part shaped the specific course of this analysis and led to a significant enactment, to which we both contributed (Boesky, 1990). In retrospect, I think that much was gained and, I hope, not much lost by the course that was taken.

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The Perils of Neutrality

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THE PERILS OF NEUTRALITY

BY OWEN RENIK, M.D.

The concept of analytic neutrality is reviewed with respect to its utility as a technical guideline. Participation of an analyst's personal judgments and affects in clinical work is discussed in relation to differing conceptions of how learning takes place in analysis. The question of what actually protects a patient from being exploited by an analyst is considered. A case example is provided as a basis for discussion.

As analytic clinicians, we want to help our patients feel better; and we want them to be free, in analysis, to choose their own ways of feeling better. But these two aspects of our therapeutic objective, we know very well, are in potential conflict; on one hand, we try to influence our patients: on the other hand, we try not to constrain them. From Freud onward, analysts have struggled with this familiar tension, discussing it under a variety of related topic headings—originally, as the problem of suggestion in clinical analysis, and more recently as the question of what constitutes, in an intersubjective collaboration, the analyst's expertise and appropriate authority.

Obviously, the conflict between helping another person and interfering with that person's self-determination is not unique to clinical psychoanalysis. Parents feel it in deciding how to convey values and advice to their children; physicians face it when they form recommendations concerning treatment measures that entail side effects, risk, and uncertain outcomes; well-meaning friends run into it. Psychoanalysts have studied the problem of influence more explicitly than have other caregivers, but we have not been more successful in dealing with it.

In order to minimize untoward personal influence by the an-

alyst, we need a clinical methodology which takes into account that personal influence by the analyst is at the heart of technique. No matter how diligent an analyst's self-analytic efforts, his or her observations, formulations, and interventions are always significantly determined by idiosyncratic factors that remain outside conscious awareness. An analyst is irreducibly subjective in the clinical setting; and the way to mitigate the restrictive influence of this condition is to establish principles of technique which address it—i.e., which acknowledge that *the nature and full extent of the participation of an analyst's individual psychology in the analytic work cannot, at any given moment, be known by the analyst.*

The concept of *analytic neutrality* is meant to establish such a principle. No one thinks of neutrality as a simple thing to achieve in the clinical situation. However, by striving toward neutrality, an analyst hopes to minimize the extent to which his or her necessarily subjective judgments hinder a patient's autonomy. Poland (1984), for example, states: "Neutrality is . . . a principle used to circumscribe the interpersonal aspect of the transference process from eccentric intrusions by the analyst's intrapsychic forces" (p. 285).

In my opinion, the concept of analytic neutrality is well intentioned, but it doesn't do the job for which it was formulated: it doesn't present us with a helpful target at which to aim as we do clinical analysis. I think we have clung to the concept of analytic neutrality, and continue to try in vain to contrive useful versions of it, because we realize the importance of the problem of untoward influence that it is designed to address. Originally, the concept of neutrality reassured analysts that they were different from therapists who operate on the basis of frank suggestion; but I think we have come to the point of being able to see that the reassurance was purchased at the price of a certain amount of self-deception. The concept of analytic neutrality has become a burden in that it encourages us to perpetuate certain limiting illusions about the analyst's role in the psychoanalytic

process. I propose to criticize the concept of analytic neutrality in three ways:

- (1) It does not take account of the way learning actually takes place in analysis, and therefore does not describe the ideal relation between an analyst's judgments and a patient's conflicts.
- (2) It suggests a misguided view of the role of the analyst's emotions in analytic technique.
- (3) It is part of an erroneous conception of the domain of analytic technique, and therefore contributes to a misunderstanding of what deters analysts from exploitation of patients.

It has already been argued many times (e.g., Greenberg, 1991; Hoffman, 1996; Renik, 1995; Singer, 1977; Stolorow, 1990) that neutrality for the analyst is impossible. I intend to focus my discussion on why neutrality for the analyst would not be useful even if it were possible—why pursuit of neutrality as a technical ideal is *counterproductive*.

The Patient's Conflicts and the Analyst's Judgments

The logic of analytic neutrality as a safeguard against imposition of the analyst's idiosyncratic views is that to the extent an analyst's interventions can remain impartial with respect to the conflicts a patient is struggling to resolve, the analyst's subjectivity will be expressed in a way that least hinders the patient's freedom of choice. Thus, Anna Freud's well-known recommendation of equidistance from id, ego, and superego. Needless to say, an analyst's judgments about what a patient's conflicts are, and about what is or is not taking sides, are as subjective as any other judgments an analyst makes. Therefore, a contemporary analyst, in his or her efforts to be neutral, will avoid a naïvely positivist stance. In practice, what the effort to be neutral amounts to is that the analyst tries as best he or she can to avoid

communicating opinions about preferred resolutions of the conflicts with which a patient seems to be dealing; the analyst takes care to identify and analyze any ideas the patient may have that the analyst is advocating for one side or another of a conflict; and the analyst remains on the alert for anything he or she may have done, perhaps unconsciously, to evoke such an idea in the patient.

Now, a number of investigators have noted difficulties that arise from trying to be neutral as a way of avoiding personal influence by the analyst. For instance, Raphling (1995), points out that "a line of interpretation ultimately favors one side of the conflict at the expense of another, reflecting the analyst's assessment of the ineffectiveness of a patient's compromises and attempts at conflict resolution" (p. 97). If we credit Raphling's observation—and I think most of us do—we see that as soon as an analyst contributes interpretively to a patient's self-investigation, the analyst departs from a neutral stance. In other words, the only way for an analyst to be neutral is for the analyst to be inactive! It would seem to make no sense, then, to aspire toward neutrality as a technical objective. However, Raphling does not suggest we abandon the concept of analytic neutrality and rethink our conception of the ideal analytic stance. Instead, he merely noted that achievement of the ideal of neutrality is unlikely. In this, Raphling echoes Shapiro's (1984) comment a decade earlier that "persons who are therapists sometimes, yes even often, falter from . . . perfect neutrality; Freud did too, but that is human" (p. 281).

Raphling and Shapiro, like many other observant clinicians before and since, report creaks in the traditional sheltering concept of analytic neutrality but do not recommend that we move out from under it. The more we pay attention, however, the louder the creaks become. Effective and self-aware analysts struggle to conceptualize their actual analytic conduct as neutral. Poland (1984), for example, describes a patient who wanted to come to her analytic sessions but could not arrange child care and so took to locking her five-year-old son in a small room

unattended for two hours at a time. Not to take sides in this particular conflict resolution, Poland says, would be an example of “pseudoneutrality.” Kris (1993) emphasizes how important it is in many treatments to oppose the patient’s harsh superego by vigorously disagreeing with the patient’s irrational self-criticisms. Recognizing that he is exactly contradicting Anna Freud’s injunction to equidistance, Kris terms his position “functional neutrality.” Hoffer (1985), contending with similar difficulties in reconciling the concept of neutrality with his clinical observations, suggests that we must add external reality to id, ego, and superego, as a fourth point in the compass we use to find our equidistant position. “The concept of neutrality with respect to specifiable conflicts,” Hoffer says, “is thereby also broadened to include (a) interpersonal conflict within the psychoanalytic relationship and (b) conflict within the analyst” (p. 793).

The more honestly and closely we look at the way we actually analyze, the more awkwardly we have to elaborate the concept of analytic neutrality in order to maintain it: four points from which to remain equidistant instead of three; neutrality with respect to the analyst’s conflicts and conflicts in the relationship, as well as to the patient’s conflicts; not simply neutrality, but genuine neutrality, pseudoneutrality, and functional neutrality. It would seem that in order to square it with what we know of our work, we have to fashion neutrality into a concept of increasingly cumbersome and questionable complexity. Don’t our theoretical machinations begin to resemble those of Ptolemaic astronomy in its final stages? Wouldn’t it be simpler, clearer, and more clinically useful for us to conceptualize an analyst at his or her best as *not* neutral?

I do not think neutrality is an ideal toward which it is useful for an analyst to strive, an ideal that is desirable even if it can only be approached, due to human fallibility. When we look at what we actually do, *at what works*, we see that the concept of neutrality does not really describe the attitude of an effective analytic clinician. In fact, neutrality describes an attitude that

gets in the way of productive analysis. There are times when an analyst can and should make judgments concerning the best resolution of a patient's conflict—when communication of those judgments constitutes the analyst's crucial contribution to the analytic work; and there are other times when an analyst should not be forming, let alone communicating, judgments about a patient's conflict. Therefore, the concept of analytic neutrality, which directs the analyst *never* to take sides with respect to a patient's conflict, is fundamentally misconceived and unhelpful. *Certainly, we want a theory of clinical analytic technique that protects the autonomy of the patient, but we have to consider that perhaps the concept of analytic neutrality does not ultimately help us in that regard.*

Thoughtful analysts, like Poland, Kris, and Hoffer, keep trying to qualify the concept of analytic neutrality in various ways in order to mitigate the ill effects of maintaining it as a technical ideal. These ill effects include *dissuading the analyst from useful explicit communication of his or her judgments about a patient's conflicts*, and encouraging the analyst toward *hypocritical disavowal when he or she does implicitly communicate judgments about a patient's conflicts*. We would be better served, I believe, to discuss candidly when and how an analyst does and does not (should and should not) make and communicate judgments about a patient's resolution of conflict. Then, instead of clinging to the fiction of neutrality, we can direct our efforts toward developing ways to avoid exertion of restrictive influence on the patient by the necessarily non-neutral analyst.

Case Example

Diane, a cardiologist in her early thirties, went into analysis to find some help with her chronic depression. Despite having done well in her residency and fellowship, she was aware of a lack of self-confidence that held her back. She turned down opportunities for advancement because she was afraid of failing. In particular, she avoided situations in which she would have to

collaborate closely. She was very pessimistic about being able to get on with colleagues. She sometimes flew off the handle; or, more often, she sullenly withdrew when she was angry. Diane felt in general that she was not a likable person, and she worried that no one wanted to be friends with her.

Much of Diane's self-condemnation had to do with her guilty sense that she was and had always been envious and hostile, going back to her resentment of her two-year-older sister. At six years of age, the sister had been diagnosed with juvenile diabetes, which proved extremely difficult to control. She had been the focal point of Diane's parents' anxious concern, ever since Diane could remember. At school, Diane's sister was a mediocre student, which increased the distress of the parents, both of whom were university professors. Diane, who had always done quite well academically, felt neglected. Her parents rarely praised her good grades; they were too preoccupied with her sister's poor performance.

When Diane brought forward this history, I commented that while I could understand that the situation had been very difficult for her, it wasn't clear to me why her main reaction had been envy and resentment of her sister, given the unhappy nature of the attention her sister had received and the painful problem that had been the occasion for her receiving it. Diane explained how she recalled wishing her sister would die and feeling awful about it. Over several weeks, she elaborated her guilty view of her sibling rivalry. Without discrediting the sincerity of her feelings, I continued to question her focus on her sister as an object of resentment. I asked if her parents had acknowledged that their preoccupation with Diane's sister had left Diane shortchanged. Had they noted her upset? Had they tried to help her with it?

The line of investigation I chose to pursue reflected the fact that I was wondering whether Diane's hostility toward her sister and her guilt about it might have the important defensive function of sparing her from experiencing serious criticisms of her parents and accompanying awful feelings. Clearly, I was skept-

tical about the emphasis Diane placed on her envy, hostility, and guilt toward her sister. I was explicit with Diane about my judgments and the hypotheses they prompted.

Diane saw the sense in my perspective and she considered it, but she had mixed feelings about it. She was troubled that she might be painting a self-servingly distorted picture of events to which I was responding. In this connection, one terrible memory stood out in her mind. When the sister was twelve and Diane ten, the girls were left alone without a babysitter while the parents took an overnight business trip to a city an hour's plane flight away. That evening, Diane's sister began to complain that she didn't feel well and got suddenly very spacey and uncommunicative. Alarmed, Diane called her parents at their hotel, but they were out. She tried to contact neighbors. Unfortunately, it was Saturday night and no one was home. Her sister became dead-white and sweaty. Her eyes were closed and Diane couldn't wake her up. Desperate, Diane called "911." The paramedics who responded to the call and the doctors at the hospital to which her sister was taken told Diane that her sister had just missed dying, apparently the result of a mistake she had made in giving herself her insulin injection. That night was traumatic for Diane. Ever since, she had been tortured by recalling how her sister had looked lying on the floor, and the thought that maybe she, Diane, had made it all happen because she wanted her sister to die. Why hadn't she realized the nature of her sister's difficulty and given her sister some orange juice and sugar?

I asked Diane why she charged herself, rather than her parents, with irresponsibility. I said that it seemed to me she had handled the situation at least as well as anyone could expect from a ten-year-old, whereas most people would never think of leaving two such young girls—one with a dangerous medical condition—alone without child care or even anyone they could contact in case of emergency, as her parents had done. Diane had associated to the childhood incident as a dramatic illustration of her hostility and guilt toward her sister; but to me it confirmed how Diane's self-blame arose from her struggle to

avoid facing persistent, very disturbing perceptions of her parents.

Diane had strong, mixed feelings in reaction to my interventions. She felt relief in a way, and could catch glimpses of a self-image that might lift her out of the depression with which she had lived for so long. At the same time, she was aware of an awful, hard-to-define anxiety, a feeling of dread in the pit of her stomach. When I asked her to associate to it, she reluctantly reported the thought that I seemed outraged at the way her parents had treated her. She worried that I was getting too involved. Again, she brought up her concern that she had misled me somehow.

I acknowledged that it was to Diane's portrait of events that I was responding, and that what she described her parents doing did seem irresponsible to me. If there was more to it, then we would hope to find that out; however, at this point it appeared she was trying to avoid her fairly definite, but very upsetting view. Given what we knew so far, I was outraged on her behalf. What worried her about that?

Diane began to sob uncontrollably. Eventually, she was able to try to sort out her feelings. She thought I understood her, and she was deeply moved, but very saddened by that. There was something about how I seemed to be primarily concerned with her welfare and trying to help—even when she questioned my judgment. That made her feel so good; it made her feel terrible, too. Now her associations went to her mother and her recollection—which she had not previously mentioned—of what it was like always to come home to an empty apartment because both her parents taught until early evening every day, and her sister took to staying out with friends all the time once she got to high school. She went on to describe the sense she had always had of her mother's detachment. I was emotionally involved. I obviously cared about her. She had never felt this from her parents. She hated having to face that. What could she do about it now? Her father was dead and her mother in a nursing home.

About a year later, Diane was discussing sexual problems she

was having with a boyfriend. He just wasn't interested, she said. She compared his distant attitude with her mother's. Diane found her relationship with this man wonderful in many ways. They had a lot in common and enjoyed doing things together. It wasn't clear to me how much Diane was creating what she experienced as her boyfriend's disinterest. Was it in part a response to her own inhibitions? If he did have a problem, how actively was Diane addressing it? And so on. I inquired along these lines.

Diane felt criticized and betrayed by me. I had been so sympathetic about her sense of deprivation by her mother. Why was I sticking up for her boyfriend? Was I sexist? Overidentified with him? I said I didn't think so, although, obviously, it was always possible in some way I wasn't aware of; but what struck me as important, I told her, was that she felt so attacked when clearly my intent—even if misguided—was to help her see if she could work out and include sexual pleasure within a relationship she valued highly. As we discussed Diane's reaction to my inquiry, she identified a discomfort with her accurate recognition that I was encouraging her to explore the possibility of greater sexual activity. Eventually, what came to light was her adolescent anxiety about her father's appreciation of her emerging femininity. Now Diane revisited her image of her mother as distant, and modified it a bit. It was true that her mother was reserved, and that both her parents were capable of a kind of self-centeredness that hurt their children; but Diane also realized that her guilt about her competitiveness with her mother had caused Diane to underestimate her father's interest in her and overestimate her mother's aloofness.

Though my interventions led to a useful investigation of Diane's anxieties about being sexually active and attractive to men, my questions proved to be off the point as far as the future of her relationship with her boyfriend was concerned. As it turned out, he eventually confessed to Diane with great regret that he had never really found women sexually exciting, and that he

had decided to go public with the homosexual life he had been hiding for years.

Taking Sides: Learning in Analysis

I intend my report as a description of everyday clinical analysis. My technical choices reflected my own style, of course, but I think were in keeping with the way many analysts work. Of what does analytic activity consist? How did I actually contribute to the investigation Diane and I undertook together? If we look at my interventions, I think it is clear that all along the way I was communicating evaluative judgments concerning Diane's management of psychological conflict. Frequently, my judgments pointed her in one direction or another—in other words, I took sides in the way Rappaport discusses. At various moments, I told Diane that her guilt toward her sister seemed unwarranted, that she appeared to be less critical toward her parents than they deserved, that she was less sexually active than she had a right to be, that her objections to me were suspect, etc. One could hardly say I remained neutral in relation to Diane's conflicts, and I think my remarks were like those many colleagues would have made under the same circumstances. I was very much in line, for example, with Kris's emphasis on the need for the analyst to contradict what appears to be a patient's irrational self-condemnation.

At issue, ultimately, is the question of how learning takes place in clinical analysis, of what permits a patient's self-awareness to evolve. The technical concept of neutrality is a holdover from a now widely discredited conception of analytic process, which is based on the notion that in analysis a patient projects his or her psychology onto as blank a screen as possible. Once projected, the patient's psychology can be viewed and examined by the analyst, removed from the patient's conflicts and therefore relatively objective, in partnership with the patient's

capacities for self-reflection. Accordingly, the analyst tries to be neutral in order to allow the patient's projections to occur and be viewed with minimal contamination. It may be helpful to underscore that this conception of analytic process is implicitly a learning theory. If we have set it aside, what is our new learning theory?

My own impression is that learning takes place in clinical analysis, as it does elsewhere, dialectically. An analyst is able to present a patient with new perspectives, and as a consequence certain of the patient's existing perspectives, ones that are fundamental to the patient's problems, are challenged. Analyst and patient find their way to crucial encounters between thesis and antithesis, so to speak, then resolve them, via a process of negotiation (Pizer, 1992). Sometimes juxtaposition of thesis and antithesis takes the form of a confrontation, when consideration of a new perspective goes against a patient's motivation to maintain an old one; but there are other occasions when the patient has the experience of simply being given new information or presented with a supplemental, rather than a contradictory, point of view. It is best, I believe, for these negotiations to become matters of conscious, explicit scrutiny. Inevitably, however, they go on, and often remain, outside the awareness of the participants. I have selected my vignettes from Diane's analysis to portray several important dialectical exchanges of which I was aware, some confrontational in feeling, others not. Those that undoubtedly went on outside my awareness, I am, unhappily, not able to report!

I agree with Weiss (1993) that in a successful clinical analysis, the patient disconfirms central pathogenic beliefs. However, I don't think, as Weiss does, that patients purposely construct tests for their analysts to pass, in the main. More often, learning takes place through a series of inadvertent, corrective emotional experiences into which both patient and analyst stumble on the basis of their unconscious motivations. When possible, these experiences are retrospectively examined by analyst and patient—

the examination itself, of course, constituting in part a new enactment of the unconscious strivings of both (see Renik, 1993).

The point I want to emphasize is that neutrality on an analyst's part does not facilitate a dialectical learning process. It is an analyst's capacity to apprehend the essence of a patient's struggles and to engage with the patient about them that contributes to successful clinical analytic investigation. Silence, reluctance to form a judgment, or refusal to endorse a patient's point of view can constitute important and useful analytic interventions. When they do, however, it is because they communicate specific values and judgments, not because they represent neutrality. By contrast, actual neutrality, to the extent that it can be achieved, removes the analyst from the field. In order for a dialectical learning process to unfold, the analyst's active, personally motivated participation is required.

For example, how did I form the hypothesis I presented to Diane that her envy of her sister screened resentment and despair occasioned by critical perceptions of her parents? My hypothesis was the outcome of a complex series of judgments on my part, arising from my identifications with Diane, her parents, and her sister—identifications which were determined by my own childhood and parenting experiences, my particular history of satisfactions and deprivations, regrets and concerns. I wanted for Diane what I want for my daughters, wanted for myself as a child. I was outraged on Diane's behalf about what would outrage me, has outraged me, on my own behalf and on behalf of loved ones throughout my life. It was this impassioned, idiosyncratic contribution from me, interacting with Diane's, that constituted the unfolding analytic investigation. If an analyst is to contribute to a patient's self-investigation, the analyst must walk out upon what Ehrenberg (1992) felicitously terms an "intimate edge": The need for emotional involvement on the analyst's part means that the analyst's integrity, for which a myth of neutrality cannot substitute, will make all the difference.

It seems to me that learning in analysis is an active process

that goes well beyond guided introspection by the patient. What the patient wants—and, best case, gets—from the analyst is a perspective different from the patient's own. It is to be hoped that the analyst's perspective is a particularly wise one, but that cannot, and need not, be assumed. Ultimately, an analyst's expertise and appropriate authority do not rest on the premise that the analyst's view of the patient's conflicts is necessarily *more valid* than the patient's own, but rather on the fact that the analyst can provide an *alternative* perspective, a new way of constructing reality, that the patient can put to use—or not—according to the merit the patient finds in it. To my mind, the important thing, in fact, is not even whether the analyst's ideas are correct in any absolute sense, so much as whether they stimulate a learning process from which the patient ultimately benefits (see Renik, 1994). Thus, for example, my inquiry about whether Diane might be contributing to her boyfriend's sexual disinterest led to a very fruitful sequence of analytic events, despite the fact that his sexual disinterest proved to be caused by factors quite independent of Diane.

Our patients benefit from knowing what we think about matters that are of the greatest importance to them—often, how we view the way they are dealing with their conflicts. The only way for an analyst to be truly successful in remaining neutral is for the analyst to do little beyond lending a sympathetic ear. If an analyst who contributes actively to a patient's self-investigation believes himself or herself to be neutral, it can only be by disavowing the personal judgments that determine his or her formulations and interventions; and the consequence of such disavowal is that the analyst implicitly makes claim to disinterested understanding, and thereby inadvertently assumes an undeserved authority that compromises respect for the patient's autonomy.

It is my impression that we have gone to great lengths to avoid acknowledging that rendering personal judgments concerning the way a patient manages his or her crucial life struggles lies at the heart of an analyst's clinical activity. The concept of analytic

neutrality has played a crucial role in our avoidance. When an analyst's preferred theory of psychopathology does not emphasize conflict, other theoretical principles corresponding to the concept of neutrality are used similarly to explain away personal suggestive influence. Self psychologists conceptualize what they do in terms of empathic responsiveness; control mastery analysts think of themselves as following the patient's plan, trying to pass the patient's tests; many Kleinian and British Middle School analysts see their task as articulation of the patient's projective identifications; according to Schwaber (1992), McLaughlin (1981), and others, the analyst addresses the patient's, rather than the analyst's own, psychic reality. These various formulations are essentially versions of analytic neutrality, in that they maintain the notion that the analyst's analytic activity does not consist essentially of communicating his or her personal judgments: the claim is made that the patient is not given the analyst's own idiosyncratic views, but rather that the analyst finds the patient's views. Thus, the analyst's intention to influence the patient is "shrouded," to use Friedman's (1985) felicitous term.

The Analyst's Affects

In addition to impartiality with respect to a conflict, neutrality is used in common speech to denote the absence of definite feeling. To be neutral can mean to be emotionally uninvolved. Actually, this second sense of what Strachey translated as neutrality is conveyed even more strongly in the original German by Freud's word, *Indifferenz*—literally, indifference (Hoffer, 1985). We are all aware of a line of thought—from Freud, when he reassured the Rat Man that he held him in high esteem, through Zetzel's and Greenson's concepts of alliance, to Stone's recommendation that analysts be human in the treatment situation—that condones the establishment of a cordial relationship between analyst and patient. It is very important, however, to note that expressions of warmth by the analyst, though deemed ac-

ceptable, are understood as *extra-analytic*. As far as analytic work itself is concerned, Freud clearly intended the concept of neutrality as an injunction toward total emotional detachment, and it was subscribed to as such by the Vienna group (see Stepansky, 1988). The concept of neutrality has continued to present emotional detachment as the technical ideal, up to the present.

Today's neutral analyst tries to maintain a baseline state of affective equanimity. Deviations from baseline (e.g., the analyst becomes excited, irritated, bored, sad) are expected, noted, and become material for self-analytic work from which useful information about transference-countertransference interplay will be learned; but the goal is to recapture the baseline state before acting. Ideally, valuable information accruing in the course of departures from neutrality are considered and put to use by the once-again-neutral analyst.

However, as psychoanalysts, we should be the last to naïvely equate consciousness of affect with affective involvement. It is precisely when an analyst is least aware of being emotional that an analyst is most likely to be directed by his or her feelings without realizing it. In any event, we need to ask if we would want to achieve affective neutrality in our work even if we could.

I was definitely not affectively neutral in my analysis of Diane. The judgments I arrived at and the interventions that proceeded from them were informed by a range of emotions that I experienced. Besides communicating to Diane my personal judgments about her conflicts, I tended as well to communicate what I was feeling in association with my judgments. It did not escape Diane's notice, for example, that I was outraged on her behalf at the way she reported her parents treated her; and she recognized that I was pleased by the prospect of her being sexually fulfilled.

My impression is that this second, affective aspect of my non-neutrality also contributed to, rather than impeded, analytic work with Diane. My emotional involvement did not prevent me from developing ideas that Diane found useful—which should not surprise us, inasmuch as any number of well-known exam-

ples testify to the fact that we humans do some of our best thinking while having feelings of varying quality and intensity. The biochemist Kekulé was quite wrought up by the dream of snakes devouring their tails that revealed to him the ring structure of the benzene molecule. Einstein said that his most important discoveries generally came to him initially in the form of pleasurable kinesthetic sensations. Actually, contemporary neural science (Damasio, 1994; Edelman, 1993) indicates that the traditional dichotomy between affect and cognition is obsolete. We now know that the limbic system and other CNS centers of emotion, so-called, participate importantly in rational problem-solving. All in all, it seems to me, we have very little reason to regard affective neutrality as a condition facilitating productive analytic thought.

Nor is there any reason to assume that when an analyst communicates his or her emotional engagement to a patient, an obstacle to analytic investigation is necessarily created. Quite the opposite can be the case, in fact. For example, Diane's accurate perception that I was outraged initiated a very useful sequence of analytic events. She was led to question my motives and reliability, which brought her to anxieties raised by knowing that I cared about her and didn't mind showing it, and eventually to a confrontation with painful memories of her parents' detachment. Later, her discomfort with my energetic interest in her sexual fulfillment (a variant on the same theme) again eventuated in productive transference analysis—this time of Diane's oedipal conflicts. My emotional non-neutrality, communicated to Diane, became grist for the mill, in the best sense. We might ask whether, as some have suggested (e.g., Spezzano, 1993), affective interchange is not actually the core of the analytic encounter.

The Patient's Autonomy and the Domain of Analytic Theory

In my view, a patient's autonomy is best served if the analyst's interventions are forthrightly offered for what they are: personal judgments, often shaped by theory, but always formed in

the context of the analyst's emotional involvement. That way, irrational overvaluation of the analyst's expertise and unearned authority for the analyst are not encouraged. Increasingly, contemporary analysts have been exploring the issue of personal candor and authenticity in relation to the epistemological assumptions underlying technique (e.g., Bader, 1995; Ehrenberg, 1992). There has been much discussion recently about how to reconceptualize the analyst's self-disclosure and how to develop a theory of therapeutic process from an intersubjective perspective (see Natterson and Friedman, 1995; Renik, 1995). The concept of analytic neutrality leads in the opposite direction from these efforts by encouraging us to believe that an analyst's interventions should be free, as far as possible, from personal judgments and feelings.

The particular concept of analytic neutrality exemplifies a more general—and, I believe, erroneous—conception of the domain of the theory of analytic technique. A theory of technique can help us influence our patients more usefully and less restrictively, but it cannot help us make the influence less personal—that is to say, less an expression of the analyst's idiosyncratic views. A theory of technique can help us establish clinical conditions in which the personal judgments an analyst constantly makes and communicates are maximally examined and minimally taken on faith by both members of the analytic couple; but it cannot help us determine what the content of the analyst's judgments should be, or when the analyst should and should not make and communicate judgments. A theory of technique can take the analyst's subjectivity into account, but it cannot eliminate the analyst's subjectivity from the influence he or she intends to exert in treatment. Lipton (1977) recognized that an analyst in the clinical situation constantly makes decisions about how to act that are inherently personal and not standardizable via theory (whether to say hello to patients, let them use the telephone, etc.), and Lipton pointed to the destructive consequences of trying to expand our theory of technique to direct such decisions. However, Lipton believed that the idiosyncratic

features of an analyst's activity can be separated from, held outside of, and analyzed by use of an impersonal theory of technique. Lipton did not address our need to take account in our theory of the necessarily personal, not standardizable aspects of analytic technique itself.

I do believe there are issues about which it is not useful for an analyst to be forming and expressing judgments, but which issues these are is, itself, a matter of personal judgment. Each analyst will decide the matter differently, and our theory of technique cannot help us with the decision. For example, there was a point after Diane had satisfied herself that she had done all she reasonably could to improve her still problematic sex life with her boyfriend, but before he told her about his homosexual activity, when Diane was wondering whether to break up with him. I did make and communicate to Diane the judgment that she could reasonably expect more sexual pleasure than she was having, but I did not form a judgment about what she should do concerning the relationship—not only because I did not believe I knew what was possible sexually between Diane and her boyfriend, but because I think different people arrange different kinds of lives for themselves, and sex does not have the same importance for everyone. My position—which I think many analysts would share—did not derive from a concept of neutrality or from any other technical principle; it reflected my personal view of the way the world works, based on my own experience.

At the same time, psychoanalytic theory can shape a psychoanalyst's personal judgments. For example, in 1905, Freud wrote:

One should look beyond the patient's illness and form an estimate of his whole personality. . . . It must not be forgotten that there are healthy people as well as unhealthy ones who are good for nothing in life, and that there is a temptation to ascribe to their illness everything that incapacitates them . . . (p. 263).

For fifty years or so, analysts generally applied Freud's condem-

nation to patients with character traits like dishonesty, self-absorption, entitlement, and irresponsibility—patients who are, in short, grossly narcissistic. It was Kohut's great contribution to conceptualize these patients as suffering from disorders in self-love. Their unappealing characteristics then became symptoms, to be studied with the same compassionate interest as any other symptoms, rather than faults to be moralized against, overtly or covertly, in analysis. Kohut's conception of narcissism was a contribution to the psychoanalytic theory of psychopathology, not to the psychoanalytic theory of technique. Kohut did put forward a theory of psychoanalytic technique as well, but even analysts who reject Kohut's theory of technique have been influenced in their clinical work by his ideas about narcissism and its vicissitudes, because of the impact on their personal moral judgments.

The Perils of Neutrality

I have the impression that our reluctance to abandon the concept of analytic neutrality, in any form, once and for all, is motivated by two major concerns. The first is that if we acknowledge that we are not neutral—that we advocate for our particular views of life and are passionately engaged—we compromise our claim to be offering a scientifically based therapy. We fear that non-neutrality makes us essentially counselors, even secular clergymen. Well, I think that as analysts we do advocate for our personal beliefs, as illustrated by the vignettes I presented from Diane's analysis.

By advocating for his or her personal beliefs, an analyst does not necessarily claim authority for those beliefs, as a clergyman does; nor does an analyst, by advocating his or her personal beliefs, necessarily endorse a patient's attribution of authority to the analyst's beliefs. I disagree with Hoffman (1996) when he suggests that as analysts we should accept and use a position of "moral authority" in which patients may place us. On the contrary, I think we are best off acknowledging that non-neutrality lies at the heart of our clinical method precisely because doing so encourages us to decline authority to which we are not enti-

tled—to offer our subjective readings in a spirit of open-minded inquiry and to question any tendency for them to be taken on faith. Ironically, psychoanalytic science is most compromised, and we become most religious in our approach, when we pretend to ourselves and our patients that we are able to remain neutral and that our interventions describe revealed truth.

For some time now discussions of psychoanalysis as narrative, of the intersubjectivity of the psychoanalytic encounter, and related topics, have reflected our increasingly explicit appreciation of the highly personal nature of each individual analyst's work. What acceptance of our non-neutrality underlines is that the analyst's *affectively driven intention toward personal influence* is inextricable from our clinical method. If we do not study clinical psychoanalysis as a dialectic between two non-neutral participants, I think we are kidding ourselves. By studying the dialectic between two non-neutral participants rigorously and systematically, we make psychoanalysis a science and clinical psychoanalysis a scientifically based therapy.

A second major concern, I believe, is that if we accept the non-neutrality of analytic technique, we open the way to “anything goes” in clinical psychoanalysis and facilitate exploitation of patients by analysts. While we have every reason to be concerned about exploitation of patients, technique is not a preventative. It is not our theory of technique that leads us to refrain from having sex with our patients, for instance, any more than it is for theory-based reasons that pediatricians do not have sex with their patients—or parents do not have sex with their children, for that matter. It is because responsible people do not want to trade selfishly on the hopes and fears of those who depend upon them. The ethical norms that we establish in our professional communities, quite independent of our theories of technique, are what protect our patients. After all, an analyst who has to keep himself or herself in check by relying on the principle that sex with a patient muddies the transference, or spoils analytic neutrality, is on very shaky ground indeed. I would say that the most common abuse of patients actually takes the form of protracted, therapeutically unproductive relation-

ships that serve the financial—and sometimes subtle, unacknowledged sexual—needs of the analyst. Obviously, this sort of abuse is easily rationalized via a conception of neutral technique.

Relinquishing the idea that an analyst is effective because he or she is able to be more objective than the patient about the patient's problems deprives us of neither a claim to expertise nor a claim to ethical responsibility. An analyst's job is not to be *right*; it is to be *useful*. Our expertise does not lie in knowing how to be more correct than our patients; it lies in knowing how to engage with our patients so that they can learn about themselves. This is a very complicated and difficult task about which we have been learning progressively more since Freud wrote *Studies on Hysteria*, and our patients' welfare is much better protected if we no longer take a point of view about clinical analytic process from which the analyst is idealized as a relatively neutral participant.

If not neutrality, then what? How shall we characterize optimal participation of an analyst's personal judgments and feelings in the work of clinical analysis? Addressing this question is the task that lies ahead of us. As our confidence in psychoanalytic science grows, we can better afford to admit its limits. As our identity as psychoanalytic clinicians becomes more certain, we can more comfortably acknowledge our commonality with other therapists. These developments, it seems to me, make it both possible and necessary to put the idea of neutrality behind us and find more useful ways to conceptualize an analyst's helpful influence.

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The Moth as an Allusion to (Symbol of?) Mother

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THE MOTH AS AN ALLUSION TO (SYMBOL OF?) MOTHER

BY LEONARD SHENGOLD, M.D.

The meanings of the image of the moth are examined. The use of the moth as both victim and predator, with allusive and symbolic reference to parent and child, is elucidated. My emphasis is on the equation of the moth by children with their intrapsychic registration of a destructive yet vulnerable parent (usually mother) whom the child both wants to destroy and feels it cannot live without. This simple thesis is made use of chiefly to explicate aspects of the life and works of the great American writer, Elizabeth Bishop.

The caterpillar on the leaf
repeats to thee thy mother's grief.
Kill not the moth nor butterfly
For the Last Judgement draweth nigh.

BLAKE (1803, p. 360)

This is a paper about the use of the image of moths to depict the destructive and the vulnerable: destructive and vulnerable parents (mainly, but not exclusively, mothers) and children who are drawn to and have identified with them. My thesis, that the moth can serve as an allusion to (and perhaps be an unconscious symbol of) the mother, is illustrated by a clinical example and from the life and writings of the great American poet, Elizabeth Bishop.

A young woman with strong masculine strivings had attended a screening of Laurence Olivier's film version (influenced by Freud and Ernest Jones) of *Hamlet*. She commented on the director's striking use of black and white, darkness and light. She had been particularly upset and yet moved by the closet scene

(she referred to it as the scene at night in the mother's bedroom). She remarked that the actress playing Gertrude did not look much older than her son, Hamlet, and that she felt vaguely angry toward her. During her analytic session she compared Gertrude with her own mother.

That night she dreamed of being attacked by two huge dark moths:

It was a terrifying dream. The moths seemed like spiders, all hairy and disgusting. I felt I was going to be bitten and killed. They were as much like pterodactyls as moths — like the one in *King Kong* who attacked Fay Wray.

Her associations went on to another movie — one of Ingmar Bergman's in which God appears in a hallucination as a huge, black, hairy spider. She had seen *King Kong* (another film in black and white) as a child, on television, and it (the hairy monster as well as the pterodactyls) had frightened her when alone in her room at night. She had felt disgusted with the hapless heroine-victim and had identified with the young man who rescued her. (As a child, the patient had wanted very much to be a boy and was envious of her older brother). Then she referred again to the closet scene in *Hamlet* — she had been frightened by Hamlet's sudden action — the impulsive stabbing of Polonius hidden behind the arras. Hamlet had seemed sexually involved with his mother. Polonius was spying on them.

This was early in the analysis, and the patient had brought in, mostly intellectually up to this point, a good deal about "the oedipus complex," applying it to sexual (omitting murderous) "feelings" toward both parents. As far as I could judge, these were at this time not really, certainly not fully, felt. There had been some recent primal scene material in which she, as a child, had been the spy, like Polonius; this also, I felt, echoed the emphasis on night and darkness (*Webster's* definition stresses the moth as a night creature) and to hair (*King Kong*) in the associations. Her mother had been exhibitionistically seductive toward her in childhood, and views of mother's pubic hair were clearly

remembered. ("Spider," I thought to myself, when I reflected on this after the session.¹) She had visited her parents the night before the dream and had felt again that her mother was characteristically overattentive to her and her brother while neglectful of her father. This made her angry as she had often been, on the basis of similar feelings, as a child and teenager. (The mother had always been too curious about the girl's dates and would try to elicit details about her sex life.) In the initial session centered around the moth dream, despite the seemingly unerring aim of the associations, the patient did not herself appear to feel responsible for linking moths to her own mother.

I asked her the next day, when she again brought up how frightening what she called the "moth" dream had been, if she didn't think that *moth* referred to *mother*. As first she was silent but then responded (it seemed a "Eureka" reaction), "Of course!" and then went on to talk more of her mother. Her mother had always been fond of flowing negligées and peignoirs. They made her mother look like "a huge white moth." This, too, reminded her of *Hamlet*, of Queen Gertrude's description of the mad and suicidal Ophelia that begins, "There is a willow grows aslant a brook" (IV, vii, 166). Ophelia, singing, her arms full of flowers, falls from the willow tree:

When down her weedy trophies and herself
Fell in the weeping brook. Her clothes spread wide,
And, mermaid-like, awhile they bore her up . . .
Till that her garments, heavy with their drink,
Pull'd the poor wretch from her melodious lay
To muddy death (IV, vii, 174-176, 181-183).

(Note: Ophelia is drowned by her clothes — I will have more to say about this.)

My first thought about the two moths in the dream was not

¹ The spider has been written about extensively in psychoanalytic literature, from Freud on, as a symbol for the mother's genitals — with a cannibalistic (vagina dentata) aura (see, for example, Abraham, 1922).

the sonic similarity of moth and mother but something I had read in a book, *Symbol, Dream, and Psychosis*, by Robert Fliess (1973). He declares that two categorically identical objects (here, two moths) symbolize the mother, and, as with many such equations, I have found it often, but not invariably, useful. (A cigar is also a cigar.)

The moth is defined by *Webster's Dictionary* (1953, p. 960) as "Any of a group of four-winged, chiefly night-flying insects related to the butterflies but generally smaller, less brightly colored, and not having the antennae clubbed." Butterflies and moths are the two suborders of the insect order of *Lepidoptera*, a word derived from the Greek words *lepis* (scale) and *pteron* (wing) meaning scale-winged insects. The two suborders are partly differentiated by their behavior:

Butterflies are diurnal in their habits, flying between sunrise and dusk, and very rarely taking the wing at night. This habit is so universal that these insects are frequently called by entomologists "the diurnal lepidoptera," or are simply spoken of as "diurnals." It is, however, true that many species of moths are also diurnal in their habits, though the great majority of them are nocturnal, or crepuscular, that is, flying at the dusk of the evening, or in the twilight of early morning (Holland, 1898, pp. 61-62).²

For the most part, then, moths are "creatures of the night," as Bela Lugosi remarks ecstatically in his thick Hungarian basso, in the film, *Dracula*. Alongside their drab and ordinary associations (actually, there are many moths as beautiful as butterflies but in common fantasy the moth is drab), moths do share some of the occult and morbid auras that surround the nocturnal owls, wolves, and bats. But moths *are* common enough. So is the metaphor, based on their photophilia, of being compellingly

² I think that butterflies and moths have a split psychic valence similar to that of the rodents, mice and rats (see Shengold, 1988): the butterfly (like the mouse) is usually thought of as benign; the moth (like the rat) has the more ominous connotations. Both also allude to fragility and transience.

drawn to something that ought to be kept away from, like a moth to a flame. The metaphor portrays the moth as a kind of driven victim, consumed by its desire to contact the lethally unattainable. The metaphor fits (to bring in what a psychoanalyst hears so often from patients) a compulsive wish or need to connect with (be absorbed by, succumb to) a consuming Other who is, or at least unconsciously represents, a parent whose destructiveness is disguised by the victim's conviction that contact will fulfill some sort of incandescent promise.

So many people are masochistically bound in this way; the tie is based on a psychic internalization of a relationship (frequently, although not necessarily, mirroring the actual relationship) with a longed-for parent who has been registered in the mind as passively resisting the child's psychic separateness, actively destructive of it, or lost. This (predominantly) symbiotic figure remains a powerful inner presence for the susceptible child, unconsciously retained as a needed component of the self — a component whose loss can be consciously desired but (paradoxically) is also a terrifying prospect. To use psychoanalytic jargon, the destructive parental imago or introject acts as a kind of incubus which functions as a partitioned-off and usually unconscious portion of the mental representation of one's self — felt as both a hindrance to be rid of and as requisite to one's existence.

The imago is, more exactly, an amalgam: part self, part other. It is, genetically, partly (bad) self, partly introjected primal parent — familiar in an externalized form such as the cannibalistic, bisexual Theban Sphinx in the Oedipus legend (winged like the moth). Unconsciously, this "preoedipal mother imago" is projected onto the initial mothering person (who may or may not be the actual mother), then to the real mother, and later to the father of early childhood. I repeat — because it needs emphasis — an individual's personification of inner destructiveness can *but need not be* based on the historical reality of bad parenting. The parental destructiveness is always also, and can be princi-

pally, the projection of hostile and harmful impulses onto the parental figure — a vicissitude of our instinctual endowment.

Destructiveness is also derived from the inevitable frustration of the developing infant's omnivorous needs — needs that can only shrink *toward* satisfiability after much maturation and under "good enough" parental care. None of us ever quite gives up the need for everything, and we continue, past infancy, to expect and even to require it from our parents — at least in our unconscious mind. It follows that, to varying degree and in some respect at least, we all can function like moths in relation to some idiosyncratic combination of beckoning instinctual libidinous and destructive flames — passionate flames fueled by narcissistic promise.

So far, I have been referring to the moth as a victim (most often a child-victim), subject to a desire that has gone out of control, playing with danger, and liable to give in to destructive temptation:

How, like a moth, the simple maid
Still plays about the flame!
(Gay, 1728, Act I, Sc. iv, Air iv).

The child's vulnerable seductibility is elicited by the moth metaphor here.

The moth's fragility also has a strong psychological effect. The impression of vulnerability is based not only on its relation to the flame — but also on its delicate anatomy and the pathos of its short life.

Desdemona says, pleading to go to Cyprus with Othello:

So that, dear lords, if I be left behind,
A moth of peace, and he go to the war,
The rites for which I love him are bereft me,
And I a heavy interim shall support
By his dear absence. Let me go with him
(I, iii, 256-260).

Here Desdemona (who will be destroyed) represents herself as the helpless and dependent moth wanting to stay close to the flame that “warlike” Othello arouses.

Aileen Ward called her 1955 biography of the oversensitive, intermittently mad, and finally suicidal Virginia Woolf *Moth and the Star*, describing the wise and greatly gifted writer as “this elusive and complex personality, fragile as a moth and enduring as a star” (p. viii). The moth’s fragility and its easy destructibility are wont to evoke a sadistic response that can also be elicited by projection onto or identification with the moth’s destructiveness.

In one of her last essays. “The Death of the Moth,” published posthumously (1942), Virginia Woolf describes a moth she sees at the window trapped indoors. It is a day moth:

Moths that fly by day are not properly to be called moths; they do not excite that pleasant sense of dark autumn nights and ivy-blossom which the commonest yellow-underwing asleep in the shadow of the curtain never fails to rouse in us. They are hybrid creatures, neither gay like butterflies nor sombre like their own species (p. 3).

(One assumes that Woolf sees herself as this “hybrid creature” who doesn’t quite belong in the day or night.)

At first the moth’s dancing and zigzagging evoke an impression of the moth as “a thread of vital light [become] visible. He was little or nothing but life” (p. 4).

But then the moth begins to die and struggles heroically to continue life. The writer describes how she vaguely tries to help the moth right himself in his “superb . . . last protest” (p. 6). Soon after she wrote this essay, Woolf gave in to the suicidal impulses that had recurrently haunted her for so long. The impending presence of death in the essay deepens the reader’s impression of a “projected identification” with the fragile dying “hybrid” moth. Woolf ends her essay:

I lifted the pencil again, useless though I know it to be. But even as I did so, the unmistakable tokens of death showed

themselves. The body relaxed, and instantly grew stiff. The struggle was over. The insignificant little creature now knew death. As I looked at the dead moth, this minute wayside triumph of so great a force over so mean an antagonist filled me with wonder. Just as life had been strange a few minutes before, so death was now as strange. The moth having righted himself now lay most decently and uncomplainingly composed. O yes, he seemed to say, death is stronger than I am (p. 6).

In contrast to this evocation of the moth's masochistic submissiveness, the clothes moth (a common destructive pest) especially invites hostility and retaliatory wishes to destroy. There is a tendency to think of all moths, especially those that invade the home at night (and the great majority of these are not the tiny clothes moths whose larvae destroy natural cloth), as devourers of organic matter which, as household and industrial vermin, deserve to be killed. There is some realistic basis here:

A good many moths in quite a few families [beside that of the Clothes Moths] are essentially scavengers, the majority feeding on miscellaneous plant and animal debris, often when it is being disintegrated by bacteria and fungi (Klots and Klots, p. 146).

This feeding on refuse and decay and its association with death can arouse disgust and fear, as do carrion-eating hyenas and vultures.

But it is the clothes moth that most insistently elicits the metaphor of moths as destroyers — devouring creatures, spoilers and predators and befoulers:

. . . thou makest [man's] beauty to consume away
like a moth; surely every man is vanity
(Psalms, 39:11).

Jehovah is here depicted as a destructive god, as is so frequent in the Old Testament — but mothlike? Here, in relation to a primal parent imago, the moth's vulnerability is denied; this

shows the child's fear of the unconscious hostility toward the moth/parent. (It should be noted that this quotation expresses the common fantasy of the moth, rather than its larvae, devouring cloth.)

The New Testament also presents the moth as a spoiler:

Lay not up for yourselves treasures upon earth, where moth and rust doth corrupt, and where thieves break through and steal (Matthew, 6:19).

The larval (caterpillar) stage of the Lepidoptera is most often extremely destructive,³ and has been regarded as a kind of worm in literature. Here, too, moths have often been associated with death. The complicated metamorphosis, larva to pupa to adult, invokes transmigration of souls and immortality (again — as with destroyer and victim — we find contradictory connotations). The death's-head moth: "a large hawk moth with markings on its back that resemble a human skull" (*Webster's*, p. 378) has specific lethal associations.

Moths, which range in appearance from the drab to the gorgeous (as well as from the tiny to the, as Lepidoptera go, huge), can be seductive and beautiful, too. The related butterfly is usually thought of as beautiful and innocent. Both have been used to represent the "insignificant" and plain, like Virginia Woolf's moth, or showy, more often the butterfly. (Puccini's and Belasco's pathetic and finally suicidal Cio-Cio-San in her lovely flowing Japanese robes can be viewed as both moth and butterfly.) It is relevant that moth can stand for mother (good as well as bad), that mother can stand for the female genital (person = genital, Freud); and that the female genital can be regarded as "nothing" with all its meanings (see Shengold, 1991) — as inferior, vulnerable, destructive, castrating, and also as "everything" — good, exciting, glorious.

³ Bolingbroke, the future Henry the Fourth, calls the supporters of Richard the Second, the king against whom he is rebelling, "The caterpillars of the commonwealth,/Which I have sworn to weed and pluck away" (*Richard the Second*, II, iii, 166-167).

The Theban Sphinx is, like moth, butterfly, and bird, a winged creature. Winged creatures have ambivalent aesthetic and moral connotations. There are vultures as well as peacocks, birds of prey as well as birds of paradise, the Harpy as well as Athena's owl. The dove, actually a potentially ferocious creature, is also a symbol of peace. Devils as well as angels have wings, as we see in so many depictions of the Last Judgment. The winged Sphinx represents the evil side of the Primal Parent — the mother who eats her children. In the Oedipus legend the Sphinx can be regarded as a disguised depiction of Jocasta, who gave her child over to the shepherd to be tied up and left to die. The stork, another winged Mother symbol, although at first glance not a destructive one, does abandon the child it "brings."

And as insects, moths, as equated with vermin, are, according to Freud (1916-1917), symbols of (unwanted) siblings. Here, as so often in life, there is condensation of sibling rivalry and the oedipus complex — which makes the brother or sister the displaced object for hostility basically directed against a parent who has imposed a rival upon the child. Cannot the moth, then, in this sense, be a Freudian symbol (essentially unconscious) as well as a verbal one for — i.e., conscious allusion to — the mother?

I return to the simple and not infrequent allusive use of the image of the moth as referring to the mother — partly derived from sonic verbal similarity, at least in English and German (moth/mother; *die Mott*/*die Mutter*).⁴ Moth equals mother is then an allusive metaphor — the moth as a linguistic symbol in the poetic sense (the "why" of the poetry is still mysterious). Might the moth as indicating mother also be a Freudian, unconscious symbol that invokes a part of the child's primal psychic world, perhaps by way of the moth as one of the winged creatures, and/or as representing a sibling in displacement for a parent? (That earliest psychic universe is based on impressions derived from the child's body and the immediate family surround.) If so,

⁴ The French word for moth, *la mite*, is phonically connected not with *la mère* (mother) but with *maternal* by way of the Latin *mater*.

the moth, like the Sphinx, would be unconsciously equated with the primal mother, or better, primal parent — a narcissistic figure that promises bliss or annihilation and terror — that in the course of development becomes differentiated into the pre-oedipal phallic mother and destructive father on the way to more mature and realistic parental imagoes (see Shengold, 1989, 1991).

I want to go back to my patient's moth dream that involved associations to *Hamlet*. While listening, I thought of a dream about moths and mother (somehow in my recall I related it to Ophelia⁵) that I had read about in a biography of the poet Elizabeth Bishop (Millier, 1993). I will present that dream after sketching out something of the poet's childhood.

Elizabeth Bishop was born in 1911. Her father died when she was eight months old. Her mother, Gertrude, almost at once suffered a mental breakdown and, says Millier, "for the next five years was in and out of mental hospitals and rest homes and moved between Boston, Worcester, and her hometown of Great Village, Nova Scotia" (p. 3). Bishop describes her reaction to this from her childhood point of view in her autobiographical short story, "In the Village"⁶:

First, she had come home, with her child. Then she had gone away again, alone, and left the child. Then she had come home. Then she had gone away again, with her sister; and now she was home again (Bishop, 1984, p. 252).

"She" is the mad mother who has returned from one of a series of institutions to Nova Scotia, where her young daughter is be-

⁵ I later figured out that I was mistakenly reminded of Bishop's dream as connected with Ophelia (she is not mentioned by Bishop) because I had read that Bishop's mother, like Hamlet's mother, was named Gertrude, and Gertrude Bishop had been so much associated in her daughter's memories with *garments* and *clothes*.

⁶ From a 1967 letter of Elizabeth Bishop's (1994) she stated: "'In the Village' is *entirely*, not partly, autobiographical. I've just compressed the time a little and perhaps put two summers together, or put things a bit out of sequence — but it's all straight fact" (p. 477).

ing brought up by her maternal grandparents and her aunts (the Boomer family, in real life). The story begins with frightening sounds and sights:

A scream, the echo of a scream, hangs over that Nova Scotian village. No one hears it: it hangs there forever, a slight stain in those pure blue skies. . . . The scream hangs like that, unheard in memory — in the past, in the present, and those years between. It was not even loud to begin with, perhaps. It just came there to live, forever — not loud, just alive forever. Its pitch would be the pitch of my village. Flick the lightening rod on top of the church steeple with your fingernail and you will hear it (1984, p. 251).

The child is described as watching a dressmaker trying to fit the mother, who had tentatively decided to come out of mourning wear into a purple dress:

Unaccustomed to having her back, the child stood now in the doorway, watching. The dressmaker was crawling around and around on her knees eating pins as Nebuchadnezzar had crawled eating grass (p. 252).

(The child, watching the scene like Polonius — at least as she is described by the forty-two-year-old writer — shows her awareness of madness in the allusion to the mad Nebuchadnezzar.) The mother is unsure about the implications of the new colorful dress. Then, suddenly:

The dress was all wrong. She screamed. The child vanishes (1984, p. 252).

A friend of Gertrude is quoted as saying of her visit to the Boomer household during this time: “The Boomers did talk about not being able to control Gertrude and all the noise from her screaming” (Fountain and Brazeau, 1994, p. 3).

There are hints in the story that the mad and vulnerable mother might well have evoked connections with moths and butterflies — by way of her clothing (as with my patient about whom I speculated that this might have been true with Queen

Gertrude's description of the death of mad Ophelia, dragged to the bottom of the stream by her sodden clothes). It was, after all, clothing that made the child Elizabeth's mother, Gertrude, scream. Gertrude had worn mourning clothes for five years; it was her reluctance to comply with the family insistence that she replace this dark plumage that had brought on the never-to-be-forgotten scream. And:

Before my older aunt had brought her back, I had watched my grandmother and younger aunt unpacking her *clothes*, her "things." In trunks and barrels and boxes they had finally come from Boston, where she and I had once lived. So many things in the village came from Boston, and even I had once come from there. But I remembered only being here, with my grandmother.

The clothes were *black*, or *white*, or *black-and-white* . . . (p. 254, italics added).

These mourning garments are then described at length. Several friends comment on Elizabeth's interest in clothes as an adult, e.g.: "She loved beautifully made things. . . . Elizabeth had the same sense of craftsmanship in clothes that she did in wanting her books to be beautiful" (Fountain and Brazeau, 1994, pp. 151-152). But she hated the color black and once protested against its use when one of the designs for a cover for one of her forthcoming books had colors against a black background.

In her mother's belongings, "[There was also] sad *brown* perfume" (Bishop, 1953, p. 255, italics added). BLACK, WHITE, AND BROWN are "moth colors" (i.e., those pertaining to the general idea of moths). There are also handkerchiefs with black hems: "In bright sunlight, over breakfast tables, they flutter" (p. 255) — again, like moths or butterflies. In a barrel of china is "a thick white teacup with a small red-and-blue butterfly on it, painfully desirable" (p. 256). Perhaps, I speculate, painfully desirable for a child whose crazy, unavailable mother is afraid of colorful dresses.

Later, the mother again tries on the purple dress. Everyone is pleased, cheerful and talkative. They address Gertrude:

"There. You see? It's so becoming."

"I've never seen you in anything more becoming."

"And it's so nice to see you in color for a change."

And the purple is real, like a flower against the gold-and-white wall paper. . . .

She walks slowly up and down and looks at the skirt [in the mirror]. . . . But twitching the purple skirt with her thin white hands, she says, desperately, "I don't know what they're wearing any more! I have no *idea*!" It turns into a sort of wail. . . . She sees me in the mirror and turns on me: "Stop sucking your thumb!" (p. 258).

The author makes no comment about this rebuff, so intertwined with her fear of and about her mother. (Note that the mother's reproach has to do with oral excess — doing something wrong with the mouth. Alcoholism was to be the affliction of the grown-up Elizabeth Bishop.)

Then, to match the moth, comes the fire:

But one night, in the middle of the night, there is a fire. The church bell wakes me up. It is in the room with me; red flames are burning the wallpaper beside the bed. I suppose I shriek.

The door opens. My younger aunt comes in. There is a lamp lit in the hall and everyone is talking at once.

"Don't cry!" my aunt almost shouts to me. "It's just a fire. Way up the road. It isn't going to hurt you" (pp. 268-269).

Her grandmother and aunts are worried about the grandfather, who has gone to help the neighbors put out the fire. They leave the child's bedroom door open. They are especially concerned about how Gertrude will be affected.

"*She's* calling for you, Mother." My older aunt: "I'll go." "No, I'll go." My younger aunt. . . .

"*She's* all right, Mother." My younger aunt comes back. "I don't think she's scared. You can't see the glare so much on that side of the house."

Then my younger aunt comes into my room and gets in bed with me. She says to go to sleep, it's way up the road. . . . I wake up and it is the same night, the night of the fire. My aunt is

getting out of bed, hurrying away. It is still dark and silent now, after the fire. No, not silent; my grandmother is crying somewhere, not in her room. . . . But now I am caught in a skein of voices, my aunts' and my grandmother's, saying the same things over and over, sometimes loudly, sometimes in whispers:

"Hurry. For heaven sake, *shut the door!*"

"Sh!"

"Oh, we can't go on like this, we . . ."

"It's too dangerous. Remember that . . ."

"Sh! Don't let her . . ." (pp. 269-270).

The mother is more of a catastrophe for the family and the child than the fire. Or perhaps it would be better to say that the mother's presence made for a catastrophic emotional fire that threatened to consume the grandparent's household and whatever tranquillity the child had attained after the loss of both parents. ("Oh, we can't go on like this.") It must have been a heartbreaking experience for the girl, wanting so much to be loved by her mother; being rebuffed, and inevitably wishing to get rid of her mother as a disturbing invader — as it were, a destructive moth. I wonder whether the child did not also have the fantasy that her mother could be responsible for having destroyed Father — the flame to his moth.

Fountain and Brazeau (1994) report:

Bishop told the poet Frank Bidart that her mother had once been discovered holding a knife while sleeping with her, although it was not clear to anyone that she intended her daughter any harm (p. 3).

Elizabeth's favorite aunt, her mother's sister, Grace, had been a nurse. When the mother (in 1916 when Elizabeth was five), after the scream, was sent away to a mental hospital in Nova Scotia, Grace supplied a statement on a hospital form that described her sister's paranoid behavior in the months before this hospitalization: "Now she imagines she is being given electricity or is being mesmerized and hypnotized and that all medicines given her contain poisons" (p. 4).

Two suicide attempts are mentioned — jumping out of a second story window at the start of her breakdown and a recent attempt in which she “tried to hang herself with a sheet and caught her mother about the throat” (p. 4). We do not know what Elizabeth witnessed of this last attempt, but it is clear that there was plenty for the child to be afraid of.

In the story, the mother is sent away again after the fire: “The front room is empty. Nobody sleeps there. *Clothes* are hung there.”⁷ (Bishop, 1984, p. 271, italics added).

Millier had access to Bishop’s unpublished papers, and she quotes several that refer to the child’s “brief time with her mother” (1993, p. 4). (Although her mother was alive and in mental institutions until Elizabeth was in college, she never saw her again after 1916 when she was five). There is an unfinished poem called “A Drunkard,” “apparently begun in 1959 or 1960 and worked on over ten years, in which she remembered being with her mother at a Bishop family summer home in Marblehead, Massachusetts, in the summer of 1914 at the time of the great Salem fire” (p. 5). This is not the same fire that is dealt with in the short story, “In the Village,” which took place in Nova Scotia. The child apparently experienced two fires. The poem:

People were playing on the roofs
 of the summer cottages in Marblehead . . .
 the red sky was filled with flying *moats*,⁸
 cinders and coals, and bigger things, scorched black
 burnt.
 The water glowed like fire, too, but flat . . .
 In the morning across the bay
 the fire still went on, but in the sunlight
 we saw no more glare, just the clouds of smoke.

⁷ The middle-aged Yeats (1936-1939, p. 332) expresses his fear of old age, emptiness, death: “Fifteen apparitions have I seen;/the worst a coat upon a coat-hanger.”

⁸ This is a slip — *moats* for *motes*. I assume the slip is Bishop’s not Millier’s. “Flying motes” is so like flying moths — I wonder if the resemblance has anything to do with the slip. A further speculation — moat: “A deep broad ditch around a fortress or castle, frequently filled with water” (*Webster’s*) might be unconsciously sought out as symbolizing the female genitals, perhaps with some cloacal connotations.

The beach was strewn with cinders, dark with ash —
 strange objects seem [to] have blown across the water
 lifted by the terrible heat, through the red sky,
 Blackened boards, shiny black like black [feathers]—
 pieces of furniture, parts of boats, and *clothes*
 (p. 5, italics added).

Blackness, and the contrast with the frightening light of the flames, are again emphasized. The clothes, part of the debris from the fire, reinforce the importance of clothes as connecting with the mother, catastrophe, and loss in the child's mind in Bishop's short story — the mourning clothes, the purple dress, the clothes hung in the mother's empty room after she has left. Clothes are, of course, the object of the moth's ravenousness⁹; the moth whose larva consumes the clothes can be consumed by the fire. Millier continues:

[The child] is alone and in trouble. She stands in her crib terribly thirsty and cannot get the attention of her mother, whom she sees out on the lawn greeting refugees, distributing coffee. In the morning, as they walk along the refuse,

I picked up a woman's long black cotton stocking.

⁹ There is another work in which clothing and moths connect with mother/daughter conflicts of life and death intensity: Hugo von Hofmannsthal's (1903) libretto (based on his play) for Richard Strauss's opera, *Elektra*. Clytemnestra, Elektra's mother, with her lover has murdered her husband, Agamemnon. (Elizabeth Bishop might well have fantasized something similar about her parents.) Clytemnestra has treated Elektra like a slave, and the girl hates her mother and wants to avenge her father. Clytemnestra suffers from bad dreams and feels that Elektra, whose misery and strangeness have made her into a kind of talismanic figure, might be able to help her. Between sleeping and waking she feels "a something crawling over me . . . and yet it is so frightening that my soul wants to be hanged; every limb in my body cries for death and yet lives. . . . Can one then wear away like a rotten carcass, fall to pieces when one isn't sick, senses alive, like a garment *eaten up by moths*?" (libretto, p. 16, my translation). Elektra goes on to try sadistically to undo and destroy her mother by telling her that only a blood sacrifice can give her peace — and after teasingly withholding the name of the requisite animal, she describes in chilling detail how the hunter will slaughter Clytemnestra herself, with Elektra watching, gleefully. Elektra is the destructive moth that orally attacks her ravaged mother.

Curios[ity]. My mother said sharply "*Put that down!*" (p. 5).

Millier comments, astutely:

As an adult, Elizabeth remembered this event as a profound rejection of herself, her curiosity, her observant eye, and, because the forbidden object was a piece of a woman's intimate *clothing*, perhaps some aspect of her sexuality as well. Combined with the neglect she had felt the night before during the fire, this rejection seemed sweeping. She identifies it as the incipient event of her alcoholism. ("Since that day, that reprimand . . . I have suffered from *abnormal thirst*"), and in no later memory did she recall wishing for her mother's presence. She became, in the language of attachment theorists, an avoidant child (pp. 5-6, italics added).

The mother's reprimand is associated with reproach ("You are doing something wrong with your hands!") and frustration, as was the one about thumbsucking ("You are doing something wrong with your hand and with your mouth!") associated with the mother's scream in "In the Village"; but here it is the writer herself who links fire, frustration, and her own guilt-ridden alcoholism with her mother — a mother who might well have been, or at least been seen by the child as, attracted to fire like a moth. ("Abnormal thirst" could also refer to the poet's guilt-ridden lesbian desires.)

Bishop was also subject to chronic asthma. One can speculate that this expressed the oversimplified, yet frequently found psychodynamic determinant: a cry for the lost mother. The happiest period of Bishop's restless life, so much of it spent as a transient or a traveler, was the fifteen years, especially the early ones, when she lived in Brazil with the love of her life, Lota de Soares, who took a kind of maternal care of her and really cared about her. Lota had the enthusiasm, dynamism, and excitement that the frequently depressed and lonely Elizabeth felt she herself lacked. But she was domineering and wanted things her way. When Lota became absorbed in Brazilian politics and withdrew somewhat under the enormous pressure of work and po-

litical turmoil, Elizabeth had more bouts of drinking and severe acute asthmatic attacks.

The asthma also tied her for a good part of her life to a beloved physician, Dr. Anny Baumann, who looked after Elizabeth's health, sent her asthma medicine, and functioned, mostly at a distance, as a kind of mother/psychiatrist substitute. In her letters to Dr. Baumann, the poet confesses her alcoholic and depressive regressions, and seems continually in need of absolution and reassurance — needing a mother who could accept her, faults and all. Dr. Baumann seems to have been loving but also (like Lota) somewhat magisterial toward her patients.

In 1966 (the relationship with Lota which had started in 1951 was deteriorating), Bishop left Brazil for a while to teach at the University of Washington, in Washington State — partly, as she writes to Dr. Baumann, because Lota

has been increasingly hard to live with. I feel like a skunk saying this much — but I felt I had to get away for a while, and I think it has been a good idea. Everyone here is so nice and *polite* to me, compared to my darling Lota, I can't get used to it, and I think I am getting a swelled head! None of them can compare with her in any way at all, naturally — but they do treat me better! I feel many of my Rio troubles are mostly my own fault. I am just not very good at handling bossy people, and Lota is bossy, of course — and I let her be for years and years, then suddenly find I can't stand it any more. Which isn't a very nice aspect of my character . . . no one can talk [to Lota], and it is very hard to live with someone you can't talk to about things. Really, it is too much when (I'll give one example only) Lota bangs on the wall to make me go to bed, when I am entertaining an American visitor! That's the kind of thing I mean, and I know she is protecting *me*, but I hate it; the visitors misunderstand — and I can't explain to Lota, because she won't listen. I think I must still be feverish to write you this, and I am afraid it will strike you as merely childish. However, I assure you it isn't at all. I would never have taken this job if I hadn't felt I HAD to get away. (Bishop, 1994, p. 446).

I think the letter shows what an essentially nice and caring per-

son Elizabeth Bishop was — certainly this comes through clearly in reading her marvelous letters. The then current (1966) situation with Lota, who (in the “one example”) plays, at least for Bishop, the role of what Margaret Mahler called the asymbiotic mother (an example that epitomizes this — [mother to child:] “I’m cold, put on a sweater!”) was very complicated. Lota was properly concerned about Elizabeth’s recurrent episodes of drinking and depression, and this brought out the “bossiness” which was part of Lota’s more dominating personality and role in their relationship.

Sadly the relationship was tragically ended by the suicide of Lota after a mental and physical breakdown. There are clothes and moths in Bishop’s sad and wonderful poem, “Crusoe in England,” which alludes to the loss of Lota (Bishop’s Friday who changed her life and relieved her loneliness):

The local museum’s asked me to
leave everything to them:
the flute, the knife, the shrivelled shoes,
my shedding goatskin trousers
(moths have got in the fur), . . .
How can anyone want such things?
— And Friday, my dear Friday, died of measles
seventeen years ago come March (1979, p. 166).

Millier (1993) cites another unpublished poem, which she describes as one of several “tentative attempts to write about [a] time when Gertrude Bishop and her daughter were together. All present a truncated mother, as she might be seen by a confused child, *represented by her clothes . . .*” (p. 12, italics added). The poem starts:

A mother made of dress-goods
white with black polk[a]-dots
black and white “Shepherd’s Plaid.”
A mother is a hat . . .
A long black glove
the swan bit
in the Public Gardens (p. 12).

This last stanza is based on Elizabeth's memory of seeing her mother's black glove bitten by a swan in the Boston Public Gardens. Elizabeth, too, can be a moth who can bite (and ravage) "a mother made of dress goods" or a mother who is a hat.

Bishop's mother died in 1934 when the poet was in her twenties. Soon after, Millier informs us, the poet began to write sketches for a novel about her childhood (never completed); in these story fragments, she portrays herself as a small boy named Lucius. Lucius lives in Nova Scotia with the mentally disturbed mother and his aunts and grandparents. The boy is aware, as in "In the Village," of the family awaiting catastrophe in relation to the mother. Gertrude is called "Easter" in these sketches. Millier says:

In the first Lucius story, the boy and his mother arrive unannounced at her native village in Nova Scotia in the fall of 1913. Lucius's pleasure at being back in the village is tempered by his anxiety about his mother's feelings and about the reception they will get when they arrive at his grandparents' house. Other stories tell about what it is like for Lucius to be in the house with Easter. . . . He is aware of constant tension in the air, of implied dangers, and he feels (indeed, is made to feel) that he is somehow responsible for it. . . .

Lucius's nights are haunted by his mother's needs; they are present in his dreams. He tells us that his mother never appears directly; but in one, he dreams of the large moths that inhabit Nova Scotia in the summertime. They grow frighteningly and then in a linguistic turn ("Easter came into it somehow") become identified with "mother." "I woke up, horrified with all the fluttering moths, and just as I woke, so that the feeling was neither a sleeping one nor a waking one, I became certain that the enemy was she" (pp. 6-7).

Of course, Lucius's (Elizabeth's) mother is victim as well as enemy. In the dream, moths are the mother and moths are the enemy. The mother's vulnerability makes the enmity, the hating

her, much more frightening; the terrible psychic danger of loss of the mother is evoked in the child, and then this is compounded by the guilt over wishing and then feeling one has caused the loss. (The vulnerable moth is portrayed in Bishop's poem, "The Man-Moth," from her 1945 book, *North and South* [see Bishop, 1983, pp. 14-15].)

Bishop's last published poem (before the revised posthumous edition of *Collected Poems*) was "Sonnet," published by the *New Yorker* a few weeks after her death in 1979 — although they had kept it for more than a year before that, perhaps because it was felt to be too confessional. I would like to quote it entirely:

Caught — the *bubble*
in the spirit-level,
a creature divided;
and the compass needle
wobbling and wavering,
undecided.
Freed — the *broken*
thermometer's *mercury*
running away;
and the *rainbow-bird*
from the narrow bevel
of the empty *mirror*,
flying wherever
it feels like, *gay!* (1983, p. 192, italics added).

Death can be a kind of liberation after being broken.

But there is no indication that the chronically ill poet expected to die. Just before her last hospitalization, she posted notes to the college classes she was teaching that she was going to be back on what turned out to be the morning after she died.

There is a wonderful commentary on this poem by Bonnie Costello (1994), who says about the poem's imagery:

All these ways of measuring suddenly yield to a measureless spirit, and the words themselves seem to spring free of the

sonnet's hold. Yet the escape from measure has something eerie about it. . . . A life and life's work is summed up as the dialectic of captivity and freedom, of fixed form and poetic extravagance, of social norms and personal deviance. But the ultimate freedom, she knew, was beyond art and life. The mirror must be empty to release the rainbow-bird; the thermometer must be broken for the liquid to escape (p. 356).

In 1979, *gay* and *liberation* ("*Freed*") certainly went together easily, but it is doubtful whether this was ever true personally (in mind or in public) for Elizabeth Bishop. Her gifts, her genius, inhibited as they were by neurotic conflict, still enabled her to liberate herself in the poetic creativity that made for her wonderful writing. One hopes that when the restless, homeless poet wrote "Sonnet" (she was then sixty-eight), she had come to some sort of terms with her unhappiness and her homosexuality, had achieved some sort of liberation — like that achieved, after a break, one must note, by the iridescent mercury of the thermometer in this poem. "Sonnet" seems to have been the beginning of her publicly facing being, sexually, "a creature divided" (Woolf's "hybrid creature"). In her most perceptive remarks on "Sonnet," Millier (1993, pp. 546-547) writes that "its mischievously disguised confessions of alcoholism and homosexuality are nonetheless terribly serious" (p. 546).

I have characterized the mercury as iridescent, because this quality irradiates "Sonnet" (the bubble, the rainbow-bird, the mirror, the broken glass); it is also repeatedly implicit in the imagery of many of her poems. Iridescence is allied to luminosity, the light that fatally attracts the moth, the compulsion that prevents it from "flying wherever." Millier says of "Sonnet" that it echoes many of the early poems: " 'The broken/thermometer's mercury' recalls the moonlight in 'The Man-Moth' which shines at a 'temperature impossible to record in thermometers' " (p. 546). It is the moon's luminosity that causes the "Man-Moth," one of the first of Bishop's "creatures divided," to climb skyscrapers to try to reach it.

The death of her father and the madness of her mother in

infancy were losses that, like moths, destroyed much of the warp and woof of Elizabeth Bishop's sense of individuation and security. And, partly in identification and partly in relation to people she attempted to love, sexually and nonsexually, she remained fundamentally tied to her mother until liberated by her own death. And yet, what an achievement – in art and in life — to have fought with so much success against that strangling sticky emotional matrix of longing and hatred so as to have been capable of such warm friendship and devotion, and to have created such marvelous prose and poetry.

The sense of identity she finally forged, no matter how marred by self-deprecation and masochism, was magnificent. As an illustration, I want to quote from her last letter (her letters are, in their own way, as wonderful as her poems), written on the day she died, to an editor who was writing a textbook for college students and wished to quote from Bishop's work. (The last few years of her life she was teaching at Harvard). It is, alas, too long to quote in full. The letter shows how high her standards were, how deeply she felt about them, how much she cared about people and, above all, about precision and dedication, about her art. Here is an excerpt:

. . . I'm going to take issue with you — rather violently — about the idea of footnotes. With one or two exceptions . . . I don't think there should be ANY footnotes. You say the book is for college students, and I think anyone who gets as far as college should be able to use a dictionary. I know . . . most of them don't — but they should be made to, somehow. . . . [She refers to a footnote the editor had added to her poem, "The Moose."] "Macadam" is in the dictionary. And — a lot of the poem is about "childhood recollections" — I almost say it in so many words. If they can't figure that out, they shouldn't be in college — THERE! You can see what a nasty teacher I must be — but I do think students get lazier and lazier and expect to have everything done *for* them. . . . My best example of this sort is what one rather bright Harvard honors student told me. She told her roommate or a friend — who had obviously taken my

verse-writing course — that she was doing her paper with me, and the friend said, “Oh don’t work with her! It’s awful! She wants you to look words up in the dictionary! It isn’t creative at all!” In other words, it is better *not* to know what you’re writing or reading. Perhaps [some of my classes have] embittered me . . . — although there have been good students and a few wonderful ones from time to time. But they mostly seem to think that poetry — to read or to write — is a snap — one just has to *feel* — and not for very long either. Well, I could go on and on — but I won’t. . . . I do hope I haven’t offended you now — but I think the teaching of literature now is deplorable — and if you can get the student to *reading*, you have done a noble work. Affectionately . . . (1994, pp. 638-639).

The editor of her *Collected Letters* (1994), Robert Giroux, comments: “Her closing word, ‘affectionately’ is proof that her goodwill and good manners persisted to the end” (p. 639).

In her much anthologized poem, “In the Waiting Room,” she describes herself, at age seven, waiting for her aunt (a paternal aunt, not one of the beloved maternal ones¹⁰), who is in another room with the dentist.

The little girl is surrounded by adult strangers in a dark room (once more darkness and blackness — with all their connotations of death and nothingness and the female genitals — are emphasized in this poem) and feels alone and afraid:

And while I waited I read
the *National Geographic*
(I could read)

[The child’s identity as an intellectual is already established at seven.]

and carefully
studied the photographs:
the inside of a volcano,
black, and full of ashes;

¹⁰ Elizabeth felt that she had been kidnapped by her father’s family and taken away from Nova Scotia and her maternal grandparent’s nurturing home to the cold, dark house of the Bishops in Worcester, Massachusetts.

then it was spilling over
in rivulets of fire. . . .

[The child's curiosity is linked with a black hole and fire, and other awful, even cannibalistic, sights.]

A dead man slung on a pole
– “long Pig,” the captain said.
Babies with pointed heads
wound *round and round* with string;
black naked women with necks
wound *round and round* with wire
like the necks of light bulbs.
Their breasts were horrifying . . .

[The dangers of the body, of disfigurement, of (especially female) anatomy, assault the child.]

Suddenly, from inside,
came an *oh!* of pain
— Aunt Consuelo's voice —
not very loud or long.

[It has been suggested that this cry can be connected to the mother's scream that resounds through “In the Village” (see Millier, 1993, p. 27).]

I wasn't at all surprised;
even then I knew she was
a foolish, timid woman.
I might have been embarrassed,
but wasn't. What took me
completely by surprise
was that this was *me*:
my voice, in my mouth.
Without thinking at all
I was my foolish aunt,
I — we — were falling, falling
our eyes glued to the cover.
of the *National Geographic*,
February, 1918.

[Here the girl has lost her identity, merging with a devalued

mother figure. But this is followed by a heroic and successful struggle for insight and individuation.]

I said to myself: three days
And you'll be seven years old.
I was saying it to stop
the sensation of falling off
the round, turning world
Into cold, blue-black space.¹¹
But I felt: you are an I
you are an *Elizabeth*,¹²

[A wonderful declaration of identity — but marred for the girl by her identification with her mother and unknown adult strangers who surround her in the dark, cold waiting room.]

you are one of *them*.
Why should you be one, too:
I scarcely dared to look
to see what it was I was.
I gave a sidelong glance.
— I couldn't look any higher —
at shadowy gray knees,
trousers and skirts and boots

[Here, again, people are reduced to clothing.]

and different pairs of hands
lying under the lamps.
I knew that nothing stranger
had ever happened, that nothing
stranger could ever happen

¹¹ According to Robert Fliess (1973, p. 101) a rotating object symbolizes ego dissolution. Rotating symbols are recurrent in this poem.

¹² Compare this statement made by a classmate about Elizabeth as a teenager: "Elizabeth was very modest, although keenly aware of her own . . . I wouldn't use the word 'power.' There was no question in her mind of her own rightness, or of her being at the center of her own world and being able to find her way through it. She was absolutely sure of that in a way which at that age not many people are" (Fountain and Brazeau, 1994, p. 28).

Why should I be my aunt,
 or me, or anyone?
 What similarities —
 boots, hands, the family voice
 I felt in my throat, or even
 the *National Geographic*
 and those awful hanging breasts —
 held us all together
 or made us all just one?
 How — I didn't know any
 word for it — how "unlikely" —
 How had I come to be here,
 like them, and overhear
 a cry of pain that could have
 got loud¹³ and worse but hadn't?

[Now, a crisis, overstimulation: dark turns to light.]

The waiting room was bright
 and too hot. It was sliding
 beneath a big black wave,
 another, and another.

[And, after the crisis, a recovery.]

Then I was back in it.
 The War was on. Outside,
 in Worcester, Massachusetts,
 were night and slush and cold,
 and it was still the fifth
 of February, 1918 (Bishop, 1983, pp. 159-161).

The poem shows terror of the body, of pain, of being female, of loss as experienced with a bodily intensity, of a destructive (sodomasochistic) view of sex and life — and something of how will and creative thought can help transcend the dangers attendant on such terrible feelings. The last few lines also show the need for obsessive-compulsive sticking to orientation and the

¹³ The scream that began "In the Village" is also described as "not loud."

facts, looking around and knowing what is there to be observed — the restorative need for the thermometer from “Sonnet,” whose breaking, paradoxically, makes freedom possible.

Elizabeth Bishop had a wonderful sense of identity and purpose; but it existed alongside depression, alcoholism, asthma, masochism, anxiety, and uncertainty. We none of us escape the ravages of the moths of time and fate, of our heredity and surroundings — but Elizabeth Bishop shows how someone with a ravaged life can still, both in life and in art, so enrich those we live with and those who come after us.

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Love and Illusion

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LOVE AND ILLUSION

BY JUDITH A. LIVINGSTON, PH.D.

The interplay between idealization and disillusionment in the evolution of romantic love is examined. Idealization refers to the reawakening of conscious and unconscious fantasies that lovers project onto each other. Disillusionment refers to a change in perception that occurs when projections are not sustained. The optimal balance between idealization and disillusionment facilitates the deepening of intimacy in a process similar to the one Kohut describes in the development of self structure. Conversely, a great imbalance between idealization and disillusionment can lead to heartache. Works by Freud, Kernberg, and Kohut are discussed.

I have always found it intriguing that in many of Shakespeare's comedies the hero falls in love with the heroine while she is wearing a disguise, or love evolves from mistaken identity. When the disguise is lost or identity revealed the lovers are united in a betrothal or marriage. In *As You Like It*, Orlando's courtship of Rosalind takes place while she is dressed as a boy. In the last scene she enters in a women's dress and takes Orlando as her husband. In *The Comedy of Errors*, two brothers who have been separated at birth find themselves in the same city. All sorts of mishaps ensue as the identities of the twins are confused by their respective lovers. At the play's denouement, marital and family bonds are re-established with dramatic fanfare. In Shakespeare's comedies, falling in love often occurs in a place that is new, exotic, and imaginative: in the Forest of Arden in *As You Like It*; shipwrecked in Illyria in *Twelfth Night*; in a wood near Athens in *A Midsummer Night's Dream*. The use of these settings is a dramatic device that describes the inherently

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unsettling, transcendental quality of the experience of love. In romantic love, imagination is stimulated so that the world is experienced anew. Conversely, a betrothal or renewed commitment to marriage occurs in an environment that reflects the established order: movements out of the forest and back to the dukedom in *As You Like It*, in an ancient abbey in *Comedy of Errors*, and in a palace in *A Midsummer Night's Dream*. In metaphor, these plays describe the imagination, idealizations, and exhilaration of falling in love, juxtaposed to the more prosaic nature of a commitment.

Shakespeare's artistry evokes our identifications with both the soaring experience of romantic love and the contented fulfillment of commitment. Current analytic writers echo the sentiments of literary giants. In *Dreams of Love and Fateful Encounters: The Power of Romantic Passion* (1988), Person observes that passionate love, energized by mobilizing unconscious fantasy, can act as a powerful agent of change. In describing romantic love, she notes, "For some of us it will be the great creative triumph of our lives. In its very nature as an act of the imagination lies the source of its power for both good and ill, for it can exploit the lovers' illusions or delusions, but can alternatively lead the lover to transcending truths" (p. 20). Person notes, however, that for most couples the idealizations characteristic of romantic love are unlikely to be preserved in marriage. Romantic fantasy can evolve into a greater understanding of oneself and one's partner. For many contented couples, daily life has affection, tenderness, and some intensely erotic moments. All-consuming passion must be transformed as the couple broaden their focus to include others, thereby expanding participation in a larger world.

I believe that the interplay between idealizations and disillusionment gives impetus to the evolution of a romantic relationship. By idealizations, I am referring to the reawakening of conscious and unconscious fantasies that lovers project onto each other. By disillusionment, I mean the changes in perception that occur when these projections are not sustained. This process is ongoing as lovers inevitably process small and

great disappointments. It is a transformational process that often changes the relationship and/or the lovers themselves. As idealizations are met with disillusionment; love can end, love can deepen, or love can fade.

Romantic love is enriched when there is an optimal balance between the degree of idealizations and the amount of the disillusionment. Early in a relationship, most lovers inevitably project both conscious and unconscious wishes on each other, becoming disappointed when those fantasies are not sustained. When there is a minimal disparity between the nature of the fantasies and the actual qualities of the beloved, then love is more likely to grow. This process is analogous to the one Kohut describes in the development of self structure and will be expanded later in this paper. The following example illustrates how love can grow when disappointed unconscious fantasies are transformed into a more accurate appreciation of reality.

Ms. S, age thirty-five, had been dating Mr. J, age forty, for approximately one year, and they were beginning to discuss marriage. Ms. S, the eldest of three siblings, had a depressed mother. When her mother, who suffered from chronic exhaustion, would take to bed, Ms. S took on the responsibility of caring for a younger brother and sister. Ms. S's father, who showed some real warmth toward his children, had been employed as an airline pilot and had traveled for extended periods of time. Although Ms. S wanted to be married, she had ambivalent feelings about having children. She looked for a man who embodied her wish for a perfect father so that she could turn to him when she felt overburdened. Mr. J, widowed for three years, was left with the care of two school-age children. In their first few months together, Ms. S thought that Mr. J represented all she had ever wished for in a marriage partner. As time progressed, she noticed that he could be inconsistent with his children, sometimes being overindulgent and sometimes bristling as they confronted his authority. Ms. S was disappointed and saddened that he was not all that she had hoped for in a mate. However, she was deeply appreciative of his love for her, and she was able to use her evolving sense of

him to inform her decision about having children. She chose to marry him but not to have a child with him. Her desire to nurture was redirected toward her stepchildren.

There is often an unmanageable discrepancy between idealization and a changed perception of the lover that can cause love to end abruptly. When these conscious and unconscious fantasies are at too great a variance with the personality of the beloved, the intensity of the disappointment and subsequent anger can destroy loving feelings. The following case example is illustrative of a situation in which a young woman's unconscious desire for commitment was at too great a variance with the personality style of her lover.

Ms. V had been dating Mr. Z for close to one year. Ms. V, who was raised in Europe, was an only child. Her father, an executive for a large multinational insurance company, was an extremely moody man. At times he would take his wife and daughter out for exciting excursions into the countryside. On those trips he would become ebullient, drawing both mother and daughter into his enthusiasm. More typically he would return from work in a foul mood, retreating to his den after dinner. During dinnertime, he would demand that Ms. V describe her day and then mercilessly criticize her. Ms. V's mother would remain silent, not knowing how to intervene. During the father's many absences, Ms. V's mother would seem to come to life, and at those times home life would have more vitality. During their first date Ms. V told Mr. Z that she wanted a carefree relationship, with no strings attached. Mr. Z told her that too much day-to-day contact spoils romance, as he joked that it was his life's quest to search for the perfect woman. Their relationship became highly routinized. Saturday nights were spent at Mr. Z's house, where he would cook elaborate French meals. Each Wednesday, Mr. Z would call between 8:00 p.m. and 10:00 p.m. to see how her week had gone, and there was little variation in this pattern. As the year progressed, Ms. V found her anger with Mr. Z mounting, and she began to pick arguments. As the confrontations escalated, Mr. Z withdrew from the relationship.

Although Ms. V said that she did not want intimacy, her intense disappointment and anger suggested that she craved greater involvement. The discrepancy between her unconscious need for closeness with a man and the choice of a rigid man who had some similarities to her father could not be reconciled.

In the great romantic myth of the Middle Ages, Tristram and Isolde mistakenly drink a magic brew that causes them to fall deeply in love. After three years the love potion wears off and, as it does, their love fades. The myth of Tristram and Isolde offers many insights into romantic love, and one of these is the time-limited quality of romance. When love fades, fantasies are altered in ways that are not immediately disruptive of the relationship. Yet, if the idealization of romance is not translated into some shared passions, then the lovers can experience a pervasive sense of ennui.

I shall review some of the contributions of the major psychoanalytic theorists to our understanding of love and discuss how their work relates to the evolution of romantic love.

Freud

In *Three Essays on the Theory of Sexuality* (1905), Freud observed that all love relationships are prototypic of a “child sucking at his mother’s breast” (p. 222). He followed that observation with his famous phrase, “The finding of an object is in fact a refinding of it” (*ibid.*). The closeness and nurturing quality of the mother-infant dyad which forms an early impression of being loved is lost to consciousness in early childhood and re-experienced in adolescent and adult relationships.

Bergmann (1987), who writes extensively on love, often refers to this passage when describing love as evocative of memories and wishes from an earlier, symbiotic phase. Bergmann believes that Freud’s idea of refinding was influenced by the work of the Greek philosophers, especially Plato. The range of Plato’s ideas on love can be found in *Symposium*, wherein important Greek citizens dine together at a banquet honoring Eros, the god

of love. When Aristophanes speaks, he begins with a fable in which the world was originally made up of three types of humanlike beings: men, women, and a melding of the two. These primeval beings, shaped spherically but with two heads and two sets of appendages turned outward, felt so powerful that they planned to attack the gods. As punishment, Zeus had them cut in two with their heads turned inward, thus forcing them to acknowledge their limitations. These newly divided creatures searched desperately for their corresponding halves as they tried to merge back into one. Intervening, Zeus rearranged the creatures' genitalia so that the sexual organs of men and women would face one another, thereby linking a sense of reunion with the act of procreation. This fable teaches us that in adulthood there are transitory moments of union which evolve from a painful acknowledgment of one's separateness and limitations as well as an acceptance of one's sexual identity.

The content of fantasies in the early stage of romantic passion is evocative of the emotional quality of the earliest experience with caretakers. For many people the theme of refinding and the theme of a mystical reunion are associated with romantic love. Some of the phrases by which we describe initial encounters are illustrative: for example, "he met his other half" or "he found his soulmate." Popular movies and songs play on wishes to re-experience a sense of oneness. The success of the recent movie, *Sleepless in Seattle*, speaks to this issue. In this film, the main characters repeatedly speak of destiny as the hero and heroine move closer and closer to a first meeting. The film makes numerous allusions to their having loved each other in some other lifetime so that their first glances are informed by prior knowledge.

With Freud's exploration of narcissism came further development of his ideas on love. In 1905, he describes one method of finding an object which he later labeled anacletic, referring to an adult attachment based on the prototype of the early caregiver. In his paper on narcissism (1914) and in a footnote added to the 1915 edition of the *Three Essays* (1905), Freud introduces a sec-

ond method of finding an object—through a narcissistic attachment which is based on a person's identification with his or her own self as it is found and re-experienced in other people. In describing a narcissistic object choice, Freud (1914, p. 90) outlines four ways in which a person may love, according to that type. These include: what he himself is, what he himself was, what he himself would like to be, and someone who was once part of himself. The example Freud chooses in describing loving what "he himself is" is in the love a person has for himself. This transcends healthy self-esteem in suggesting a more pathological self-involvement. An illustration of "loving what he himself was" could be found in the love a teacher might have for a student who reminds the teacher of his or her youthful self. In a romantic relationship one partner often looks to the other to fulfill all her or his worldly expectations, which exemplifies "loving what he himself would like to be." The best example of loving someone who was once part of oneself is the love a parent has for a child.

Freud (1914) describes a narcissistic sexual overvaluation as characteristic of romantic love. Sexual overvaluation is a type of idealization in which the image of the beloved is aggrandized, and self-regard is diminished in favor of excessive regard for the love object. However, it appears to me that the more pronounced the level of idealization, then the more the relationship is required to endure excessive projection which can set the stage for a more painful period of disillusionment. According to Freud, self-esteem which is diminished by giving love can be enhanced by receiving love. Maintaining a sense of well-being is inextricably linked to mutuality, and Freud's work suggests that sustained intimacy requires both partners to give and receive love.

Kernberg

According to Kernberg (1974a), the ability to fall and remain in love is based on the achievement of two developmental mile-

stones. The first milestone, which suggests mastery of preoedipal dynamics, is achieved when there is an integration of pleasure derived from oral and tactile stimulation with the capacity for establishing a full object relationship. By this, Kernberg means the ability of partners to love each other as separate individuals who can share sensual experiences. In the second milestone, which suggests mastery of oedipal dynamics, there is the enhanced capacity for genital enjoyment and complementary sexual identification. At this stage, the nature of the idealizations are based on stable sexual identity and include the most accurate perception of the beloved incorporating the integration of personal goals, ambitions, and sexual needs.

Kernberg (1974b) describes a continuum between falling in love and remaining in love or achieving a mature, loving relationship. At one end of the continuum are people with socially isolated narcissistic personalities who cannot love at all. I would speculate that for these people unconscious fantasies are intense and archaic, consisting of unacknowledged wishes for merger, incorporation, and primitive omnipotence. In the next grouping are those with narcissistic personalities who can develop some sexual or emotional relationships. When individuals with this type of personality become emotionally involved, the subsequent discomfort can be unbearable and can lead to withdrawal, circumventing the possibility of developing intimacy. Kernberg believes borderline patients who have some capacity to fall in love have a needfulness which compels them to seek close involvements. At best, this is growth producing, and some people with borderline personalities fare better than the narcissists whose lack of engagement precludes development. However, the intensity and instability of primitive idealizations of borderline character organization compromises the ability to maintain intimacy. An extreme and dramatic example of this type of character is depicted in Alex, the other woman in the film, *Fatal Attraction*. In that film, a young single woman has a passionate weekend affair with a married man whose family is away. As he plans to leave her apartment, Alex makes a suicidal gesture

causing him to return, which she interprets as a sign of his love. As he attempts to extricate himself, she makes increasingly desperate pleas for his love, which alternate with the acting out of murderous and vengeful fantasies. Although this is an overly dramatic example, it appears to me that the intensity of this kind of rage obliterates the experience of loving feelings.

At the next position on the continuum are the more neurotic individuals who share a capacity for romantic idealization. At this stage, unresolved aspects of the oedipus complex can lead to sexual inhibitions. According to Kernberg, the mature love relationship is based on the working through of preoedipal and oedipal conflicts. In the most mature relationships romantic perceptions fit the personal qualities of the beloved. For those couples, idealization is translated into the excitement of a shared vision which is not a defensive or ascetic solution, but rather an ability to integrate the creative energy of romantic love into a range of mutual passions.

Kernberg (1974b) believes that several types and levels of idealization exist and that they are part of the experience of both falling and remaining in love. The most primitive level of idealization is characteristic of individuals who frequently utilize splitting, and are able to fall in love. I would speculate that at this level the lover's fantasies are at great variance with the actual qualities of the beloved, often leading to heartache. For these people a small disappointment can be experienced traumatically as if it were a fall from grace. Kernberg describes idealizations at a later stage that are increasingly realistic but behavior that is inhibited, suggesting an incomplete resolution of oedipal issues. It appears to me that for these people the disappointments that are part of an evolving intimacy can be sustained without sacrificing the relationship. However, the relationship is often colored by a sense of boredom or conflict. Kernberg believes that with mastery of both preoedipal and oedipal issues, the level of idealization is based on the most realistic perception of the beloved, and takes into account shared values and aspirations. In my opinion, this type of per-

son is able to experience the excitement of romance with perceptions that illuminate rather than distort. Disappointments are compensated for through the pleasure of a broader sense of one's partner in increasingly varied context and in the joy of a shared vision. A broad range of nuance in loving can provide the couple with a greater opportunity to see each other anew, thereby continually revitalizing the relationship.

Kohut

Although Kohut writes less directly about love than Kernberg or Freud, his work offers unique insight into the vicissitudes of idealization in love relationships. Kohut's work emphasizes the growth and development of the self through a matrix of self-selfobject relationships over the life span. "*Selfobjects* are objects which we experience as part of our self; the expected control over them is, therefore, closer to the concept of the control which a grown-up expects to have over his own body and mind than to the concept of control which he expects to have over others" (Kohut and Wolf, 1978, p. 414). Kohut (1966) describes two types of selfobjects; an idealized parent imago and a mirroring selfobject. An idealizing parent imago allows a child to experience a sense of merger with an omnipotent, calm, and infallible caretaker. In the initial phase of romantic love that type of idealization is experienced in the sense of oneness that lovers describe. Conversely, if this experience persists and characterizes a dyad, it can indicate a lack of wholeness. A mirroring selfobject confirms a child's need to feel vigorous and perfect. Mutual mirroring is most prominent in the early phase of a love relationship, which is a time when lovers give each other numerous admiring glances and an extensive array of compliments.

According to Kohut, the self grows through the building of self structure which occurs by means of a process of transformation and reinternalization called transmuting internaliza-

tions. One of the best examples of this occurs in therapy, wherein the therapeutic dyad is the self-selfobject matrix. As therapy proceeds, the patient's archaic needs and wishes are mobilized and projected onto the therapist. With sufficiently empathic response by the therapist over time, they are reinternalized and assimilated into a new and different sense of self. This is not a process of gross identification. The new self takes in aspects of the selfobject and integrates them in a unique manner. The patient experiences a greater sense of wholeness, a more realistic sense of herself or himself and the world, and a lessening tendency toward excessive idealization.

The transformation and growth of a love relationship evolves in a process similar to the one Kohut describes in the development of self structure. In romantic love, most lovers project some archaic needs and wishes onto their partners. When disappointments, which are inevitable, are sufficiently gradual and nontraumatic, and when they occur in relationships characterized by empathy and mutuality, the structure of the relationship is built. The romantic projections are reintegrated after they have been altered by giving up some illusion. The internal world of the lovers becomes more shaded and nuanced as the couple experiences a deepening of feelings. The case of Ms. V, which was presented earlier in this paper, describes a young woman who initially needed to see her fiancé as a "perfect" father. As she became able to give up this fantasy, she could confront her own ambivalence about motherhood, which led to a more meaningful involvement with her stepchildren. Her appreciation of her mate deepened as it became based on who he was rather than what she wanted him to be.

The following example also demonstrates how love develops when disappointments which are not too excessive can be transformed into a fuller appreciation of one's partner.

Dr. S, age thirty-two, was born into an affluent upper-class New York family that traced their ancestry to the Mayflower. His parents, who were warm and urbane, created a loving home. As they entertained frequently in their beautifully dec-

orated brownstone, Dr. S had the opportunity to meet many interesting people. Trained as a physician like his father, Dr. S had a passion for making music that surpassed his actual talents. Auditing a music class, he met Ms. A, a struggling young professional musician who was teaching to help make ends meet. Ms. A, born into a working-class Italian-American family, spoke Italian as her first language. Her musical talents were first noticed by a grade school teacher who arranged for her to receive training as a scholarship student at a prestigious music school. Dr. S and Ms. A fell in love and within a year and a half planned to live together as a prelude to marriage. As they began making a home together, Dr. S found himself constantly criticizing her lack of sophistication in dress, home decoration, and entertainment, and at the same time admiring her musicality and her sensitivity. He spent nearly a year trying to contain his disappointment as he realized that it was unfair to expect her to be exactly as he would wish. As these feelings began to wane, they were replaced with a fuller appreciation of how she had enriched his life, despite the fact that she did not possess all the qualities of someone from his background. Their marriage became based on a real understanding of each other, which followed from his ability to give up the wish that she fulfill all aspects of the woman he hoped to marry.

CONCLUSION

The interplay between idealization and disillusionment changes the nature of a romantic relationship. Freud observed that falling in love reawakens the early experience of loving and being loved which is often colored by primitive needs and wishes. A common longing that Freud and others have described is a yearning for reunion echoing the blissful experience with the first love object. Freud wrote that falling in love is characterized by a narcissistic overvaluation of the beloved, which sets the stage for projection and fantasy. In his writings on love, Kernberg notes that there are several levels of idealization, from the primitive with excessive distortion to the comparatively mature

with significantly less distortion. Romantic love is most likely to mature when there is an optimal balance between the level of idealization and the extent of the disillusionment. When romantic idealizations are informed by early experience and are not at much variance from the actual qualities of the beloved, then love is more likely to deepen. I believe that this process is analogous to the one Kohut describes in the development of self structure. Love's illusions are inevitably tested by life experience. The varied outcomes in love are affected by factors within and between lovers. At best, I believe relinquishing some illusion when there is sufficient mutuality can deepen the bond. And the translation of some idealization into a shared vision can make old love seem new, banishing complacency, so that both partners are challenged to grow.

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FRANZ KAFKA'S *THE TRIAL*: GUILTY OR INNOCENT?

BY EVERETT SIEGEL, M.D.

*Through an examination of *The Trial* by Kafka I attempt to show that the depiction of the Court apparatus is dynamically related to the commission of unconscious crimes of the type we encounter in our patients. To provide a context for the novel, I discuss Kafka's biography and some possible unconscious motivations. My goal is to show how the concept of a particular type of superego pressure can be used to understand the subtle irony in *The Trial*. Although Joseph K.'s behavior frequently involves oedipal crimes, there are many preoedipal themes that help account for his experience of the Court. I contrast this psychoanalytic understanding of K.'s guilt with that of literary critics who interpret *The Trial* as an allegory of guilt but who minimize the psychological dimensions.*

Franz Kafka's novel, *The Trial*, can be understood as a drama of unconscious guilt. This masterpiece has been described as a breakthrough that heralded the onset of the modern novel, as a prophecy of twentieth century bureaucratic and totalitarian states, and as a unique exploration of the landscape of guilt. When Kafka's hometown, Prague, was dominated by the Communists, Czech author Milan Kundera (1988, pp. 105-106) remembers its citizens quoting passages from *The Trial* that captured perfectly their experience of living in a totalitarian state.

The Trial is the story of a man named Joseph K., who is accused of an unknown crime by a mysterious court that seems to extend everywhere and involve everyone. K. professes his innocence and seeks to vindicate himself. His efforts fail, and in the end he is executed.

There are numerous philosophical, literary, and religious commentaries on *The Trial*. As I read these reviews, they seem to lack an in-depth psychological appreciation of K.'s guilt. Psychoanalytic views of the oedipal drama and other sources of unconscious guilt have something crucial to offer to complement the literary and philosophical critiques; they allow us to focus on a more specific understanding of K.'s crimes. I will not attempt to analyze Kafka's unconscious motivations in any depth. Rather, we will see how K. exemplifies someone burdened with unconscious guilt, with both oedipal and preoedipal elements.

Scholars have interpreted *The Trial* using several strategies. Kundera wrote as an author under the rule of the Communists in Czechoslovakia. He allows K. no sense of individual guilt or responsibility. For Kundera, the heavy weight of the state intrudes upon, depersonalizes, and crushes the individual, who is left only to identify with the aggressor and blame himself. Kundera (1988) writes in *The Art of the Novel*:

There are periods in modern history when life resembles the novels of Kafka . . . the images, the situations, and even the individual sentences of Kafka's novels were part of life in Prague (pp. 105,106).

Kundera has the following to say about K.'s guilt:

The person punished does not know the reason for the punishment. The absurdity of the punishment is so unbearable that to find peace the accused needs to find a justification for his penalty. *The punishment seeks the offense*. . . . The "autoculpabilization" machine goes into motion . . . (p. 103).

Marthe Robert, in her psychological biography, *As Lonely as Franz Kafka* (1986), understands K.'s guilt from the perspective of Kafka's Judaism. She views the work as Kafka's effort to escape his father's domination through the weapon of his writing, and in the most psychologically informed commentary I

have read, thinks of the various characters as externalizations of what K. disavows in himself. Robert believes K.'s guilt is that he

betrayed Judaism at every moment by neglecting to profess it, though lacking the courage to break with it altogether. This twofold fault was the direct source of the guilt *without a crime* that led Joseph K. to destruction *without a judgment* (p. 13).

For Robert, K.'s guilt has to do with his ambivalence about Judaism. Although she identifies a source for K.'s guilt, the implication is still that K. has not committed a specific criminal offense. The inability to find a crime makes the punishment seem arbitrary and cruel.

Ritchie Robertson, in *Kafka, Judaism, Politics and Literature* (1987), places *The Trial* in the genre of a religious or metaphysical novel, in the tradition of Dostoyevsky's *Crime and Punishment*. Robertson has an interesting comment on the importance of an incident in Kafka's life, involving his fiancée, Felice Bauer, and a character, Fräulein Bürstner:

Now it is clear that . . . there is a connection between Kafka himself and Joseph K., and between Felice Bauer and Fräulein Bürstner. But the link need not be more than an onomastic one . . . such biographical and psychoanalytical interpretations tend to ignore the fact that for Kafka writing was a way of objectifying problems, gaining detachment from them and seeing them in perspective. . . . To objectify a problem in art is to generalize it; and once that is accomplished, the particular circumstances which made the artist scrutinize the problem are no longer of direct relevance (p. 96).

Robertson believes that an artist makes irrelevant the particular circumstances that give rise to a creative work. He asks what he believes is the crucial question of the novel: what if we were to take the moral law seriously? If we do, K. is guilty of a series of character defects; they include his compulsive womanizing, his lack of empathy for others, his aggressiveness, lack of emotions, and the sacrifice of his individuality to his desire to conform. So according to Robertson, *The Trial* is "contrasting the

absolute with the limited and relative world of 'motivation' (desires) in which K. is entrapped" (p. 117). The trial then is a test to see if K. can break through his wall of character defenses. But Robertson claims K. is unable to meet his charges adequately because his accuser is the Absolute, and no human could surmount such a challenge.

Robertson acknowledges the importance of K.'s guilt. However, he reduces K.'s guilt to qualities of his personality. K.'s guilt lies in his ignorance of the moral imperative to know himself. True enough, but this formulation is general and removed from any direct experience or understanding of guilt. Further, it is not clear why not knowing yourself is a crime punishable by death and why (as Robertson implies) the path to knowing yourself leads away from a discussion of the specific incidents which constitute the guilty acts.

Finally, for a different perspective, we turn to a work by the Italian critic Pietro Citati (1990), who writes:

So in the trial-process, where until now we had seen only persecution and the arbitrary, we must discern a sort of invitation that Someone had addressed to him. The sin without name, the feeling of guilt of which Joseph K. and the other defendants are guilty, is in reality a divine election. . . . God accused them and had them arrested by his disreputable emissaries. . . . All the investigations and the trial, the great machine on which the novel is constructed, were a sinister invention of the Court, the Law was playing a game with itself, for how is it possible to determine the meaning of guilt? (p. 156).

In this reading the guilt appears as a Divine invitation, almost a revelation. K.'s actual guilt thus becomes impossible to discern, and his challenge is to realize the call of grace.

These four reviews have much in common. All of them view the novel as an allegory of guilt and punishment. The Court is depicted as a representative of some organization of power, either Absolute Justice, the Divine, the State, or Judaism. While it is true that *The Trial* must be read on several levels, the critics

seem to minimize the psychology of K.'s guilt, if they do not exculpate him altogether. There have been limited attempts to link K.'s guilt to the specifics of the text beyond the obvious similarity between Kafka's relationship with his fiancée, Felice Bauer, and an important woman in the novel, Fräulein Bürstner. When K.'s guilt is discussed, it is usually done rather generally, in the context of K.'s inability to integrate his animal instincts, his greedy and calculating nature, or his failure to measure up to absolute standards. Despite these explanations, it is difficult to understand what crime K. has in fact committed; his guilt still remains vague and elusive. I find that the critics have identified with K. himself, so from their point of view his guilt seems illogical or irrelevant. All reviewers comment on the apparent absurdity of the charge.

When the novel is looked at from a psychoanalytic perspective, a curious irony emerges. There is an undertone to *The Trial*. This novel seems, as Camus describes it on the book jacket, to be a statement "on the problem of the absurd in its entirety" (Kafka, 1935). What could be more illogical than guilt without a crime, a Court that appears and vanishes at the whim of the accused, and an execution without the pretense of a judicial hearing. Finally, this bizarre story is told in straightforward, common-sense prose. It is a nightmare narrated by a newscaster.

But psychoanalysis has tools to make sense of nightmares. Through a close examination of the novel, I will try to show that the dynamic impetus for *The Trial* is the oedipal drama and its precursors, and that the Court is a metaphor for K.'s superego. The manifest allegory of guilt conceals very specific crimes. When incestuous or parricidal impulses are activated or acted upon in the novel, the Court inevitably appears to remind K. of his crime. Although he seems innocent and arbitrarily accused, a psychoanalytic understanding of oedipal and preoedipal issues as well as of the nature of the superego allows us to see K. as actually guilty. And this is what has been missed in critiques of *The Trial*. With the lawfulness of the unconscious that is time-

less, the impulses, crimes, and superego accusations recur. Despite the absurdity and K.'s frenetic attempts to learn about his crime, he commits the crimes repeatedly throughout the novel. That is the irony of this work.

To understand *The Trial* we must know the story of Felice Bauer. Franz and Felice met in 1912 and carried on an exhaustive correspondence for five years. Evidence of Franz's longing for and fears about Felice comes from his short story, "The Judgment," dedicated to her and written the year they met. In "The Judgment" a young man named Georg B., now running the family business, tells his widowed father that he is engaged. His father is lying in bed in nightclothes, senile and sick, but upon hearing the news, the old man "sprang erect in bed" (Kafka, 1947, p. 84), tall and powerful. The father berates his son for his disloyalty and disobedience, and eventually orders him to jump off a bridge. The son obediently complies. Kafka notes in his diary that Georg B. dies because of his fiancée (Heller, 1982, p. 70). Kafka dedicated "The Judgment" to Bauer and wrote to her that the woman "has the same initials as yours" (Kafka, 1973, p. 12). A woman with the same initials as Felice Bauer also plays a key role in *The Trial*.

Kafka worked by day as an insurance executive at a government agency, and he wrote at night. He was terrified that having a family would infringe upon the privacy and time he needed for his writing. In addition, he had great fear of pursuing a sexual relationship with his fiancée. As a clue to the nature of his worries, we read in Kafka's diary an entry concerning Bauer. Kafka writes, "coitus [is a] punishment for the happiness of being together. Live as ascetically as possible, more ascetically than a bachelor, the only possible way for me to endure marriage. But she?" (Heller, 1982, p. 50). Caught in what he believed was an unsolvable dilemma, Kafka succeeded marvelously in writing but failed to come to grips with his engagement. He procrastinated in the details of their wedding arrangements and in other plans for the future, and he responded to Bauer's entreaties ambivalently. Their engagement was broken twice, the

first time in July 1914, in unusual circumstances. The second and final break was in December 1917, three months after he had coughed blood and a diagnosis of pulmonary tuberculosis was made. He died seven years later, at age forty-one, when the disease spread to his larynx.

In early July 1914, during the first engagement with Bauer, Kafka visited her in Berlin. A group of friends gathered together. Kafka's diary speaks cryptically of a meeting in a hotel room. One friend acted as a judge, another as a prosecuting attorney, and Kafka heard an enumeration by Bauer of his failures as her fiancé. He refused to defend himself, and the engagement was called off. Kafka's immediate reaction to the judgment of what he called his Tribunal was a sense of freedom. He started making new plans: he would quit his job and move to Berlin to write full time. He would escape Prague, "the little mother with claws" (Pawel, 1984, p. 3). But fate decreed otherwise; on July 26, 1914, Austria declared war on Serbia, World War I started thereafter, and his effort to escape Prague was permanently derailed.

Kafka appeared relieved by the end of his engagement, and three weeks later he started working on *The Trial*. The trouble he had completing his engagement was mirrored in the difficulty he had finishing the manuscript. He wrote *The Trial* in a series of notebooks over a five-month span. When he finished, he divided the manuscript into separate chapters, nine complete ones and seven fragments. In 1920 he placed each chapter in a separate envelope and gave them to a friend, and on his deathbed left his friend instructions to destroy the manuscript. Fortunately, his friend disobeyed; he arranged the chapters as best he could and then published them.

The Trial begins with Joseph K.'s arrest. One morning, on his thirtieth birthday, two warders of the court intrude on him with the news. However, they do not know anything specific about the charges. The morning of his arrest, K. breakfasts on an apple, and then goes to the room of Fräulein Bürstner, a new tenant in the house where K. lives. In her room he meets an

Inspector of the Court, and K. demands to know the nature of the warrant brought against him, but the Inspector claims to know nothing. The day passes, K. goes to his bank, and that evening he steals into Fräulein Bürstner's room to apologize for disturbing it earlier that day. As he is leaving, at the threshold of the door, K. suddenly kisses her on her throat. They hear a noise and, afraid of being overheard by another tenant, they part. K. is soon summoned by phone to appear before the Court.

The day of K.'s arrest, the first day of his trial, reverberates with the Fall from Eden. K. eats an apple, and the two warders soon inform him that he is not properly clothed for the Inspector, symbolically exposing his nakedness. K. returns that evening and kisses Fräulein Bürstner (Eve) on the throat. This is the first of many kisses on the throat and neck that appear in the work. While critics have commented on the vampire-like and animal quality of the kiss on the throat, could this image also contain another reference to the forbidden fruit—the Adam's apple, suggesting the apple in the Garden of Eden?

Young (1991, pp. 264-265), looks at the Fall from a psychological and mythical perspective, and concludes that the original sin is a greedy, oral appropriation of paternal power. Adam and Eve steal patriarchal knowledge and power, and they are punished. Young adds that the Fall takes place in a sexually charged atmosphere. K.'s attempts to overthrow authority and obtain forbidden knowledge appear toward the end of the book and will be discussed later.

As stated earlier, Kafka began *The Trial* shortly after he was accused of crimes by his fiancée, Felice Bauer. This event provides the context for the novel. Thus, it is no surprise that a woman with the same initials as Bauer is the recipient of K.'s kiss. In *The Trial*, their kiss is interrupted by a noise. K. and Fräulein Bürstner are afraid of being overheard. Emphasis on the dark, muted sexual sounds behind a door that another might overhear puts them in the position of the observed in the primal scene.

These conflicts also reach back to earlier phases. The Fall is concerned with orality, hunger, and envy, and indeed we soon read that K. kisses Fräulein Bürstner "like some thirsty animal lapping greedily at a spring of long-sought water" (Kafka, 1935, p. 29).¹ Bergler (1952) talks about masochism arising from frustrated oral drives turned against the self. His view of the torturing, omniscient superego, covered by layers of defenses, echoes the Court in *The Trial*.

Throughout the book, faces peer through windows at K. with intense curiosity; ears, real or imagined, listen through doors and walls, and eyes gaze through peepholes. For example, when K. kisses Fräulein Bürstner, she responds, "what are you thinking about, he's [a boarder] listening at the door" (p. 28), and later when kissing, they hear "a slight noise from the Captain's room" (p. 29). I believe these images are primal scene representations with K. as the protagonist.

After K.'s kiss with Fräulein Bürstner is interrupted, K. is summoned by the Court for his first interrogation. The Court as the punishing authority, as outraged Father, appears to accuse K. of the crimes he has just committed. He is not told in the summons the exact time or place that he is to appear, but by a process explained as a type of special attraction between the accused and the Court, K. manages to arrive when the Court is in session and waiting for him. A washerwoman lets him into a large hallway, and he confronts the Examining Magistrate. K. denounces the Court and interrogates the Magistrate, but he is interrupted by squeals from the washerwoman. She is being sexually assaulted by a student of the Court. K. leaves the scene, thus discarding, in the words of the court official, the advantage a first interrogation confers upon the accused.

K. returns to the same hallway one week later. The place is deserted except for the washerwoman. She tells him that she is the wife of a court usher. K. picks up the Examining Magistrate's book, and instead of a volume on the law, he finds a

¹ Hereafter, quotations from *The Trial* will be cited by page number only.

pornographic book titled *How Grete Was Plagued by Her Husband* (p. 52). This seems an invitation to intrude upon the usher's wife. Finding K. appealing, she flirts with him, and he is attracted to her—a woman triply forbidden to him as she is married, and the mistress of the law student and of the Examining Magistrate. When K. realizes he wishes to steal the usher's wife and use her to advance his case, he has again committed an oedipal crime. At that instant the same student who assaulted the usher's wife the previous week appears. She leaves K. to talk with him, and the student kisses her on the throat, an externalization of K.'s oral libidinal wishes. The student whisks her away to consort with the Examining Magistrate. And contact with the Court soon follows on the heels of the crime; for when K. and the usher jealously follow the pair, they land in the lobby of the court offices.

After encountering a guard with a sword in the lobby, K. is led by the usher down a long passageway without light or air. It is a dark and stuffy tunnel, with wooden doors at regular intervals opening to equally dark and oppressive rooms. Because K. feels faint, he decides to leave. Gasping and coughing, he stumbles toward the exit, but on the way meets a woman with an Information Officer of the Court. This official is obliged to tell K. anything he wants to know, but K. is overcome with vertigo and leaves the court offices without asking a single question. K. is excluded from the couple, the position of a child being left out of the oedipal triangle. He leaves defeated.

At this point we have a beginning picture of the Court. We can see how the Court appears or disappears in a mysterious way that seems somehow related to K.'s inner state or to events that no true court could ever know about (such as K.'s kiss). We get a graphic description of the Court as we follow K. and the usher through the court offices. First they pass through a door leading to a dark lobby. They follow a long, winding corridor; the pathway is dim, poorly lit, hot and stuffy. Kafka writes that K. "causes an obstruction" and finally becomes so dizzy that he "felt like a ship rolling on heavy seas. It was as if the waters were

dashing against the wooden walls, as if the roaring of breaking waves came from the end of the passage" (p. 72). The reader, as well as K., gets an enclosed, stuffy feeling. When K. is expelled from the offices, we read that "the wall in front of him was split in two, a current of fresh air was at last wafted towards him" (p. 72). From these descriptions, it is clear that the Court reflects primitive body experiences with a womb, intestine, or anus. The resonance with the body ego explains the Court's eeriness to K. and to the reader. We are never quite sure if we are in the Court offices or in K.'s body, or why the Court seems so peculiarly responsive to K.

After his experience in the court offices, the Court and the trial recede somewhat into the background. K. tries to contact Fräulein Bürstner, but she is now inaccessible, and he returns to work in the bank. In some ill-defined way, his position in the hierarchy seems less secure. One day he passes a storage room, hears a noise, and finds the two warders who had summoned him being whipped. The room is dimly lit, full of old files and dark ink, and the whipper tells K. that his complaints to the Examining Magistrate are the cause of the beating. Horrified, K. leaves the room, but when he passes it again twenty-four hours later, he opens the door to find the same scene. (Because an identical beating takes place the next day, we get a sense of the timelessness of the unconscious in which the Court lives.) This scene is clearly an eroticized beating fantasy. The two warders are stripped naked and K. is watching, placing him as the observer in a primal scene fantasy. But also in identification with the warders, K. is the one whipped in a sadistic beating that has both negative oedipal and anal overtones. In this chapter, we see an elaboration of the anal-sadistic version of the Court. Few readers can doubt the cruelty of its apparatus. The Court whips its employees, seduces and violates women, and its officers read pornography.

K. makes several more attempts to contact the Court and learn the nature of his crime. His uncle takes him to a family friend, a lawyer who is familiar with the Court. The lawyer's

nurse and mistress, Leni, reluctantly opens the massive door and leads K. and his uncle to the lawyer's bed. Leni is attracted to K., and she keeps glancing at him. The lawyer lies in bed in a dark room, convalescing from a heart condition. He has already heard of K.'s case and is interested in helping him. We soon realize there is another person in the room; a very high official of the Court sits in a dark recess. K. now notices that the lawyer appears more powerful, and K. wonders if his original weak appearance was a cover.

K. leaves the bedroom on a pretense, and finds Leni in the lawyer's study. They observe a picture of a Judge who poses menacingly; he is seated on a chair but appears ready to spring forth and pronounce judgment. But his height is artificial; in reality he is "a small man or almost a dwarf" (p. 108). Leni tells K. that he is too unyielding; he must confess his guilt. They embrace, she kisses his neck passionately and offers K. the key to her door. He leaves, but not before he is told by his uncle that he has ruined his case because he left the lawyer and court official earlier.

We have another oedipal situation in this visit to an older man and his mistress. The description of the lawyer—a sick, weakened old man who suddenly appears powerful—links him with the father of "The Judgment." Just as the son in "The Judgment" expresses his romantic interests, K. is sexually attracted to the lawyer's mistress. K. kisses Leni, and we have a recapitulation of the oedipal crime. And once again, K. is condemned, this time in two ways. First, a high official of the Court is present with the lawyer (father) in the bedroom. We learn that the high official is important to K.'s case and disapproves of K.'s behavior. The second recrimination occurs when the embrace actually takes place, for Leni and K. kiss under the accusing picture of a Judge, yet another representative of the Court.

In addition to the Court, commonplace objects are uncanny in *The Trial*. Places seem familiar yet strange, and descriptions of rooms, offices, and buildings also appear to represent the body and its functions.

For example, doors are rich symbols in *The Trial*, and throughout the work there are repeated references to them—for instance, the doors of K.'s apartment, his bank, the Court buildings, the lawyer's house, the painter's studio, etc. Almost every important description of a place contains a reference to a door. Doors appear to symbolize a barrier to various body cavities or else a threshold. K. kisses Fräulein Bürstner at the open door of her apartment. Leni, the lawyer's mistress, stands behind a huge locked door, and K.'s path to the lawyer and Leni is blocked. After their kiss Leni gives K. the key to the door, and she tells him to enter any time. In these instances, doors seem to regulate entry to forbidden places; to women, evoking the door as guardian-father to the vagina. Doors are also experienced at an anal level. As discussed earlier, K. hears a noise in a storage room of the bank, opens the door, and sees the two warders being beaten. The room is dark and enclosed, filled with bundles of old dirty papers and empty ink bottles. This door is an anal sphincter enclosing a fecal room. In this room, the warders are sadistically whipped. The anal sphincter-door separates this room from the "clean" bank where money is transacted.

K. leaves Leni and the lawyer. Some time later K. becomes disappointed by his lawyer's endless procrastination. His case is going nowhere; he has had no contact with the Court and has no clue about the cause of his guilt. In desperation, he seeks a painter with special connections to the Court. The search leads him to a courtyard in a tenement that is protected by a great double door. His way to the painter is blocked by several girls. K. finally eludes them, enters the painter's studio, and notices a painting on an easel. At first the picture seems to be of a Judge rising from his chair with an angry, threatening stare, evoking the picture of the judge in the lawyer's office. Arising from the back of the chair is a shadowy figure representing Justice. Closer inspection of the painting reveals wings on the heels of the figure, thus changing it to an allegory of Victory. The painter adds a few more brush strokes, and the picture now "looked exactly like a goddess of the Hunt in full cry" (p. 147).

The painter tells K. how Judges intrude on him and demand to be painted. The painter adds that “it is easy enough to burst open any of the doors here” (p. 156). At this point K. feels hot and faint from the stuffy atmosphere of the studio and takes off his coat. The girls listening behind the door hear K. and giggle excitedly, thinking K. will be painted, but instead, the painter tells K. about the Court. As the painter begins to talk of the old legends, K. becomes dizzy and makes a quick exit out the side door, away from the girls. This maneuver lands K. in the court offices again—they are “in almost every attic” (p. 164).

Since K. again encounters the court apparatus when he flees the studio, we ask what the crime is. To answer this question, we take a brief detour to Kafka’s childhood. Kafka and his family suffered two great tragedies when he was a child. A brother, Georg, was born in September 1885 when Kafka was two and died of measles in the spring of 1887. In the fall of 1887, another son, Heinrich, was born, and he died of otitis the following spring. Franz was two when his brother Georg was born and six when Heinrich died. What was the effect on the sensitive child when his brothers died? Kafka must have experienced abandonment by his grief-stricken parents and the tremendous fragility and capriciousness of a world where two healthy siblings could die suddenly. How terrifying and unpredictable his world became, as arbitrary and unsafe as the world of the Court was for K.

Another probable legacy of the tragedy was extreme guilt over his fratricidal wishes, which the child must have thought had come true. His two brothers stood between young Kafka and his mother from the standpoint of oedipal wishes as well as earlier needs. As is common for siblings, young Franz must have wished the two interlopers would go away. Perhaps he came to view his thoughts as the magical cause of his brothers’ deaths, a magic which appears in *The Trial* when we experience the mysterious affinity between K.’s thoughts and the Court. The tragedies may also have been a powerful stimulus for death wishes against his father.

The Trial begins and ends with a pair of men, the psychic ghosts of Kafka's two dead brothers. Indeed they are K.'s accusers in the first chapter. Their actions suggest they are intimate with K., they break into his room, eat his breakfast, steal his clothes, and give him long searching looks. And when they are whipped because of K.'s complaints to the Court, K. feels the only sense of guilt and remorse in the novel. Their beating could represent a disguised version of Kafka's murderous, sadistic childhood wishes against his brothers.

How do these murderous impulses against his siblings enter at this point in the novel? K. is in the painter's studio. We believe he has committed a crime because he runs into the court offices after he leaves the painter's studio where he observed a painting that is an allegory of the Court. The picture turns out to be the goddess of the hunt. If my hypothesis is true that the appearance of the Court signifies that K. has committed a specific crime, the hunting goddess should reveal the crime.

The Greek goddess of the hunt was Artemis, her Roman counterpart, Diana. Diana was "a female with many breasts, the symbol of productivity," indicating an "all nourishing mother" (Fliess, 1956, p. 260). Fliess describes a phallic goddess; from the waist downward she narrows to a pillar. Surrounding her are rows of sculpted animals representing the hunt. Artemis is a fierce goddess and is associated with the violence of the hunt; she is also protector of children, childbirth, and virginity (Young, 1991, pp. 139-140).

K. is being hunted by the Court, which makes the Court the goddess. Artemis/Diana is patroness of childbirth and protector of the young. Could she be the avenger of Kafka's dead siblings? More specifically, perhaps she embodies his fears of retaliation for his death wishes that tragically came true, as well as an externalization of Kafka's wishes to hunt and cannibalize his brothers.

The scene with the painter marks the main appearance of children in *The Trial*. The children pester K., bar his way to the painter, and they watch, listen to, and bother K. and the painter

who are engaged in an intimate, important conversation behind closed doors. "They seemed to be crowding around the keyhole, perhaps they could see into the room through the cracks in the door as well" (p. 148). They comment excitedly when K. removes his jacket, makes noises, or moves in the room. This places the children as listeners to a primal scene derivative. Since there are more than two children, perhaps they represent both brother and sister competitors (Kafka had three sisters). And because his brothers died, perhaps his unconscious murderous fantasies were activated, and we have the Court in the form of Artemis/Diana to hunt him in retribution.

There is more to learn about oedipal transgressions from the goddess of the hunt. Sacred woods surrounded Lake Nemi on the outskirts of ancient Rome. These woods were a dark and beautiful place, and the dominion of Diana. According to Young (1991),

The grove at Nemi offered hospitality to no one. The man who guarded her sacred tree was both a murderer and priest. He was called "king of the wood," and his task was to stand with sword drawn on perpetual alert against the arrival of the stranger whose mission it was to desecrate the sacred tree. Even to doze in the small hours was dangerous; for sooner or later the stranger would come, tear a bough from the tree, kill the king, and reign in his stead until he in turn was killed (pp. 215-216).

The wish to kill the king and overturn his authority is the theme of this myth. We have seen K.'s incestuous wishes earlier, and now we see the other side of the oedipal story, to kill the authority and rule in turn.

The myth of the woods of Nemi foreshadows the parricidal theme that dominates the remainder of the book. In the next chapter K. fires his lawyer. The lawyer is a father figure by reason of his age, superior authority, and experience, by his possession of a desired woman, and finally by his sickly and weak position that shifts to one of strength. As was mentioned

earlier, the last image resonates with the father in "The Judgment." Because he is not pleased with the progress of his case, K. dismisses his lawyer and takes over his own defense. This is an act of parricide, of overturning the authority and power of the lawyer. Indeed, the text emphasizes the importance and experience of the lawyer.

Since K. commits the offense of parricide, we expect the Court to appear. While K. prepares his life history to justify his innocence, the Court once again approaches him in a Cathedral, in a pivotal chapter which contains the famous parable *Before the Law*. Before K. goes to the Cathedral he gets a call from Leni, thus linking her and the lawyer to this chapter. The Cathedral chapter contains both an opportunity and a final warning before his execution. The gathering darkness in the Cathedral begins the chapter on an ominous note. Light and darkness are metaphors that express K.'s problematic attempts at illumination about his case.

K.'s continued obtuseness is apparent in his dialogue with the priest. He begins by protesting his innocence and complaining that others are prejudiced against him. He intends to find more people to help him, but the priest admonishes him for seeking outside aid. To dissuade him from his delusion about the Court, the priest tells K. the parable, "*Before the Law*," which tells of a man from the country who seeks entrance to the Law. His way is barred by a doorkeeper. The guard cannot admit him at the moment, so the man asks if he can enter later. "It is possible," the doorkeeper says, "but not at this moment" (p. 213). The guard is powerful, so the man waits for permission to enter, entreating the guard with pleas and bribes. Years pass, and the man never gains admittance. The country man studies the doorkeeper even down to the fleas in his fur collar in his obsession to pass through the door. Finally, grown old in his quest, he poses his final question. He wants to know why in all these years no one has sought the Law except him. The doorkeeper replies that only he could have gained entrance, since the door was meant for him alone. The guard then shuts the door.

The priest and K. start a long commentary on the parable; they argue in Talmudic style about whether the doorkeeper deceives the man, and whether the man or the guard is closer to the Law. Although attracted by the parable, K. is unable to penetrate its riddle. He professes his innocence to the priest and decries the universality of guilt. In response the priest (in a statement that the critics would do well to heed) says that all the guilty speak this way. Suddenly uncomfortable, K. leaves the Cathedral, ending any further discussion of the parable. The priest adds that the Court seeks K. when he chooses to come and dismisses him when he wants to leave.

The main problem in the parable is how to get past the doorkeeper of the Law. The doorkeeper who stands between the man from the country and the entrance to a place that will make him wise or powerful evokes the woods of Nemi and its parricidal themes. A door appears here as an oedipal symbol; we have a door and a threshold with a guard preventing entry to a greatly desired but forbidden place, and one described as a long corridor—a vagina. Additional support for this line of interpretation comes from Kafka's diaries in an entry dated January 24, 1915 (Heller, 1982, p. 93). Kafka read "Before the Law" to Felice Bauer. This chapter gripped her like no other, she listened attentively, and they analyzed the parable. Kafka reached a new understanding, writing in his diary, "the significance of the story dawned upon me for the first time; she [Felice] grasped it rightly too" (Kafka, 1965, p. 112). Apparently, the meaning has something to do with Franz's (and Felice's) propriety, for he recorded Felice's laconic response to the story, "How well behaved we've been." Franz, as well as the man from the country, had trouble negotiating entry to forbidden places.

If K. solves the riddle in "Before the Law," he has the key to his case and access to the Law. According to the parable, the powerful guard-father must be tricked or forced to permit passage. Like the man from the country, K. is unable to decipher the secret of the parable and fails to figure out how to get past

the father-doorkeeper. They both remain on the outside looking in. K. becomes weary of questioning the priest, and he gives up trying to solve the riddle. This parable is an allegory for K.'s transgressive wishes, and summarizes the fate of K.'s attempts to solve his case. And because K. fails in his effort to unlock the parable, he remains in the position of the country man.

On his thirty-first birthday, one year after his trial begins, K. meets another pair of doubles, two "tenth rate old actors" (p. 224), dressed in frock coats and top hats. They did not come to instruct him about the Law, but to execute him. We get the same sense of affinity here as with the pair that appeared on the first page of *The Trial*. Although unwarned, K. is expecting the executioners when they arrive. They leave K.'s apartment and walk over a bridge, an image reminiscent of "The Judgment," in which Georg B. jumps off a bridge as his father orders. Ferenczi (1921, p. 354) writes of bridges as symbolizing transitions between life and death.

En route to his murder, K. sees Fräulein Bürstner, the woman with the initials of Felice Bauer. She disappears for the middle section of *The Trial*, yet she remains a dynamic force in the novel. We read that "K.'s relationship with Fräulein Bürstner seems to fluctuate with the case itself" (p. 126). When K. describes his arrest to his uncle, he is quick to think that the charges have nothing to do with Fräulein Bürstner. Yet he thinks of her at that point, thus implicating her in the framework of the case. Upon seeing her on the way to his execution, K. ceases his resistance; he realizes the inevitability of his sentence. K. dies "like a dog" (p. 229), and we hear ironic echoes of his kissing of Fräulein Bürstner in the first chapter when he laps at her throat like a thirsty animal.

Felice Bauer is again linked to K.'s fate as the executioners escort him to the quarry where they kill him. The agents of the Court walk with K. in a special way. We read that they "wound their arms around his at full length holding his hands in a methodical, practiced, irresistible grip. K. walked rigidly between

them, the three of them were interlocked in a unity . . . such as can hardly be formed except by lifeless matter" (p. 224). Drawn to couples bound together, on New Year's 1913, Kafka (1973, p. 136) writes to Bauer, "I could have no greater and no crazier wish than that we should be bound together inseparably by the wrists of your left hand and my right hand." He then remembers an account of a couple during the French Revolution tied together and being led to the scaffold. In another letter, on February 14, 1913, Kafka (1973, p. 194) describes staring at the picture of the intertwined fingers of a bridal couple. Couples joined by interlocked wrists and hands fascinate Kafka and are linked in his diary to an execution. And K. walked to his execution with hands tightly bound to his killers. Kafka's interest in the unity of the intertwined couples suggests that in addition to fearing oedipal conflicts aroused in marriage, he feared his attraction to a seamless merging with a wife-mother that would spell his doom.

Shortly before his death, K. sees a human figure with outstretched hands framed in the moonlit casement of a window. After seeing the witness, K. feels a new connectedness and his desire to live is reawakened. However, the execution must be carried out. The law exists, and K. has offended it. In a gesture that parodies K.'s kisses on women's necks, one executioner grips his throat. The other then plunges a double-edged butcher's knife into K.'s heart and turns it twice. As instruments of the Court, the brothers have their revenge. K. is killed in a quarry, a hole in the earth, a symbiotic merging with mother.

As K. dies, we are reminded of his incestuous, murderous, and parricidal wishes. The final words in the book, the horrible shame that will survive after K. dies, appear in Kafka's letter to his father, written in 1919. Kafka (1953) writes to his father about his immense guilt, and goes on to link his father with *The Trial*, saying that "in recollection of this boundlessness [of his guilt], I once wrote of someone; he is afraid the shame will outlive him" (p. 73).

DISCUSSION

In *The Trial*, we have a glimpse of Kafka's style of using realistic details to build a surrealistic story. The reader is drawn into a different world that feels compelling, yet bewildering. It is a world where common sense loses its foundation; we are not sure what causes what—whether the Court is everywhere or in one place or even whether it is exclusively in K.'s imagination. We wonder at K.'s relationship to the Court, how this agency appears or disappears according to his desires and fears.

Kafka himself experienced a similar confusion between an internal pain and external punishment. He writes to a friend:

Everything I possess is directed against me; what is directed against me is no longer a possession of mine. If, for example—this is purely an example—if my stomach hurts, it is no longer really my stomach but something that is basically indistinguishable from a stranger who has taken it into his head to club me. But that is so with everything. I am nothing but a mass of spikes going through me; if I try to defend myself and use force, the spikes only press in the deeper (Karl, 1991, p. 244).

This letter, with its emphasis on a loss of ownership, on body pains that are externalized and personified, and on a penetrative spike, helps expand our conception of K.'s guilt.

The Court robs K. of his freedom, and as his case increasingly preoccupies him, it robs him of all else. K. misplaces his identity card in the first chapter, symbolizing his loss of identity; K. is one of countless anonymous cases. *The Trial* ends with the endless shame that will outlive K., and one source of the shame is his dehumanization by the Court. Although *The Trial* is about a criminal accusation, shame appears as a theme throughout the text. In the court offices K. realizes “the shame of being delivered into the hands of these people” by his sudden weakness (his dizziness) (p. 69). K. has a “slight feeling of shame” (p. 127) in preparing a petition; apparently this feeling is enough to prevent him from pursuing it. K. is continually concerned with his

position in the bank and its hierarchy, his respect, and his sense of humiliation at being accused. In turn, he dehumanizes his subordinates, treating them in a contemptuous manner. Shame exists on all developmental levels (Wurmser, 1981, p. 69), but K.'s concern with power and his treating others as a means to his ends (help with his trial) places many of the same conflicts at an anal level.

Eyes peer at K. continually; they haunt him when the warrant is served in his encounter with Fräulein Bürstner and in his dealing in the bank and with the painter. The staring eyes, while having primal scene resonance, also evoke a continuous sense of being observed. For instance, on the day of his arrest, "across the street the party of three was still on the watch . . . [they] seemed to be waiting a chance to return to the window unobserved" (p. 13). We read that K. walks to his first interrogation slowly, "as if the Examining Magistrate might be leaning from one of the windows with every opportunity of observing that he was on his way" (p. 35), and later we learn the Assistant Manager "always spied upon him" (p. 197).

Shame is mediated through the eyes, and the descriptions of K. being observed and watched represent early conflicts with a powerful, shaming authority that further intrudes upon and diminishes K. Dehumanization and lack of recognition as an individual are early traumatic experiences; according to Shengold (1989) these traumas lead to an enduring oral, cannibalistic rage. This rage is defended against by depersonalization and a mechanical state reminiscent of the style of *The Trial*, which sparingly mentions feelings, but speaks instead in a detached, meticulous voice as it narrates its horrors.

Kafka (in the quotation above) writes of the transformation of his stomach pain into a stranger who punishes him. In *The Trial* the court offices echo body experiences and fantasies of a womb, intestine, or anus. The stomach also points to oral wishes. The beginning of *The Trial* echoes the Fall with its oral appropriation: K. is guilty of oral acquisitive impulses externalized to the Court as the hunting goddess. There are also hints of oral libid-

inal wishes to merge scattered throughout *The Trial*, from K.'s uniting with mother earth at the end of the novel to Diana with her many breasts. But wishes to merge are also problematic. Enclosed spaces are predominantly dangerous, they make K. dizzy, and he wishes to escape from them. Patients with claustrophobia often have conflicts with intimate relationships, and indeed K. has no close friends or lovers. The Court is directly linked with K.'s claustrophobia; and as Wurmser (1985) has pointed out, enclosed spaces can act as superego representatives.

The enclosed, stuffy, dirty court offices, the painter's studio, and the bank cellar also represent an anus. The Court is sadistic, it beats and mistreats its employees, and its officers read pornography while on duty. One judge is shown as dwarf-like, and a powerful, accusing dwarf can sometimes embody sadistic revenge and resentment (Wurmser, 1988). The Court as anus expels K. repeatedly, so K. becomes shit. But K. also treats his own feelings as shit, and deals with them by isolation; he never admits to any possibility of guilt, and the Court is seen as outside of him and having nothing to do with him. The shit is outside while K. works in his clean bank with money and power, a bank that has as its underside a filthy lumber room where the warders are whipped.

The "mass of spikes" Kafka describes as piercing him points to another theme of *The Trial*. In addition to the intrusive gaze haunting K., there are hints of other violations by the Court. The anality of the Court and its invasiveness evoke anal penetration. There seems to be an ambiguity in the Court's gender: Is the Court the male judges in the two pictures or is the Court the goddess of victory or of the hunt? The ambiguity in the Court's gender points to an image of the Court as an early bisexual parent, ready to intrude on, penetrate, and kill K. This early parental imago would be omnipresent and omniscient and would feel a part of the child's body. Artemis, the goddess of the hunt with her phallic lower body, embodies this primal parent, ready to hunt and shoot him with penetrating spike-arrows. In

the end, of course, she does shoot-stab him, and K. is united with mother earth. Could this primal parent assume such power because it is an elaboration of K.'s aggressive wishes? It is well known that the severity of the conscience is in proportion to the aggression it needs to contain. Kafka, as well as K., felt pursued by both parents. Kafka writes in a famous letter addressed to his father (1953, p. 47) that his mother unconsciously plays the part of the beater in the hunt.

The penetration by the Court has homosexual aspects. K.'s encounter with the painter takes place in his studio, a messy room with piles of clothes and junk scattered throughout, which again hints at anality. The whole scene has a sexual undertone; K. and the painter talk on the painter's bed, and the girls giggle excitedly as if watching a primal scene. K.'s interest in the washerwoman peaks when he fantasizes about taking revenge on the Examining Magistrate. With both Leni and the washerwoman, K. places himself with a powerful man through his mistress, a relationship that revolves around domination and submission. In fact, K. struggles to remain defiant of the Court's intrusiveness, a struggle that he resolves in a compromise fashion by his obstinacy. Because he struggles against giving in, to look at his guilt would involve submitting to an unjust authority, so he defiantly and defensively claims innocence.

The Court appears in *The Trial* in response to some specific crime K. commits. The crimes are primarily incestuous libidinal wishes directed at Fräulein Bürstner, the usher's wife, and the lawyer's mistress, and parricidal impulses aimed at the lawyer. Although the crimes themselves appear in response to oedipal provocations, we have just seen ample evidence of preoedipal issues that pervade *The Trial*. Because the crimes are identifiable, the manifest theme of the novel, the absurd accusation of K. by an arbitrary Court, has as its counterpoint specific crimes. This undertone provides a subtle tension to this great work. Seen in this light, many of K.'s actions can be viewed as defensive maneuvers to avoid knowledge of his guilt.

Very few critics discuss K.'s specific crimes. Even the more

psychologically minded ones only point in a general way to K.'s character flaws as a source of guilt. Perhaps they assume that without an actual criminal offense, it is not important to look at K.'s guilt with detailed reference to the plot of the book. By that reasoning K. is essentially blameless because he has not violated the law. Freud (1909) wrote about a patient, the Rat Man, whose sense of guilt exceeded the offense:

. . . a layman will say that the affect is too great for the occasion— that it is exaggerated—and that consequently the inference following from the self-reproach (the inference that the patient is a criminal) is false. On the contrary, the [analytic] physician says: 'No. The affect is justified. The sense of guilt is not in itself open to further criticism. But it belongs to some other content, which is unknown (*unconscious*), and which requires to be looked for . . .' (pp. 175-176).

Freud goes on to say that the guilt is related to an unknown idea that can be arrived at through the psychoanalytic method. The unconscious fantasy is the crime. There are at least two arguments to support this assertion.

At an early (anal) stage in a child's development, the child views his or her thoughts as omnipotent. In this world of magical thinking a wish is as good as a deed. So at a deep stratum in everyone's mind, there is no distinction between wish and action. Clearly, the Court exists in this preoedipal world. We have observed how the Court is omniscient, and how it responds directly to K.'s thoughts; indeed, it has the quality of a body part or an early introject. K. notes in the first chapter a gap in the Inspector's omniscience, showing that K. already intuitively knows the all-knowing character of the Court. And we are reminded repeatedly of the mysterious affinity between the Court and the guilty. The Court seems to follow K.'s intentions the way a dream weaves a response to the dreamer's innermost wishes and defenses.

There is another unconscious source of guilt arising from a type of crime committed during the oedipal stage of develop-

ment. Freud (1923) says that the superego is formed from oedipal striving and object relationships. As such, the superego experiences the libidinal and aggressive impulses of the oedipal period as having a factual, psychic reality, and it condemns the ego for those wishes. Marill (1991) comments:

He [Freud] suggested that the aggression of the child's rivalry, as mirrored in his or her anticipation of retaliatory attack, castration threat, and loss of love, is subsumed by the superego which then guards the individual against incestuous strivings. Presuming that the superego is reasonably free of sexualized instinct, it takes its role as a non-sadistic and reliable guide in helping the ego to modulate the demands of the instincts in conjunction with the reality of the world. In a sense, the oedipal objects are demolished, and a new structure is formed. A *metaphoric parricide takes place*. (p. 551).

I have viewed the Court in *The Trial* as an external punishing apparatus that corresponds to an inner condemnatory agency. In other words, the Court is K.'s conscience. When developmental conflicts are unsatisfactorily resolved, the superego is incompletely formed. This type of superego is prone to regress or to become re-externalized, and it is easily displaced. The Court thus can be inside K. or outside of him. Being outside of him, the Accusatory agency can be symbolized by various objects, such as doors and places that evoke body fantasies. The Court-Superego is prone to regression, and exists on both genital-oedipal, anal-sadistic, and oral levels. And according to Freud (1930) from an intrapsychic point of view, once the superego is formed there is no longer any difference between desiring and committing evil.

The resolution of the oedipus complex involves a symbolic murdering of parental authority, a parricide against the parental bond. Loewald writes of the process of taking responsibility for parricidal wishes, saying that these impulses are necessary on a metaphoric plane for individuation. Taking responsibility involves admitting these wishes and acknowledging guilt. Loewald (1979) adds:

We take for granted that this murder renders us guilty and calls for atonement. . . . Punishment is sought to evade or undo guilt. It is hoped that punishment will extinguish guilt, but it does not work for any length of time and more punishment is needed. Punishment, whether inflicted by others or by oneself, is too much in the service of repression of the sense of guilt . . . (p. 759).

Acknowledging and mastering guilt is what makes freedom possible. We are all familiar with patients who live in the shadow of unconscious guilt and a sense of endangerment, yet who evade knowledge of their crime. This is a common clinical scenario. For example, here is a dream from a male patient, a single lawyer in his late twenties early in his analysis with me:

I was arrested and incarcerated in a large jail; I was wrongfully accused of shoplifting or else of killing someone.

He associated to the disturbing sense of the dream. Like K., he denied his guilt; he made himself innocent in the dream and in his thought, "I know I'm not responsible for the crimes."

Murder played a large role in the patient's dreams, and he was plagued with a sense of guilt and imminent punishment for crimes of which he was unaware. Despite excellent health, he suffered from diffuse worries that his body was damaged. He once dreamed of withered corpses. His associations led back to a murder mystery he watched on television and to the dried-up state of his boss. When he described looking at the corpses through a camera, he became aware of eye pain, and he worried that his eye would be damaged (echoes of Oedipus). After I interpreted the punishment for looking closely, he came slightly nearer awareness of his crime, "I wouldn't exactly say I killed my boss, but I felt unmoved and not unhappy."

The Trial speaks to the difficulties of bearing guilt. The priest, in a telling remark as K. leaves the Cathedral, reveals the nature of the Court; "The Court wants nothing from you. It receives

you when you come and dismisses you when you go" (p. 222). When K. evades the Court and does not search for his guilt, the Court has no use for him. Loewald mentions two ways to avoid this process of shouldering guilt: by repressing the awareness of it or by substituting punishment for guilt. K. uses both these ways. In addition, he externalizes his guilt by invariably blaming the Court for its crimes. In this turning passive into active, K. refuses to consider his guilt. In fact, he feels "if he were to achieve anything, it was essential that he should banish from his mind once and for all the idea of possible guilt. There was no such guilt" (p. 127).

We also see ample evidence for K.'s repression of his awareness of guilt. The Court, as K.'s superego, states no outright, literal charge but offers plenty of clues and assistance in figuring out his guilt. The trial proceeds at a leisurely pace, lasting a year. But K. doesn't get it. He just doesn't consider that he's guilty. As Leni says, all you must do is admit your guilt, yet K. never takes the leap. In fact, when K. enters the bowels of the Court early in the novel, he is presented with an excellent opportunity. He meets a Clerk of Inquiries who is obliged to answer any question K. poses. But K. feels dizzy and must leave. The truth makes him claustrophobic; indeed the closer he is to the answers he seeks, the sicker he feels, and the Court-conscience become an enclosing womb or an anus. The pain associated with learning about his crimes causes his body to betray him shamefully. K. repeatedly avoids knowledge of his crime, so the Court grants him the ultimate dismissal. K. dies on the eve of his thirty-first birthday, which corresponds to the month before Kafka's tribunal with Felice Bauer.

In addition to repressing awareness of his guilt, K. expects, fears, and ultimately brings about his punishment. As Loewald predicts, this process pushes him further away from an awareness of the reality of his crimes. Perhaps the sudden punishment was so dreaded and expected by Kafka because of his helplessness and terror surrounding his brothers' deaths. Kafka must have formed a paradigm that his world could be shaken to its

core with little warning, and that murderous wishes can be tragically realized.

Because of their existence in the unconscious, when we look for parricidal, incestuous, and unconscious guilt in our patients' waking lives, we find shadows. Kafka shows us these shadows when he writes about K.'s great defensiveness against the realization of his guilt and the forbidden wishes that underlie it, and presents his crime as unknowable. K. fails to find his shadow; he appears obtuse and incapable of boldly walking through the door to the Law. To get through the door he would have to negotiate the doorkeeper. But there is a lawfulness acting as a counterpoint to K.'s difficulties, the lawfulness that says people are guilty when they strive for freedom, even (especially) when they think they are not.

Undoubtedly, part of *The Trial's* greatness lies in its Talmudic character, a style that both invites endless interpretation and forestalls definitive understanding. The far reaches of crime and guilt stretch to religious, philosophical, political, and literary heights, but they all share a common trunk—the unconscious conscience. Without the psychoanalytic viewpoint, other approaches lose their contact with instinctual life and the body ego. They thus fail to see how the crimes are re-enacted throughout the work and precisely why K. is guilty. It is as if Adam thought his crime in the Garden was stealing an apple from a neighbor, and not his fateful act of disobedience.

Kafka once wrote that truth is symbolic and paradoxical. *The Trial* administers a heavy dose of paradox; it presents us with a man who is to all appearances innocent, yet who continually commits the crimes he is accused of while trying to prove his innocence. We see a man who misunderstands the nature of his guilt even as he accurately perceives the brutal nature of the Court. And because the crimes are derived from the oedipal drama with resonances throughout all developmental stages, they achieve a universal dimension as we share K.'s confusion and guilt.

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Diving the Wreck: Risk and Injury in Sport Scuba Diving

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DIVING THE WRECK: RISK AND INJURY IN SPORT SCUBA DIVING

BY JENNIFER C. HUNT, PH.D.

This paper utilizes psychoanalytic theory to examine risk and injury in the case of a male deep sea diver. It examines the unconscious conflicts which appeared to fuel the diver's involvement in deep diving and to lead to a near fatal incident of decompression sickness. Particular attention is paid to the role of the diver's father in the evolution of the preoedipal and oedipal fantasies and conflicts which appear to be linked to the injury. The research is based on interviews with and fieldwork among recreational and deep divers.

INTRODUCTION

This paper applies psychoanalytic theory to exploring risk and injury in the case of a male sport scuba diver, Sam. Risk, pain, and injury are routine aspects of recreational and competitive sport activities at every age level (Bissinger, 1990; Fine, 1987; Hughes and Coakley, 1991; Sabo, 1989; Sabo and Panepinto, 1990; Young, 1993; Young, et al., 1994). Individuals who do not engage in risk and cannot handle pain and injury in socially designated ways are not given status as real athletes (Brant, 1993; Curry, 1993; Donnelly and Young, 1988; Durso, 1994; Ewald and Jibou, 1985; Nixon, 1993). In "extreme risk" sports, in which fatality rather than injury is the major concern, risk is

I am grateful to Sam and the other divers who shared their thoughts and allowed me into their world. Howard Silbert read an early draft of this manuscript and made constructive suggestions.

often viewed as a positive feature. Despite the prevalence of risk and injury in sports, there are no psychoanalytic works which examine the relevant issues. I will attempt to address this gap in our knowledge.

My study is based on interviews with and fieldwork among sport divers, which began in 1991. Clinical interviews and sociological fieldwork constitute the primary sources of data. Thirty-six male and female recreational¹ and deep divers have thus far been formally interviewed. Each diver was interviewed from three to six times for approximately one and one-half hours each time. Interviews were usually conducted once weekly in consecutive weeks, depending on work schedules and diver availability. Follow-up interviews were arranged for some injured divers after periods of from three to twelve months.

Clinical interviews with individuals with whom the researcher interacts and who are observed in the natural setting are complex. Transference and countertransference reactions may be distorted and intensified in view of the real-life relationships which often develop in the context of fieldwork. As interview subjects are not patients, their words and actions are less likely to be interpreted than would be the case in the context of psychotherapy or psychoanalysis. Indeed, interventions must be carefully managed so as to facilitate the quality of information gathered without creating a psychotherapeutic interaction which would alienate the diver.

This research shares a common methodological problem with many applied psychoanalytic studies of art, sports, and literature which rely on biographical and historical materials. It is based on limited interview and ethnographic data derived out-

¹ The definition of recreational diving in the United States was initially determined on the basis of how long a diver could stay underwater with a single 72 cubic foot tank of air. The United States instructional literature suggests that dives are "recreational" or "no-stop" if they are above 130 fsw (feet of sea water) for ten minutes or less because the diver can theoretically make a direct ascent to the surface without the mandatory in-water decompression required by deeper and/or longer dives.

side of the psychoanalytic situation. As a result, interpretations tend to be rather general, focusing on central dynamics which are often seen among boys who share childhoods similar to Sam's. Conclusions regarding the dynamics of risk and injury are necessarily speculative and await elaboration by psychoanalysts involved in the treatment of participants in high-risk sport or occupational subcultures.

SAM

Sam is a member of an extreme risk, "technical" diving subculture whose members are involved in the exploration of deep-water shipwrecks and caves. Technical diving is an equipment-intensive enterprise which utilizes a variety of gas mixtures to facilitate deep diving, maximize bottom time, and minimize the risks of nitrogen narcosis, decompression sickness, and oxygen toxicity.² Sam's injury and involvement in extended-range diving appear to condense a series of conflicts at different developmental levels. This study describes the events surrounding a near fatal dive and goes on to explore preoedipal and oedipal factors which may have contributed to the injury. Particular attention is paid to the role of Sam's father in the development of bisexual conflicts and sadomasochistic attachments which appeared to fuel Sam's risk-taking endeavors.

Sam is an intense and engaging man with a lively sense of humor and a curious mind. He has college and graduate degrees and holds a successful position in a scientific field. His first marriage ended in divorce after a year. He is remarried and has two children. His wife earns a small income doing clerical work and spends most of her time with childcare and housework.

² Nitrogen narcosis is a toxic mental state in which rational thinking is undermined, and anxiety, paranoia, and hallucinations can result. It usually becomes apparent at depths below 130 fsw, although cold, low visibility, fatigue, sickness, medication, or drugs can induce its effects at shallower depths.

Sam's father is a physician and sports medicine specialist, and his mother works as a receptionist.

Sam enjoys the challenge of cold-water diving and is fascinated by the exploration of the shipwrecks and caves which lie beyond recreational limits. After diving one day during his last trip of the season, Sam began to feel physically sick. Illness and fatigue are among the factors which predispose divers to decompression sickness (DCS) and increase their susceptibility to nitrogen narcosis. Nevertheless, he slept well and decided to dive in the morning, rationalizing the risk of injury with reference to the relative simplicity of the dive. Sam said:

I didn't feel bad when I woke up, and I waited a few hours. It was a beautiful day. It was a routine dive for me. I had done ten dives on a deep wreck, some of them penetrations of 230 fsw. So a dive of this depth was routine for me.

Sam descended down the anchor line and began to explore the wreck. The depth and duration of the dive combined with Sam's physical vulnerability to facilitate the onset of narcosis. He became steadily more enthralled with the wreck and prolonged his exploration, allowing powerful inner urges to dominate rational thought. A series of technical problems resulted from his lengthy exposure and mental disorientation. He was forced to make a direct ascent to the surface, missed a substantial decompression obligation, and suffered a near fatal "hit" (DCS).

Deep divers sanction certain categories of risk, but injuries are often viewed as signs of incompetence (Hunt, 1993). As a result, divers with decompression sickness face negative social reactions which intensify the shame that may also be linked to unconscious fantasies. Initially, Sam attempted to defend himself against unpleasant affects and thoughts by denying full responsibility for the incident. Instead, he shifted the blame for his decision to prolong the dive to external or biological forces over which he had little control:

I got up with a little flu, took nonprescription drugs. I was

affected by narcosis. The flu and fatigue set in. One diver said he took a nonprescription medication and was really zonked at 100 fsw. So you can imagine what it would be like at the depth that I was at. I should have turned the dive [around] earlier. The little voice in my head, turn the dive, turn the dive, no just a little more, a little more. I hooked up again with my buddy and he signaled me let's go up this [other] line, and I immediately fixated on [finding abandoned equipment]. I was exerting myself. Nitrogen narcosis was enhanced. I was exhausted. I didn't have the mental or physical resources to deal with the issues. I realized I was in danger at this point. I said let's just ascend. You know you are going to get bent but they can send you to a chamber. So I surfaced. I told the crew I screwed up, call a chopper, oxygen. I kind of went in and out for a bit, but I never let it enter my mind while I was underwater that I would be either dead or in a wheelchair, only afterward. I had more than [number of] minutes of decompression, [number of] minutes of bottom time and I had no more answers.³

Some months after Sam recovered from his injury, he began to look at its psychological aspects and to feel that depression had played a contributing role. He thought he may have been suicidal, although he had not consciously made plans to end his life. He recalled having thoughts during the dive of giving up life's struggle and not coming up. When he was lying on the deck of the boat, drifting in and out of consciousness, he found comfort in the thought of dying. But he thought about how his death might affect his family and began to struggle to stay alive. He described these conflictual thoughts and feelings in his account of the incident.

Sam was involved in a loveless marriage which was largely based on a financial arrangement. Prior to the dive, marital

³ When divers have violated decompression tables or are "bent," they are administered oxygen to facilitate nitrogen "off-gassing." If symptoms develop, persist, or intensify, they are usually sent to a recompression chamber.

conflicts had begun to reach a critical point, fueling his depressed mood. Key were several heated arguments with his wife involving financial issues. Sam was angry at her because he felt she was unrealistic about money and seemed to view his resources as unlimited. He also felt she “took” his money away, contributed little to the household, and was often hostile to him. For example, she complained about the length of time he had to stay home from work after his “accident.” She also voiced no concern about his involvement in technical diving or his decision to resume the activity, despite the fact that another injury would likely cripple or kill him.

Just prior to the dive, Sam also had an unpleasant exchange with a friend. The friend had promised to pay him the money he owed and had then refused. On several occasions the friend was cruel to Sam, despite the latter’s efforts to be helpful. This behavior continued even after the injury when the friend ridiculed Sam at a party because he could only do “low status,” recreational dives.

While Sam’s injury has many roots, there are indications that fantasies about his father played a determining role. The arguments with his wife and his friend appeared to mobilize feelings of deprivation, frustration, and rage which were originally experienced in the paternal relationship. Sam grew up as the youngest child in a household in which his parents were constantly engaged in “screaming matches.” His father would ridicule and degrade his mother by frequently calling her “a silly, stupid woman” and blaming all problems with Sam on “the way she raised him.” Overt fighting stopped by the time Sam reached late adolescence when his mother began to submit silently to her husband’s verbal abuse.

Sam describes his father as a “paranoid” man who was antagonistic to colleagues whom he suspected were taking advantage of him. He also viewed Sam as a drain on his emotional and financial resources and refused to provide sufficient emotional or monetary support. Sam felt as though he were a pariah. This pattern continued throughout Sam’s high school and college

years. On the rare occasions in which his father would appear to offer financial support, it would be withdrawn or negated.

Sam attributed his father's preoccupation with money and his negative attitude toward him to losses the father had suffered as a young man. The father came from a large, wealthy family which experienced a sudden shift in status after Sam's grandfather died. The grandfather left the estate in the hands of the eldest son who squandered it, leaving the family destitute. Sam describes how these events may have affected his father's relationship with him and with his son.

My father's family had servants, a big house, everything. He always felt that I was taking stuff away from him, money. It had a big impact on my life because I wanted to have money. My father is never happy no matter how much money he has. He is too afraid of losing it. It's the mommy thing. He does the same thing with [my oldest child]. My son spends more than a week with my father, and he comes back angry and frustrated. My father resents that my mother spends all her time with my child. He is messing my son up just like he messed me up.

Indeed, it seems possible that Sam's father viewed Sam as a sibling rival who took away maternal affection and family resources in much the same way as his brothers had.

Sam's own experience of deprivation appears linked to his insatiable hunger for something from his father. He recalled his first spoken word as "more," which he associates to outings at restaurants with his father and the pleasure he feels when his eldest child eats like him. Sam's drinking binges may also be linked to wishful fantasies about his father whom he used to accompany to pubs during family vacations. Feelings of deprivation and need seem to be displaced onto interactions with bosses at work, who he feels do not provide sufficient reward for his accomplishments. Part of Sam's involvement in high-risk diving appears to be motivated by his desire to get something valuable that he felt he lacked from his father. Sam said:

At a certain point in my career I wanted recognition. I know that I didn't get that from my father. My father was always complaining. When I was doing well in college, he never complimented me. He never said, "Well, you are on the Dean's List again." Maybe for me it's the added thing of the recognition when it did come in diving. It even makes it more special for me. I think he was proud I did that deep wreck. I think it was pride. He told a friend at the gym that I was a diver.

Sam's feeling of deprivation may reflect preoedipally rooted castration concerns which are sometimes apparent among boys whose father's are absent or cruel (Greenspan, 1982; Tyson, 1982). These anxieties were later strengthened in the light of oedipal conflicts and related aggressive fantasies. The configuration of gear Sam uses in diving may have constituted, in part, an attempt to compensate for this perceived lack of power and masculine tools. Technical divers go off to battle armed with dry suits, hoods, gloves, redundant regulators, computers, double tanks of air or mixed gas, and stage bottles for decompression. While this armor is often necessary to enhance a diver's chances of surviving deep dives, some colleagues claimed that Sam sometimes dived overequipped.⁴

It is worth noting that Sam prolonged his near fatal dive partly because he wanted to retrieve abandoned equipment. The lost equipment may be unconsciously linked to a bag of valuable items he left in a deep wreck earlier in the year. Sam was upset when he had to leave the bag behind, viewed it as a failure, and associated its loss directly to his dive injury. He also lost an expensive light when he dived his first ocean wreck after the injury. He associated the expensive light to another light lost on a dive which directly preceded his near fatal encounter.

⁴ It is dangerous to dive with too much equipment because it can increase drag, limit mobility, facilitate "task loading" and confuse the diver. For example, divers have died when they have mixed up their regulators and breathed oxygen at depth rather than air, nitrox, or trimix.

Several days after Sam lost the expensive light, he expressed a strong wish to retrieve it even if the search involved doing a decompression dive. Concerned that he would do something rash and get hurt, I asked him if he felt he had lost the light “which allowed him to see.”⁵ Sam reacted defensively, accused me of looking too deeply into things, and explained that “an experienced diver told me that he has gear spread all over the ocean. If you haven’t lost gear, you’ve not really been diving.” Although Sam denied it, it is possible that the bag and the lights were related to fantasies of other lost objects, including his father and his masculine sense of himself.

Most of Sam’s memories of his father involve pain or disappointment and display the sadomasochistic paternal attachment which most likely contributed to his problems in negotiating oedipal conflicts. Between the ages of three and six, he and his father engaged in mutually provocative games in which Sam was encouraged to be aggressive, minor injuries were frequent, and paternal retaliation resulted.

Such painful interactions between father and son continued through Sam’s latency and early teens when his father introduced him to a contact sport in which pain was routine. Consciously, Sam took pleasure in these athletic endeavors because he admired his father’s skill and enjoyed sharing something with him. His pleasure was eventually replaced by a sense of abandonment when the family moved, Sam joined a different team, and his father ceased to play.

Sam was intimidated by the new team because the players were intense and professionally oriented, and he had lost his father’s protection. He stopped playing his father’s sport but took up another contact game in high school and college and

⁵ I suspect that this “premature” countertransference observation was connected to my conscious worry that my research could cause Sam harm. Ironically, my efforts to write about risk and injury in order to prevent additional deaths is tied to the observation and exploration of risk and injury. Thus, my data depends on divers talking about and putting themselves at risk.

sustained a serious knee injury during a championship game. (Sam retains as a role model and source of comfort an injured former champion in the sport that he shared with his father.)

Although Sam was viewed as a promising player, he was not particularly successful, a fact that may have been related to his fear of aggression and his sense that he was not well equipped. In one interview, Sam revealed his masochistic identification with men who are injured and an unconscious association between victory and pain. The interview took place a few days before he arranged to make his first dive after his recovery, an event he made public, thereby increasing the pressure to make the dive. At the time, Sam appeared anxious. He also had a slight cough and some nasal congestion. Colds are considered counterindications for diving because they may complicate the equalization of pressure in the ears and cause barotrauma. Colds may also increase the diver's vulnerability to narcosis and decompression sickness. A segment of the relevant interview follows:

SAM: My wife wants me to get out more with her and the children but when I do, she is critical that I don't do things the way she does.

RESEARCHER: You are criticized in so many areas of your life.

SAM: That's funny because I have also been criticized in diving. John Smith [a diver] said you can tell a pioneer by the arrows in his back. I wanted to go diving. It is the only activity that I have ever done in my life that I can give my full mental and physical concentration. It's ironic the last dive was the accident. Overall, last season was my best. I had met all of my goals. It was rewarding—all those years of training coming to fruition. A lot of mutual respect from the community of divers. It had been such a battle.

RESEARCHER: Like [the sport you played with your father].

SAM: [The sport] was good and bad. I had wanted to win the championships but I was not able to do it. I was considered a good athlete, a tough kid. Experts saw me and thought I would develop into something. Whatever it was, I did not

have the right dedication. In fact, when I decided I wanted to do all of these dives, I had to overcome a lot of things. With my [other sport] I felt I quit in some respect. With failures, you can learn something. Ever seen Abraham Lincoln's political score sheet? He was defeated, then he came back to be President. So for myself I said I am not going to quit. There is no denying that whatever the block was, I have gotten over it. Some of this stuff has to do with stuff [in college with my father]. I had gone to a counselor, and he basically said you feel deprived because of your father. Maybe there is something I still feel deprived of. On a deep wreck I wasn't able to go back and get my bag. I just didn't have the time. I tried a shortcut but I had to go back [to the anchor line and ascend]. That was the one real setback after a successful season before I was "hit."

RESEARCHER: Something gets in the way of victory?

SAM: I had kind of thought why did that happen. Maybe I need more of a challenge. I really admire [the injured ex-champion]. He had to overcome so many things to win. The problem was that he went back too soon after he was injured, and then he was beaten. I got a lot of things out of [the sport shared with my father], recognition. Maybe I put up a challenge because I was frustrated. I don't feel I am doing something that is worthwhile at work. I should do more creative work. [The sport shared with my father] was too much for me in eighth grade. The problem with diving again. I have told so many people that I am going back into the water, announced it [in public]. I feel like I am in a fishbowl.

RESEARCHER: Do you think you are going back too soon?

SAM: No. [The injured ex-champion's] circumstances were different. He needed the money. He had taken such a body punishment. It took his body a while to go back. If I am still sick, I won't do the dive.

Sam began the interview by discussing his wife's critical attitude toward him, then shifted to his political and personal battles with members of the diving community. He went on to mention his injury, noting that it was "ironic" that it occurred

during the last dive of a successful season. I intervened at this point, pointing out the similarity between his battles in diving and his early experiences with the sport he shared with his father. Sam examined the obstacles he overcame to learn from failure and achieve diving success, comparing his efforts to the career of Abraham Lincoln. He also took heart in the experience of the injured former champion whose road to victory was fraught with difficulty. It is significant here that Sam did not note that Lincoln was assassinated after his victory. He also neglected to mention that the former champion sustained permanent, serious, and debilitating injury while still a young man, although Sam did acknowledge that this athlete lost a game because he competed too soon after an injury.

Sam denied that he was returning to diving prematurely⁶ and said his circumstances were different from those of the former champion whose motivation to play was financial. However, his answer could be viewed as a denial and a confirmation of my interpretation, in view of the link he appears to make between money and “gifts” from his father. Shortly after this conversation, Sam called and told me he had canceled the dive and had arranged a consultation with a psychiatrist.

Sam’s sadomasochistic identification with and attachment to his father appeared to be re-enacted with his eldest child. He deeply resented the boy’s birth because his wife lost interest in him and their sex life diminished. There were times when Sam and his son engaged in patterns of roughhouse play similar to those of Sam and his father. The games would sometimes terminate with the child in tears and Sam feeling remorseful. The anger Sam felt toward his father, his conflicted identification with him, his wish for protection, and need to be punished also

⁶ Although Sam had been medically “cleared” for diving in the sense that he had only very mild residual symptoms, no doctor will advocate diving after a serious hit. Data exist suggesting that a diver who has been “bent” is more likely to get bent again. Sam had been told that if he sustained a second serious hit, it would be devastating because he had no more physical resources to compensate for lost neurological functions.

may partly account for the intensity of his reaction when he heard about a father-son team who died of decompression sickness following a 240 fsw air dive.

Sam was distraught when he received word of the incident, although he was not close friends with either diver. The son apparently made a mistake and became trapped in the wreck. He then started to hallucinate as a result of narcosis and began to panic. When his father was able to free him, he continued to panic, making a direct ascent to the surface. The father followed his son and also missed a major decompression obligation. The father died soon after he was pulled onto the boat. The son died while being treated in the recompression chamber. Within this context, it is worth noting that Sam was almost killed in a “near miss” dive on the same German U-boat on which the father and son lost their lives.

As is typical among persons with masochistic conflicts, Sam appears to link love with pain, the alternative being abandonment. He was often left alone during latency and adolescence, and he wished his parents had made more effort to control his behavior, even if it involved punishment. Indeed, there is some indication that he unconsciously wanted his father to beat him. Sam said:

My father was always threatening me but wouldn't follow it up with violence. I think it would have been better had I had more discipline because even from the beginning, I was left alone a lot. I was eleven or thirteen, and I would be left alone for a week. I was alone when I came home from school because my father and mother were working. I would have parties in the house, with older kids. It made me feel different. No deadlines or curfews.

Boys whose fathers are absent or cruel may experience difficulties modulating aggression (Herzog, 1982), and Sam appeared to be no exception. Indeed, his desire for more discipline may also reflect his wish that his parents would help him control his impulses. Sam had frightening rages as a child, from which

his parents offered little protection. Although he had many friends with whom he partied and shared sports activities, he was known to be a bully, engaging in physical fights with school-mates who insulted or threatened him. He continues to have problems controlling aggression and often finds himself feeling easily annoyed and angry. Alcoholic binges and uninhibited spending may also reflect ego deficiencies and related problems of impulse control.

It is possible that Sam's involvement in technical diving represents an attempt to master aggressive impulses which are displaced onto the ocean environment. The gear that technical divers wear to maximize safety and control their habitat may provide a defense against aggressive (and sexual) wishes. During one interview, Sam talked about an upsetting interaction with a woman diver who made pejorative remarks about his accident. His thoughts shifted to the ways divers typically manage to handle the anxieties linked to the uncertainties in diving.

I intervened at this point and asked if he felt that the unpredictability was all external. He admitted that he had difficulty handling his aggression, then apparently became anxious and defended himself by focusing on ways that divers minimize risk and avoid injury. Parts of the interview are reproduced below.

SAM: I was really angry when the diver said that to me. I have been frightened in the water. Divers get religious quickly in the face of death. I spoke to a friend about accidents. He said gas management is the key thing. It's an attempt to control what you can't control. I read a book about the Titanic: it represented the age of science and was said to be "virtually unsinkable." And the Titanic sinks, and people are shocked. We can't control a lot of things. So accident analysis attempts to get a hold of the beast out there we don't know how to control.

RESEARCHER: I'm wondering is the beast just out there?

SAM: There are a lot of angry, impulsive urges. It's difficult for me to control being angry. In fact I had an incident the other day [describes an angry exchange with a woman at

work]. Every once and a while I snap. This side of me comes out so I try to keep it under control. Anger at other people. I have to train my body to in gas and out gas properly as I get back into diving. Then I will have to go back on air [from using oxygen for routine decompression].

Preoedipal problems of separation and individuation can be exacerbated in the light of father neglect and “too close” mothering (Abelin, 1971; Greenspan, 1982; Pacella, 1989; Ross, 1982). Bisexual conflicts may remain unresolved and sadomasochistic maternal attachments intensified. This was likely the case for Sam whose mother was seductive and used him as a substitute husband. She conspired with Sam to do things behind his father’s back, such as giving him money. She would cancel his school day and take him on trips to historical sights his father found silly, including ships in dry dock. She would give advice on sexual matters to Sam’s friends, an activity which he may have unconsciously viewed as flirtatious. In speaking about his relationship with his mother, Sam displayed some awareness that their “closeness” may have exacerbated his difficulties with his father.

Sam’s mother’s overt hostility toward her husband may have done more than simply increase Sam’s resentment toward his father. It may have contributed to Sam’s sense that men are objects of feminine ridicule and that maleness is devalued. If this was the case, then he was put in an impossible bind. On the one hand, maternal identification involved symbolic castration and submission to male abuse; on the other, paternal identification entailed sadism and subjugation to female hostility.

Sam was close to his maternal grandmother whom he would visit during summer vacations. She bought him a snorkel and fins and took him to the bay where he taught himself to swim and free dive. Sometime later, his mother provided swimming lessons. Sam’s fascination with history and the underwater remnants of battle were linked to memories of his mother and some of her family members who had lost their lives during World War II:

History was alive for me. I wanted to see the German U-boats, part of the history my mother was born into. The remains of a madman's desire to conquer the world. Some people say that the boats are hype, the dive into history—maybe for some but not for me.

Fantasies of male dominance influence many of Sam's adult relationships and may provide a defense against and enactment of a fantasy of submission to a powerful preoedipal mother. Sam married a woman who was socially and intellectually beneath him and who gladly adopted the role of domestic servant, cook, and sexual partner. Until their first child was born, she appeared a willing participant in perverse fantasies which revolved around conflicts of bisexuality and power. Sam's involvement in extended-range diving may partly represent an enactment of preoedipal struggles for dominance and control. Diving provides a sense of freedom from the "maternal" entrapment he experiences in marriage and work. Sam notes:

A middle-class existence is very boring to me. A nine-to-five type of job. I like a lot more excitement in my life. I am an adventurous person. Actually, as a result of some of the discord in my marriage, I enjoy being on a dive. The camaraderie is very satisfying, fulfilling. No matter what I do, she's unhappy with it.

While diving may constitute an expression of Sam's hostility toward his wife as well as toward his mother, his efforts to counter enslavement contain their own contradictions. Deep divers like Sam play a game of survival in which they flirt with danger and death. Aided by sophisticated and technical knowledge and equipment, they attempt to conquer narcosis, depth, time, and water. One mistake or moment of loss of control can prove fatal. Sam was injured when he made a mistake, lost control, became captivated by the wreck, and almost gave himself up to the water.

Sam's patterns of gear use can also be understood in the context of preoedipal fantasies about phallic women. The armor he

wears during deep-sea exploits may provide protection against the attack that he unconsciously associates with women as symbolized by the ocean and its inhabitants. His conscious ambivalence toward barracudas, creatures enjoyed by most recreational divers, may be derivative of these conflicts. A dream Sam had after a painful encounter with an aggressive, controlling woman reveals his fear of deep-sea "sirens" and his desire for paternal protection.⁷

I was on a deep dive, taking pictures of a giant octopus. I smelled ammonia, you know like in Benchley's book. I then saw an octopus with enormous tentacles. I had a camera and starting snapping pictures. Suddenly, it attacked me. My partner [a man] rescued me, but I barely escaped.

Sam associated the dream to a book about a giant squid which attacked and killed divers. He mentioned the myth of Medusa, then quickly changed the subject, making a joke about a painting he saw in Pompeii which depicted men with erect penises. The joke appeared to reflect Sam's desire for protection from the anxiety the dream engendered, as well as an allusion to hidden, female power.

Oedipal conflicts were likely exacerbated in light of Sam's anger toward his father, his sadomasochistic attachment to his mother, and his conflicts about masculine identity. His mother's seductive behavior may have increased his fear of oedipal victory. Sam's family had moved when he was in eighth grade at a time when he "had girlfriends, cheerleader girlfriends and all of a sudden it seemed really promising for me." He may have interpreted the move as a punishment for his success, as "things were bad" after the move, and his relationships with girls deteriorated. And later, "I went to college and I was having an awful

⁷ A well-known deep diver wrote an article about the seduction and dangers of diving the *Andrea Doria*. He noted that "come spring of each year the sirens which haunt the *Doria* sing and I find myself committed to another trip." He entitled the article "Andrea Doria: A Silent Lady Calls" (Lackenmeyer, 1994).

relationship with a woman. I had no money at the time. She liked going out with guys who had money. This was painful for me.”

Sam’s marital relationship may provide a defense against oedipal victory, closeness to women, regression, and loss of manhood. Although he has a number of women friends whose intellect, activities, and interests fascinate him, he has thus far been unable to have intimate relationships with them. Past sexual partners have been much like his wife and his father—fearful and angry persons who overtly undermined Sam’s sense of masculine worth. Sam’s self-defeating tendencies are evident in other behaviors which cause him pain. For example, he noted that there were several “things” he did which were “self-destructive,” including his alcoholic binges which left him feeling sick and fatigued.

That Sam’s injury also reflected a wish for punishment for sexual desires and a defense against them was suggested in the transference to me. After his recovery from the injury, I was concerned that I might inadvertently play a role in his decision to return prematurely to deep diving. Unconsciously, he might hurt himself in order to gain my approval by providing new data to support my research. I recalled that during our first interview, he had attempted to impress me as he had his father, by displaying his artifact collection and various diving accomplishments. When I asked him about this possibility, he insisted that I had been helpful to him, and he denied that he would consider diving to please me or add to my study.

My question may have facilitated a change in the transference, as indications began to appear in his narrative that I was becoming like the mother with whom he could talk. Relevant here is a dream Sam mentioned having the night before our interview. Although I did not inquire about the content of the dream, he told me that it concerned an old girlfriend and implied that it was sexual. Derivatives of a maternal transference seemed to emerge also in another interview which took place shortly after I accompanied Sam and six male friends on a week-

end wreck-diving trip. This was his second dive after the injury and the first one which took place in an uncontrolled ocean environment.

Sam began the interview by describing his hangover. I tried to focus his attention on the dive because I wanted to gather data about how postinjury dives were experienced. He said he had been anxious and interpreted every little physical feeling as a sign of decompression sickness. He then shifted the topic to the telephone conversation in which he asked me to join him and his friends on the dive. During that conversation, he told me that I could sleep alone in the bow if I was uncomfortable sleeping in a bunk across from a man. I assured him that I could sleep wherever it was convenient and did not want to unnecessarily displace men from their bunks. However, it seemed to me that Sam's concern about my welfare may have also reflected unconscious feelings he had about me. Part of the interview transcript is reproduced below.

RESEARCHER: Did you mind having me on the boat?

SAM: No, I was angry at Joe changing his dive plan like that [staying underwater longer than planned]. We had to rig up the extra tank with my regulator in case he was entrapped and we had to make a rescue. When I said you could sleep in the bow of the boat by yourself, I felt a little uncomfortable. I didn't know how you would feel sleeping with the guys.⁸

RESEARCHER: How I would feel?

SAM: This is my problem. It's not just, "Hey, the guys are on the boat, you can do whatever." It's funny because I have a lot of women friends, and the relationships are platonic. But there is always an attraction there. Like Anne. I thought of

⁸ Women comprise about 76% of the population of recreational divers, most of whom dive in warm water. No more than 1% of deep divers are women and few women dive cold-water wrecks in the Northeast even at recreational depths. Typically, any woman present on an overnight trip shares space with men, although every effort is made to avoid the sharing of double bunks by men and women who are not lovers. In the dive discussed, I slept in the cabin on a bunk across from two of Sam's friends. Sam and the other men slept in bunks on the deck.

inviting her to the bar but then I say, "No, I'm married." To be honest, my sex life with my wife isn't that great. When we were single, we had a great sex life. Things change when you have children. So I had fantasies. I am really struggling with this. I don't want my marriage to fall apart.

Sam's fear of oedipal victory may have been more troublesome in the light of his father's failures. He admired his father's medical expertise but was distressed that his success as an athlete's doctor was undermined by an inability to get along with colleagues. He was also disappointed when his father failed to fulfill his promise to pursue diving. Sam was introduced to the underwater world when he was a child and his father read him adventure stories "about guys going on grand expeditions, sailing, spearfishing and diving in Australia." They planned to learn to dive together and travel around the world exploring the ocean. As it turned out, his father was afraid of water and could not pursue training, so Sam eventually chose to learn to dive by himself. Sam's diving skills and achievements are substantial. However, he often lacks an appropriate sense of fear and sometimes "pushes the outside of the envelope," courting disaster. Indeed, even within the context of deep diving subculture, some of his underwater activities were considered excessively risky.

PSYCHODYNAMICS OF RISK AND INJURY

This research utilizes previous psychoanalytic findings about the role of the father in boys' development. Like many boys who suffer paternal abuse or deprivation, Sam appeared to have difficulties modulating aggression and negotiating the maturational crises associated with separation-individuation and disidentification (Abelin, 1971; Greenspan, 1982; Herzog, 1982; Muir, 1989; Pacella, 1989; Ross, 1982). This may have resulted in deficiencies in ego development and an unstable sense of himself and his personal wholeness. Bisexual conflicts may remain unresolved, castration fears appear significant, and mas-

culine identity seems to be fragile (Pacella, 1989; Tyson, 1982). Preoedipally rooted sadomasochistic identifications and attachments appear to have complicated Sam's ability to resolve oedipal conflicts. As a result, he has been unable to have intimate relationships with women and may be repeating the past in ongoing relationships with his wife and male companions.

Sam's involvement in high-risk diving appears to reflect preoedipal struggles for identity and for power over frightening, phallic women. Deep diving provides a means to prove manhood and gain closeness to and approval from colleagues who are paternal transference figures. Close relationships with male dive partners provide a defense against closeness to women and the oedipal victory, regression, or loss of masculinity that intimacy appears to entail. Sam's dive injury may also be linked to unresolved oedipal conflicts surrounding his father, constituting an enactment of sadomasochistic fantasies of maternal conquest, patricide, and homosexual submission.⁹

Sam's rage, his need for something from his father, his pervasive sense of badness, and his sadomasochistic identifications with and attachments to both parents heightened his difficulty in negotiating the conflicts of the oedipal phase. His father's failures at home and at work and his mother's seductive behavior made defeat of his father seem ever possible. While the fantasies which structured his involvement in high-risk diving appear to be dominated by early maternal conflicts, the injury itself possibly constituted an enactment of oedipal fantasies. The successful season of diving which preceded the "hit" and his friend's withdrawal of his promise of money appeared to mobilize feelings of rage and deprivation along with fantasies of conquest and destruction.

Diving may have been symbolically linked to Sam's secret

⁹ I do not mean to minimize the role of Sam's mother in the evolution of his risk-taking. According to Sam, she was a seductive woman who appeared to be ambivalent about her husband. However, her tendency to keep Sam close was likely enhanced by his father's hostility toward him and the tensions that were apparent in the marriage.

childhood outings with his mother and the sexually tinged relationship between them. Wreck penetration and exploration may have constituted a maternal seduction. There was little symbolic competition for his mother in view of the fact that his father could not dive and was rejected by her. It is possible that murderous impulses were symbolically realized in the act of successful diving and wreck penetration and that Sam viewed himself as a criminal perpetrator of incest and patricide. Fant-sized punishments were almost realized in fact, as DCS is a neurological condition which can cause loss of sexual functioning as well as paralysis and death.

Sam's "hit" also appeared to constitute an attempt to prevent future crimes and personal injury because it provided an external control for his rage. Indeed, Sam confirmed that he felt some relief after the accident because it kept him from continuing an activity that had become a dangerous compulsion. If he could no longer dive, he planned to pursue some neglected aspects of his occupational and personal life.

While the injury appeared to constitute a punishment for oedipal crimes, it also may have involved an enactment of a homosexual relationship with his father and masochistic submission to him. By getting hit as an injured athlete, he reproduced their previous "closeness" and attempted to gain his attention. At the same time, he sought to appease his father by offering himself in sacrifice, the victim of a violent sexual attack. Along these lines, Sam recalled an occasion in which colleagues ridiculed another "bent" diver. He compared their behavior to the reaction of police officers to a rape victim in the film, *Cape Fear*.

THE FATHER'S ROLE IN RISK AND INJURY

Sam's case may appear extreme in view of the nature of the psychological determinants which make the injury seem an accident waiting to happen. However, many features of his case

are not unique and illuminate some dynamics which may be shared by other technical divers. A comparison between Sam's childhood and that of his colleagues helps clarify some aspects of the psychology of risk and injury. All extended-range divers interviewed experienced major deficiencies in their relationships with their fathers.¹⁰ Some men had fathers who were aloof while they were infants but abusive during childhood, latency, or adolescence. These boys were beaten, verbally abused, humiliated, or made to feel small and inadequate. Some of these children consciously hated their fathers. Most appeared to be engaged in lifelong efforts to appease, please, be close to, and defend against attack by or identification with them, partly through involvement in high-risk sports.

The father of one diver became involved with his son as he matured. He taught him manly tasks such as carpentry and was delighted when his son first had sex. However, the diver did not enjoy the time he spent with his father because he would have preferred playing with friends. His father was a tyrant who demanded obedience and beat his son for the slightest offense. The diver recalls boating as the one activity he truly enjoyed with his father. The father was uncomfortable handling boats but liked being a passenger and encouraged his son to learn boating skills. Although the father was "the Captain," the son was "the pilot" and both took pleasure in ocean expeditions. The diver got married, joined the Air Force and was active in rescue missions during the Vietnam War. He is currently involved in a profession which is linked to boats and rescue.

Other men in the sample were not physically or verbally abused but had fathers who were absent, passive, or sick. One father was a soldier in World War II and hardly saw his infant son. The father showed little interest in the child when he came home despite the boy's desperate efforts to please him. The

¹⁰ Divers' relationships with their mothers varied. However, there is some indication that divers who experienced seductive mothering as well as absent, abusive, or passive fathering have an increased propensity toward injury and/or panic.

father eventually developed a debilitating illness that weakened him and led to his death when his son was eighteen. Throughout his youth, this diver remained attached to the exciting image of the worldly, warrior father but felt he had missed all the adventure. As a young child, he developed a fascination with ships and the “dark” and “dangerous” ocean and would have joined the Navy had his mother not opposed “another man in the family wearing a uniform.” The diver eventually pursued a career in the food industry and devoted his life to deep diving.

Like Sam, a number of deep divers appear to link masculinity to involvement in high-risk activity. This unconscious link between risk-taking and masculinity is given cultural support within the deep diving community. Although injury is often stigmatized, high-risk diving is culturally condoned and rewarded when it is done with skill and competence (Hunt, 1993, 1995). The wreck of the *Andrea Doria* is considered the Mt. Everest of diving in view of its depth (240 fsw), treacherous ocean environment, size, and abundance of luxury artifacts. Diving the *Doria* is considered a rite of passage into manhood and “real diver” identity for most extended-range divers. One diver emerged from his first *Doria* dive and declared to the boat captain that he was “no longer a virgin.” Another diver was rewarded for displaying “brass balls” when he removed his dive wings (buoyancy control device) and tanks to slip through an iron grate placed by the crew of a competitor boat. He wanted to get inside the wreck and retrieve some dishes.

Like Sam, a number of deep divers appear to be angry men, some of whom have trouble controlling aggression. Their rage may be thinly concealed beneath affectless silences and subtle enactments or overtly displayed in tantrums. One diver could be warm and charming, particularly when aboard a dive boat. However, he had a “mean streak” and an explosive temper and would verbally abuse employees who challenged his authority or did something “stupid.” Telephone conversations with his mother would leave him in a particularly angry and vulnerable mood. Another diver was extremely reserved and displayed nei-

ther warmth nor charm. He engaged in few conversations during dive expeditions, went to sleep before pornographic or other films were shown, and spent most of his pre-dive hours reading a book. He also kept a large poster on the wall of his home which advocated capital punishment and depicted an electric chair and other execution paraphernalia.

A number of extended-range divers appear to share preoedipal conflicts which they defend against through latent homosexual attachments to each other. Although several divers experienced homosexual liaisons in late adolescence, this is highly exceptional. Such fantasies ordinarily remain unconscious and are evident in cultural jokes, homophobic attitudes, and preference for male companionship.¹¹ Diving appears to provide a means to gain freedom from female dominance and control. One diver associated a dream he had the night before his first Doria dive to an occasion in which he lost his wedding band. He went on to discuss tensions in his marriage which revolved around his wife's desire to limit his diving activities.

Although some deep divers have close relationships, a number of them seem to share Sam's ambivalence and choose women who do not like men. One diver's wife "accidentally" put chlorine in their swimming pool when he was soaking his gear. She knew the chlorine damaged dive equipment. Another diver's woman friend abandoned her agreed-upon dive buddy role and left him stranded inside a dark wreck. She was supposed to stay at the ship's exit to guide his return and monitor dive time in case there was trouble. A third woman decided not to do a dive on the Andrea Doria after having a dream in which her husband died on his dive. While they were known to have a tumultuous relationship in which fighting was frequent, she was

¹¹ Interviews with homosexual male divers have just begun. Initial observations of and discussion with homosexual divers suggest that gay men may be less prone to engage in high-risk underwater activities than their heterosexual peers. It should be noted that openly homosexual men would not be welcome on a boat that specializes in technical diving; therefore men who are "out of the closet" are less likely to be exposed to the kind of socialization that pressures them into deep diving.

particularly angry during this trip, in part because he had refused to dive with her, claiming it would be a sacrifice in view of his superior skills.

A male diver and Vietnam veteran was an honest and honorable person, treated women divers well, was a good provider to his family, and would never tolerate the physical abuse of women or children. However, his relationship with his wife was ambivalent, and he was often angry at her. He particularly resented her for his decision to sacrifice his career interests to keep the family together. This man had a sticker of a bull's-eye target placed in the toilet bowl in the head (bathroom) of his boat which depicted Jane Fonda ("Hanoi Jane") with her legs spread open.

Another diver was emotionally abusive to his woman friend, gave her the "silent treatment" for days on end, and threatened to withdraw his "love" if she did not participate in his dangerous leisure activities. Once when she displeased him by displaying a lack of enthusiasm for a selfish gift, he became enraged and forced her to give him oral sex. The woman explained, "Joe was really charming at first. These guys [deep divers] are not nice men. They really hate women. Sam? He's too nice a guy to be doing this kind of diving."

Sexual activities of deep divers vary considerably, and it is difficult without comparative data to determine distinctive patterns. Several claimed to prefer "straight sex" and had only one or two affairs during long marriages. Two divers were promiscuous or said they had "open" marriages. Four others acknowledged engaging in perverse or sadomasochistic sexual practices, which may have reflected negative oedipal and preoedipal conflicts. These activities included specific role-playing games, lingerie configurations (heels, hose, and garter belt during intercourse), and painless forms of bondage. Two divers appeared to be passive partners and seemed to prefer oral sex or masturbatory activity to sexual intercourse.

Another diver's sadomasochistic attachment to and fear of

women made an appearance in the transference and counter-transference during interviews. As soon as the diver entered my office, he requested that I fix him some tea. His request was unusual, and as I let him into the kitchen and prepared the drink, I felt somewhat intruded upon. His request may have reflected his need to know what was hidden behind my closed door, a possible derivative of his deeper fears of women. Did he want me to feed him tea and crumpets as I later discovered his mother had done? The man was an alcoholic, owned a restaurant, and wrote for a food magazine. Perhaps he was also trying to dominate me by putting me in the roles of servant and mother. I knew that he treated his woman friend poorly and learned that they routinely engaged in painless sadomasochistic sexual practices.

When the diver sat down, he displayed paranoia by protesting the fact that his back faced the door, claiming he didn't like surprises. He mentioned a time when he was in therapy (three sessions). The woman therapist apparently engaged in a game of "musical chairs," a "trick" to see which chair he would choose, his or hers. The diver then looked intently at my breasts knowing full well his actions were obvious. He began to describe how much he *loved* women and enjoyed their sensuality, an emphatic statement that I suspected was a reaction formation against his hatred of them (me).

The diver proceeded to try to appease me by telling me what he thought I wanted to hear, including a conscious memory of sexual wishes toward his mother when he was about five. I interpreted to him his desire to please, to which he responded by saying that he didn't know what I wanted in the interview. His partner had urged him to come, saying that I had been helpful to him.¹² The diver arranged our interview schedule in a manner similar to the way he conducted his first dive on the Andrea

¹² The partner was concerned that the diver would get himself killed because he had a tendency to rush into a dangerous situation without thinking.

Doria. He had barreled down the anchor line without pause or self-reflection and had suddenly found himself in a dangerous situation which led him to panic. The diver requested that we have four consecutive interviews of about three hours each, rather than one for one and a half hours once or twice a week for three to six weeks.

Our last interview terminated with a surprise confession about his son, which revealed the man's hostility, insecurity about his masculinity, and inability to empathize with his son. He had taken his novice son on a warm-water dive trip. The diver and his son were separated as a result of difficult ocean conditions. After a search the diver and the boat captain found the terrified boy clinging to a rock. He had apparently almost drowned. The diver did not appear to understand that his son was frightened and could have died. Instead, he urged his son to get back in the water almost immediately. The boy refused and never went diving again. The father felt deeply ashamed and angry because the boy had displayed cowardice in front of the boat captain. I identified with the son and was left feeling chilled and uneasy. I found the diver frightening and did not particularly like him.

Diving folklore and war stories appear to reveal the existence of common struggles to control and subjugate "dangerous" women or their symbolic equivalents. Many deep divers engage in spearfishing activities at some point in their careers. Others share a disinterest in marine life and find "tidy bowl" (Caribbean) diving boring. Deep divers tend to view sea creatures in a more threatening light than do recreational divers. Accounts of divers "hanging" back to back to minimize shark attacks while doing mandatory decompression stops are typical.¹³ A "short story" with a similar symbolic content was circulated among extended-range divers during a trip to the Andrea Doria. It in-

¹³ It should be noted that this view of sharks has foundation in reality as sharks are sometimes a threat to deep divers.

volved a fantasy of cave penetration in which two male partners fought bloodsucking bats and vampire-like creatures.

CONCLUSION

Psychoanalysis is a science of retrospective construction rather than prediction. Children who experience similar patterns of parenting will manage their conflicts in different ways depending on biological disposition, family position, class, gender, and a multiplicity of other social and psychological factors. Some boys with sadomasochistic maternal and paternal attachments become delinquents, alcoholics, or drug addicts. Others choose professions and leisure and sport activities which allow them to handle conflict in culturally acceptable ways. Involvement in a particular occupation or sport or leisure activity is often rooted in early childhood. Sport divers' interest in water, boats, or diving usually begins by latency. Extended-range diving becomes a special arena in which some men appear to enact and attempt to master conflicts rooted in early experience with absent or abusive fathers.

Subcultures provide opportunities for socialization which facilitate the enactment of certain fantasies among vulnerable individuals. They also provide ready defenses against the emergence of unpleasant fantasies and affects. While each individual within a culture has a particular set of fantasies and feelings which is unique to him or her, there is self-selection to join subcultures which are populated by persons with similar conflicts, particularly among those who share childhood experiences. While this paper focuses on the case of one diver and his particular affects and thoughts, it also describes some features of this diver's fantasies that may be shared by other subculture members.

Further research is necessary to examine the implications of this study for other occupational, sport, and leisure activities in

which risk is a dominant feature. There are indications that divers and elite athletes involved in high-risk, high-injury sports share some patterns of parenting and may be enacting similar fantasies. The more risky and violent the sport, the more likely do issues of bisexuality, masculinity, aggression, and sadomasochism appear to influence an individual's sport participation.

Like divers, most elite athletes display interest in their chosen sport in early childhood (Messner, 1990a, 1990b). Fathers often play an active and critical role in athletes' choice of sport and the nature of their involvement (Bissinger, 1990; Messner, 1990b). In cases where fathers are absent, brothers, uncles, and community members confirm the link between masculinity and athletic achievement. Sports provide a special means through which these men gain closeness to and approval from their fathers and male colleagues (Curry, 1993; Messner 1990b). Fathers also appear to play a key role in athletes' acceptance of pain and injury (Connell, 1990; Messner, 1990b; Sabo and Panepinto, 1990).

A number of studies of high-injury sports report cases in which fathers of athletes support the fantasy that manliness, "real athlete" identity, and physical sacrifice are linked. They may display their "love" for their sons by minimizing the seriousness of their injuries and encouraging them to play with pain (Curry, 1993). In one case, a father colluded with his son's efforts to hide his use of steroids, apparently because they made him more competitive (Telander, 1989). Some players seem to repeat sadomasochistic paternal attachments in relationships with coaches who also support the use of performance-enhancing drugs or encourage their athletes to play with pain and/or injury (Bayless, 1990; Curry, 1993; Telander, 1989). One coach was even reported to select athletes from deprived and fatherless homes because he believed they were more malleable and would be willing to sacrifice themselves to the game (Bayless, 1990).

This research has emphasized the conflictual dimensions of sport diving. However, it should be noted that deep diving takes

considerable commitment and skill and can be a relatively conflict-free, creative endeavor. Like artists and elite athletes, deep divers may engage in efforts to attain symbolic immortality through substantial achievements which challenge human physical, intellectual, and cultural boundaries (Schmitt and Leonard, 1988). Deep divers like Sam often combine a rich intelligence and intellectual curiosity with considerable physical and technical skill to become underwater explorers of history and alternative worlds.

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Samuel A. Guttman 1914-1995

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SAMUEL A. GUTTMAN

1914-1995

Sam Guttman died on the 18th of September, 1995, after a long and distressing illness, leaving us an invaluable legacy for which we remain lastingly grateful.

It must have been in the late fifties that I met Sam at some committee or other of the American Psychoanalytic Association. It did not take me long to realize that I had come across a remarkable person marked by brilliance, humor, and unusual creativity—and not without a few quirks of character. Many were lovable, such as his exceptional generosity of spirit and his sparkling wit; others required sympathetic understanding which, once given, led to admiration and lasting friendship. Never dull, he was, on the contrary, a man of great interest and complexity, to a degree unusual even in our profession. Above all, he had a profound knowledge and love of psychoanalysis. We became close friends and remained so until his death.

Soon after we met some thirty-seven years ago he described what struck me as a fantastic plan to encourage the development of psychoanalysis and its practitioners. He thought there would be an important place for a new type of group activity, one that would function as a learning process for mature psychoanalysts. It would be a country-wide, essentially leaderless organization which would give its participants the opportunity to spend time with one another in a neutral atmosphere, free of the usual stress and political considerations that inevitably color one's thinking and discussion within one's own institute and at meetings of the American.

Groups of fifteen analysts would be invited to meet together for the weekend in the relaxed atmosphere of the Nassau Inn at

Princeton, New Jersey, to talk about psychoanalysis in any way that interested them. The groups were to be unstructured, although they might begin with some distinguished analyst as a moderator, not a chairman. Such meetings were to take place twice a year. This arrangement would give each participant an opportunity for wide-ranging discussion and friendly criticism of his or her half-formed ideas, especially those that might be considered at variance with accepted doctrine—the kind of ideas one hesitates to voice in the tight atmosphere of a local institute or at meetings of the American. Above all, it was to be a chance for analysts from many parts of the country to become friends as well as colleagues.

I must confess that I listened to Sam with a certain degree of skepticism; I did not hold out high hopes for the project, which struck me as noble but impractical. My experience had led me to believe that it would not work (even with so rational a group of individuals as psychoanalysts are known to be). Time has proven me to have been absolutely wrong, and Sam brilliantly right. He became the guide and driving force that led to the notable success of The Center for Advanced Psychoanalytic Studies (CAPS).

The first group met for a weekend in November 1961, and has met twice a year since. Ten more groups have been formed since, all of which have furnished their participants with the highly gratifying experience of learning from each other and establishing lasting friendships. Those who have participated can testify to the degree to which CAPS has fostered their professional development and increasing satisfaction in their work. It was Sam's persistent efforts, remarkable organizational ability, and, above all, his devotion to the art and science of psychoanalysis that allowed CAPS to become what it is today. I do not know how Sam would have felt about my revealing that he used his own funds (along with Muriel Gardiner's generous contributions) to support the infant project for the first few years. I think it sheds light on an important aspect of his character—his generosity and underlying modesty.

Sam had a great respect for intelligence and would tolerate disagreements so long as they were arguable and sincere, but he had little patience with people whom he considered boring or pretentious, and he took little trouble to hide his feelings. Fortunately, that was not a problem at CAPS meetings, where he proved to be a lively, open-minded, and stimulating contributor and discussant in Group One.

Ever active, Sam did not rest after establishing CAPS. A few years later, he evolved a new plan, that of arranging two-week meetings during the summer in Aspen, Colorado. There, in an open, welcoming atmosphere, groups of analysts had the privilege of combining high-level psychoanalytic discussion with hiking and fishing; Sam was an enthusiastic fisherman, if not so happy about hiking. Meetings have taken place every other summer, alternating with meetings of the International Psychoanalytical Association. The Aspen sessions have been attended with enthusiasm by as many as sixty analysts at a time who have returned again and again, until age made some of us uncomfortable at the altitude of 7500 feet. We thus dropped out, making room for more youthful participants. Sam had always been very serious about the importance of encouraging younger analysts in order to ensure the future of our discipline. Perhaps he chose Aspen with that in mind—I would not put it past him.

I have chosen to emphasize what I and many others regard as the most widely appreciated, valuable, and lasting part of his legacy. There has been much more. He was responsible for the organization and publication of the Concordances of Freud's writings in both English and German editions, an invaluable source for scholars who have often tried in vain to locate a barely remembered phrase. Now, in a few moments they can find the exact location, wording, and context and get it right. This has done much to reduce the tendency to misquote the original.

As Chairman of the Program Committee of the American, he invigorated the scientific meetings by active use of panels, workshops, and discussion groups of widening scope and participation. He tried to ensure the broadest dissemination of psycho-

analytic ideas and viewpoints, an effort in which he was brilliantly successful. Here also, he was particularly interested in the participation of younger colleagues, encouraging them to challenge accepted ideas and present their own findings and hypotheses, especially those which employed convincing and relevant clinical material in support. He impressed others with his broad knowledge of the literature and was eager to invite those who presented new ideas while not neglecting the role of our analytic forebears; he gave much credit especially to Robert Waelder, whom he regarded as a paternal figure and mentor, and did much to bring his work to our attention.

Sam's accomplishments reflected an unusually broad educational experience, even for an analyst. He received his bachelor's degree, his M.D., and his Ph.D. in neurophysiology from Cornell University. He conducted research in the latter field at Cornell, Harvard, and the Rockefeller Institute, as well as at the Woods Hole Biological Laboratory; he taught at Cornell, Columbia, Penn, and Jefferson Medical College, was a training and supervising analyst at the Institute of the Philadelphia Association for Psychoanalysis, and was past President of that organization. (I was especially intrigued by the idea that Sam had been an early wartime member of the OSS, the precursor of the CIA.) He was also author or co-author of some seventy papers on subjects ranging from neurophysiology through psychiatry and psychoanalysis.

All of this leads us to remember Sam as a notable contributor to our field. But most of all, we celebrate his unique role in encouraging original thought and comradeship among us, country-wide. As we mourn our loss, we rejoice in the precious legacy that outlives him.

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Psychoanalysis and the Postmodern Impulse. Knowing and Being Since Freud's Psychology. By Barnaby B. Barratt. Baltimore/London: The Johns Hopkins University Press, 1993. 262 pp.

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BOOK REVIEWS

PSYCHOANALYSIS AND THE POSTMODERN IMPULSE. KNOWING AND BEING SINCE FREUD'S PSYCHOLOGY. By Barnaby B. Barratt. Baltimore/London: The Johns Hopkins University Press, 1993. 262 pp.

In his first book, *Psychic Reality and Psychoanalytic Knowing*,¹ Barnaby Barratt introduced his version of a crucial contemporary task: how to integrate psychoanalysis with the ongoing effort to think through the limitations placed on us by the history of our thought itself. This task has been pursued with some urgency by those thinkers who attempt liberation from ideas that appear to be natural or self-evident, but which are actually limiting restrictions on what is thinkable. A theory and a practice that "denaturalize" such restrictions are essential to this effort. For Barratt, Freud's thought and the liberating process of psychoanalysis it initiated are prominent examples of just such a process.

The problems arise, starting with Freud himself, when psychoanalytic theory regresses into the acceptance of the epistemological or methodological thinking it should implicitly challenge. This theoretical regression inevitably entails regression in practice. Thus, in his first book, Barratt took his readers on a difficult philosophical journey, reviewing the essential metaphysical issues that psychoanalysis is positioned most effectively to question and yet seems to fall back into, producing blind regressions to pre-Freudian thinking. In the book under review, Barratt goes a step further, demonstrating how psychoanalysis cannot but be part of the end of the modern era of metaphysics. As a pivotal element in the end of modernism, psychoanalysis would have to assume a postmodern approach to practice, i.e., a practice that questions the basic modernist presuppositions about unity, identity, and totality.

Barratt is a thinker for whom the therapeutic is the political. The subject of the modern era is defined by its assertion of identity as a totalizing unity. The unquestioned assumptions about this totalizing modern subject concern domination and mastery: thought it-

¹ Barratt, B. B. (1984): *Psychic Reality and Psychoanalytic Knowing*. Hillsdale, NJ: Analytic Press.

self is conceived in terms of the subject's capacity for progressive control of anything apparently outside its domain. The result has been our history of "genocide, ecological devastation and technological holocaust" (p. 110). Psychoanalysis, both a product and a critique of the modern era, is caught in a bind. If it elaborates a theory and a practice which assume that therapy itself aims at unity and identity, it simply repositions a subject more securely adapted to the ills of modernity. Barratt's rather startling position is that when psychoanalysis sees treatment as "insight generating and reflective," it is part of the modern science that is "professionalized, standardized, and technocratic" (p. xiv). To this systematizing, blindly metaphysical psychoanalysis, Barratt opposes a view of psychoanalysis as a process; free association creates the possibility of moving "beyond" a theory and a practice that buttress, rather than deconstruct, the modern subject. He sees such a deconstructive psychoanalysis as "necessary to life itself" (p. 110), since the dominating project of modern subjectivity has so demonstrably been inimical to the life of anything outside its totalizing grasp.

Both the theory and the practice of psychoanalysis attempt to free us from the totalitarianism that suppresses any thinking "otherwise," i.e., otherwise than in terms of unity and identity, otherwise than in terms of representation and linear time. Echoing themes variously developed by Nietzsche, Heidegger, and Derrida, Barratt says that identity cannot be understood on its own terms, since those terms are constituted by the "forgetting" of whatever is not identity. Freudian psychoanalysis, with its great innovation of attending to free associative discourse, has revealed the structures through which the subject pathologically attempts to maintain its identity—what Barratt calls the "repetitious mythologies of mother's breast and father's penis" (p. 106). Simultaneously, free association also shows that even as the subject attempts to situate itself as an "I" in the present moment, in the "now" of linear time, he or she is also speaking something neither known nor meant, something other than what can be represented (p. 126). It is crucial to appreciate both these discoveries, for they demonstrate the way in which Freud's thought hovers between the modern and the postmodern, as has psychoanalysis ever since. In terms of metaphysical modernity, psychoanalysis conceives of mind as comprised of representations; in terms of the postmodern critique of metaphysics,

mind is comprised of the *Besetzungen* and *Triebe* that are always elsewhere, the libido always on the *anderer Schauplatz* (pp. 135-136). This libidinality is revealed as it is repressed. Thus, repression for Barratt, as for Freud, is the heart of the matter: every assertion of identity is made possible by the repression of unrepresentable libidinality. The two great possible mistakes for psychoanalysis are either to see therapy as an exchange of representations, which finally does no more than to continue the work of repression in the name of a spurious adaptation (p. 199), or to confuse libidinality with the representations (of mother's breast and father's penis) which actually subjugate it (p. 143).

Since Barratt understands modern science to be essentially technical and systematizing in line with its project of domination, he views psychotherapy as a method of correcting the misguided interpretations of psychopathology with better founded ones. Thus, psychotherapy essentially consists of the communicative exchange in which the patient comes to accept the therapist's improved system. Postmodern science emphasizes the processes that undercut all possible systematizing, precisely the function of free association in psychoanalysis. Thus, for Barratt, free association—which always both reveals the subject's attempts to maintain its systematic identity *and* dispossesses the subject of this identity via its constant expression of nonrepresentable libidinality—becomes the hallmark of psychoanalysis as a postmodern science. In what might appear to be the most classical way, for Barratt the analyst always attempts to resolve resistances to free association. What is nonclassical about Barratt's view, is that he attributes resistance to the subject's need to reassert its identity when threatened by the associative process that undermines identity—which can occur on either side of the couch. Psychoanalysis also breaks down when the *analyst* ceases to maintain a consistently neutral and negative position in the face of the patient's wishes for synthesis and repetition and engages in the psychotherapeutic technique of trading interpretations. For a postmodern, scientific psychoanalysis, free association, not interpretive insight, is the "royal road" (pp. 195-199). Barratt's royal road, of course, has to be one that cannot be mapped, because it always goes elsewhere.

Barratt is emphatic that no reading of Freud can be used to adjudicate our current conduct of analysis, as implied by Freud's

thinking itself. Whether Freud intended or understood the effects of his work is not pertinent to the postmodern world it helped to create (p. xiii). Nonetheless, Barratt's deconstructive view of psychoanalysis is quite consistent with some of Freud's positions. In "The Question of a *Weltanschauung*"² Freud explicitly says that to the extent that it is scientific, psychoanalysis cannot have any uniform, systematic explanation of the psyche, precisely because such systematic explanations are always the product of defense. He understands philosophy to be the expression of the perennial demand for uniformity and systematization, and psychoanalytic science to be the approach to mind that analyzes such a demand without succumbing to it. This thinking would have to hold for both the theory and the practice of psychoanalysis, much as Barratt advocates. Freud's lecture on *Weltanschauungen* is of a piece with the ideas about the defensively narcissistic basis of all system-building already elaborated in *Totem and Taboo*,³ but belongs to the late period of his work. As in his first book, Barratt here, too, tends to see the late Freud as having lapsed into the kind of modernist, technical approach to theory and practice that his early and most revolutionary work so explicitly challenged. While Barratt is right that no reading of Freud can *adjudicate* our present conduct of analysis, I believe that he is wrong to ignore the profound resources for a postmodern, scientific psychoanalysis to be found in Freud's late work. I concur with several other authors who have found in Freud's late thinking about disavowal and ego splitting the beginnings of a rethinking of psychic reality that moves away from the centrality of repression.⁴ Indeed, I think it possible to argue that the conception of mind that emerges from the early work, with its consistent focus on repression as the defense that gives the greatest insight into unconscious processes, is much more a product of the modernist rather than the postmodern Freud. The therapeutic task of undoing repressions, in the first period of Freud's work, assumes

² Freud, S. (1933): New introductory lectures on psycho-analysis. *S.E.*, 22:158-182.

³ Freud, S. (1913): Totem and taboo. *S.E.*, 13.

⁴ Bass, A. (1993): Psychopathology, metaphysics. *Amer. Imago*, 50:197-225.

Brook, J. A. (1992): Freud and splitting. *Int. Rev. Psychoanal.*, 19:335-350.

Morris, H. (1993): Narrative representation, narrative enactment, and the psychoanalytic construction of history. *Int. J. Psychoanal.*, 74:33-54.

that unconscious representations are translatable into the language of consciousness, and that our true subjectivity (*das Kern unseres Wesens*, to use Freud's very metaphysical expression) is the repressed unconscious. In the early Freud we find a critique of the false conscious subject in order to assert the fundamental status of the true unconscious subject.

One also must not forget that free association is a product of Freud's thinking about psychic determinism in relation to repression. If anything, free association makes clear that despite repression, the analytic situation can reveal the unconscious workings of psychic determinism that actually produce pathology, as in Barratt's idea of the repetitive mythologies of mother's breast and father's penis. (I think that he significantly leaves one's own excreta out of this repetitive mythology.) Free association, in the original conception, is not an end in itself, but rather that which makes possible the interpretations that most effectively reverse the pathological effects of repression. It allows the true unconscious subject to be heard. I think, then, that Barratt is not postmodern enough in his maintenance of repression as the heart of the theory and practice of psychoanalysis. As a defense, it is specifically directed against the representations that actually shape the subject's sense of a unified unconscious identity; repression *sustains* the repetitive mythology of breast, excreta, and penis. A conception of libidinal energy that is not representable, and yet that we come to know through the defenses against it, requires a theory of defense that is directed against nonrepresentable processes. It is particularly in the late period of Freud's work, with its emphasis on the complexities of ego analysis, and the redoubtable effects on practice as ego processes are increasingly understood to be unconscious, that the beginnings of such a theory can be found.

The clinical example offered in Barratt's second chapter illustrates these points well. In the course of consistently good work in line with classical technique, Barratt's patient, to her own and her analyst's surprise, comes to recall a childhood memory, with important links to her current conflicts, that reveals unconscious castrating wishes. The free associative method has worked quite well to liberate previously repressed material, but nothing has been revealed that is not an element of the repetitive mythology of the father's penis. Barratt says quite aptly that psychoanalysis should

provide answer to the question of how it is that the penis came to be so important in the first place, but nothing in his clinical example points in this direction. Moreover, the work seems to be taken from a clearly neurotic patient with whom one would assume that analyzing resistances against pursuing associative details would yield good results. What about those patients for whom the associative method does not work so well? Are they to be consigned to the psychotherapeutic technocrats?

Barratt, then, provides a very valuable critique of some of the profound problems of contemporary psychoanalysis in relation to the entire philosophical tradition, while placing free association on a postmodern pedestal that I think it does not warrant. Psychoanalysis, as he so profoundly says, needs a theory of nonrepresentational and nonlinear processes. The great Freudian breakthroughs of repression, psychic determinism, and free association are still very much representational and linear theories of the unconscious processes that, as Freud always insisted, are translatable into conscious thought. Although Barratt claims that the free associative method also reveals the workings of the nonrepresentational and the nontranslatable, he does not really show us how. Rather, he seems to insert the postmodern emphasis on what is other than identity into the original conceptions of repression and free association. His necessary critique of the misuses of interpretation also seems to ignore the possibility that interpretation itself is not necessarily confined to exchanges of representations. Derrida, an author frequently cited by Barratt, dealt with this problem in an early, influential essay, first published in 1966. Looking at the problem of interpretation in the light of its philosophical presuppositions, Derrida came to state that there are “two interpretations of interpretation. . . . The one seeks to decipher, dreams of deciphering a truth or an origin . . . which lives the necessity of interpretation as an exile. The other, which is no longer turned toward the origin . . . tries to pass beyond . . . the history of metaphysics . . . [which] has dreamed of full presence, the reassuring foundation. . . .”⁵ Understanding Derrida’s first interpretation of interpretation, Barratt

⁵ Derrida, J. (1978): *Writing and Difference*. Translated by A. Bass. Chicago: Univ. of Chicago Press, p. 292.

seems to have left out the second, questionably replacing it with free association.

ALAN BASS (NEW YORK)

THE COMPLETE CORRESPONDENCE OF SIGMUND FREUD AND ERNEST JONES. 1908-1939. Edited by R. Andrew Paskauskas. Cambridge, MA/London: Harvard University Press, 1993. 836 pp.

The world of university scholarship remains at too great a distance from the teaching of psychoanalysis, and therefore when a book like the Freud-Jones letters appears, one is left more than a little uncertain about where to begin describing it. Analysts in training read certain key papers by Freud, and then a batch of texts usually written by geographically notable analysts. The work of intellectual historians, alas, is too rarely considered relevant to understanding the psychoanalytic past. If one travels around the world, visiting various centers of psychoanalytic training, it is possible to sense just how parochial the educational situation is apt to be. There is also the special problem of alleged Freud-bashing; trying to understand Freud's work in its historical context, or even reading his writings in the light of the various enemies he was trying to contend with, can lead to being tarred with the dread brush of being stigmatized as anti-psychoanalytic. To outsiders, for example within the increasingly powerful world of biological psychiatry, this sort of persistent sectarianism has been held responsible for holding back the development of psychoanalysis as a science.

University life has its own special problems. For example, Freud's popularity right now is riding high within literary and philosophical circles, but it is hard to get such people to realize the kinds of clinical concerns that a practicing analyst like Freud necessarily had. Intellectuals are capable of coming up with some of the most tortured readings of Freud imaginable, without understanding either the underlying continuities or the central controversies that have taken place in the past. Yet the study of the history of psychoanalysis has not gained legitimization within academic departments in universities any more than inside psychoanalytic training centers. As a result, there is a regrettable degree of amateurish writing that appears in print.

With all that has already come out about Freud, and the litera-

ture is now approximately one hundred years old, it is going to be a surprise to many how little we know about the creator of psychoanalysis. Some twelve books of Freud's letters have appeared in print so far, but this only scratches the surface of what ultimately will get published. There may be as many as thirty-five thousand of Freud's letters that have survived—disputes exist about just what the total figure is going to look like. But there is no uncertainty on the unfortunate expurgation of earlier volumes of Freud's correspondences, so that when the Freud-Jones letters are entitled *The Complete Correspondence*, this is a signal that no hanky-panky has been associated with the editorial process. We now have complete letters of Freud to Fliess, Jung, and Silberstein; further, the first two volumes of Freud's letters to Ferenczi appear uncut. But all the earlier editions of Freud's letters (such as those to Abraham, Lou Andreas-Salomé, Arnold Zweig, and Pfister) are going to have to be redone some day. And thousands of Freud's letters have never been published at all. The problem of compromising the confidentiality of former analytic patients has not been nearly as significant as the defensive idealizations of Freud, which have led to an unnecessary degree of secrecy. In the end, however, and although it may well take another generation if not more, the bulk of Freud's various collections of letters is going to exceed the existing *Standard Edition* of his works.

Now it does not necessarily follow that because Freud expressed something by letter, we are necessarily getting a "truer" picture of how his mind worked than by reading what he wrote for publication. It is one of the complications of the story that from an early age Freud knew his letters were being saved. On many occasions he could write differently on the same subject to a wide range of correspondents, just as sometimes he would virtually repeat himself word for word. By and large, however, it seems securely established that Freud was a great letter writer, not just in terms of the quantity of what he was able to toss off, but the way he could express ideas in memorable and idiosyncratic ways. Interpreting Freud's letters is going to be a lot harder than some might think, since virtually all the recipients of what he wrote are no longer alive and able to comment on what he could have had in mind. It is too late now, but it would have been splendid if Freud's letters had been widely circulated years ago, so that those who knew Freud would have been

in a position to help us make sense of what he was doing. It is so easy for academics, for example, to go wildly astray in interpreting Freud's correspondences, since he was great enough as a writer to be able to succeed in muffling some of his most characteristic preferences. The manners of old-world culture are bound to be misleading to contemporary students of Freud.

I think analysts are going to find it daunting once they realize how limited an aspect of Freud's writings can be found in a splendid set of books like the *Standard Edition* edited by Strachey. The generations that get to see the full, untendentiously edited volumes of Freud's letters are certain to have trouble recreating the human circumstances under which he was working. And, of course, the more time passes, the greater the likelihood that the society of old Vienna is going to seem a universe which has long vanished from human understanding.

These letters between Freud and Jones need to be put into some sort of general context like that provided above. This volume comes close to being 800 large pages long, and yet it excludes many items of related interest—for example, the letters of Jones's pre-World War I common-law wife who became one of Freud's patients. Those particular documents are mercifully unrestricted now, make for a lively read, and can be found at the Freud Museum in London. But it is a shame it has taken so long for the full correspondence between Freud and Jones to have come out. People have unnecessarily suspected the existence of some shameful secrets which were being deliberately hidden from public scrutiny, when in fact Freud and Jones were always fairly distant from one another. That human gulf between Freud and Jones may be one of the most central lessons to be learned from reading this whole volume.

Jones was, of course, Freud's official biographer, and Anna Freud gave Jones access to various documents which others have even now not been allowed to see. But although Anna, like her father before her, remained indebted to Jones for having rescued them from the Nazi occupation of Austria, there remained a curious gulf between Freud and Jones. Freud appreciated all that Jones did in forwarding "the cause" in North America, Britain, and elsewhere in the world; but Jones was never one of Freud's special favorites, and even as late as 1926 one can read Freud regretfully saying to Jones:

I find it very difficult to write German in Latin script, as I am doing today. All facility—inspiration is reserved for greater matters—deserts me at once. But you have often told me that you cannot read Gothic script, thus leaving me with only two means of communication, both of which interfere with one's intimacy: either to dictate a letter to Anna on the typewriter or to use my clumsy English (p. 607).

Jones claimed in his biography to have left Freud's English unaltered or unimproved, but that turns out to have been a falsehood.

For years, Jones had approached Freud with the most distant sort of reverence; for example, it took six years before Jones felt able to take the liberty of addressing Freud as simply "Professor" instead of "Professor Freud." And yet such caution on Jones's part was consistent with his being almost stupefyingly obtuse, as when in 1927 he casually remarked about an early text of Anna Freud's that it had some unfortunate "tendencies . . . due to some imperfectly analyzed resistances . . ." (p. 617). It is so far impossible to be sure whether Jones then knew, or only suspected, that Freud had in fact analyzed Anna himself. (Although the written evidence, and some oral testimony, indicates that Lou Andreas-Salomé was Anna's second analyst, Anna specifically denied that that was so.) Freud's reaction to Jones's impudence was a model of restraint, and since it was typed, Anna may have taken it down in dictation. One hopes that someday analysts will feel free to write about the significance of Freud's having analyzed his youngest child: were they, I wonder, protecting one another? For those with a special interest in Melanie Klein, who analyzed Jones's wife and children, these letters are bound to have a key historical interest. Contemporary British and Latin American analysts may be surprised at how fiercely Freud reacted to Klein's work, which he deemed heretical.

Jones went on to make a key contribution to the historiography of psychoanalysis. Even while Freud was alive, Jones had an eye out for making sure the key events in the history of the movement got recorded in a way which was in accord with Freud's own point of view. At this late date it is not necessary, I hope, to expand on the degree to which Jones was largely amplifying Freud's own conception of himself instead of adopting a distanced approach to his master. There is no one set of books, aside from Freud's own, that I have looked over and relied on more than Jones's, even though he

could at times be unfair and partisan. I think that by now most people in the field know certain key failings on Jones's part; unfortunately, one of the few bits of the editorial apparatus to the Freud-Jones letters showing a lack of scholarly dispassion has to do with the nature of Ferenczi's medical problems toward the end of his life.

For those with an interest in the growth of the psychoanalytic movement during Freud's lifetime these letters are essential reading. The Introduction was supposed to be written by the editor, Paskauskas, but evidently the Freud Copyrights in England did not approve of Paskauskas's draft and therefore Riccardo Steiner was put in as a pinch hitter. Steiner does a serviceable enough job, but no one was left to worry about the Index, which came out woefully inadequate. Therefore this volume will inevitably be hard for future scholars to use.

This set of letters is more about the politics of the psychoanalytic movement than an exchange of abstract ideas, or even a discussion of clinical matters; nonetheless, it makes for fascinating reading, and will be a required part of the primary data for future students of the history of psychoanalysis. For those with a special interest in the development of psychoanalysis in Britain, there are unique insights here which are impossible to find anywhere else. Jones ran British psychoanalysis with a firm hand, and it is inconceivable to detach his personality and convictions from the early tale of Freud's reception in Britain.

As large a book as this already is, it does not contain the correspondence between Jones and Anna Freud during her father's lifetime. As Jones once said to Freud, "I always regard my constant correspondence with Anna as being communications with yourself" (pp. 749-750). Besides the pieces of the Freud-Jones relationship that are missing here, I wonder why the publisher chose to include no photographs whatever of any of the people who come up in this volume. Despite all that has already appeared in print, future intellectual historians are going to consider *The Complete Correspondence of Sigmund Freud and Ernest Jones, 1908-1939* a mandatory resource.

PAUL ROAZEN (MENEMSHA, MA)

FREUD, JUNG, AND HALL THE KING-MAKER. THE HISTORIC EXPEDITION TO AMERICA (1909) WITH G. STANLEY HALL AS HOST AND WILLIAM JAMES AS GUEST. By Saul Rosenzweig. Seattle/Toronto: Hogrefe & Huber Publishers, 1992. 477 pp.

In intellectual and cultural history special moments occur during which the life lines of thinkers of diverse backgrounds intersect, making a profound impact on all that follows. Such an episode occurred in 1909 when Sigmund Freud, in the company of Carl Jung and Sándor Ferenczi, visited Clark University in the United States to receive an honorary degree. There he presented his ideas to an audience of outstanding American psychologists and psychiatrists and to a pantheon of eminent scientists from Europe and North America. This momentous occasion is studied in depth in this very important book by Saul Rosenzweig, Professor Emeritus in the Departments of Psychology and Psychiatry at Washington University in St. Louis.

Rosenzweig, born in 1907, has spent better than a half century developing the data which so excitingly inform this volume. He received his undergraduate and graduate degrees at Harvard University, where he was trained in the tradition of one of the important protagonists of this book, William James. Having served as Affiliate Professor of Psychology at Clark University in Worcester, Massachusetts, between 1938 and 1943, he was able to obtain an intimate view of and to research the important legacy of G. Stanley Hall, Freud's host and the Professor and founder of the Department of Psychology at Clark, a preeminent center for the training and development of many twentieth century pioneers of American psychology. This volume stands as a monument to Rosenzweig's dedicated and indefatigable research into every aspect of this historic event: the occasion of Freud's visit, its genesis, context, evolution, and sequelae. The fruits of this research enlighten us about the state of psychoanalysis, academic psychology, and the cultural milieu at the turn of the century and for some years thereafter.

The substance and content of the book are fascinating. In addition, it is a rich resource for scholars, with its comprehensive bibliography and extensive section of notes and references that provide copious citations of literature and sources, as well as detailed background information. There is a section at the end of the vol-

ume containing Freud/Hall correspondence from 1908 through 1923; this correspondence is also annotated. Both elements provide additional insights into the personalities of the two men. The final section of the book contains a retranslation by the author of the five lectures that Freud delivered at Clark University between September 7 and September 11, 1909.

As is noted by the author, the lectures at Clark constituted an occasion during which Freud was attempting to convey a history of the origin and development of psychoanalytic theory in a manner that would carry conviction to a mixed audience, very few of whom were trained in psychoanalysis. Rosenzweig feels that "these lectures represented the turning point in the history of psychoanalysis—a watershed at which Freud paused, as it were, to provide a pithy and eloquent synopsis of the preceding pioneer decade of his work" (p. 392). The topics certainly provide a purview of psychoanalysis as it was understood until that time.

The lectures contributed greatly to creating the fertile soil in which psychoanalysis took root in this country, with the subsequent founding of the American Psychoanalytic Association, and later facilitating a warm reception for the many psychoanalytic émigrés fleeing the Nazi conquest of Europe. There is no doubt that Freud had misgivings about the puritanical American attitudes toward the elements of sexuality in his theories; nevertheless, it was the United States which arguably provided the psychoanalytic movement with its most enthusiastic embrace during this century. Certainly, the topics of the lectures—e.g., the treatment of hysteria, method of therapy, resistance, repression, free association, humor, slips, the interpretation of dreams, the role of sexuality in normal development and neurosis, discussions of transference, sublimation, and culture—provided a succinct yet informative primer for Freud's North American hosts.

What is fascinating about the organization of this volume is how the author expertly weaves together the theoretical and ideological issues that were being presented at the meetings, their reception by the various hosts, and the personal ambitions of the presenters as well as the underlying motivations of all concerned.

As befits the stature Sigmund Freud had achieved at this nodal point in psychoanalytic history, the *dramatis personae* of this auspicious event constituted a veritable hall of fame of American and

international psychiatry, psychology, psychoanalysis, pedagogy, and other areas of science. Many eminent individuals were honorees at the conference, but there were those who pointedly declined to come. Among some of the attendees were Adolf Meyer, E. B. Titchener, Sándor Ferenczi, Franz Boaz, William James, and Emma Goldman, as well as eminent honorees in the physical sciences, such as A. A. Michelson, Ernest Rutherford, and Percival Lowell. Among those who declined was Wilhelm Wundt, arguably the outstanding psychologist in Europe, who had a role in the training of both William James and G. Stanley Hall. Morton Prince, an American disciple of Pierre Janet, probably declined out of animosity toward Freud's ideas on sexuality. No doubt Freud was delighted to be in the company of such an outstanding group of scientific and social leaders, and to be able to provide them with an exposure to his exciting and controversial ideas.

The author makes it clear that the schedule of presentations by Freud and Jung were carefully orchestrated in order to present a united front on the concept of infantile sexuality. To this end, Freud presented the case of Little Hans in juxtaposition to Jung's presentation of the case of Agathli, who was actually Jung's daughter and oldest child, upon whom he made observations regarding childhood female sexuality. In his meticulous research Rosenzweig was able to deduce the changes in scheduling of the lectures from newspaper reports of the lectures that contrasted with the prepared schedule, thus reconstructing the orchestration. The significant and eventful meeting between Freud and William James occurred during a walk to the railroad station after James heard Freud's lecture on his theory of dreams. The intricacies of James's rivalry with G. Stanley Hall and some of the highly personal roots of his antipathy toward Freud's view on infantile sexuality are traced in biographical data concerning James. These include his preoccupation with spiritualism and his involvement with the young Pauline Goldmark as well as his relationship with his father and his brother, Henry.

Similarly, Carl Jung's break with Freud, which developed out of personal dynamics of oedipal competition, as is well known from other sources, is also viewed from the perspective of Jung's distancing himself from Freud's notions about infantile sexuality, a posture no doubt influenced by Jung's notorious affair with Sabina

Spielrein. Rosenzweig further speculates how this affair may have had an impact on the neurosis of his daughter Agathli, known as "Little Anna."

Throughout, Rosenzweig makes use of copious sources, including correspondence and personal meetings with descendants of the protagonists, to illuminate the background of much of the interpersonal and ideological interactions of the leading characters. Rosenzweig's ability to relate the cultural milieu to the psychobiographies of the protagonists stimulates speculation about their theories and motivations. He characterized this approach as "idiodynamics" in a 1950 publication. To some extent this applied analytic approach is congruent with the notion of taking transference/countertransference reactions into account in the day-to-day world. He uses the term "idioverse" several times, vaguely defining it as "the individual world of events with stress on the creative process," but this is not very clarifying. Illustrative of this approach is his innuendo that Freud, while on a bivouac as a military physician in 1886 in Moravia, had what Rosenzweig describes as a serious personality disturbance at the end of the army maneuvers. He contends that this facilitated Freud's identification with the Rat Man, Ernst Lanzer, who came to Freud for treatment in 1907. The untoward event is never elaborated in the text.

In his notes Rosenzweig speaks of the three levels which constituted the essence of Freud's therapy and theory; "level one autobiographical, level two the opportunities of the environment to actualize what has been personally and often traumatically experienced. There is then a composing process which is the melding of one and two" (p. 270). He concludes that Freud's case histories should therefore not be regarded as literal accounts of what the patients had related to Freud. "The Freudian classic case history expressed what Freud experienced from his own depths as confirmed by the encounter with the patients" (*ibid.*). This is an interesting hypothesis, and no doubt it is an element which shades all clinical work with subjectivity, but if carried to extreme, it can lead to overzealous speculation that can call into question objective reportage of clinical events. As we know, when the primary source of data is not the patient on the couch, speculation can easily get out of hand.

The aforementioned caveat constitutes a minor reservation con-

cerning this biographical tour de force. This is a volume I would highly recommend for both entertainment and scholarly reading. It is a work whose scope and depth are so rich that one cannot hope to do justice to its thought-provoking content in a brief review. It will reward the reader with refreshing excursions through psychoanalytic history and biography.

WARREN H. GOODMAN (GREAT NECK, NY)

FREUD, JUNG AND SABINA SPIELREIN: A MOST DANGEROUS METHOD. By John Kerr. New York: Alfred A. Knopf, 1993. 607 pp.¹

A Most Dangerous Method depicts the overlapping and intersecting relationships among Freud, Jung, and Sabina Spielrein, which Kerr argues decisively shaped the origins and development of psychoanalysis as a theory, clinical method, and institutional movement. Several sweeping and, I believe, questionable characterizations of psychoanalysis are advanced in the opening chapter and reappear in a final chapter as the book's conclusions.

In a scene-setting chapter Kerr introduces the protagonists and melodramatically warns the reader that much of what follows is unpleasant and ultimately tragic. We are told that early in its development psychoanalysis "ceased to be primarily a clinical method and became increasingly a literary, artistic, and cultural movement" (p. 10). According to Kerr, Freud and Jung together distorted psychoanalysis. Kerr writes, in a characterization I wish to question: "The real tragedy is what they did to psychoanalysis as a clinical method. They allowed the interpretive range of psychoanalysis to become woefully constricted while simultaneously creating a political organization that ensured that this constriction would endure" (p. 511). Psychoanalytic institutions are assigned a crucial role in the tragedy that allegedly befell psychoanalysis as a consequence of the split between Freud and Jung. Kerr seizes upon the near-disappearance of Sabina Spielrein from the history of the psychoanalytic movement to exemplify his argument:

The silence that for so long attended her story is emblematic of a more insidious silence that gradually overtook psychoanalysis during this time. By

¹ This review is a revision of comments delivered at the December 1994 meetings of the American Psychoanalytic Association in New York City.

listening in a new way, psychoanalysis gave nervous patients a voice they had not had before. But as psychoanalytic theory became increasingly restricted to suit the personal and political needs of the two men who ran it, the range of its listening narrowed. In the absence of anyone to hear, there began to be many things that patients were not permitted to say (p. 13).

What these things are is not specified at this point. But in an Afterword Kerr asserts that after the break between Freud and Jung, "it was decades before analysts dared to speculate about such things as pre-Oedipal development, split object representations, the maternal environment, separation-individuation and the like" (p. 510).

The logic of Kerr's argument requires that he demonstrate that psychoanalysis as a clinical method was constricted by the very nature of the institutions—the societies, training institutes, and journals—that evolved to ensure its growth and development. In my view, however, the institutional history of psychoanalysis contradicts this claim about the fate of the psychoanalytic clinical method in the aftermath of the break between Jung and Freud.

Karl Abraham's work alone offers a convincing refutation of Kerr's argument that psychoanalysts after the Freud/Jung break were not permitted to hear preoedipal material from their patients. Abraham was arguably the most brilliant of Freud's early followers. His clinical and theoretical writings have been deeply appreciated by many analysts. Bertram Lewin, whose writings on depression, elation, and the dream screen have their intellectual roots in Abraham's work, noted that Abraham's originality is often overlooked, perhaps because deviation and disagreement with Freud are taken as signs of creativity whereas working within his theories is considered less innovative. Abraham's papers on libidinal development and depression and his cultural essays all reflect a profound grasp of the importance of the preoedipal period in the child's mental and emotional development. Other explorations of topics that Kerr maintains analysts were not permitted to hear can readily be found in the work of, among others, Ferenczi, Federn, and Ruth Mack Brunswick. Kerr's claim regarding the restriction of the interpretative range of psychoanalysis, insofar as it is specified, is simply wrong.

Kerr is right in pointing out that Zurich was important to the development of psychoanalysis; a number of important psychoanalysts were first exposed to psychoanalysis at the Burghölzli. But

why was it that psychoanalytic ideas and clinical methods were enthusiastically embraced at the Burghölzli rather than at any other psychiatric hospital? Kerr continually chastises psychoanalysis for not generating testable hypotheses and for failing to establish mechanisms for orderly theory change. Many have questioned, however, whether what is consensually regarded as the established sciences do in fact display such order. It is also fair to say that Kerr makes no positive proposals as to how testable hypotheses regarding psychoanalysis might be developed or what they might be. I would suggest that the history of psychoanalysis can indeed throw light on questions that are of great interest to historians of science and intellectual history. We will be better served if we look closely at those periods and societies when the generation of new theoretical and clinical discoveries was the norm. (Such an inquiry might well be phrased in terms of testable propositions.) What combination of institutional setting, group dynamics, and individuals has been in place when change and growth occurred? Examples of such periods in the history of psychoanalysis that would repay close study are Berlin and Vienna in the 1920's and 1930's and New York in the 1940's and 1950's.

The fate of Sabina Spielrein's theoretical contributions to psychoanalysis is the basis for Kerr's thesis that the struggle between Freud and Jung meant that psychoanalysts were not permitted to hear certain material from their patients. He emphasizes that Spielrein's writings are worthy of being remembered. This sentiment is unarguable, but can equally be applied to the writings of many early analysts who are no longer read today.

Kerr's particular assessment of the importance of Spielrein's contributions to psychoanalytic theory is also intensely problematic. He is convinced that Spielrein brilliantly solved the problem of sexual repression; and that in doing so, she did not anticipate Freud's theory of the death instinct with which she has been credited by him and others. But the argument that Spielrein had solved the "conceptual problem of sexual repression" is difficult to accept. The problem, as Kerr defines it, is that repression tended "to operate specifically and inevitably against sexual wishes as distinct from all other wishes." According to Kerr, "The secret lay in how one defined sexuality." He claims that Freud continued to define sexuality in terms of discharge and pleasure and that "just this

definition made it difficult to conceive why it should be so regularly repressed." Spielrein, by contrast, characterized sexuality in different terms "as seeking fusion rather than pleasure—and that once it was so conceptualized the problem of sexual repression virtually solved itself" (p. 319).

There are several problems with this argument. First, repression in Freud's thought is not directed solely toward sexual wishes. Second, Kerr presents a misleading description of Freud's view of sexuality. Third, his assumption that Spielrein's characterization of sexuality is theoretically adequate beggars belief when it is compared to Freud's description of sexuality in *Three Essays on the Theory of Sexuality*, in which he describes infantile sexuality, analyzes the component instincts of sexuality, draws a distinction between the sexual object and the sexual aim, and describes the vicissitudes sexual instincts may undergo, including repression, reversal into opposites, and turning upon oneself. It is an intellectual sleight of hand to claim that Spielrein had solved the problem of the repression of sexual wishes when the solution provides no adequate basis of understanding why some, but not other, sexual wishes are repressed.

Kerr not only accuses Freud of making sure that Spielrein's important contribution would be "fundamentally misunderstood" by future generations, but also works to portray their relationship in an essentially negative light. Given the evidence of Freud's letters to her and her own descriptions of Freud's kindness to her, this depiction is implausible. Kerr quotes at length a letter Freud wrote to Spielrein after her marriage in 1912, in which he raises the question of whether she will still begin psychoanalysis with him in order to end completely her "neurotic dependence on Jung." Kerr presents the letter in such a way as to support his view that Freud "had already decided he could spare himself having to hear anything further about "Siegfried." But he omits sentences which do not support this view, and which suggest that Freud very sensibly wanted to see what effect Spielrein's marriage would have before deciding whether to proceed with an analysis. The following is Freud's original paragraph. The words which Kerr omits are italicized.

We had agreed that you would let me know before 1 Oct. whether you still intend to drive out the tyrant by psychoanalysis with me. Today I would like to put in a word or two about that decision. I imagine that the man of whom you

say so many nice things has rights as well. *These would be badly prejudiced by treatment so soon after your marriage. Let him first try to see how far he can tie you to himself and make you forget the old dreams. Only what remnant he fails to clear up belongs properly to psychoanalysis.* Meanwhile, it might happen that someone else will turn up who will have more rights than both the old and new man put together. At this stage it is best for analysis to take a back seat (p. 414).

The omitted words show that Kerr's interpretation that Freud was indifferent to and bored with Spielrein cannot be sustained. This is a telling example of how Kerr artfully orchestrates the primary sources to create an erroneous appearance which he presents as an evidence-based conclusion.

The circumstances surrounding the discovery of Spielrein's letters and diaries, and the realization of the influential role she played in Jung's emotional life and theories, have led many observers to view her involvement with psychoanalysis through the prism of her connection to both Jung and Freud. But it may be more productive to view Spielrein's participation in the early psychoanalytic movement within the larger context of the role of women in it.² This may modify and deepen our understanding of why she chose to become a psychoanalyst, and remained one. Kerr, however, who seems to lack interest in the movement in general, never places her among other women analysts of this period.

I would suggest that what attracted Spielrein to psychoanalysis was not so different from what drew other women to it. It gave her, as it gave other women, a way of thinking about, and a language with which to write about, topics that absorbed her interest and which she wished to explore intellectually. In this respect, Freud created a theory and a profession that were especially appealing to women, and in which many of them flourished. The clinical aspect of psychoanalysis was, I believe, especially significant for the creativity of women psychoanalysts. In Spielrein's case the value of clinical work may also have been that it brought her into relationships with others. Spielrein's life was one of wandering and dislocation until her return to Russia in 1923. One is tempted to speculate that she chose psychoanalysis because it offered a way of connecting to other people, whereas her involvement with Jung had brought an isolation that threatened her stability. Peer groups

²Thompson, N. L. (1987): Early women psychoanalysts. *Int. Rev. Psychoanal.*, 14: 391-407.

may be fraught with tension, but a group may also provide a safe environment within which creative ideas can emerge and be expressed. I have the impression that for Spielrein groups were especially important, because her most creative contributions occurred when she was the member, so to speak, of a research group, first at the Burghölzli and then in Geneva in the early 1920's.

As a historian whose primary research interest is the history of psychoanalysis and in particular the role and contributions of women to psychoanalytic theory and clinical practice, I looked forward with interest to reading this book. But as I worked through it, I became increasingly dismayed by its tone and thesis. I asked myself if I was upset because Freud's character and writings were being denigrated in subtle and not so subtle ways. The answer was yes, but I realized I was also irritated and exasperated by the simplistic psychological theory that informs and structures Kerr's portrayal of the relationships among Freud, Spielrein, and Jung. In this book human behavior is governed by motives of ambition, calculation, deceit, and self-interest, and individuals are victimized by their relationships, which end in fury and disappointment.

The length of the book illustrates how absorbing Kerr has found this particular episode in psychoanalytic history. But his absorption has, I believe, led him to draw sweeping conclusions about the subsequent history of psychoanalysis that are both unsustainable and wrong. If the psychoanalytic movement were a patient, we might say that Kerr has interpreted the case material as an illustration of a traumatic neurosis—the illness may be traced to and explained by one crucial event. We would all require a more sophisticated appreciation of the complex etiology that lies behind psychological illness. That Kerr has been very artful in constructing his book should not distract us from being aware that it is a reconstruction which leaves out more than it puts in.

NELLIE L. THOMPSON (NEW YORK)

THE HARVARD LECTURES. By Anna Freud. Edited and annotated by Joseph Sandler. Madison, CT: International Universities Press, Inc., 1992. 142 pp.

Few analysts lecture to general audiences, and many would regard psychoanalytic theory as incomprehensible to the unanalyzed. The

general reader's quest for authoritative introductions leads from the expository writings of Freud to the scholarly reviews of Waelder and Brenner—regrettably not much further.

Yet now from a mere 130 pages there emanates the clear voice of a teacher, practitioner, researcher, and theoretician who troubles herself to articulate for a group of undergraduates the whys and wherefores of psychoanalytic theory. Much of it can be validated in their own observations of children and applied to parenting they themselves might undertake. Nor does our teacher dilute its essences: the infantile sexual and aggressive drives, the realities that modify them, the forces that obscure them, and the discovery that illuminated them.

Through the efforts of Joseph Sandler and his colleagues we are given a vivid first-hand presentation of the voice of Anna Freud addressing two hundred Harvard and Radcliffe students in 1952. The accompanying research consultations and advanced faculty seminars have not been preserved.

The first 87 pages (almost six of the nine lectures) describe the human personality to age five. On arriving at this point, we have learned of the motivational forces of the body/mind, our resistance to their recognition, the pleasure-pain principle, the integrated conscious personality, the primary process, and the dynamic unconscious (lecture one). We have gotten to know about the six major functions of the ego, the secondary process, and the achievement of conscious forethought (lecture two). We have looked at the phases of psychosexual development (lectures three and four), the role of aggression, the modification of drive by environment, drive fusion, (lecture four), libido distribution, levels of object relationships (lecture five), and the complex factors that bring about their internalization in a superego that blends idealization with harshness (lecture six).

At the close of lecture six we are introduced to the developmental line and the pulse of libidinal and object relational development that leads to the oedipus complex. In the seventh we study the details of the complex and its outcomes; and in the final lectures we discover the theory of anxiety, how it informs thoughtful parenting, and the historical impact of psychoanalytic theory on child-rearing in our culture.

Underlying this brilliant survey is the lecturer's fundamental po-

sition on the existence, locus, and inevitability of conflict: (1) “[There is] one particular wish . . . in human beings—namely the wish that one could be a really unified being without inner conflict” (p. 29). (2) “. . . it is one of those human ideals which cannot be fulfilled, to possess a mind which is free from the pressures of the instincts, which means free from the pressures of the body” (p. 58). (3) “. . . other theories . . . consider that the conflict between the life and death instincts, between love and hate, sex and aggression . . . exist from the beginning of life, regardless of ego formation. But that is a somewhat different psychological theory . . .” (p. 63). (4) “. . . there is no direct evidence [to show that aggression exists without frustration], because . . . there is no such thing as life without frustration” (p. 91). (5) “. . . conflicts in the human being and in the child are inevitable; they are expressions of the structure of the personality. Do not aim at having a child without conflict. . . . It is not the absence . . . of conflict [that matters], but, rather, the ways and means used to solve the conflict . . .” (p. 133).

Her theoretical formulations ring with equal cogency. To draw a retrospective comparison, consider this 1990 explanation of one phenomenon:

. . . a process of effective internalization, initiated by the analyst’s optimal, non-traumatic frustration of the patient. It leads to structure formation whereby the self is able to execute vital selfobject functions in the absence of experiences with the selfobject. The process effects a translocation of the function from the person of the selfobject to the subject alone.¹

Consider now a 1971 explanation of this phenomenon:

Under favorable circumstances the child gradually faces the realistic limitations of the idealized self-object, gives up the idealizations, and *pari passu* makes transmuting reinternalizations. In these not only the genesis from the original narcissistic source is still recognizable, they also may bear the individual imprint of the real parental object through which the narcissistic configurations had passed before they became reinternalized.²

¹ Moore, B. E. & Fine, B. D., Editors (1990): *Psychoanalytic Terms and Concepts*. New Haven/London: American Psychoanalytic Association and Yale Univ. Press, p. 176.

² Kohut, H. (1971): *The Analysis of the Self. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders*. New York: Int. Univ. Press, p. 105.

And now this 1952 explanation condensed from lecture six:

[In] the "theory of libido distribution" . . . we found . . . the child uses . . . sexual energy . . . on . . . his own body and . . . person . . . and on . . . the outside world . . . for . . . object love. There is a constant exchange. . . . [W]henver the love relationship . . . is interrupted . . . the child uses that part of the libido . . . for . . . his own person. . . . So . . . [w]e now have . . . two sorts of relationship to the objects in the outside world. . . . [N]ot merely . . . an "object attachment" . . . but . . . a second type . . . an "identification". . . . [O]bject libido can be changed back to narcissistic libido. . . . [W]e need to understand this . . . in order to understand the nature of an identification. . . . [I]magine . . . the mother . . . unable to satisfy the child. . . . [T]he child withdraws love from the mother and uses it on himself . . . by erecting somewhere inside himself, within his ego, a picture of that part of the mother with which he had dealings just before. . . . Do you remember those wishful images which the child creates at the beginning of life when any instinctive urge arises in him? . . . It is probably in this way that the child . . . attaches his libido to the image of the mother inside, and this image . . . is now 'cathected' . . . no more with object libido but with narcissistic libido. . . . [The image] has become part of the child . . . a picture inside . . . to get satisfaction from . . . instead of from a real mother outside. We might say that a part of the child has changed so as to represent the mother for purposes of satisfaction. . . . This is actually the way in which the child's ego enlarges, grows, fills itself with content (pp. 81, 82).

And so we may ask, can the complexities of psychoanalytic theory be made clear to undergrads? By some they were. For those who feel our theory has undergone a shift, this book could seem stale—but for those who love pure lucidity of exegesis, it will be a rare find.

JAMES S. ROBINSON (HOUSTON)

A WOMAN'S UNCONSCIOUS USE OF HER BODY. By Dinora Pines, M.D.
New Haven/London: Yale University Press, 1994. 243 pp.

This book is a collection of twelve papers written between 1972 and the present, most, but not all, of which have been previously published. In these papers Pines writes about her clinical work with dozens of female patients—from adolescents to the elderly, from hospitalized patients with skin disorders to survivors of the Holocaust—and about her ideas on subjects ranging from promiscuity and pregnancy to infidelity. Assembled in this way, the collection presents a clear and moving picture of a fine clinician's work and thinking.

The book's emphasis on women's unconscious use of their bodies begins with the first paper on the effect of skin disorders on transference and countertransference. Pines's early training as a dermatologist sensitized her to the close connection between mind and body and how the skin can be used to communicate and to disguise strong conflicts and affects. She suggests that the transference/countertransference problems encountered in patients who have had skin disorders early in life highlight a basic narcissistic disturbance in the earliest mother-infant relationship. She presents a case of a woman whose compliant transference gave way in analysis to storms of hatred. Both her previous male analyst and her husband had been maternal figures to the patient, "but she spared them the primitive hatred and rage evoked by her helpless dependence on them, just as she had primarily withheld them from her mother" (p. 20). In this case and others, Pines suggests that because she is a woman, these conflicts about attachment can be more readily activated in the transference to a female figure, with "the physical capacity to be a mother." Also, as the patient's deep feelings of shame unfolded, she exclaimed that she could "not tell a man all this." I wonder, however, if the transference flourished as it did in these cases because the analyst was a woman or because this particular analyst seems so able to empathize, tolerate, and understand the patient's very primitive feelings and to face her own countertransferences.

Pines demonstrates the unconscious use of the body in a variety of other cases: a promiscuous adolescent girl who played out early traumas, including polio and hospitalizations, by acting out sexually the associated aggressive fantasies and fears of dying; a woman who had intercourse with her lover before every analytic hour and thus diffused her fear and desire for closeness with the analyst; a pregnant woman whose unconscious hostility toward her brothers was enacted by endangering the male fetus she carried. Pines demonstrates that in pregnancy, and especially in the fertile context of the analytic situation between woman analyst and pregnant patient, conflicts around separation, competition with the mother, struggles with identity, and positive and negative representations of the self and the male partner are brought into focus and often played out via the body.

There are very timely and clinically useful chapters on the emo-

tional aspects of infertility and menopause. Interesting clinical material illustrates how the gynecologist involved in infertility treatments becomes a powerful transference figure, or how the analyst is made an observer of a scientifically engineered primal scene. In these chapters Pines demonstrates the influence of physiological bodily changes on psychic life in dreams, as knowledge of menstrual changes, pregnancy, etc., is often presaged in them. In one dream a patient was trying on a jacket in which the white lining was on the outside—viewed by Pines as an unconscious recognition of the approaching changes in the lining of her uterus in menopause. Finally, from her work with older women, Pines believes that the body often assumes an important role because women seem to retain a more obvious bodily narcissism than do men. In analysis of older women, stronger erotic transferences appear. “It is as if the urgency of time passing relieves patients of the fear of humiliation and shame that inhibited them from showing feelings at an earlier moment” (p. 168).

I feel that much of this material about women’s use of their bodies is equally true of men. Of course, this book focuses on these issues as they apply to women, as Pines pays special attention to pregnancy, abortion, and menopausal experiences which are unique to gender-related issues in the transference and counter-transference.

Throughout the cases there were recurrent themes. First, Pines emphasizes the concept of reality and adaptation to it. Thus, like Gill, she stresses that the analyst must pay attention to the patient’s perceptions of her and that “everything is not transference.” Patients must be helped to cope with the realities of bearing and rearing children, or of not being able to conceive; or they must face the reality of the trauma of the Holocaust, or the meaning of the reality of the analyst’s being a woman. Another theme is the importance of the early mother-infant relationship to many clinical problems. With passing references to Mahler, Winnicott, M. Klein, and Kohut, Pines emphasizes the developmental importance of the girl’s sense of well-being and identity for her to be satisfied by the mother and to give satisfaction to the mother. Lastly, Pines’s attitude and stance are infused with the positive and adaptive possibilities throughout the life cycle. For example, in describing her work with severely disturbed adolescents or emotionally crippled survivors of the Holocaust, she says she does not insist on their use

of the couch. One patient, recounting her experiences in Auschwitz, had to sit facing Pines in order to see her face. "My natural empathy towards a woman whose life had contained so much pain, and so much strength at the same time, enabled me to accept Mrs. C's structuring of the analytic setting and not to regard it as a resistance that must be overcome . . ." (p. 194).

Pines's writing and cases seem to have a quality of timelessness and simplicity to them. Part of the quality comes from her avoiding theory in general and current theoretical controversies in particular. To be sure, we can see that she has been strongly influenced by Winnicott and others of the British object relations school and by Anna Freud's developmental perspective and even-handed view of the influence of the drives, but Pines's interest here is on the clinical material. She does not make any generalizations or assertions about the universality or theoretical implications of her clinical material. For example, we observe that she stresses early preoedipal dynamics, but she frequently goes into oedipal dynamics. She spins clinical narratives, but she does not indulge in current discussions about "the narrative" in psychoanalysis. Nor are the clinical cases written in the currently obligatory "dense" process. Only rarely, but with telling punch, does Pines say exactly what she said to a patient. The only theoretical chapter is on the importance of understanding and making use of countertransference. An asset Pines shares with Anna Freud is the ability to write in down-to-earth, jargon-free prose, another reason for the seeming simplicity of her work. Analysts who are looking for deep or incisive theoretical understandings of the mind-body relationship, novel approaches, or explications of technique will not find them here. But I would recommend the book as an excellent tool to demonstrate that in an experienced clinician's hands, psychoanalysis does work in helping people cope with their miseries.

I was struck by Pines's courage, especially in the last chapters of the book in which she describes her work with women survivors of the Holocaust and their children. Of her many moving and interesting cases, these were for me the most moving. One such woman, who illustrated both Pines's ideas about unconscious use of the body and her accepting, nonpathologizing attitudes, was a married woman who engaged in a bizarre affair in which she abused her black lover. Pines suggested that this behavior was an identification with the aggressor which could not be contained in the transfer-

ence, since bodily danger and satisfaction had been essential components of the patient's horrifying encounter with Mengele, "The Black Angel of Auschwitz." Pines goes on to confront both the British analytic community in its inability to hear the stories from or about survivors as well as her own personal need to run from unbearable countertransferences in her work with them. I will quote from Pines's account of a German woman who in her analysis fought with the guilt about what she knew about prisoners of war around her in Germany when she was a child. It is a fitting tribute to analysis and to Pines's commitment to it. "We must have the strength to bear the unbearable countertransference that mirrors what is unbearable and secret in every human being—the impact of the fragility of civilization in patient and analyst alike, which tries to defend against a deeper evil: man's inhumanity to man" (p. 225).

NANCY KULISH (BIRMINGHAM, MI)

SUICIDE AS PSYCHACHE: A CLINICAL APPROACH TO SELF-DESTRUCTIVE BEHAVIOR. By Edwin Shneidman, Ph.D. Northvale, NJ/London: Jason Aronson, Inc., 1993. 258 pp.

Balzac explored the subject of suicidal behavior, both chronic and acute, in *La Peau de chagrin*, a novel in which a young man contemplating his own death is described as suffering from "a complaint more fatal than any disease." As the man approached the Pont Royal, "He smiled to himself as he remembered that Lord Castlereagh had satisfied the humblest of our needs before he cut his throat. . . ." The young man examined his own responses, including the fact that that while he contemplated leaping to his death, "he stood aside . . . to allow a porter to pass, [observed that] his coat had been whitened somewhat by the contact, and . . . carefully brushed the dust from his sleeve, to his own surprise." "Wretched weather for drowning yourself," said a ragged old woman, who grinned at him; "Isn't the Seine cold and dirty?"¹ While the young man exposed his conflict by brushing the offending dust from his coat at the moment that he contemplated self-destruction, the configuration of his behavior at Pont Royal might well be described as a suicidal "gesture."

¹ Balzac, H. (1831): *The Magic Skin* in *The Works of Honoré de Balzac*. Boston: Jefferson Press, 1901.

Shneidman, a clinician with vast experience in treating suicidal patients, implores us to abandon terms such as “attempt” and “gesture” in referring to suicidal acts and to restrict ourselves to an evaluation of the lethality of the act and the perturbation (psychic pain) of the individual contemplating death. He views the suicidal person as one who experiences malaise rather than a specific psychiatric disorder such as depression. After all, Shneidman tells us, many depressed persons adapt to their clinical symptoms and never engage in suicidal acts.

The clinician, working from the viewpoint of suicide as a multi-determined act, must work to decrease the level of psychological pain in order to permit diminution of the potential lethality. Ideally, the clinician treating the suicidal patient works in cooperation with colleagues, and, from Shneidman’s viewpoint, helps the patient to recognize that a wider range of alternatives is available than the patient (while acutely suicidal) has been able to recognize. For Shneidman, the individual who commits suicide does so during a transient period in which her or his perception of alternatives is constricted, a form of psychic tunnel vision. The perception of narrowed alternatives which leads some to suicide may result in a state of chronic suicidal behavior in others who live in a state of failure and do not use their opportunities, however limited. The problem of the chronic suicidal person, the individual whose life is essentially a suicidal statement, is faced by analysts in the form, for example, of victims of “soul murder,” of which Shengold has written extensively. Other aspects of chronic suicidal behavior are explored in the Balzac novel to which I referred earlier.

Shneidman has dealt extensively with suicide prevention. He offers approaches to the suicidal patient that include daily monitoring of the patient’s lethality rating, active outreach, involvement of significant others and community resources, judicious modification of confidentiality, limiting one’s practice to only a few suicidal patients, and consultation with colleagues. Since the work described is that of crisis intervention, the goals are of a practical nature and the emphasis is on manipulating transference, helping the suicidal individual to find alternative solutions to whatever she or he perceives as the problem that leads to the solution of ending life, and some effort to understand the communication of the suicide to the potential survivors.

The volume is a collection of papers spanning twenty years, and

it appears to address all mental health workers who treat suicidal patients. This may account for some aphorisms which are insufficiently explored. For example, "Suicide should not be misunderstood as hostility directed toward the introjected love object; but rather suicide is better understood as anguish over the plight of the writhing self" (p. 22). It was disappointing to find no discussion of why both may not be contributing factors. Another aphorism is: "When suicide is a hostile act, it is not the hostility of the perpetrators, but rather the hostility of the significant others who have provoked or permitted the act" (*ibid.*).

Shneidman conceptualizes ambivalence as a common cognitive state in suicides. While this may be gleaned from interviews with those who failed in suicidal acts, it seems a bit presumptuous to assume that this is the case for all of those whose efforts resulted in death. Shneidman's study of suicide notes leads him to conclude that a suicidal deed is necessarily incompatible with an insightful description of the reasons. This does not seem to take into account those individuals who choose death over incurable illness and intractable pain, a matter which medical ethicists address on a daily basis.

While the author's turning aside from unconscious conflict deprives us of some of the depth we might anticipate in such a study, the extraordinarily wide range of his experience in suicide prevention, psychological autopsies following suicides, study of suicide notes, and work with bereaved families can provide the analyst who works with suicidal and potentially suicidal patients with valuable data for assessment and clinical practice.

ANITA G. SCHMUKLER (PHILADELPHIA)

SUICIDE. A EUROPEAN PERSPECTIVE. By Nils Retterstøl. Cambridge/New York: Cambridge University Press, 1993. 261 pp.

Suicide is a highly personal action that has profound interpersonal, cultural, and religious significance. Attitudes toward suicide vary, but are never neutral. The author of *Suicide: A European Perspective*, Nils Retterstøl, is a world-recognized expert in the field of suicidology. In this small, highly approachable book, he condenses his forty years of clinical experience with a scholarly review of an extensive body of data on the complex subject of suicide. This is a jargon-free

work that can be useful as an introduction to the subject for mental health professionals of various disciplines. It includes a section on the psychology of suicide and attempted suicide that is analytically informed. Psychodynamics are not addressed directly, but we are given descriptions of various life situations that contribute to the development of suicidal behavior, from which an analytic reader can infer central dynamic issues. The author's clinical examples are clear and illustrate the material well.

Originally published in 1970 in Norwegian, the book contains extensive statistical data on suicide, especially in the Scandinavian countries. It was revised in 1978, 1985, and 1990. This 1993 Cambridge University Press edition is its first translation into English. It has been expanded to include data from the United States and England. Incidence, prevalence, and predisposing and complicating factors are addressed. There is an excellent section on the assessment of suicidal potential. Suicidal risk is discussed from statistical, psychological, and family systems perspectives. Treatment of the suicidal patient both in and out of the hospital is dealt with more briefly. Somatic (psychopharmacological and electroconvulsive) approaches to the treatment of major depression, manic depressive illness, and schizophrenia are mentioned, but this section is limited and dated. Psychotherapeutic techniques recommended for use with suicidal patients are referred to but not described.

The author emphasizes a distinction between "social" or "institutional" suicide and "personal" or "individual" suicide. There is no known culture that is free of suicide. Most cultures have institutional forms of suicide which are sanctioned by the society if specific circumstances are met. For example, in medieval Europe, despite strong Christian condemnation as a sinful action, suicide was allowable (even praiseworthy) in situations of martyrdom, self-inflicted death through asceticism, and the suicide of the virgin or married woman to preserve her virtue. Gradually, in Western Europe, suicide has come to be regarded more as a sign of mental illness than as a manifestation of sinfulness; however, it continues to be regarded by many as a shameful action. In contrast, Japan has traditionally been the country with the highest degree of social sanction for suicide. Acceptable forms of suicide were named, ritualized, and strictly formalized. Hara-kiri, which originated a thousand years ago, can be carried out as a form of protest, as a way of

preserving honor, or as an expression of grief over the loss of a superior. Modern Japan no longer officially sanctions suicide; however, although hara-kiri has been outlawed since 1868, it continues to be practiced. The culture which is most condemnatory of suicide is that of Islam. In the religion of Islam, there is no justification for the sin of suicide. It is considered to be worse than murder.

Ever since Hendin published *Suicide in Scandinavia*,¹ there has been curiosity about the reasons for the differences in the suicide rates in the Scandinavian countries. The rate of suicide in Norway has been the lowest of the Scandinavian countries since 1900 and that of Denmark has traditionally been the highest, although since 1960, Finland and Sweden have had equally high rates. Hendin conducted interviews of suicidal patients in psychiatric hospitals in Sweden, Norway, and Denmark. On the basis of his interview data, he concluded that the differences in the rates of suicide resulted from different patterns of parenting in the three countries and consequent differences in the triggering of aggression. Hendin's work was widely publicized, but it has been extensively criticized for lack of scientific rigor.

Retterstøl presents the thesis that the difference in the suicide rates in the Scandinavian countries is a result of social conditions, rather than of national personality characteristics. He stresses the importance of intact family units and stability of place of residence and employment in preventing the development of self-injurious impulses and behaviors. The tendency to move to urban areas with the concomitant loss of social networks and supports is statistically highly positively correlated with an increase in the suicide rate. For example, in Greenland the suicide rate increased dramatically from 13 per 100,000 in 1970 to 127 per 100,000 in 1987. During that period of time, there was a rapid transition from a rural fishing and hunting culture to town life, predominantly in apartment complexes.

As was recognized by Freud, aggression is central in the etiology of suicidal actions. Aggression is one of the three "A's" of suicidal behavior. Suicide is generally an aggressive act directed against another as well as against the self. The other two "A's" of suicidol-

¹ Hendin, H. (1964): *Suicide in Scandinavia*. New York: Grune & Stratton. Reviewed in this *Quarterly*, 1965, 34:111-113.

ogy are appeal and ambivalence. Most suicides are, at least to some extent, cries for help (appeals), and in most cases the suicidal individual is ambivalent about the outcome of the suicidal action rather than being singleminded in the effort to die.

Treatment of the suicidal person requires an appreciation of all of the factors involved in the individual suicidal attempt. This book has a humane and caring approach to the treatment of the suicidal patient and his or her family. Retterstøl emphasizes the fact that most people who attempt suicide do not complete it, although the chance of completed suicide is far higher in a group of previous attempters than in a matched group from the general population. But he stresses the fact that most of these people die of causes unrelated to suicide. Retterstøl frames the suicidal attempt as presenting an opportunity to begin treatment of difficulties that had previously gone unrecognized. He underlines the serious nature of the problems of the population he is dealing with, but his positive approach is useful in maintaining enthusiasm for working with this population. The book concludes with recommendations for public health measures, a description of currently utilized approaches in various countries, and current World Health Organization strategies for the prevention of suicide.

This is a useful small book. I recommend it as a source of data on incidence and prevalence of suicidal behavior in Europe and the United States. It provides a summary of social and cultural factors involved in suicide as well as psychological issues and psychiatric and medical disorders that contribute to suicidal behavior. It should be of particular interest to those who have an interest in suicide prevention.

BETH J. SEELIG (ATLANTA, GA)

DREAM PORTRAIT. A STUDY OF NINETEEN SEQUENTIAL DREAMS AS INDICATORS OF PRETERMINATION. By Alma H. Bond, Ph.D., Daisy Franco, Ph.D., and Arlene Kramer Richards, Ed.D., et al. Madison, CT: International Universities Press, Inc., 1992. 179 pp.

This book grew out of a study group on introjects conducted at the Institute for Psychoanalytic Training and Research. Bond presented nineteen dreams of "John Henry Jones" to this group because in them "a powerful introject figures prominently" (p. 1).

During the seminar, one of the participants (Franco) felt that the third dream of the series indicated that the patient was ready to begin termination. Bond expressed surprise at Franco's prediction of impending termination. Upon returning to the analysis, Bond found that Franco had been correct, for John "slipped almost imperceptibly into the termination process shortly after the dream series concluded" (p. 2). A second group was convened to study the nineteen dreams. It met monthly for three years "to determine what enabled Franco to make her prediction" (p. 2).

The book begins with a review of recent (since 1972) literature on termination and the criteria for it, intertwined with a review of the use of dreams to make inferences about the patient, including readiness for termination. The discussion of criteria is clear and cites earlier work that proposes a pretermination phase and the use of dreams to detect it. The discussion of the use of dreams to make inferences is sketchy and disorganized. Because the entire thesis of the book rests on this controversial method, a full and careful discussion of it should have been a part of the presentation.

The data for the study included a "sketchy case history" (p. 20) provided by Bond and her clinical notes on the dreams. "These brief memoranda were jotted down . . . in the course of each session and were amplified shortly thereafter. They contain the manifest dream, the patient's associations . . . , the day residue when available, his dream thoughts, and spontaneous comments preceding the dream. They include comments about the dream by the analyst which led to further associations by the patient" (pp. 20-21). The authors note that they did not have "the fullness of totally recorded sessions [i.e., the material preceding and following the dreams in a given hour] or sessions during the time which did not contain dream material. It can be said that we were studying the case via the dreams" (p. 21).

I cannot detect a rationale for this procedure. A further examination of the full dream sequence (provided in the second chapter) underlines one's sense of the incompleteness of the data. The dreams are torn from the fabric of the analytic process: some seem to be from sequential sessions; some seem to be weeks apart; one is misdated. The reader has no idea (except from the preceding dreams) of the immediate or proximal contexts for the dreams. Bond requests associations to few of the many important dream

elements, and the patient's spontaneous associations are rather spotty. As a result, it is very difficult for the reader to arrive at an independent view of the meaning and structure of the dreams. Although the work is billed as a study of dreams, it is often the analyst's comments about the dreams, and the patient's responses to these comments which are the focus of the group's strongest claims about the patient's readiness for termination. There is nothing wrong with using the patient's response to interpretation as data, but one should then recognize that one is studying the analytic process, not the dream.

The authors set out a brief account of their "theoretical underpinnings" (p. 17), which centers on the concept of reconstruction. They cite the importance of reconstruction in analytic technique and stress the need to recognize that reconstructions and their psychodynamics are the result of conflicting forces from multiple levels of psychosexual development. These concepts are anchored in citations of Freud, Kris Study Groups, Arlow and Brenner, and other ego psychological/structural theory analysts. While the effort to set down one's theoretical approach is admirable, even essential, in this case the reconstruction concept serves as an umbrella for a diverse set of ideas used to understand the case. In fact, the term reconstruction does not reappear in the text after this section.

Group work on clinical material routinely generates considerable diversity of ideas; dealing with this diversity is an enormous challenge for any sort of qualitative presentation. The authors address this issue to some degree in their description of how the study group worked. Each dream was studied by individuals or pairs from the study group, followed by "reinterpretations" (of the analyst's original interpretation) by the group as a whole. Several vantage points were taken in these reinterpretations: "(1) the central wish and defenses against it; (2) fixations and regressions to various levels of psychosexual development; (3) movement in the transference; (4) changes in self- and object representations; (5) affects and feelings states" (p. 21). "Interpretations considered too speculative were eliminated; those retained were based on a strong consensus. When disagreements arose, the treating analyst was the final arbiter" (p. 21). The authors also note (with admirable candor) that "a small minority expressed the opinion that issues pertaining to the psychopathology of the self stemming from developmental deficits

should be addressed in the study of this case. As this point of view was not shared by the majority, the group decided not to include it" (p. 21). The group's conclusions are presented in a declarative tone, conveying a sense of certainty—the curiously anachronistic tone we find in most analytic presentations before the 1980's. The confidence obscures the tensions and diversity one finds running through the remainder of the book. I believe that presentations of systematic analytic research would benefit from a more searching and self-conscious effort to identify and consider the divergences among the group members, and to track the group process by which consensus is reached.

After the second chapter's presentation of the dream sequence, the third chapter examines the "indicators of pretermination as revealed in the dreams." The dream sequence is systematically and repeatedly reviewed from many points of view: "movement in the transference"; "improved ego functioning"; "improved object relations"; and "superego modification." Each section has a brief statement of theoretical rationale which tends to be concise but perhaps too brief to do justice to the subtlety of the actual interpretations discussed.

The group offers material that demonstrates many changes in the patient that emerge during the course of the dream sequence. As the authors repeatedly cycle through the dream sequence, the reader can turn back to the reports in the second chapter to develop her or his own view (within the limits allowed by the material). Of course, it is inevitable that the reader will develop ideas about the material which are not addressed by the group and the authors (what about all the self psychologists who might read the book?). I for one felt there was a notable avoidance by the analyst of her roles as both the agent and the object of the sadistic heterosexual transference. For example, Bond interpreted the patient's heterosexual sadistic fantasies as regressions from homosexual passivity, but I believe that a good case can be made for just the opposite conclusion.¹ I believe that the patient experienced Bond as a sadistic mother in response to this interpretation; for all the emphasis on the negative paternal introject, the sadistic maternal in-

¹ Nagera, H. (1976): *Obsessional Neuroses: Developmental Psychopathology*. New York: Aronson.

project appears frequently in the dreams. Whether this argument has merit or not, the larger issue that it raises is the great difficulty in addressing the real and/or countertransferential aspects of the analyst's behavior with the patient when the analyst is part of the group discussing the case. Although interest in the influence of the analyst on the process has blossomed in recent years, and may be absent from this monograph because the study group had not embraced this current trend, groups of analysts find it difficult to raise tough questions when treasured colleagues are involved. Investigations are then skewed and hampered in their freedom to consider fully the analyst's contribution to the process.

As the group follows the dream sequence, finding evidence of improved ego functioning and object relations on the basis of dream structures, we must ask whether dreams offer the evidence necessary to make such conclusions. I have noted above that some of the group's conclusions are based on the patient's reactions to the analyst's interpretations of the dream; here we have the patient's waking ego at work, whose consistency from session to session we have reason enough to doubt. Can we be confident that structures present in dreams represent a firm basis for a more general judgment of improved (or regressed) ego functioning in a patient? One might be inclined to suggest, in the face of so little previous research cited by the authors to support this claim, that the improvement cited by the analyst in her patient's functioning could be used to support this contention—but that would turn the study on its head.

The authors conclude that they have proved their contention that dream 3 marks a turning point in the treatment, that subsequent dreams deepen understanding of the patient's core conflict and confirm readiness for termination, and that dream analysis can demonstrate the structural changes that are the criteria for termination. I would say that, within the limits of their method, they have made a good case for these claims; but I have argued for improvements in the method they utilized.

Using the patient's material to look for significant changes which would suggest that termination is possible seems like a wise idea, and perhaps the notion of pretermination can help analysts to be alert for such changes. On the other hand, when, in the course of an eight-year psychotherapy/analysis such as John Jones's, would

one decide to begin an examination of the material for this purpose? Further, I imagine that one cannot decide to suggest termination on the basis of the sketchy evidence provided by these dreams. The totality of the treatment material is necessary to test the hypotheses generated by examining dreams. Still, I believe that the method employed here, with various refinements and more suitable material, might have potential as a tool for qualitative research. Accordingly, the authors and their study group have made a useful contribution to advancing psychoanalytic research.

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Sociology

Jeffrey Prager

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ABSTRACTS

SOCIOLOGY

Abstracted by Jeffrey Prager.

The following sociology abstracts represent articles culled from a wide selection of sociology journals. Articles were identified that expressed overlapping sets of concern held by sociologists and psychoanalysts. Entries were selected so the reader might be exposed only to the most recent scholarship. Part I is organized around the theme of men and masculinities, a field of research that is now enjoying widespread attention. These articles reflect research on the social and cultural meaning of masculinity and how that shapes and informs male behavior. Many of these articles, as well as the book by Connell, adopt a socially critical tone. The implication of much of this research suggests the powerful, delimiting meaning that masculinity holds in contemporary culture and the ways in which socially derived gender categories restrict full human expressiveness. While these articles will be of interest to psychoanalysts in conceptualizing the links between the unconscious and the social world in which it is constituted, it should be noted that this research tradition probably borrows more heavily from Michel Foucault and his ideas about the history of sexuality than it represents continuities with Freudian thought.

The abstracts in Part II have no single organizing theme although they are examples of sociological research that bears directly on psychoanalytic concerns. They span many different traditions of sociological analysis, including social theory, historical sociology, and critical social analysis. The wide range of topics reveals the breadth of research defined as sociological. At the same time, the fact that there are no abstracts drawn from journals like *The American Sociological Review* or *The American Journal of Sociology*, considered to be the semi-official organs of the profession, expresses the distance that currently exists between psychoanalytic and mainstream sociological research questions.

Part I: Men and Masculinities

Research in Men and Masculinities: Some Sociological Issues and Possibilities.

J. Hearn. *Australian and New Zealand Journal of Sociology*. XXX, 1994. Pp. 47-70.

The author's intention is to advocate a critical sociology, feminist or relational in approach. Hearn argues that researchers will generate critical and emancipatory knowledge by adopting "a particular standpoint of men's anti-patriarchal praxis." To highlight the possibilities for this standpoint, he explores the following questions: First, is it possible or useful to employ the categories "men" and "masculinities"? Second, is it possible to construct critical histories of men and masculinities? Third, is it possible to move beyond the structure-agency duality in developing a critical sociology of men? And finally, can men adopt an anti-patriarchal standpoint and pursue the "auto-critique of oppressors" this would require?

Gender, Desire and Child Sexual Abuse: Accounting for the Male Majority. A. M. Liddle. *Theory, Culture, and Society*. X, 1993. Pp. 103-126.

The empirical literature on child sexual abuse has identified that men are far more likely to be perpetrators than women. However, there has been no attempt in the literature to theorize the relationship between child sexual abuse, gender, and the social construction of masculine desire. The social character of sexual abuse is developed through reference to feminist theories of masculine sexuality, Foucault's theories of sexuality and power, and Connell's work on the social organization of sexual desire. These theoretical tools are deployed to understand the masculinization of bodies within historically contingent hegemonic gender regimes. The author, however, argues against social theories of masculinity which close off the possibilities for male agency, mediation, and resistance to dominant social constructions. It is asserted that the male majority in the perpetration of child sexual abuse can be accounted for by structures of gender power which equate male adequacy with the expression of sexual desire as performance and achievement. By way of conclusion, the author calls for further investigation and theorization through a "practice-based sociology of masculinity" which would link child sexual abuse to the formation of "personality, desire and the social construction of gender."

Theorizing Masculinities. H. Brod and M. Kaufman, Editors. Thousand Oaks, CA/London/New Dehli: Sage Publications, 1994.

This collection is defined as the "second wave" of masculinity theorizing. It focuses on the diversity and plurality of masculinities, the relationship between critical men's studies and feminist activism, and new interdisciplinary theoretical and methodological approaches which connect masculinities to other forms and relations of power and domination. This collection of thirteen articles is divided into two sections. The first consists of articles engaged in metatheoretical considerations for theorizing masculinities. R. W. Connell's article, "Psychoanalysis on Masculinity," should be of particular value to those interested in psychoanalytic theory. The second section examines specific aspects of masculinities more closely.

Masculinities. R. W. Connell. Berkeley/Los Angeles: University of California Press, 1995.

Connell, professor of sociology at the University of California at Santa Cruz and author of *Gender and Power*, has been a longtime leader of the effort to bring the study of men and masculinities into social theory and research. This collection of articles articulates Connell's critical, feminist perspective on the nature of masculinities. Part One concerns the historical treatment of masculinity as an object of knowledge. Connell discusses the development of what he calls the "science" of masculinity within psychoanalytic theory, clinical practice, and social research. Next, he considers the place of men's bodies within social research and the attempt to develop a social science of gender. He concludes this section by outlining a theoretical framework for studying masculinities utilizing a relational approach attuned to issues of hegemony, power, and oppression. Part Two consists of empirical field-study analysis of the dynamics of masculinity. This section is based on life-history

interviews with four groups of men. The third and final part of the book is historical in method and analysis. Connell attempts to chart nothing less than the history of modern masculinity in the first chapter of this section. Then he brings his focus to contemporary forms of masculinity issues in the West. Finally, in a chapter entitled "Practice and Utopia," Connell revisits questions of knowledge and politics to call for a link between masculinity studies and struggles for social justice.

Part II: Miscellaneous Articles

Towards A New Alliance Between Psychoanalysis and Social Theory. J. F. Gurewich. *Psychoanalysis and Contemporary Thought*. XVI, 1993. Pp. 497-518.

This paper explores Lacan's view on the processes that enable the human being to become an active member of the social world. The paper describes how Lacan's reading of Freud has led to a theory of the human subject that challenges the traditional psychoanalytic ideas on the relation between the individual and society. Lacan's conception of desire and human alienation departs from Freud's instinct theory and deepens the sociological idea that human consciousness is constituted by forces that are external to the individual. Such a rapprochement between psychoanalysis and sociology is discussed in light of two specific Lacanian contributions to the reading of Freud which are particularly congenial to sociological concerns: the theory of sexual difference, with particular emphasis on Lacan's definition of the feminine, and the concept of *méconnaissance* (misrecognition) which describes the processes through which individuals fend off their alienated condition. The paper concludes with an attempt to demonstrate that Lacan's theory of the human subject is not antinomial to social change and therefore goes beyond Freud's view of an irreducible disharmony between individual aspirations and social aims.

Freud and His Nephew. S. Justman. *Social Research*. LXI, 1994. Pp. 457-476.

Justman examines the relationship between Freud and his American nephew, Edward Bernays. A direct parallel is drawn between the "liberatory" intentions of Bernays's promotional work for the public relations industry in America and Freud's emancipatory project in developing the "talking cure." Despite these commonalities, Freud and Bernays had substantially different intentions and work results. Freud, in fact, did not approve of his nephew's vision or his practical impact as a marketer of consumer goods. This paper discusses some of their main differences in philosophy and explores some of the consequences of these differences. The author also assesses Bernays's impact as a key developer of "the culture of manipulation."

Rationalization as Sublimation: On the Cultural Analysis of Weber and Freud. H. L. Kayle. *Theory, Culture, and Society*. IX, 1992. Pp. 45-74.

This paper explores the striking theoretical affinities and differences of two of the seminal thinkers of the twentieth century: Max Weber and Sigmund Freud. The author argues that both Weber and Freud shared the moral aim of enhancing autonomy and self-consciousness. After mapping the overarching affinities in their thought that liberate each from a Marxist cultural analysis to which they have both been subordinated, the author assesses Weber's relationship to Freudian theory in

Weber's cultural analyses. Weber's use of the concept of sublimation is of particular focus, for it provides an obvious link between the two theorists. For Weber, sublimation corresponds to the inner meanings derived from cultural rationalization, the internal, subjective dimension of modern historical developments. Where Freud, perhaps naïvely, presumes that sublimation yields a higher order of individual functioning that represents a "higher social and ethical valuation," correspondent to ethical and intellectual advances (in contrast to repression), Weber posits the inherent clash between inner meanings and external social forms. Kayle argues that, as a consequence, Weber generates a more compelling cultural analysis (the return of the sublimated) accounting for the brutality and barbarism of the twentieth century. At the same time, unlike Freud, Weber provides no theory of the motivation for the rationalization process. Together, they promise a more complete subjectivist analysis of our contemporary world.

Politics and Illusion: A Psychoanalytic Exploration of Nationalism. J. Prager. *Psychoanalysis and Contemporary Thought*. XVI, 1993. Pp. 561-596.

This paper applies Winnicott's concept of illusion to modern politics, arguing that illusion—the intermediate area of experience between subjective desire and that which is objectively perceived—is at the heart of modern politics. In its healthy form, where political subjects and the objects of rule foster the illusion that the world is of the subjects' own making, politics is characterized by creativity, playfulness, and imagination. But in its pathological form, where illusion is not fostered, a politics of negation—of replacing one political order with its opposite—prevails. Here, violence, terror, and destruction define political activity. The author charts the development of democratic politics and describes the important role of the French Revolution in establishing a modern political culture that celebrates the role of illusion in politics. Anticolonial nationalist movements illustrate a pathological form, in which the alienation of selves from the objects of rule often produces a community of identity: no room exists for playful encounters with differing conceptions of external reality.

On Psychoanalysis and Feminism. E. Young-Bruehl and L. Wexler. *Social Research*. LIX, 1992. Pp. 453-484.

The history of the relationship between psychoanalysis and feminist thought is traced. The authors argue that the history of this relationship can be divided into three paradigmatic or generational stages. Beginning in the 1920's a "Dissent" period developed from within psychoanalysis itself in the writings of Horney and Thompson. After World War II, a "Rejection" period began with De Beauvoir's *The Second Sex* (1949) and continued through the early 1970's. National differences between Britain, France, and the United States are discussed. In the mid-1970's the work of Mitchell, Rubin, and Chodorow ushered in an "Appropriation" period in which the dominant strains of feminist thought no longer reject psychoanalysis as unredeemably misogynist. The authors argue that contemporary reassessments of the relationship signify the development of a fourth generation: a critique in which "subaltern" groups previously ignored in psychoanalytic feminism have protested the absence of race, class, and sexuality distinctions in past theoretical developments.

Canadian Journal of Psychoanalysis. 1, Number 2, 1993.

Abstracted by Marc-André Bouchard.

Ideology and Psychoanalysis. Charles Hanly. Pp. 1-17.

Ideologies have a remarkable capacity for working powerful transformations in the lives of individuals, as well as for uniting individuals into organized collectivities. Ideologies find or create enemies. They are characterized by a dangerous polarity: they sustain a high level of beneficent mutual support, and at the same time an equal and opposite self-righteous hostility toward those who do not share it. Freud (1921) hypothesized that a group is formed out of two identifications: an idealizing identification with a leader, and an identification, based on similarity, with others who have adopted the same leader as their ego ideal.

Psychoanalysis is a body of empirical knowledge subject to continuous clinical testing by observations and interpretations based on the evenly suspended attention of analysts to the free associations of the analysands. Yet psychoanalysis cannot be immunized against transformation into an ideology. The failure of the training analysis to work through the idealizing transference and the identification with the analyst leaves behind in the new generation of analysts a predisposition to transform psychoanalysis into an ideology. Theoretical ideas and technical rules that require continuous testing and re-evaluation are treated as canonical. Analysts become enthusiasts, zealots, and ciphers instead of adventurous observers and empirical thinkers, and the "correct" psychoanalytic texts become quasi-sacred. But, since hostility underlies idealization, the zealous adherent easily collapses into the repudiating critic if the reaction formation that sustains the idealization should succumb to disappointment.

Wise people who have cared about individual freedom have long been aware of the vulnerability of men and women to alienating their own freedom. A state's democratic institutions can no more protect its citizens from extremes of political folly than psychoanalysis as a body of knowledge can protect itself from analysts who would make it, in whole or in part, into an ideology.

In Exile from the Mother Tongue. Anna Potamianou. Pp. 47-59.

Different countries display varying degrees of receptivity toward psychoanalysis. In many cases the desire to be analyzed can be achieved only beyond the borders of one's own country; this often leads to a situation in which the analysis is conducted in a language other than one's mother tongue. The effect of geographical factors is indisputable, but more personal, even deeply hidden factors may also be involved. During an analytic encounter that immediately introduces a note of "foreignness," the question is: What does this note of foreignness indicate? The mother tongue is ideal for constructing a bridge across the relationship instituted by thought between representations of things and representations of words. While the defensive aspects of distancing from use of the mother tongue have been noted, its etiology and consequences have not been adequately studied.

Analysis in a foreign language introduces the otherness of the speaker on the level of language as well as on other levels, such as ethnic, cultural, and sexual. For the

analysand who relocates to a foreign country, the "act" of choosing the analyst creates a tactical distance from expressing everything freely. The chainmail of vigilant thinking cannot but tighten in moments when the liberty of association stumbles on a hole in the language. One cannot ignore the possibility of an attitude of defiance toward the differences, of refusing to take into consideration, or at least not sufficiently, the significance of the customs and morals of each community, the distinctions of each language. The author also hypothesizes that the analysand and analyst immediately introduce the element of "foreignness" in the relationship on more than one level, because the anxieties of relationship to the identical and the indivisible go very deep.

The Influence of Dyadic Factors on Enactments and Other Regressive Forms of Acting Out. Douglas H. Frayn. Pp. 61-83.

Acting out has a variety of current usages; aspects of this concept were previously subsumed under *acting out*, *acting in*, *actualization*, and the more subtle *collusion* and *treatment misalliances*. All denote some form of repeating and putting into behavior, rather than remembering and verbalizing the original conflicts, and in that sense are considered resistances.

The various forms of acting out are examined. *Actualization* signifies a patient's (unilateral) motor or physiological activity that represents regressive reliving of transference fantasies within the analytic situation. The emphasis is on the patient rather than on the dyadic interaction. Two basic differences between actualization and enactment are identified: (1) in the actualization the analyst does not co-regress with the patient, and (2) the analyst is not destined to act in a spontaneous way that has meaning only after the fact. *Enactment* is a nonverbal communication that manifests itself symbolically through motor movements or autonomic nervous system discharge and brings about a behavioral response from the therapist. Enactment always involves symbolic behavioral interactions between patient and therapist which have unconscious meanings for both parties. It is therefore an interpersonal event, whether the analyst enters into the enactment as the frustrator or as the gratifier of the infantile demand. *Enactment* is also used loosely as a nonpejorative substitute for the older term *acting out*: it is defined as taking place whenever the analysand acts and stimulates the analyst to act rather than to report or put into words. An enactment may also be an attempt by the patient to gratify transference needs, combined with an unconscious reparenting activity by the therapist. Caution is always required, since attempts to make behavioral reparations do not replace verbal, but crucial, working through of transference and constructions from the past.

The Need To Know and the Inability To Tolerate Not Knowing. Blema S. Steinberg. Pp. 85-103.

Psychoanalytic theory has contributed much to understanding the origins of the epistemophilic instinct—variously defined as the instinct of curiosity, the drive for knowledge, and the struggle for mastery—and of one of its significant aberrations, the inability to tolerate not knowing. Freud focused on the links between infant sexuality (libido) and curiosity, while Klein stressed the relationship between infant

sadism (aggression) and curiosity. Within an ego psychology framework, Hartmann argued that intellectualization, for instance, must be analyzed as a potentially constructive, reality-oriented approach to problems, and not just as a mechanism of defense. Psychoanalytic theorists, cognitive psychologists, and neonatal researchers also seem to be in general agreement that the human being is preeminently a curious animal and will, as part of normal development, manifest a need to know.

However, deeply embedded in our mythology is the belief that punishment will befall the individual whose drive to know is unbounded. Like the story of Adam and Eve, the myth of Oedipus can be understood as embodying a warning against man's omnipotent fantasies of knowing all. For some analysts, intellectualism run amok operates primarily as a way of coping with the anxiety of early unresolved sexual conflicts; others stress narcissism and the wish for omniscience and omnipotence; and still others emphasize issues of separation-individuation and lack of object constancy. An inability to tolerate not knowing is frequently associated with an all-consuming appetite for reading, linked to the satisfaction of oral impulses; it may also be indicative of problems at the anal-sadistic, phallic, or oedipal stages of development. From a Kohutian perspective, books and knowledge may serve both a mirroring and an idealizing function. The search for limitless knowledge that characterizes the obsessive intellectual seems to have important roots as well in the early mother-child relationship. It appears that the need to know and the inability not to know is multidetermined.

Popper, Grünbaum, and Induction. John Allison O'Neil. Pp. 105-130.

The author understands Grünbaum's philosophy to be a (misguided) reaction to Popper's criterion of falsifiability. This calls for a review of induction. Popper agrees with Bacon and Mill up to a point: whatever generative and enumerative induction might produce, if anything, is futile if not subjected to *post hoc* competitive selection. However, for the theory to be empirical in any logical sense, falsifiability must be possible in principle: we can never know if the surviving hypothesis, which we have good reason for believing to be closer to the truth than its refuted competitors, is in fact *true*. According to Popper, so-called observation statements are theory-laden and thus hypothetical. And to talk about "raw clinical data," or the "clinical observation," is pre-Darwinian. Further, all meaning originates in myth, group myth, or personal myth (fantasy), and the logic of research can say only "No." As science, and in contrast to behaviorism, which is incorrigibly unscientific, psychoanalysis is logically possible but not yet refutable because it fails to predict overt behavior, and because it makes ready use of polar opposites.

Turning to Grünbaum's contributions, the author first points to a major inherent contradiction in his approach to Freud. On the one hand, in defending himself against the attack of imposing on Freud's clinical theory an extraneous methodological purism, Grünbaum first recalls that Freud's criteria for theory validation were those of hypothetico-deductive inductivism; but on the other hand, he then goes on to state that his application of Freud's criterion of scientific rationality is *not* what he himself (Grünbaum) considers a valid criterion of demarcation between science and non-science. As O'Neil justifiably signals, here Grünbaum declines to embrace the philosophy of science he attributes to Freud, but nevertheless states that his entire

critique of Freud is based on that very philosophy of science. Is this a devil's advocate strategy? O'Neil attempts to show that Grünbaum's analysis of Popper's notion of inductivism is at times superficial and misguided, and that Grünbaum's arguments are addressed to the problem of eliminative induction, that is, induction as deductive refutation. According to O'Neil, classic induction does not come through in what Grünbaum formally says but rather in what he does with what he says. The general strategy of Grünbaum's argument is seen as implying (wrongly) that Freud could have engaged in valid generative induction leading from the patient's responses, to particular inductions, to validated general constructions. Grünbaum is further seen as naïvely empiricist, in contrast with Popper's truly post-Kantian outlook. In short, Grünbaum is a generative inductionist: he seems to think that observational findings derive in some positive way from observations rather than from the hypotheses that generate them.

The Psychohistory Review. XXII, 1993/94.

Abstracted by Thomas Acklin.

Taking Erikson's Identity Seriously: Psychoanalyzing the Psychohistorian. Howard I. Kushner. Pp. 7-34.

Kushner reviews Erikson's contributions to psychohistory, considering how his own psychoautobiography perhaps influenced his psychohistorical studies, and noting that his own identity crisis remained elusive even to Erikson himself. Feeling that Erikson's understanding of identity was influenced by the American myth of cultural assimilation, the author also analyzes Erikson's rejection of his father's past and culture as reflecting an identity crisis of his own. Kushner concludes that the plastic nature of identity in Erikson's thought (not unlike the identity of young man Luther) perhaps represents his own lifelong search for and construction of his own identity. Observing that Erikson based his studies upon an idiosyncratic version of ego psychology, rather than on a differential diagnosis rooted in object relations theory, Kushner notes that, for Erikson, failure in following the eight-stage order became synonymous with neurosis, and that he neglected the importance of the group and culture.

Beyond Rumor & Reductionism: A Textual Response to Erik H. Erikson. David C. Andersen. Pp. 35-68.

Andersen attempts to situate the Erikson of the text with the Erikson of rumor, noting that therapists, theologians, historians, psychologists, and others have all found Erikson valuable in ways which obscure the true nature of his writing. Summarizing some of the critiques of Erikson, such as those made by Roazen, Coles, Gilligan, and Zock, Andersen attempts to situate Erikson among his former students, disciples, and critics. Considering *Young Man Luther* and *Gandhi's Truth*, as well as the essay on Jesus, "The Galilean's Sayings and the Sense of 'I'," Andersen explores the affinity of Erikson's thought to theology and religious experience, feeling that many scholars have misunderstood the religious aspects of his synthesis.

Erikson on Luther. Peter Heller. Pp. 87-99.

Heller shows how Erikson's study of Luther did not always penetrate adequately to the depths of Luther's theology and faith, particularly Luther's sense of how the sinful self is swallowed up in the crucified Christ in a way that compensates for the sinfulness of natural man, and how Luther's ultimate rejection of self was the condition of his self-surrender in faith. Accordingly, Heller concludes Erikson not only failed to conduct adequate historical research and to grasp the pertinent sociopolitical and intellectual history, but also failed to penetrate into the heart of Luther's theology.

"Great Is Diana of the Ephesians": Remarks on the Masculine-Feminine-Jewish Triangle from Goethe to Freud. Jacques Le Rider. Pp. 267-293.

Comparing Goethe's poem and Freud's article, both entitled "Great Is Diana of the Ephesians," the author examines Freud's identification with Goethe's refusal of mysticism in Goethe's depiction of Demetrius the Elder, who rebalances matriarchy and the Law of the Father, refusing a mysticism oriented toward hidden things. In reaction against Jacobi, under the influence of Goethe and Franz Brentano, Freud rejected the descent into mysticism of theoretical and rationalistic investigation, particularly in mysticism's one-sidedly feminine forms involving the oceanic sentiment. Such mysticism is depicted by Demetrius in the "Acts of the Apostles" when he parades through the streets in protest against the Christians and Jews, in contrast to Goethe's Demetrius who remains alone in his workshop immersed in an artist's meditation.

Through his analysis of Gustav Mahler, in his essay, "On the Universal Tendency to Debasement in the Sphere of Love," Freud considered the split between earthly love and celestial love. In his essay, "Great Is Diana . . ." as well as in his studies of Leonardo da Vinci and "A Seventeenth-Century Demonological Neurosis," Freud discovered the complex and fundamental bond with the mother, which surely Freud saw behind his own genius. Nonetheless, Freud, like Goethe, sought to balance this mother-son relationship with the Law of the Father.

Bulletin of the Menninger Clinic. LVII, 1993.

Abstracted by Sheila Hafter Gray.

The Autonomous Self. John D. Sutherland. Pp. 3-32.

Freud's early use of the term *Ich* indicates that he intended it to convey the special complexity of each individual's self. This richness was lost when *Ich* was translated as ego, a term that later came into use as the name of a psychic structure. The British school of psychoanalysts continued to elaborate Freud's initial view of self and drew attention to the role of early mother-child interactions in fostering the development of an integrated concept of self, while Hartmann focused on the functions of an autonomous ego. Khan and Erikson merged these theoretical lines into the notion of ego identity. Sutherland believes psychoanalytic theory is incomplete without a holistic sense of self. He suggests that the autonomous self may be understood as the successor of the organizing principle in the embryo. A unique property of the

human mind is its capacity for consciousness of a subjective self and for intentionality. This permits individuals to function simultaneously as independent and interdependent beings in social settings. Good early mothering facilitates the postnatal expression of these capacities in the individual.

Body and Self in Feminine Development: Implications for Eating Disorders and Delicate Self-Mutilation. Lisa W. Cross. Pp. 41-68.

The author postulates that eating disorders and delicate self-mutilation are associated deviations of feminine development. She believes that the syndrome of fasting and stigmata that has been observed in certain Christian holy women throughout history is identical to this clinical picture. Both are attempts to gain power over one's body by making it known and impervious, in contrast to a normative feminine view of one's body as mysterious and invaded by lover or child. Until the late nineteenth century, women who practiced holy anorexia tended to gain prestige and social power. In their quest for power over others, which they now rarely achieve, contemporary patients tend toward sadomasochistic relationships. They seem to confound oral, anal, and phallic aspects of their experience of the body. Unable to come to terms with the hidden, ambiguous, and unruly aspects of the female body, they frequently split self from the body it inhabits.

Whose Body Is It Anyway? Understanding and Treating Psychosomatic Aspects of Eating Disorders. Kathryn J. Zerbe. Pp. 161-177.

Splitting self from body, persons with eating disorders do not experience themselves as psychosomatic units. They come to hate the body and to develop the conviction that they can destroy it, yet survive its death. The roots of this disorder lie in pathological early experiences with parents who failed to affirm the child's separate identity. The child comes to believe that one cannot live one's individual life without destroying Mother. The child's normative search for autonomy may then manifest itself in an eating disorder. Successful treatment efforts support the development of an effective stimulus barrier and coherent self boundaries. The author describes a range of techniques to attain these goals. The therapist eventually must be willing to set limits on self-destructiveness and to become a "bad-enough" transference object to be credible to these seriously disordered individuals.

Trauma and Dissociation. Catherine Classen; Cheryl Koopman; David Spiegel. Pp. 178-194.

The authors define trauma as an abrupt physical disruption in ordinary daily experience. The individual feels fear, abject helplessness, or horror stemming from the sense of having lost control. Less frequently, people respond to trauma with rage or guilt. Post-traumatic stress disorder is classified as an anxiety disorder in DSM-III-R, and the focus of treatment becomes mastering that affect. Clinicians may consequently overlook the prevalence of dissociative defensive constellations against the overwhelming stress of the traumatic event—including multiple personality disorder, psychogenic amnesia, psychogenic fugue, and simple dissociation. To recognize this large number of dissociative responses to trauma, a new diagnosis, acute stress disorder, has been proposed for DSM-IV. The authors present eight criteria

for making the diagnosis. Proposed treatment ranges from crisis intervention, which helps survivors regain a sense of safety, to hypnosis and long-term psychotherapy, which recovers the memory of the trauma and promotes its meaningful integration into the patient's history.

Dissociative Processes: Theoretical Underpinnings of a Working Model for Clinician and Patient. Jon G. Allen. Pp. 287-308.

Dissociation is a function of memory through which the self is separated from its own experience. The self depends on autobiographical memory to maintain continuity. Memories of emotionally significant relationships with others are organized around affective nodes, and new experiences are evaluated and memorialized in reference to these nodes. The dissociating individual succeeds in narrowing the scope of his or her attention sufficiently to avert the normal meaningful integration of moment-to-moment experience in higher-order consciousness. Mental processes and contents remain active and impinge on consciousness; but they are not consciously linked with one's history or sense of self. Dissociation appears to be an adaptive skill that is not available to all individuals; it may signal failure to develop appropriate self-integrative capacities. The author suggests that the clinical problem in dissociative disorder lies not in the spectacular shift among distinct mental and behavioral states but in the collapse of the individual's capacity to construct a coherent self in the face of trauma.

Toward a Psychoanalytic Understanding of Multiple Personality Disorder. Bruce E. Reis. Pp. 309-318.

Psychoanalysis classically viewed dissociation as a defense against oedipal conflict. In recent years attention has shifted from this drive theory model to the causal role of pregenital trauma in multiple personality disorder. Trauma that predates the emergence of symbolizing ego functions appears to predispose to this disorder. The presymbolic child depends upon illusion, a transitional state between reality and fantasy, to master separation. Trauma during this phase replaces illusion with an abiding experience of "primitive agony." The unavailability of illusion impedes the consolidation of a coherent sense of self; and it fosters the formation of delusions in the effort to preserve a disintegrating reality. Reality sense is impaired. Individuals with multiple personality disorder may be narcissistically invested in their diagnosis, which gives narrative structure to their chaotic unsymbolized traumatic experience. The author recommends postponing reality testing and fostering expression of the unsymbolized traumatic experience in the context of a secure therapeutic relationship.

A Reappraisal of W. R. D. Fairbairn. James S. Grotstein. Pp. 421-449.

Fairbairn clarified and extended the existential dimension of psychoanalytic theory. His object relations psychology is a "loyal opposition" to classical drive psychology which provided a middle ground between the Anna Freud and Melanie Klein wings of the British Psychoanalytical Society. Object relations were to Fairbairn dynamic intrapsychic structures that represent failed actual interpersonal relations with the needed parent. This revision of psychoanalytic developmental theory as-

serted that the reality principle is primary; the pleasure-unpleasure principle comes into play only in the wake of actual frustration. From this perspective, infantile dependency is primary and autoerotism is a default phenomenon that follows secondarily on a traumatic breach in the security of infantile dependence. This construct allowed Fairbairn to explore the schizoid personality disorder and to propose a basis for the psychoanalytic treatment of individuals with significant pregenital psychopathology. Grotstein presents Fairbairn's solutions to a broad range of clinical problems and provides an extensive critical bibliography.

An Intersubjective View of the Therapeutic Process. Robert D. Stolorow. Pp. 450-457.

An essential aspect of human psychological development is the construction of principles for organizing experience. Stolorow and co-workers view transference as the expression of the way patients unconsciously organize their experience of the analyst in light of their early history. Patients wish the analyst to provide selfobject experiences that were absent or inadequate in early life. They expect and fear that they will repeat with the analyst early experiences of developmental failure. Psychoanalytic interpretations must be informed by the analyst's sustained empathic inquiry into this subjective world of the patient. While effective interpretations invariably provide patients with an experience of being understood, this phenomenon in turn has specific transference meaning for each patient. This meaning of the psychoanalytic investigative and interpretive activity is the principal source of the therapeutic action of psychoanalysis.

Combat and Personality Change. Samuel L. Bradshaw, Jr.; Carroll D. Ohlde; James B. Horne. Pp. 466-478.

There is a spectrum of responses and adjustments to the trauma of combat that is related to the severity and extent of the combat experience. Minimal exposure is effectively managed by most participants. Longer immersion leads normatively to the development of a warrior personality. Individuals will place themselves in dangerous situations and kill other human beings, but only under legal orders and for defined military objectives. Under extreme conditions, combatants may develop a killer self that derives personal joy and pleasure from acts of war. The critical variables are individual aggressiveness, the degree and duration of danger and vulnerability, the number of comrades killed and the nature of their death, peer group support and participation, and lack of example or control by officers. They share clinical characteristics with patients who have multiple personality disorders. Treatment for both warrior and killer personalities consists in providing a safe environment in which the individual may discuss combat, expose and accept the killer aspects of his self, and integrate them into his peacetime personality.

Combat Stress Reactions in Iraqi Enemy Prisoners of War. J. Michael Marcum and David W. Cline. Pp. 479-491.

During Operation Desert Storm the intense air campaign exposed Iraqi soldiers to a broad spectrum of conditions that were designed to foster the development of combat stress reactions. The authors studied twelve Iraqi prisoners of war who were

treated in the United States Army evacuation hospitals, and conclude that the strategy was effective. The enemy soldiers presented with more combat stress-related symptoms than did American soldiers who required treatment in a military stress recovery unit or reservists who had experienced significant trauma; but they recovered more fully and with less sophisticated treatment than the American controls. The authors confirm the notion that the severity of the combat experience is a more important cause of stress-related disorders than are cultural conditions or the individual's pre-existing personality.