The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: http://www.tandfonline.com/loi/upaq20

Motherhood, Motherliness, and Psychogenic Infertility

George H. Allison

To cite this article: George H. Allison (1997) Motherhood, Motherliness, and Psychogenic Infertility, The Psychoanalytic Quarterly, 66:1, 1-17

To link to this article: https://doi.org/10.1080/21674086.1997.11927521

Published online: 08 Nov 2017.

Psychoanalytic Quarterly, LXVI, 1997

MOTHERHOOD, MOTHERLINESS, AND PSYCHOGENIC INFERTILITY

BY GEORGE H. ALLISON, M.D.

This paper revives an issue dormant in recent psychoanalytic literature—that of psychogenic causes of infertility. Modern technology to overcome anatomic or physiological blocks to fertility has probably contributed to the assumption that the psychogenic issue is obsolete. However, a broader perspective on the vicissitudes of pregnancy and motherhood in women who have particular psychological problems warrants reconsideration of the rationale for psychoanalytic evaluation and treatment. Three case presentations illustrate similar psychological issues that may interfere with the ability or wish to conceive. A hitherto unreported commonality in these cases is conscious and unconscious guilt and hostility toward a defective or deceased male sibling.

The concept of psychogenic infertility is generally regarded as passé in the medical world; for decades, little has appeared in the psychoanalytic literature directly on this topic. This is connected with the development of new technology and expertise in determining physiologic and anatomic obstacles to pregnancy and in effecting their correction or circumvention. Circumvention has reached its apogee in the now well-established techniques of in vitro fertilization of an ovum and its surgical implantation in the endometrium, which has a 20 to 50 percent chance of resulting in normal gestation and birth (depending on factors about the particular patient and the number of cycles attempted).

In a 1990 paper, Dinora Pines deals principally with the emotional consequences of these techniques when successful as well as when they fail. The goal of my paper, however, is to discuss the basis for *presumed* psychogenic infertility when no discoverable physical or organic reasons exist. Over the course of many years, I have analyzed three patients whose conflicts about motherhood were significantly similar and suggested strong psychological determinants of their infertility or of their decision not to become pregnant. My case material also bears on how "changes in our society have led modern women to question the desirability of having children and to replace the traditional mandate 'to be fruitful and multiply' with the 'choice' of maternity" (Morris, 1991, p. 370). This conscious choice, now enhanced by modern technology, is often illusory. Unconscious psychological factors can still influence not only the ability to conceive naturally but also the fate of the pregnancy, whether achieved through natural or artificial means, and the fate of the mother-child relationship when successful gestation is achieved.

In the earlier literature, it was widely recognized and accepted that failure to conceive often had an emotional basis. Most authors (Benedek and Rubenstein, 1942; Deutsch, 1945; Jacobson, 1946; Knight, 1943; Orr, 1941) agreed that this stemmed from an unconscious repudiation of femininity, rooted in unconscious fears relating not only to reproductive functions but to everything sexual. In my cases, the repudiation was not of femininity per se, but specifically of motherhood. While their unconscious conflicts also impaired their orgasmic capacity, these women were outwardly attractive and feminine. Analysis resulted in their coming to "own" their femininity more fully in a new phase of adult womanhood, connected both with conflict resolution and with the developmental achievement of greater autonomy.

My cases *suggest* that an intense unconscious guilt over repressed or denied male sibling rivalry, when combined with other unfavorable developmental events deriving from oedipal issues, caused infertility or a consciously rationalized decision to forgo pregnancy. Unresolved oedipal conflict and difficulty in identifying with an unsatisfactory mother imago were co-determinants of the outcome. This clinical material is only illustrative; I present it primarily to alert analytic clinicians to the possible importance of these factors in particular cases of infertility. Psychogenesis is often overlooked, trivialized, or denied.

The first two patients I will present in some detail were able to achieve successful pregnancies at the end of their analyses. I will also include discussion of a third patient, who had undergone tubal ligation in her early thirties for conscious reasons connected with her marriage and career, but who, years later during analysis, discovered more relevant unconscious reasons that parallel the data from the first two patients.

The first patient, Ms. A, was a thirty-two-year-old high school teacher whose demeanor was one of manifest motherliness and femininity which she maintained in her daily life with an obsessional intensity. This led in the analysis to my coining the term "super femininity" to describe its defensive nature.

She had contemplated analysis for a number of years because of chronic, recurrent depressive episodes throughout her five-year marriage. Crying, tension, and irritability at the time of her menstrual periods were usually temporarily relieved when she was feeling optimistic about therapy of one kind or another which might help her become pregnant. She entered analysis with the encouragement of her gynecologist, who thought it might enhance her chances of pregnancy as well as help alleviate her depressive episodes. Although she was a beautiful woman of high intelligence, her conservative grooming and her cautious, inhibited manner bespoke both her conflict over aggression and her striving to meet a feminine ideal of passive agreeability and selfless devotion to men.

A major task in the analysis consisted of understanding and working through this façade, which defended against strong unconscious competitive and "castrating" tendencies. These emerged with guilt and anxiety in the transference and proved to be ultimately related to important childhood conflicts. Particularly noteworthy was her relationship to a defective younger brother, with whom she felt compelled to avoid competing (see Kennedy, 1985). She had been coupled with him by the parents. During childhood they were dressed as twins and were put on the same daily routine. The brother had been diagnosed as borderline schizophrenic, and he also had a seizure disorder and chronic alcoholism in adulthood. The mother, who died when the patient was sixteen, had considered this younger child her "cross to bear." He then became one of the patient's "crosses to bear" in her own adult life after her mother's death. The patient continued to act in a kind, considerate manner toward the brother and was consciously often willing to sacrifice her own interests to make up for his inferiority and weakness. She was as yet unaware, however, of what later came to be seen as her unconscious sacrifice of motherhood.

A galaxy of other important factors appeared to overdetermine her infertility. Principal among these was her struggle against an underlying identification with her vain, snobbish mother, who was scornful of men and who was particularly repulsed by bodily functions. The mother suffered from severe depressive episodes following a broken romance, after her divorce from the patient's father. The patient was six when the divorce occurred, and eleven when the mother's new love affair (the mother's "grand passion") failed. The mother suffered from chronic recurrent depressions thereafter, even though she later remarried.

During her analysis, the patient became tearful and depressed whenever she began her menstrual periods, and the identification with her mother would become manifest. Her development of irregular menses with spotting between periods after the hormonal treatment for her infertility problem had begun made her feel "trapped" in what she considered to be an unfeminine phenomenon. She associated this with her mother's refined, effete, finicky personality. For the patient, femininity meant earthy, maternal sexuality and normal menstrual function.

It was significant that her menarche did not occur until after the mother's death from pneumonia when the patient was sixteen. This may have expressed hormonally how she felt about having been "held back." Her adolescent "flowering" the summer after the mother's death and the development of an adult sexual identity culminated several years later in a broken romance (parallel to the mother's broken romance following the parents' divorce) in her early twenties on a summer trip to Ireland on the eve of World War II. This event reinforced her identification with her depressed mother and led to her own recurrent depressive episodes thereafter. These episodes later became linked with her infertility and with underlying feelings of inferiority as a woman. She finally sought analysis several years after marriage. In the meantime, she had focused on her career as a school teacher, caring for others as a substitute for motherhood. She also adopted an intense involvement in political and humanitarian causes with which she remained thoroughly engrossed before, during, and after her analysis.

Another conflictual area was her troubled relationship with her father. On the one hand, he always treated her as a child; on the other, he turned to her for support and "mothering" after being emotionally "crushed" by the mother's rejection of him and her decision to seek a divorce. Her guilt and resentment toward her father over his demands emerged late in the analysis and were part of the negative transference that paralleled similar feelings toward her defective younger brother. The father thus constituted another "cross to bear" in his dual behavior of continuing to treat her like a little girl while coming to depend on her for solicitude and support. She had initially offered support to him during her girlhood. Thus, her favored status in the oedipal triangle entailed a price that continued into adulthood.

As the analysis proceeded, all men were seen as weak, crushed, or vulnerable to feeling crushed. This included an older brother who was a college professor. As a child, the patient had hero-worshipped this brother. However, he also turned to her for help in his antagonistic relationship with the father. Striving to protect vulnerable, dependent men became an important theme in the transference, and also in her marriage to her physician husband. She became the mother of her childhood family at an early age and continued to hold this role into adulthood after her mother's death—until changes from her analysis began.

The analysis was divided roughly into two broad, overlapping phases—in the transference and surrounding material. In the first phase, she presented intellectualized material about her younger brother, but the focus of analytic work was on her struggle against her identification with her mother and on the associated problems related to her favored status with her father in the childhood oedipal triangle. This phase was accompanied by symptomatic reduction of her depression and a general lessening of inhibition, as an erotic transference became manifest.

In the second phase, the work focused more on the previously concealed, bitter childhood rivalry with her younger brother and on her wish to gain first place with her mother. This wish had been covered by reaction formations of consideration, concern, and self-sacrifice which had become characterologically embedded during childhood and adolescence. It appeared to be in connection with the relinquishment of her defenses against hostile and competitive feelings toward men—in the transference, in her marriage, and toward her brother (who was still in her life at that time)—that she became pregnant.

A tentative decision had been made to adopt, and an application-request for adoption had been filed at the beginning of the analysis—with the hope that she might become pregnant during the waiting period. In other words, she was giving herself (and the analyst) one last chance after the failure of gynecologic study and procedures. She believed she had become pregnant a few years earlier and that her former gynecologist had caused an early miscarriage by his rough examination, but her current gynecologist, who had referred her for analysis, doubted this. The waiting period for adoption did elapse during treatment, and she received a letter from the adoption agency saying that she would soon be eligible, shortly before the calculated date of conception. In that same week, I announced that I would have to leave for military service in several months, and I offered to arrange her transfer to a colleague. Soon after, while pondering this, she missed a period, but she withheld this information consciously because to tell me might jinx her. The unconscious reasons, however, were reflected in a series of dreams in which she was in danger of attack by wild animals, who stood for her envious younger brother and for me in the transference. My call-up for military duty was then postponed for a year, but after some thought she decided to terminate treatment once the pregnancy seemed well established. I believe that she fled the analysis, which could have continued the extra year, out of concern over my jealousy and my resentment (in the brother transference) which she feared might cause her to miscarry.

Both the earlier phase dominated by oedipal issues in the transference and the later phase dominated by her repressed rivalry and resentment of the younger brother involved the defensive identification with her depressed mother which had plagued her throughout her adult life. Concomitantly, as the analysis proceeded, she was dealing with her resentment of her father's demanding, narcissistic features. In general, aggression was more manifest outwardly and in the transference in the second phase—whereas libidinal issues had been more evident in the first.

Three factors—the guilt and commitment to her defective younger sibling; the struggle against her identification with her depressed, vain, finicky mother; and the conflictual relationship with her demanding, narcissistic, and seductive father—were the major themes in her treatment. They appeared to represent underlying reasons or forces militating against her becoming pregnant. Their interpretation and partial working through in the transference also appeared to have been emancipating in general, and presumptively crucial in her eventual pregnancy, as discussed above. My psychogenic thesis is also bolstered by the fact that the pregnancy occurred at the point when she had given up hope and was proceeding with the plans for adoption. It also occurred soon after I had announced my anticipated need to break off the treatment for military service. At that time the work focused particularly on her guilt and resentment toward the defective brother.

All three of the unconscious forces mentioned above were overlapping and recurrent. The second phase ended, as described earlier, when she became pregnant and decided to terminate.

Follow-up suggests, however, that she had sufficiently resolved the key conflicts interfering with conception. She went on to have two more pregnancies, both successful. I learned this several years later when she wrote to say that she had a new problem of not knowing "how to turn it off." (In the same letter, she solicited my support for her "latest cause"—nuclear disarmament.) Her first child was a son. I have no data about problems in her relationship to him, although while she was still in treatment, there had been some consideration of whether she might identify a male child with her younger brother.

As for the countertransference, the patient's physical beauty, high intelligence, and compassionate manner elicited feelings in me of warmth and sexual interest early in the analysis. However, her occasional stormy outbursts against authoritarian men (her father was an Army colonel) inhibited my comfort in interpreting her defensive solicitude for men in general, her brother in particular, and her physician husband, who bore the brunt of the brother transference prior to the analysis. Her anxiety about early erotic feelings toward me was reflected in the second session when, without warning, she brought her husband into the office to meet me and to shake hands. I was taken aback, and she perceived my reaction as criticism over her "breaking protocol." An erotic transference recapitulating her childhood oedipal wishes ensued, and I enjoyed and appreciated her dressing more colorfully and seductively. This was also a recapitulation of her adolescent "flowering" in the summer after her mother's death when her menarche had occurred. Her positive feelings, however, became laced with increasing criticism of selfish, demanding men, and this manifested itself in the transference over issues of scheduling vacation times and in her obligation to pay for missed sessions. Later, as the younger-brother transference became more prominent, she became testy at times, worrying about my cheating her of minutes either by being late or by ending early. I became very attentive to these matters.

In the last hours of her work with me, she relived the sadness of her broken romance with the young man in Ireland, and we worked on the danger of a similar depressive reaction and reversion to the identification with her depressed mother.

Looking back on this analysis forty years later, I am struck by the separation-individuation issues, as well as the oedipal ones, suggested by her delayed menarche and her sexual flowering only after the mother's death. Her later recurrent identification with the mother (through depressive episodes after the failure of her own "grand passion") were seen at the time mainly in terms of oedipal rivalry and conflict. My view then—that her clinging to the mother unconsciously through depressive symptomatology was largely defensive against competition with her brother as well as against oedipal anxieties—still seems valid today but incomplete. Neither my notes nor my memory serves to fill in the picture of her relationship to the mother beyond her depiction of herself as an obedient, devoted daughter who shared the mother's burdens as a child. This continued after the mother's death, until which she had remained a child physiologically. There was no material about anyone's concern over her failure to begin her periods, and she recalls only a dim awareness that she was "retarded" in this dimension, much as the brother was retarded intellectually.

These same themes dominated the work with two other women, seen in subsequent years, who had consciously renounced motherhood. Not until analysis did they discover unconscious reasons which convinced them and me of their importance in their conscious renunciation. Here again, guilt toward a defective or deceased male sibling as well as premature responsibility for others in childhood continuing into adulthood belied strong unconscious jealousy, anger, and resentment toward both parents and siblings, which was elucidated in both treatments. The experience of being released from guilt toward a male sibling was convincing to the patients and to me as important in influencing their subsequent ability or wish to become pregnant and their decision to seek motherhood. This release appeared crucial in each of these women's overcoming their intense conscious or unconscious ambivalence toward pregnancy and the renunciation of motherhood.

Ms. A's guilt over seeking pregnancy, stemming from the rivalry with her defective brother, was entirely unconscious. In Ms. A's case, her manifest motherliness and ardent conscious wish and striving to become pregnant are thus in contrast to the other two patients, both of whom had either moderate or little conscious regret about their decision to renounce motherhood when their analyses began. Through analysis, they both came to feel positive toward motherhood, and there is reason to speculate that they too became emotionally free to embrace the desire for pregnancy less ambivalently. The data from their cases supports the hypothesis that in Ms. A's case, emotional factors unconsciously contributed to her infertility.

The second patient, Ms. B, was a nurse and the wife of a dentist. Her analysis took place over a decade ago, although I have recently seen her again. She represents the middle of the spectrum, with both conscious and unconscious conflict about motherhood when she began analysis. She entered analysis initially for symptoms of anxiety and depression, with low self-esteem, indecisiveness, and marital dissatisfaction. At first she focused chiefly on her relationships at work, but she soon expressed ambivalent feelings over the decision she and her husband had made two years earlier not to have children. The conscious reasons were her fear of inadequacy as a mother and fear of boredom with the chores of motherhood. She thought these fears were related to having been the youngest of five siblings, and to her having perceived her mother and older sisters as trapped in traditional marriages, with masochistic lifestyles involving self-sacrifice and renunciation of their ambitions for careers outside the home.

The important central organizing event in this patient's history was the tragic death of her next older sibling, a brother, who was killed in a cave-in while playing on the side of a hill. He was thirteen years old and the patient was eleven. He had come to summon her home for dinner and was playing briefly with another boy when they became trapped by a cave-in. The other youth was saved, but she could hear her brother's voice calling for help as she dug furiously. The other children ran to get help, leaving her alone in frantic despair. A second cave-in ended his cries. This event pervaded all sectors of her subsequent life and psychic functioning, but her survivor guilt, self-blame, loneliness, and loss of centrality in the family were among the more obvious immediate consequences, with their own secondary traumatic effects.

Early in her analysis, it became evident that her husband had unconsciously come to represent her dead brother. She displayed a pattern of ambivalent overprotection and masochistic self-sacrifice toward him, accompanied by recurrent suicidal preoccupation, insomnia, and severe mood swings. She also felt caught in a continuing pattern of attachment to and responsibility for her parents, with occasional outbursts of rage for their failure to appreciate her accomplishments. She felt cheated in her adult life by this, while clinging to her childhood position of feeling the least loved and most dependent of her sibling group. All the others now had children and were perceived by her as successful, autonomous adults.

Ms. B's decision not to have children was unconsciously contributed to by her guilt and self-blame over her brother's death, as well as by her more conscious struggle against identification with her mother, who had been the central grieving figure in the home throughout the patient's lonely adolescence. Understanding and working through these conflicts eventually led her to change her mind about pregnancy. During the termination phase of her analysis, she did conceive, and had an uncomplicated pregnancy. She now has two children while she continues her career as a psychiatric nurse working part-time.

Late in her analysis, we had learned that the traumatic consequences of her brother's tragic death were compounded by earlier episodes of sexual molestation by him, about which she had significant guilt and anger when he died. A decade after her analysis ended she returned for treatment after a new incident had rekindled the whole matter. A close neighbor girl, for whom the patient was a surrogate mother, had been sexually molested by an older male baby-sitter, and the matter had just come to light. The patient had made the baby-sitting arrangement and felt responsible personally. Although the child victim appeared to be coping satisfactorily, the patient herself was beset by conflicted emotions of anger, self-blame, and the "why me?" feelings of again being singled out by Fate for special adversity.

The second treatment proceeded well and dealt with ongoing work with the prosecutor's office in an attempt to have the child's molester forced into treatment or sentenced to jail. Ms. B was enraged at him, feeling once again victimized herself, with what seemed to be a displacement of anger and punitive wishes from her brother onto the child's molester. She also struggled with renewed resentful feelings toward her parents for abandoning her emotionally in her adolescence. However, a new clarity was gained about how her isolation and loneliness had been heightened by her guilty secret of the sexual molestation during the period immediately preceding her brother's tragic death.

Ms. B also found herself struggling with resentful feelings about her surrogate daughter, who was in the throes of an oedipal struggle very similar to the patient's at the time her brother was killed. Anger and rivalry with her brother for favor with both parents at the time of his death had resulted in heightened guilt over unresolved oedipal issues as well, just as in the case of Ms. A. Some of these issues are touched upon in the sparse literature on sibling loss (see Cain, et al., 1964; Rosenblatt, 1969).

I will make only brief reference to a third patient, Ms. C, who elected to have a tubal ligation at age thirty-one because of her marriage to an older man who did not want to have children, and also because of her wish to pursue her career. Ms. C was the only girl and middle child of three siblings. Like Ms. A, she was clearly the superior offspring, with similar burdens. Her father, like Ms. A's, was a domineering, narcissistic individual who continued in his late seventies to be seductive, flamboyant, and attention-demanding, while at the same time seeking the patient's supportive love. Ms. C was also cheated out of her childhood by the expectations of her parents that she be the caretaker for her brothers at various times. In addition, she became her mother's chief emotional support during the mother's frequent depressions, as had Ms. A during her childhood and early adolescence.

In Ms. C's case, her older brother was regarded as defective or below par intellectually and in achievement. During the first year of her analysis, he developed a rapidly fatal melanoma. Her grief dominated the following year's hours and, as with Ms. B, his death became an organizing event for many other parts of the patient's history of guilt and atonement. However, her guilt focused on her favored status, successful career, ostensibly happy marriage, and her pre-eminent success in almost every life endeavor except the one she had denied herself by the tubal ligation. Her analysis also paralleled that of the first two patients, except that her discovery of deeper unconscious reasons for renouncing motherhood mandated continued sublimatory alternatives.

DISCUSSION

The unconscious hatred and rivalry that these patients bore their defective or dead siblings reminds me of similar issues presented by Calef (1972) in cases of infertility, child abuse, and abortion. He discussed the association of these phenomena, suggesting that "in most instances, the destructive, overt behavior (in child abuse and abortion) is carried out without conscious guilt, though secondary guilt is evident" (p. 76). Psychogenic infertility is also often motivated by unconscious destructive wishes with little or no conscious guilt, although secondary guilt and atonement are evident in my case material. My findings also support Calef's thesis that "the crime against the child is often carried out to expunge, hide or undo a more serious unconscious oedipal crime" (*ibid.*).

The "crimes" against their brothers in my three cases obscured underlying oedipal crimes. Both were unconscious, as was the associated guilt and renunciation of motherhood. The successful partial resolution of the underlying oedipal issues with these basically hysterical patients often occupied center stage in their analyses, while the more dramatic resolution of their unconscious rivalry and hatred of the defective or deceased siblings was the feature that distinguished them from other cases of infertility described in the literature. The thesis that these patients' underlying emotional conflicts were important determinants of their infertility or decision to forgo pregnancy *and* motherhood, though speculative, was convincing to them and to me. Clinicians who are aware of these dynamics may be able to help other patients overcome infertility and may also help accumulate more supporting data for this thesis.

Also noteworthy in the psychoanalytic literature on this topic is the issue of autonomy. Benedek (1959) originally posited motherhood as a developmental stage; Pines in her earlier publications (1972, 1982) further developed the thesis of its importance in the girl's lifelong struggle for autonomy from her own mother. Achieving pregnancy and motherhood is an important late step in the separation-individuation process for many women. For women with "good enough" mothers, it is a positive stage in adult development, but with more disturbed and immature cases the outcome can be disastrous for both mother and child. An example of this is another infertile analytic patient who had experienced far more profound problems of separation-individuation in her infancy, extending into her adult life. Her eventual achievement of motherhood was severely compromised by her difficulties in letting her own child individuate, and she is in severe discord with and about him, for which she has sought further treatment.

Although I believe that this issue is fraught with exceptions and variations, my cases do illustrate how the denial of motherhood (whether conscious or unconscious) allowed these patients to meet their mothers' demands that they remain faithful, caring children—albeit mothering ones—to the mothers themselves, and often to the rest of the family as well. Their analyses opened important concealed areas of psychopathology around issues of autonomy, germane to Pines's hypothesis. The successful completion of the separation-individuation phase in adult development through achievement of motherhood *was* an important issue, with attempted displacement and sublimation of their maternal drives in each case. However, through analytic work, they were able to achieve greater autonomy and to let their parents become secondary figures.

Ms. A achieved relative autonomy after her mother's death when she was sixteen, although her continuing struggle against identification with her mother was only resolved through analysis. Ms. B appeared to achieve greater autonomy through her successful pregnancies, for which conflict resolution by analysis paved the way. In Ms. C's case, issues of autonomy came to be seen as underlying her decision to have the tubal ligation in the interests of her continuing bond with her depressed mother.

In summary, each of these patients appeared to have unique conscious and unconscious guilt-laden conflicts about becoming pregnant and achieving motherhood in relation to rivalry with male siblings, underlying oedipal conflict, and failure in the development of adult autonomy. Most important was that all demonstrated inhibition of jealousy and competitiveness toward their brothers and resentment of those factors that made the brothers "special"—namely, their defectiveness and/or their deaths. They were, in an important sense, their brothers' surrogate mothers. Although many of the details are missing in this report, all three patients as children were also clearly the unconscious winners in the competition with their mothers for first place with their fathers. Their oedipal victories and associated unconscious guilt from this source underlay, reinforced, and magnified their guilt over the brothers' inferiority or death.

All three patients were attractive, outwardly feminine, maternal women with predominately hysterical features, and all three were greatly benefited by analytic work. The evidence of interference with pregnancy by hormonal mechanisms guided by psychological conflict over conscious or unconscious renunciation of motherhood remains a moot issue. This calls for collaborative study with infertility experts in medicine. The idea that infertility results from psychological conflict is still extant, although most modern infertility clinics limit their psychological approach to the alleviation of *stress* without psychoanalytic awareness of, or insight into, its cause.

Domar and associates, for instance, reported in 1990 that stress reduction by behavioral treatment in 54 women who struggled with infertility over a year and who had thorough medical work-ups to rule out organic causes resulted in 34 percent becoming pregnant within six months of the completion of the ten-week program. The authors suggest that these results warrant "a try" with such behavioral treatment "before or in conjunction with reproductive technologies such as intrauterine insemination and gamete intrafallopian transfer" (p. 248). Psychoanalysis is increasingly less likely to be sought as a treatment for infertility per se, but its benefits with suitable cases may include *this* benefit as well when infertility without organic causation exists. It is also of indubitable value in exploring and helping resolve unconscious conflicts which have determined an unsatisfactory decision to renounce motherhood.

The hypothesis I propose is that intense repressed sibling rivalry and associated unconscious guilt toward (male) siblings for whom my patients were often caretakers, combined with underlying guilt over unconscious oedipal victory, determined their renunciation of motherhood as atonement for and escape from further guilt over success unachievable by the opposite sex.

REFERENCES

BENEDEK, T. (1959). Parenthood as a developmental phase. *J. Amer. Psychoanal. Assn.*, 7:389-417.

——— & RUBENSTEIN, B. B. (1942). *The Sexual Cycle in Women: The Relation between Ovarian Function and Psychodynamic Processes.* Washington: National Research Council.

CAIN, A. C., FAST, I. & ERICKSON, M. E. (1964). Children's disturbed reactions to the death of a sibling. *Amer. J. Orthopsychiat.*, 34:741-752.

CALEF, V. (1972). The hostility of parents to children: some notes on infertility, child abuse, and abortion. *Int. J. Psychoanal. Psychother.*, 1:76-96.

DEUTSCH, H. (1945). *The Psychology of Women, Vol. II (Motherhood).* New York: Grune & Stratton.

DOMAR, A., SERBEL, M. & BENSON, H. (1990). The mind/body program for infertility: a new behavioral treatment approach for women with infertility. *Fertility and Sterility*, 53:246-249.

JACOBSON, E. (1946). A case of sterility. *Psychoanal. Q.*, 15:330-350.

KENNEDY, H. (1985). Growing up with a handicapped sibling. *Psychoanal. Study Child*, 40:255-274.

KNIGHT, R. P. (1943). Functional disturbances in the sexual life of women: frigidity and related disorders. *Bull. Menning. Clin.*, 7:25-35.

MORRIS, M. G. (1991). Approximación psicoanalítica y literaria acerca de los conflictos femeninos relativos a la maternidad. *Revista de Psicoanálisis y Boletín de la API*, 43:369-387.

ORR, D. W. (1941). Pregnancy following the decision to adopt. *Psychosom. Med.*, 3:441-446.

PINES, D. (1972). Pregnancy and motherhood: interaction between fantasy and reality. *Brit. J. Med. Psychol.*, 45:333-343.

——— (1982). The relevance of early psychic development to pregnancy and abortion. *Int. J. Psychoanal.*, 63:311-319.

——— (1990). Emotional aspects of infertility and its remedies. *Int. J. Psychoanal.*, 71:561-568.

ROSENBLATT, B. (1969). A young boy's reaction to the death of his sister: a report based on brief psychotherapy. *J. Amer. Acad. Child Psychiat.*, 8:321-335.

2271 Northeast 51 St.
Seattle, WA 98105

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: http://www.tandfonline.com/loi/upaq20

Psychic Reality and The Interpretation of Transference

Robert Caper

To cite this article: Robert Caper (1997) Psychic Reality and The Interpretation of Transference, The Psychoanalytic Quarterly, 66:1, 18-33, DOI: 10.1080/21674086.1997.11927522

To link to this article: https://doi.org/10.1080/21674086.1997.11927522

Published online: 08 Nov 2017.

Psychoanalytic Quarterly, LXVI, 1997

PSYCHIC REALITY AND THE INTERPRETATION OF TRANSFERENCE

BY ROBERT CAPER, M.D.

Beginning with Freud's concept of psychic reality as the product of external events and the patient's unconscious fantasies, the author suggests that projective identification, as described by Klein, gives an account of how these two elements combine to produce one's psychic reality. The transference is an aspect of psychic reality that represents a confusion between the patient and one of his or her objects—the analyst—brought about by projective identification. A clinical example illustrates how the patient's transformation of the analyst's interpretations through projective identification contributes to the transference. Analysis of the transference in the analytic relationship allows patients to experience their role in the formation of their experience of the world, "live" and as it happens. This promotes the integration of the patient's personality. The author compares this approach with other approaches to the transference.

PSYCHIC REALITY

In his first theory of hysteria, Freud held that the patient's neurosis was the product of an actual external event—a sexual molestation occurring in childhood—the memory of which had been repressed. After formulating this theory, he set about trying to prove it by attempting to recover the repressed memory in a series of analyses carried out in the mid-1890's. He was unable to do so, however, even in a single case, and the difficulties he encountered in the attempt led him by 1897 to conclude that the pathogenesis of a neurosis was more complex than he had supposed: he now recognized that the source of neurosis was not simply a repressed memory of a past external event, but an unconscious fantasy that had perhaps been reinforced by a congruent external event. This conclusion was the first step on a path that, by 1925, led him to turn his original theory of the pathogenesis of neurosis on its head. External events now played a secondary role, and while they might reinforce or strengthen an unconscious fantasy, they were no longer required for the development of a neurosis. On the other hand, if the required unconscious fantasy was present, it would produce a neurosis even without much assistance from external reality (Freud, 1925). In a neurosis, he concluded, unconscious fantasies have the same impact on the mind as actual events. He formulated this by writing that "as far as the neurosis [is] concerned psychical reality [is] of more importance than material reality" (p. 34).

The problem that faced Freud now was how to account for the fact that certain unconscious fantasies could have this kind of impact on the mind, as well as for the fact that they could maintain this impact in the face of all the evidence that contemporary external reality—the here and now—presented against them. Although he did not state the problem in this form, what he had to account for was the presence of unconscious delusions in neurotic patients.

Freud believed that only certain fantasies had the power to make one delusional in this way, namely, fantasies that were the expression of repressed sexual impulses—repressed libido. The idea was that instincts cause fantasies (or, as Isaacs [1948] put it, unconscious fantasy is the mental representation of somatic instinctual processes) and that if these fantasies are repressed, they may become confused with the subject's perceptions and memories, without the subject's being aware of the confusion. But this still left the problem unresolved since everyone has repressed sexual fantasies, but not everyone becomes unconsciously delusional (i.e., neurotic), or at least, not everyone becomes so to the same degree.

In 1946, Melanie Klein described a certain type of unconscious fantasy that made one feel that the attributes of one's own personality could be removed from oneself and placed into an object. She called this unconscious fantasy "projective identification" and suggested that it had the power to override reality testing and confuse the perception of inner and outer reality. Aspects of oneself—such as one's impulses, wishes, and fantasies—are then experienced as being in the external world (Klein, 1946).

In logical terms, projective identification might be called a metafantasy. It is not an ordinary fantasy about ourselves or our objects. It is a fantasy about our fantasies. It makes us feel that our fantasies are a part of external reality. Projective identification produces unconscious delusions about what belongs to the world and what to ourselves.

Klein's work implied that it was not a quality of the libido (such as its sexual nature) or the fact that it was repressed that enabled it to cause confusions between fantasy and reality. It was rather that one had a certain type of fantasy about one's mind: one felt that bits of it (including one's fantasies) could be projected into the external world. This gives them (from the subject's point of view) the status of concrete realities. That is, they are "real" in the patient's psychic reality, in his or her subjective, unconscious experience of the world.

TRANSFERENCE

Klein's theory of projective identification indicates that it causes a type of confusion between the self and the object in which individuals attribute aspects of themselves to their object (instead of to themselves). Unconscious fantasies therefore have the power to affect one's perception of reality *to the extent that they are deployed via projective identification.* The theory of projective identification provides an answer to the question of how unconscious fantasies become unconscious delusions in the neurotic patient. They do so to the degree that the patient's use of projective identification makes them seem part of the external world.

This theory also has obvious implications for our understanding of the transference. I will try to outline these implications and to explore their usefulness in the practical analysis of transference, especially of transferences in patients who are often considered too fragile or too structurally defective for psychoanalysis.

In this paper, I will use the term "transference" to refer specifically to the type of confusion in the patient's mind between himself or herself and the analyst that is brought about by projective identification. I am therefore ascribing the transference to the same processes that cause neurosis. This is what we would expect from the facts that a) a transference neurosis spontaneously arises to replace the patient's pre-existing neurosis in analysis, and b) resolution of the transference neurosis through analysis resolves the pre-existing neurosis. This is obviously not the only way in which one can view transference, but since the purpose of this paper is to explore where such a view might lead us, it is the one I shall focus on. After presenting this view of the transference, I shall compare it to certain others.

To summarize: as I am viewing it, transference is the result of a process by means of which the patient projects aspects of his/her current inner world into the outer world (i.e., into the analyst) in a delusional manner. This way of looking at the transference is related to Money-Kyrle's idea (1968) that all patients, not just psychotic ones, suffer from unconscious delusions.

It is often said that the transference is a repetition of the patient's relationship with objects from the past, experienced with the analyst in the present, instead of being remembered from the past. I think that this is true, but I am struck by the fact that this statement is just as true if one puts it the other way around: that the relationships that the patient seems to have had with objects in the past are a "repetition" of the patient's present relationship with the analyst. To put it in a more balanced way, the patient's version of the past, conscious and unconscious, is subject to a number of distortions—that is, confusions between external reality and fantasy—and the transference relationship that he or she has with the analyst is subject to precisely the same distortions. This is because both the "past," as the patient experiences it in the present (so to speak), and the transference are influenced by the same active, present-day dynamic processes. These processes—patients' characteristic ways of confusing themselves with their objects—constitute one aspect of their experience of the present and past alike.

Until patients have reached the point through analysis at which they are able to resolve the transference—that is, undo their confusion between internal and external reality,[1] their conscious and unconscious recollections of their past must be taken with reservations. One of the consequences of this is that only at the end of an analysis can we obtain a reasonably reliable history of a patient's past.

This corresponds to the observation that a patient's past, especially the character of the patient's parents, tends to change during the course of an analysis. And it does so in a way that is precisely parallel with the patient's changing perception of the analyst. The analytic transference may or may not be a repetition of the patient's past relationships with real objects. It is highly likely to be a repetition of the patient's past relationships with transference objects, and this is a crucial difference.

We may understand the patient's experience of the analysis itself—the analysis as it exists in the patient's psychic reality—by separating the two sources of this experience. The first is what the analyst actually said or did—the manner, when, in what context, and so on; in other words, all of the different ways by means of which the analyst communicates. The second is how the patient transforms the analyst's words and behavior—how the patient interprets them. The product of these two is the patient's subjective experience of the interpretation.

If we have a fairly clear idea of what the analyst said and how it

[1] Of course, the resolution of the transference is never an absolute *fait accompli.* The transformations I am describing are relative.

was said, and if we can also get an estimate of how the patient experienced it, then we can deduce something about how the former was transformed into the latter. We can say, "The patient responded *as though* we had said or done such-and-such." This transformation is the patient's unconscious contribution to the transference. I believe that this is one of the things that Bion (1965) was getting at with his idea of "transformations": given "a" being transformed to "b," what are the rules that govern the transformation? Patients cannot take an interpretation simply as an interpretation until they are well into the resolution of the transference (or, what is equivalent, when the use of projective identification diminishes significantly). But the ways in which they *mis*take the interpretation are highly interesting and form the material of a close analysis.

While we may understand the patient's experience of the analysis itself by separating the two sources of this experience, it is also true that these two phenomena obviously affect each other in complex ways. Given this fact, is it really possible to perform such a separation of the components of the patient's experience of the analyst? Many observers have pointed out that the analyst's behavior and state of mind may be perceived accurately by the patient and will in this case contribute to the transference. This is certainly true, but it does not justify the conclusion that one may not separate out the analyst's and patient's respective contributions. Furthermore, it is likely that the analyst's behavior acts only to reinforce the patient's unconscious projective identification fantasies, which would be active in any event without this augmentation, and without which the analyst's behavior would have no effect on the transference. This is a complex matter which may perhaps be clarified by the following clinical example.

CLINICAL EXAMPLE

Following a period of analysis in which some light had been shed on certain longstanding, unconscious characterologic problems, a patient began a session by telling me of the problem he was having getting a reliable estimate for repair of earthquake damage to his home. He was not satisfied with the estimates he had gotten, for he felt they were too low and would cause his insurance company to issue benefits that were also too low. As he went on, it became clear that he hoped to use the proceeds from his insurance claim not just to repair the damage from the earthquake, but to improve his home. When I asked him how he planned to do this, since the insurance benefits were carefully calculated to cover only damage from the earthquake and the patient would still be responsible for a substantial co-payment, he said that he believed that the estimators would identify hidden, structural damage that wasn't really there; hence they would pay him for damage that didn't exist, and he would use this money to remodel and thereby increase the value of his home.

I asked him how he knew that the structural damage that the estimators might think was present wasn't really present. Had he opened up his walls to look? He said he hadn't, and had no intention of doing so. When I said he sounded as though he didn't want to know, and that his plan might result in "improving" a home that had fundamental structural flaws, he simply reiterated his belief that there were none.

This struck me as completely illogical. But instead of accepting the patient's abandonment of logic as a given, I began to try to show him the flaws in his reasoning. In retrospect, it is clear that this was an attempt on my part to force him to "see reason" by the use of logic, instead of interpreting his resistance to it by the use of analysis. After a while, I realized my mistake and began to think about the possible reasons for his lack of logic. I recalled that in the past, he had often identified himself with his house. I then said that he was worried that what the analysis had been uncovering recently represented fundamental flaws in his psychic structure, and that he was trying to find a way of remodeling himself—of looking better or more valuable—without having to see what he feared was internal damage that he couldn't afford to repair. The patient greeted this interpretation with skepticism and a great deal of resistance.

The following day, he reported a dream in which he was lying on a couch, holding his penis in his hand. A man was lying next to him, dilating his own anus with his fingers while groaning from the pain and effort and instructing the patient on how to insert his penis into the man's rectum. He protested that he couldn't do it, since there was no lubricant, and the man told him to masturbate and squeeze a few drops of semen out of his penis to act as a lubricant. The man then pulled his fingers out of his anus, and the patient saw they were covered with shit. He felt terribly disgusted, and told the man that he would never do as he asked.

He said that the couch was probably the analytic couch, and the man next to him was probably me, but had no further associations. I said that the dream seemed to represent his subjective experience of the previous session, in which he felt that I was motivated by a desire to cast doubt on what was really a potent and ingenious plan to remodel and improve his house and his personality. My words were not meaningful, but simply sounds indicating that I was dilating my anus in preparation for covering his erect penis—his potent plan—with shit (disguised as interpretations) while triumphing over him in the process; if I couldn't have a penis like his, at least I could sully his. His interpretation (as conveyed by the dream) of my communications was that they were envious attacks on his creativity in having arrived at a good plan. In the previous session, I had evidently given him detailed instructions (my arguing the illogic of his house plans, in contrast to my usual style) which would, had he not seen through them, have resulted in his falling prey to what he regarded unconsciously as my impotent, homosexual, anal obsessions with nonexistent structural problems, which would undermine what he considered to be his manly, can-do attitude.

If we assume that the dream represented the patient's unconscious experience of the previous session, given what transpired in the session and given the dream, we may ask how the patient had transformed the former to produce the latter. The answer to this will shed light on the patient's role in producing this specific transference. If the same type of operation is seen repeatedly—that is, if the patient tends to transform his experiences in the same way in different contexts—we have learned something about the patient's habitual unconscious contributions to his experience of the analysis. We may regard this as an unconscious "bias" that converts his external reality into his psychic reality in a characteristic (characterological) way. It may be that what we call character or personality is not more than the sum total of such "biases."[2]

The situation is complicated by the fact that in the actual session, I had not simply made an interpretation (about his anxiety that his personality contained hidden damage that the analysis had not overestimated), I had before that debated the logic of his reasoning about his house. The latter was, in fact, a sign of real analytic impotence. By arguing, I was acting out my own fantasy of projective identification with the patient: I was trying to force or inject my understanding of the illogic of his plan into his mind—that is, attempting to control it—rather than simply communicating my observations, allowing the patient to accept or reject them, and trying to understand what he did and why.

This means that, at the very least, the patient's characterization of me in the dream was not *completely* delusional. He had projected into reality my analytic impotence as manifested by my arguing my point. Given this fact, wouldn't we have to say that the analytic session was indeed hopelessly muddied by my nonanalytic activity and give up any attempt to discern the transference from it? I don't believe so. The dream focused entirely on one aspect of the session (my use of noninterpretation—logical argument), which it portrayed as an attempted homosexual rape while ignoring the interpretation that followed it. While my attempt at logical per-

[2] I realize that the term "bias" has a negative connotation, but I wish to use it in a neutral way, as in the dictionary definition: "an inclination of temperament or outlook."

suasion was my contribution to the dream, the exaggeration of it into a violent and humiliating act and the selection of it as the only thing I did in the session were the patient's contribution to the formation of the dream. They represented his unconscious transformation of the session experience into a transference. It is not correct, in other words, to say that the patient's dream was *simply* a response to the reality of the previous session. My debating my point acted as an actual event that became available to be "adopted" and transformed by the patient's pre-existing fantasy that I envied his potency. Without this adoption it would have had little impact, and we can, from the details of the transformation, discern the outlines of the transference. This example illustrates how it is possible to separate out the analyst's contribution to the analytic experience from the patient's, to isolate, so to speak, the patient's transformation of the analyst's interpretation, imperfect though that might be, and from that transformation to begin to draw certain conclusions about the transference.

The approach to evaluating the transference that I am describing leaves out the question of *why* I engaged in nonanalytic activity; i.e., it leaves out the question of my countertransference. This neglect does not, of course, mean that I believe that understanding the countertransference is not an important source of information about the transference. I have not taken up the countertransference aspects of the session because, indispensable as they are for the conduct of an analysis, what I am trying to explore in this paper is not why I did what I did, but why the patient *thought* I did what I did. This type of information does not replace or conflict with what the countertransference may tell us about the transference; it is merely independent of it. It may therefore be used to confirm or amplify the impressions that one gets from countertransference analysis, and as a check against the inherent unreliability of countertransference analysis.

Countertransference analysis is often helpful in deciphering the role in which the analyst has been cast in the patient's transference. A study of the transformations that the analyst undergoes while being internalized by the patient provides different information about the same thing. This is not surprising if both are simply different manifestations of an active confusion between external and internal reality brought about through projective identification.

Contrast the situation in the session I have described with an ideal one in which both patient and analyst are able to take an interpretation as an interpretation—as a mere observation, free of value judgment, which may be right or wrong about the patient's state of mind, and which the patient is able to accept or reject. One measure of analytic development is the amount of movement that one has been able to make toward this type of relationship to the interpretation. This is as true of the analyst's analytic development as it is of the patient's. The extent to which the patient and analyst deviate from this ideal is a measure of the unresolved transference and countertransference respectively.

Even approximating this ideal relationship to the interpretation is a considerable achievement. I have described previously the state of mind that analysts must struggle to have, and some of the forces within themselves that they must struggle with, if they are to achieve this sort of relationship to their interpretations (Caper, 1992). The patient's relationship to the interpretation involves a similar struggle.

TRANSFERENCE ANALYSIS

If we work in the transference by studying the patient's relationship to the interpretation, and in particular what I have been calling the patient's transformation of the interpretation, our further interpretations (and our psychoanalytic theories) will arise from direct experience of what happens inside the consulting room, in the present, examined as it happens, while it is still alive. Our reconstructions of our patients' past object relationships—and even our interpretations about their present relationships external to the analysis—derive their power and sense of conviction both for patient and analyst only from this type of close analysis of the transference.

Basing the analysis strictly on observations of what Meltzer (1967) has called the "phenomenology of the consulting room" places it on a firm empirical basis. Once patients have gained real insight into their habitual unconscious contributions to their experience of the analysis, especially through analysis of the immediate analytic relationship, they can appreciate their role in the formation of their outside relationships, past and present (as distinct from the roles of others), and the roles of others in these relationships (as distinct from their own). In this way the analysis becomes integrated into patients' real lives.

I would now like to compare the approach to the transference that I am describing with certain other approaches. These approaches may be grouped into three categories. In the first, the analyst employs the patient's communications about the past to gain insight into the transference. An example of this is the view—reductionist in my opinion—that the transference is a consequence, a faithful copy, of a past external reality. It seems to me that this view commits the same error that Freud did when he regarded neurosis as caused by a repressed memory of actual past events, with no active contribution from the patient. It takes the patient and analyst away from what may be learned empirically from the present relationship about the patient's role in his or her life and neurosis.

In my approach, communications from patients about their relationships with past objects are accepted in a highly provisional way. The reason for this is that, while patients are undoubtedly giving us an account of past events as they experienced them, their past experiences are as subject to the distortions arising from projective identification as the present transference itself. The past therefore cannot be used to gain insight into the origins of the transference, since past relationships and the present transference are merely two different manifestations of the same thing.

This point was made by Melanie Klein in her paper, "The Origins of Transference" (1952, p. 53): "I hold that transference originates in the same processes which in the earliest stages [of life] determine object-relations." She added (p. 54) that, "altogether, in the young infant's mind every external experience is interwoven with his phantasies and on the other hand every phantasy contains elements of actual experience, and it is only by analyzing the transference situation to its depth that we are able to discover the past both in its realistic and phantastic aspects."

A second commonly employed approach to the transference simply takes the patient's subjective experience of the analyst as a reliable indicator of how the analyst actually is, with perhaps minor contributions from the patient's unconscious fantasies, which need not be attended to until much later in the analysis. This also ignores patients' contributions to their own present experience, which is the essence of Freud's discoveries about psychic reality.

A third approach that many analysts have adopted is connected to the idea of "intersubjectivity" (Stolorow, Brandchaft, and Atwood, 1987) or the "analytic third" (Ogden, 1994). Unlike the two just mentioned, this idea acknowledges the fact that there are two sources of the patient's subjective experience, the analyst's words and manner, on one hand, and what I have called the patient's transformations of them, on the other. But it locates the experience of the analysis as it exists in the patient's psychic reality somewhere *between* the patient and analyst, in such a form that the respective contributions of each cannot be resolved. This seems to be a way of denying that the transference can be analyzed: "analysis," after all, means resolution into components.

ANALYSIS OF THE ARCHAIC SUPEREGO

These three ways of approaching the transference all have the effect of defending patients from insight into their personal contributions to the present relationship with the analyst, and by implication into their contributions to other object relationships as well. They relieve patients of a sense of responsibility for themselves by attributing their experience of the analytic relationship to the effects of their parents' behavior in the past, or the analyst's behavior in the present, or by locating it in a space between patient and analyst, in which events occur that are not clearly anyone's responsibility.

The approach I describe in this paper has the opposite effect: it places patients in contact with their role (or rather the role of their unconscious wishes and fantasies) in forming their experience of the world, past and present, and hence in conditioning their relationships with their objects.

Many patients have an urgent need to deflect responsibility for themselves into the past, or into the analyst, or into the void of intersubjective space, as a defense against the sense of blameworthiness that besets them if they feel responsible. This sense of blame emanates from their archaic superegos. It is most intense in patients who are often considered to be fragile, or to have structural defects that render them unable to withstand ordinary analysis. I believe that what appears to be a fragile or defective structure is often the result of an extremely punitive archaic superego. It seems to me that if we are to assist our patients as much as possible, we must not collude with their need to deflect responsibility for themselves, but rather help them understand what makes the responsibility so unbearable.

My experience discussing these matters with colleagues of various theoretical orientations has led me to suspect that how we conceptualize the transference may depend on what our therapeutic objectives are. We may decide on a therapeutic goal and then construct or adopt a theory of transference that fits in with that goal. If the goal is to protect patients from assaults by their archaic superegos, then we will adopt theories of transference that allow us to interpret it in such a way that the assaults get diverted toward patients' objects, rather than toward themselves. If, however, we believe that the archaic superego can be analyzed, then we will adopt a theory (as I have done in this paper) that allows us to interpret the transference in a way that brings the archaic superego into the transference.

The difficulty with this approach is that the analyst then becomes the patient's archaic superego in the transference—i.e., a paranoid transference arises. But if it can be analyzed, then patients will be greatly helped to resolve the most paranoid aspects of their relationships to their objects, and deepen and enrich those relationships as a result. If, however, we do not believe that such a transference can be analyzed, we will fear it and avoid it at all costs.

Protecting patients from their archaic superegos has its uses. It is a legitimate therapeutic approach that is justified by its relieving suffering in cases where a more thoroughgoing analysis is not available. But such an approach carries real risks. From a therapeutic point of view, if we fail to help patients be more responsible for the aspects of their personalities that they are projecting into their objects, then their objects and their object relationships will pay the price. And from a scientific point of view, if we misrepresent such an approach (to ourselves or others) as a scientific investigation of the mind—i.e., as psychoanalysis—we will end up tailoring our theories of transference so that they justify this approach, and thereby jeopardize the scientific integrity of psychoanalysis. An enlightened use of this approach requires us to be aware of these risks.

The arousal of the archaic superego *in vivo*, though it poses the risk of difficult and painful analytic problems, also provides an unparalleled opportunity for insights into the patient's need to form transferences. For very often the patient's need to rid him/herself of unwanted aspects of his/her personality through projective identification is not simply because it is painful to acknowledge who one is, but because it is literally unbearable. What makes it unbearable is the tendency of the archaic superego to attack one for who one is. Analysis of this problem offers the possibility of a fundamental rearrangement of the patient's psychological forces and of permanent relief of neurotic symptomatology.

This means that concentrating on the immediate analytic relationship is not only an optimal approach from an empirical point of view—from the point of view of obtaining reliable information about the patient's unconscious psychic reality—it also provides the best opportunity for the analysis of the force within the patient—the archaic superego—that compels the use of projective identification, which is what drives and maintains much of the transference. Analysis of the archaic superego in cases such as these therefore offers the best opportunity for a truly analytic resolution of the transference.

REFERENCES

BION, W. R. (1965). *Transformations: Change from Learning to Growth.* New York: Basic Books.

CAPER, R. (1992). Does psychoanalysis heal? A contribution to the theory of psychoanalytic technique. *Int. J. Psychoanal.*, 73:283-292.

FREUD, S. (1925). An autobiographical study. *S.E.*, 20.

ISAACS, S. (1948). The nature and function of phantasy. In *Developments in Psycho-Analysis*, ed. J. Riviere. London: Hogarth, 1952, pp. 67-121.

KLEIN, M. (1946). Notes on some schizoid mechanisms. In *Envy and Gratitude and Other Works, 1946-1963*. London: Hogarth, 1975, pp. 1-24.

——— (1952). The origins of transference. In *Op. cit.*, pp. 48-56.

MELTZER, D. (1967). *The Psycho-Analytical Process.* London: Heinemann.

MONEY-KYRLE, R. E. (1968). Cognitive development. *Int. J. Psychoanal.*, 49:691-698.

OGDEN, T. H. (1994). The analytical third: working with intersubjective clinical facts. *Int. J. Psychoanal.*, 75:3-19.

STOLOROW, R. D., BRANDCHAFT, B. & ATWOOD, G. E. (1987). *Psychoanalytic Treatment: An Intersubjective Approach.* Hillsdale, NJ/London: Analytic Press.

360 North Bedford Drive
Beverly Hills, CA 90210

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: http://www.tandfonline.com/loi/upaq20

The Shadow of Object Love: Reconstructing Freud's Theory of Preoedipal Guilt

Christine Ury

To cite this article: Christine Ury (1997) The Shadow of Object Love: Reconstructing Freud's Theory of Preoedipal Guilt, The Psychoanalytic Quarterly, 66:1, 34-61, DOI: 10.1080/21674086.1997.11927523

To link to this article: https://doi.org/10.1080/21674086.1997.11927523

Published online: 08 Nov 2017.

Psychoanalytic Quarterly, LXVI, 1997

THE SHADOW OF OBJECT LOVE: RECONSTRUCTING FREUD'S THEORY OF PREOEDIPAL GUILT

BY CHRISTINE URY, D. PS.

The systematic terms of metapsychology expressed in Freud's theory of oedipal guilt have overshadowed his emergent ideas about preoedipal internal objects and preoedipal guilt. This article reconstructs the latent theory of preoedipal guilt in his notions of narcissism, fantasy, aggression, and ambivalence. Special attention is devoted to his discussions of the narcissistic function of creating fantasized objects through identificatory processes, in order to compensate for loss or disturbances in object relating. Although Freud put forward the notion of oedipal guilt as a derivative of secondary mental processes, he intuitively grasped that guilt emerges from the conflict-bound sphere of preoedipal relations. "A Child Is Being Beaten" is used as an illustration, as are clinical examples drawn from the author's practice.

INTRODUCTION

In the desire to maintain a consistent and uniform theory of the development of guilt and morality, we have overlooked, I believe, some of Freud's ideas on preoedipal guilt. His paper on narcissism

---

This paper was awarded the D. C. Levin Memorial Essay Prize (Canadian Psychoanalytic Society), 1995. It was presented to the Canadian Psychoanalytic Society, Montreal, April 1996.

I would like to thank Brian Robertson for his helpful suggestions in connection with this paper. My deepest gratitude goes to Marc-André Bouchard and, especially, Charles Levin for their unfailing presence and inestimable generosity.

and subsequent texts were suggestive of an elaborate and psychologically complex portrayal of a developing internal world. But these more shadowy and inchoate ideas were inconsistent with the structural, tripartite model of intrapsychic differentiation. This latter model aligned guilt with mature ego development, which begins with an internalized superego around four or five years of age; guilt represents internalized control and a higher mental capacity. But Freud's references to preoedipal guilt have little to do with the mature control of passionate, chaotic impulses. On the contrary, they construe it as part of the very fabric of passionate affect involved in object relating. He related preoedipal guilt to an early narcissistic revolt against the love object.

Freud did not always consider narcissism and object love as being in a polarized relationship. As Grunberger (1971) has pointed out, a number of meanings have become associated with Freud's concept of narcissism, ranging from libidinal stages and perversions to relational modes. In this paper, I will be referring to Freud's views on the function of narcissistic processes involved in the internalization of external objects and the subsequent creation of an internal world through fantasy. These narcissistic fantasies are conflictual in nature and give rise to an unconscious sense of guilt before the formation of the superego. I believe these ideas remained submerged partially because Freud's many references to object relations were not as consistent as his drive model theorizing. He did communicate, however, from time to time, that the object is meaningful—and not just the passive recipient of a drive.

In "Certain Functions of Introjection and Projection in Early Infancy" (1952), Heimann concisely tackles Freud's concept of the formation of the superego and highlights his proposition that it is formed when the frustrating object is given up. This raises the question, she explains, of how a frustrating object is given up in the first place, which Freud had answered in 1917 in "Mourning and Melancholia": the abandonment of the real object while establishing it within the ego. Heimann points out that Freud clearly saw many opportunities for this psychic process to take place, i.e., whenever the lost-object situation arises—a situation which seems to occur from the very first days of early infancy. Referring to Freud's *Inhibitions, Symptoms and Anxiety* (1926), Heimann (1952) says: "The subjective experience of losing the mother occurs repeatedly for the infant, since 'as soon as he misses his mother, he behaves as if he were never to see her again' " (p. 134). Then, in a logical and coherent corollary, she suggests that in assigning superego formation to roughly the fifth year of life, Freud left a gap in the structural development of the infant because of his abundant references to preoedipal lost-object situations. This makes infinite sense, and without getting into the question of when the superego is actually formed, I will examine further Freud's references to preoedipal situations of establishing abandoned, real, or imagined objects within the ego, and discuss how this implies the emergence of early affects such as guilt.

There are others, such as Modell (1965, 1971), who have grappled with the idea that unconscious guilt fully exists before the formation of the superego and who do not necessarily follow Klein in the backward displacement of the oedipus complex. What I aim to demonstrate is that the idea of preoedipal guilt was inherent in Freud's thinking, especially in its connection to narcissistic processes, introjection, and fantasy. I do not claim that Freud said everything; my interest lies in a further understanding of what he wrote. I take heart from Loewald's (1966) wisdom:

> But most psychoanalytic concepts, and above all the more basic ones, are subject to a continuous process of re-examination and redefinition, of expansion and deeper or new understanding; new meanings of old concepts become apparent and unexpected connections between early and later formulations move into sight (p. 55).

Narcissism and Object Relations

Freud made many references to the creation of internal objects; for the most part, they were not translated into the systematic terms he reserved for metapsychology, but his papers since 1914 contain bursts of intuition and latent ideas on the internal world. "On Narcissism: An Introduction" (1914) is an example of this; Freud was primarily concerned with the economic to and fro of libidinal energy, but he presented an inchoate idea of fantasized objects in response to loss—the ego ideal. In a nutshell, the introduction of the "ego ideal" is presented as follows: the formation of an ideal and the process of idealization are discussed in terms of the development of an ego ideal which serves as a reference point for the ego's evaluation of its own achievements. He suggests that idealization comes about as a differentiation within narcissism; the ego ideal is the individual's "substitute for the lost narcissism of his childhood in which he was his own ideal" (p. 94). The narcissistic perfection of childhood is retained by displacing it onto a new figure, the object, which is not altered in nature but is "aggrandized and exalted in the subject's mind" (*ibid.*). Thus, Freud is talking about a fantasized object which is the creation of both narcissistically cathected libido and a love object; the ego ideal is both internally and externally derived.

Some interpretations of this text focus only on the ego ideal as part of a developmental sequence in which narcissistic libido is contrasted with object libido. For instance, Chasseguet-Smirgel (1985) calls the ego ideal a "link-concept between absolute narcissism and object relatedness" (p. 28). The projection of narcissistic perfection onto the parents is a step toward the achievement of a sense of reality and object relatedness. The ego ideal corresponds to the reality principle, in that it does not choose the shortest path of discharge to achieve satisfaction; immediate discharge is given up for a delayed pleasure in the form of an anticipation, a hope—the hope to unite as a grownup with the sexual object.

This line of thinking stems from Freud's metapsychology. His thinking was imbued with the economics of libido, "objectless" states, and the development toward reality; we have only to turn to his analogy (1911) of the bird's egg, a completely self-sustaining system shut off from the stimuli of the external world. From this solipsistic state, the infant has to make his or her way toward the object in a slow adaptation to reality—while shedding his or her narcissism—by internally regulating what was previously environmentally regulated. The internal world, in this context, is created simply as a mode of practicality or delay of discharge; there is no tension between internal objects and drive impulses.

Freud's economic views, however, are not sufficient in themselves to explain psychic life. At one level, Freud seems to have known this, since his concepts have several meanings, and are integrally connected to modern ideas which are more explicit in their understanding of fantasy and internal objects. Thus, I agree with a number of authors (Balint, 1968; Baranger, 1991; Henseler, 1991; Laplanche, 1989; Rothstein, 1980; Segal and Bell, 1991) that the interpretation of narcissism (primary and secondary) which suggests that it organizes developmental phases in terms of libidinal energy is cumbersome, if not elusive, especially if one considers an objectless state (primary narcissism) for which there appears to be no clinical evidence. A more viable interpretation of Freud's concepts of narcissism has to do with identificatory processes deriving from relational experiences; tendencies toward megalomania, omnipotence, and perfection are all connected to objects in an attempt, as Treurniet (1991) puts it, to deal with "emotional vulnerability" caused by frustration and real or imagined object loss. The product is a fantasized object.

This type of fantasized object is inherent in the ego ideal; it is based on the external object, but it is not quite that object—it is grander, more powerful, and it has a magical quality. I agree with Chasseguet-Smirgel that the ego ideal represents hope, but I would characterize it somewhat differently in terms of the hope of being something wonderful in the eyes of the love object, and bliss will ensue from this narcissistically perfect state. The return to narcissistic perfection, as Freud called it, has led to a panorama of interpretations, ranging from Balint's (1968) primary harmonious mix-up and Andreas-Salomé's (1921) identification with the totality, where subject and object are "one-and-all," to Grunberger's (1991) notion of the lost paradise of intrauterine life. From a different angle, Henseler (1991) believes that the primary narcissistic state of perfection has more to do with a fantasized creation of happiness and harmony in reaction to frustrating reality than with an original psychophysiological state of low excitation and general well-being. The nucleus of these ideas is similar to Freud's original idea: something "good" was lost and the subject strives to reconstruct it.

I do not want to expound on the nature of the ego ideal except to say that it demonstrates the idea of taking something external inside oneself and shaping it into something grand to compensate for loss, or for disturbances in object relating—an idea that became much more elaborate in "Mourning and Melancholia" (1917). Here Freud is concerned with identificatory processes in relation to narcissistic injuries, and the consequent hate. He describes a dramatic tension between aggressive impulses (hate) and a love object, the result leading to a regressive defense in which the object is given up and taken into the ego through a narcissistic identification. This fantasized object is created for the same reasons as described in the 1914 paper:

> In melancholia, the occasions which give rise to the illness . . . include all those situations of being slighted, neglected or disappointed, which can import opposed feelings of love and hate into the relationship. . . . If the love for the object—a love which cannot be given up though the object itself is given up—takes refuge in narcissistic identification, then the hate comes into operation on this substitutive object, abusing it, debasing it, making it suffer and deriving sadistic satisfaction from its suffering (p. 251).

Once inside, the object takes part in a fantasy which includes the subject, i.e., the subject can turn around the suffering in relation to the object. The fantasy in "Mourning and Melancholia" is clearly spelled out later (1921) in *Group Psychology and the Analysis of the Ego*: the melancholic's relentless self-criticism applies to the object "and represent[s] the ego's revenge upon it" (p. 109).

There are three important points, I believe, to be gleaned from "Mourning and Melancholia" which look forward to Freud's later texts: 1) Freud did not explicitly assert but clearly suggested that unconscious fantasies are created through identificatory processes early in life to alleviate anxiety, to find a solution to narcissistic pain; 2) certain unconscious fantasies are aggressive, even sadistic, in nature in response to certain object experiences; 3) an unconscious sense of guilt ensues from these destructive fantasies.

Fantasy

Freud's ideas on fantasy are complicated by the subsequent interpretations of later writers. Some believe there exists a standard interpretation of Freud's ideas on fantasizing (Bott-Spillius, 1992; Hayman, 1989; Sandler and Nagera, 1963) which is that Freud treated fantasy as an ego function and as a derivative of primary unconscious wishes. The fantasy is an organized wish fulfillment and follows the rules of secondary process logic. Fantasies may be repressed into the system unconscious, but they are primarily formed in the systems preconscious or conscious. In this way, they are similar to dreams.

Laplanche and Pontalis (1967), however, point out that Freud's notions of fantasy ranged from daydreams to complex unconscious mental processes which structure thought and behavior. In "Fantasy and the Origins of Sexuality" (1968), Laplanche and Pontalis illustrate how Freud found the centrality of fantasy in psychic life through his ideas on infantile sexuality, only to lose it again with his constant emphasis on biological, endogenous sexuality, thereby assigning fantasy as a secondary expression of biological reality. With his notion of autoerotism, Freud placed fantasy and sexuality together as primary expressions of psychic reality, inseparable from the origin of the drive itself. Laplanche and Pontalis also point out that the concept of autoerotic fantasy has been confused by other writers with an objectless stage of life on the way to objectivity. This particular view of reality and objectivity reinstates the concept of fantasy as located exclusively within the domain of opposition between an inner world, where satisfaction is obtained through illusion, and an external world which asserts the supremacy of the reality principle. Thus, a simple and reductionistic dichotomy is constructed between fantasy and reality, akin to the dichotomies formed between narcissism and object-relatedness, and between illusion and the reality principle (*cf.*, Levin, 1992).

I would like to concentrate on the complexity of Freud's thoughts on fantasy. In his writings there is evidence of fantasy as an elaborate composite of wish, defense, memory, affect, and object relations (incorporated objects) shifting through phases in accordance with the ups and downs of the individual in relation to his or her object experiences. This is not a Lamarckian type of inherited fantasy, such as the primal scene or castration, nor is it the type of fantasy described by Klein, which assumes inherent knowledge of bodily parts. Fantasy is an unconscious fictional construction combining and transforming internal events with external objects and events.

The fantasy, "a child is being beaten" is an example of this. Freud (1919) states that the beating fantasy, as a rule, "remains unconscious" having "never had a real existence" and that it is "never remembered" for it "has never succeeded in becoming conscious" (p. 185). The fantasy is created unconsciously, very early in life, in response to unconscious incestuous wishes and subsequent repressed disillusionments and losses. The fantasy does not just contain the fulfillment of an unconscious wish; there is simply no direct relation between wish and fulfillment. Rather, a complicated route is taken where the subject takes into herself or himself external objects and creates a scenario in which unconscious affects come into play, forcing the subject to shift defensively the various figures in the scenario. In short, a "new set of conditions" (Schafer, 1968) is created which modifies the situation with the external object in question. And if this were not complicated enough, "an elaborate superstructure of day-dreams'' (Freud, 1919, p. 190) grows over the unconscious beating fantasy, adding to the intensity of affects.[1]

The meaning of this type of fantasy is spelled out in ''Mourning and Melancholia'': the diminution of anxiety and pain, arising from object relating and object loss, is sought by a process of taking the object into one's own body. Once the object is ''inside,'' the subject can create a fiction. As Wollheim (1993) describes it:

> The subject's resort to incorporative phantasy would be explicable if it could be shown that the subject believes that in phantasizing the incorporation of the figure he thereby alters the situation of the figure: he is removing him from a position in which he can suffer, alternatively in which he can inflict, harm to a position where he is safe, alternatively where the subject is safe from him (p. 72).

The narcissistic investment in such a fantasy allows for the containment, resolution, and organization of impulses and affects toward the object and defenses against it. This could be thought of as a form of thinking very similar to the contemporary view of dreams as having the function of organizing, sorting, and processing psychic material in the attempt to master conflicts.[2]

Aggression and Fantasy

Although Freud never developed a theoretical structure of aggression in the same way as he did for the sexual drive, he observed some aspects of aggression at work in relation to frustra-

[1] I agree with writers such as Arlow (1969) and Laplanche and Pontalis (1968), who maintain that there is no division between conscious daydreams and unconscious fantasy. They believe in a continuity between these forms of psychic activity and find any division to be arbitrary.

[2] The complex theories of internalization will not be addressed in this paper. Not only are there major differences in metapsychological assumptions, but Freud himself reached only a general conceptualization of internalization, i.e., the external object undergoes a fantasized incorporation and then is modified and shaped by fantasies.

tion, loss, and pain. Psychic sadism is at work; once the object is within psychic reach of the subject, it can be abused and debased, humiliated, and made to suffer as the subject has suffered. The motive is revenge and the wish for domination over the love object: "a mental constellation of revolt" (1917, p. 248), "in taking revenge on the original object and in tormenting their loved one through their illness" (p. 251).

Moreover, "turning the tables" is the only recourse the subject has. As Freud tells us in *Beyond the Pleasure Principle* (1920), the particular nature of childhood is helplessness, weakness, and littleness—a condition which does not offer much in the face of loss:

> Loss of love and failure leave behind them a permanent injury to self-regard in the form of a narcissistic scar, which in my opinion . . . contributes more than anything to the 'sense of inferiority' which is so common in neurotics (pp. 20-21).

The solution to this narcissistic injury is to repeat the injury in such a way that the child is no longer passive and overpowered. In *Beyond the Pleasure Principle*, this repetition is presented in the *fort-da* game, in which the child, in symbolic fashion, actively casts away his mother and brings her back in order "to revenge himself on his mother for going away from him" (p. 16).

Either through symbolic fantasy or symbolic play, a solution is sought to the narcissistic vulnerability of weakness, helplessness, passivity, or humiliation through power and revenge (what Nietzsche termed in *On the Genealogy of Morals* "the vengefulness of the impotent" [1887, p. 37]). Within the dyadic relationship the infant has no way of fighting back except through narcissistic fantasies of power. Freud's infant has evolved from reproducing in fantasy—i.e., hallucinating—the memory of gratification to actively creating in fantasy a resolution of the absent or disappointing object. This approximates in a general way the more complicated understanding by contemporary theorists of the motivational basis for the creation of hostile introjects. For example, Schafer (1968) lists many motives, among which are: "repetitive working over of traumata that is aimed at mastery; controlling the threatening or unreliably gratifying object; preserving the infantile sense of omnipotence by participating in the power of the mighty object . . ." (p. 114).

Guilt

Narcissistic-aggressive fantasies may soothe an individual who is in misery caused by an ungratifying or hurtful object, but there is a large price to pay: the unbearable heaviness of guilt. As an example of this, let us return to the beating fantasy which essentially passes through various unconscious phases (I do not mean this in a developmental sense). Freud (1919) reminds us of the fate of very young individuals:

> But the time comes when this early blossoming is nipped by the frost. None of these incestuous loves can avoid the fate of repression. They may succumb to it on the occasion of some discoverable external event which leads to disillusionment—such as unexpected slights, the unwelcome birth of a new brother or sister . . . or . . . simply because their yearning remains unsatisfied too long. . . . At the same time as this process of repression takes place, a sense of guilt appears (p. 188).

The appearance of a sense of guilt is reconstructed and understood by Freud to be the result of a beating fantasy formed in response to a feeling of being deprived of love and humiliated. The content of the fantasy is sadistic because vengeance is sought: the beaten is a hated obstacle, a rival who comes between the subject and object, such as a brother or sister; and the beater turns out to be the father. This is the first phase, characterized as "[m]y father is beating the child" (p. 190). Being the creator of the fantasy, the subject clearly identifies with the love object's power to inflict pain—what is commonly referred to, since A. Freud, as identifying with the aggressor. The meaning or the message of this phase could be characterized as the following: "I have successfully removed any obstacle to my loved one, and have reversed my previous position of helplessness. I am powerful now and can humiliate others; thus my loved one loves only me because of this powerful position of mine." The narcissistic vulnerability felt so acutely by the helpless child is conquered within the aggressive fantasy not by simply removing the obstacle, but by identifying with the actions of a powerful authority: "I am like my father, therefore he loves only me."

The omnipotent control sets up the creator of the fantasy as sadistic, which produces a sense of guilt. The sense of guilt leads to a second phase in the unconscious fantasy, placing the subject as the victim: the sadistic component is turned against the self by creating a scenario in which the subject masochistically endures being beaten by the father. The masochism is then later displaced onto another child. This becomes the third phase of the fantasy— "a child is being beaten"—a derivative and neutralized form of the previous unconscious phases.

Freud was uncertain about the origin of the sense of guilt which appears with the first phase of the fantasy. He does, however, position the feeling of guilt as one of the pivotal factors in the fantasy. He claims that "guilt is invariably the factor that transforms sadism into masochism" and "[i]n this way the phantasy of the second phase, that of being beaten by her father, is a direct expression of the girl's sense of guilt" (p. 189). The guilt in this context diverts the outward expression of aggression, creating the masochistic stance to defend against the more omnipotent position.

This is not to say that the masochistic position is more tolerable because it diverts the guilt. Both are equally intolerable: the third phase of the fantasy gets rid of the subject's position as being either sadistic or masochistic by getting rid of all identities. This way the subject can simultaneously or alternatively identify with being the beater or beaten, neither of which can be tolerated in itself. The pleasure needs to be disguised; the acts of humiliating or of being humiliated in their pure forms are not acceptable, and they alternately serve as defenses against each other.

The psychic dynamics presented by Freud in this fantasy are very similar to what Wurmser (1981) calls the guilt-shame dilemma. The flips in fantasy from active to passive, or from sadistic to masochistic postures, are representative of primary conflictual feelings which revolve around feelings of strength and power (guilt) and weakness and powerlessness (shame):

> Guilt prevents one from letting the outer boundary of one's power infringe on another's sphere, while shame prevents another from infringing on one's inner boundary. *Guilt limits strength; shame covers weakness.* . . . If one makes exalted claims and fails, one's territory of power shrinks and painful shame arises. But if the same claims succeed in infringing upon the rights of the other person, guilt is aroused (p. 62).

The interesting aspect of this excerpt is the similar connection Wurmser makes between what is generally considered to be superego affects such as guilt and shame and the narcissistic tendency to create fantasies of power, i.e., guilt emerges from the fantasy of wielding power over the object while shame comes from being at the mercy of the object.

Clinical Examples

Mr. A, a young homosexual, came to see me after a love relationship had failed. He was sexy, street-smart, jaded and self-derisive. He claimed to have seen life's worst miseries. He complained of always feeling like "a piece of shit." He was weary of his "miserable" life and afraid that if things did not change, he might return to his old ways of abusing drugs and alcohol. He was tired of living with the nagging fear of being "abandoned and rejected" by anyone with whom he entered into a relationship.

Mr. A had grown up with a father who was a violent alcoholic, capriciously sadistic in his physical and verbal abuse of the children and his wife. Mr. A never knew when the rules were going to change. He never brought friends home for fear that the house would be ravaged and torn apart during one of his father's drunken bouts of delirium. In his early teens, Mr. A was nearly strangled to death by his father using a thick wire. This was the first and only time that his mother intervened to save his life—an intervention, he felt, that came too late in his life. She was an "enabler," which meant that she turned a blind eye on her husband's alcoholism and abuse; she knew "only how to survive" and therefore was unable to confront her husband or change her relationship with him or her own life. He felt that she had been wholly and unequivocally unavailable; she never attended any of his extracurricular activities, such as school plays, or PTA meetings; nor was she attentive to any physical problems, such as his myopia, until his grade school teachers called repeatedly. She would ask him to wait for her in various department stores and would leave him for hours feeling as if "someone had hit me over the head with a mallet." On one trip he got out of the family van to urinate and was left behind. He was only picked up again when they had driven 100 kilometers away and back.

Much of Mr. A's material was accompanied by depressive moods—feeling lonely or wishing that his parents cared. There were many tales revealing a child bewildered in the face of his father's raging drunkenness. He was "petrified of sex" and of going on dates despite his sexual prowling. And at the end of many sessions he would keep asking me what time the next session was as if the whole analytic setting would vanish into thin air unless he made sure there would be a next session.

It was this depressive feeling which, like a ghost, seemed to hover over many of the interactions Mr. A had with others; any slight, absence, insult, disappointment, or threat from another was met by an explosive outburst which both wiped out and revealed his overwhelming depression and humiliation. One had merely to look at Mr. A in the wrong way and he felt it was demeaning in some manner. His vulnerability led to many eruptions during sessions. Once, when I gently prodded a sore spot, he raised his voice and boomed "I'm scared!" Any hint of a transferential interpretation eventuated in an angry outburst which would leave him frustrated and me bewildered. Some of his explosions were not angry; sometimes he would burst into uncontrollable, uproarious laughter which lasted several minutes. It was so loud and so intense, I could feel it filling the room and intoxicating me; one moment I would want to burst out laughing myself, and another moment I felt so puzzled and confused that I would start to become dizzy.

Our relationship was difficult. Day after day he felt in need of me, my interpretations (which he sometimes called "emotional stun guns"), and my presence. But this need produced in him a raw and piercing despair as if he were washed out to sea in a boat that was about to fall apart. I often felt hurt by his relentless snapping, or helpless when he felt so much despair, or just overwhelmed by his intensity.

Then I went away for five weeks. When I came back, there were attacks on my credibility and angry fits that the analysis was making him worse not better. Sometimes he flew out of the office, throwing open the door with such a force that I was left wondering how it stayed on the hinges; at other times he would simply yell at the top of his lungs. He terrorized me. I felt utterly helpless, passive, and humiliated in the face of his aggression.

Mr. A, however, would experience a palpable sense of guilt at the end of each session. I could see that he felt stuck: he could not bear the humiliation of having been abandoned by me, and thus feeling "pussywhipped"; but he also felt terrorized by the wild aggression he was inflicting on me in making me experience his humiliation. When I finally began to contain my own feelings (rather than reacting to them), I confronted Mr. A's rage, but without malice.

There was some volleying: Mr. A's tiresome accusation that I was not doing enough and was selling him poison was matched by my own comments that if the analysis had been so poisonous he would have left. Finally, after a litany of his provocative remarks, I drew attention to Mr. A's fear. I suggested that he chose to terrorize me and everyone else as a way of dealing with that fear; it is what made him feel effective. I also pointed out that in the end this method usually did not work for him: all it did was to leave him feeling guilty and both of us feeling anxious. He became quiet. Then he agreed with me and said that he should stop this.

And he did stop terrorizing both of us. He went back to working on his difficulties with his relationships, and we were no longer on some perilous path to mutual destruction. He was relieved that he could not destroy me with his murderous rage. He said he had had a fear of physically hurting me and others (he actually had no past history of this), but that he needed to drive everyone away so that he would not feel so "raw," "little," and "humiliated." Mr. A either despaired that he was nothing in the eyes of his love objects, or he indulged his anger to the point of intimidating them, which invariably brought him guilt and more anger.

Ms. B, a stunningly beautiful twenty-one-year-old, initially consulted me for depression and a deep sense of humiliation about herself. She had a very intense relationship with her mother, for whom she felt a great desire all her life. She considered her mother to be "powerful," "angry," and "controlling." The mother had actually thrown the father out of the house after Ms. B was born because he slept around so much. Ms. B's relationship with him was strained, since he always acted as if he did not care for her. Her mother had many boyfriends, all of whom were "creeps," and eventually she stayed with one man (referred to as the "stepfather") who would physically threaten her and the kids.

After the birth of her little brother, when Ms. B was three, she felt her mother to be entirely unavailable. She would attempt to make contact with her mother by identifying with her sexuality; e.g., when Ms. B was three she saw her mother and stepfather lying naked on their bed and then went naked into her own bed in the attempt to imitate her mother. When her mother discovered her, she spanked her. She also spanked her when Ms. B drew pictures of naked women. These incidents were experienced as humiliating for Ms. B.

All of Ms. B's relationships brought on powerful emotions. She felt intense jealousy, envy, shame, and guilt, all of which was provoked by the belief that she was dirty and too angry for anyone to stay with her. Nonetheless, she had a great capacity for becoming attached to others, and I was no exception. She wished to express everything to me despite her fear of exposing herself. She liked the couch, and she insisted on as many sessions as her budget would allow. Her affection was not unrequited; I was very fond of her and would have liked to work with her for a longer period. Unfortunately, she had started with me while in transition; she had plans to attend a university in a different province.

Not long after she announced that she was leaving, she had a dream in which she was chased by a china doll with a knife in its hand. Ms. B got her brother to mutilate the doll by cutting off its arms and legs, and poking its eyes out. The doll came back to life and gave the knife to Ms. B's brother who started to run after Ms. B, only to tell her that all the doll wanted was to cut off some material from Ms. B's clothing. Ms. B felt tremendous guilt and pain for running away and allowing her brother to mutilate the doll.

At one level, the doll represented the power struggle between Ms. B and her mother, for her mother would repeatedly put on Ms. B's bed a doll which frightened her so much that Ms. B would remove the doll from the bed. When she was a young child, Ms. B wanted very much to be able to express these and other feelings (such as her sexuality and her anger) to her mother without incurring her wrath. Her brother was the vehicle through which Ms. B expressed her intense anger at her mother, especially as she used to terrorize him when she was growing up. Her running away from the doll was an expression of her leaving her mother behind by going to school, although in the transference to me she felt she was being left. This identification with the capacity to abandon was apparent in the wish to cut the material (to be cut from the same cloth) from Ms. B's clothing. The mutilation was immediately understood by Ms. B as her capacity to hurt her mother—something which she had discovered a few days prior to this particular session during a visit to her mother. Her guilt was, of course, apparent in the dream; it was linked not only to her recognition that she had such a capacity to hurt, but also to the fact that she had wished to do so all her life. She was the china doll with the knife in her hand—an identification which was difficult to tolerate: "I really feel like I've hurt my mother," she said, "and I haven't got over this guilt."

This discovery opened the door to a terrifying fantasy of her mother's power to punish her and to instill fears in her about the devil. Ms. B was both disgusted by and very afraid of her mother. She recalled that when she was little, she used to perform religious ceremonies with crosses and candles in her room so that she would not be possessed and raped by the devil. At the same time, she evinced a tender love for her mother. It was with this conflict that Ms. B left her mother and me. She was still afraid and guilt-ridden about her inner "darkness," but she felt she had "made some amount of progress."

In both cases, narcissistic vulnerability and pain were resolved through fantasized aggression with a great deal of guilt as a consequence. The omnipotent control of the object, such as in the beating fantasy, or the destruction of it as in the case examples, alters both subject and object in a way that is grossly incompatible with the more loving fantasies of blissful union. In other words, a conflict of ambivalence occurs.

Ambivalence within the Dyad

The intensity of an individual's ambivalence can be understood within the context of the dyad during the preoedipal years. Freud was not altogether blind to what occurs during these years, as can be seen: 1) in his discussion of regressions to pregenital phases in which anal-sadistic impulses are expressed in attacks against preoedipal objects (e.g., 1913); 2) in his surprising foray into preoedipal material contained in "Female Sexuality" (1931). In this text, Freud discussed what occurs in the dyadic relationship and refers to the anger and hostility on the part of the preoedipal child toward her mother's restrictions. The restrictions have to do with the impossibility of the child's realizing her sexual longings which have been intensely aroused by genital sensations arising from bodily care and training. Freud believed that the turning away from the mother to the father was due to this excessive frustration and hate, and he criticized Jeanne Lampl-de Groot's explanation because "it represents the turning-away from the mother as being merely a change of object" (p. 241). In one of his most striking understandings of preoedipal dyads, Freud described the oral-sadistic trends toward the mother in the form of a fantasy of wanting to eat her up and the expression of this in a maternal transference to the analyst. What Freud is discussing is an omnipotent aggressive fantasy of controlling the object because of its elusiveness and capacity to frustrate. This type of dynamic has been more fully explored by other writers, such as Abraham, Klein, and Grunberger, but Freud already had a strong grasp of this common fantasy of needing to control the other sadistically in order to avoid narcissistic injury.

Freud deliberately avoided conjecturing about a sense of guilt in this text. Nonetheless, he concluded that the preoedipal child is intensely ambivalent and, in general, that it is impossible to feel love without accompanying feelings of hatred. This implies an unconscious feeling of guilt and suggests that Freud presupposed the play of guilt in the preoedipal child.

Freud also demonstrated, wittingly or not, that conflicts of ambivalence are formed early in life and are woven into all phases throughout one's life. Thus, what is essentially understood as "oedipal" or as a "superego" affect, such as guilt, emerges not because of a particular phase or a certain structure, but in reaction to relating—internally and externally. A preoedipal anal fantasy of vengeful control continues on the stage set during guilty oedipal victory fantasies later in life and can continue into a highly articulated and structured perverse fantasy of triumphant and vengeful destruction. The development involved is not structural but contextual, based on one's evolving experience. I will illustrate my understanding of this with another clinical example.

Clinical Example

Ms. C, a bright, rationally minded business executive, consulted me because she was afraid that her marriage of twenty-three years would eventually break up. She felt that her longstanding feeling of being enveloped and protected by a shell was falling apart. What became apparent early in the treatment was pervasive and all-encompassing feelings of guilt—in connection with everything and everybody: "My whole sense of morality is governed by the feeling of guilt. I have no morality of my own." For this reason, she lived a private life of thoughts and emotions, serving others in an obliging manner in the attempt always to appease her sense of guilt. She had a remarkable capacity for watching "visual cues," interpreting them, and then responding in an accommodating manner—in short, there was never a sense of "I-ness" in her interactions. We learned shortly afterwards the nature of this lack of personal involvement: to be involved, through her own initiative and spontaneity, meant she would engage in "dart throwing," and she would invariably end up hurting the other.

Her relationship with her mother, in particular, frightened Ms. C, although she claimed to have a "nonrelationship" with her. She spoke of a dread of dealing with her mother, whether it was her real mother or the memory (internalized) of her. If Ms. C considered what had gone wrong between the two of them, she would only hurt and attack her mother who was helpless, passive, a victim. This is the same mother, however, who picked up Ms. C when she was three years old and "shook the life out" of her for having been so energetic and boisterous; the same woman who, after her daughter had gone into the water to swim and play, slapped her so hard that she could feel "the sting for years after"; the same mother who, when Ms. C came back from the store with some sanitary napkins for her mother and asked what they were, coyly looked at her husband and said, "Ask your father dear, he'll explain it to you"; and the same one who was discovered by Ms. C in an old photo in a sexually demonstrative pose with her fiancé—much to Ms. C's shock and fascination (Ms. C's prudishness is unsurpassed even by Victorian standards). These revelations of an aggressive and sexual mother are fragmentary, isolated accounts: Ms. C's overall impression of her mother is that she, having no mind of her own, was excessively passive and dependent on her husband. And indeed she was, to the extent that she did not engage herself in the task of educating her children: all bookish learning, sex education, etc., were left to the father. Nor was the mother capable of demonstrating physical affection.

In a similar vein, Ms. C's instinctual life is expressed in fragments, isolated events—mostly in dreams and in bodily gestures; her own powerful sensuality and aggression are sealed off in a secret part of her personality. What is apparent from the bits and pieces, and from the transference, is that Ms. C has an unconscious fantasy of assuming command, even usurping authority over all important figures in her life. A more conscious, neutralized version of this fantasy revolves around being a mother superior in a convent. In this way she can achieve a state of aloofness, distance, austerity, control, and correctness in which she cannot be humiliated and does not want to humiliate others.

The unconscious, more affect-laden, dyadic components of the fantasy revolve around needing to see her mother, having her mother see her, being inside her mother, and having her mother within her. But all of this has to be done in an aggressively controlled manner because she felt controlled and humiliated by her mother's cruel dismissal and curtailment of her enthusiastic and sensual energy. Ms. C recounted trying to "imprint" her mother on/into herself: she would look at her very intensely while her mother was not looking back, in an attempt to possess her in some way. In one session, Ms. C, while admitting that she wanted very much to be passively dependent on her husband, claimed she did not want to be like her mother. Spontaneously, she remembered her dream from the evening before in which she is with another woman who has a slim body like a model wearing a short, low-cut dress. The woman takes Ms. C away to another building to show her her underwear. Once there, the woman lifts her dress and pulls down her underwear. She forces Ms. C to look and manages to take all her clothes off so that Ms. C can see her. Ms. C desperately tries to get away and feels immense panic. She finally escapes. The overbearing and sexual woman was likened to her own mother when she was young, to myself, as she had likened me to a model in the previous session, and to herself.

Transferentially, Ms. C needs to control me at all times. Thus, she needs to keep me visible, and for this reason alone, she will not get on the couch. For Ms. C, however, this is all a blur: it is never clear who controls whom, because she feels controlled by me while my neutrality renders her unable to read me and hence unable to be inside of me to know what I am experiencing. Moreover, any acknowledgment on her part of wanting to be inside of and controlling me feels intolerably aggressive to her and thus makes her feel guilty. She brings material which clearly highlights her fascination with me: she comments that she is impressed with the ease with which I go from one patient to another, or that she loves my jewelry, or she innocently asks questions about my life. But any attempt to explore this material produces excruciating embarrassment in her. She is less reticent when discussing her eldest daughter (her relationship to her daughter is the closest to a lateral transference), whom she adores, envies, and despises. Whenever Ms. C courageously pushes herself to talk about this, she is tearful and professes an overwhelming feeling of guilt that she can be so despicable.

The guilt related to Ms. C's preoedipal mother continues into the triadic, oedipal relationship where her fear of a punishing and castrating mother is dealt with by more pronounced anal omnipotent (and invisible) control. Recently, in a bewildering series of behind-the-scenes manipulations, Ms. C arranged to have her long-retired father attend a colleague's retirement party (he had worked at the same corporation as Ms. C), all the while declaring her innocence to her father who rightly suspected that she had arranged to have him invited. She had been inspired by a euphoric fantasy of being together with her father at the party. At the same time, aware that her mother would not know anyone at the party, Ms. C fantasized that she would take care of her; she would parent her mother while she stood, as the sexually powerful mother, side by side with her father. Throughout this tour de force, Ms. C felt sick with guilt, although she could not understand why, and she fell ill for several weeks.

Although Ms. C's dynamics are far more complicated than what I have presented, the striking aspect of all her material is the constant and relentless need not to identify with her aggressive internal objects; her guilt related to this aggression feels insurmountable to her. Countertransferentially, I have often felt, when Ms. C brings in interesting material and is particularly reticent to explore it fully, that I have been too aggressive, even sadistic, in directing her attention. I am often left at the end of a session feeling guilty. In fact, the thrust of my work with her seems to be not to react to her projections but to be at ease with my countertransference, i.e., not to buy into the guilt and therefore demonstrate an acceptance to talk about aggression. The force of her projected aggression and guilt results from the rigid and pervasive object experiences which permeated all phases of her life.

Preoedipal Guilt

Freud (1930) alludes to an unconscious sense of guilt before the oedipal years and the resolution of the oedipus complex:

> We ought not to speak of a conscience until a super-ego is demonstrably present. As to a sense of guilt, we must admit that it is in existence before the super-ego, and therefore before conscience, too (p. 136).

It is an important distinction that Freud makes, for it reveals an understanding that the development of an affect such as guilt is not a derivative of secondary mental processes related to general knowledge, reasoning, and reflective subjectivity. These processes are part of the cognitive equipment needed to create conscience.

In other words, the development of guilt does not hinge on higher cognition. Freud, however, was not consistent on this point; he often used the terms guilt and conscience interchangeably, suggesting that guilt developed with maturity, the acceptance of reality, and the resolution of narcissism.

Let us imagine for a moment the type of thinking involved with conscience. One patient's conscience tells her that what she is thinking or doing is wrong. Wrong in relation to what? When she says, "I'm living a lie by being in this relationship," which criteria are being used? Are they derived from her parents' beliefs about what constitutes an honest or deceitful relationship? In all likelihood, she has spent most of her life striving not to have a relationship like theirs and will not use their criteria. Thus, living a lie means: she is married to a man from whom she derives no happiness, and because she remains in the marriage, she makes both their lives miserable; she hurts him and herself at the same time. She feels like a coward for not ending the relationship, but she also feels like one for quitting and not trying harder. But then, because of oedipal guilt, she cannot move toward her desired oedipal object in any man. Thus, her conscience moves in opposition to her guilt telling her that she should move toward her desired sexual object and not run away from it. In short, this patient's conscience is telling her that she is avoiding pleasure because of her guilt. If she, however, before having analyzed herself, found herself in a highly pleasurable relationship, she would feel guilty and she would have trouble with her conscience: "This man loves me only for sex. Am I in the right relationship?" It is the process of thinking upon our thoughts and behavior which forms our conscience; it does not stem from guilt, although guilt can play a large role in the development of conscience (guilty conscience). In trying to sort our our emotions, the many arguments in our minds, the troubling contradictions, we attempt to resolve the conflicts into something harmonious, right, and true. This comes from experience and intelligence, not from some static structural development.

Conscience does not necessarily represent or take the side of authority. It does not represent so neatly the barrier to one's impulses. In many ways, Freud contributed to a misleading superego equation in which an external authority becomes an internal prohibition. His notion of oedipal guilt, based on the anatomical literalness of the castration complex, is envisioned as the mature affect which moves the individual toward the solidarity of the societal: the healthy overcoming of narcissistic and incestuous longings and the acceptance of castration—all of which is derived from an external source, i.e., parental criticism and authority:

> The institution of conscience was at bottom an embodiment, first of parental criticism . . . a process which is repeated in what takes place when a tendency towards repression develops out of a prohibition or obstacle that came in the first instance from without (1914, p. 96).

In contrast, the affect guilt which, as I have shown exists in preoedipal form, even for Freud, can act like a barrier—though not as an externally derived one, but as an internal, dynamically formed inhibition. The fantasy, "I want to control this person I love in any which way I choose even if it is humiliating to him," provokes guilt which in turn transforms the fantasy into something else. I cannot tolerate the meaning of the original fantasy in its entirety with the full impact of my anger, revenge, and humiliation. Although guilt acts as a barrier, I do not need a representation of my parents; nor do I have to identify with their authority and harshness. I have already identified with their harshness and that is what got me into trouble in the first place, remember? I created a fantasy in which I hurt them as they hurt me, and then the guilt came.

When Freud talks of the presence of unconscious guilt before the formation of the superego, he implies that an individual is not born in isolation but within the context of others. Psychic structure is constructed out of object relations; therefore, implicitly, the individual is not just a bundle of instincts striving impulsively in opposition to society's solidarity and morality. In retrospect, then, it is easier for us to see how Freud may have grasped intuitively that guilt in the preoedipal context is seen as emerging out of one's dependence on others who are meaningful, and the particular conflicts this inevitable situation creates. Freud had already understood this as early as the *Project* (1895):

> At first, the human organism is incapable of bringing about the specific action. It takes place by *extraneous help*, when the attention of an experienced person is drawn to the child's state by discharge . . . this path of discharge acquires a secondary function of the highest importance, that of *communication*, and the initial helplessness of human beings is the *primal source* of all *moral motives* (p. 318).

The contradictory metapsychological views on how guilt develops cannot be neatly erased by any contemporary theory. Freud was at once struck by the power of the internal critic which is seemingly derived from a linear and economic equation of internal regulation with what was previously external; while at the same time, he was close to the complexity of object relations, which present excruciating conflicts from virtually the beginning of life.

REFERENCES

ANDREAS-SALOMÉ, L. (1921). The dual orientation of narcissism. *Psychoanal. Q.*, 1962, 31:1-30.

ARLOW, J. A. (1969). Unconscious fantasy and disturbances of conscious experience. *Psychoanal. Q.*, 38:1-27.

BALINT, M. (1968). *The Basic Fault: Therapeutic Aspects of Regression.* London: Tavistock.

BARANGER, W. (1991). Narcissism in Freud. In *Freud's "On Narcissism: An Introduction,"* ed. J. Sandler, E. S. Person & P. Fonagy. New Haven/London: Yale Univ. Press, pp. 108-130.

BOTT-SPILLIUS, E. (1992). On the concept of phantasy. Paper presented to the Canadian Psychoanalytic Society, Montreal.

CHASSEGUET-SMIRGEL, J. (1985). *The Ego Ideal.* New York: Norton.

FREUD, S. (1895). Project for a scientific psychology. *S.E.*, 1.

——— (1911). Formulations on the two principles of mental functioning. *S.E.*, 12.
——— (1913). The disposition to obsessional neurosis. *S.E.*, 12.
——— (1914). On narcissism: an introduction. *S.E.*, 14.
——— (1917). Mourning and melancholia. *S.E.*, 14.
——— (1919). 'A child is being beaten': a contribution to the study of the origin of sexual perversions. *S.E.*, 17.
——— (1920). Beyond the pleasure principle. *S.E.*, 18.
——— (1921). Group psychology and the analysis of the ego. *S.E.*, 18.
——— (1926). Inhibitions, symptoms and anxiety. *S.E.*, 20.
——— (1930). Civilization and its discontents. *S.E.*, 21.
——— (1931). Female sexuality. *S.E.*, 21.

GRUNBERGER, B. (1971). *Narcissism: Psychoanalytic Essays.* Translated by J. S. Diamanti. New York: Int. Univ. Press, 1979.

——— (1991). Narcissism and the analytic situation. In *Freud's "On Narcissism: An Introduction,"* ed. J. Sandler, E. S. Person & P. Fonagy. New Haven/London: Yale Univ. Press, pp. 216-227.

HAYMAN, A. (1989). What do we mean by 'phantasy'? *Int. J. Psychoanal.*, 70:105-114.

HEIMANN, P. (1952). Certain functions of introjection and projection in early infancy. In *Developments in Psycho-Analysis,* ed. J. Riviere. London: Hogarth, pp. 122-168.

HENSELER, H. (1991). Narcissism as a form of relationship. In *Freud's "On Narcissism: An Introduction,"* ed. J. Sandler, E. S. Person & P. Fonagy. New Haven/London: Yale Univ. Press, pp. 195-215.

LAPLANCHE, J. (1989). *New Foundations for Psychoanalysis.* Translated by D. Macey. Cambridge, MA/Oxford: Blackwell.

——— & PONTALIS, J.-B. (1967). *The Language of Psycho-Analysis.* Translated by D. Nicholson-Smith. New York: Norton, 1973.

——— ——— (1968). Fantasy and the origins of sexuality. *Int. J. Psychoanal.*, 49:1-18.

LEVIN, C. D. (1992). Thinking through the hungry baby: toward a new pleasure principle. *Psychoanal. Study Child,* 47:119-137.

LOEWALD, H. W. (1966). Book review of *Psychoanalytic Concepts and the Structural Theory* by J. A. Arlow & C. Brenner. In: *Papers on Psychoanalysis.* New Haven/London: Yale Univ. Press. 1980, pp. 53-58.

MODELL, A. H. (1965). On having the right to a life: an aspect of the superego's development. *Int. J. Psychoanal.*, 46:323-331.

——— (1971). The origin of certain forms of pre-oedipal guilt and the implications for a psychoanalytic theory of affects. *Int. J. Psychoanal.*, 52:337-346.

NIETZSCHE, F. (1887). *On the Genealogy of Morals.* Translated by W. Kaufmann. New York: Random House, 1967.

ROTHSTEIN, A. (1980). *The Narcissistic Pursuit of Perfection.* New York: Int. Univ. Press.

SANDLER, J. & NAGERA, H. (1963). Aspects of the metapsychology of fantasy. *Psychoanal. Study Child,* 18:159-194.

SCHAFER, R. (1968). *Aspects of Internalization.* New York: Int. Univ. Press.

SEGAL, H. & BELL, D. (1991). The theory of narcissism in the work of Freud and Klein. In *Freud's "On Narcissism: An Introduction,"* ed. J. Sandler, E. S. Person & P. Fonagy. New Haven/London: Yale Univ. Press, pp. 149-174.

TREURNIET, N. (1991). Introduction to "On Narcissism." In *Freud's "On Narcissism: An Introduction,"* ed. J. Sandler, E. S. Person, & P. Fonagy. New Haven/London: Yale Univ. Press, pp. 75-94.

WOLLHEIM, R. (1993). *The Mind and Its Depths.* Cambridge, MA: Harvard Univ. Press.

WURMSER, L. (1981). *The Mask of Shame.* Baltimore/London: Johns Hopkins Univ. Press.

4880 Sherbrooke St. W.
Suite 180
Westmount, Quebec
Canada, H3Z 1H1

The Psychoanalytic Quarterly

Routledge
Taylor & Francis Group

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: http://www.tandfonline.com/loi/upaq20

The Verbal Squiggle Game in Treating the Seriously Disturbed Patient

L. Bryce Boyer

To cite this article: L. Bryce Boyer (1997) The Verbal Squiggle Game in Treating the Seriously Disturbed Patient, The Psychoanalytic Quarterly, 66:1, 62-81

To link to this article: https://doi.org/10.1080/21674086.1997.11927524

Published online: 08 Nov 2017.

Psychoanalytic Quarterly, LXVI, 1997

THE VERBAL SQUIGGLE GAME IN TREATING THE SERIOUSLY DISTURBED PATIENT

BY L. BRYCE BOYER, M.D.

The psychoanalytic treatment of the seriously disturbed patient depends on working through the countertransference. If the analyst regresses without debilitating anxiety to early levels of psychic development, as does the analysand while reliving his or her early traumatic psychic development, both analyst and analysand may be able to enter states of reverie simultaneously and to communicate with one another in a type of verbal squiggle game. In this variant of Winnicott's written squiggle game, each may easily communicate with the other with quick shifts from the autistic-contiguous, paranoid-schizoid, and depressive positions. During such unusual periods of exquisite understanding, very early pathological experiences can be relived, understood, and repaired.

INTRODUCTION

During almost half a century of treating seriously regressed patients psychoanalytically, I have become convinced that working through the countertransference is indispensable for a favorable therapeutic outcome.

Versions of this communication have been presented at the Seminar for the Advanced Study of the Psychoses, April, 14, 1994, San Francisco; the Northern California Society for Psychoanalytic Psychology, May 21, 1994, San Francisco; and the 11th International Symposium for the Psychotherapy of Schizophrenia, June 15, 1994, Washington, DC.

Deep gratitude is offered Drs. Thomas H. Ogden and Beatrice Patsalides for their assistance with this manuscript.

My training began in the 1940's in an ultraconservative training institute where the psychoanalytic treatment of Freud's "narcissistic neuroses" was strongly disapproved. Only the patient's intrapsychic dynamics were to determine the nature and timing of interpretations. As was the custom in North America, Freud's oft-reiterated ambivalence and contradictions concerning the nature and utility of countertransference were essentially ignored (Boyer, 1994); it was seen solely as the therapist's pathological response. Doubting Freud's bases for eschewing such treatment of regressed patients (Boyer, 1967), largely on the basis of lifelong experience with a periodically psychotic mother and lack of success in working in a traditional way with regressed patients, I experimented systematically, despite the heated disapprobation of my mentors (Boyer, 1961, 1966).

In my experiment of using psychoanalysis for the treatment of the seriously disturbed patient, it soon became apparent that the analysand's fears of his or her aggression constituted a major obstacle. Setting a framework of conditions of therapy, deviations from which were spoken of overtly and promptly and were suitably interpreted, assisted in bringing the patient's and analyst's hostility and/or anxiety about it into focus. This structuring reduced the tendency of both analyst and analysand to express their unconscious thoughts, feelings, impulses, and memories in action (Casement, 1982). I am more comfortable when the patient's scrutiny does not hinder my access to my own state of reverie (Bion, 1962b); therefore my patients use the couch.

It is now generally agreed that transference-countertransference relations can be studied only in terms of container and contained and that those relations are much more easily understood and interpretable in the presence of a consistent analytic frame, deviations from which are not ignored (Bion, 1962a, 1962b, 1963, 1987; Modell, 1976). As Ogden (1994) has discussed, analysts must have the capacity to be aware not only of the patient's transference and simultaneously their own countertransference reactions; in addition, they must develop the capacity to allow an analytic (intersubjective) third to be elaborated, understood, and eventually interpreted.[1] I completely agree. Additionally, in my judgment, the maintenance of the analytic frame is *mandatory* for the successful treatment of severely disturbed patients.

Probably as a result of child analysis and the heightened use of psychoanalytic psychotherapy for severe characterological, narcissistic, and borderline disorders, and psychotic disturbances, as well as psychosomatic and alexithymic disorders, the crucial importance of the way in which therapists use their own conscious and unconscious responses to patients, whether psychical, somatic, verbal or nonverbal, has now been more clearly recognized (Boyer, 1994; Etchegoyen, 1991).

In the course of the past thirty years a change has occurred in our understanding of the analytic task: "It is now widely held that, instead of being about the patient's intrapsychic dynamics, interpretation should be about the *interaction* of patient and analyst *at an intrapsychic level*" (O'Shaughnessy, 1983, p. 281).

Definition of Countertransference

The concept of transference-countertransference as I use it follows H. Rosenfeld's (1987, Part 4) contribution, detailing the constant, principally unconscious interplay between analyst and analysand involving their mutual introjection of the other's projective identifications. Regarding countertransference, projective identification functions as a means of communication by which

[1] Other significant contributors to the development of a theory of countertransference include E. Balint (1993), M. Balint (1968), Blechner (1992), Bleger (1962), Bollas (1987), Etchegoyen (1991), Giovacchini (1989), Green (1975), Grinberg (1957), Grotstein (1981), Heimann (1950, 1960), Jacobs (1991), Joseph (1985), Kernberg (1980), Little (1951, 1957), McLaughlin (1991), Meltzer (1975), Milner (1969), Money-Kyrle (1956), Ogden (1982, 1986, 1989), Pallaro (1994), Pick (1985), Racker (1952, 1958), D. Rosenfeld (1992), Sandler (1976), Searles (1979), Steiner (1993), Symington (1983), Tansey and Burke (1989), Volkan (1981, 1995), Winnicott (1947).

the analyst learns from the patient what the latter cannot think consciously. Within the field of the "analytic third" (constituted by the interaction between patient and analyst at an intrapsychic level) the analyst seeks and "finds" (in the Winnicottian sense of "finding an object," that is, playfully creating) words to bridge the subjective states of the analyst and the patient, while understanding the paradox that the psychological space that *separates* them constitutes at the same time the potentially powerful *link* that *connects* the patient's dissociated states (Bion, 1959; Volkan, 1981).

Ray G. Poggi (1995, personal communication) notes, "Part of the countertransference experience with certain patients is a sharing of body boundary confusion that, for a time, leaves me uncertain of my own sensation and therefore of my own distinct physical response to the presence of the patient. A good deal of what is ultimately imagined in the course of such a countertransference experience is built on these now confused sensations."

What follows briefly mentions some aspects of working through the countertransference that have seemed to be particularly important.

Working through the Countertransference: The Analyst's Personal Experiences

It is my view that whatever the analyst experiences during the analytic session is influenced heavily by his or her idiosyncratic introjection and reformulation of the patient's verbal and nonverbal communications, containing the patient's projections. We should not be misled into thinking our stray, apparently unrelated thoughts, fantasies, physical or emotional reactions can be dismissed as idle preoccupations, taking us away from the business at hand, interfering with our free-floating or evenly hovering attention (Boyer and Doty, 1993).

Cultural Influences on the Analyst's Experiences

I do not infer that everything the analyst thinks or feels should be considered countertransference. It is clear that factors other than introjection of the patient's projections are significantly operative in the analyst's perceptions of the patient's communications. The analyst's prevailing emotional state and individual conflicts, repressed or otherwise, will determine his or her degree of openness to the patient's communications.

The mental set of analysts is firmly embedded in their cultural life history with its unconscious biases that influence strongly their receptivity. To cite a few examples suffices. My lifelong experiences with psychotic people have conditioned me to be *automatically* aware of very early stages of regression as possibly premonitory of psychotic outbreak. For example, when a patient who customarily speaks accurately grammatically begins to misuse the pronouns "I" and "me," I am alerted to the possibility that the analysand is on the verge of a regression to the developmental stage when he was unsure whether he was "I" or "me" (E. Balint, 1993).

My research in anthropology and my study of folklore and the cross-cultural use of the Rorschach test (Boyer, 1979, 1995; Boyer, et al., 1989; De Vos and Boyer, 1989) have led me, in agreement with Freud (1900), to believe firmly that each symbol has at least one basic meaning, apparently inborn, in addition to whatever other meanings that have been added subsequently. As an example: in a session an adolescent boy entered an acute psychotic regression during which words and eventually their syllables became concrete objects for him. As he began to pound violently on a desk, he shouted repeatedly first "table" and then, frantically, "ta"-"bul," "ta"-"bul." My automatic recollection of the poetic and the dream and Freud's use of both wood and table as symbols for female or mother enabled me to say that I thought he feared he had destroyed his mother and wanted help in reconstituting her. The psychotic regression immediately disappeared (Boyer, 1972, 1976). That the interpretation was so effective depended on the nature of the transference-countertransference interaction, in which I was then solidly a benevolent paternal figure, whom he understood to be giving him permission to possess some of the love of his mother. When the interpretation of the symbolism was made, however, this important element of my countertransference formed an unconscious background to our interaction. Further, I was simultaneously subliminally experiencing my analysand's pain and despair, while detachedly observing not only his actions and emotions, but my own (see Ogden, 1994).

Automatically thinking of problems related to unresolved sibling rivalry when patients begin to talk of tiny animals or insects (Boyer, 1979) or Christmas (Boyer, 1955) or Easter (Boyer, 1985) often leads to a quickened introjection and understanding of a projection. A patient expressed himself in a boring manner for many months (Boyer and Doty, 1993); he had never mentioned music. Once while drowsy, I became aware of hearing humming and vague melodies, although there was utter silence in the room. My inquiry as to whether he was listening to music led to his revealing he had done so throughout his time with me when on the couch. Our subsequent learning that music for him symbolized the umbilical cord and the inspiration of air was a significant turning point of his analysis.

The Verbal Squiggle Game

Observing that analysands often continue symbolically the themes of one interview to the next led me to seek to view each analytic session as though it were a dream, in which the major unresolved transference-countertransference issue of the last session or last few sessions composes the "day residue" (Boyer, 1988). I now assume that *every* communication of the interview may very likely be related in some way to that day residue in the context of the ensuing "dream," and I am particularly interested in the symbolic meanings of the opening verbal and/or nonverbal communications. I believe that viewing the interview as if it were a dream leads to the background for, or constitutes a part of, the verbal squiggle game, in which the analyst is prepared to enter a mild reverie. Occasionally, as a session opens, analysands visualize events from the previous meeting as "scenes" on a wall or an imaginary movie screen (Lewin, 1948).

My usual technical orientation involves my seeking to be, in the words of E. Balint (1993), "quiet and nonintrusive, but also absolutely *there*," while "the patient is occupied in finding his own words or actions" (p. 4). The length of the period during which I retain this relatively passive role while receiving stimuli actively through all my senses depends on the capacity of the patient to accept and use profitably my tentative interpretations. This state rarely lasts longer than a few months, at the end of which time I usually feel quite relaxed in the presence of my analysand and frequently find myself in a light trance during which fantasies and primary process thinking are often intermixed with my more customary social thinking.

As I find myself progressively both more at ease and able to associate more freely, I usually find myself anxiety-free as I offer trial interpretations to be considered by the analysand. I wait less long for the analysand to recall formerly offered material inconsistent with present data and more actively suggest that the patient's conflictual or genetic explanations of anxiety might be modified by alternate explanations. As we become more accustomed to one another, in my role as analytic third I am aware that my introjections are not infrequently psychosomatic: a tightness in the chest, muscle group tensions, abdominal cramps, or barely perceptible odors or tastes, transient, vague visual phenomena. I assume that they reflect the preverbal or presymbolic nature of the patient's unconscious communication of his or her anxiety. Further, I become more trusting that my perceptions accurately reflect the patient's unconscious projections and feel freer to interpret on the basis of my countertransference reactions. My notion is that at times when the patient and I are (in varying degrees) simultaneously comfortably regressed, we both enter a sort of recapitulation of the hypothetical symbiotic phase of the mother-infant dual unity (Benedek, 1949; Loewald, 1980; Mahler and McDevitt, 1982).

Winnicott (1958, 1965) has stressed the need of the analyst to be able to allow the existence of potential space in which creativity can occur, and Bion (1962b) the need for the analyst to enter into a "reverie," allowing a similar development. I find that my most exhilarating and productive periods when working with regressed patients occur during those unusual occasions when, while in the state of reverie to which I believe Bion referred, I quite comfortably and spontaneously play what I conceive to be a verbal version of Winnicott's (1971, pp. 121-123) "squiggle game" with the patient. At such times, the analysand and I have become subjective objects to one another. We do not use pencils but instead create our "drawings" verbally when the patient's and therapist's associations are obviously contaminated by one another. Then they meet in that potential space in which creativity can occur, enacting an intensification of a verbal squiggle game (see also Deri, 1984, pp. 340-341; Grolnick, 1990, p. 159).

Clinical Illustration

During the verbal squiggle game the thinking of both analysand and analyst can most flexibly and cogently switch, without conflict, to the uses of autistic-contiguous (Ogden, 1989), paranoid-schizoid, and depressive modes of generating experience. It is most doubtful that such an interchange could take place in a therapeutic endeavor in which the analytic frame had not been consistently maintained, or in which the therapist was uncomfortable during the patient's sometimes psychotic regressions (presumably because of anxiety concerning the analyst's own aggressive or libidinal urges, sanity, capacity to maintain the analytic frame, and so on).

I record extensive process notes during interviews; in my notes

I seek to include my own fantasies, physical sensations and emotional changes. The clinical example that follows is not literally accurate because it is partially reconstructed.

This reported event is unusual in that it *heralded* a salutary regression during which crucial new information emerged. In the service of time and space, the report, which was quite repetitious, is abbreviated.

Dr. M was a middle-aged psychoanalyst whose three previous analyses had not helped him stop overtly acting out sexually with his clients. During the third year of his treatment with me, he was able to regress sufficiently to be able to recover memories he validated subsequently as portraying actual events in his life. The introductions to the memories were recovered during an interview in which we played for the first time the verbal squiggle game, a spontaneous activity which surprised us only retrospectively, even though his interviews were customarily characterized by emotional flatness and heightened intellectualization. He had never mentioned fairy tales, folklore, or interest in anthropology. He learned consciously of my concern with them when he read many of my writings, beginning some months after our first episode of playing the squiggle game.

He customarily entered the consultation room moving briskly and looking hyperalert. Nevertheless, Dr. M never appeared to be aware of any of the room's contents, noting rarely and only in passing changes in my facial expressions, dress, or moods, and never revealing his fantasies concerning them, either spontaneously or when questioned. No stable transference relationship had developed. For brief periods I appeared to be the cold, potentially undependable phallic mother of a preoedipal boy whose rare apparent kindnesses would lead to her suddenly and unexpectedly physically hurting him for vaguely defined pleasures of her own, often associated with bathroom activities. At other times, I seemed to represent his violent, morally weak, sexually exhibitionistic, paranoid, greedy father who beat his young children during temper tantrums, the causes of which were ascribed by Dr. M to his father's being cheated in business, probably by Nazi agents. Ordinarily, I seemed to be solely an impersonal colleague.

Some months previous to the interview to be reported I had redecorated the consultation room, changing the decor to African, using bright textiles and ebony statuary. At the foot of the couch was the figure of a seated man holding a large musical instrument on his lap, reaching around it to the strings. The top of the instrument consisted of a head facing forward. The head was almost identical to, but just smaller than that of the man, and barely beneath it. Although Dr. M seemed unaware of the changed appearance of the room, during the interview he remarked, without affect or apparent connection to other thoughts, that he had read that aboriginal women sometimes had retractable dentate penises in their vaginas. Some sessions later he mentioned, apparently totally out of context and without connection to any other verbal material or discernible event or curiosity, that as a young boy he once wondered whether a discoloration on the bathroom wall was blood. During some six subsequent months, there was neither further mention of either of those themes nor reference to the room's decorations.

The day before the session to be described, Dr. M had reported a fragment of a dream in which the vague, immobile figure of a man, who reminded him of an infamous and widely known effeminate polo player of whom he had recently read, was seated on a horse. The polo player was reputed to be cruel to the mares he rode by choice, sometimes beating or poking them with his mallet. No action occurred in the dream, which was related without emotion or curiosity. I felt certain that the dream depicted symbolically the nature of the dominant transference situation of the previous session, apparently shaped by a fear that as a phallic mother I would use him for my own gratifications. I wondered silently whether the dream was a manifestation of a screen memory of early life events, involving disappointment, sadism, and betrayal in a bedroom setting, because of the inferred horseback riding and the cruelty of the polo player.

The patient's appearance and attitude as he entered the consultation room for his next session were unprecedented. In contrast with his usual brisk motions, hypervigilant, rigid pose on the couch and matter-of-fact speech, on this day Dr. M came in looking as though he were not yet fully awake, and seemed to float to the couch, where he lay relaxed and silent, and, for the first time, appeared to be in a light trance. I felt myself also entering an altered ego state, and found myself feeling psychologically split, observing him, myself, and our intersubjectivity detachedly, while being simultaneously deeply involved. I revisualized his dream and silently thought he would talk of the statue and turn to passive homosexual fears.

After a time he said he had just noticed the statue for the first time and wondered whether it was of a mother and her son. She seemed to be holding him too intimately and trying to bring his "bottom" closer to her "pelvis."

I heard myself saying, "perhaps to touch his bottom with the penis that can come out?" Unsurprised and clearly pleased, he immediately responded:

Dr. M: "The phallic witch was going to eat Hansel and Gretel but they pushed her into the oven."

Analyst: "Then she couldn't eat them or use the dentate phallus."

Dr. M: "No." He fell silent and dreamily looked about the room, eventually asking whether the previously unmentioned colorful textiles were newly there. After further silence, he continued: "There was blood on the wall of the *bedroom* and I was so terrified I couldn't think or move."

Analyst: "Several months ago you mentioned wondering whether a discoloration on the *bathroom* wall was blood."

He became silent, seemed bewildered, lifted his hands in a gesture of self-protection and spoke what sounded like mumbled Yiddish. I felt distinctly eerie, and wondered silently whether he would imagine that a man was threatening to enter the room through the closed and locked door at his feet. After a few moments of silence, Dr. M said he had thought he had seen a man's shadow on the closed door at his feet.[2]

Analyst: "When you were mumbling, I thought I heard you say golem and dybbuk."

Dr. M: "Yes, I thought I did, too, although I don't think I know what those words mean, except that I think they pertain to dead people."[3]

I commented that he had never spoken Yiddish previously in my presence. He was unsurprised and said he had thought he had forgotten that childhood language. After a long, contemplative silence, he continued, "It's my uncle. He's coming through the door and I'm glad to see him, especially because my mother is angry with me and hurting me." Dr. M did not amplify. "He was nice to me when he visited, holding me. I think I never saw him after I was about seven."

Analyst: "He held you in his lap after mother hurt you?"

Becoming alert, Dr. M said, "I didn't know then that he was a golem or a dybbuk. I only learned that when studying for my bar mitzvah, and reading assigned literature. When I was four or five, he used to lie on the bed with me and hold me." Re-entering his trance, he continued: I feel warm and comforted and loved. I don't mind when he hurts my little ass hole with his big cock, I just want to please him."

Regaining alertness, he continued: "It's only later that I know that he's just using me as a thing and have to become catatonic."

It is impossible, I think, to judge the degree of transferential compliance with my unconscious wish. Three previous patients had seen the ebony figure as two men in sexual relationships. That I was unaware of a wish that Dr. M would join them in his idio-

[2] See Freud (1899, 1904, 1922, 1933) and others (Devereux, 1953; Major, 1983; Zwiebel, 1977, 1984) about the presence of telepathy in psychoanalysis and its part in occasional countertransference reactions.

[3] I had an imprecise understanding of the words golem and dybbuk only because some months previously I had been editing an article on ancient Jewish folklore in conjunction with other work.

syncratic use of the statue, does not, of course, mean that such a wish was absent. His compliance with his uncle's wish could well have been recapitulated in the transference.

This condensed episode of the squiggle game was the first and most dramatic of several during the three ensuing years of his analysis. It provided the first revelation that Dr. M had suffered a childhood psychosis which he subsequently relived for months in the consultation room. During regressive episodes, Dr. M did indeed relive in the transference-counter-transference relationship catatonic-like regressions which recapitulated actual and symbolized psychotic experiences of his boyhood, which had occurred between perhaps three and ten years of age. The details recapitulated his being at times convinced that I was one of his parents or a golem or a dybbuk. Such regressed episodes were limited to periods when he was in the consultation room. They closely resembled forgotten episodes during his early grammar school years when he was under psychiatric care and hospitalized briefly.

For some days at a time, while regressed into a mild form of waxy flexibility, he spoke of the man in the transitory hallucination of his uncle coming through the doorway as a previously "unremembered" uncle whom his parents had used as a babysitter for Dr. M from ages three to seven. He never remembered exactly when or how he learned that his uncle, to his parents' knowledge, had been a convicted pederast.

Analysis of aspects of his perceptions and experiences during his "squiggle games" continued until the end of his analysis. The blood which had been visualized initially as on the bathroom wall was eventually identified as being spots on menstrual rags which had been thrown against the bathroom wall, but displaced in the vision to the bedroom, probably because of his earlier conviction that mother bled after being injured by the father's "mallet" and by his own body during his birth.

Gradually, during various ensuing regressive episodes which included delusions of being possessed by, or himself an automaton, he reread Jewish folklore and remembered that he had learned about golems and dybbuks in Hebrew school. He brought examples of the folklore literature to interviews and read aloud that dybbuk refers to "an evil spirit possessing man, or the soul of a dead person residing in another's body and acting through it" and that, conversely, golem both represented the shapeless stage of Adam or an embryo, and an artificial man, an automaton (*Webster's*, 1949, pp. 722, 1076). He also brought other references to the consultation room, some written in Hebrew (Dan, 1970; Ginsburg, 1913; Idel, 1989).

Dr. M recalled that in his early childhood he had been singularly frightened after having heard a recitation of the fairy tale, "Hansel and Gretel"; he was concerned with the themes of being deserted by his parents and cannibalism.

Discussion

In this paper and elsewhere I have presented examples of the ways in which analyzing countertransference experience has had salutary effects during the analyses of regressed patients.[4]

Here I further the discussion of work within the countertransference by describing an example of a verbal squiggle game. In such intersubjective play between analyst and analysand, a generative space is available to each, through which new understanding and conceptualizations can emerge, the creativity to which Winnicott often refers. I believe this space to be what H. Rosenfeld (1950) meant, that is, the most powerful link between the patient's dissociated states.

Such space exists, when it does, through the efforts of the analyst who, within a reverie, adapts himself or herself to the task of attending to both subjective and intersubjective experience. This vital splitting of experience on the part of the analyst is essential to the process of intersubjectivity within the analytic hour, and the *sine qua non* of the interpretation, not only *of* countertransfer-

[4] See Boyer, 1961, 1966, 1972, 1976, 1977, 1978, 1982, 1986, 1989, 1992, 1993, 1994.

ence material but *through* the countertransference. Accurate interpretation through the countertransference gives lease to a play-space through which analysands, in both their separateness and within the analytic third, newly and creatively express their experience.

During such episodes of play, the space's potential for linking dissociated aspects of the analysand's experience is potentiated. I believe that the new connections between previously dissociated states depend on analysts' ability to tolerate such a type of splitting within themselves.

To tolerate such internal flexibility analysts themselves must have been well analyzed by therapists who were capable of tolerating deep regressive episodes undergone by their patients during their analyses (Racker, 1958). Analysts who do not enable their patients to live through deep regressions during treatment cannot have developed the capacity to experience the inevitable reciprocal countertransference and to learn to use it in the service of treatment, or to teach their analytic trainees. Also, it is possible, although I consider it to be unlikely, that the life experiences of analysts may have to have been exceptional and their neurophysiological endowments may need to be of a nature that permits special sensitivities. Those sensitivities allow them to experience without great conflict and work through the countertransference they encounter while analyzing such regressions.

It is difficult to tolerate this kind of splitting, particularly to admit the highly personal, private, and embarrassingly mundane aspects of one's subjective experience (Ogden, 1994). Beyond this, such experiences can be felt as a threat to one's sense of lucidity. At times, one must permit links to fall away, in order to perceive the greater trail of the chain: madness may be experienced in fantasy or body.

Equally important as interpretations made through the countertransference are the tolerance and containment of this splitting process. We cannot value too highly the patient's introjection of an analytic object of equanimity, which so clearly rests on the capacity for integration of part-object, whole-object relatedness, the capacity for concern, and a sense of optimism. It must not be forgotten that patients who suffer from Freud's narcissistic neuroses frequently, if not always, have not developed a well-grounded sense of self; this sense of self will arise through the gradual internalization and maturation of the object relationships developed with the analyst during the course of analysis; we can think of Mahler's (1968) "vicissitudes of individuation."

I would like to expand the idea that each interview may be viewed as a dream. As all communications (of both analyst and analysand) are in some way related to the day residue of the enduring "dream," it can be most fruitful for the analyst to apply the tenets of dream analysis to the flow of associations obtained through attention to the subjective/intersubjective process.

REFERENCES

BALINT, E. (1993). *Before I Was I: Psychoanalysis and the Imagination*, ed. J. L. Mitchell & M. Parsons. New York: Guilford.

BALINT, M. (1968). *The Basic Fault: Therapeutic Aspects of Regression*. London: Tavistock.

BENEDEK, T. (1949). The psychosomatic implications of the primary unit: mother-child. *Amer. J. Orthopsychiat.*, 19:642-654.

BION, W. R. (1959). Attacks on linking. *Int. J. Psychoanal.*, 40:308-315.

——— (1962a). *Learning from Experience*. New York: Basic Books.

——— (1962b). A theory of thinking. In *Second Thoughts: Selected Papers on Psycho-Analysis*. New York: Aronson, 1967, pp. 110-119.

——— (1963). *Elements of Psycho-Analysis*. New York: Basic Books.

——— (1987). *Clinical Seminars: Brasilia and São Paulo*, ed. F. Bion. Abingdon: Fleetwood Press.

BLECHNER, M. (1992). Working in the countertransference. *Psychoanal. Dialogues*, 2:161-179.

BLEGER, J. (1962). Modalidades de la relación objetal. *Rev. Psicoanál.*, 19:58-62.

BOLLAS, C. (1987). *The Shadow of the Object: Psychoanalysis of the Unthought Known*. New York: Columbia Univ. Press.

BOYER, L. B. (1955). Christmas "neurosis." *J. Amer. Psychoanal. Assn.*, 3:467-488.

——— (1961). Provisional evaluation of psycho-analysis with few parameters employed in the treatment of schizophrenia. *Int. J. Psychoanal.*, 42:389-403.

——— (1966). Office treatment of schizophrenic patients by psychoanalysis. *Psychoanal. Forum*, 1:337-356.

——— (1967). Historical development of psychoanalytic psychotherapy of the schizophrenias: Freud's contributions. In *Psychoanalytic Treatment of Schizophrenic and Characterological Disorders*, by L. B. Boyer & P. L. Giovacchini. New York: Science House, pp. 40-79.

——— (1972). A suicidal attempt by an adolescent twin. *Int. J. Psychoanal. Psychother.*, 1:7-30.

——— (1976). Meanings of a bizarre suicidal attempt by an adolescent twin. *Adolescent Psychiat.*, 4:371-381.

——— (1977). Working with a borderline patient. *Psychoanal. Q.*, 46:386-424.

——— (1978). Countertransference experiences with severely regressed patients. *Contemp. Psychoanal.*, 14:48-77.

——— (1979). *Childhood and Folklore: A Psychoanalytic Study of Apache Personality.* New York: Library of Psychological Anthropology.

——— (1982). Analytic experiences in work with regressed patients. In *Technical Factors in the Treatment of the Severely Disturbed Patient*, ed. P. L. Giovacchini & L. B. Boyer. New York: Aronson, pp. 65-106.

——— (1985). Christmas "neurosis" reconsidered. In *Depressive States and Their Treatment*, ed. V. D. Volkan. Northvale, NJ/London: Aronson, pp. 297-315.

——— (1986). Technical aspects of treating the regressed patient. *Contemp. Psychoanal.*, 22:25-44.

——— (1988). Thinking of the interview as if it were a dream. *Contemp. Psychoanal.*, 24:275-281.

——— (1989). Countertransference and technique in working with the regressed patient: further remarks. *Int. J. Psychoanal.*, 70:701-714.

——— (1992). Roles played by music as revealed during countertransference facilitated transference regression. *Int. J. Psychoanal.*, 73:55-70.

——— (1993). Introduction: countertransference—brief history and clinical issues with regressed patients. In *Master Clinicians on Treating the Regressed Patient: Vol. 2*, ed. L. B. Boyer & P. L. Giovacchini. Northvale, NJ/London: Aronson, pp. 1-22.

——— (1994). Countertransference: condensed history and personal view of issues with regressed patients. *J. Psychother. Pract. Res.*, 3:122-137.

——— (1995). *A Selection of Cross-Cultural Studies Using the Rorschach Test: 1961-1994.* Berkeley: Boyer Research Institute.

——— & Doty, L. (1993). Countertransference, regression and an analysand's uses of music. In *Master Clinicians on Treating the Regressed Patient: Vol. 2*, ed. L. B. Boyer & P. L. Giovacchini. Northvale, NJ/London: Aronson, pp. 173-204.

——— et al. (1989). The relation between psychological states and acculturation among the Tanana and Upper Tanana Indians of Alaska. *Ethos*, 17:387-427.

Casement, P. J. (1982). Some pressures on the analyst for physical contact during the re-living of an early trauma. *Int. Rev. Psychoanal.*, 9:279-286.

Dan, Y. (1970). Maggid (In Hebrew). *Encyclopedia Hebraica*, 22:139-140.

Deri, S. K. (1984). *Symbolization and Creativity.* New York: Int. Univ. Press.

Devereux, G. (1953). *Psychoanalysis and the Occult.* New York: Int. Univ. Press.

De Vos, G. A. & Boyer, L. B. (1989). *Symbolic Analysis Cross-Culturally: The Rorschach Test.* Berkeley: Univ. of Calif. Press.

Etchegoyen, R. H. (1991). *The Fundamentals of Psychoanalytic Technique.* London: Karnac.

Freud, S. (1899). A premonitory dream fulfilled. *S.E.*, 5.

——— (1900). The interpretation of dreams. *S.E.*, 4.

——— (1904). Premonitions and chance: an excerpt. In *Psychoanalysis and the Occult,* ed. G. Devereux. New York: Int. Univ. Press, 1953, pp. 52-55.

——— (1922). Dreams and telepathy. *S.E.*, 18.

——— (1933). Dreams and occultism. New introductory lectures on psychoanalysis. *S.E.*, 22.

Ginsburg, L. (1913). *The Legends of the Jews, Vol. 4.* Philadelphia: The Jewish Publication Society of America.

Giovacchini, P. L. (1989). *Countertransference Triumphs and Catastrophes.* Northvale, NJ/London: Aronson.

Green, A. (1975). The analyst, symbolization and absence in the analytic setting (on changes in analytic practice and analytic experience). *Int. J. Psychoanal.*, 56:1-22.

Grinberg, L. (1957). Perturbaciones en la interpretación por la contraidentificación proyectiva. *Rev. Psicoanál.*, 14:23-28.

Grolnick, S. A. (1990). *The Work and Play of Winnicott.* Northvale, NJ/London: Aronson.

Grotstein, J. S. (1981). *Splitting and Projective Identification.* New York/London: Aronson.

Heimann, P. (1950). On counter-transference. *Int. J. Psychoanal.*, 31:81-84.

——— (1960). Countertransference. *Brit. J. Med. Psychol.*, 33:9-15.

Idel, M. (1989). Jewish magic from the early Renaissance period to early Hasidism. In *Religion, Science and Magic,* ed. J. Neusner, et al. New York: Oxford Univ. Press.

Jacobs, T. J. (1991). *The Use of the Self: Countertransference and Communication in the Analytic Situation.* Madison, CT: Int. Univ. Press.

Joseph, B. (1975). The patient who is difficult to reach. In *Tactics and Techniques in Psychoanalytic Therapy, Vol. 2: Countertransference,* ed. P. L. Giovacchini, A. Flarsheim & L. B. Boyer. New York: Aronson, pp. 205-216.

——— (1985). Transference: the total situation. *Int. J. Psychoanal.*, 66:447-454.

Kernberg, O. F. (1980). *Internal World and External Reality: Object Relations Theory Applied.* New York/London: Aronson.

Lewin, B. D. (1948). Inferences from the dream screen. *Int. J. Psychoanal.*, 29: 224-231.

Little, M. I. (1951). Counter-transference and the patient's response to it. In *Transference Neurosis and Transference Psychosis: Toward Basic Unity.* New York/London: Aronson, 1981, pp. 33-50.

——— (1957). "R"—the analyst's total response to his patient's needs. In *Op. cit.*, pp. 51-80.

Loewald, H. W. (1980). *Papers on Psychoanalysis.* New Haven: Yale Univ. Press.

MAHLER, M. S. (In collaboration with M. Furer) (1968). *On Human Symbiosis and the Vicissitudes of Individuation. Vol. I: Infantile Psychosis.* New York: Int. Univ. Press.

——— & McDEVITT, J. B. (1982). Thoughts on the emergence of the sense of self, with particular emphasis on the body self. *J. Amer. Psychoanal. Assn.*, 30:827-848.

MAJOR, R., Editor (1983). *Confrontation: Telepathie, Vol. 10.* Paris: Aubier-Montaigne.

McLAUGHLIN, J. T. (1991). Clinical and theoretical aspects of enactment. *J. Amer. Psychoanal. Assn.*, 39:595-614.

MELTZER D. (1975). Adhesive identification. *Contemp. Psychoanal.*, 11:289-310.

MILNER, M. (1969). *The Hands of the Living God: An Account of a Psychoanalytic Treatment.* New York: Int. Univ. Press.

MODELL, A. H. (1976). "The holding environment" and the therapeutic action of psychoanalysis. *J. Amer. Psychoanal. Assn.*, 24:285-307.

MONEY-KYRLE, R. E. (1956). Normal counter-transference and some of its deviations. *Int. J. Psychoanal.*, 37:360-366.

OGDEN, T. H. (1982). *Projective Identification and Psychotherapeutic Technique.* New York/London: Aronson.

———(1986). *The Matrix of the Mind: Object Relations and the Psychoanalytic Dialogue.* Northvale, NJ/London: Aronson.

———(1989). *The Primitive Edge of Experience.* Northvale, NJ/London: Aronson.

———(1994). Projective identification and the subjugating third. In *Subjects of Analysis.* Northvale, NJ/London: Aronson, pp. 97-106.

O'SHAUGHNESSY, E. (1983). Words and working through. *Int. J. Psychoanal.*, 64:281-289.

PALLARO, P. (1994). Somatic countertransference: the therapist in relationship. Paper presented at the Third European Arts Therapies Conference. Ferrara, Italy, September.

PICK, I. B. (1985). Working through in the countertransference. In *Melanie Klein Today, Vol. 2: Mainly Practice*, ed. E. Spillius. London: Routledge, 1988, pp. 34-47.

RACKER, E. (1952). Observaciones sobre la contratransferencia como instrumento técnico; comunicación preliminar. *Rev. Psicoanál.*, 9:342-354.

———(1958). Classical and present techniques in psycho-analysis. In *Transference and Countertransference.* New York: Int. Univ. Press, 1968, pp. 23-70.

ROSENFELD, D. (1992). Countertransference and the psychotic part of the personality. In *The Psychotic Part of the Personality.* London: Karnac, pp. 79-100.

ROSENFELD, H. (1950). Note on the psychopathology of confusional states in chronic schizophrenias. *Int. J. Psychoanal.*, 31:132-137.

———(1987). *Impasse and Interpretation: Therapeutic and Anti-Therapeutic Factors in the Psychoanalytic Treatment of Psychotic, Borderline, and Neurotic Patients.* London/New York: Tavistock.

SANDLER, J. (1976). Countertransference and role responsiveness. *Int. Rev. Psychoanal.*, 3:43-48.

SEARLES, H. (1979). *Countertransference and Related Subjects: Selected Papers.* New York: Int. Univ. Press.

STEINER, J. (1993). *Psychic Retreats: Pathological Organizations in Psychotic, Neurotic and Borderline Patients.* London/New York: Routledge/The Institute of Psycho-Analysis.

SYMINGTON, N. (1983). The analysts's act of freedom as agent of therapeutic change. *Int. Rev. Psychoanal.*, 10:283-291.

TANSEY, M. J. & BURKE, W. F. (1989). *Understanding Countertranference: From Projective Identification to Empathy.* Hillsdale, NJ: Analytic Press.

VOLKAN, V. D. (1981). *Linking Objects and Linking Phenomena: A Study of the Forms, Symptoms, Metapsychology, and Therapy of Complicated Mourning.* New York: Int. Univ. Press.

——— (1995). *The Infantile Psychotic Self and Its Fates: Understanding and Treating Schizophrenics and Other Difficult Patients.* Northvale, NJ/London: Aronson.

Webster's New International Dictionary of the English Language (1949). Second Edition, Unabridged. Springfield, MA: G. & C. Merriam.

WINNICOTT, D. W. (1947). Hate in the countertransference. In *Collected Papers: Through Paediatrics to Psycho-Analysis.* New York: Basic Books, 1958, pp. 194-203.

——— (1958). *Collected Papers: Through Paediatrics to Psycho-Analysis.* New York: Basic Books.

——— (1965). *The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development.* New York: Int. Univ. Press.

——— (1971). *Playing and Reality.* New York: Basic Books.

ZWIEBEL, R. (1977). Der Analytiker Träumt von seinem Patientin. *Psyche,* 31:43-59.

——— (1984). Zur Dynamik des Gegenübertragunstraums. *Psyche,* 38:193-213.

3021 Telegraph Ave.
Berkeley, CA 94705

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Antigone—A Soul Murder

Urban Vestin

To cite this article: Urban Vestin (1997) Antigone—A Soul Murder, The Psychoanalytic Quarterly, 66:1, 82-92, DOI: 10.1080/21674086.1997.11927525

To link to this article: https://doi.org/10.1080/21674086.1997.11927525

Published online: 08 Nov 2017.

Psychoanalytic Quarterly, LXVI, 1997

ANTIGONE—A SOUL MURDER

BY URBAN VESTIN, M.D.

I present Sophocles' Antigone as a victim of soul murder and discuss the possibility that the play is also a drama about unfortunate parenthood. I propose some suggestions as to why this kind of reading has been lacking in our psychoanalytic history and in our culture.

> Be glad. You are alive. My soul [psyche] died long ago merely for me to serve the dead. (My translation.)

These abstruse and neglected words are spoken by Antigone[1] to her sister Ismene in disillusionment and bitterness. Antigone is disappointed with her sister, who at first will not help her to bury their brother Polyneices. He has been denied a dignified funeral by edict of their maternal uncle Creon, the new King of Thebes. Polyneices' body is left outside the walls of the city, unmourned and unburied—"a feast for kites to scent afar and swoop upon."[2]

When Antigone asks for help, Ismene timorously declines to take part in the illegal deed, accusing her sister of being in love with the impossible. Ismene is later seized with misgivings and wants to join Antigone, in spite of the deadly consequences. An-

---

The author would like to thank Dr. Leonard Shengold for his careful reading of and most valuable comments on an earlier draft, and Leg. psych. Eva Aronowitsch for her keen interest during the elaboration of my ideas.

[1] "Antigone, lit. prob. meaning 'in place of mother' from ἀντί 'opposite, in place of' and γονή, 'womb; childbirth, generation'." *Klein's Comprehensive Etymological Dictionary of the English Language.* Amsterdam/London/New York: Elsevier Publ. Co., 1966.

[2] Except where otherwise noted, the quotations from *Antigone* are from the translation by Storr (1968).

tigone, though, closes her heart to her sister, denouncing this belated oblation: Ismene is seeking a reward she does not deserve.

> My death is mine. Claim not a work
> in which you had no hand (my translation).

But also, they are differently fated, Ismene for life and she herself for death. In spite of the glory granted by the gods, Antigone cannot hide her bitter feelings over her unfortunate destiny.

The fate and predicament of Antigone have kept us spellbound for almost twenty-five hundred years. A common reading of Sophocles' drama is a moral-political one about ideas and civil disobedience. Shall "what is right" be defined by power or by the individual with the help of her/his personal daemon, and what is to be done when the conflicts are of antagonistic nature?

A drama, however, does not survive long if it does not also deal with the human being's more unconscious passions. Antigone's passion seems to concern her brother Polyneices.

Almansi, in "A Psychoanalytic Study of Sophocles' *Antigone*" (1991), has shown us the complexity of the drama. In addition to pointing out Antigone's righteousness, Almansi convincingly argues that Antigone's handling of the matter also represents a rationalization based upon incestuous longing for union with her brother, in and by death. Furthermore, her longing is a displacement of incestuous wishes toward her father Oedipus; for that wish, she chooses to punish herself by suicide.

But is Antigone's father Oedipus totally free of responsibility for her rationalized choosing to die? Antigone hints at something else.

Before we scrutinize the introductory lines more carefully, let us take a more general view of how a legitimate insurgent and hero like Oedipus can turn into a ruthless tyrant. Oedipus was, according to Greek mythology, not the first one to run this course. Zeus' children with his first wife Metis, for example, were destined to become greater than himself, provided they came into being the ordinary way. This fate Zeus, of course, had good reason to believe in, since his own existence was based upon his having overthrown his father Cronos and consigned him to Tartarus. Zeus therefore tricked Metis into turning herself into a fly and immediately swallowed her. A severe headache struck him, and after a trepanation was performed, out sprang Pallas Athena—armed reason. Since Athena was not born the ordinary way, Zeus had nothing to fear; Athena was destined to support her father in everything and never to betray him. This myth can be seen as symbolizing the birth of conception as an intellectual force rather than as an urge to be followed.

What does Antigone mean when saying to her sister Ismene: "My soul [psyche] died long ago"? She is using the Greek word "psyche," but how is that to be understood? Philologists usually assert that at the time *Antigone* was performed, 442 B.C. (about twenty years before *Oedipus the King*), the word "psyche" had not yet acquired its later, more abstract meaning (as with Plato and Aristotle) and should therefore be understood as "I." Storr (1968), for example, translates: "I died long ago." But that does not make sense. Someone, even on a stage, cannot say "I died long ago," meaning "I am dead," unless, of course, that person is a ghost (e.g., Hamlet's father). But Antigone does not represent a ghost. The meaning here is that something within Antigone is dead, and she uses the word "psyche" to tell us what it is.

Another understanding of the word "psyche" is "life." As translated by Elizabeth Wyckoff (1960)—"My life died long ago"—it seems as inaccurate and blurred as "I." "My life" must also be interpreted by the reader or the spectator. If Antigone said, "My life died long ago," she would most likely mean some vital part of her psyche.

Therefore, it seems more meaningful to translate "psyche" as "soul." Now, how and why did Antigone's soul die?

The second line in Greek is a consecutive sentence in infinitive, which means an *intended* consequence. Antigone's soul is therefore dead in order to serve the dead. Like psychoanalysts, who only in retrospect can foretell anything, Antigone divines a purpose connected to the long past death of her soul.

Creon simply states that Ismene and Antigone have both lost their minds. One has lost it now, the other, Antigone, as she was born, to which Ismene replies that even such sense as people are born with deserts them when they are faring badly.

The meaning of the oedipus complex is, as we well know, not easy to become aware of. That of the Laius and Jocasta complex, to kill or wed your children (the next generation), seems to be even more difficult and was for many years repressed, disavowed, and foreclosed not only by many psychoanalysts but by the entire medical and social-care establishment. (As late as 1970, when I studied pediatrics, a strange disease among infants, called "infantile cortical hyperostosis" or "Caffey's syndrome" [named after the American pediatrician who described the findings], was outlined in our textbooks: spontaneous fractures occurred in all kinds of bones, the long bones as well as the skull. If the fractures were multiple, they could be of different ages; the more recent ones were accompanied by swelling of the muscles and discolorations of the skin. The syndrome was characterized: "Etiology unknown. Probably a virus." Unfortunately, it was not; today we call it "the battered child syndrome.")

Devereux (1953) was one of the earliest to ask why Oedipus killed Laius, complementing the oedipus complex with that of Laius, and in time he was followed by Niederland (1959), Shengold (1963, 1967, 1975, 1979), Wangh (1968), le Guen (1974), and Ross (1982).

If Oedipus' wishes toward Antigone were not entirely pure and unselfish, how did they affect her? Her passionate stand for her brother Polyneices might very well have gained strength from her bonds to her father—as from her father's bonds to her. To make it even more obvious and obscure, the myth tells us that her father is also her half-brother. From history, culture, everyday life, and psychoanalytic practice we are familiar with the fact that a righteous fight against one wrong can serve to hide a lack of fight against another. Antigone takes passionate issue with Creon while trying to hide her lack of antagonism toward her father's having bound her to himself.

Jones, in an interesting paper, "Mother-Right and the Sexual

Ignorance of Savages" (1925), suggests that in societies which have partly passed from matrilineal to patrilineal form, no one is so well suited to be the recipient of forbidden hostility toward the father as the maternal uncle. (According to Devereux [1963], during this syncretistic period, the emergence of the Oedipus myth appears as one decisive element.[3]) Jones shows how and why this works by borrowing a term from mythological studies: *decomposition*, "one common enough also in the psychoneuroses" where "various attributes can become detached from an original figure and incorporated in another one, which then personifies these attributes ... the process serves the function of unloading affects in a relationship where it might have unpleasant consequences and depositing it at a safer distance" (p. 124). Jones compares the Oedipus legend to other, similar interpretations of the id, and he mentions Danaë (also mentioned by the chorus when Antigone is finally led away: "Like to thee that maiden bright, Danaë ..."), Cyrus, Gilgamesh, Telephus, Tristram, Lancelot, and Hamlet. Antigone, though, is conspicuous by her absence. Possibly, for a follower of Freud, Antigone was not a name to mention at that time. Gay (1988) touches on this issue gently, and Bergmann (1992) is more frank about it: "In 'Oedipus at Colonus' ... Antigone is more than a child becoming a mother.

[3] "... the principal problem confronting the Hellenic invaders of Greece was the incompatibility of the Earth-Goddess-worshipping, matrilineal culture pattern of the pre-Hellenic inhabitants of Greece with the Sky-God-worshipping, patrilineal culture pattern of the conquerors.... [I]n pre-Hellenic Greece the kingship was not inherited by the king's son, but by the one who at specified intervals ritually killed the current king and married the queen. In the transitional period there appear to have been instances ... where the successor was the man who killed the king and married his daughter" (Devereux, 1963, pp. 207-208). (This pattern is still alive in our innumerable legends and sagas in which the poor but brave and witty boy solves the king's problem, gets the king's daughter and half of the country, and they live happily ever after.) "The crucially relevant episode of the Oedipus myth is that Oedipus does inherit his kingship from his father in accordance with the Hellenic principle of patrilineal succession, but gains possession of it in accordance with a pre-Hellenic ritual: he kills a king who is his father, and marries a queen who is his mother.... [T]he Oedipus myth [is] the product of an attempt to syncretize patrilineal principles of inheritance with matrilineal techniques of gaining possession of the inheritance" (pp. 209-210).

At the cost of giving up her own sexuality, she is an oedipal victor having taken the place of her mother in caring for the father. . . . Freud often referred to his daughter Anna as 'my Antigone.' . . . In his old age Freud became increasingly dependent on his daughter. The discoverer of the Oedipus complex identified . . . in his old age with Oedipus at Colonus'' (p. 283).

Gay (1988) cites a couple of letters Freud sent to ''my little daughter'' Anna and to Jones in July 1914 when Anna was to visit England at the age of nineteen. In the first letter to Anna, Freud calumniates Jones and warns her not to make any major decisions without ''being sure of our (in this case, my) consent beforehand'' (p. 433) and to avoid being alone with Jones. In the second letter to Anna, only five days later, Freud tells her he had written ''a few lines'' to Jones the very same day ''that will discourage any courting yet avoid all personal offence'' (p. 434). Freud writes to Jones: ''There is an outspoken understanding between me and her that she should not consider marriage or the preliminaries before she gets 2 or 3 years older. I don't think she will break the treaty'' (p. 434).

And she didn't, ever.

Three years later Freud even took his daughter into analysis for three years, adding, as he wrote to Lou Andreas-Salomé in May 1924, that he had ''undertaken a 7th analysis with special feelings: my Anna'' (Gay, 1988, p. 440). And a year later Freud sadly confessed: ''I cannot free her from me, and nobody is helping me with it'' (p. 441).

It is easy to understand Jones's avoidance of Antigone as an example in 1925. In 1957, however, Jones, in his biography of Freud, could publish a 1934 letter from Freud to James Bransom:

> You are right; the last small section of the book discloses the secret meaning of the tragedy [*King Lear*], the repressed incestuous claims on the daughter's love. In the beginnings of the human family, we assume, all females belonged to the father; the daughters were his sexual objects no less than their mothers. . . . *in the unconscious these ancient wishes remain in all their force*. . . . Your supposition illuminates the riddle of Cordelia as well as that

> of Lear. . . . Cordelia still clings to him; her love for him is her holy secret. When asked to reveal it publicly she has to refuse defiantly and remain dumb. I have seen just that behavior in many cases. . . . In an early essay 'The Theme of the Three Caskets' (1913) I gave another interpretation of the Lear story, which only appears to contradict yours. . . . With the insertion of this feature the saga gains a psychological interest which puts the earlier one in the background . . . (pp. 457-458, italics added).

From Freud's sad statement of 1925 to his close friend, Lou Andreas-Salomé, it seems fair to say he realized his mistake, and from his comment on Bransom's interpretation of *King Lear* some ten years later, why. It was an interpretation of the drama that Bloom (1994) finds absurd, if not insane. While there is much to say about the unconscious, one sure thing is that it *is* absurd and insane. Unfortunately. But, of course, one can only understand the unconscious of others, including that of characters of a drama, if one has taken a close look at one's own and met one's malice.

When we read *Antigone* with the help of Jones's concept, we gain a wider understanding of her plight. All Creon's attributes are derived from her relation to her father Oedipus, as well as from Oedipus' relation to her.

Creon is described by Almansi (1991) "as an obtuse, despotic, pasteboard tyrant, an intellectually and emotionally limited man, a man of coarse fiber, commonplace mind, and narrow sympathies. . . . He is very possessive of both men and women, devious in the attainment of his goals, and, at best, a paranoid character" (p. 77). This is an excellent description of "the parent as sphinx" (Shengold, 1963), yet at the same time, are not some of these features also applicable to Antigone? At closer look is she that warm-hearted, generous, self-sacrificing young woman we usually credit her to be? This is how she presents herself in the very opening of the drama:

> Ismene sister of my blood and heart,
> See'st thou how Zeus would in our lives fulfill
> The [destiny] of Oedipus, a world of woes!

For what of pain, affliction, outrage, shame,
Is lacking in our fortunes, thine and mine?
And now this proclamation of today.

She is obviously upset, if not furious, and enumerates in general terms and in a short time all the evils she has been struck with, enticing Ismene to share her experience of the world. From this very moment and throughout the play she is an obsessed woman, obsessed with death. Certainly, she is self-sacrificing, but once she has caught a glimpse of the solution to her predicament, she stops at nothing. Ismene's pleading makes Antigone even more determined and contemptuous, impervious to reasoning or any care for ordinary reality. And Ismene is horrified:

Thou hast a fiery soul for numbing work.

The same reaction is seen in Creon when his son, Haemon, tries to reason with his father. The character of Antigone very much resembles that of Creon—the *Oedipus redivivus.* They both experience those who are not with them as being against them. They demand from others the same ultimate choice they themselves have made, and they are both haunted by fanaticism. The character of Antigone is no less tyrannical than that of Creon. Her consuming passion allows no concession. Her concern for her brother and her obeying the eternal laws of the gods are merely her means. The deed is not enough; it is the announcement that matters:

. . . I shall hate thee more
if thou proclaim it not to all the town.

And above all are the deadly consequences of it:

I know that I must die,
E'en hadst thou not proclaimed it, and if death
Is thereby hastened, I shall count it gain.
For death is gain to him whose life, like mine,
is full of misery. Thus my lot appears
Not sad, but blissful.

To put it in Modell's (1965) words, Antigone does not feel she has the right to a life. Modell connects the basic feeling of not having a right to a life to not having a right to a separate existence. He traces the origin of this feeling to the early preoedipal phase, the phase of the primal parent—the Sphinx. "Those individuals who, *for whatever reason*, experience a heightened degree of sadism also experience a heightened degree of separation guilt" (p. 330, italics added). Antigone is unable to separate into life; her internalized Erinyes and her long ago dead soul, which is demanding her body too, all force her to provoke the King to cast her out (illustrated by the fact that throughout the drama Antigone is placed *outside* the walls of Thebes) and doom her.

> There let her call in aid
> The King of Death, the one god she reveres.

At the same time Antigone thereby forever saddles Creon with her own shame and guilt. (Antigone's choosing to kill herself by hanging, as did her mother Jocasta, is worth further consideration and interpretation.) Her character and destiny reflect her primal parent's relation to her.

The therapeutic effects of psychoanalysis on the patients studied in Shengold's (1963) essay were of two kinds. They achieved: 1) the terrible ability to stand the truth about their parents' incestuous intent, involving a modification of a superego defect, the insistence on being a child of fortune, and the unconscious need for punishment; and 2) a partial transcendence of the characteristic rage based on an identification with the aggressor and the economic legacy of a trauma. According to Shengold, "this affect involves a combination of feeling both the subject and object of destructive angry forces" (p. 749). Unlike her father Oedipus, Antigone is not freed and able to " 'walk away' from the bad primal parent-Sphinx" (*ibid.*).

Circumstances suddenly present Antigone the means to fulfill her destiny. Glorious death appears within reach if she defies the King's edict. Sophocles weaves a condensed, strange common reality: my parent wants me; being faithful to him is inconsistent with life; opposing him is death.

The tragedy, *Antigone*, as a part of our cultural history, and our wish to destroy our children's life, as a part of our unconscious, are both constituents of us as human beings—and as inhuman beings. Legends are the ego's interpretation of the id and, like us, they are "such stuff as dreams are made on"—employed by artists to express basic experiences of the human being to convey messages about the human condition.

My interpretation of *Antigone* does not rule out other interpretations; very few interpretations do rule out others in psychoanalysis, as in applied analysis. It is my firm belief, however, that the complex of Laius/Jocasta is *not* an unresolved oedipus complex. What it is, I do not know.

REFERENCES

ALMANSI, R. J. (1991). A psychoanalytic study of Sophocles' *Antigone*. *Psychoanal. Q.*, 60:69-85.

BERGMANN, M. S. (1992). *In the Shadow of Moloch: The Sacrifice of Children and Its Impact on Western Religions.* New York: Columbia Univ. Press.

BLOOM, H. (1994). *The Western Canon.* New York/London: Harcourt Brace.

DEVEREUX, G. (1953). Why Oedipus killed Laius: a note on the complementary Oedipus complex in Greek drama. *Int. J. Psychoanal.*, 34:132-141.

——— (1963). Sociopolitical functions of the Oedipus myth in early Greece. *Psychoanal. Q.*, 32:205-214.

FREUD, S. (1913). The theme of the three caskets. *S.E.*, 12.

GAY, P. (1988). *Freud: A Life for Our Time.* New York/London: Norton.

LE GUEN, C. (1974). The formation of the transference: or the Laius complex in the armchair. *Int. J. Psychoanal.*, 55:505-512.

JONES, E. (1925). Mother-right and the sexual ignorance of savages. *Int. J. Psychoanal.*, 6:109-130.

——— (1957). *The Life and Work of Sigmund Freud, Vol. 3: The Last Phase, 1919-1939.* New York: Basic Books.

MODELL, A. H. (1965). On having the right to a life: an aspect of the superego's development. *Int. J. Psychoanal.*, 46:323-331.

NIEDERLAND, W. G. (1959). Schreber: father and son. *Psychoanal. Q.*, 28:151-169.

ROSS, J. M. (1982). Oedipus revisited: Laius and the "Laius complex," *Psychoanal. Study Child*, 37:169-200.

SHENGOLD, L. (1963). The parent as Sphinx. *J. Amer. Psychoanal. Assn.*, 11:725-751.

——— (1967). The effects of overstimulation: rat people. *Int. J. Psychoanal.*, 48: 403-415.
——— (1975). Soul murder, a review. *Int. J. Psychoanal. Psychother.*, 3:366-373.
——— (1979). Child abuse and deprivation: soul murder. *J. Amer. Psychoanal. Assn.*, 27:533-559.
STORR, F., Translator (1968). *Antigone.* In *Sophocles I.* Cambridge: Harvard Univ. Press.
WANGH, M. (1968). A psychogenetic factor in the recurrence of war. *Int. J. Psychoanal.*, 49:319-323.
WYCKOFF, E., Translator (1960). *Antigone.* In *The Complete Greek Tragedies: Sophocles, Vol. 1*, ed. D. Grene & R. Lattimore. Chicago: Univ. of Chicago Press.

Danderydsgatan 26
S-114 26 Stockholm
Sweden

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Cultural Norms and the Patient's Experience of the Analyst's Business Practices

Michael J. Bader

To cite this article: Michael J. Bader (1997) Cultural Norms and the Patient's Experience of the Analyst's Business Practices, The Psychoanalytic Quarterly, 66:1, 93-97, DOI: 10.1080/21674086.1997.11927526

To link to this article: https://doi.org/10.1080/21674086.1997.11927526

Published online: 08 Nov 2017.

Psychoanalytic Quarterly, LXVI, 1997

CULTURAL NORMS AND THE PATIENT'S EXPERIENCE OF THE ANALYST'S BUSINESS PRACTICES

BY MICHAEL J. BADER, D.M.H.

I recently had a conversation with a Norwegian analyst that stimulated my thinking about the ways that social norms and expectations might operate "behind the backs" of analyst and patient. My colleague mentioned that his patients *rarely* complained about his practice of billing for missed appointments that he could not fill. He told me that he rarely volunteered—nor was asked for—a rationale. I told him that in my practice, and in those of my colleagues, many patients tended to feel burdened or even exploited by this policy. Sometimes they voiced their complaints, other times not, but they seemed more or less able to understand, tolerate, and even appreciate the need for financial security that generates this kind of billing practice.

I wondered if his patients might be compliant with authority or engaged with the analyst in some type of unanalyzed collusion. I said that my own experience and theoretical bias—not uncommon in the United States—led me to be particularly sensitive to the subtle ways that uncontested dimensions of certain analytic arrangements often involved covert resistances, collusions, or enactments in which the "reality" of the analyst's self-interest was disavowed in order to avoid conflict, protect the patient's narcissism, or mitigate the analyst's guilt. I said that in my experience my nondefensive acceptance of my impulses (including those related to my financial needs), my willingness to candidly acknowledge the underlying "reality" within which the analyst's and the patient's interests conflict, and my readiness to analyze the transference-countertransference fantasies around these issues were extremely important.

My Norwegian friend was puzzled. He understood about collusion, unanalyzed countertransference enactments, narcissistic injuries, and even the occasional usefulness of candid self-disclosure, but he could not see how these things would arise in relation to his billing policy. After all, he *explained*—by which he meant *described*—his billing practice to his patients, who understood and accepted it. His patients (and he) would be no more likely to get worked up about his financial arrangements than about his expectation that they meet in his office! Since I believed my colleague to be an extremely sensitive, skilled, and thoughtful clinician, I began to look for less personal factors that might account for our different clinical experiences.

Certain broad social differences that have an impact on psychoanalytic practice and on the meaning of the analyst's business practices to both parties were immediately obvious. In Norway, psychoanalytic fees are regulated and subsidized by the government, which pays a good portion of the fee, although not for missed appointments. Further, since the demand outweighs the supply of psychotherapists in Norway, patients tend to wait for long periods to be seen and therefore tend to feel grateful to have a therapist at all. In contrast, in San Francisco where I practice, there is a surfeit of therapists who often compete via a wide variety of fees, cancellation policies, etc. In other words, that aspect of the therapeutic frame that involves the analyst's fee policy tends to be more influenced here by market forces. Finally, since fees are fixed by the government in Norway and the analyst's income is secure—albeit relatively static—the analyst's financial needs are less visible. Even though the patient is still responsible for a small portion of the fee in Norway, their system of universal health care mitigates the analyst's financial dependence on the patient.

The argument can be made that while these factors may render certain universal conflicts less visible, they are still dynamically operative and require analysis. Certainly, my friend was aware that some of his patients did not like paying for missed appointments, but he insisted that objections were rarely raised. I came to feel, however, that a subtle cultural difference permeated the consciousness of the Norwegian patient and analyst: their primary experience of the analyst's billing policy tended to be genuinely nonproblematic, while it is often genuinely provocative for both parties in the American analytic dyad.

My speculations about the nature of this difference are, of course, open to the objection that one Norwegian analyst is not representative of an entire culture, nor is my own clinical and social experience necessarily prototypical. I can only offer the defense that the depictions of Norwegian and American cultures to follow are widely held by many social commentators and, while somewhat simplistic, are meant more to illustrate how cultural values can "sneak" into our work than to make definitive claims about the specific nature of our respective cultures. My intent is to lay out two contrasting social narratives that feature two different ethical sensibilities and to suggest how these differences might affect the patient's and analyst's experience of a particular business practice.

Norwegians have a social contract. They expect to contribute substantially to the common good via high taxes and to benefit from a wide range of basic social services, including health care and mental health care. And while one must be careful not to idealize Norway—their social democratic system is not without problems, stresses, and conflicts—there is a fundamental assumption in that culture that their political leaders, as well as other authorities, are *not* crooks. The citizenry is critical but not cynical. There is a background of trust in the "system" and in the motives of its key players. I would suggest that, for a host of complex historical reasons, Norwegian citizens have a fundamental sense of being entitled to the support of various structures of authority and an expectation that these authorities will act in a way that is more benign than self-serving.

In contrast, our culture tends to be marked by an ethos of selfishness. We are inclined toward expecting that everyone is out for himself or herself. There is a powerful notion in American society that we are each responsible for ourselves, our success or failure, our place in society, and that through unfettered markets and competition the greatest good will result. Just as we take for granted that, unless induced to do otherwise, corporations will put their profits, their "bottom line," above social or ecological considerations, we also tend to see these same priorities in other walks of life. We seem to expect that we will be taken advantage of, or that our interests will be ignored, our place in line usurped, unless we are vigilant and can assert our own self-interest. In contrast to Norwegians, we often assume that our political leaders *are* crooks, liars, or, at least, self-serving. Our normal and adaptive sensibility tends to be one of cynicism, a reflexive distrust of authority, and an acceptance of the omnipresent reality of a "bottom-line" mentality in our professional, economic, and social relationships. In this context, Ralph Nader, consumer rights, and "truth-in-advertising" campaigns can be seen as rational responses to the assumption that no one in authority can be trusted or has the consumer's interests at heart. Obviously, this competitive ethos and reactive cynicism is not universal. And it is certainly not always conscious. Traditions of caring and responsibility also exist in our society, and these, too, influence our experience. Nevertheless, I would suggest that the particular competitive and mistrustful ethos that I am describing is dominant enough in our society that it forms an environmental context, a "ground" upon which the "figure" of individual psychopathology emerges in the clinical setting.

I suspect that in some dimension of the psyche where social rules are internalized, my Norwegian colleague's patients accept his terms of treatment as ***benign***, or at least as sensible, because they do not ***expect*** to be taken advantage of by authority as readily as do my patients. I am *not* speaking of clinical paranoia or a symptomatic narcissism. I am referring to social norms, social expectations. I am trying to tease out the psychological dimension of normal role-based behavior. It is a layer of what Erich Fromm called our "social character" that operates silently; it is difficult, if not impossible, to "catch" in pure form and is refracted instead through the personal prism of unique individuals. It seems possible to me that our patients' everyday social experience of competitive individualism and the unbridled pursuit of self-interest predisposes them to view such things as our rational pursuit of economic self-interest via our billing policies as exploitative. They see what they expect to see. One of their most important experiences of public life is that it is dog-eat-dog. When the economic dimension of the analytic relationship becomes *visible*—which it does dramatically when the patient is billed for a missed appointment—it tends to be registered by our patients as a reflection of the same "bottom-line" mentality that they *already* know so well. A patient's feeling provoked by the contradiction of analytic intimacy (with its nonjudgmental empathy and acceptance) and the contractually based pecuniary interests of the therapist is heightened by the conscious and unconscious association of the therapist with exploitative or selfish authorities in the patient's social life.

I would speculate that in Norway, patients enter therapy less prepared to feel victimized by the analyst's greed—at least those manifestations attendant on the analyst's business practices—because individual competitive self-promotion is not the only, or even the main, "bottom line" there. Paranoid, competitive, and narcissistic issues might take other forms or attach to other features of the analyst. The cultural milieu, then, might be seen as shaping at least the content and form, if not the amount, of certain psychological sensitivities in the clinical situation. The social context affects the kinds of issues that appear to be clinically salient, and it does so in ways that are invisible to the analyst. It creates generalized expectations that can function as a kind of background psychological operating system within which the more variable, idiosyncratic, dynamically significant, clinical processes play themselves out.

---

457 Spruce St.
San Francisco, CA 94118

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Plato's Lost Theory of Hysteria

Mark J. Adair

To cite this article: Mark J. Adair (1997) Plato's Lost Theory of Hysteria, The Psychoanalytic Quarterly, 66:1, 98-105, DOI: 10.1080/21674086.1997.11927527

To link to this article: https://doi.org/10.1080/21674086.1997.11927527

Published online: 08 Nov 2017.

Psychoanalytic Quarterly, LXVI, 1997

PLATO'S LOST THEORY OF HYSTERIA

BY MARK J. ADAIR

Historians of psychoanalysis believe that the first rudimentary psychosexual theory of hysteria appeared in the early 16th century A.D. This report suggests that such a theory actually was enunciated in the mid-4th century B.C. by Plato. For longer than two millenia, however, scholars and scientists—Freud (1925, p. 24) among them, for he accepted Havelock Ellis's erroneous statement (1898, p. 600) on this matter—have thought that Plato, in common with his culture, believed in the fantastic notion of the "wandering uterus." This unruly organ the ancient Mediterranean world believed to migrate throughout the body and cause what we now call "hysteria" (Aubert, 1989, p. 424). An old misunderstanding of a passage in the ancient Greek text of Plato's *Timaeus* has perpetuated this belief.

Recently, I completed a textual, contextual, and historical study of that original Greek passage to test the validity of the age-old belief in Plato's error. That study concluded, and for the first time documented, that Plato actually believed the sexual impulse, not the uterus itself, ranged throughout the body. Here I summarize that study and make some brief remarks on the relevance of this finding to the history and clinical practice of psychoanalysis.

Until the 16th century, when Paracelsus declared that hysterical symptoms arose from unconscious fantasy and had a sexual meaning (Sigerist, 1941, p. 142), no one—so it had been thought—had suggested a psychological explanation for these symptoms. Until his statement, and then for two centuries thereafter, physiological explanations, only some of which were less fantastic than the wan-

I would like to thank Dr. Gerard Fountain for his help in preparing this paper.

dering womb theory, dominated medical understanding of hysterical symptoms (Zilboorg, 1941).

It now appears, however, that there existed an early psychological—or even protopsychoanalytic—theory of hysteria long before Paracelsus. For Plato, whom all have interpreted as believing in the wandering womb, seems after all to have believed something very different. A retranslation of Plato shows that he actually believed that hysterical symptoms arose from sexual frustration and internal conflict.

For more than two thousand years interpreters both ancient, like the medical luminary Galen (p. 425), and recent, like the respected modern classicist Dean-Jones (1994, p. 70), have translated Plato's statement on hysterical symptoms much in the way the classical scholar Cornford (1937) has:

> In women again, for the same reason, what is called the matrix or womb, *a living creature within them with a desire for childbearing, if it be left long unfruitful beyond the due season, is vexed and aggrieved, and wandering throughout the body* and blocking the channels of the breath, by forbidding respiration brings the sufferer to extreme distress and causes all manner of disorders ... (p. 357, italics added).

I argue, however, that the original Greek text and context do not support this reading.[1] Classical scholars have accepted my argument as a viable alternative to the traditional reading; its exposition is published in *The Classical Journal* (Adair, 1996), where the interested reader can examine the details of the argument. There I retranslate the above passage as:

[1] In Greek, as in Latin, nouns and their modifiers must agree in case, gender, and number. In the text of the *Timaeus*, the word for "wandering" is **πλανώμενον**, a participle which is singular in number, neuter in gender, and nominative in case. But the word for uterus in the same text is **ὑστέραι**, a noun which is plural, feminine, and nominative. So the two words do not agree as to gender and number. The term which does agree in all respects with **πλανώμενον** is **ζῷον ἐπιθυμητικόν**, a noun meaning "living creature," or more specifically, "sexual appetitive impulse." It is the "impulse," therefore, not the uterus, that wanders. Translators over the centuries may have misunderstood **ζῷον ἐπιθυμητικόν** as a noun in apposition to **ὑστέραι;** that is, one noun added to another to describe or define it.

> There are in women again what are called both womb and uterus. For the same reason, inside these exists a living creature mad for child-making, and whenever in the proper season at length it fails of fruit, bears this angrily and bitterly, and wandering everywhere . . . (pp. 161-162).

So it is not, according to Plato, the womb which wanders, but a "living creature" which sallies out of the womb and attacks the body.

The basis on which I characterize this "living creature" as a psychological entity should be documented here. Plato's term for this creature, **ζῷον ἐπιθυμητικόν**, is transliterated *zoön epithumetikon.* This is a heavily freighted technical concept in Plato's system. We could consider it an agent of the *epithumia.* After the *nous* (intelligence) and the *thumos* (spirit), the *epithumia* is the "lowest" of the three parts of the *psyche* (which word, as we know, appended to the Greek **λόγος**—*logos*—gives us our word psychology). The *psyche* is the psychical aspect of the individual, the overall soul. The *epithumia* is the physical aspect of this soul: its desire, its appetite.

Let us look at how Plato uses this concept; this will help us better define it. In one instance, at 70d8-e6 of the *Timaeus,* Plato says that the mortal part of the soul is "desirous" (*epithumetikon*) of food, drink, and other bodily needs. It is like a wild creature (*thremma agrion*) which must be tied down; we assume, to keep it from ranging unchecked. Plato says (77b2-3) that the *zoön* need not be a corporeal structure. Here he says that this "third [mortal] kind of soul," devoid of reason, partakes of life and is in itself a living creature, a *zoön.* Later (at 91a2-3) Plato calls the desire for sexual intercourse a *zoön . . . empsychon,* an animal with life. It is in this context that he identifies (at 91c1) the entity which moves throughout the body as the "desirous" animal (*zoön epithumetikon*).

This noncorporeal animal is an appetitive impulse; and it can hardly be anything other than what Freud refers to as the erotic, libidinal, instinctual impulse which he makes responsible in his later writings for synthesis and unity. Its bodily origin makes it equivalent to Freud's (1915) concept of instinct which is "on the frontier between the mental and the somatic . . ." (p. 122). This is precisely the position that the *epithumia* holds. Simon (1978) writes, "I have spoken as if we could equate Plato's use of such a term as 'appetites' (*epithumiai*) with Freud's term 'instincts' . . . . this equation is justified" (p. 205). The appetitive impulse is a lust-based, moving force, in which randomness prevails. This new view of Plato's meaning does not diminish the motivational power of the desire for childmaking (begetting) in Plato's system, but amplifies the importance of sexual pressure, which seeks discharge for its own sake.

The Platonist Taylor (1928) says, "The main point to be borne in mind in the description of the anatomical and physiological modifications . . . is that T[imaeus] thinks of the sexual impulse as an actual [*zoön*], an animal living in us, and a very unruly animal" (p. 637). This, too, supports the conclusion that what Plato means by *zoön epithumetikon* is not the womb itself, but the sexual appetitive impulse, which arises from the womb and wanders through the body.

This new understanding of Plato's meaning is a corrective to psychoanalytic history, and a refreshment of ideas which modern clinical psychoanalysis has let fall into disuse. It has this historical significance: it establishes Plato as the first known writer to have suggested psychic causes of hysterical symptoms, and to have introduced the rudiments of psychoanalytic ideas which do not reappear until many hundreds of years after him. In representing the unruly animal impulse (*zoön*) as a very angry ("vexed and aggrieved," "discontented and angry") part of the woman's soul, Plato described, in an unsophisticated way, concepts of a primitive ego defense—an instinct turned against the self (A. Freud, 1936, p. 41; S. Freud, 1915, p. 127)—and of internal conflict.

The new reading of Plato also has clinical relevance. Psychoanalysis has now for one century matured as a science and clinical method. This maturity has brought a broader, yet at the same time more discriminating, understanding of many clinical phenomena, among which are hysterical symptoms. I mention here just a few of these perspectives. We no longer consider hysteria a single nosological category (Zetzel, 1968). We regard it variously as a defense against anxiety arising from oedipal fantasies (Fenichel, 1945, p. 231), against schizoid (Fairbairn, 1941) or psychotic (Panel, 1974) anxieties, or against depression (Green, in Panel, pp. 464-466). But Freud's (1917) theory of the psychogenesis of hysterical symptoms—

> . . . the symptoms serve for the patients' sexual satisfaction; they are a substitute for satisfaction of this kind, which the patients are without in their lives (p. 299). [The hysterical symptom] has become a substitutive satisfaction for a whole number of libidinal phantasies or memories (p. 391)—

which rests upon his instinctual system of tension-tension discharge-satisfaction, is usually lost in the background of, or ejected from, recent discussions of hysteria (see, for example, Rupprecht-Schampera, 1995, p. 459). We think that system inadequate to comprise the diverse variety of sources for, and meanings of, hysterical symptoms. We also think it is a concept so distant from our patient's mental surface as to be useless to him or her.

Yet Plato's lost reminder that bodily health and internal harmony depend in some cases upon satisfactory discharge of the sexual drive could rejuvenate our clinical interest in Freud's basic insight. At least we may wish to reconsider whether our sophistication has made us less sensitive to the painful role which frustration of drive discharge, specifically psychosexual, plays in the afflicted one's health, mood, and behavior.

The modern clinician may not welcome the revival of this idea. For Plato has here described a traumatic state of backed-up sexual tension. And this description the reader may unfavorably associate with Freud's old and fading—but still controversial—concept of "actual neurosis" (1898, p. 279). This was his term for a toxic condition which resulted from undischarged sexual tension. But

Freud, in distinction to Plato, encumbered his plausible notion with implausible parameters. For, while conceding that "actual neurosis" was the "grain of sand" around which collected the "pearl" of psychoneurosis (1912, p. 248), he insisted that "actual neurosis" was in itself independent of psychoneurosis and unanalyzable (p. 249). This insistence has, for many, discredited the concept—at some cost, perhaps, to psychoanalysis; for more recently it has been persuasively argued that traumatic states of dammed-up sexual (*or* aggressive [Laplanche and Pontalis, 1967, p. 11]) instinctual tension do exist (Gediman, 1984). Moreover, these traumatic states are always analyzable because the mind invariably endows them with meaning and integrates them into psychoneurotic conflict (*ibid.*). Whatever is sexual becomes psychosexual. Therefore, traumatic states of dammed-up tension can not only, as Freud indicated, provide the "somatic compliance" (1912, p. 248) for, even incite or perpetuate, psychoneurosis; psychoneurosis can also create, or in complex ways subsume, these traumatic states.

In addition, psychoanalysis has long tended to minimize the factor of tension quantities in psychoneurosis and to slight the concept of intrapsychic economics as developed in Freud's metapsychology. Plato appears now as an ancient ally of a recent defender of that metapsychology (Yorke, 1995), and might encourage us to reconsider economics as we try to understand and manage the interpersonal matrix of the analytic situation—our attention to which is already well grounded today.

Plato also intuitively recognized aggression turned back upon the self and the damage this internal activity can do. Judging from the scientific attention this insight has received in recent years, the late 20th century working psychoanalyst has it well in mind (see, for example, Davison [1984] and many of the clinical examples in Gray [1986]). This means that when we are with our patients, we are poised to perceive and address this—defensive—instinctual vicissitude, partly from the technical necessity of interpreting the defense first, partly in the therapeutic interest of helping the patient turn aggression outward. This stance, however, not only risks subverting the benefits of evenly hovering attention, but may also sometimes mislead us into an exclusive focus on aggression. This clinical proclivity, as well as our exquisite sensitivity to the patient's defensive sexualizations (e.g., Goldberg, 1993) and perhaps even our respect for the fearsome power of sexual arousal which some believe made Freud wary of countertransference altogether (Barron and Hoffer, 1994), may make us forget the patient's sexuality.

What scholars for years had taken to be Plato's awareness of the woman's disappointment and anger at her barrenness, that is, an awareness of her narcissistic injury, has turned out to be something more than that. Plato's now recovered insight directs our attention to the other internal event which often provokes this aggression: frustration of discharge of sexual—perhaps more correctly, psychosexual—tension. We may correctly conceptualize and interpret an irritable hyperesthesia on a female patient's leg, or a male patient's embarrassing facial tic, as aggression turned round upon the self. We also know, however, that if we underrate the meaning of these symptoms as frustrated active sexual fantasies and tension directed toward the analyst in the present and toward the parent in the past, we may in fact increase the patient's frustration and defensiveness, fail to expand insight, and thus give little help to the patient or the analysis. It is helpful to recall, in addition, that such symptoms as Plato described, those symptoms which arise—at least in part—from sexual conflict and frustration, were, of course, the clues which led Freud to develop psychoanalysis, and which inspired much of the rich scientific work of the first generation of psychoanalysts after Freud.

Although Plato had only a rudimentary understanding of the delicate problem of human sexuality, and none at all of the memory-fantasy basis of psychosexuality, we can perhaps still take a reminder from this great intuitive thinker, as we once did from Freud, to keep in the forefront of our clinical contemplations the human sexual imperative; and to remember that this imperative when ignored may extract a heavy price for that neglect.

REFERENCES

ADAIR, M. J. (1996). Plato's view of the wandering uterus. *Classical J.*, 91:153-163.

AUBERT, J.-J. (1989). Aspects of ancient uterine magic. *Greek, Roman, and Byzantine Studies*, 30.

BARRON, J. W. & HOFFER, A. (1994). Historical events reinforcing Freud's emphasis on "holding down the countertransference." *Psychoanal. Q.*, 63:536-540.

CORNFORD, F. M. (1937). *Plato's Cosmology: The Timaeus of Plato Translated with a Running Commentary*. New York: Harcourt, Brace.

DAVISON, W. T. (1984). Reflections on the mutative interpretation, defence analysis, and self analysis. *Int. Rev. Psychoanal.*, 11:143-149.

DEAN-JONES, L. (1994). *Women's Bodies in Classical Greek Science*. Oxford: Clarendon Press.

ELLIS, H. (1898). Hysteria in relation to the sexual emotions. *Alienist & Neurologist*, 19:599-615.

FAIRBAIRN, W. R. D. (1941). A revised psychopathology of the psychoses and psychoneuroses. *Int. J. Psychoanal.*, 22:250-279.

FENICHEL, O. (1945). *The Psychoanalytic Theory of Neurosis*. New York: Norton.

FREUD, A. (1936). *The Ego and the Mechanisms of Defence*. New York: Int. Univ. Press, 1946.

FREUD, S. (1898). Sexuality in the aetiology of neuroses. *S.E.*, 3.

——— (1912). Contributions to a discussion on masturbation. *S.E.*, 12.

——— (1915). Instincts and their vicissitudes. *S.E.*, 14.

——— (1917). Introductory lectures on psycho-analysis. *S.E.*, 16.

——— (1925). An autobiographical study. *S.E.*, 20.

GALEN. *Opera Omnia, Tomus VIII*, ed. C. G. Kuhn. Hildesheim: Georg Olms Verlagsbuchhandlung, 1965.

GEDIMAN, H. K. (1984). Actual neurosis and psychoneurosis. *Int. J. Psychoanal.*, 65:191-202.

GOLDBERG, A. (1993). Sexualization and desexualization. *Psychoanal. Q.*, 62:383-399.

GRAY, P. (1986). On helping analysands observe intrapsychic activity. In *Psychoanalysis: The Science of Mental Conflict; Essays in Honor of Charles Brenner*, ed. A. D. Richards & M. S. Willick. Hillsdale, NJ: Analytic Press, pp. 245-262.

LAPLANCHE, J. & PONTALIS, J.-B. (1967). *The Language of Psycho-Analysis*. Translated by D. Nicholson-Smith. New York: Norton, 1973.

PANEL (1974). Hysteria today. J. Laplanche, Reporter. *Int. J. Psychoanal.*, 55:459-469.

PLATO. TIMAIOΣ. (Timaeus). Greek text in *Platonis Opera*, ed. J. Burnet. Oxonii: Typographeo Clarendoniano 91B-C, 1899.

RUPPRECHT-SCHAMPERA, U. (1995). The concept of 'early triangulation' as a key to a unified model of hysteria. *Int. J. Psychoanal.*, 76:457-473.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Book Review

To cite this article: (1997) Book Review, The Psychoanalytic Quarterly, 66:1, 109-147, DOI: 10.1080/21674086.1997.11927528

To link to this article: https://doi.org/10.1080/21674086.1997.11927528

Published online: 08 Nov 2017.

BOOK REVIEWS

AKHTAR, SALMAN: Broken Structures: Severe Personality Disorders and Their Treatment. Reviewed by W. W. Meissner. 134

ALFORD, C. FRED: The Psychoanalytic Theory of Greek Tragedy. Reviewed by Helene P. Foley. 142

BOND, ALMA H.: Is There Life after Analysis? Reviewed by Michael G. Moran. 140

BRODY, SYLVIA and SIEGEL, MIRIAM G.: The Evolution of Character: Birth to 18 Years; A Longitudinal Study. Reviewed by Anne Erreich. 137

KARASU, T. BYRAM: Wisdom in the Practice of Psychotherapy. Reviewed by Marcia Dillon. 109

LOTHANE, ZVI: In Defense of Schreber: Soul Murder and Psychiatry. Reviewed by Kevin V. Kelly. 122

PERSON, ETHEL SPECTOR; HAGELIN, AIBAN; FONAGY, PETER, Editors: On Freud's "Observations on Transference-Love." Reviewed by Jim Dimon. 119

RANK, OTTO: The Incest Theme in Literature and Legend: Fundamentals of a Psychology of Literary Creation. Reviewed by Jay Martin. 126

SCHAVE, BARBARA: Forgotten Memories: A Journey out of the Darkness of Sexual Abuse. Reviewed by Brian M. Robertson. 131

STOLOROW, ROBERT D.; ATWOOD, GEORGE E.: BRANDCHAFT, BERNARD, Editors: The Intersubjective Perspective. Reviewed by Howard B. Levine. 113

STORR, ANTHONY: Music and the Mind. Reviewed by Rita W. Clark. 145

SUMMERS, FRANK: Object Relations Theories and Psychopathology: A Comprehensive Text. Reviewed by Arthur Malin. 117

BOOK REVIEWS

WISDOM IN THE PRACTICE OF PSYCHOTHERAPY. By T. Byram Karasu, M.D. New York: Basic Books, 1992. 300 pp.

This book is organized through a series of axioms in which the author hopes to capture the essence of "wisdom" in the practice of psychotherapy. Karasu has designed these axioms to try to amplify and sharpen the therapeutic process for the reader. He is concerned with what psychotherapists do when they treat patients, and the axioms presented are an attempt to "locate the interface of theory and experience" (p. xvi). Karasu attempts to elucidate specific techniques as well as to present a philosophy of the interface between theory and strategy. He identifies basic principles of treatment which are grounded in the major theoretical concepts of the four major psychologies: drive theory, ego psychology, object relations theory, and self psychology. The emphasis is on helping the clinician synthesize these schools, on increasing the ability to think simultaneously in multiple frameworks, and on developing the skill to shift to different perspectives, within the basic context of dynamically oriented psychotherapy. To achieve these ends, the book is arranged in thematic sections, not in conventional chapters. Important questions are posed at the start of each section and answers searched for.

I think this format is remarkably successful, capturing the reader's interest and transcending the inherent difficulties of focusing on one particular topic at a time. Karasu's attempt to coordinate technique with theory and strategy is particularly useful. The book is engaging, interesting, and easy to read. Karasu states that this book is primarily directed toward the clinician already familiar with basic premises and practices of psychotherapy. I found myself repeatedly thinking that this would be a good basic teaching textbook for the beginner because of the focus on synthesis of theory, common sense, and technique. It seems equally useful for the more experienced psychotherapist and psychoanalyst, as we are reminded, in an interesting, clinically focused way, of basic precepts that are eventually taken for granted and integrated, but are also sometimes forgotten or rationalized over years of clinical work. Karasu draws from both his own experiences and from a large number of prominent, pivotal psychotherapeutic and psychoanalytic writers from a variety of theoretical points of view. This adds richness to the presentation and allows those of us who focus more or less on one kind of literature for our continuing education to be reminded of the variety and diversity of other thoughtful points of view, and the vast expansion of research into psychotherapeutic issues.

Although the book is primarily about clinical practice, Karasu intelligently begins his presentation with a section, "On Psychological Themes and Their Limitations." The axiom presented is: "Themes of psychotherapy should anchor, not drown, the therapist" (p. 3). His concern in this section is with the "uses and abuses of theory as they interface with actual applications" (p. 1). As in all sections of the book, he poses a number of questions. For example, in this section, they are: "What roles do theories play in clinical practice? Does a good clinician fare best with no theoretical boundaries? with a single school or system that pre-empts all others? with many, equally persuasive theories? How relevant is the clinician's ideology, not just for the clinician, but for the patient?" (p. 2). Karasu draws on papers of different prominent authors to make his points and cites some of the major debates in the literature. Thus, in an interesting, engaging manner, he supports his major premise of this section: that clinicians must strongly believe in their theories, yet not be so beholden to them that the theories restrict their therapeutic view, a bit of "wisdom" even the most experienced clinicians can appreciate and be reminded of.

Part II is entitled: "On the Patienthood Role and Its Implications." This section seems to me to be more oriented toward the beginning clinician, yet still has content which is of interest to all. Axioms that head the individual chapters include, for example: "A patient is a sufferer who cannot cope and who believes in the therapist" (p. 11); "Diagnosis in psychotherapy means understanding human conditions that are both unique and universal" (p. 16). In defining "patient," Karasu brings in a cross-cultural context and writes poignantly of the therapist's need to recognize every individual's limitations as well as assets, and the issues of needs, desires, frailties, and mortality that face all patients. He views historically and developmentally some of the diversity of disorders in today's world and the similarities and differences in perspectives from earlier views of psychopathology. He quotes Erikson: "The patient of today suffers most under the problem of what he should believe in—or indeed, might be or become—while the patient of early psychoanalysis suffered most under inhibitions which prevented him from being what and who he thought he knew he was'' (p. 21). And Karasu refers to a number of papers (Winnicott, Erikson, Kohut, and Mahler, Pine, and Bergman) to introduce a section on development. He integrates newer research on child development from both analytic and nonanalytic sources and therefore offers a short but essential overview of developmental perspectives. Karasu concludes this chapter with a case illustration, the first of many throughout the book. This is one of the useful and interesting aspects of his inviting format. In these case illustrations, one can follow closely the interaction between patient and therapist, the point Karasu is trying to make, and, therefore, one has the opportunity to agree or disagree within one's own mind, depending on one's expertise and experience. Karasu gives examples of ''bad'' interactions as well as ''good'' ones. He has clear opinions about how to work with patients. I do not always agree with him, but the clear presentation offers a very effective way of helping one to think through vignettes and to formulate what one would do and why. He is also able to integrate concepts not specifically dealt with in an individual topic manner (e.g., defense, transference, enactments). His use of everyday language rather than jargon is an advantage in clarifying his points of view. In these vignettes, Karasu often puts in parentheses his interpretation of what the therapist means or what the therapist's thinking is in a particular intervention; this is very useful as a teaching device and offers the opportunity for discussion and disagreement as well as agreement.

Part III is entitled ''On Therapeutic Settings and Their Mythologies.'' This section offers basic information on how to get started, using such axioms as ''The therapist establishes the optimum therapeutic environment through a balance of neutrality and empathy'' (p. 39); ''The therapist and the patient need to share a view—or myth—of illness and its cure'' (p. 43). Again, Karasu draws on a number of prominent writers (e.g., Joseph Weiss, Kohut) to develop his themes, and he attempts some integration on the subject of affects. The set of chapters in Part IV, ''On Clinical Listening and Its Nuances,'' is especially useful to the beginning therapist. Karasu attempts to answer questions such as: ''What are the components and functions of the therapist's listening role? What does silence mean to the therapist? to the patient?'' (p. 66). In a concise, nonjudgmental discussion, basic information in Part V is offered about the uniqueness of the therapeutic relationship from the vantage point of each of the four major theoretical schools, drawing on various writers (Freud, Greenson, Zetzel, Winnicott, Tarachow, Kohut, Horowitz, Marmor). Karasu deals with the distinction between the transferential and the real aspects of therapeutic relationships, quoting Tarachow and Greenson, and touches on how the real relationship can be used or misused as a form of ''social alliance'' (Horowitz and Marmor). One of the axioms—''The therapist's failure to facilitate transference may reflect excessive activity; failure to establish an empathic bond reflects insufficient feelings for the patient'' (p. 124)—allows a format in which to discuss transference and empathy. He defines and contrasts the two and discusses the technical aspects of encouraging or discouraging the facilitation and use of these two interactions. The case illustrations are useful, but I wished for a more explicit discussion of countertransference in the context of failure of empathy. Part VI, ''On Verbal Communication and Its Difficulties,'' is a section applicable to different theoretical perspectives, but solidly grounded in the concepts of transference, resistance, and interpretations, in the context of case examples. The concept of the unconscious is dealt with briefly but explicitly in this section.

Part VII deals more specifically with the treatment processes of negative and positive transferences, and the axioms are indeed wise, essential for the beginner to learn and for the experienced to reflect on. In this section, the concepts Karasu is attempting to teach are more sophisticated and complicated. And it is in this section in particular that the book lives up to its title. Karasu does have a particular point of view and states it clearly—''that transference and real feelings reside along a continuum—no pure form of either'' (p. 190)—and he discusses his ideas on the consequences of confusion on the part of the therapist. Even if one does not agree with a particular point of view of intervention, the data are so clearly presented that one may clarify one's own point of view. I especially appreciated the chapters on ''the therapist's failure to distinguish actual negative feelings from negative transference will enrage the patient and bring the treatment to a rapid end'' (p. 183) and ''the therapist's failure to distinguish actual positive feelings from positive transference will diminish the patient and bring the session to a slow end'' (p. 188).

Karasu also deals nicely with exit and entrance lines as reflection of the transferential themes of separation and intimacy.

Part VIII, "On Technique and Its Boundaries," is concerned with the major therapeutic strategies of treatment and deals primarily with the subject of interpretations. The last section of the book: "On Curative Agents and Their Deceptions," emphasizes the time-consuming phenomenon of psychotherapy and the fact that it cannot be condensed. The chapters focus on such axioms as "Good moments and sudden insights may deceive the patient and derail the therapist" (p. 267). Also, the point of view, welcome in my opinion, that although the therapist plays a part in the patient's ultimate psychological health, the success of psychotherapy does depend largely on the assets and limitations of the particular patient and whether the two participants can become partners in their respective ability to separate from one another. Issues of identification, internalization, role-modeling and other relationship phenomena as agents of therapeutic change are discussed here. Altogether, a rewarding and readable text, well suited for teaching purposes and for thoughtful review.

MARCIA DILLON (BERKELEY, CA)

THE INTERSUBJECTIVE PERSPECTIVE. Edited by Robert D. Stolorow, Ph.D., George E. Atwood, Ph.D. and Bernard Brandchaft, M.D. Northvale, NJ/London: Jason Aronson, Inc., 1994. 220 pp.

Despite the enormous opportunities for exploration and discovery of the motivational basis for human behavior that followed from the work of Freud, classical psychoanalytic theories have foundered in their attempts to describe events at the intersection of external and internal reality in the mind of the individual or in the interaction between individuals or among members of groups. Increasingly, contemporary psychoanalytic theorists have questioned the validity of the positivistic assumptions inherent in the traditional, classical view of an objective, neutral, and abstinent *observing* analyst interpreting to a subjective, emotionally involved, *experiencing* patient. Instead, they have proposed that we view the analytic relationship—and, indeed, all human development and interactions—through the lens of phenomenology. When seen in this light, the analytic encounter appears as dyadic, mutually constructed, a result of reciprocal mutual influence and interacting subjectivities, each subordinate to equivalent laws of mental functioning.

Advocates of phenomenologically based revisions, each of which would have us move from a "one-person" toward a "two-person" theory of the psychoanalytic encounter, have been drawn from the ranks of classical conflict theorists, contemporary Kleinians, members of the English middle group, self psychologists, and contemporary interpersonalists. The programs that they offer have been advanced under various banners, including the positive use of "countertransference," "enactments," "interaction," "social constructivism," "relational model theorizing," "dyadic systems perspective," and "intersubjectivity." The editor/authors of *The Intersubjective Perspective,* whom most readers will recognize as being closely identified with Kohut's self psychology, have been among the foremost proponents of this revisionist trend. Their book, which is a compilation of recent papers—most reprinted from elsewhere—offers readers a cogent introduction to and outline of their views.

As noted in their introduction, Stolorow, Atwood, and Brandchaft believe that the shift in perspective from positivism to phenomenology contains the potential for the creation of a new paradigm for psychoanalysis. Thus, in place of what they see as "the central metaphor of the traditional psychoanalytic paradigm . . . [,] the isolated mental apparatus achieving compromises between conflicting internal forces," they propose, instead, a new metaphor of "the larger relational system or field in which psychological phenomena crystallize and in which experience is continually and mutually shaped." In such a field, attention to and description of "interacting subjectivities, reciprocal mutual influence, colliding organizing principles, conjunctions and disjunctions, attunements and malattunements" allow the participant-observer analyst "to capture the endlessly shifting, constitutive, intersubjective context of intrapsychic experience, both in the psychoanalytic experience and in the course of psychological development" (pp. ix-x).

The main body of the volume is divided into three sections. The first is a short overview and historical introduction to intersubjectivity. The second, titled "Intersubjectivity and the Therapeutic Process," constitutes the core of the book and is the measure of its authors' perspective. It is a large central section, containing chapters on "The

Nature and Therapeutic Action of Psychoanalytic Interpretation," severe problems of compliance ("To Free the Spirit from Its Cell"), self psychology, the diagnosis and treatment of borderline personality disorders ("The Difficult Patient"), aggression, masochism, countertransference, and "Converting Psychotherapy to Psychoanalysis." The final section, with essays on the life and thought of Sartre, hermeneutics, and the implications of quantum theory for psychoanalytic epistemology, attempts to briefly illustrate some of the "Broader Implications of Intersubjectivity."

In assessing the value of *The Intersubjective Perspective* and attempting to gauge its importance for potential readers, I believe that one important distinction must be drawn. Given their close association with self psychology—an association which they carefully try to indicate did not predate their interest in phenomenology and is not congruent with their theory of intersubjectivity—the authors make certain assumptions and propose certain clinical formulations with which non-self psychology adherents would not necessarily agree. For example, they contend that their theory "differs from other psychoanalytic theories in that it does not posit particular psychological contents (Oedipus complex, paranoid and depressive positions, separation-individuation conflicts, idealizing and mirroring longings, and so on) that are presumed to be universally salient in personality development and in pathogenesis" (p. x) and that they "eschew as well formulaic explanations of particular types of psychopathology as resulting invariably from predetermined psychodynamic issues" (p. xi).

In contrast, I would argue that their assumptions are not *inherently* necessary to a phenomenological, intersubjective perspective in psychoanalysis and that they go too far in dismissing the inevitability of certain human developmental dilemmas which are at least culturally, if not biologically, determined problems which must be faced and struggled with. To assume, for example, that certain phenomena, such as the oedipus complex and the conflicts to which it gives rise, are in part biologically based does not necessarily invalidate an intersubjective perspective upon development or the analytic relationship. Rather, it implies something about one source of the subjectivities which each individual may contribute to an intersubjective encounter. In this sense, I would suggest that this book might be more accurately titled, ***An** Intersubjective Perspective.*

Despite this reservation—and given the assumptions from which its authors begin—this volume does make a significant contribution to the development of a phenomenological perspective in psychoanalytic theory. There is a valuable cumulative effect that accrues as familiar categories of clinical theory and experience are re-examined in the light of an intersubjective perspective. Of particular interest are Stolorow's discussion of the inextricable linkage between empathy, insight, and influence in the analytic relationship (Chapter 4), Brandchaft's Chapter 5 on compliance, the presentation of an intersubjective view of borderline and other "difficult" patients (Chapter 7), and Stolorow's reflections on abstinence, neutrality, and the analyst's influence on analyzability and the evolution of the transference (Chapter 11). Of less interest to this reader, perhaps because the views presented seemed already quite familiar from the standard self psychology literature, were the chapters on self psychology (Chapter 6), aggression (Chapter 8), masochism (Chapter 9), and countertransference (Chapter 10).

As a final note, I would like to praise the editors for their inclusion of a very interesting and worthwhile Epilogue, in which they offer a response to four common misunderstandings that they have encountered in dialogues with students and colleagues regarding the assumptions that underlie their theoretical perspective. These are misunderstandings that follow from (1) the fear that the authors are proposing that *all* is relative and that there are no abiding organizing principles which are not derived from each momentary encounter; (2) the fear that in not granting absolute and objective validity to the perspective of the analyst, the authors are depriving the analyst of a theoretical framework within which to order his/her experience of the analytic relationship; (3) the fear that in analyzing the existential basis for what the authors believe is the need for analytic theories to cling to the myth of an isolated mind, they are engaging in *ad hominem* arguments; and (4) the fear that the parity implied between the psychological worlds of the analyst and patient in the intersubjective view also implies a symmetry of decision-making authority in the analytic clinical relationship, so that the analyst becomes deprived of the exercise of his or her expertise in the creation and regulation of the conditions of the analytic setting and process.

In summary, *The Intersubjective Perspective* is a thoughtful, well-written volume that offers readers a significant starting point from which to examine the implications of a phenomenological perspective in psychoanalysis. While its close affiliation to the formulations of self psychology may prove distracting to some readers, it is a work that is in the forefront of contemporary re-examinations of psychoanalytic clinical theory and deserves serious attention.

HOWARD B. LEVINE (BROOKLINE, MA)

OBJECT RELATIONS THEORIES AND PSYCHOPATHOLOGY. A COMPREHENSIVE TEXT. By Frank Summers. Hillsdale, NJ/London: The Analytic Press, 1994. 411 pp.

The psychoanalytic literature now contains a number of fine books devoted to comparing and contrasting various theoretical stances. The special viewpoint of the author of this book, Frank Summers, is to elucidate the treatment approach of each of the object relations theorists he discusses. The opening chapter is an excellent historical review on the origins of object relations theories. This is followed by separate chapters on the work of Fairbairn and Guntrip, Melanie Klein, D. W. Winnicott, Otto Kernberg, Heinz Kohut, and the interpersonalists. The final chapter is the author's attempt to develop "An Object Relations Paradigm for Psychoanalysis" (p. 345). In each chapter there is an extensive overview of the theoretical contributions of the analyst discussed, which includes basic concepts, ideas on development, psychopathology, and treatment. Finally, there is a critique of the point of view presented.

Summers states that he is offering a "comprehensive understanding" of object relations theories. His emphasis is on how the clinical process develops from the assumptions and principles of theory. In each chapter he offers the reader a view of the practical applications of the particular theory to the clinical work. For example, I counted references to nine patients in the Klein chapter, twelve in the Winnicott chapter and eleven in the Kernberg chapter. This approach makes the theory come alive and thus fosters the reader's reexamination of the work of these contributors.

An additional area of interest is in the author's attempt to integrate the various theories presented into an object relations paradigm for psychoanalysis. "The common principle of all object relations theories is the view that the fundamental human motivation is for object contact rather than drive discharge" (p. 345). Summers points out that both Klein and Kernberg adhere to drive theory, while the others have reduced the significance of drives. "In the object relations paradigm . . . neurotic pathology reflects a defect in the structure of the self" (p. 357). For Summers this model, which views psychopathology as a product of a complex object relations structure is a comprehensive model. Summers states that most object relations theorists see the analytic relationship as a new type of object contact that can help strengthen a weakened self. They emphasize that the analyst's task is to connect "with the patient in a new way" (p. 379), especially on an affective level. Klein and Kernberg emphasize interpretation, while others, such as Kohut, Winnicott, and the interpersonalists, focus on the nature of the therapeutic relationship. "Neither biological drives nor abstract psychological energies nor mechanisms have a place in this model [of an object relations paradigm]. The patient is a person-in-interaction, and the analyst's task is to forge a connection in order to change fundamentally the nature of who the patient is and who that person may yet become" (p. 379).

This is an excellent overview for any psychoanalyst looking at the field today. The ego psychologists are not discussed, and the developmental analysts, such as Mahler, are not covered in detail. That seems mild criticism of a well thought-out book that offers readers an excellent review and an opportunity for rethinking their own conceptualizations in psychoanalysis, especially in the area of psychopathology and treatment.

Summers achieves his stated goal of emphasizing psychopathology and treatment in the work of each of the theorists. It is this special emphasis that is the significant contribution of this book. I have often found that books that review the contributions of significant thinkers in psychoanalysis from a historical as well as a comparative point of view are helpful to me in my understanding of psychoanalytic thinking. *Personality Structure and Human Interaction* by Guntrip[1] and *Object Relations in Psychoanalytic Theory* by Greenberg and Mitchell[2] are ex-

[1] Guntrip, H. (1961): *Personality Structure and Human Interaction: The Developing Synthesis of Psychodynamic Theory.* New York: Int. Univ. Press. Reviewed in this *Quarterly,* 1964, 33:279-281.

[2] Greenberg, J. R. & Mitchell, S. A. (1983): *Object Relations in Psychoanalytic Theory.* Cambridge, MA: Harvard Univ. Press. Reviewed in this *Quarterly,* 1985, 54:476-479.

cellent examples that come to mind. The book under review ranks alongside these earlier works.

ARTHUR MALIN (BEVERLY HILLS, CA)

ON FREUD'S "OBSERVATIONS ON TRANSFERENCE-LOVE." Edited by Ethel Spector Person, Aiban Hagelin and Peter Fonagy. New Haven/London: Yale University Press, 1993. 194 pp.

This volume of collected essays is the third in the series, "Contemporary Freud: Turning Points and Critical Issues," focusing on Freud's germinal contributions.[1] Robert Wallerstein, during his presidency of the International Psychoanalytical Association, devised this format to promote the spirit of pluralism which characterized his tenure. He sought to provide an opportunity for contributors with diverse orientations to interpret Freud's work. This current volume is skillfully edited and introduced by Ethel S. Person.

In the first essay, Friedrich-Wilhelm Eickoff sees in Freud's essay the germs of ideas elaborated by Loewald and Winnicott—to wit, transference as occupying a transitional space between illness and real life. Technically, he reads Freud as emphasizing the unreality of the transference: "The analyst's duty not to return the offered affection is based on considerations of analytic technique—namely, the need to treat the situation as 'something unreal,' to understand and interpret the transference in its virtuality" (p. 40).

Wallerstein's contribution highlights some of the limitations of Freud's thinking about transference in 1914—his tendency toward dichotomous thinking (positive versus negative transference) and the constraints of a topographic model, soon to be supplanted by Freud's more complex structural model. Among the enduring contributions of Freud's essay, Wallerstein cites the description of a class of patients with highly eroticized transferences, seemingly intractable to analytic resolution. He traces some later developments in understanding these transferences, citing particularly Ernst Rappaport ("the preoe-

[1] The first was *On Freud's "Analysis Terminable and Interminable,"* edited by J. Sandler; the second, *Freud's "On Narcissism: An Introduction,"* edited by J. Sandler, E.S. Person, and P. Fonagy. Both were reviewed in this *Quarterly*, Vol. 63, 1994, pp. 552-562.

dipal and attachment hunger of these patients'') and Harold Blum.

Roy Schafer contributes ''Five Readings of Freud's 'Observations on Transference-Love.' '' In one reading, Schafer notes Freud's eleventh-hour acknowledgment of the continuity between transference love and real love. He remarks on Freud's hesitation to draw the conclusions that Loewald did, for example, when Loewald emphasized the potential within the transference for a therapeutic experience of love that is quite real. In one of his other readings, Schafer points to Freud's relative silence on the inextricably linked phenomenon of countertransference and argues that this omission exerts a distorting effect on his theory of transference. Shafer advances ideas, familiar from his other writings, of the advantages of a hermeneutic viewpoint, compared to Freud's dominantly positivistic approach when it comes to understanding transference love.

Max Hernandez focuses on Freud's view of transference love as both illusory and real. Hernandez's conceptualization of the clinical challenge has a unique stamp to it. A patient in the throes of transference love has undergone a psychological change wherein ''the subject, the analysand who speaks, and the subject of which 'she' speaks, seem to have become one'' (p. 98). The analyst, he believes, responds to this narrowing of the analytic space with the understanding Freud proposes, thereby helping to restore to the patient the space between her self and her disclosure.

Betty Joseph suggests two important additions to Freud's understanding of transference. First, she emphasizes the importance of understanding the transference of entire object relationships into the treatment relationship—the whole gamut of ''the loving, the hating, the ambivalence, the defenses against longing and dependence'' (p. 103). Joseph also emphasizes the destructive drive as manifested in the transference. From a technical point of view, she points to countertransference responses as the key guides to noticing and articulating transferences as they infiltrate the analytic relationship.

Merton Gill sees a necessary dialectic in Freud's treatment of transference: the tension between a one-person and a two-person psychology. Gill writes: ''If the analysand is seen as a closed system of forces and counter-forces, the perspective is one-person. If the analytic situation is seen as a relationship between two people, the perspective is two-person, and the analyst is a participant in that situation'' (p. 115). Gill sees Freud as taking a step toward accepting a two-person psychology in "On Transference-Love," though a cautious one. With typical feistiness, Gill reminds the reader that the analyst is an accomplice to the transference by inviting the patient to enter the office.

Fidias Cesio, in an idiosyncratic article, invokes his own experience to argue that "direct emergence [of transference-love] in a reasonably well-conducted analysis is exceptional." Transference-love is, for Cesio, primarily a problematic product of the analyst's countertransference, seductiveness, and passion. He seems preoccupied with the destructive potential of incestuous feelings that are not quickly analyzed.

Jorge Canestri offers a literary analysis of "On Transference-Love," supplemented by contemporaneous correspondence of Freud's, exploring the centrality of fire imagery in Freud's examination of transference. In a somewhat loosely organized paper, Canestri also focuses on the discrimination which can be made among psychoanalytic schools on the basis of their particular conceptualizations of transference.

Takeo Doi, in "*Amae* and Transference Love," introduces the Japanese concept of *amae*, which means the "indulgent dependency" an infant feels for a mother. Doi is interested in *amae* as an important element in transference love, not well conceptualized by Freud. Contrary to Freud, he believes that there is a model in real life for this experience in treatment and that this core of transference love can and should be interpreted.

In the final contribution, Daniel Stern applies his observations of infant-mother dyads to the phenomenon of transference in analysand-analyst dyads. He emphasizes the early developmental roots of transference love and its encoding in the sensorimotor memory of adult patients. Technically, Stern challenges Freud's dichotomy of action and remembering in the contemporaneous paper, "Remembering, Repeating and Working-Through," arguing that the only path to early memory may lie in enactment.

This collection is richly diverse. Some of the authors offer an engagement with Freud—a kind of dialogue; others use Freud's paper as a platform for their own ideas. True to the intent of this volume, it exposes the reader to the pluralism of contemporary psychoanalysis—a pluralism I found easiest to absorb by reading one or two contributions at a time. This collection is a valuable resource for teachers, providing both interpretations of Freud and a chronicle of the variegated influences Freud exerts on contemporary psychoanalysis.

JIM DIMON (SAN FRANCISCO)

IN DEFENSE OF SCHREBER. SOUL MURDER AND PSYCHIATRY. By Zvi Lothane. Hillsdale, NJ/London: The Analytic Press, 1992. 550 pp.

Reading this book is an ambitious and daunting project. One can only wonder what writing it must have been like. One may also wonder about the motivation for writing it. What kind of ambition fueled such an enormous undertaking? It is clear that the author aspired to write the definitive work on the Schreber case and that he succeeded. But the project appears even more ambitious than this, for the author uses the Schreber case, and the mountains of data he has amassed around it, to advance impassioned arguments about Freud, psychoanalysis, and psychiatry, about life, love, and the human condition.

Lothane modestly describes William G. Niederland as "the dean of Schreber studies worldwide," but it is evident that with the publication of this book, Lothane himself has earned that title. This tome is definitive, both in its scope and in its sheer bulk. Throughout the text, and most exhaustively in the chapter entitled "How Others Have Interpreted Schreber," the author summarizes and discusses all previous treatments of the case and most often finds them wanting. He reserves his most extensive comments for the best-known theories, those of Freud, of Niederland, and of Schatzman, but he also cites discussions of Schreber by numerous eminent psychiatrists (including Bleuler, Kraepelin, Jaspers, and Szasz) and analysts (including Jung, Melanie Klein, and Fairbairn) as well as those by neurologists, historians, computer analysts, playwrights, philosophers, and mystics. He also provides extensive biographies, going back three generations or more, of all the major actors in Schreber's drama. More than a third of the book's 550 pages are devoted to endnotes, synopses, appendices, and other supporting data; the bibliography includes works in seven different languages. It is clear that the researcher left no stone unturned, and the author left no finding uncited. In the future, no one will be able to comment responsibly of the Schreber case without reading and referring to this book.

The tone of Lothane's arguments is not only passionate but, as the title forewarns us, defensive. However, it is not always clear why a defense is required, or by whom. At various points the author defends: Daniel Paul Schreber, the subject of Freud's treatise; Daniel Gottlieb Moritz Schreber, Paul's father and the villain of the Niederland/Schatzman theory; and perhaps Lothane himself, as proponent of a particular view of psychoanalysis.

At times, despite a disclaimer (p. 430), Lothane appears to defend Schreber the patient against the charge of madness. He observes that "Schreber told his story in a counterpoint of realistic and fantastic modes of representation," and he suspects that Schreber's psychotic-sounding productions might be understood as the brilliant jurist "pulling our leg" (p. 337). He clearly and ringingly champions Schreber's personal liberty against its abridgment by German psychiatric authorities, and adds romance to this struggle by comparing it to that of David and Goliath (p. 295). His defensive posture also involves accusations against Schreber's psychiatrists, Paul Flechsig and Guido Weber. He finds them guilty not only of misdiagnosis and mistreatment, but also of gross personal insensitivity and self-interested ethical transgressions.

In considering Schreber's diagnosis, the author takes issue with almost all previous commentators, and ultimately posits "a depressive syndrome of varying grades of severity, possibly a manifestation of manic-depressive traits . . ." (p. 432). His discussion of this point is thorough, sophisticated, and convincing, but marked by a distinct modernist bias. While he criticizes the thinkers of Schreber's era for following "the clinical diagnostic custom of the day to view anxiety and depression as accompaniments rather than phenomena in their own right" (p. 38), he enshrines as scientific fact the current belief that "modern research into the neurochemical and behavioral aspects of depression has shown it to be a fundamental psychobiological response to life stress" (p. 432).

When the author takes up the defense of the patient's father, the charge is clear; the relevant section is entitled, "Neither Sadist Nor Child Abuser." Lothane appropriately notes the historical importance of Niederland's theory, disparaging Schatzman as simply a popularizer of Niederland's contributions, one whose "innovation was only terminological" (p. 4). He clearly explicates Niederland's central idea "that the images and sensations in Paul Schreber's psychosis were derivatives of the way his father . . . tortured his son by means of posture-improving orthopedic appliances . . ." (*ibid.*). He then spends two lengthy chapters refuting these charges against the father, arguing that Niederland misread the father's works on education and morality, neglected the many noble aspects of the father's character, and misunderstood the son's relationship with him. In the process, Lothane emphasizes the relevance of this specific issue to the broader and more significant debate about the relative pathogenic effects of instinct and trauma.

Of comparable interest to the psychoanalytic reader are the issues raised by Lothane's defense of D. P. Schreber against what he sees as Freud's misinterpretations and misuses. He chides Freud for using Schreber to advance a theoretical and political agenda; "Schreber the person became the Schreber case, a specimen exhibiting forms of psychopathology and psychodynamics" (p. 317). He offers voluminous biographical details, not always for their intrinsic interest, but in implicit support of the proposition that he, unlike Freud, is interested in Schreber the person. With respect to the content of Freud's interpretations, he objects primarily to the emphasis on early history and unconscious fantasy instead of contemporaneous reality, and on sexuality instead of other interpretive themes. He argues extensively that Schreber's ideas are best understood as expressing not conflicts between unconscious drives, or memories of early childhood trauma, but appropriate reactions to his current external reality, the experience of being grossly mistreated in a series of inhuman psychiatric prisons. He takes vigorous exception to Freud's use of unconscious homosexuality as an interpretive starting point, maintaining that Freud confused issues of gender identity with those of object choice, that the real issues for Schreber concerned aggression and victimization rather than sexuality, and (in surprising defiance of current political fashion) that the interpretations concerning unconscious homosexuality were "tantamount to character assassinations" (p. 438).

Lothane's arguments concern crucial theoretical issues, reflect very extensive grounding in the historical data as well as passionate conviction, and often succeed in convincing the reader. However, if Freud is guilty of using Schreber's story to make his own cherished points, so is Lothane. Moreover, it is not always clear that these points require such impassioned argument. For example, who among modern thinkers would oppose the proposition that Freud's theories were often reductionistic and overemphasized sexuality, or that nineteenth century German psychiatry paid too little attention to individual rights?

Among the author's more controversial arguments, one stands out as reflecting a serious error. He objects repeatedly to Freud's use of what Lothane calls "hermeneutic" theory, which he describes as "grafting preformed dynamic formulas onto a literary text . . . decoding universal symbols, or applying assumptions and generalizations derived from psychoanalytic theories" (p. 324). Surely no hermeneutic theorist would agree with this description, and it is not clear where it comes from; in a text otherwise awash with notes, we find no citation for this formulation, and no reference to Spence, Schafer, or any other recognized exponent of hermeneutic theory. Lothane uses his caricature of hermeneutic theory to emphasize the dangers of applied analysis, as opposed to "the *clinical* psychoanalytic method, where a patient can confirm the analyst's interpretations" (p. 324). In fact, the genuine hermeneutic theorist would not only agree with this point, but would take it a step further, to say that interpretive meaning is created only in the clinical analytic situation. When Lothane states that "meanings are being constantly created and recreated between the sender and the receiver . . . in the course of their ongoing and evolving interactions" (p. 441), he is articulating, apparently without realizing it, a fundamental premise of hermeneutic theory.

In opposition to "hermeneutics," Lothane posits "a clinical discipline" of psychiatry, which "has always been both historical and scientific" (p. 439), and characterizes his own approach to the Schreber story as reflecting this discipline. Lothane's exhaustive presentation of all available archival data on his subject clearly justifies describing his book as "historical." However, it is a polemic history, with a profound and explicit moral message. Lothane states poetically that he "would like to believe that in the end . . . Freud understood the central drama of Schreber's life: love rather than sex; love lost and love regained; life lost and life regained" (p. 430). This romantic view is well argued, but it has no greater claim to scientific truth than do instinct theory, trauma theory, or hermeneutic theory.

KEVIN V. KELLY (NEW YORK)

THE INCEST THEME IN LITERATURE AND LEGEND. FUNDAMENTALS OF A PSYCHOLOGY OF LITERARY CREATION. By Otto Rank. Translated by Gregory C. Richter. Baltimore/London: The Johns Hopkins University Press, 1992. 619 pp.

It is astonishing to realize that for eighty years following its original publication in German, no English translation existed of Otto Rank's greatest book, *The Incest Theme in Literature and Legend,* a work that Freud himself said took "first place" among "the strictly scientific applications of analysis to literature."[1] The book has become as legendary as its subject. Now, at last, it is available in an excellent translation of the first edition of 1912. (A study of Rank's revisions for the edition of 1926 has yet to be made.) Rank's work is very helpfully put into context in a fine introductory essay written by Peter L. Rudnytsky, author of *Freud and Oedipus* (1987). Detailed, perceptive, scholarly, and graciously written, Rudnytsky's essay is perfectly designed to assist any reader in moving with confidence into Rank's large and complicated work.

In 1906, Rank presented the germ of an idea in three lectures to the Viennese Psychological Wednesday Society, meeting in Freud's apartment at Bergasse 19. In this brief form, the work was titled "The Incest Drama and Its Complications." By 1912 it had grown into the massive volume, *The Incest Theme in Literature and Legend.*

In its final form, this work was not only comprehensive and learned (though with evident defects and gaps of scholarship); it was revolutionary—and troubling. Even when Rank first sketched out his ideas, both Freud and Eduard Hitschmann voiced uneasiness about the revisionist impulse that they detected in his thesis. After all, as early as 1897 Freud had begun to develop the "fact of Oedipus" as the central paradigm of psychic development in psychoanalysis. Now, less than a decade later, Rank was boldly going beyond the master—already placing the Oedipus legend into the larger sphere of incest fantasies, and subsuming the "oedipus complex" under the broader "incest complex." No wonder that after Rank's 1906 lectures, in the discussion Freud politely pointed out that Rank had not been sufficiently clear, and that he should remember that "Oedipus should be

[1] Freud, S. (1914): On the history of the psycho-analytic movement. *S.E.,* 14:37.

presented as the core and model" of psychoanalytic thought. Hitschmann backed Freud, wryly commenting that, after all, Rank had done no more than make "a rather superfluous extension of Freud's discovery of the oedipus complex."[2] Later, in 1912, upon receiving the completed book, even Jung, still firmly in the center of the psychoanalytic movement, assured Freud that "I am not in agreement with [Rank's] theoretical position on the incest problem . . . The salient fact is . . . not the mother."[3] Freud himself eventually consigned the book to the category of "applications of analysis to literature"; and by designating it as "applied analysis," he effectively dismissed its theoretical and clinical claims and implications.

But these claims, as we can now see, were substantial. By focusing on the "incest theme," Rank simply subsumed Freud's oedipal paradigm into a larger structure, of which the oedipal conflict was merely one derivative. "We are setting out upon new paths" (p. 11), Rank writes; and he goes on at once to locate these in his discovery of the centrality of the incest theme to psychic life: "The incest fantasy is not simply the 'nuclear complex of neurosis' [and] . . . several psychoses . . . it also dominates the unconscious psychic life of normals . . . [and is] of primary importance in . . . psychic life . . ." (p. 12). In psychic life, there first arises what Rank calls an "erotic inclination toward the mother"; then, when this is (necessarily) repressed, the "resulting jealous animosity toward the father . . . [intensifies] to the point of fervent hatred for the preferred competitor" (p. 131). In other words, the preoedipal relation to mother is primary; the "oedipal complex," or the conflict with father, is a secondary phenomenon, dependent upon repression of the primary erotic drive. Without the "incest theme" (p. 13), the "oedipus theme" would have no meaning.

Thus Rank immediately shifted away from Freud's paradigm, away from the oedipal, away from conflict, and away from father; and

[2] Hitschmann in Nunberg, H. & Federn, E., Editors (1962): *Minutes of the Vienna Psychoanalytic Society, Vol. 1: 1906-1908*. Translated by M. Nunberg. New York: Int. Univ. Press, p. 9.

[3] McGuire, W., Editor (1974): *The Freud/Jung Letters: The Correspondence between Sigmund Freud and C. G. Jung*. Translated by R. Manheim & R. F. C. Hull. Princeton: Princeton Univ. Press, p. 512.

toward his own paradigm, the preoedipal, erotic attachment, and mother. The "incest complex," as he puts it in his concluding chapter, "regularly *includes* the infantile Oedipus complex" (p. 572, italics added). The "incest complex" is central to psychic life, while "the Oedipus complex," as well as what Rank names "the sibling complex" in Part II of his book, are on the same secondary level of importance. Not only does he displace the oedipal conflict to a subsidiary level, then, he also designates other complexes, "the sibling complex" and the "castration complex," as co-equal with it in importance; and all derive from the more primary erotic and egotistical attachment to mother.

Given the political forces active in the psychoanalytic movement at that time, Rank was certainly imprudent to challenge in this manner Freud's championing of the oedipus complex. But as *The Incest Theme in Literature and Legend* shows, Rank was responding to the tremendous excitement of discovery that so marked the early years of the psychoanalytic movement, when every clinical case and every theoretical investigation seemed to offer the promise of new depths and greater understanding of the central dynamics of human psychical life and of its derivatives in literature, art, religion, social institutions, language, and everyday activities—both "*Kultur*" and "culture." Rank's aspirations in this book are truly imperial. He believed he had gotten hold of an idea that opened up to rigorous scrutiny the mechanisms of interior fantasy along with the operations of social and artistic behavior.

Of course, his main focus is upon the relation between psychic need and artistic production, and thus upon understanding the genesis and unfolding of creativity. But the excitement of his discovery led him in many other directions: clinical commentary; cultural studies; analysis of the psychic basis of myth (which he saw as projection); literary, textual analysis; or biographical studies of individual writers. He ranges from popular culture to obscure myths, from etymology to the construction of sophisticated theoretical models. And, at last, in the heightened atmosphere of intellectual excitement, he even begins to envision a kind of psychoanalytic utopia in which the unanalyzed artist will be replaced by the psychoanalyst; art will disappear into science, and society will be reformed through psychoanalytic education. Momentous cultural changes are about to occur: "Since it arises from the cultural sublimation of repressed drives," he predicts, "artistic activity may appear to be only a passing symptom in the course of general mental development, adapting itself to progressing mental development through its own shifting manifestations" (p. 17). If art is in its "sad sunset glow . . . [and] coming to an end," as Rank approvingly quotes Ludwig Klages, what will follow art? Rank's answer is given after he has written a brief history of the Oedipus dramas of world literature as he reflects upon Hugo von Hofmannsthal's *Oedipus und die Sphinx:* "Hofmannsthal's Oedipus drama stands at the end of a long series of Oedipus works, and his treatment of the theme approaches the farthest limits presentation art can obtain. Beyond these limits psychoanalysis begins" (p. 197). Seeing art as man's highest traditional achievement, Rank is sufficiently ambivalent to see art, also, as transcended by the new science of mind. *Where art was, there shall psychoanalysis be!*

Of course, Rank totally misled himself in this utopian fantasy. A reading of his own book and a full appreciation of its implications would have cooled his romantic ardor in this regard. But Rank's enthusiasm for psychoanalysis pushed him on, so that he ignored even the comment made to him by Adolf Hâutler at the end of his third talk in 1906: ". . . the driving forces of creative writing will never cease to exist; such an end could come only if all sexual energies were obliterated."[4] Rank was a master of new ideas—but a novice at consistency.

The book is full of ideas that would be fully developed by others, often without their giving credit to Rank or even being aware that he had sketched out in this book several germs of ideas that would later become important. For instance, his stress upon attachment and its vicissitudes anticipates Fairbairn and Winnicott. His focus on the preoedipal and his conclusion that attachment to mother was driven by egotistical as well as erotic needs gave an early hint about the importance of narcissism later developed by Kohut. His important recognition that incest fantasies did in fact lead to actual incest far more often than supposed pointed to an issue not adequately raised until the 1980's. His conclusion that "incest fantasies" came first and then drove toward and were sometimes fulfilled in incestuous behavior also pointed to the approach best suited to work on the 1990's issue of "implanted" or "false" memories.

[4] Hâutler in Nunberg & Federn, *op. cit.*, p. 23.

Rank anticipated, as well, the feminist claims that both literature and culture presented "the creations of the mother complex" from the son's or father's perspectives, and that this leads to increasing repression of the female voice and thus to culturally induced neurosis in women under the domain of patriarchy. Seeing the artist as neither "psychoneurotic," nor merely normal, but instead as particularly sensitive to early infantile—of course, incestuous—fantasies and combining with this sensitivity a mastery of form, Rank was among the earliest writers to seek out psychological truths through the investigation of art, a stream in psychoanalytic scholarship that has been extremely productive. Rank was also a significant forerunner of several movements of literary criticism: he approached literary texts biographically, yet also disconnected them from the author's life experiences. It was the life of the psychic development that occupied his biographical investigations, not specific life experiences. Because he was concerned with the *effects* as well as the production of literature, he anticipated many of the interests of the "reader-response" school of literary criticism. Rank's exciting and illuminating use of myth productively influenced the German school of anthropology.

Yet Rank, as his subsequent work makes clear, was better at generating ideas than developing them. He showed little or no interest in child analysis and even in *The Trauma of Birth* (1924) lacked any interest in child observation. He failed to develop a concept of play; his idea of creativity was thoroughly deterministic. His treatment of narcissism was never developed beyond his suggestion of an egotistical drive but was instead pushed back farther in infantile life to the birth trauma, leaving to Kohut the analysis of the unfolding of early narcissism. Rank confused the author's biography with the biography of his characters and so could be led, reductively, into speaking of "Shakespeare's hatred of his father" (p. 165), or "Dryden's incest feelings" (p. 195). Interested as he was in literary affect, he could not consistently differentiate between causes and effects, fantasies and works of art, or works of art and the reading experience.

As to Rank's use of myth, he did not at all recognize that at the very time he was writing *The Incest Theme in Literature and Legend*, the Scots classicist James Frazer was making a profound reanalysis of ancient myth, focusing on fertility myth rather than on the conventional understanding of myth as astrologically based. Rank did not even know of the existence of *The Golden Bough*, first published in two volumes in 1890 and subsequently expanded to thirteen volumes. And this extraordinary gap in his knowledge, right at the heart of his subject, soon made his study of myth seem, at worst, anachronistic; and at best, far more limited in its scope, and thus in its influence, than it might have been. Without his ever realizing it, in its scholarship Rank's work was superseded even before he wrote it.

At one time Rank seemed assured of a central place in the psychoanalytic movement, perhaps even as Freud's successor. But after his break with Freud, his importance was downplayed, and he fell into a wholly undeserved semi-obscurity. One hopes that this edition of *The Incest Theme* will restore Rank to his important place in early psychoanalytic history. For all its shortcomings *The Incest Theme*, as I have said, generated many ideas that others would develop as their own. And it holds still others for the perceptive reader. It was powerful once, and it still retains its power.

JAY MARTIN (IRVINE, CA)

FORGOTTEN MEMORIES. A JOURNEY OUT OF THE DARKNESS OF SEXUAL ABUSE. By Barbara Schave. Westport, CT/London: Praeger Publishers, 1993. 150 pp.

Schave is a clinical psychologist who lives and works in Los Angeles. Her orientation is psychodynamic, and she specializes in treating adults who have been sexually abused as children. Her book is a personal account of her own struggles to come to terms with her past as an adult survivor of childhood sexual abuse at the hands of her older brother and her father. Her struggles involved two analyses, one successful and one not, a serious depression, difficulties with certain patients, and the disruption of her relationships with surviving family members. As an additional burden, Schave is one of twins and for long periods was estranged from her sister.

Her book is part of her recovery program as an abused child. Reading the book, I was reminded of Judith Herman's ideas about recovery from abuse. Herman considers that the final stage is linked to a renewed commonality with the social order, which may manifest itself as social activism. On first reading, there are signs of such activism throughout the text. As expected, Freud and Freudian psychoanalysts come in for some of Schave's harshest criticism. For example, on page 14, she writes, "Was Freud afraid to be too provocative, so he made up the Oedipal conflict because he thought people would listen to this theory of development more readily? Freud's deceit has been cruelly harmful to too many sexually abused women." Here speculation, aided by the writings of that gifted and wrongheaded polemicist, Masson, becomes an article of faith. This is unfortunate because I believe that her battle is not with Freud but rather with the current psychoanalytic establishment. There is little doubt that we have been slow to recognize the widespread prevalence of traumatic disorders in our patient population.

In her prologue, Schave describes her book as a "tale of despair, deep rage, and betrayal." In addition, she states, "It is also a story of understanding myself and the traumatic abuse from which I suffered, of going on, and of finding hope for the future through a sense of rebirth" (p. 1). She documents the slow return of specific memories of her older, bullying brother's sexual and physical abuse. Her father is also implicated in this abuse, although she admits that specific memories of his abusive behavior have not returned. She faults her first analyst, Dr. Z, because he did not raise the possibility that she had been abused. This took place in the face of her reporting recurrent traumatic dreams that plagued her as she became "successful" as a wife, mother, psychologist, and therapist. Schave has good insight into her skewed transference to Dr. Z, and its inevitable helpmate, a skewed countertransference, that promoted the analytic impasse; an impasse that seemed successful because of her outward coping with her various roles. One of these roles was to support and treat her analyst, whose own daughter died during Schave's analysis with him.

Her rage against Dr. Z is intense. She states, "I feel now that I was exploited by Dr. Z, who used my concern" (that is, about Dr. Z's loss of his child) "to deal with the loss of his daughter instead of his own feelings" (p. 29). She experienced Dr. Z as similar to her abusive father and brother, in that they too wanted respect and admiration in the face of their egregious failures.

Fortunately, Schave has a supportive husband and caring friends. When her depression intensified, she went back into analysis with Dr. Ace. This analyst, influenced by self psychology, as is Schave, was able to promote a more correct therapeutic alliance. If her match with Dr. Z was poor, her match with Dr. Ace was good: he commented on this as their analytic work continued. Dr. Ace seemed to have been much less concerned with issues of status and worldly success than either Schave or Dr. Z. He therefore weathered her emotional storms and driven caretaking much more successfully than Dr. Z. He was also prepared to believe that the actual behavior of his patient's caretakers, during her childhood, was significant and worthy of close scrutiny in the analysis. Abusive parents invalidate their children's perceptions; analysts may do the same with these children grown up unless they remain vigilant.

This is not an easy book to review for a "Freudian analyst" like myself. I felt trapped between my skepticism at some of Schave's claims and theoretical statements and my admiration for her courage in publishing such an intensely personal and painful memoir. As a therapist, she will have to endure even more exposure. I am troubled by the problem of suggestion and its effects on recovered memories of childhood abuse. This is summed up by C. Brooks Brenneis: "Clinically, the analyst confronts a serious dilemma. Leaning in the direction of doubt, from the belief paradigm, threatens betrayal; leaning in the direction of belief, from the suggestion paradigm, promotes fabrication."[1]

I was struck by the hermetic isolation of the analytic subculture that surrounded Schave just before and during her first analysis. This isolation, as Schave notes, breeds the idealization of the senior analysts in such a subculture, especially if they are training analysts. It also encourages idealization of psychoanalysis itself, both as theory and technique. These uncritical attitudes can lead to some very unpleasant side effects; there is no doubt that both Dr. Z and his patient were caught up in this idealizing net. As some serious critics of our educational structures have noted, we shield our senior analysts from peer scrutiny or supervision. Furthermore, we have a tendency toward parochialism. Our intense concentration on a small number of psychically troubled individuals over a period of years tends to shut us off from new ways of approaching old problems, or from allowing ourselves to know what we may not wish to know about these old problems.

[1] Brenneis, C. B. (1994): Belief and suggestion in the recovery of memories of childhood sexual abuse. *J. Amer. Psychoanal. Assn.*, 42:1049.

In a recent review, Bennett Simon and Christopher Bullock stress that analysts who treat adult survivors of childhood sexual abuse must be prepared to switch between different frames of reference.[2] They note that in the books they have reviewed about incest neither Bowlby nor attachment theory is deemed worthy of mention. This neglect is unfortunate. There is evidence from research based on attachment theory that this approach may furnish a preliminary understanding of abusive parenting and its transmission. This theory is not derived from within the analytic dyad; it therefore provides a way of understanding the commonality between numbers of diverse individuals.

I recommend this book to all those who wish to learn more about childhood abuse and its sequelae in adulthood. However, I did not care for aspects of the book. For example, Schave enthusiastically endorses a self psychology approach to all adult incest survivors. I think we need more scientific understanding of childhood abuse and its sequelae. This will come from careful clinical work and from continued research rather than from a particular psychoanalytic school. At times, I found Schave's polemical tone tiresome. However, as a victim, she has survived the evil of sexual abuse and has had the courage to tell us about it. For that she deserves our thanks.

BRIAN M. ROBERTSON (MONTREAL)

BROKEN STRUCTURES: SEVERE PERSONALITY DISORDERS AND THEIR TREATMENT. By Salman Akhtar, M.D. Northvale, NJ/London: Jason Aronson Inc., 1992. 419 pp.

Akhtar is well known in psychoanalytic and psychiatric circles for his numerous contributions to the literature, particularly in the area of personality disorders and their development and treatment. He is currently Professor of Psychiatry at Jefferson Medical College and a faculty member of the Philadelphia Psychoanalytic Institute.

In the present work, he undertakes an ambitious, if not impossible, task. In his own words, "In this book I have attempted to present a comprehensive view of the pathology, phenomenology, evaluation, and treatment of severe personality disorders. I have tried to synthe-

[2] Simon, B. & Bullock, C. (1994): Incest and psychoanalysis: are we ready to fully acknowledge, bear, and understand? *J. Amer. Psychoanal. Assn.*, 42:1261-1282.

size the descriptive and psychoanalytic viewpoints and to demonstrate the continuing validity of the classic literature within both these traditions" (p. 357). Granted the complexity of the undertaking, in the judgment of this reviewer the result is only partially successful. The reach has exceeded the grasp.

Akhtar attempts a review of both descriptive and psychoanalytic traditions with an eye to integrating them in a common schema that preserves the best of both. The enterprise is perilous and not altogether satisfying. The reviews are on the sketchy or patchy side, providing a kind of skimming Baedeker of the personality disorders. Capsule summaries of complex viewpoints are not very satisfying. The guiding spirits are Mahler and Kernberg. Granted that my assessment is delayed by four years from the publication date, the accounts still have a somewhat dated flavor and often involve significant omissions. To mention only one, John Frosch's treatment of the psychotic character is nowhere to be found. There are others.

Also, I was aware of a degree of inconsistency in some of the discussions. My attention was obviously caught by discussion of my own efforts. I found myself described as agreeing "with the classic view of paranoia as a defense against latent homosexuality" (p. 161), while on a previous page I was included among those who have been critical of that formulation "on the grounds that it overemphasizes libidinal factors, ignores the actual harshness faced by the paranoid individual while growing up, and minimizes the role of aggression in the genesis of paranoid tendencies" (p. 156). Not to make too much of the contradiction, my efforts have been consistently to reject the classic view as all-encompassing, and my basic reason for criticizing the Freudian formula is that it does not stand up to clinical scrutiny. Freud himself was cautious about the idea and did not regard it as in any sense a general explanation of paranoia. I hope that this manner of interpreting sources is an exception.

There are ambiguities throughout. The treatment is wedded to the DSM-III and DSM-III-R categories, regarding each of the entities as separate and distinct. While Akhtar is cautiously critical of some criteria, he does not come to grips with the bedeviling ambiguities of these categories and the consequent generous overlap among them. He pays little attention to this issue, but his contribution seems to veer in the direction of viewing them more in continuous than in discrete terms. His integrating efforts take the form of a listing of overt and covert characteristics of each entity in terms of self-concept, interpersonal relations, social adaptation, love and sexuality, ethics and ideals, and cognitive style. The attempt to systemize is admirable, but a careful reading of each summary leaves the impression of a great deal of common ground rather than clear distinction. Further in his summary recommendations, he opts for a diagnostic framework cast in terms of high-level, intermediate, and low-level degrees of pathological organization that is strongly reminiscent of Karl Menninger's suggestions of some years ago.

On other grounds, the tendency to follow the DSM style of categorizing leaves open the question whether these personality profiles represent a degree of severe and persistent pathology or whether they can exist on multiple levels of impairment and dysfunction. While the intention seems to be to focus on the "severe" disorders, much of the discussion includes lesser degrees of disturbance, even some that may respond to psychoanalysis. Not only are the levels of pathological organization or vulnerability to regression not addressed, but the extent to which patients in any one of the categories may reflect enduring forms of characterological pathology (as opposed to regressive expressions in response to stress or trauma that are uncharacteristic of the patients' normal mode of functioning) is not considered. This problem is most pressing in the borderline disorders, but may have a role to play in other personality disorders as well.

In general, it is difficult to tell to whom the text is addressed. For experienced students of personality disorders the presentation has a rudimentary quality that can serve to refresh familiarity with the historical high-points of contributions in this area. For beginners the discussion may have a useful function as introduction to this complex area. This drift toward the rudimentary is evident in the section on treatment. The two chapters, one on evaluation of personality disorders and beginning the treatment and the other on psychoanalytic psychotherapy, which is the main therapeutic vehicle Akhtar recommends, are both clear but elementary discussions that will be enlightening to anyone who has never been introduced to these questions before. They will not offer much to more experienced clinicians. Nonetheless, the discussion of clinical approaches is balanced and sensible and has much to recommend it.

In sum, clinicians will find this volume a handy reference source for quick overviews of the various personality disorders and some of the major opinions regarding them. As such, it may serve a useful function. But for further purposes of achieving the kind of conceptual or clinical integration intended by the author, the yield is at best modest.

W. W. MEISSNER (CHESTNUT HILL, MA)

THE EVOLUTION OF CHARACTER: BIRTH TO 18 YEARS. A LONGITUDINAL STUDY. By Sylvia Brody, Ph.D. and Miriam G. Siegel, Ph.D., with the assistance of Andrew Rosenblum, Ph.D. Madison, CT: International Universities Press, Inc., 1992. 553 pp.

This longitudinal study of character development, which began in 1963, is a testament to the ingenuity and determination of the authors and to the problems associated with longitudinal studies of broad, developmental issues. The research grew out of an investigation of the vicissitudes of oral-phase development in normal infants. The authors claim to have demonstrated their hypothesis that children who are more adequately mothered during the first year of life show more emotional maturity at age 18 than less adequately mothered children. The initial phase of the study (1963-1968) looked at mother-infant interaction during the first year of life in 131 normal white dyads. The first author rated maternal behavior as (A) "more adequate" or (B) "less adequate" on the basis of her direct observations and interviews; group A infants showed more advanced development than group B infants at 26 and 52 weeks of age.

The second phase of the study (1968-1973) occurred when funds became unexpectedly available. Follow-up was possible for 121 of the original infants, who stayed in the study until age 7. Ratings of responses to the Children's Apperception Test (a projective measure), observations, and interviews continued to support the finding of more advanced emotional development for group A than for group B children.

The third phase (1981-1985) located 91 subjects, now age 18; this phase included full diagnostic batteries, as well as individual interviews undertaken by the first author. Four independent variables, maternal adequacy, subjects' IQ's, socioeconomic status, and sex, were correlated with 39 dependent variables thought to reflect developmental maturity. Maternal adequacy at age one was found to be positively correlated with IQ and many of these clinical variables at age 18, leading the authors to conclude that their hypothesis had been demonstrated, i.e., that there is a significant relation between maternal adequacy in the first year of life and the quality of adolescent ego, superego, and character formation. The authors include clinical studies of 13 subjects whose development did not support their hypothesis, as well as additional chapters on preoedipal conflict, superego development, and character formation.

Criticisms of this study fall into two categories: (1) methodological problems, which raise questions about the validity and reliability of the findings, and (2) the value of the authors' hypothesis, that is, how their findings, assuming that they are accurate, are useful in expanding our knowledge base.

This is a sprawling study, certainly in terms of time frame but also in terms of numbers and varieties of variables and measures. One gets a sense of the authors' valiant struggle to manage the massive amounts of data they have generated, but the many statistical analyses undertaken do not lessen the significant methodological problems that exist.

For example, the authors appropriately use different scales to rate such variables as object relatedness, ego and superego development, etc., for subjects at different ages. However, their measures (of maternal behavior, infant behavior, CAT narratives, etc.) have not been independently validated or correlated with each other. Therefore, the many longitudinal correlations and comparisons that are undertaken can provide spurious results. That is, one is entitled to compare a child's WPPSI-R score at age 4 with his or her WISC III score at age 11 and with the WAIS-R score at age 18 because these scales have been independently validated and correlated; it is known that there are high positive correlations among these instruments, indicating that they all measure the same underlying construct(s). Thus, we are entitled to claim that a child's intellectual performance has remained stable, declined, or improved by comparing their scores on these measures over time.

However, because we do not know, *independently* of this study, that the authors' diverse measures of emotional maturity reflect the same underlying construct(s), it is difficult to argue convincingly that some construct, i.e., emotional maturity, has remained stable, declined, or improved over time. The problem, stated simply, is that this research might best be characterized as providing cross-sectional data on the same group of subjects at three points in time, but it is not clear what valid conclusions may be drawn regarding the relationships among those three data sets.

Problems also exist with regard to rater reliability and bias. During the first phase of the study, two years' worth of attempts to establish rater reliability among some of the investigators failed. Thus, observations of maternal behavior were rated only by the first author, who acted as her own control. However, this results in the problem of rater bias, since the first author appears to have rated both maternal adequacy *and* levels of infant development, finding them correlated. The problem is compounded in subsequent analyses, especially in interviews with the 18-year-olds, again, all performed by the first author, because she presumably knows subjects' classifications from the first study, which produced what were to become the independent variables.

As to the value of the authors' hypothesis: It is not the accuracy of their findings that is at issue here, but rather what such a study contributes to our knowledge base. The authors find, for example, (1) a positive correlation between adequate mothering at age one and IQ and emotional maturity at age 18, (2) no correlation between adequate mothering at age one and a variable called "Object Relationships" at age seven, (3) a positive correlation between SES and self-esteem, impulse control, and superego development at age seven, but (4) no correlation between SES and pathological defenses at this age. Given this very partial list of their many statistical findings, one might ask two questions.

First, what model of character development do these and other findings argue for or against, or what principles of character development can be derived from these results? The authors' main finding is to demonstrate a positive correlation between adequate mothering at year one and emotional maturity at year 18. Perhaps a more accurate statement of their finding is that there is likely to be a positive correlation between adequate mothering in infancy, and adequate mothering in subsequent years, and that both are likely to be positively correlated with emotional maturity in those mothers' adolescents; i.e., there may be nothing special about maternal adequacy in year one per se. What then, can we make of the authors' findings?

Second, how do these findings help us to clarify the conceptual relationships among psychoanalytic constructs like character, psychic structure, unconscious fantasy, self, ego, etc.? It is true that this study is hobbled by the lack of conceptual clarity in the field regarding these hypothetical constructs. However, although the authors review various (sometimes contradictory) definitions that have been offered for these constructs, their findings do not clarify this conceptual muddle.

Despite these shortcomings, it must nevertheless be recognized that the first phase of this study constituted groundbreaking research in infant observation and dyadic interaction during the 1960's when such work was virtually unknown. The authors' use of film and observational rating techniques helped usher in the subsequent explosion of infant observational research.

Finally, the study is equally notable for the clinical richness of the case histories of the 13 subjects who did not support the authors' hypothesis, including their speculations as to why these cases turned out as they did. Both the strengths and the weaknesses of this book reside in the tension that inevitably exists between the richness and particularity of the case study method, and the necessity of ignoring the ipsative in favor of the normative in carrying out rigorous empirical investigation.

ANNE ERREICH (NEW YORK)

IS THERE LIFE AFTER ANALYSIS? By Dr. Alma H. Bond. Grand Rapids, MI: Wynwood Press, 1993. 239 pp.

About fourteen years ago I heard the rumor that soon after the publication of Janet Malcolm's book, *Psychoanalysis: The Impossible Profession,* the application rate by prospective patients to the New York Psychoanalytic Institute's clinic soared, as did the application rate of *prospective candidates for training.* If one interprets her book as accurate in its rather pessimistic account of psychoanalysis at the time—the early 1980's—the rumor's implications become very interesting.

It seems that lay books on analysis *are* read and *do* have an effect. But who reads them? My guess: people interested in becoming analysts, their spouses, and patients interested in analytic treatment. Perhaps most of us can remember the book that we first read about psychoanalysis: initial encounters have a kind of permanence, especially if they help change the course of a career. Unlike Janet Malcolm's book, Alma Bond's *Is There Life After Analysis?* will leave readers with a very positive assessment of the field. Perhaps more specifically, we come away convinced of how important analysis was in the life of this now-retired analyst.

Through a blend of letters from patients, reminiscences, and stories from the analysis of several of her patients, we are shown a good deal more than an answer to the title's question: we see the *Weltanschauung* of an experienced analyst trained in what seems to be the classical tradition. She cites the reasons for a patient's getting an analysis: conflict resolution (achieved through insight); help with "lack of identity"; psychosomatic illness; as well as "anxiety neuroses, panic states, phobias, tics, uneven psychosexual development, difficulties in speech and language such as stuttering, substance use, separation anxiety, schizophrenia, sadomasochism, sexual dysfunctions such as inhibitions of arousal and orgasm, exhibitionism and voyeurism, sleep problems, deficiencies in impulse control such as kleptomania, and multiple personality, post-traumatic stress, and borderline and narcissistic disorders" (p. 20). She continues, "In addition, I have found analysis, along with psychotropic medication, to be helpful to patients suffering from schizophrenia and manic depression or bipolar disorders" (*ibid.*).

What some readers may consider an attitude too saccharine, even naïve, others will welcome as long overdue optimism in a field beleaguered by hostile critics. I found some of the statements about the powers of analysis unsettling: "Whatever the location of the physical problem, it is remarkable to observe that many patients become relatively disease-proof during the course of analysis" (p. 19). And, "It is interesting that in the course of my forty-year career as a psychoanalyst, not one patient became ill with cancer during his or her analysis proper" (p. 20). In general, I think my own experience, which is of much shorter duration than Bond's, conforms to hers. But I am made uneasy by the appearance of these statements in a book for the lay reader. For my taste, the implications go too far toward suggesting an immunity to organic illness conferred by psychoanalysis.

Many letters from her former patients are presented, usually as part of an introduction to the patient's case. Uniformly, they are expressions of gratitude, appreciation, and love: "Your teachings are alive in me. . . . Under your guidance I have learned to look into my deepest self. . . . I am not so sure Marilyn Monroe would have ended as she did if she had had you for an analyst'' (p. 37).

Another patient writes that she has frequent opportunity to use what she gained from analysis. She then goes on to ask about Bond: ''I must confess to a curiosity about the effects that my termination of analysis has had on my analyst . . . real people miss each other when they part'' (p. 68). Bond then leaves the voice she has been using, and for a while speaks more directly to us. There is a hint that the title question may be answered when Bond writes of the period immediately following retirement.

> It was one of the most excruciating periods I have ever experienced—far more difficult than I could have anticipated. Some analysts say that no one should terminate a practice without returning to therapy oneself. I know what they mean. But for reasons of pride, or perhaps megalomania, or maybe even reality, I felt I could handle it myself, with the support of friends and family. And so I did (p. 224).

This section and the one immediately following, in which Bond describes the pain of grief, of unfinished work (her own and with patients), and how she went about fashioning a ''return'' to treatment and to her patients, were for me the most direct and touching parts of the book. I have a hunch they affected me more than other chapters because, even though my retirement is some time away, I could identify with the author's attachment to her work and her descriptions of loss.

Why might an analyst want to read a book written with the lay public in mind? As far as this one goes, not for its promises of the powers of analysis, or its discourses on analyzability. But to spend some time with a humane analyst as she negotiates her way along the rocky path of mourning some people and a profession she loves.

MICHAEL G. MORAN (DENVER)

THE PSYCHOANALYTIC THEORY OF GREEK TRAGEDY. By C. Fred Alford. New Haven/London: Yale University Press, 1992. 218 pp.

In C. Fred Alford's view many of the earlier psychoanalytic studies of Greek tragedy by scholars such as Georges Devereux or Philip Slater suffer from being too reductive and strictly Freudian. Alford aims not to ''reduce Greek tragedy to the categories of psychoanalysis,'' but to ''enlarge'' and revise psychoanalysis through his interpretation of the

Greek texts (p. 3). Alford's self-consciously eclectic and postmodern study draws selectively and critically on the psychoanalytic studies of Melanie Klein and later object relations psychologists, Robert Jay Lifton and Jacques Lacan. Despite the many advances in psychoanalysis since Freud, in Alford's view no one has "since Freud, put all the pieces together: psychoanalysis as an account of human nature . . . , psychoanalysis as an account of civilization and its discontents, and psychoanalysis as therapy, showing how each operates according to the same basic principles" (p. 24). Through studying the Greek tragic poets, Alford hopes to develop a form of "humane antihumanism." Both tragic poets and postmoderns agree "that man is the object, but not the subject, of his own desires" (p. 23). The poets tell us a story about "what it is like to live as humanly as one can in a world in which even man himself is often hostile to his own humanity" (p. 25).

The strongest and culminating chapters of the book (Chapters 5 and 6) explore the Greek tragic view that humanity is not free but is nevertheless responsible. Subject to the vagaries of the gods, necessity, destiny, an unchangeable character, and uncontrollable passions, the Greek self is "overdetermined." Yet because "action is not seen from the inner-world of the actor but from the network of relations he or she participates in"—relations that risk being shattered "if an act is not made good"—tragic characters are responsible (p. 126). "Even though the Greek self may not have been a center of self-reflection and consciousness, it was a center of responsibility." Existential psychology "views both nature and relationships solely from the perspective of the actor" (p. 133); Lacan comes closer to the Greek poets, but misses "the heroic element in accepting one's destiny with courage and responsibility that belies Lacan's claim that the subject does not exist" (p. 137). Lacan "ignores or downplays the reality of society," the network of relations that give meaning to human life and prevent human action from being merely absurd.

What form of therapy or *katharsis* ("clarification" in the translation by Nussbaum preferred by Alford) does tragedy offer that can be of use to modern psychoanalysis? Alford argues in Chapter 6 that tragedy did not, like philosophy, rely on reason, but "unleashed pity and compassion as a civilizing force, but in such a way as to educate these powerful passions, to make them less dangerous" (p. 147). "Tragedy is born when men become convinced that they can act more nobly than the gods, not because they can compete with them, but because humans can offer what the gods never can: pity and compassion" (p. 149). Tragedy reinforces fearful self-restraint and thinking human thoughts in order "to remove emotional obstacles to pity and the civilizing emotions" (p. 168). "We understand that detaching ourselves from the pain of others will not save us. Detachment will only make a painful life even more so, by depriving us of the human consolations available to those who do not shrink from confronting the pain and suffering of human existence" (p. 161). The poets share with Melanie Klein, Alford's favorite psychoanalyst, an "insight into the dangers of revenge, the power of pity, and the origins of civilization in civilizing emotions rather than rational repression," but they do not believe that the civilizing emotions can ever truly integrate or harmonize the uncivilized emotions. Like tragedy, therapy helps patients "to live responsibly under the yoke of necessity" (p. 164).

For the classicist at least, there is nothing very new in Alford's view of the tragic self or his stress on the therapeutic value of tragic pity. Yet his well-written interpretation of these aspects of tragedy in conjunction with a range of postmodern and psychoanalytic perspectives is stimulating and provocative. Dismissing the skeptical Derridean reading of tragic pity by Pietro Pucci perhaps too readily, Alford may have a more optimistic view of tragic pity than is warranted. Pity and (a perhaps all too satisfying) revenge often work so closely in tandem in dramatic conclusions that it is hard to isolate the therapeutic effects of pity. At the end of Euripides' *Bacchae*, for example, the (noncitizen) chorus rejoices in the downfall of the royal house and extends no sympathy to the remnants of the royal family before they proceed into exile.

The earlier chapters of the book are less successful. The major theoretical points about Greek religion and its representation in tragedy are familiar enough that developing them at this length is unnecessary when the psychoanalytic parallels are less substantial and illuminating. Furthermore, Alford's view of Greek religion is onesided. Greek gods, even in tragedy, were not simply embodiments of the amoral, inhuman, and horrific nature of mortal existence. The positive and negative aspects of divine existence, the gods' ability to heal and destroy, are inextricable. The chorus of *Antigone* is certainly not "confused" by calling on Thebes' patron deity, Dionysus, for aid, though his liberation is partially violent (p. 89).

Alford's Chapter 3 on sacrifice relies on the provocative theories of Walter Burkert and René Girard, but takes no account of the important counterviews of Jean-Pierre Vernant and his fellow structuralists in Paris, or of the considerable body of recent scholarship that offers detailed interpretations of the role of ritual in Greek tragedy. In Alford's view, "ritual is an attempt to reestablish firm boundaries between polarities, generally by reinforcing paranoid-schizoid distinctions" (p. 67), distinctions, for example, between good and bad. The tragic poets criticize the logic of sacrifice, demonstrating "how bloody sacrifice only perpetuates the cycle of violence" (p. 70) or fails to contain it. As much recent literature has shown, the metaphor of corrupted sacrifice in tragedy does represent uncontrolled violence and social fragmentation. Yet the establishment of cult often plays as critical a role in creating tragic closure (to the degree it is created) as the evocation of "compassionate grief." While the tragic poets seem to have been aware of the (for them necessary) fictions on which sacrifice relies, properly performed ritual continued to serve as an image of restored social order and transmuted violence. The violence entailed in eating meat is necessary (vegetarians were marginal in Greek society); participation in sacrifice symbolized membership in a community of citizens. Although space does not permit me to offer detailed examples,[1] Alford's view that the poets rejected sacrifice and ritual for pity as a mode of coping with the inevitable violence of existence is not borne out by the plays as a whole.

Overall, this book is in its scope the most ambitious and eclectic psychoanalytic study of Greek tragedy available, and hence worth reading by the several audiences for which it was intended. A final remark, however. Alford—or his Yale editor—should have had a Greek scholar check the final manuscript. There are, for example, numerous errors in the transliteration of Greek words.

HELENE P. FOLEY (NEW YORK)

MUSIC AND THE MIND. By Anthony Storr. New York: The Free Press, 1992. 212 pp.

Storr has written a clear and lucid description of the significance of music in human life. His view encompasses biological and psycho-

[1] See further my *Ritual Irony: Poetry and Sacrifice in Euripides*. Ithaca, NY: Cornell Univ. Press, 1985.

logical data while putting both into a philosophical and historical framework. This is a tall order, but he succeeds in this task through a carefully organized, logical progression of chapters. Storr's approach will appeal to the intellectual reader; at the same time he is able to communicate his enthusiasm and love for his subject. This duality, combining logic and love, gives the topic both momentum and stability, which are characteristic of the most enduring works of music.

Storr begins with a description of the origins of music in mother-infant vocalizing. Song is a vital part of the communication between people, to inspire and direct feelings leading to group cohesion. Music usually brings about similar physical responses in people, and making music is rooted in the body, so there is a close relationship between emotional arousal and acoustic stimulation. Storr describes the many profound, beneficial effects of music on people with neurological and psychological disabilities. He convincingly shows how music can order or structure mental content and proposes that exposure to complicated music facilitates the development of neural networks.

There are many interesting questions raised and to some extent answered in this book. For example, is musical expression based on "natural phenomena," such as the heartbeat, which would make it a kind of universal language? Storr concludes that there is no one type of music "rooted in nature," but there are many musical expressions that are cultural artifacts. His thesis is that music originates from the human brain and that there is nothing particularly natural or superior about the Western tonal system.

Another controversial question is whether music is primarily an escape from reality. Storr describes a psychoanalytic theory of music in which listening to music is enjoyable because it facilitates a regression to an early infantile stage of life. He objects to this simplistic explanation and concludes that nonverbal expression is not necessarily infantile and that "with music we enter a special, secluded world in which order prevails. . . . This is not a regressive maneuver but a temporary retreat which promotes a reordering process within the mind" (p. 105). He suggests that because Freud, although widely cultured, had a blind spot for music, psychoanalysis has not developed as sophisticated an approach to music as it has for other arts. This work would certainly qualify for that sophisticated approach.

The chapter entitled "The Solitary Listener" is a very interesting view of a modern phenomenon—our ability to listen to music all alone through technological advances. Storr discusses how music can help the listener to recover personal feelings and can play an important role in adaptation. He states, "I have a lurking suspicion that music may be especially important to people alienated from their bodies" (p. 149) because music links body and mind more than the other arts. Moods can influence how music is experienced and vice versa. Composers are expert at heightening expectations and postponing resolutions, which arouses strong feelings in the listener. "Form and content in music and body and soul in human beings are equally indivisible if either is to live" (p. 88).

There is ample discussion of various philosophers' approaches to musical analysis and whether the form and structure of music are in some inherent way more important than the personal feelings of either the composer or the listener. Storr also compares the pleasures involved in mastery in both music and mathematics and the question of whether both are discoveries or inventions. He concludes that music, like math, is the product of the human mind's tendency to try to make order out of experience and to create integrated wholes out of discrete data. But music, unlike math, engages the body through physiological arousal and restores the links between mind and body. Music should reconcile us with life, not detach us: "Music is a source of reconciliation, exhilaration and hope which never fails" (p. 188).

This book is a feast for the inquiring mind and should appeal to the many psychoanalysts who enjoy music. There is plenty of technical data but also an enthusiastic approach and a gift for simplicity of expression that makes it all accessible. This book is highly recommended; it can be read and enjoyed on many levels.

RITA W. CLARK (BROOKLYN)

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Psychoanalytic Anthropology

Robert A. LeVine & Dinesh Sharma

To cite this article: Robert A. LeVine & Dinesh Sharma (1997) Psychoanalytic Anthropology, The Psychoanalytic Quarterly, 66:1, 148-161, DOI: 10.1080/21674086.1997.11927529

To link to this article: https://doi.org/10.1080/21674086.1997.11927529

Published online: 08 Nov 2017.

ABSTRACTS

PSYCHOANALYTIC ANTHROPOLOGY

Abstracted by Robert A. LeVine and Dinesh Sharma.

This brief essay provides an overview of publications in psychoanalytic anthropology since Robert Paul's (1989) review article on the subject in the *Annual Review of Anthropology* (18:177-202). Many observers of this field agree that there has been a resurgence of interest in psychoanalysis among anthropologists in recent years, producing a literature large enough to call for an overview like this one for psychoanalytic readers. The resurgence can be traced back as far as the late 1960's. After a drought that lasted for fifteen years—from the early 1950's to the late 1960's—there has been a steadily increasing rate of publication across the last three decades. This upsurge was associated with a growing number of anthropologists in training at psychoanalytic institutes; the founding of the journal, *Ethos,* in 1973, issued by the Society for Psychological Anthropology since its formation in 1977; and the establishment of the Department of Anthropology at the University of California, San Diego, under the leadership of Melford E. Spiro in 1968, which gave an academic base to psychoanalytic anthropology. American anthropologists with psychoanalytic interests conducted field research during this period in Japan, Africa, New Guinea, the Indian subcontinent, and among the indigenous peoples of the Americas from the Arctic to the Amazon, and several Asian scholars—Takeo Doi, Sudhir Kakar, and Gananath Obeyesekere—made an important impact on the field. As we approach the end of the century, psychoanalytic anthropology is more of an established presence in the discipline of anthropology than it has ever been.

The resultant literature is sizable and spread across a wide range of journals and collections. For the years 1989 to 1994 relevant books of collected articles include the following: The last six volumes (14-19) of the forty-year-old series, *The Psychoanalytic Study of Society,* edited by L. Bryce Boyer and Ruth M. Boyer with various coeditors; *Psychoanalytic Anthropology after Freud: Essays Marking the Fiftieth Anniversary of Freud's Death* (D. Spain, 1992); *Cultural Psychology: Essays on Comparative Human Development* (edited by J. Stigler, R. Shweder, and G. Herdt, 1990); *New Directions in Psychological Anthropology* (edited by T. Schwartz, G. White, and C. Lutz, 1992); *Anthropology and Psychoanalysis: An Encounter through Culture* (edited by S. Heald and A. Deluz, 1994), bringing together French and British anthropologists; and *The Making of Psychological Anthropology II* (edited by M. Suarez-Orozco, G. Spindler, and L. Spindler, 1994) with autobiographies of several psychoanalytic anthropologists. To this outpouring were added monographs, book-length treatises, and journal articles—all produced by a relatively small circle of scholars. (Many more sociocultural anthropologists remain indifferent or hostile to psychoanalysis.)

Contemporary psychoanalytic anthropologists are extremely diverse in their directions and tendencies, unified only by the sense of Freud's thought as a continuing source of insight and inspiration. Many of their writings seem like proposals for a psychoanalytic anthropology, justified at this late date by a rediscovery of Freud through Ricoeur, Lacan, or other interpreters, a newfound acquaintance with Freudian clinical theory and method, or the vision of a new rapprochement with anthropological (or literary) studies of symbolism, narratives, and cultural representations of self. They reflect schisms within both sociocultural anthropology and psychoanalysis but also the energetic and disorderly creativity in both fields. This state of affairs can be extolled as a deliciously varied experimental moment, a postmodern pluralism liberated from orthodoxies past, or it can be deplored as a form of intellectual chaos, a small-scale Tower of Babel in which everyone speaks and no one listens. Our aim is neither to extol nor to deplore these works but to bring them to the attention of those who might otherwise have overlooked them.

Most of the themes prominent in the literature of the past six years are not new. The universalism-relativism problem continues as a pervasive tension in psychoanalytic anthropology. Some anthropologists are drawn to psychoanalysis as a universal framework for understanding human psychological development, but others find it attractive primarily as a means of exploring cultural variations in human experience. Furthermore, some scholars believe that Freud made a convincing case for the phylogenetic or "pre-cultural" basis of intrapsychic experience, while others are convinced that Freudian theory and therapy need revision in the light of cultural variation in childhood environments. This is the oldest controversy in psychoanalytic anthropology and one that long divided psychoanalysis from anthropology, but it remains at issue underneath all the more specific themes (discussed below) concerning the oedipus complex, individuality and autonomy, and the applicability of psychoanalytic therapy in different cultures. Before we discuss these themes, it should be noted that a substantial number of the works cited here are not concerned with these or other controversial questions at all but are exercises in "applied psychoanalysis" that attempt to make sense of specific cultural or individual case material through psychoanalytic interpretation, in more or less sophisticated terms.

1. The universality of the oedipus complex. Psychoanalysts' interest in the oedipus complex may have waned (B. Simon, *J. Amer. Psychoanal. Assn.*, 1991, 39:641-668), but its universality is once again a live issue in anthropology, even in the context of the Trobriand Islands debate of the 1920's (S. Kurtz, *Ethos*, 1991, 19:68-101; M. E. Spiro, *Ethos*, 1992, 20:358-376). G. Obeyesekere (*The Work of Culture: Symbolic Transformation in Psychoanalysis and Anthropology*, 1990) and D. Spain (1992, cited above), examine the issue, as do S. Kakar, L. Langness, S. Ottenberg, and W. Slote. In a book-length study, S. Kurtz (*All the Mothers Are One: Hindu India and the Cultural Reshaping of Psychoanalysis*, 1992) attacks oedipal

interpretations in Hindu India and proposes a broader view of the Indian child's psychosexual development to include as objects adult women other than the mother (and among the Trobrianders, other children) as part of a "cultural re-shaping of psychoanalysis." But Allen Johnson (in Spain, 1992) claims that classically oedipal folktales are universal among world cultures and that this must reflect universal human tendencies. The literature on this question is abundant and clarifying but not definitive in putting the issue to rest.

2. Individuality and autonomy. A major challenge to psychoanalysis and other Western psychologies is that their assumption that individuality and autonomy are necessary goals of normal development reflects the moral values of Euro-American culture rather than empirical evidence. This argument has emerged from a myriad of sources, including indications that normal development in Japan involves a degree of interdependence that would be considered pathologically "symbiotic" in a Western context (e.g., F. A. Johnson's *Dependency and Japanese Socialization: Psychoanalytic and Anthropological Investigations into Amae*, 1993) and the intellectual history of concepts such as "separation-individuation" in Europe and America (S. Kirschner, *Social Research*, 1990, 57:821-857 and in Spain, 1992). A. Roland (*In Search of Self in India and Japan*, 1988) developed this argument just before the period covered by our review, in studies of psychotherapy and cultural conceptions of self in India and Japan. It is also recurrent in research on infant and early child care in non-Western cultures, since several features of early child care that are extremely common among non-Western peoples (mother-child co-sleeping and intensive and prolonged breast-feeding) are often regarded as pathogenic by psychoanalysts (see LeVine in *Cultural Psychology*, ed. J. Stigler, et al., 1990).

In response to this critique, K. Ewing (*Ethos*, 1991, 19:131-160; in *New Directions in Psychological Anthropology*, ed. T. Schwartz, et al., 1992) argues that anthropologists fail to distinguish between the basic level of intrapsychic autonomy posited by psychoanalytic theory, which is normally achieved by all humans, and the amount of interpersonal engagement mandated by cultural norms, which is cross-culturally variable. This position is consistent with what many psychoanalysts believe, namely, that the intrapsychic and interpersonal worlds are quite separate in the child's experience and that anthropologists mistake observable interpersonal patterns for intrapsychic events. On the opposite side of the argument, however, is Doi (in *On Freud's "Observations on Transference-Love,"* ed. E. Person, et al., 1993), who argues in a Japanese context that the cultural pattern of interpersonal events affects the transference. In this largely indirect controversy, the Vygotskian postulate that interaction between persons becomes internalized in the course of child development, and the observational approaches that seek to sample such interaction, are at odds with those Freudian theories that posit a robust developmental trajectory that is more difficult to affect through social interaction.

3. Psychoanalytic therapy in non-Western cultures. The question of whether

psychoanalysis as therapy is suited only for highly educated, highly individuated, and highly verbal Western patients has been with us for a long time. In the period covered by this overview it continued to be raised, more than ever in the context of actual practice in Asian societies by psychoanalysts trained in the West. A conclusion that emerges from the work of Doi and Kakar is that psychoanalytic treatment is possible with Japanese and Indian patients, generally educated ones, but that modifications are required in accordance with the culture-specific needs of even the highly educated patients in those settings. This suggests that their transferences and interpersonal expectations differ from those of Western patients and that means differing patterns of normal personality development (including character formation and the resolution of the oedipus complex) and psychic functioning in adulthood. And that raises the theoretical questions 1 and 2. Thus, each of these three questions implies the other two and entails the universalism-relativism problem. None of them can be regarded as resolved by research reported in the last six years or earlier, and each calls for further research and analysis.

In our opinion, the most exciting trend of the 1989-1994 period has been the fuller emergence of South and East Asia as a scene for research on psychoanalytic issues. In India and Japan particularly, debates over culture-specific themes and the applicability of Freudian theory and therapy are taking place in the context of growing evidence concerning clinical relationships, childhood experience, the contents of cultural products ranging from myths to films, and the history of psychoanalysis in those countries. This literature deserves a full and critical review, which we plan to undertake.

Rivista di Psicoanalisi. XXXIX, 1993 (English Edition).

Abstracted by Antonino Ferro and Anna Meregnani.

The Oscillation between Narcissistic Transference and Object Transference: The Undefined Area between Knowing and Being. Giovanna Giaconia and Agostino Racalbuto. Pp. 23-42.

The authors set out a few theoretical notes concerning transference-countertransference phenomenology in the treatment of those narcissistic personalities described by Kernberg as "infantile personalities" and adolescents who reactivate the narcissistic pattern which, at the beginning of life, represented salvation. According to the authors the narcissistic relationship—cathected and experienced before it is actually perceived—is recognizable in mnemic traces which are evidence of that relationship and produce narcissistic transference when reactivated. It develops from the "narcissism" that is not limited to early developmental phases but which is a real psychoemotional function. Specifically, this function tends toward the erotization of intensely pleasant or unpleasant sensations that have actually been experienced and which remain as unrepresentable traces. The authors refer to mnemic traces in which the object, though it does not have a corresponding representation, does have emotional significance. These traces, charged with affects that tend toward representability, come across as intense, pleasant or unpleasant emotional-sensory experiences and develop into a narcissistic relationship.

To deal with the mnemic trace of the elementary, unrepresentable emotional situation, the analyst must bring his or her own narcissistic nucleus into play and be available for identification with an affect capable of venturing beyond the limits of representability. This affect contains, *in nuce*, the relationship; this is unrepresentable until an apparatus for thinking and representationally experiencing comes into existence.

Freud himself maintains that "the affect does not as a rule arise till the breakthrough to a new representation in the system *Cs.* has been successfully achieved" and, in the authors' opinion, this "new representation" is the analyst's willingness to function as a decoder of emotional-sensory experience, and therefore as the one who can make sense out of what by itself would only be perceived in an elementary, pleasant or unpleasant manner. In other words, the analyst's function is to analyze the emotions that the other generates in him or her, recovering a quota of verbal representation ability. In this way the analyst can help the patient experience himself/herself as an authentic generator of thoughts.

The authors present clinical reports which demonstrate that the feedback to the patient's communications does not concern contents and representations as much as the function of "container." In the analyst's internal world, abstaining from verbal representations opens a regenerative "void," a vital, unsaturated condition. The oneiric area is located in this transitory abstinence, suspended between narcissism and object relations, as an authentic thought-generating area.

Containment, Interpretation and Attacks on the Analytic Link: The Interactive Point of View. Maria Ponsi. Pp. 43-67.

The author deals with the problem of containment in situations of attack on the analytic link, paying most attention to two points: 1) the interaction between the two participants in the analytic encounter; 2) the relation between containment and interpretation.

Regarding the first point, in dealing with a relationship that is not working well—when the analyst is openly or subtly deprived of his or her specific function of interpreting but the two participants continue to interact despite impaired verbal communication—Ponsi chooses an approach emphasizing the interactive aspects of the analytic relationship. To this aim, she makes use of the distinction between content messages and relational messages, fundamental in the pragmatics of human communication of the Palo Alto school, and considers that, during the attack on the analytic link and the stalemate in interpretative activity, the communicative exchanges between the analytic couple are conveyed mainly by relational messages, to the detriment of the content messages.

Regarding the second point, the author finds it necessary to distinguish between support techniques and containment in the clinical situation. She then wonders if containment has to be considered an alternative to interpretation and concludes that containment does not exclude the possibility of making interpretations, nor does it imply a passive attitude of waiting. When the analyst practices containment, he or she continues to look for the best interpretation without necessarily expressing it. The outcome does not imply an abdication of interpretive activity but its curtailed presence. The analyst finds himself/herself containing within not only what the patient conveys, but also a great deal of what he/she thinks on that subject.

The author's conclusion is that the activity of containment can be defined as the regulation and modulation of the relationship. Quite different from interpretation, which uses discrete elements and whose object consists of specific contents of the mind, the modulation of the relationship concerns a vast number of aspects present simultaneously and articulated diachronically and which connote the global yet unique quality of every analytic couple's story.

On Not Interpreting. Two Clinical Fragments and Some Considerations for a Reappraisal of M. Balint's Contribution. Vincenzo Bonamino. Pp. 70-92.

This paper, like the previous ones, deals with a clinical and theoretical theme that constitutes one of the main trends of contemporary Italian psychoanalysis, although written from a different, original point of view. The author propounds a route through some particularly topical aspects of Balint's work which have been almost neglected and which, in his opinion, have contributed in a truly conspicuous way to a different technical and clinical tradition: a tradition that defines not interpreting and the patient's capacity to tolerate regression as mutative factors of psychic change on a par with interpretation.

The articulation of the analytic situation proposed by Balint includes, the author believes, a notion of the analyst's contribution, in certain analytic conditions and with certain patients, which essentially consists in placing the analyst at the service of a process that occurs within the patient and which has to do with the patient alone. Bonamino maintains that the contemporary tendency to observe chiefly what happens between the patient and the analyst risks befogging the patient, his/her own individuality, and also the individuality of the analyst. It could be said, the author tells us, that Balint clinically counterposes a too objectified or even excessively "intersubjective" conception of the analyst (and of the patient) to the unintrusive analyst. The author presents two dreams, drawn from two different clinical cases, which exemplify the potential interference that the analyst's interpretative activity may represent at times with regard to the analysand's creative and intimate processes.

Revue Française de Psychanalyse. LVIII, 1994.

Abstracted by Emmett Wilson, Jr.

The Erotic Alienation of the Girl from Her Mother. Andrée Bauduin. Pp. 17-31.

Bauduin reviews several cases of mother-daughter relationships which involved the concept of dominance or mastery (*emprise*). This term, as used by French psychoanalysts, refers to a fundamental tendency toward the neutralization of the desire of another person, that is, "to the elimination of all difference, otherness, the abolition of all specificity." The relationship of mastery can set itself up within any duality, including parent and child, but is especially frequent between mother and daughter.

Mastery is imposed first by the mother and is subsequently maintained by the daughter's submission. Mastery operates through seduction and eroticism; it results in the construction of an illusory world between mother and daughter. The daughter's role consists in never dethroning the mother, and of maintaining intact the mother's fantasied omnipotence through her own childish omnipotence on loan to the mother. The mother, for her part, needs the omnipotence of the child to confirm the newly rediscovered childhood omnipotence of her own. There is a sort of play of narcissistic mirrors, sustained by the fantasy that each is the erotic possession of the other, and can and must suffer for the pleasure of the other, in an affirmation of an illusory symmetry.

This relationship is not to be construed as an oedipal configuration. Rather, if the child supposes she once upon a time satisfied the mother, merely seeking this satisfaction again in behavior with another person, whether by defiance, vengeance, or nostalgia, is sufficient to produce guilt. Every transfer of feelings to another object, masculine or feminine, constitutes a betrayal with respect to the mother, the primary object to whom she owes everything. The task of treatment is to bring to light this contractual link between mother and daughter, in which the daughter is not to find pleasure in anyone but the mother.

Maternal seduction expresses itself through means of caretaking and toilet needs. The most intense means of exorcising a certain mastery concerns the discipline of the anal sphincter; however, mastery deals also with satisfaction in other erogenous zones such as the mouth, the skin, the clitoris, and the perineal region. The mother thus seems to be the "natural" proprietor of all the erogenous zones, with the major exception of the vagina, for the representation of the vagina is subject to primary repression. Except for vaginal pleasure and desire, everything is in place for the shameless and incessantly renewed intercourse of mother and daughter. Either the child serves to realize the phallic ambitions of the mother, or else serves to maintain the illusion of the mother's omnipotence, through submission. The mother is indispensable to the daughter's sexual pleasure and she herself suffices for the mother's sexual pleasure. All pleasure, in effect, is forbidden except that which is obtained through the mother, and it is required, obligatory, and expected to happen in the relations with the mother.

It is through masochism that this paradoxical commandment is to be executed. This masochism is often expressed in negative therapeutic reactions in the treatment of women. Masochism makes it possible for the daughter to continue endlessly to enjoy her mother, in the mother's incitations as well as in her interdictions, and to imagine that she is responding to her own desires. As many authors have insisted, it is within this masochistic movement as it appears progressively in analysis, with perceptible steps forward and back in the countertransference, that the figure of the father reappears, giving over little by little to the oedipal superego the place that the ego ideal and the maternal superego had previously occupied.

"True" Mothers. Germaine de Bissy. Pp. 33-39.

In the course of analysis one often hears the fantasy expressed, "Ah, if I only had had a 'real' mother." This "true" mother is, to be sure, a variant of the idealized mother, an image itself erected in counterpart to the dangerous mother derived from infantile instinctual projections. It is also a means for the patient to resolve her difficulties in detaching herself from a real, but disappointing mother.

De Bissy focuses on the difficulties that certain women experience in moving from the recognition of an external object to the acceptance of its loss by a successful internalization. This passage from external to internal object, if it is not carried out prior to analysis, cannot take place without the mediation of the analyst who is experienced concretely. The appeal to reality as a defense is certainly ambiguous, for the question remains open whether one is dealing with a real mother or an imago. We often see many children, when their mothers are in analysis, make spectacular improvements, and, inversely, one sees older mothers find themselves revitalized when their daughters go into analysis. The modifications of the imagoes are, as we well know, the sign of a good evolution of an analysis. Still, the reality must be taken into account, and it should neither be passed over nor be exclusively privileged.

It is at this point that the concept of primary homosexuality seems to provide useful enlightenment. This is probably a limiting concept, a scaffold that permits us artificially to clarify that which takes place between the female child and her mother. The sensual relationship of body to body between mother and child, with the experiences of the pleasure of identity, must have had a certain emotional quality, a certain duration, a certain plasticity, in order that its narcissistic aspect can subsist in spite of the parallel, enriching, but painful modifications deriving from the intrusion of the father. This is the time of "truth" between mother and daughter. It is a time that is both necessary and forgotten, and which in analysis will be reanimated, sustained, or released.

The psychic work of primary homosexuality is to organize difference and otherness while conserving identity. The analyst must serve as a potentiating intermediary for this phase. Patients often use the material aspects of the analytic setting or an aspect of the person of the analyst for their projections. This is an intermediate phase, one capturing closeness between the reduplication of the real external object and its internal adjustment. This primary homosexuality will thus become part of the ensemble of integrative movements, the discrete accompanist of the woman in her relations with herself. The author gives examples from her case material.

The Dialectic of Love and Identification: How Nonconception Throws Light on Femininity. Sylvie Faure-Pragier. Pp. 41-53.

The author examines the information that women unable to conceive can bring to psychoanalytic theories of femininity, and attempts to determine retrospectively the psychic pathology implied in certain cases of sterile women, including some cases of homosexual women.

The Box and Its Secret. Monique Cournut-Janin. Pp. 57-66.

Cournut-Janin examines the box or container, vividly exemplified in the Dora case, as a metaphor for the female body, rich in an interior, transposable (penis, feces, baby, blood) content. She develops the familiar theme that hair styling, cosmetics, all that is meant to make a woman beautiful, is in an unconscious sense a distraction of the masculine gaze from that which would cause him anxiety and flight and avoids calling attention to the female genitalia. Femininity then can be seen to have the unconscious organization of a lure and is comparable to the masculine defense of a fetish.

The author suggests that this defensive stance begins early in the mother-daughter relationship. The mother, struggling with the complexity of her own oedipal impulses, her own wishes to incorporate the penis of her father and fear of destroying it, conveys an unconscious message to her daughter, repressing her own sexuality in what has been termed the primary repression of the vagina. Femininity is transmitted from mother to daughter as a protective phallic lure. The little girl is seductive and a seductress, but is complete, that is, her whole body is cathected and she is entirely phallic. So also is the father's investment of his daughter, of her intact body and intact hymen. This precautionary attempt to ward off castration anxiety in men becomes the central aspect of femininity. The girl is to be seductive toward the father, but her vagina remains forbidden and off limits. The author believes that penis envy might be explained as an aspect of this defensive collusion between mother and daughter, serving to reinforce the countercathexis against recognition of the vagina. The onset of menses, when the girl "becomes a woman," or "is grown up," as mothers sometimes say, engenders a crisis, a complex medley of disgust and pleasure and enrichment, of promise of future children, and sadness that this is still yet to come. The period becomes a mark of independence from the mother, as the girl says, with pride of ownership, "I'm having my period." This crisis is enriching and an organizer of the girl's psychosexual development.

Nostalgic Filiations. Catherine Couvreur. Pp. 67-82.

Feminine identity is not only connected with the mother and with the maternal grandmother. One interesting and not infrequent element feminine identity may take is an identification with the mother of the girl's father. The daughter seems to be the father's primary and oedipal love object, but this love is not only the love the father as a little boy had for his mother, but the primary love that he received from her. The father makes a narcissistic demand on his daughter to love him in the fashion in which his mother loved him as an infant. The father, faced with the recognition of his own aging and limitations, and the approach of death, expects that his daughter will restore to him the status of the marvelous child, that she will fill him with her own narcissistic cathexis, so that he can avoid confronting his own limits and the irreversible arrow of time. The author illustrates this developmental configuration with a personal example and with references to Anna Freud's relation to her father, as well as other examples in the lives of Ferenczi, Barthes, and Leonardo da Vinci.

The Blood of Women. Gérard Bonnet. Pp. 103-113.

The theme of blood and bleeding is forced upon the analyst with an insistent repetition sometimes in the analysis of the relation of daughter and mother. The author examines the theme as it is found in problematic menses, unexpected hemorrhages, nosebleeds, and self-inflicted bleeding and the various pathological conditions that result. This theme is the manifestation of a particular homosexual fantasy uniting mother and daughter and can teach us much concerning the origins and significance of this homosexuality. It not only concerns women; it is also found in male adolescent blood pacts as a declaration of friendship or camaraderie made by cutting the hand or wrist and allowing the blood to be intermingled. These adolescent rituals may represent a miming of feminine homosexuality, either supposed or imagined. The current concern about contaminated blood in transfusions or as instrumental in the transmission of certain diseases also reflects aspects of this theme.

French medical researchers have also described a syndrome of induced bleeding and call it the Syndrome of Lasthénie de Ferjol, after the heroine of the 1882 novel, *A Story without a Name*, by Barbey d'Aurevilly. These patients are predominantly women, many of whom are in a paramedical or medical profession or social work. They bleed themselves repetitively, in secret, to the point of putting their lives in peril, and they are known to hemotologists who frequently must treat them on an emergency basis with transfusions, so severe is the resulting anemia.

The author had the opportunity to study this phenomenon psychoanalytically in depth and shares his findings with us. Many of the reported cases were associated with feminine homosexuality.

Feminine Eros. Gérard Le Gouès. Pp. 121-132.

The author outlines the various interleaving and crosscurrents involved in the analysis of feminine homosexual patients and in "gynecophilic" aspects of the analysis of heterosexual women. He focuses especially on those interweavings of intense emotionality and identificatory vacillations. This is seen in oscillation between love and hate, and between choice of objects outside of analysis or the position in the transference. These crosscurrents are manifest in the pairs love/hate, active/passive, phallic/castrated, and in the various levels of identifications deriving from the positive and negative aspects of the phallic and oedipal phases.

The daughter identifies with the mother's psychic bisexuality, and the gradual lifting of repression in analysis leads to the recognition and acquisition of a whole series of differences: good and bad mother, good and bad objects, and, especially, generational and sex differences. Characteristically, the daughter's filiation remains feminine toward the mother until she perceives the importance of the mother's heterosexual attachment. Then a masculine identification takes place, familiar to us in the caricature that develops in the female child's mimicry of the father, but the child is still masculinizing herself in the hope of claiming the mother's love. Thus, in feminine homosexuality the predominant phallic organization, whether positive or negative, remains fixated upon the primary object.

Psyche. Zeitschrift für Psychoanalyse und ihre Anwendungen. XLVII, 1993.

The following abstracts from Psyche are reprinted with the permission of the publisher.

The Dead Mother. André Green. Pp. 205-240.

This study is not concerned, as the title might suggest, with the actual death of the mother, but with the child's experience of a mother who is physically present but internally absent due to depression. The child simultaneously introjects and splits off the mother imago, making mourning and "burial" equally impossible. The consequence of this cathectic deprivation is what Green calls "psychic holes" or "white depression." He attributes to the dead mother a structuring function similar to that attributed to the dead father in Freud's *Totem and Taboo,* and places the dead mother complex side by side with the oedipus complex.

The Junction between Research and Healing in Psychoanalysis. R. Horacio Etchegoyen. Pp. 241-260.

In the age-old dispute as to whether psychoanalysis belongs to science or to the humanities, the author favors the former. He sees interpretation in the analytic situation as providing scope for reasoned hypotheses which can be validated by empirical examination. This implies that interpretations must be framed not only in brief and simple terms, but also in such a way as to lend themselves less to the verification of theoretical psychoanalytic truths than to the clarification of the truth specific to the given dyadic constellation. Etchegoyen claims that it is then possible for the analysand to confirm or refute the analyst's interpretation. A successful interpretation, in which the analysand finds the hypothesis convincing, is both a scientific discovery *and* a healing factor.

Organ Worlds: Toward an Analytic Psychology of the Body. Reinhard Plassmann. Pp. 261-282.

Plassmann introduces the expressions *organ fantasies, pathological zones in the body self,* and *organ world,* with the intention of formulating an analytic psychology of the body. He believes that a person's own body has the significance of a primary object which, under normal circumstances, enables the person to have several important basic experiences, such as that of being alive and of being separate from others. On the basis of his work with borderline patients, the author demonstrates that the pathological zones in the body self can be understood by means of a phase model, and that the illness-producing effect of a pathological organ world is related to a defective symbolization of experiences. The author proposes that the analytic psychology of the body can be applied to psychosomatic illness as well.

Discontent with Present-Day Civilization and Its Meaning in the Framework of a Critical Political Psychology. Hans-Joachim Busch. Pp. 303-324.

Freud's *Civilization and Its Discontents* (1930) serves the author as a point of departure for sociopsychological hypotheses that go beyond the biologistic bias of the late Freudian concept of drive and its approach to the subject in terms of the antagonism of Eros and Thanatos. Busch's concrete historical and social diagnosis of present-day discontent is indebted to the work of Klaus Horn and Alfred Lorenzer, who regarded discontent as the result of a failed socialization process of an internal nature, the expression of "damaged subjectivity." Like Freud before him, Busch speculates on the chances for the emergence of a "constitutional intolerance," not only toward war in the traditional sense, but specifically toward the technological and industrial warfare threatening the natural foundations of the very existence of Homo sapiens on this planet.

Toward a Critique of Freud's Concept of Civilization. Gunzelin Schmid Noerr. Pp. 325-343.

The author takes issue with Freud's understanding of civilization, which, both functionalist and individualist, takes too narrow a perspective. Freud's "methodological Hobbesianism" operates on the assumption of drives that are both lower than and prior to the act of establishing civilization. Schmid Noerr contends, however, that since these drives can only be described in cultural contexts, the conclusion must be that civilization is not only a normative standard placed over and against such drives, but also a form of social organization of semiotic systems extending to the regulation of the emotional signification incorporated in the drives themselves.

Patricide and the Dialectic of Enlightenment. The "Fatherless Society" as a Model for a Psychoanalytic Archaeology of Modernity. Robert Heim. Pp. 344-377.

Proceeding from Alexander Mitscherlich's sociopsychological diagnosis of the fatherless society (1963), Heim goes back to Freud's *Totem and Taboo* (1912-1913) and its treatment of the myth of the origins of culture. He reflects on the recurrent failure of culture, its constant relapse into murder and barbarism, and sees this in connection with the dialectic nature of enlightenment, and the patently intrinsic ambiguity of all human progress. On the one hand, patricide and the advent of a fatherless society promise emancipation from mythic forces; on the other hand, latent feelings of guilt ensure that those same forces remain operative and periodically explode into murderous activity. The fatherless society could only lose the terrors of ambivalence if it were possible to bring to an end the symbolism of the murdered father in the secularized equivalents of the totem, and to resolve the culturally seminal oedipus complex of the primeval age in the conciliatory figures of postoedipal superego and ego ideal.

Ghosts That Come Back to Haunt Us. A Disconcerted Europe. Hermann Beland. Pp. 378-396.

Since the fall of the Berlin Wall and the collapse of socialist dictatorships, some of the ghosts that we thought were long since exorcised have returned to haunt us anew. Aggressive forms of nationalism, to which we have turned a blind eye for decades, and a violent species of xenophobia, on occasion openly homicidal in nature, are prominent features of life in Europe today. Beland believes such alarming phenomena can only be successfully controlled if we can contrive—both individually and collectively—to deactivate the psychic mechanism of projecting our own evils and flaws onto others (i.e., "foreigners"), and to achieve what Melanie Klein calls the "depressive position," i.e., to attain to a higher tolerance for guilt. This, Beland contends, is the central utopia of European humanism.

Self-Criticism and Reconciliation. Horst-Eberhard Richter. Pp. 397-405.

The author conducted empirical sociopsychological studies on prejudices in connection with AIDS, and made inquiries into attitudes displayed by German and Russian students. Referring also to the results of opinion polls on xenophobia, racism, and nationalism, Richter demonstrates that reconciliation with oneself and others is proportional to the propensity for self-criticism and the ability to recognize and acknowledge personal guilt. In contrast, where self-hatred and self-devaluation prevail, the tendency toward projection and hatred of others will also be dominant.

Asceticism and Ecstasy in Freud. Michael Düe. Pp. 407-424.

Opposing concepts like "denial" and "fulfillment" are indicative of conflicting pulls in Freudian theory that can also be described in terms of the tension between "asceticism" and "ecstasy." The author divides Freud's thinking into three distinct phases—demonological speculation, labyrinthine speculation, cosmogonical speculation—and demonstrates that in each of these phases the relative emphasis on the ascetic and the ecstatic differs. Further, Düe points out that on the formal level Freud's theories are affected by those phenomena which he defines as being ascetic or ecstatic in nature. In the history of ideas, the author sets the opposition between asceticism and ecstasy against the broader horizon of the opposition between the Enlightenment and Romanticism.