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REVERIE AND INTERPRETATION

BY THOMAS H. OGDEN, M.D.

The analyst's reverie experience constitutes an indispensable avenue to the understanding and interpretation of the transference-countertransference and yet is perhaps the dimension of the analyst's experience that feels least worthy of scrutiny. Reverie takes the most mundane, personal, and private of shapes, often involving the minutiae of everyday life. Although the analyst's reveries are personal psychological events, I view them as unconscious intersubjective constructions generated by analyst and analysand. Three analytic sessions are discussed to illustrate the ways in which reveries are experienced as well as the process by which the analyst attempts to make use of this aspect of his or her experience.

> Experience is never limited, and it is never complete; it is an immense sensibility, a kind of huge spider-web of the finest silken threads suspended in the chamber of consciousness, and catching every air-borne particle in its tissue. It is the very atmosphere of the mind; and when the mind is imaginative . . . it takes to itself the faintest hints of life . . .
>
> HENRY JAMES (1884)

I believe that we do well in psychoanalysis to allow words and ideas a certain slippage. This is particularly true of the term *reverie* (Bion, 1962a, 1962b). What I shall attempt in this paper is not a definition of reverie, but a discussion of my experience of attempting to use my own states of reverie to further the analytic process. In this way I hope to convey a sense of what I mean by the expe-

rience of reverie in an analytic setting and how I make analytic use of the "overlapping states of reverie" of analyst and analysand.

It is almost impossible not to be dismissive of reverie since it is an experience that takes the most mundane and most personal of shapes. These shapes, especially early on in the process of moving toward verbal symbolization of reverie experience (and we are most of the time early on in the process), are the stuff of ordinary life—the day-to-day concerns that accrue in the process of being alive as a human being. Reveries "are things made out of lives and the world that the lives inhabit . . . [they are about] people: people working, thinking about things, falling in love, taking naps . . . [about] the habit of the world, its strange ordinariness, its ordinary strangeness . . ." (Randall Jarrell [1955, p. 68] speaking about Frost's poetry). They are our ruminations, daydreams, fantasies, bodily sensations, fleeting perceptions, images emerging from states of half-sleep (Frayn, 1987), tunes (Boyer, 1992) and phrases (Flannery, 1979) that run through our minds, and so on.

I view reverie as simultaneously a personal/private event and an intersubjective one. As is the case with our other highly personal emotional experiences, we do not often speak with the analysand directly about these experiences but attempt to speak to the analysand *from* what we are thinking and feeling. That is, we attempt to inform what we say by our awareness of and groundedness in our emotional experience with the patient.

It is no small thing that we ask of ourselves as analysts in attempting to make use of our reverie experience in the analytic setting. Reverie is an exquisitely private dimension of experience involving the most embarrassingly quotidian (and yet all-important) aspects of our lives. The thoughts and feelings constituting reverie are rarely discussed with our colleagues. To attempt to hold such thoughts, feelings, and sensations in consciousness is to forgo a type of privacy that we ordinarily unconsciously rely on as a barrier separating inside from outside, public from private. In our efforts to make analytic use of our reveries, "I" as unself-conscious subject is transformed into "me" as object of analytic scrutiny.

Paradoxically, as personal and private as our reveries feel to us, it is misleading to view them as "our" personal creations, since reverie is at the same time an aspect of a jointly (but asymmetrically) created unconscious intersubjective construction that I have termed "the intersubjective analytic third" (Ogden, 1994a, b, c, d, 1995, 1996a, b). In conceptualizing reverie as both an individual psychic event and a part of an unconscious intersubjective construction, I am relying on a dialectical conception of the analytic interaction. Analyst and analysand together contribute to and participate in an unconscious intersubjectivity. To paraphrase and extend Winnicott (196●), there is no such thing as an analysand apart from the analyst; at the same time the analyst and analysand are separate individuals, each with his or her own mind, body, history, and so on. The paradox is "to be accepted and tolerated and respected . . . for it is not to be resolved" (Winnicott, 1971, p. xii).

The analyst's reveries are more difficult to make use of analytically than the dreams of either analyst or analysand because reveries are "unframed" by sleep and wakefulness. We can usually differentiate a dream from other psychic events because the experience occurs between the time we fall asleep and the time we wake up. Reverie, on the other hand, seamlessly melts into other psychic states. It does not have a clearly delineated point of departure or point of termination separating it, for example, from more focused secondary process thought that may precede or follow it.

The experience of reverie is rarely, if ever, "translatable" in a one-to-one fashion into an understanding of what is going on in the analytic relationship. The attempt to make immediate interpretive use of the affective or ideational content of our reveries usually leads to superficial interpretations in which manifest content is treated as interchangeable with latent content.

Our use of our reveries requires tolerance of the experience of being adrift. The fact that the "current" of reverie is carrying us anywhere that is of any value at all to the analytic process is usually a retrospective discovery and is almost always unanticipated. The state of being adrift cannot be rushed to closure. We must be able

to end a session with a sense that the analysis is at a pause, at best, a comma in a sentence. Analytic movement is better described as a "slouching towards" (Coltart [1986], borrowing from Yeats) rather than an "arriving at." This sort of movement is particularly important to be able to bear in one's handling of reverie. No single reverie or group of reveries should be overvalued by viewing the experience as a "royal road" to the leading unconscious transference-countertransference anxiety. Reveries must be allowed to accrue meaning without analyst or analysand feeling pressured to make immediate use of them. However urgent the situation may feel, it is important that the analytic pair (at least to some degree) maintain a sense that they have "time to waste," that there is no need to account for the "value" of each session, each week, or each month that they spend together. Symbolization (in part verbal) usually develops over time if one is patient and does not force it (cf., Green [1987] and Lebovici [1987] for discussions of the relationship between reverie and verbal symbolization). Forced symbolization is almost always easily recognizable by its intellectualized, formulaic, contrived quality.

Neither should we dismiss any reverie as simply our "own stuff," i.e., as a reflection of our own unresolved conflicts, our distress regarding events in our current life (however real and important those events might be), our state of fatigue, our tendency to be self-absorbed. An important event in the analyst's life, such as the chronic illness of a child, is differently contextualized by the analyst's experience with each patient, and as a result becomes a different "analytic object" (Bion, 1962a; Green, 1975) in each analysis. For example, while sitting with one patient, the analyst may be consumed by feelings of intense helplessness regarding the inability to relieve the pain that his or her child is experiencing. While with another patient (or at a different moment in the hour with the same patient), the analyst may be almost entirely preoccupied with feelings of envy of friends whose children are healthy. While with still another patient, the analyst might be filled with terrible sadness in imagining what it would feel like to attempt to live without one's child.

The emotional fallout of reverie is usually unobtrusive and inarticulate, carrying for the analyst more the quality of an elusive sense of being unsettled than a sense of having arrived at an understanding. I believe that the emotional disequilibrium generated by reverie is one of the most important elements of the analyst's experience with which to get a sense of what is happening at an unconscious level in the analytic relationship. Reverie is an emotional compass that I rely on heavily (but cannot clearly read) to gain my bearings in the analytic situation. Paradoxically, while reverie is for me critical to my ability to be an analyst, it is at the same time the dimension of the analytic experience that feels in the moment least worthy of analytic scrutiny. The emotional tumult associated with reverie usually feels as if it is primarily, if not entirely, a reflection of the way in which one is *not* being an analyst at that moment. It is the dimension of our experience that most feels like a manifestation of our failure to be receptive, understanding, compassionate, observant, attentive, diligent, intelligent, and so on. Instead, emotional disturbances associated with reverie feel like a product of our own interfering current preoccupations, excessive narcissistic self-absorption, immaturity, inexperience, fatigue, inadequate training, unresolved emotional conflicts, etc. Our difficulty in making use of our reveries in the service of analysis is easily understandable since such experience is usually so close, so immediate, that it is difficult to see: it is "too present to imagine" (Frost, 1942, p. 305).

Since I view the use of overlapping states of reverie of analyst and analysand as a fundamental part of analytic technique, a close examination of any analytic session will serve to illustrate significant aspects of the use of reverie (or the difficulty faced by the analytic pair in attempting it). By the same token, a close examination of any experience in the analytic use of reverie is specific to a particular moment in a particular analysis. An exploration of that moment will involve problems of technique and potentialities for emotional growth that are unique to that moment in the psychological-interpersonal movement of analyst and analysand. Consequently, the clinical example that I will present is necessarily

a clinical example of a "special problem" in the analytic use of reverie. (There are no "run-of-the-mill" problems in the effort to make use of reverie.)

CLINICAL ILLUSTRATION: THE WOMAN WHO COULDN'T CONSIDER

The following is a fragment of an analysis that focuses on a series of three consecutive sessions that occurred at the beginning of the sixth year of an analysis conducted five times per week.

My stomach muscles tensed and I experienced a faint sense of nausea as I heard the rapid footfalls of Ms. B racing up the stairs leading to my office. It seemed to me that she was desperate not to miss a second of her session. I had felt for some time that the quantity of minutes she spent with me had to substitute for all of the ways in which she felt unable to be present while with me. Seconds later, I imagined the patient waiting in a state of chafing urgency to get to me. As she led the way from the waiting room into the consulting room, I could feel in my body the patient's drinking in of every detail of the hallway. I noticed several small flecks of paper from my writing pad on the carpet. I *knew* that the patient was taking them in and hoarding them "inside" of her to silently dissect mentally during and after the session. I felt in a very concrete way that those bits of paper were parts of me that were being taken hostage. (The "fantasies" that I am describing were at this point almost entirely physical sensations as opposed to verbal narratives.)

As Ms. B, a forty-one-year-old divorced architect, lay down on the couch, she arched her back, indicating in an unspoken way that the couch made her back ache. (In the course of the previous months she had complained on several occasions that my couch caused discomfort to her back.) I said that she seemed to be beginning the hour by registering a protest about her feeling that I did not care enough about her to provide a comfortable place

for her here. (Even as I was speaking these words, I could hear both the chilliness in my voice and the reflexive, canned nature of the interpretation. This was an accusation disguised as an interpretation—I was unintentionally telling Ms. B about my growing frustration, anger, and feelings of inadequacy in relation to our work together.) Ms. B responded to my comment by saying that "that is the way the couch is." (There was a hardness to the fact that the patient said "is" rather than "feels.")

The patient's bitter resignation to the fact that things are the way they are brought to mind her conviction (which she treated as a fact) that she had been an unwanted baby, "a mistake," born almost a decade after her older brother and sister. Her mother had been advancing quickly in her career in the federal government when she became pregnant with the patient and grudgingly took a leave of absence for the first few months of the patient's life. Ms. B felt that her mother had hated her all her life and had treated her from the beginning with a mixture of neglect and disgust while at the same time fiercely insisting that the patient be a "miniature version" of herself. The patient's father, a shadowy figure in the analysis, was also part of the unchangeable "given" to which the patient felt resigned. He was described as a benign but ineffectual man who seemed to have emotionally withdrawn from the family by the time the patient was born.

I said to Ms. B in carefully measured tones that she must feel that she perennially accommodates to me—I must seem to her not to have the slightest intention of accommodating to her. Both the patient and I knew that what we were talking about was a major struggle in the transference-countertransference: the patient's intense anger at me for not giving her what she *knew* I could easily give her if I chose to—a magically transformative part of me that would change her life. This was familiar territory and had been acted out in innumerable ways, including, most recently, her performing fellatio on a friend and triumphantly swallowing his semen, consciously fantasied to be his strength and vitality. I suspected that unconsciously Ms. B fantasied the semen to be the magically transformative milk/power stolen from her mother and

from me. The patient's attempts to steal a magically transformative part of me engendered in me a feeling that it was impossible to give her anything in the way of compassion or concern, much less affection or love, without feeling that I had submitted to her and was passively going through the motions of a role scripted by her.

Ms. B then spoke about events that had occurred earlier in the day involving a longstanding dispute with a neighbor about a dog whose barking the patient found "unnerving." I recognized (with only a touch of amusement) that I was identifying with the neighbor's dog: it seemed to me that the dog was being asked to be an imaginary dog (invented by Ms. B), one that did not make the noises dogs do. Despite the fact that I might have interpreted something about the transference displacement onto the neighbor's dog, I decided not to attempt such an intervention. I had learned from my experience with Ms. B that a good deal of the effect being created by her monologue about the dog was the unstated demand that I point out to her something that she was already fully aware of (i.e., that when she was talking about the dog, she was also talking about me). For me to do so, I imagined, would be experienced by the patient as a momentary victory in her effort to get me to "sting" her with an interpretation that reflected my anger at and interest in her. She would in fantasy passively and gleefully swallow the stolen (angry) part of me. My experience with Ms. B had also taught me that my succumbing to the pressure to make the demanded "stinging" interpretation was disappointing to her, in that it reflected my inability to hold on to my own mind (as she had found it almost impossible to do while with her mother). I also conceived of the patient's effort to evoke an angry response from me as an unconscious attempt to bring me (in the paternal transference) out of the shadows and into life. This, too, had many times been interpreted.

On the other hand, I could expect that if I were not to make an interpretation, Ms. B would become increasingly withdrawn and move to another topic that would feel even more devoid of life than the session currently felt. In the past, under such circum-

stances, she had become somnolent in a way that was experienced by both of us as angrily controlling, and at times she had fallen asleep for periods of up to fifteen minutes. When I interpreted her withdrawal into sleep as a way of protecting herself and me from her anger (and mine), my experience had been that the patient would treat my words as precious commodities to be hoarded (like the scraps of paper on the carpet) rather than used to generate her own ideas, feelings, and responses. Similarly, interpretation of the patient's "use" of my interventions in this way had not been productive. Earlier discussions with her concerning this form of analytic stalemate had led her to quip that Oliver Sacks should write a story about her and call it "The Woman Who Couldn't Consider."

As Ms. B was speaking and as I was mulling over the dilemma just discussed, I began thinking about a scene from a film that I had seen the previous weekend. A corrupt official had been ordered by his Mafia boss to kill himself. The corrupt official parked his car on the shoulder of a busy highway and put a pistol to the side of his head. The car was then filmed from a distance across the highway. The driver's side window in an instant became a sheet of solid red, but did not shatter. The sound of the suicide was not the sound of a gunshot, but the sound of uninterrupted traffic. (These thoughts were quite unobstrusive and occupied only a few seconds of time.)

Ms. B went on without a pause or transition to speak about a date that she had had the previous evening. She described the man by means of a collection of disjointed observations that were quite devoid of feeling—he was handsome, well-read, displayed anxious mannerisms, and so on. There was almost no indication of what it had felt like for the patient to have spent an evening with him. I was aware that although Ms. B was talking, she was not talking to me. It may have been that she was not even talking to herself, in that it did not seem to me that she was the least bit interested in what she was saying. I had many times interpreted this sense of the patient's disconnection from me and from herself. I decided not to offer that observation as an interpretation, in

part because I felt that it would have been experienced as another "sting," and I did not feel that I had a different way of talking to her.

As the patient continued, I was feeling that the hour was moving extremely slowly. I had the claustrophobic experience of checking the time on the clock and then some time later looking at the clock to find that the hands seemed not to have moved. Also, I found myself playing a game (which did not feel at all playful) of watching the second hand on the clock across the room make its silent rounds and finding the precise place in its movement that the digital clock on my answering machine next to my chair would transform one digit to the next. The convergence of the two events held my attention in a way that was oddly mesmerizing, although not exciting or fascinating. This was an activity I had not previously engaged in during sessions with Ms. B or with any other patient. I had the thought that this mental game may have reflected the fact that I was experiencing the interaction with Ms. B as mechanical, but this idea seemed rote and wholly inadequate to the disturbing nature of the claustrophobia and other poorly defined feelings that I was experiencing.

I then began (without being fully aware of it) to think about a phone call I had received several hours earlier from a friend who had just had a diagnostic cardiac catheterization. Emergency bypass surgery would have to be performed the next day. My thoughts and feelings moved from anxiety and distress about the friend's illness and imminent surgery to imagining myself being told the news that I required emergency bypass surgery. In my fantasy of being given this news, I initially felt intense fear of never waking up from the surgery. This fear gave way to a sense of psychic numbness, a feeling of detachment that felt something like the onset of emotional dulling after rapidly drinking a glass of wine. That numbness did not hold; it quietly slid into a different feeling that did not yet have words or images associated with it. This feeling preceded any thought or image—the way one sometimes awakes from sleep with intense anxiety or some other feeling, and only several seconds later re-

members the events or the dream with which the feelings are connected.

In the instance I am describing in the session with Ms. B, I realized that the new feeling was one of profound loneliness and loss that was unmistakably connected with the recent death of a close friend, J. I recalled what I had felt while talking with J shortly after she had been diagnosed with a recurrence of breast cancer. During a long walk on a weekend morning, we were both "figuring out" what the next step should be in the treatment of her widely metastasized cancer. There was, during that walk (I think for both of us), a momentary respite from the full intensity of the horror of what was occurring while we weighed alternatives as if the cancer could be cured. As I went over parts of the conversation in my mind, it seemed in retrospect that the more practical we became, the more make-believe the conversation felt—we were creating a world together, a world in which things worked and had cause and effect relationships with one another. It was not an empty sense of make-believe, but a loving one. After all, it is only fair that 3 plus 8 equals 11. Embedded in this part of the reverie was not only a wish for fairness, but a wish for someone to enforce the rules. At that point in the flow of reverie, I became aware, in a way that I had not previously experienced, that the make-believe world that J and I had been creating was a world in which there was no such thing as "we": she was dying; I was talking about *her* dying. She had been alone in it in a way and to a degree that I had never dared feel before that moment in the session with Ms. B. I felt a very painful sense of shame about the cowardice that I felt I had displayed in having protected myself the way I had. More important, I felt that I had left J even more isolated than she had to be by not fully recognizing the extent of her isolation.

I then refocused my attention on Ms. B. She was speaking in a rather pressured way (with an exaggerated lilt in her voice) about the great pleasure she was deriving from her work and from the feeling of mutual respect and friendly collaboration she experienced with her colleagues in her architectural firm. It seemed to me that only thinly disguised by the idealized picture being pre-

sented were feelings of loneliness and hopelessness about the prospect of her ever genuinely experiencing such feelings of ease and closeness with her colleagues, her friends, or me.

As I listened to Ms. B's pressured description, I was aware of feeling a combination of anxiety and despondency, the nature of which was quite nonspecific. I was reminded of the grim satisfaction I had felt earlier in tracking the convergence of the precise, repeatable location of the sweep second hand of the clock and the instant of movement of the digital numbers on the answering machine. I thought that perhaps the fact that there was a place and a moment where the second hand and the digital clock "squared" may have represented an unconscious effort on my part to create a feeling that things could be named, known, identified, located, in a way that I knew that they could not. Ms. B began the following session with a dream:

> I was watching a man take care of a baby in an outdoor place of some sort that might have been a park. He seemed to be doing a good job of attending to it. He carried the baby over to a steep set of concrete stairs and lifted the baby as if there were a slide to place it on, but there was no slide. He let go of the baby and let it hurtle down the stairs. I could see the baby's neck break as it hit the top step, and I noticed that its head and neck became floppy. When the baby landed at the bottom of the steps, the man picked up its motionless body. I was surprised that the baby was not crying. It looked directly into my eyes and smiled in an eerie way.

Although Ms. B often began her sessions with a dream, this dream was unusual in that it was disturbing to me. This led me to feel a flicker of hopefulness. The patient's dreams in the past had felt flat and did not seem to invite inquiry or discussion. Ms. B made no mention of the dream and immediately began to talk in an elaborately detailed way about a project at work with which she had been involved for some time. I interrupted her after several minutes and said I thought that in telling me the dream, she had attempted to say something that she felt was important for me to

hear and at the same time was afraid to have me hear it. Her burying the dream in the noise of the details of the project made it appear that she had said nothing of significance to me.

Ms. B then said (in an earnest, but somewhat compliant way) that as she was telling me the dream, she at first felt identified with the baby, in that she often feels dropped by me. She quickly (and unexpectedly) went on to say that this interpretation felt to her like a "kind of a lie" since it was like a "tired old refrain, a knee-jerk reaction." She said that there were several very upsetting things in the dream, beginning with the fact that she had felt "immobilized" and unable to prevent what she saw unfolding. (I was reminded of the shame I had felt in the previous session in connection with the thought that I had shielded myself from J's isolation and in a sense had looked on in an immobilized manner.) Ms. B said that even more distressing to her was her sense of herself as both the baby and the man in the dream. She recognized herself in the baby's act of pointedly looking into her eyes and smiling in a detached, mocking way. She said that the baby's smile felt like the invisible smile of triumph that she often inwardly gives me at the end of each meeting (and at various junctures during the meetings), indicating that she is "above" or "immune to" psychological pain and that this makes her much more powerful than I am (despite what I may think).

I was moved by the patient's conscious and unconscious efforts to tell me (albeit indirectly) that she had some sense of what it had felt like for me to have had to endure her defiant claims not to need me and her triumphant demonstrations of her capacity to occupy a place above (outside of) human experience and psychological pain.

Ms. B then told me that she was very frightened by how easy it is for her to become the man and the baby in the dream, that is, how easily she enters into a "robotic" mode in which she is fully capable of destroying the analysis and her life. She was terrified by her capacity to deceive herself in the way that the man seemed to believe that he was placing a baby on a slide. She could easily destroy the analysis in this mindless way. She felt that she could

not at all rely on her ability to distinguish real talk that is aimed at change from "pseudo-talk" that is designed to make me think she is saying something when she isn't. She said that even at that moment she couldn't tell the difference between what she really felt and what she was inventing.

I will only schematically present elements of the subsequent meeting in an effort to convey a sense of the shape of the analytic process that was set in motion by the two sessions just described.

The next meeting began with Ms. B's picking a piece of loose thread from the couch and, in an exaggerated gesture of disdain, holding it in the air between her thumb and forefinger and dropping it on the floor before she lay down. When I asked her what it felt like to begin our meeting as she had, she laughed embarrassedly as if she were surprised by my inquiry. Sidestepping my question, she said that she had been in a compulsive cleaning frenzy from early that morning. She had awakened at 4:00 A.M. in a state of great agitation that seemed to be relieved only by cleaning the house, particularly the bathroom. She said that she felt she had failed in life and in analysis and that there was nothing to do but to control "the ridiculous things" she had it in her power to control. (I could feel her desperation, but her explanation seemed textbookish.) She went on to fill the first half of the session with ruminative thinking. My efforts to interpret the compulsive/ruminative activities as an anxious response to her having said too much (made a "mess") in the previous day's meeting were given only perfunctory notice before she resumed her ruminations.

While the patient was in the throes of her defensive ruminations, I found myself watching the play of sunlight on the glass vases near one of the windows in my office. The curves of the vases were lovely. They seemed very feminine, resembling the curves of a woman's body. A bit later I had an image of a large stainless steel container in what seemed to be a factory, perhaps a food processing plant. My attention in the fantasy was anxiously riveted on the gears at the end of one of the containers. The machinery was clanking loudly. It was not clear what was frightening me, but it

seemed that the gears were not working as they should and that a major malfunction with catastrophic results was about to occur. I was reminded of the extreme difficulty Ms. B's mother had had with breast-feeding. According to her mother, the patient bit the mother's nipples so hard that they became inflamed and breast-feeding was terminated.

I had the thought that I was experiencing a sensuous and sexual aliveness with Ms. B, but had been made anxious by it and had turned her femininity (her breasts in particular) into something inhuman (the stainless steel container and its nipple/gears). It seemed I was feeling that catastrophic breakdown would follow closely on the heels of sexual desire for, and sensual pleasure with Ms. B. These desires and fears came as a surprise to me since, to this point, I had felt no sexual or sensual attraction to Ms. B, and in fact had been aware of the aridity and boredom that had resulted from the stark absence of this dimension of experience. I thought of the way in which Ms. B had arched her back two sessions earlier and for the first time experienced the image of her arching her back on the couch as an obscene caricature of sexual intercourse.

With about twenty minutes remaining in the session, Ms. B said that she had come today wanting to tell me a dream that had awakened her during the night, but that she had forgotten it until that moment:

> I've just had a baby and I'm looking at it in the bassinet. I don't see anything of me in its face which is dark, heart-shaped, Mediterranean. I don't recognize it as something that came out of me. I think, "How could I have given birth to such a thing." I pick it up and hold him and hold him and hold him, and he becomes a little boy with wild curly hair.

Ms. B said, "In telling you the dream, I was thinking of the fact that what comes out of me here doesn't feel like me. I don't take any pride in it or feel any connection with it." (I was aware that the patient was leaving me out of the picture, a fact that was particularly striking, given that my hair is curly. I was also struck by

the aliveness of the dream in the hour and the way this seemed to be in part generated by the patient's telling it in the present tense which was unusual for her.)

I said to the patient that it seemed true that she felt disgusted by everything that came out of her here but that in telling me the dream, she was saying something more to me. I said she seemed frightened of feeling or letting me feel the love she felt for the child in the dream. I asked if she had experienced the change of feeling when she shifted from referring to the child as a "thing" or "it" to using the word "him" when she said that she had picked it up and held him and held him and held him. She fell silent for a minute or two, during which time I had the thought that I may have prematurely used the word "love," which was a word I could not at that moment remember either of us ever having used during the entire course of the analysis.

Ms. B then said she had noticed that change in telling me the dream, but she could feel it *as a feeling* only when she listened to me saying her words. She told me that while I was speaking, she felt grateful to me that I had not let that part of things be "thrown away," but at the same time, she felt increasingly tense with each word that I spoke, fearing that I would say something embarrassing to her. She added that it was as if I might undress her, and she would be naked on the couch. After another silence of almost a minute, she said that it was hard to tell me this but the thought had gone through her mind as she was imagining being naked on the couch that I would look at her breasts and find them to be too small.

I thought of the agony surrounding J's surgery for breast cancer and became aware at this point in the hour that I was feeling both a wave of my deep love for J together with the sadness of the enormous void her death had left in my life. This range of feeling had not previously been part of my experience while with Ms. B. Now I found myself listening and responding to Ms. B in quite a different way. It would be an overstatement to say that the feelings of anger and isolation had disappeared, but they were now part of a larger constellation of emotion. No longer was the isolation

simply an encounter with something that felt nonhuman; rather, the isolation felt more like an experience of missing the humanness of Ms. B that I viscerally knew to exist, but was only being allowed to glimpse fleetingly from afar.

I told the patient that I thought her dream and our discussion of it also seemed to involve feelings of sadness that large parts of her life were being unnecessarily wasted, "thrown away." I said that she began telling me the dream by saying "I've just had a baby," but a great deal of what followed was about the ways in which she prevented herself from living the experience of having a baby. (In the course of the analysis, she rarely had fantasies or dreams of having a baby, and only twice had she discussed the question of whether she might ever want to have children.) There were tears on her face, but no sound of crying in her voice as she said that she had not previously put the feeling into words, but a good deal of her shame about her breasts is that they feel like boys' breasts that could never make milk for a baby.

DISCUSSION

I began the presentation of the first of three sessions in the sixth year of Ms. B's analysis with a description of my response to hearing the patient's footsteps on the stairs leading to my office. I find it invaluable to be as fully aware as I can of what it feels like to meet the patient each session (including the feelings, thoughts, fantasies, and bodily sensations experienced in anticipation of that particular meeting). Much of my response to Ms. B that day, both in listening to her approach and in encountering her in the waiting room, was in the form of bodily responses ("phantasies in the body" [Gaddini, 1982]). From the outset I was anticipating (in fantasy) being physically and psychologically invaded by the patient: my stomach muscles tensed as I unconsciously anticipated receiving a blow to the abdomen, and I was experiencing nausea in preparation for evacuating a noxious presence that I expected to experience inside of me. These feelings were elaborated in the

form of fantasies of the patient's chafing to "get to me" (to get into my office/body) and fantasies of her cannibalizing me through her eyes as she took parts of me hostage in "drinking in" the scraps of paper from my notebook that she noticed on the carpet.

Clearly, this reverie, occurring even before the patient entered the consulting room, reflected a set of transference-countertransference feelings that had been growing in intensity and specificity for some time and yet were not available to either the patient or to me for reflective thought or verbal symbolization. This aspect of the analytic relationship was largely experienced by both of us as simply the way things were.

I experienced Ms. B's arching her back only as a complaint and was not at that point able to entertain the possibility that the gesture had other meanings. My initial interpretation addressed the idea that the patient was angrily protesting my unwillingness to provide a comfortable place for her in my office. I could hear the chilliness in my voice that transformed the interpretation into an accusation. I was at that moment feeling unable to be an analyst with the patient and instead was experiencing myself as angry, at sea, and rather helpless to alter the course of events. The "canned" nature of my interpretation alerted me to my own emotional fixity in relation to Ms. B and to my inability at that point to think or to speak freshly or to render myself open to new possibilities for understanding and experiencing what was occurring between us. These realizations were deeply unsettling.

Although aspects of the patient's experience of her parents went through my mind, I was very little able to bring that context to bear on the present situation in a way that felt real. Moreover, the constellation of ideas about the transference-countertransference that had evolved in the course of this period of analysis (for example, the idea that the patient was relentlessly demanding magically transformative milk/semen/power) had lost most of the vitality that it once had held. These ideas had become for both the patient and for me stagnant formulae that largely served as a defense against feelings of confusion and helplessness and against

the experience of a fuller range of feelings (including loving ones).

Perhaps the disturbing awareness of the way my anger was interfering with my ability to offer usable interpretations allowed for the beginnings of a psychological shift to occur in me. This was reflected in my ability to see (and feel) the humor in my identifying with the neighbor's dog which was (I felt) being asked not to be a dog but rather to be the patient's imaginary, invented creature. This led me to be able to refrain from offering still another intervention of the chilly, clenched teeth ("carefully measured") variety and instead to attempt to listen.

It was after this affective shift that reverie of a more verbally symbolic (less exclusively somatic) sort began. The reverie that occurred at this point in the session consisted of images and feelings derived from a film in which a corrupt official commits suicide in such a way that the sound of the suicide is not that of the report of a gun or the shattering of glass, but the uninterrupted sound of traffic oblivious to this solitary human event. Although these images were emotionally powerful, they were so unobtrusive, so barely available to self-reflective consciousness, that they served almost entirely as an invisible emotional background. The experience of this reverie was nonetheless unsettling and contributed to the creation of a specific emotional context for the unconscious framing of what followed. Ms. B's account of her date the previous night was experienced differently than it would have been otherwise. The principal effect on me of her talk was the creation of a painful awareness of the feeling of not being spoken to, a sense of words filling empty space, words not spoken by anyone to anyone (even to herself).

Feeling at a loss to know how to speak to the patient about her not talking either to me or to herself, I continued to keep silent. Again I found my mind wandering, this time to a brief immersion in the mental "game" of observing the precise place and time of the convergence of movement of the digital time of the answering machine and the sweep second hand of the clock across the room. In part, this served to relieve the claustrophobia I was experienc-

ing in feeling trapped *alone* with Ms. B. I hypothesized that both the reverie about the suicide and the "game" involving the workings of two timepieces may have reflected my sense of the mechanical, nonhuman qualities of the experience with Ms. B, but this idea seemed superficial and hackneyed.

The reveries that followed reflected a movement from a rather rigid, repetitive obsessional form to a far more affect-laden "stream of thought" (W. James, 1890). I felt distressed in recalling a phone call from a friend who had been told he needed emergency open-heart surgery. Very quickly I protected myself from the fear of his dying by narcissistically transforming the event in fantasy into a story of my receiving this news. My own fear of dying was expressed as a fear of never waking up. The idea of not waking up was at this juncture unconsciously overdetermined and in retrospect seems to have included a reference to the oppressive "living death" of the analysand as well as to my own anesthetized state in the analysis, from which I unconsciously feared I would never awake.

In all of this there was a rapidly growing sense of being out of control both in relation to my own body (illness/sleep/death) and in relation to people I loved and depended upon. These feelings were momentarily allayed by a defensive withdrawal into emotional detachment, a psychic numbness. My unconscious efforts at emotional detachment did not hold for very long and gave way to a form of reverie in the shape of vivid images of a time spent with a very close friend, J, in the midst of her attempting to wrestle with imminent death. (Only for want of a better word would I refer to the creation of these reverie images as "remembering," because the idea of remembering too strongly connotes something fixed in memory that is "called up to consciousness *again*" [re-membered]. The experience in the session was not a repetition of anything, not a remembering of something that had already occurred; it was occurring for the first time, an experience being generated freshly in the unconscious intersubjective context of the analysis.)

In the course of the reverie of the conversation with J (in which

make-believe, but desperately real efforts were being made to "figure out" what next to do), an important psychological shift occurred. What began in the reverie as a wishful insistence that things be fair and "make sense" became a painful feeling of shame regarding my sense that I had failed to appreciate the depth of isolation that J was experiencing. The symbolic and affective content of the reverie was barely conscious and did not yet constitute a conscious self-awareness of isolation about which I could speak to myself or from which I could speak to the patient. Nonetheless, despite the fact that a conscious, verbally symbolized understanding of the reverie experience did not take place at this moment, an important *unconscious* psychological movement did occur which, as will be seen, significantly shaped the subsequent events of the hour.[1]

In "returning" the focus of my attention to Ms. B, I was not going back to a place I had been in the session, but was going to a new psychological "place" that had not previously existed, a place emotionally generated in part by the reverie experiences that I have just described. Ms. B was speaking in an anxiously pressured, idealizing way about relationships with colleagues. The reverie experiences discussed above (including my experience of defensive psychic numbing) had left me acutely sensitive to the experience of psychological pain disguised by reliance on manic defense, particularly the pain of efforts to live with terrible loneliness and in isolation with one's feelings of powerlessness.

The "clock-game" reverie that had occurred earlier in the hour took on new meaning in the emotional context of what was now taking place. The "earlier" reverie was in an important sense

[1] The unconscious movement brought about by the reverie might be thought of as the outcome of the unconscious "understanding work" (Sandler, 1976) that is an integral part of dreaming (and reverie). Dreaming and reverie always involve an unconscious internal discourse between "the dreamer who dreams the dream and the dreamer who understands the dream" (Grotstein, 1979). If there were no such unconscious discourse (if there were no unconscious "understanding work" in relation to the unconscious "dream work"), we would have to conclude that only the dreams (or reveries) that we remember have psychological value and contribute to psychological growth. This is a view to which few analysts would subscribe.

occurring for the first time, in that the act of recalling it in the new psychological context made it a different "analytic object." The "mental game" as I experienced it at this point was filled not with boredom, detachment, and claustrophobia, but with desperateness that felt like a plea. It was a plea for someone or something to rely on, some anchoring point that could be known and precisely located and would, if only for a moment, stay put. These were feelings that in the hour felt "multivalent," that is, they seemed simultaneously to have bearing on my feelings about J (not "old" feelings but feelings taking shape in the moment) and about the evolving analytic relationship.

The affective movement just described is not accurately conceptualized as the "uncovering" of heretofore "hidden" feelings in relation to my past experience with J. It would be equally misleading to reduce what was occurring to a process in which the patient was helping me to "work through" my previously unresolved unconscious conflicts in relation to J (a process that Searles [1975] referred to as the patient's serving as "therapist to the analyst"). Rather, I conceive of the reverie experiences generated in this hour as reflecting an unconscious intersubjective process in which aspects of my internal object world were elaborated in ways that were uniquely defined by the particular unconscious constructions being generated by the analytic pair. The emotional change that I experienced in relation to my (internal object) relationship with J could have taken place in the way that it did only in the context of the specific unconscious intersubjective relationship with Ms. B that existed at the moment. The internal object relationship with J (or with any other internal object) is not a fixed entity; it is a fluid set of thoughts, feelings, and sensations that is continually in movement and always susceptible to being shaped and restructured as it is *newly* experienced in the context of each new unconscious intersubjective relationship. In every instance it will be a different facet of the complex movement of feeling constituting an internal object relationship that will be most alive in the new unconscious intersubjective context. It is this that makes each unconscious analytic interaction unique for both analyst and

analysand. I do not conceive of the analytic interaction in terms of the analyst's bringing pre-existing sensitivities to the analytic relationship that are "called into play" (like keys on a piano being struck) by the patient's projections or projective identifications. Rather, I conceive of the analytic process as involving the creation of unconscious intersubjective events that have never previously existed in the affective life of either analyst or analysand.

Ms. B's experience of and participation in the unconscious intersubjective movement that I have been describing was reflected in the dream with which she began the second of the three sessions presented. In that dream the patient was watching a man take care of a baby. The man placed the baby on an imaginary slide and allowed it to fall down a concrete staircase breaking its neck in the process. At the end of the dream, as the man picks up the silent, motionless baby, the infant looks directly into the patient's eyes and smiles eerily.

After reporting the dream Ms. B went on as if she had not said anything of significance about her dream life or any other part of her life. I found (without planning it) that the wording of the interpretation I offered drew upon both the imagery of my reverie of the traffic noise covering the solitary suicide as well as the emotional effect on me of the absolute silence that framed the patient's dream (no spoken words, cries, screams, thuds, occurred in her account of the dream). I commented on the way the patient had used words as "noise" to talk over (drown out) something of great importance that she both hoped I would hear and was trying to prevent me from hearing in telling me the dream. The question of where my reveries stopped and the patient's dream began was not possible to determine in any meaningful way at this point. Both my reveries and the patient's dream were created in the same "intersubjective analytic dream space" (Ogden, 1996b).

Ms. B's response to my interpretation was more direct, self-reflective, and affectively colored than had been the case for some time. Despite a note of compliance, it was clear that the analytic relationship was in the process of changing. After beginning by saying that she saw herself as the baby that was being dropped by

me, she was able to observe that the interpretation was a "kind of a lie," in that it felt stale and reflexive. She then spoke of feeling "immobilized" in her inability to prevent what she was observing from happening. My reverie from the previous session involving my sense of shame associated with the feeling of being an immobilized observer of J's isolation led me to wonder whether shame and guilt were important aspects of the patient's distress in relation to the dream as well as in relation to her treatment of me. Ms. B's next comments seemed to bear out this understanding: she told me indirectly that she was frightened of her capacity to isolate herself and me through her claims to be "immune to" psychological pain.

As Ms. B spoke about her use of the "eerie smile" with me, I was not certain whether she was conscious of her efforts to relieve me of my feelings of isolation while with her. This session concluded with the patient's speaking *to me* about her fear of her capacity to become so mechanical that she is capable of destroying the analysis and her life. In her experiencing her inability to distinguish real feeling from deceptive "pseudo-talk," Ms. B, without fully recognizing it, was talking to me about the only things that she could know in any visceral way to be real—her frightening awareness of not knowing what, if anything, is real about her and the feeling of being fully entrapped in herself.

The following meeting began with a theatrical acting-in, in which Ms. B fastidiously removed a piece of loose thread from the couch. It had been a longstanding pattern for the patient to anxiously withdraw after sessions in which it had felt to me that we had spoken to one another in a way that reflected a feeling of human warmth. Nonetheless, the imperious, detached quality of the patient's gesture left me with a distinct feeling of disappointment that the connection I had begun to feel had again been abruptly brought to an end. I felt that I was being dropped with about as much concern as she was feeling toward the piece of thread that was being dropped to the floor.

It seemed that she, too, was experiencing disappointment in herself, feeling herself to be a failure in life and in analysis. She

was also apparently feeling frightened and embarrassed that she had (in fantasy) soiled herself and me and was feverishly engaged in cleaning up the spilled bodily contents/feelings (the dirty bathroom mess). My efforts to talk with her about what I thought I understood of the way her current feelings and behavior represented a response to what she had experienced with me in the previous meeting were systematically ignored.

During the bulk of the session, while the patient was ruminating, my own reveries included a sensuous enjoyment of the feminine lines created by the play of sunlight on the vases in my office. This was followed by an anxiety-filled set of reverie images of malfunctioning gears on containers in a factory that may have been a food-processing plant. There was a strong sense of impending disaster. These images and feelings were connected in my mind with the patient's description of the very early termination of breast-feeding that had resulted from her "excessive" desire (her biting her mother's nipples so hard that they became inflamed).

It felt to me that despite the fact that I had not previously experienced any hint of sexual or sensual aliveness while with Ms. B, I was now beginning to have these feelings and was experiencing anxiety about the catastrophe that such feelings would in fantasy bring on. I was reminded of Ms. B's arching her back at the beginning of the session earlier in the week and recalled how the gesture had held no sexual force for me at the time. That bodily movement now seemed to me to be a denigrating caricature of sexual intercourse, i.e., both an expression of sexual desire toward me and the simultaneous denigration of that desire.

These thoughts as well as the reverie feelings and images served as the emotional context for my listening and responding to the dream that the patient presented in the second half of the hour. In that dream, Ms. B had just given birth to a baby that felt alien to her. On holding him and holding him and holding him, he turned into a little boy with wild curly hair. Ms. B quite uncharacteristically offered her own interpretation of the dream, saying that she felt it reflected the way in which she feels no connection

with what comes out of her in the analysis. I acknowledged that this did seem to capture something she had felt for a long time, but (influenced by the feeling residue of my reveries) I told her I thought that she was telling me more than that in telling me the dream. I said that I thought it was frightening to her to openly experience affection for her child. (I chose to defer until a later session interpreting the idea/wish that the curly haired baby was "ours" because it seemed necessary that the patient first be able to genuinely experience her own connection with him [me/herself/the analysis].) I then asked if she had felt the way in which, almost despite herself, she had allowed the baby to become human (and loved) as she moved midsentence from referring to the infant as "it" to using the word "him."

After a silence that felt both thoughtful and anxious, she told me that she had felt grateful that I had not "thrown away that part of things." I was aware that she was using vague language ("that part of things") instead of using the word "love" (as I had done), or introducing a word of her own to name the feeling that was "not thrown away." She went on to tell me that she had been afraid that I would embarrass her with my words (in fantasy, undress her) and that her breasts would be revealed and that I would find them too small.

I then experienced, in a way that I had not been able to feel in the course of the analysis, the intensity of the love that I felt for J as well as the depth of my feelings of sadness and loss. It was only at that juncture that I began to suspect that the feelings of shame I had felt during the reverie about J in the earlier session had served to protect me from experiencing the pain of that love and the feeling of loss. I suspected that Ms. B's shame regarding the fantasy of my finding her breasts too small similarly served a defensive function in relation to the more frightening wishes to be able to love me and to feel loved by me (as well as the accompanying fears of my contempt for her and her contempt for herself for having such wishes). This fearful, defensive contempt had been expressed in her imperious gesture at the start of the meeting.

The reveries and thoughts that I have just described (e.g., the reveries involving an anonymous suicide, the effort to control the passage of time, the inability to fully grieve the early death of a friend, the anxiety associated with foreclosed sexual and sensual aliveness and relatedness) strongly contributed to my saying to Ms. B that I felt there was a sadness in what we were talking about which had to do with the feeling that important aspects of her life were not being lived (were being "thrown away"). In referring to the sadness of a thrown-away life, a life unlived, I was thinking not only of the way she had not allowed herself to have the experience of being the mother of her (our) baby in the dream, but also of the way in which (to varying degrees) she had not allowed herself to live the experience of being in analysis with me and had not allowed herself to live the experience of being a daughter to her mother or of having a mother.

Ms. B responded to what I said by crying in a way that felt to me that she was experiencing sadness with me as opposed to dramatizing for me an invented feeling. She elaborated on the idea that much of her life had not been lived by telling me that she had, to a large extent, not experienced her life as a girl and as a woman since she had not had a sense of herself as having had a female body. As a result she felt she would never be able to "make milk for a baby." Implicit in this final statement of the hour was the patient's fear that she would never be able to fully experience being alive as a sexual woman with me and experience (in imagination) being the mother of our baby.

CONCLUDING COMMENT

There are, of course, innumerable lines of thought and feeling and levels of meaning in these three sessions which I have either ignored altogether or only briefly and incompletely alluded to in my discussion. Such is the nature of analytic work, especially analytic work in which one attempts to attend to the infinite complexity of the interplay of the unconscious life of the analysand

and that of the analyst and to the ever-changing unconscious constructions generated in the "overlap" of the two. My intent has not been to be exhaustive in the explication of unconscious meanings, but to provide something of a sense of the rhythm of the to-and-fro of experiencing and reflecting, of listening and introspection, of reverie and interpretation, in analytic work that views the use of the analyst's reveries as a fundamental component of analytic technique.

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ON AN ETHIC OF PSYCHOANALYTIC TECHNIQUE

BY NIKOLAAS TREURNIET

The puristic aspect of the classical triad of technique—abstinence, anonymity, and neutrality—is evaluated vis-à-vis the influence of the patient's and the analyst's value systems on the psychoanalytic transaction. In the last decade an increasingly different valuation of affects, regression, and enactment has changed the meaning of this technical triad. Re-evaluation of enactment in the countertransference has been particularly striking in calling for a re-evaluation of our ethic of technique, resulting in the construction of seven other qualities to be added to the classical technical triad.

> Every piece of information is guided by a system of values and norms; that is useful and necessary, for otherwise this information cannot be fitted into a context and remains meaningless. There is at the same time the danger . . . that these norms and values may distort perception and even lead to downright denial of what is taking place.
>
> WOLTZ (1994)

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INTRODUCTION

The field of ethics deals with the practice of how to behave in terms of right and wrong. This, of course, also applies to the professions. As Etchegoyen (1991) puts it: "Ethics are integrated into the scientific theory of psychoanalysis not as a simple moral aspiration but as a necessity of its praxis. A failure of ethics in psychoanalysis leads inexorably to technical failure, as its basic principles, especially those that structure the setting, are founded on the ethical concepts of equality, respect and search for truth" (p. 11). If we can define the analytic situation as the total of all transactions that take place between the analyst and the analysand by virtue of the task that brings them together, we thereby also imply that there are rules by which this relationship must be governed (Etchegoyen, p. 408; see also Mooij, 1982).

The ethics of Freud's concepts rested on a scientific ideal drawn from the natural sciences that was generally accepted at the time, namely, that of "pure" objectivity which could be attained only by excluding as far as possible any influence of the observer on the observed. It was very important for Freud personally to have psychoanalysis acknowledged as a genuine science. This classical scientific ideal has since proved to be an illusion even in physics: after all, as soon as we dip a thermometer into water, we modify the temperature we wish to measure. Small as the change may be, it is unmistakable. A long time was to elapse, however, before this ideal of objectivity was revealed as an illusion in psychoanalysis. There are important psychological reasons for its persistence. When two people set aside an hour a day for years on end to talk to each other about the most intimate feelings of one of them, the risk arises that mutual affects may become so powerful that control and manageability are endangered or contact with reality is lost. For this reason, the principal aim of Freud's technical prescriptions was to protect the insight of both partners in the process from "contamination" by the analyst's affects. Analysts were deemed to preserve maximum objectivity with the help of their own analyses. The fact that anxiety plays a significant part in this

is, of course, clear to every analyst: the ethic is a "puristic" one—i.e., in order to defend against the anxiety aroused by the affective "dirt," one clings tenaciously to the illusion that maximum retention of the sterility of the analytic field of operation is both possible and appropriate. Freud himself spoke of the need for the analyst to "have undergone a psycho-analytic purification" (1912, p. 116). The anal character of this pure culture betrayed itself as a reaction-formation by the stubbornness with which this illusion was clung to and also by the low status that was for a long time accorded to affects—not always in practice but certainly on the level of theory. Technical orthodoxy—which, according to the testimony of his analysands, was certainly not a characteristic of Freud himself (see also Lipton, 1977)—became for many an unconscious solution to the analyst's conflicts, though it was not recognized as such.

This technical ideal had important negative aspects, even though it was ethically inspired by the need to protect patient and analyst alike from transgressions of moral boundaries caused by "impulsive irruptions" in the seductive universe known as the psychoanalytic situation. It sometimes resulted in a change of character which seriously threatened the capacity to achieve and maintain emotional contact with the patient. In such cases the analyst's clinical posture is characterized by an attitude of emotional stiffness, a rigidity of affect behind which a powerful sense of anxiety and shame lie concealed. This puts the analysand in a harmful psychic state of isolation. Nor is it only the analysand who suffers: technical purism has also damaged the outward aspect of analysis, reinforcing the tendency toward submissiveness and cloning in psychoanalytic societies and inhibiting originality of both oral and written expression.

Value and Valuation of the Three Commandments Now

Much has now changed. The "three commandments"—abstinence, anonymity, and neutrality—have undergone partial changes of meaning (Kris, 1990b). The term *abstinence* has lost

much of its severity through insights which stress the importance of the working alliance. It currently signifies that an analyst should avoid giving direct instinctual gratifications and should always try not to acquiesce in the analysand's defenses even if, as is often the case, the analyst may at first fail in regard to the latter injunction. Through concepts of the working alliance in particular, the realization has grown that certain noninstinctual ("ego") needs *ought* to be gratified, such as those for security, affirmation of aspects of the analysand's individuality, respect, and genuine interest. All the same, there is no *permanent* separation between the working alliance—or at least its basis, the primary aspect of the relationship—and transference in the narrower sense. After all, the working alliance, or, as the case may be, the primary aspect of the relationship (De Jonghe, et al., 1992), may well be in the service of defense, and if so, it will have become a spurious working alliance. However, analysts must dare to risk being fooled, both by patients and by themselves, in order to notice the fact subsequently and to use it constructively in the analysis. The question of abstinence hardly ever arises today. We prefer to speak of enactment or bringing into the present ("actualization") in the transference-countertransference universe, with contributions from both participants (Kris, 1990b, p. 31). Abstinence is seen nowadays as that constant balance between distance and proximity, between deprivation and gratification, which a patient needs for the advancement of the analytic process. This balance will obviously not be static and will shift in accordance with the variations in this need. In some situations it is essential to frustrate the patient, particularly in the case of both verbal and nonverbal manipulative maneuvers in the interactions—i.e., of enactment of an unconscious fantasy. In other situations it may be necessary to do just the opposite. There is no place for rigidity here.

Complete *anonymity* has also proved to be an illusion. It is important not only that analysts should burden patients as little as possible with communications from the sphere of their own lives, but also that they should, where necessary, confirm analysands' discoveries about them. An analysand has no need for disclosures

by the analyst about the analyst's private life or about the self-analysis of the countertransference, but it is necessary for the patient to know how the analyst thinks and arrives at interpretations. The old image of the analyst as a mysterious interpreting oracle has now been replaced by that of a "participant observer" (we owe this term to Sullivan, who was once reviled by the analysts who worked rigidly to the canon). The main object of anonymity is to avoid intrusion. The old insight that maximum anonymity is necessary for optimum repetition of the past in the transference is now due for correction. An analysand knows much more about us than we think he or she knows (or want him/her to know), not least through our countertransference reactions. Attempts to remain as invisible as possible in order to protect the development of the transference from contamination by reality inevitably have the concomitant of relative neglect of the resulting anxiety, shame, self-criticism, and submissiveness. Insufficient attention is then paid to the effect of analytic interventions on the patient's flows of associations, which are wrongly seen as repetitions of the past, whereas they are often actually a consequence of shortcomings in empathy on the part of the analyst.

The classical conceptions of the ethical necessity of maximum anonymity distracted attention from the evolution of a new relationship with the analyst as a new object and the material as a new creation, whereby a new development can be initiated in the here and now and a standstill in development can be overcome. Hoffman (1994) candidly pointed to a serious risk in maintaining a rigorous classical position in the matter of anonymity: "The magical aspect of the analyst's authority is enhanced by his or her relative inaccessibility and anonymity. There is a kind of mystique about the analyst that I doubt we want to dispel completely" (p. 198). In the same paper Hoffman quotes the opinion of Slavin and Kriegman (1992) who point to the defensive aspect of the anonymity rule: "The attempt to remain exclusively attuned to what appear to the therapist to be the dominant themes and meanings in the patient's subjective world is, in fact, sensed by many patients as a self-protective strategy on the part of the thera-

pist . . ." (Hoffman, 1994, p. 192). Renik (1995) also criticized the ideal of the anonymous analyst, connecting it with problems of self-disclosure and modern technique, in the following statement: "*Recognition that all of an analyst's activity involves one form or another of self-disclosure obliges us to reconsider the ideal of the anonymous analyst and to develop new guidelines about what kinds of information about the analyst are useful to communicate to a patient*" (p. 469). This essay is a first attempt to assist in the development of those guidelines.

The concept of *neutrality,* too, has now acquired so many different meanings that it has, so to speak, lost its tension like an overstretched elastic band (Levy and Inderbitzin, 1992). As defined by Anna Freud in 1936, it is a strongly idealized image of the way an analyst operates, namely, in a position equidistant from the patient's id, ego, and superego. In practice, this image compels most analysts unwittingly to take the side of the patient's self-criticism—i.e., to remain closer to the superego than to the other two agencies while not being explicitly aware of this (Kris, 1990a). Precisely because analysands have such a powerful tendency to externalize self-criticism—and hence to attribute the censure to the analyst—it often has to be made clear to them that they are selling themselves short before they can be shown that they unconsciously criticize themselves so mercilessly because they feel worthless. The main feature of this analytic attitude is an affirmative activity on the part of the analyst, with the aim of "detoxifying" the analysand's deep unconscious self-criticism. Kris (1990b) coined the term "functional neutrality," which means that the analyst does not have the right to place more emphasis on one side of conflicting wishes than on the other. After all, what is neutral at one moment may be biased at another.

Apart from these technical and theoretical considerations, there is a further objection. It is simply that "classical" abstinence, anonymity, and neutrality are impossible requirements in practice. Klauber (1981) pointed out that conflicts may arise between an analysand's values and those of the analyst (Symington, 1987, p. 55)—for instance, in the matter of asceticism versus luxury in the acceptance or rejection of a given occupation, or in the case

of the patient who gives up a successful academic career to become a painter (p. 53). Which of the two choices is to be interpreted as acting out or as inhibition often depends on the analyst's personal views. A person who, as a result of external circumstances, had had three different analysts, reported how extraordinarily instructive it was to see which of her personal idiosyncrasies each of the three objected to through "interpretations" (Klauber, 1981).

In other words, the personality of the analyst is a very important factor. A theory of technique which denies the influence of the value systems of the analyst and of the patient on the psychoanalytic transaction is thereby also denying a fundamental psychic reality that lies behind every analytic partnership. It has gradually become clear that neutrality in the classical sense is an undesirable strategy.

Value of the Concept of "True Self Potential" in the Analytic Process

So far, I have focused on norms and values intended to protect what is called the potential, intermediate, or analytic space: an entity that has to do with boundaries, frame, rules, and setting. I shall now turn to something on which we place a different value today from that placed on it in the past: what happens *within* that field of play itself.

Postclassical analysts (the term "postclassical" derives from De Jonghe, et al., 1991)—one might also say analysts who hold object relations in high esteem—are convinced that, as Bollas (1989) puts it, "the success of an analysis rests not simply on the transformation of unconscious conflicts into conscious awareness, but also on fundamentally new psychic experiences generated by the analytic situation, in particular those sponsored by [the primary aspect of] transference states. Naturally, some transference experiences are interpreted and cease to be unconscious, but certain uses the analysand makes of the analyst are of a different category of meaning from that represented by the concept of repressed unconscious conflict . . ." (p. 8).

When Winnicott (1960) defined the term "central self" or "true self" as "the inherited potential which is experiencing a continuity of being, and acquiring in its own way and at its own speed a personal psychic reality and a personal body scheme" (p. 46)—which manifests itself in spontaneous gesture—he was thereby conceptualizing an aspect of the analytic relationship which had hitherto remained "untheorized" (Bollas, 1989, p. 8): it is a matter of a psychic movement which takes place when analysands feel free to use the analyst as an object in and through whom they can grasp their personal "idiom," their individuality. Spontaneity and personalization—between "me" and "not me" lies "my not me"—are essential characteristics of this. It is a matter of what exists rather than of what reacts. "Spontaneous gesture" is the true self in action. In classical terms it could be said that the early ego-id core, i.e., bodiliness, plays an important part.

The term "true self" also refers to the psychic movement which occurs when an analysand feels safe and free enough to use the analyst as an object (Winnicott, 1969) without taking account of the relationship, in the same way as, so to speak, an orgasm occurs. It might be said that a good orgasm can occur when the relationship, together with its depressive position of concern, is capable temporarily of being subjectively "annihilated" in fantasy while at the same time it will be evident that the partner can vitally, and preferably radiantly, rise up again from the ashes of this annihilation. If this occurs on both sides, it can greatly reinforce the relationship, because the fact of a relationship *no longer* means that the basis of the ego, the true self, has to be surrendered or, as the case may be, sacrificed to that relationship. This depends upon the analyst's taking pleasure in allowing himself or herself to be used and literally being able to be "alone *à deux*." For if analysts are merely out to unmask and to discover conflicts and are not also prepared to let themselves be used to bring about a liberation of the true self, they are seriously at risk of analyzing the true self potential out of existence.

When instinctual and true-self representations appear on the scene—e.g., when an anxious, submissive patient finally dares to

start bullying the analyst as a necessary prelude to being able to allow his or her sadistic pleasure to be named—it is sometimes appropriate to celebrate this, just as Freud sometimes did by, for example, lighting a cigar and congratulating himself and the patient on the piece of analytic work accomplished. The important thing here is for the analyst to celebrate the true self through his or her affective response.

One of the most painful experiences both for children and for analysands is the feeling of being unable to give anything important to their parents (or analysts): such persons then feel that they have no significance for the other. By celebrating the analytic work at the right moment and in the right dosage, and thereby giving analysands the feeling that they genuinely have something to offer the other, we are supporting their acceptance of the true self and with it the analytic process. Of course, this is possible only if it is genuinely felt by the analyst and is thus a spontaneous response. Analysands thereby discover not only that they can "use" the analyst, but also, conversely, that the analyst can use the patient for an authentic experience of gratification in the analytic collaboration. An exclusively classical ego-psychology ethic would reject this technique with the argument that this is supportive psychotherapy and not analysis. The charge that the process of exploration and discovery is thereby disturbed, however, is valid only when an analysand uses the receiving of approval as resistance and this has become a false-self adaptation. A stereotyped atmosphere will then pervade the analysis. As with most spurious adaptations, this can best be detected through the countertransference and the background disturbances, which in such a case have usually become chronic (for the term "background disturbance," see Treurniet, 1993a, 1993b).

Celebration here is not primarily a matter of praise for an analysand's performance in the outside world—although that too is no disgrace—but praise of productive ego processes and fruitful use of the object in the analytic situation itself. Bollas (1989, pp. 87, 88) also describes the surprising discovery that some patients cannot trust their analyst when he or she places a constructive

interpretation on something to do with the analysand, so unusual and difficult is it for them to see any aspect of themselves as positive.

Kris (1990b) saw this phenomenon as central and examined it in its technical context. Patients are now substantially better helped by more consistent analysis of their punitive, destructive self-criticism. The factors which can make an analysis successful (and hence gratifying) are precisely the widening of the freedom of association, the giving, receiving, or joint making of a good interpretation, being understood, and the analysand's realization that she or he means something to the analyst because she/he can arouse feelings in the analyst. When analysts celebrate these accomplishments, they confirm that the accomplishments have value and should be enjoyed rather than subjected to punitive and joyless self-criticism; this in turn has an extraordinarily supportive and reinforcing effect on the analytic process. Or, again in the words of Bollas (1989): "When the analyst celebrates the patient's ego processes and object usage, he facilitates the analysand's true self progression" (p. 91).

Valuation of the Interpretation and of the Making of Interpretations

Because of these developments the value placed on interpretation, or rather on the making of the interpretation, has changed. Klauber (1981) observed that making an interpretation is not the only means of bringing about change. The prime task of the analyst is to make emotional contact with the analysand (Symington, 1987, p. 58). This depends upon an acknowledgment of the analyst's subjectivity: the analyst's emotions also play a part in emotional contact. A concept of technique which acknowledges the subjectivity of the analyst implies that any claim to objectivity on the analyst's part, however implicit, should be seriously mistrusted. Reality in a relationship is not an element of neutral and objective data which can be determined exclusively by one party (Schwaber, 1990; Van Tilburg, 1991). Neither of the two partners

making up the analytic couple is empowered to be the interpreter of reality. In Renik's (1995) words, referring to Hoffman's work: "Thus, the assumption that an analyst can function as privileged interpreter of a patient's experience ('realistic' versus 'distorted by transference') is rejected. Instead, the patient is recognized to be as much a legitimate interpreter of the analyst's experience as vice versa" (p. 480).

Notwithstanding all this, the principal object of an analysis remains the emotional—i.e., experiential—acquisition of insight into the analysand's own person, and this entails more than having self-knowledge. Nor must interpretations be confused with insight. Insight in the psychoanalytic sense is an affective form of cognition, in which the discrepancy between the ideational content of the affect—the hitherto unconscious fantasy—and what is known by the analysand as the reality of the relationship has a corrective, i.e., mutative, effect. Cognitive activity is crucial here, as is a thorough commitment to the "third party" of objective reality. That this reality is essentially unknowable is no excuse for not trying our best to discover it. However, the way in which this is done is of vital importance. At best, interpretations are those clarifications which are offered by an analyst or the patient and which add something to the knowledge, understanding, or insight of this patient (and often also of this analyst) about him/herself.

The mutual striving together in an analysis is directed toward the creation of meaning. This meaning grows to a large extent from the forging of links with a powerful emotional experiential content, which arises in the process of free association. Hence, the interpretative activity of analysts will be largely subordinated to their promotion—or, as the case may be, restoration—of free association in the widest sense. By "widest sense," I mean a freedom of association which also includes enactment (or, in some cases, "acting out") in a therapeutic regression, accompanied by the "corrective emotional experience" (or "corrective affective experience" or "corrective developmental experience" or even "corrective analytic experience") which is so essential to the achievement of genuine insight. I have noted elsewhere (Treurniet,

1992), in discussing the work of Kris, that the concept of the "process of free association" in my opinion includes both that of enactment and that of corrective emotional experience. What is crucially important here is the observed fact that many people, if not indeed everyone, can feel something only when they actually do it; I shall return to this point later.

The reason that corrective emotional experience goes by so many different names is that the concept has been "contaminated" by the work of Alexander and French, who linked it to a technique of active role playing by the analyst. The idea was that the role of the pathogenic parent was to be "corrected" by the analyst; this, of course, is at variance with the fundamental principles of analytic technique, because it imposes something on the patient which she or he does not choose. This kind of "role playing" within the treatment situation has an element of slick hypocrisy and is inconsistent with what most of us regard as the essence of collaboration in the psychoanalytic situation (Renik, 1993a, p. 142). In the sense in which I understand the term "corrective emotional experience," it means only *that the analyst, without any active role playing on his or her part, is used by the analysand as a new object,* by means of and with whom an affective learning process can be initiated and completed. Loewald (1960) in America was the pioneer who saw the analyst as a new object in an interactive process leading to structural change.

Baker (1993b) has convincingly argued that the analyst's "survival" of the patient's transference feelings is in itself an implicit transference interpretation and that "*an implicit, as distinct from verbalised, transference interpretation can also be potently mutative*" (p. 1229).

Valuation of Affects, Regression, and Enactment

Apart from the genuineness of the commitment of the analyst and the analysand, the other important aspect of the analytic relationship mentioned earlier has proved crucial: that of the cor-

rective emotional experience, a concept which, as I have said, indicated for the first time that an analyst also acts as a "new object." The value placed upon this process has changed enormously in the last few decades—or at least, its canonical, official valuation has, because sensitive analysts had already been applying this insight unofficially on the concrete clinical level for many years (e.g., Limentani [1966] was, to my knowledge, the first to consider acting out as a useful therapeutic guide insofar as it indicates the level of affective insight achieved by the patient as well as the state of the transference and countertransference). Renik (1993a, p. 142) agrees with Friedman (1978) and Lipton (1977) that one of the most important ego-psychology trends of the last forty years has been a reaction to the work of Alexander and French, as a result of which it was, for a long time, theoretically taboo to set any store by the close relationship between affective experiences and curative factors in the analysis. This was an example of throwing out the baby with the bathwater.

The idea that feeling and doing commonly take place in the proper order—"feel first, then do"—proves to be an analytic myth. In the classical conceptualization, action and thought are mutually exclusive alternatives. This means that enactment, the active staging of a repressed memory or unconscious fantasy, must be counteracted: according to classical theory, motives can be analyzed in the form of fantasy, but this is not possible as long as they are acted out.

The universe of possibilities for action has now proved to be much larger than mere acting out as it is classically understood. The boundaries between acting out in the above sense and enactment, "actualization," preverbal expression, and play are fluid, and distinguishing between them demands a great deal of experience and sensitivity. Renik (1993a), Van Waning (1994) and I (Treurniet, 1992, p. 248) are convinced that there is little evidence for the theory that a fantasy can become conscious without any expression in activity having first taken place.

The concept of therapeutic regression, which is closely connected with those of enactment and acting out, shows that the

value placed on the phenomenon of regression has also changed. Balint (1959) and Winnicott (1954) were the first to suggest that regression can in itself be therapeutic provided that it is received by the analyst with a specific, primarily nonverbal attitude called "holding," in which interpretative activities are temporarily suspended. The use of parameters is no longer a necessary evil. Each patient needs his or her own parameters, so the concept has lost much of its significance. Together with acting out—another aspect of the same kind of process—regression is now seen as an affective return to the point, often preverbal, where development became blocked. As such, it is a sign of hope: it is evidently safe enough for the analysand to risk regression and enactment in the expectation that the stalled development can be resumed. In addition to the unconscious internal conflict of the classical model, postclassical thinking has introduced the important new concept of the developmental "arrest," denoting a partially blocked line of development, usually in the affective field. Again, besides making that internal conflict conscious, the concept of a new development resulting from new, "mutative" experiences involving the analyst as a new object has emerged as a therapeutic factor (see also Baker, 1993b).

Valuation of Countertransference

Few analysts now regard feeling reactions to patients in the clinical situation as an obstacle to the analytic work. On the contrary, countertransference feelings are now seen as a rich source of information, often of crucial importance for insight into what is happening in the analysis. It is generally acknowledged that an analyst is dragged by an affective lasso (Symington, 1983) into the patient's internal object world and that the analyst must do something with it if she or he wishes to have any therapeutic effect not only on the patient but also in retaining the analyst's own psychic equilibrium. Awareness of countertransference is thus a valuable acquisition for analytic work. The *partial* living out of these feel-

ings is therefore deemed unavoidable. This is not considered to be disastrous in itself, but it is not felt to be very desirable either. The vast majority of analysts, after all, still regard acting out from within the countertransference as an unwanted disturbance of the process, which it may certainly be.

Only a few analysts have seen this situation differently. Among others, Carpy (1989) showed not only that *partial* acting out from within the countertransference is unavoidable but also that *complete* control of it is undesirable. For partial acting out means that patients are able to see that the analyst is influenced by their projections, makes an effort to tolerate them, and achieves "good enough" success in maintaining his or her analytic attitude. It is this process that enables patients not only to take back into themselves the intolerable and therefore projected parts of themselves after "detoxification" by the analyst, but also to internalize the capacity to tolerate projections. Furthermore, it is very important for analysands not only to "know," but also to see, that the analyst is an ordinary person and *is able to live with this realization.* In the same spirit, Boesky (1990) concluded: "If the analyst does not get emotionally involved sooner or later in a manner that he had not intended, the analysis will not proceed to a successful conclusion" (p. 573). Hoffman (1994) expressed a similar idea: "When the patient senses that the analyst, in becoming more personally . . . involved, is departing from an internalized convention of some kind, the patient has reason to *feel recognized* in a special way. . . . I would argue that there is something about the deviation itself, regardless of content, that has therapeutic potential" (p. 189). And: "If the analyst is too abstinent or too self-negating, the patient's healthy need for the analyst to survive, and even to benefit from the patient's impact . . . will not be met" (p. 194). Renik (1995) expresses related ideas: "I think the *great majority of successful clinical analyses require that at certain points, the analyst, like the patient, accept the necessity to depart from his or her own preferred ways of proceeding and to bear a measure of discomfort*" (p. 488). The degree of desirability (or undesirability) of complete control is thus changing. However, whether or not it is desirable (or partially so),

the involuntary element quite rightly continues to exist, as Carpy acknowledges with his comment that an analyst must certainly make an effort to tolerate the projections. This is what is meant by "bearing a measure of discomfort." It also implies, of course, that analysts must try to subordinate their immediate affective needs to the long-term interests of their patients which "*can be optimized only in the context of the analyst's . . . critical scrutiny of his or her participation in the process*" (Hoffman, 1994, p. 194). The big question is how to make *constructive* use of the analyst's emotional participation.

As mentioned earlier, we no longer expect analysands to be able to respect the "appropriate" order of first feeling, then doing. We believe that usually in the treatment situation they first stage their transference feelings in an enactment (they "act them out") and only then—or, at most, simultaneously—become conscious of what they are in the process of doing by coming to feel it. We nevertheless seem to find it very difficult to accept that the same applies to an analyst with regard to the countertransference. In three recent papers Renik (1993a, 1993b, 1995) points out that experience has shown that even seemingly insignificant variations in our moods affect the way we hear the patient's material, whether we decide to remain silent or to intervene, and hence how we express ourselves in terms of voice, posture, mimicry, and gesture when we make interventions. Even the slightest aspect of our feeling state has an influence on how we listen to the material and on how we decide whether to intervene or to say nothing, on how we choose our words and on the tone we adopt when pronouncing them. Everything we know about our own work and that of our colleagues, says Renik, leads him to the conclusion that consciousness of emotional reactions *necessarily always* follows the translation of these reactions into an action. *In other words, consciousness of countertransference too is always retrospective.* In a paper on the impact of the patient on the analyst, which is of greater therapeutic value than many analysts are willing to admit, Kantrowitz (1997) writes: "It is in the context of countertransference reactions that the analyst's participation in the analytic process most parallels the

patient's. Examples of transference-countertransference engagements therefore provide the best illustrations of the therapeutic impact of analysis on the analyst" (p. 132). "Allowing oneself to actively participate in the affective life of a patient means being open to one's own affects, fantasies, hopes, and fears. . . . Without this emotional risk, no psychological change can take place. To be truly engaged is to allow oneself to be vulnerable to another. The relationship benefits the analyst beyond the cognitive recognition and clarification of personal issues. Once engaged, the interaction that occurs between patient and analyst provides the analyst an opportunity to change" (p. 145).

More classical ego-psychological models of the analytic process tend not to recognize the fact that analysis is an interaction, in which both parties are indeed affectively embroiled. These models evidently hold fast to a theory based on the obsolete view that consciousness of personal affective motives on the part of the analyst is technically very useful, whereas their expression in any form of action is harmful. But if countertransference *acting out* is necessary before countertransference *feelings* can become conscious, then the elimination of countertransference acting out is not only impossible but also misplaced as a technical ideal toward which an analyst should strive (Renik, 1993a). After all, countertransference fantasies are presumed to be a rich source of information, whereas countertransference enactment is deemed to be an obstacle to analytic work. Hence the old principle of conscious feeling *instead* of action still dominates the theory of analytic technique, although this principle can never be implemented in practice. The underlying idea that psychoanalysis is unfortunately an interaction between two personalities persists: the implication of this is that personally motivated activity ought as far as possible to be eliminated.

This does not mean that every countertransference enactment is always noticed as such by an analysand, still less that this is always disturbing, but that every countertransference feeling is accompanied by expression. An empathic tone is also a countertransference enactment. However, "Over and above any particular defen-

siveness that we may attribute to the therapist, the overly consistent use of the empathic mode will, for some patients, be sensed as the therapist's hiding some aspect of him- or herself, or pursuit of his or her interests—interests that, as the patient well knows but therapists are loath to face, indeed, diverge in some significant way from those of the patient'' (Slavin and Kriegman, 1992, pp. 252–253). Both negative and positive countertransference should be worked on analytically only if their enactment has given rise to a background disturbance.

Hence the present state of affairs is, to put it mildly, somewhat confusing. On the one hand, tolerance for and interest in the intensely personal nature of the analyst's participation in clinical work has assumed an ever larger place in our thinking about the analytic process and analytic technique. On the other hand, we still cling to the image of an analysand who must be kept apart in a field as far removed as possible from contamination by the personal psychology of the analyst. This insight, of course, has far-reaching consequences for an ethic of technique.

The confusion and partial split are, in my opinion, responsible for the fact that younger analysts in particular are often ashamed of their countertransference feelings. Anxiety and shame see to it that none of this emerges in supervision or intervision situations, whereas it is the very fact of becoming conscious of, and discussing, transference-countertransference interactions that can be so instructive for the analyst and so therapeutic for the patient. The rigidity and woodenness mentioned earlier are directly bound up with this anxiety and shame. So too is the spurious adaptation in many supervision situations and also in many clinical discussions: something must then be hidden—and, in fact, something *is* being hidden. If older, experienced analysts have a more relaxed style of analysis, this may also be due to the fact that their position in their professional association is much more secure than that of younger colleagues who ''still have to make it.'' In my view, none of this can change until the ethics of our technique has changed. Hence this paper.

A "Macrovignette" and a "Microvignette"

A female patient, a second-generation Holocaust victim of Jewish parents who had survived the war by going into hiding, felt in every relationship that she was an extension of the other. Behind this, and most basic, was the well-known second generation trauma. She was born with the usual impossible expectation: that she would make her parents happy again by restoring the destroyed family. Since the Holocaust and its consequences were hardly ever mentioned, this assignment was transmitted nonverbally and nonconsciously, with severe damage to our patient's identity. She expressed this as follows: "I think I was born so that my mother could have tranquillity; it was my function to make her feel calm." There had never been any negotiation or conflict. During toilet training, her mother, fearful of any possibility of conflict (which for her was probably always associated with war and destruction), anticipated the child's need to move her bowels before the patient did herself. Unable to wait for her little daughter's own reaction, she would immediately put the child on the pot until she did move her bowels. In this way she deprived the child of any possibility of arriving at a solution through conflict, difference of opinion, negotiation, refusal, and compromise, with the result that, in the core of her being, the child had the feeling that she did not exist. "Saying no," the basis of individuation (Spitz, 1957), was made impossible for her from the outset. An endless pattern developed in which she was well behaved by denying her own existence. "What mattered was always how things were with me and never how they were with her. So I could never mean anything to her because she only wanted to be something for me. I had to make sure that she never failed." This meant that she was never able to give her mother anything. But as soon as the child asked her mother for anything, she got it immediately, with the concealed message that asking your mother for something was really an attack on her motherhood. The child had to ensure that her mother always felt she was being the perfect mother and had

satisfied all her daughter's wishes. The mother would not tolerate a situation in which the daughter gave rather than asked. The following episode suggests that this Catch 22 situation was not merely a matter of projection. When the patient was accepted as a tomboy by the local boys and was allowed to take part in a "secret mission" on condition that she steal something from her home as a trial, her mother, who got wind of this from another mother, reacted by giving her the object concerned instead of allowing her to steal it. It was out of the question for the patient to become angry about anything like this—because didn't she have a perfect mother? And wasn't any difference of opinion with such a mother always an act of aggression?

The patient began the analysis by spending a long period testing my ability to tolerate the fact that I did not exist: she made me feel what she must have felt as a toddler and schoolgirl, that she had nothing to offer her mother but her own non-existence as her mother's extension. She did this by making it abundantly clear to me at every opportunity that I had nothing, absolutely nothing, to do with her progress. Immediately after her analysis began, she had embarked on an alternative medicine treatment for her considerable psychosomatic problems. She never missed an opportunity of making me feel (largely in nonverbal ways) that her impressive improvement had nothing whatever to do with the analysis, but was solely due to the alternative therapy. Interpretations of her need to create an identity of her own in this way were scornfully dismissed time after time. She really did not know what she was still doing in analysis. She was getting absolutely no benefit from it compared with her alternative treatment. She was able to see that now, only because she had never experienced such an intense feeling of freedom before. Compared with this, the analysis was a pale shadow—for words are nothing compared with physical acts and feelings. This went on for about six months, during which time she also stopped paying her bills. Almost every word she uttered carried the message that she wanted to use her analyst's attitude to allow her independent identity to grow and blossom. She had to, and would, discover whether I could "cel-

ebrate'' her activity and progress—i.e., acknowledge and value it—without invading her with my own existence. As a new object, in contrast to her mother, I had to tolerate the fact that I, like her, did not exist before she could trust me enough to acknowledge me as an object.

As soon as this happened—as soon as I had ceased to be an extension and a utensil and had become an object—all hell, so to speak, broke loose. I was examined by her again, but this time as an object who really existed and with whom an interaction was possible, an object in whom it was worthwhile to generate countertransference. And this occurred much more powerfully than in the previous period of denial of my analytic existence. At that time my most troublesome (and annoying) countertransference reactions had consisted of sometimes intense feelings of boredom and drowsiness.

Now it was as if she were penetrating inside me and kindling outbreaks of destructiveness. She did so with words, to be sure, but in such a way that virtually every word subtly served to destroy my feeling of worth. She made me feel a fraction of the fury and impotence with which her parents, as Holocaust victims, had filled her. Because words here performed a nonverbal function—that of action—I cannot describe this very clearly. Any description of the actual words spoken gives a totally inadequate picture of what ''actually'' happened. I suddenly realized that I was about to produce scathing, punitive interpretations, and when I realized this, I became so angry with myself that I got on my high horse and gave her my opinion of her analytic potential (or lack of it). At the end of this session, I saw her walk out of the room absolutely radiant. I then wondered whether this was not only from triumph at how effectively she had floored me, but because she also desperately needed to experience herself as being able to arouse strong feelings in me, which I would be totally helpless to confront. But there was more. The next day I thought I was doing well to interest her in the significance of her feat of arms. I did not realize that I was acting out my countertransference again until she asked me, in a devastatingly friendly tone, why I needed an

analysand to always feel that I understood her so well and whether I was sometimes afraid of getting involved in a good fight. Did I really need her in order to feel that I was a good analyst?

It was only when she had said this that I fully understood how much she needed to have a relationship that was fundamentally different from the one she had with her mother, who after all desperately needed her daughter's admiration in order to feel herself a good mother. Conflict was vital to this patient to enable her to differentiate herself from her mother's idealization of their relationship, which was the principal cause of the patient's fragile contact with reality. Her mother had never given her a chance to experiment with reality by messing around, and now at last she could do it in her analysis. "And I can only do that if I make sure that you also end up messing around; now I have done that very nicely!"

In the ensuing period she was able to describe how desperately she had sought help from her father for the necessary differentiation from her mother's universe, but how he had been either absent or totally uninterested. In the analysis it also became clear that she had missed her father as a "sparring partner" who could help her to grow by fighting. When I ventured to suggest that her need to fight perhaps also served to keep forbidden feelings of love for her father at bay, of course she became furious: "There you go again: there was nothing to do with love or pleasure about it. It was something much more fundamental; what mattered was that I should exist for him *without* that bullshit of my mother's. Just as I only recently started to exist for you when I was able to fight you! Why don't you bloody well do your job properly, you stupid bugger! You have never understood how my father did not want to accept anything from me, that I only existed for him, too, as an extension of my mother." As a result, her only possible identity had become opposition to any form of loving dependence. "That is another loathsome thing about this analysis, that I *have* to collaborate!"

It was an absolute necessity for her to feel that she existed in me

as a separate person, which for her meant a "combative" one. That was possible only if she succeeded in arousing so much feeling in me that I *had to* acknowledge my dependence. The essential point was that she was able to see how I coped with the break in our symbiotic illusion by simply getting angry. She could see that this was not catastrophic and that psychically I "survived" her use of me. In other words, this dependence did not cause me to collapse, and it became possible to discuss it, not only in relation to her past, but also as an attempt to wrest a second chance from the analysis and finally to resume a development which had come to a halt. *My acting out in the countertransference was an indispensable factor here: for her it was the only guarantee of authenticity.* Admittedly, the intensity was exceptional, but if we look at the situation, we find that it also applies to many other analyses: it is only after the event that one notices, through the observation of one's own enactment, that something has happened in the interaction that is worth exploring further.

Now the microvignette. As a counterpart to the "macro-acting out" from within the countertransference that I have just described, here is a very short vignette on "micro-acting out." An analysand came up against her intense impotent hatred of my separate existence as a person for her—she could not influence me, or at least not enough—and she substituted for this conflict a struggle with her own body: she had an attack of vertigo, with headache and palpitations. She worried about her blood pressure and was afraid that "something in her head might explode." I asked her why, since she was a doctor, she had not taken her own blood pressure. In so doing I was, of course, avoiding her (and my) anxiety, but she had evidently frightened me all the same. I realized this only when she reacted with a triumphant "Now I've got you!" Only after we had both had a good laugh were we able to face up to the reason it was so important for her to be able to control my feelings and thoughts.

It will no doubt be clear that these examples represent the limits of an analytic universe of myriads of macroenactments and mi-

croenactments in the transference-countertransference situation, which can in most cases become conscious only when—and because—they have first been manifested.

Implications for an Ethic of Technique

At this point I must dwell for a moment on the obvious tension in this essay between the concepts of "classical" and "postclassical." This arises principally from a criticism of *the one-sided use* of certain models. In addition to the classical model, we have the postclassical, or object-relations, model. The newest component of this object-relations model is "bipersonal" psychology. Van Tilburg (1991) summarized the situation as follows: "The latest trends in our thinking about the analytic situation make relative the analyst's epistemological position of superiority. If this development is to be taken seriously, our existing models will not suffice. As Thomä and Kächele (1987) say, we shall then need a model based on a genuine bipersonal psychology, whereby due account can be taken of the mutual influencing that occurs in every relationship and of the remarkable fact that it is possible to assume the metaposition and reflect about it *à deux*" (Van Tilburg, p. 11). All this must not make us forget that these models complement and do not replace each other. The continuing aim of analysis is to maximize the analysand's exploration of his or her own psychic reality, which is achieved by working on intrapsychic conflicts and by allowing lines of development which have become blocked to resume. However, this is possible only if the *conditions* for the application of the intrapsychic conflict model as described above are to some extent satisfied, and for these conditions—i.e., the interactional aspects such as background, containing, holding, working alliance, primary relation, etc.—we need a bipersonal object-relations model. Only then will it sometimes, to varying degrees and then not constantly, also be possible or necessary to apply the classical model.

Before we examine the significance of the foregoing for an

ethic of technique, it may be useful briefly to summarize what I have said so far. I began by noting that norms and values tend to distort our perception of the facts, because they become the content of wishful thinking. The defensive aspect of the classical scientific ideal of analysis—the culture of technical purism—has become clearer to us. We now realize that a theory of technique which denies the influence of the analyst's and the patient's value systems on the psychoanalytic transaction inevitably denies a fundamental psychic reality that lies behind every psychoanalytic partnership. The concepts of abstinence, anonymity, and neutrality have thereby assumed a different meaning.

However, the re-evaluation of enactment of the countertransference has been particularly striking. With the advance of the tendency for countertransference enactment to be seen as to some extent unavoidable, so the degree of its desirability (or undesirability) has come to be rated differently. We asked how an analyst could enable the patient to have a corrective emotional experience without deliberately manipulating that patient. Our answer was that this is often possible precisely because an analyst's behavior in the clinical situation is partially determined by motives of which the analyst is not conscious and in which countertransference enactment always precedes countertransference consciousness. For this reason it is possible for an analyst to participate in a corrective emotional experience, and to do so authentically and without premeditation. After all, what immediacy would remain to be analyzed *without* the analytic text of transference-countertransference enactment? As one patient said: it made me feel that I exist. That is the important gift which an analyst makes to the analysand with his or her *involuntary* countertransference enactment. Its involuntary nature is therefore surely an essential condition.

From all this it is not difficult to derive norms and values for a somewhat more up-to-date ethic of technique than simply the classical one.

1. *The epistemological equality of analyst and analysand in the creation of meaning* has become a fundamental value. The assumption that

analysts can function anonymously, as privileged interpreters of a patient's experience, is now obsolete. The traditional epistemological superiority of the analyst has been eroded for good reason: the analysand and the analyst can, from time to time, assume the metaposition together in order to reflect about the "material." This does not mean that analyst and patient always function on the same level of psychic organization. An essential tension between them is part of any psychological process. A position of epistemological equality is, however, especially valid in the elucidation of what happens between the two. The analyst's interpretations about transference feelings of the patient do not per se have more validity that the patient's interpretations about the countertransference feelings of the analyst (Hoffman, 1983).

2. *Openness* is closely related to epistemological equality. The acknowledgment of the analyst's subjectivity, which cannot be reduced to projective identifications by the patient, is one of the aspects of an increased openness. Analyzing is preferable to building up the analyst's authority, and it expresses that honesty toward oneself and others which is allegedly at the core of psychoanalytic practice: the systematic study of self-deception.

3. *The non-intrusive affirmative attitude* of the analyst who values the patient's "true self potential" can give the analysand the benefit both of sensible doubt and of a sustained "willing suspension of disbelief" (Trilling, 1955). After all, actions speak louder than words. It is this interested willingness to celebrate that is a powerful factor in helping the true self to emerge. It is not the celebration itself but the willingness that counts, the capacity to have pleasure in one's patient's pleasure; to paraphrase Freud, we might call it the "unobjectionable (*zärtliche* = affectionate) countertransference." It is also an important aspect of the analyst's refusal to sacrifice the immediacy of contact to the wooden caution—or even worse, detached indifference—of defensive distance.

4. *The spontaneous willingness to allow oneself to be misled by oneself again and again,* to let oneself be surprised by oneself, to fall into the trap, to allow illusions to be generated in oneself, permits the

use of disillusionment for self-analysis of the countertransference. It is perhaps the most difficult quality for analysts to maintain, because it generates shame. It is hard enough for us to integrate our playfulness—without which successful analysis is impossible—with the technical superego of our education. A minimum of punitive unconscious self-criticism in the analyst (Kris, 1990a) is a necessary condition. Things become even more difficult when we face our colleagues in situations of supervision or intervision. Candor here is only possible when we know that our colleagues have exactly the same basic attitudes and problems. Sandler (1976) called this the capacity for "free floating responsiveness." The most productive course is not automatically to defend against any possibility of countertransference enactment: we make ourselves a usable object precisely by virtue of unconscious countertransference entanglements in combination with subsequent self-analysis.

5. Closely related to this is an *oscillation between acting out and introspection, an alternation of countertransference enactment and a subsequent objective self-analysis, as evidence of mobility within one's own internal space.* These are the most important contributions of an analyst to the analysand's analytic space. They are intimately related to what Hanly (1991, p. 44) calls "plasticity of repressions": the integration of a natural inclination toward playfulness with having been reasonably well analyzed. It is also an opportunity to realize that disappointment in oneself can be tolerated emotionally and that "two imperfect people [see also the seventh quality below] who also care about each other can manage to sustain their relationship in the face of mutual disappointment" (Renik, 1993a, p. 151).

6. Both the willingness to let oneself be misled by oneself and the resulting oscillation between acting out and introspection are only possible with some measure of safety when both are connected with the capacity to endure what First (1993) calls "countertransference strain." This involves the capacity to remain in emotional contact with an analysand who is in the process of acting out despite the uncomfortable tension aroused and, as we also now know, despite the even greater discomfort we experience

as we realize that we are already partially engaged in living out our countertransference. *In this connection it is an absolutely necessary paradox that, in order not to be undesirable, this living out must be, at least secondarily, unpleasurable and that it must take place in spite of oneself, be nondeliberate and involuntary, in order to motivate some self-scrutiny.* This is the sixth attribute and a plea for "functional" neutrality (Kris, 1990b). An important aspect here is that the intensity of the countertransference enactment is significantly less than that of the projective identification whereby the enactment is extorted by the analysand (Adler, 1989).

7. Now, if all this is to be achieved, we must realize that a great deal of pleasure may also be experienced by both parties. For this purpose a seventh condition, *incorporation of the non-ideal, of "objective" reality, of the value of "good enough" into the analyst's conscience,* is also necessary, if only to counteract the shame and punitive unconscious self-criticism (Kris, 1990a) mentioned in 4. By this I mean that the position from which we judge our technical actions must be pervaded by a substantial sense of ("objective") reality. Some involuntary loss of control is no disgrace in a person with some temperament, and some sense of humor would certainly not go amiss (Baker, 1993a).

These "seven commandments," however, carry the risk I have already mentioned in relation to the guidelines of abstinence, anonymity, and neutrality: they tend to distort one's perceptions. So we gain no help from rehearsing a list of idealized qualities. It does not help in the least with ethical problems. It is, of course, all very well to say that we turn ourselves into a serviceable new object for our analysands partly through our countertransference, but how can we ever decide where productive analytic technique ends and our exploitative use of the analytic situation begins? An obvious answer could be that the nature of our conscience and the role played by that conscience in the analytic process are central to these matters. But what guarantee is there that a *folie à deux* has not arisen? Well, there is none. It was Boesky (1990) who described how resistances between analyst and analysand are "negotiated," thus confirming the idea that analytic technique arose

from an interaction between countertransference and other components of the analyst's psychology. In 1980 Calef and Weinshel were already writing that the analyst is the "conscience of the analysis." Analytic technique can be defined as an interaction—and hence also as a compromise—between the analyst's conscience and his or her countertransference. Technique as a compromise between conscience and countertransference enactment: this is a shaky foundation for a reliable and scientific approach when we realize how far both entities, conscience and countertransference, are influenced by affects, common self-interest, and wishful thinking.

We do not have a test instrument, an "objective correlative," to protect our own ethic and to tell us whether we have achieved an approximation to the conditions for the analytic situation listed above, for we intervene in the situation which we ourselves have created. There is no acceptable "objective" solution to this problem, because most analysts as well as analysands feel the use of a tape-recorder an impossible intrusion, even if it is only used for autosupervision together with the patient. There is, however, a related solution which I have mentioned in passing: the taking of the metaposition along with the patient whenever the analytic situation calls for it. An important factor here, once again, is the analyst's attitude: his or her attitude toward reality. This essay might raise questions concerning my own position on objective reality and objectivity. My ideas can easily be pigeonholed as "constructivist" or "cocreationist" or any other of the either/or labels which have as their main objective to make it easier to manipulate the world of ideas from behind a philosophical writing desk. Psychic factual reality is, of course, different from material factual reality, while at the same time belonging to that world as a mental fact. To my mind, all analysts should be committed to a sustained effort at getting as much objective confirmation as they can, both by self-scrutiny and by consulting with our patients as well as with our colleagues. Staunch adherence to an epistemological position of "correspondence" with the third party of objective reality rather than putting one's faith only in the comfortable narrative

fit of "coherence" (Hanly, 1991, 1995) is, to my mind, the only trustworthy position. After all, systematic study of one's own self-deception—an analyst's most essential debt to his or her discipline—also needs a crutch in reality. Or, as Woltz (1994) puts it, unlike dogmatic believers and romantic existentialists, empiricists point to "the morality of fact."

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The Prisoner's Dilemma: Game Theory and the Therapeutic Alliance

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THE PRISONER'S DILEMMA: GAME THEORY AND THE THERAPEUTIC ALLIANCE

BY STANLEY R. PALOMBO, M.D.

My aim in this paper is to describe how the therapeutic alliance evolves during psychoanalytic treatment. Lindgren has shown that a coevolutionary process can optimize the level of cooperation by the players in the game of prisoner's dilemma. This level is reached when strategies for recognizing reliable patterns in the sequence of moves by the other player have evolved. These are multiple memory strategies. Lindgren's work suggests that the analytic process must have sufficient time for multiple memory strategies to emerge if it is to achieve the necessary level of trust for an effective therapeutic alliance to develop.

Zetzel (1965) coined the term "therapeutic alliance" to describe an aspect of the analytic relationship that Freud (1913) had included in the concept of the "positive transference" (Kanzer, 1981). The therapeutic alliance is the structure of mutual trust that allows the work of psychoanalysis to proceed. The origins of the therapeutic alliance have been much debated. Zetzel believed the patient's capacity to form a therapeutic alliance was inborn and that it could be ascertained during a brief period of evaluation. Others (Curtis, 1979; Greenson and Wexler, 1969) felt that this capacity could be acquired in the course of analysis.

My aim in this paper is to show in some detail how the therapeutic alliance evolves during psychoanalytic treatment. The time required for this to happen may vary from hours to years, depending on the patient's ego strength and the state of his or her internalized objects. But I will argue that the sequence of steps

leading to this result is fixed, no matter how much time is needed to reach it. My analysis of this issue begins with a famous predicament in game theory called *the prisoner's dilemma* (Axelrod, 1984; Poundstone, 1992). Since this material is unfamiliar to most analysts, I offer my hope that the reader will be able to persevere until its relevance becomes clear.

Some psychoanalysts labor under the misapprehension that anything having to do with mathematics, logic, or simulation on a computer is incompatible with the activities of the unconscious. This view seems to be based on Freud's idea that the id is unorganized, but it contradicts the ample clinical evidence that unconscious mental activity is patterned and structured. I need only mention unconscious censorship and the acting out of unconscious impulses. There is nothing random about these unconscious activities. The patterns they form are consistent and reproducible in every patient. They can be analyzed mathematically and simulated by computer, to whatever extent we understand how they operate.

Game theory has been used to analyze the behavior of populations of plants, animals, and people, none of which are conscious agents in the usual sense (Maynard Smith, 1982). If we think of the unconscious as an aggregate of conflicting feelings and impulses, then we can regard this aggregate as a population. An aggregate of this kind, if it is both large and diversified, almost always produces organized and patterned behavior. The structure of this behavior can be understood without minimizing the spontaneity of the individual wishes and feelings that make up such a system.

In Lindgren's simulation of a prisoner's dilemma tournament (1992), strategies are evolved over thousands of games played by hundreds of players. They are not consciously thought out. They are patterns of behavior chosen for their adaptation to the player's circumstances by a process much like natural selection. The strategies chosen by the patient in analysis and, in part, by the analyst also evolve outside of consciousness. They underlie and often undermine the conscious intentions of the two analytic partners. The

evolution of the alliance brings about a reconciliation between these unconscious strategies and the conscious goals of the players.

The prisoner's dilemma gets its name from the situation in which two men suspected of a serious crime have been caught and imprisoned in separate cells. There is not enough evidence on hand to convict either of them for the crime, so the prosecutor offers a plea bargain. If only one of the prisoners testifies and implicates the other, he will be freed. The other will be sentenced to five years in jail. If both testify against each other, they will each receive a reduced sentence of three years. If neither testifies, they will both be tried on a lesser charge and sentenced to one year. What should the prisoners do?

The rational strategy for each of the prisoners is to testify, that is, to defect from the implicit agreement (not to testify) that would give each of them a minimal one-year sentence. If either player testifies, he gets a better payoff, no matter what the other player does. If the other player keeps quiet, the testifying player goes free. If the other player also testifies, the first player gets three years in prison instead of the five he would have gotten if he had kept quiet. Both players, if rational, will choose this strategy. The double defection leads to an equilibrium state for the system comprising the two prisoners. Each player minimizes the damage the other can do to him, but each will be sentenced to three years in prison.

The prisoners would do better if each were willing to cooperate by taking the chance that the other would keep his mouth shut. If both refused to testify, they would be jailed for only one year. This would be a disequilibrium strategy with optimal payoff. But they have no way of communicating their willingness to take the risk in a single round of prisoner's dilemma.

In psychoanalytic treatment, the equivalents of cooperation and defection are not quite the same for the patient and for the analyst. Patients cooperate by following the analyst's instructions to say everything that comes to mind. They defect by withholding this information. Analysts cooperate by listening empathically to what patients say. They defect by substituting their own precon-

ceptions for what the patients are actually telling them. Defection in either case is primarily an unconscious act, although either of the analytic partners may be aware of actively suppressing a wish or idea that he or she does not want to deal with at the moment. The prison walls in psychoanalysis are the unconscious defensive structures that prevent cooperation and self-awareness.

In a single round of prisoner's dilemma, the players cannot learn anything from each other's play. But if they played the game over and over again, each one would be in a position to infer a pattern of responses made by the other player. From this observation, the two could devise an optimizing strategy. This repetitive game is called the *iterated prisoner's dilemma.* It gives the players an opportunity to learn from the pattern of moves in previous games, but as we shall see, the capacity to learn has to evolve through their mutual experience.

Defection by both players is the rational strategy for a single encounter, or for a finite number of encounters when that number is known in advance to the players. It is best to defect in the last game, since the last game is identical to a single-round game. At that point there is nothing to lose in destroying the other player's trust. Since a player knows that the opponent knows this, it is also best to defect in the next to the last game, and so on down to the first. Only in an *infinite iterated prisoner's dilemma* do the players have a chance to work out an optimal cooperative strategy for the game. The success of a strategy in the infinite iterated version of the game can be measured by the average payoff for the player who uses it over many rounds.

Axelrod (1984) set up two round-robin tournaments which were contested by simulated prisoner's dilemma strategies. After thousands of rounds, it was found that a very simple strategy, called Tit for Tat, had the best average score. In the Tit-for-Tat strategy, the player simply makes whatever move the opponent made on the previous play. If the other player cooperates, the Tit-for-Tat player cooperates on the next move. If the other player defects, the first player also defects. Tit for Tat had the best score in Axelrod's tournament.

It became axiomatic that Tit for Tat was the best practical strategy one could expect to find for the infinite iterated prisoner's dilemma. However, in 1992, Lindgren upset this notion when he used a variant of John Holland's genetic algorithm (1975) in a brand new set of experiments. The automated players in Lindgren's tournaments could evolve. They had a very simple genome consisting of just two binary digits. The left-hand digit represented the players response when the other player defected on the last move, and the right-hand digit represented the response when the other player cooperated. If the number stored in either position was a zero, the player responded by defecting; if it was a one, by cooperating. There are four possible strategies for each player: 00, defect whatever the opponent does; 11, cooperate no matter what; 01, Tit for Tat; 10, reverse Tit for Tat. These are *memory one strategies,* because the memory of only one previous move is used to implement them.

In his simulation, Lindgren created a round-robin tournament with 1000 players using the four possible strategies in equal numbers. In one generation each of the thousand individuals played against the 999 others. The scores for each strategy were averaged. In the next generation of 1000, the extant strategies were represented by a number of players proportional to their average scores in the previous round robin.

There were three kinds of mutations, each programmed in at random intervals. Point mutations were random errors occurring in the updating of the genomes at the end of each tournament round. A genome could also replicate to double its length, or split down the middle to give a half-length genome. A double genome had a length of four digits. It produced a strategy that responded in a different way to each combination of *two* previous moves, the player's last move and the opponent's response to that move. This is a *memory two strategy.* Each doubling of length adds one more memory to the sequence of immediately preceding moves that a strategy responds to. Random errors also occurred in the execution of a strategy at about the same frequency as the mutations. Thus, the system was noisy as well as subject to mutation.

Lindgren's results showed a very intricate pattern of punctuated equilibrium. There were brief periods of sharp chaotic fluctuation when one strategy after another became dominant. These typically occurred at the outset of play and during the emergence of the memory two strategies, but also at unpredictable moments throughout each run. There were also much longer periods when either a single strategy or a pair of mutually dependent strategies dominated the population.

In most runs, players that evolved memory four strategies (16 digit genomes) reached a near optimal payoff very quickly. They appeared within 30,000 generations. At first a single memory four strategy became dominant. Soon many other equally effective memory four strategies, in the range of 20 to 30, joined in. All were different, but all shared an underlying similarity of pattern. The system had reached a plateau at nearly optimal levels of success. There was no further movement once this level had been reached. This outcome was not universal, however. About one of ten runs failed to reach an evolutionary stable strategy within 80,000 generations. One such run reported by Lindgren operated at the same nearly optimal level, but had occasional lapses when its average score fell sharply for a brief time. The number of evolved strategies during this run reached as many as 200 on more than one occasion before crashing and reconstituting. This case is much nearer to the pattern observed in a successful psychoanalysis where the completely or perfectly analyzed patient is only an ideal.

Of special interest to the psychoanalyst, Lindgren's experiment shows how, given enough time, an evolving system can raise its initial payoff equilibrium to much higher levels. The equilibrium strategy at the start of the tournament was 00 (defect no matter what), a strategy requiring no memory at all, which scores only 33% of the optimal payoff level for mutual cooperation. The 00 strategy dominated the simulation for the first few dozen generations before being replaced by the memory one strategy, Tit for Tat. Tit for Tat scored 75% of the optimum when playing against itself in a noisy setting.

The successful memory four strategies operate at a 97% level. Even more remarkably, they reach a stable equilibrium at this near-optimal efficiency 90% of the time. The low initial equilibrium is pulled to the higher fitness values by the success of strategies that operate far from the original equilibrium levels. These conditions appear at an abrupt phase transition that changes the structure of the entire system. This eventually makes their behavior fully predictable. The computational source of the phase transition is quite clear. The addition of new memory capacity allows an increase in the amount of information about the behavior of the other members of the ecosystem that can be stored by each of the components. This makes their behavior predictable and the strategy of defection completely maladaptive.

We see a similar pattern during the unfolding of a successful psychoanalytic process. The patient entering analysis is faced with his or her own unconscious version of the prisoner's dilemma. He or she has a difficult choice to make; the difficulty is usually resolved unconsciously. The patient can cooperate with the analyst by saying everything that comes to mind, as instructed, revealing painful feelings and self doubts. Or the patient can defect by clinging to an old self-protective but self-deceiving way of operating.

The rational equilibrium strategy in this situation is to defect rather than to cooperate. Most patients unconsciously choose to be safe when faced with the unknown in the person of an analyst they have no first-hand knowledge of. Of course, the analysis is not an exact replica of Lindgren's simulation of the prisoner's dilemma. There are only two players in analysis and their roles are not symmetrical. And there are many more factors determining the course of the analysis than the dynamics of the prisoner's dilemma. These other factors can have a profound influence over the dynamics of the therapeutic relationship, but they cannot completely override them.

But can the patient take the risk of accepting the analyst's assurances about this? We know that the patient will experience occasional failures of empathy on the part of the analyst. This is

almost unavoidable, despite the analyst's best intentions. In the face of this, the patient begins by unconsciously following the rational strategy that would lead to the lowest equilibrium level.

Some patients try to hide their defection by making a great effort to impress the analyst or to comply mechanically with what they imagine to be his/her wishes. Others tell their story in a closed and stereotyped way, maintaining tight control over their words and fending off the analyst's attempts to open up the analytic discourse. Some simply go through the motions of the analysis without feeling or commitment. The seriously ill patient may make little pretense of cooperating, actively fighting off the analyst while blaming him or her for lack of progress. The patient may take hours, months, or years to realize (unconsciously) that cooperation is safer than defection and potentially much more productive.

The analyst also has a positive payoff whether or not the patient defects since he or she is not playing by exactly the same rules as the patient. At the least, the patient's defection rewards the analyst with an opportunity to observe the patient's defenses in action. The patient's manner of defecting may also provide the only information available at the moment about the unconscious fantasies that motivated it.

Nevertheless, analysts may have their own issues to face in responding to their patients' defections. Their efforts to be empathic make them vulnerable to being drawn into the patient's game. Analysts can at times be conned into believing that their patients are telling everything. They can also be convinced that a patient's defecting behavior is intractable, regardless of the attempts to change it. No analyst consciously intends to play Tit for Tat, but countertransference feelings may produce a more or less subtle version of defection which the patient will be quick to pick up.

I find that inexperienced analysts, when faced with too many defections by the patient, often drastically lower their expectations about how the patient will respond to treatment. At times they even develop an unconscious conviction that the patient will never

change. In spite of this, the patient usually shows some improvement. The analyst's reliable presence and attention can offset other signs that he or she is empathically withdrawn. But when the patient shows signs of evolving a new and more cooperative strategy, the analyst may react as if the patient is cynically complying with his/her own wishes. The patient then has a legitimate complaint that the analyst is undervaluing and infantilizing him or her. The analysis will very likely founder unless the analyst can overcome this countertransference impasse.

Lindgren has shown that an automated coevolutionary process can optimize the fitness level in an open-ended game of prisoner's dilemma. There must be sufficient time for the situation to evolve, and there must be clarity about the difference between cooperation and defection. As in most real life applications of the prisoner's dilemma, the most difficult question for an observer may be to decide whether a player is defecting or cooperating. Both transference and countertransference issues in analysis are likely to show up as difficulties in reaching an agreement about what constitutes cooperation or defection.

Of great importance for our understanding of the psychoanalytic process is the dynamics of interaction that raises a low initial equilibrium to a higher level with a nearly optimal payoff. Lindgren's experiment tells us a good deal about the features of this dynamic pathway. First of all, the pathway is not smooth. There are large fluctuations in the performance of his system even while genotypic complexity is progressively increasing. Only at the memory four phase transition does the increase in complexity have a definitive influence on future performance. In the psychoanalytic situation, change may come rapidly after a long period of stasis.

Second, it is the extended memory of previous interactions that makes an effective strategy of cooperation safe from exploitation. The corresponding feature of the analytic process is the development of a record in the patient's memory of the analytic discourse. The patient has to learn how to overcome the transference projections that make defection seem a rational strategy. A patient

learns to *remember* that interactions with the analyst have turned out to be different from his or her fearful expectations when the analysis began; i.e., they turned out to be different enough of the time to generate a memory four strategy.

Lindgren's simulation suggests that the patient's memory of the analyst's interaction may evolve through stages in which he or she uses more and more information. The patient usually begins analysis with a memory zero strategy and expects the analyst to react as an authoritarian (indifferent, sadistic, seductive) parent might have, no matter what the patient does. The analyst's actual response may not even be noticed at this point. Gradually, it becomes clear to the patient that there are differences in the analyst's responses at different times. At first it may seem to the patient that these responses have no relation to what the patient says or does.

After a while the patient may enter a stage in which he/she closely tracks the analyst's statements and devises a strategy based on what the analyst has said most recently. If the analyst seems friendly, the patient speaks more openly; if the analyst does not seem friendly, the patient is guarded. (The degree of the analyst's friendliness is a very subjective judgment, of course.) This is a memory one strategy, similar to Tit for Tat. Later the patient may notice that the analyst's response differs according to what the patient has been saying. If the patient is being open, the analyst's comments may seem to be more frequent or more focused; if he or she is guarded, the analyst's responses may be less forthcoming and less specific.

By the memory four stage, or its equivalent in analysis, the patient is able to recall the analyst's response to his/her own reply to the analyst's remarks about the patient's previous statement. This is enough depth to allow the correcting of misunderstandings, the clarifying of obscurities, and the testing of new hypotheses about the analyst's motives.

My estimate is that a memory four strategy is near the human limit of explicit, conscious, short-term memory capacity. Of course, much greater mnemonic depth of implicit and uncon-

scious memory is likely to be available to assist in adaptation. We are probably dealing with lower level neural network structures that can hold dozens or even hundreds of memory representations simultaneously.

Lindgren's simulation suggests at the very least that the analytic process must have sufficient time for multiple memory strategies to evolve if it is to achieve this result. Of course, the analytic process must also be open-ended, just like the infinite iterated prisoner's dilemma. Otherwise, patients will correctly believe that they can hold back painful material without ever being called to account for it. So-called brief psychotherapy, whatever virtues it may have, encourages patients to defect from the first moment of treatment.

Multiple memory strategies make it possible to look ahead in responding to a challenge. Chess-playing programs that look ahead three moves on each side make powerful opponents for human chess masters. It is a major goal of analysis for patients to remember that the last time the analyst defected he or she was able to recover on the following move, or at most the one after that. Patients can then look ahead to a recovery from any new misconstrual or misunderstanding; they do not have to be caught in an endless cycle of defection.

Of great value to the patient is the analyst's linking up of the elements of the analytic discourse itself. An analyst can do this by referring explicitly to the relation between what the analytic pair is saying now and what they have said before. The analytic discourse provides a record of these connections that is available to both participants. For the record to be effectively connected, it has to be openly self-referential. This will form the solid base for the development of a multiple memory strategy by the patient.

It appears to me that for most analysts the analytic discourse exists only in the real time of the analytic session. Of course, it leaves a permanent residue in its mutative effect on the patient, but it is not usually viewed as an internalized entity distinct from self and object representations. The taking in of the analytic discourse is more likely to be thought of as a metabolic process,

similar to digestion and assimilation. One speaks of the analyst and other objects and parts of objects as being internalized by the patient, with some pieces of their structures remaining intact and being reassembled after the internalization.

Lindgren's work suggests that the history of the interaction must be incorporated into each of the partners as a connected structure. My clinical observations indicate to me that this is the case in analysis. If so, there will be a link between the degree of connectedness of the analytic discourse and its usefulness for the evolution of a multiple memory strategy.

I believe that analysts often work in a way that optimizes the connectedness of the analytic discourse without having this in mind as a conscious goal. Analysis would be hard to imagine if the analyst were not able to compare what was happening in the session at the moment with what had happened at other times in other sessions. Much depends on determining what is a repetition or a departure from what has happened before.

Analysts should be aware that they have the opportunity to configure the analytic discourse in a way that makes it more useful to the patient. As it evolves, the analytic discourse provides a cumulative sample of alternatives to the strategies that fail to get patients what they want and need from the analyst and from other people.

Patients may lack an awareness of the connectedness of their own contribution to the analytic discourse. This is often demonstrated when they introduce a topic as if it were new, when, in fact, they had discussed it at some length in the past. A typical response to an association of the patient might be, "What you're saying now about me sounds like what you said about your mother earlier in the session." Or, "This is the first time you've told me anything about your boss that sounded sympathetic." These interventions are the links that hold the analytic discourse together. For example, I find it particularly useful to refer to what the patient has said about her or his father on a specific occasion in the past, rather than to what I may believe at the moment the patient feels about the father in general. Referring to what the patient has said

in the past also keeps it clear that all such statements are taken in context. No particular statement is the final truth about anything. What is revealing is the relationship between what the patient said then and is saying now.

What is true for the patient is true for the analyst: the analyst's statements are not final either. They are subject to revision each time the patient provides new information. The analytic discourse is a possession that patient and analyst share and to which they can each refer in the knowledge that the other also has first-hand experience of it. This is the basis for the development of the analytic equivalent of the memory four strategy in Lindgren's simulation.

My point is not that psychoanalysis can be reduced to a simple game theoretical model. That would be absurd. Nor do I claim that the prisoner's dilemma is the best possible model for the unconscious dynamics of the psychoanalytic process. I am merely suggesting that any useful explanation of these dynamics must be *at least as complex* as Lindgren's simulation of the infinite iterated prisoner's dilemma. Analysts can judge for themselves whether the technical suggestions generated by the model have any value.

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THE PROBLEM OF "CONCRETENESS"

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"Concrete" patients manifest resistance to interpretation per se. Their apparently primitive thinking is the result of complex psychodynamics, explicable in terms of the mechanisms of wish fulfillment and a revised theory of fetishism. The general thesis is that an unconscious equation of differentiation with overwhelming tension leads to a global process of defense against the differentiating function of the analytic frame. The wider implications of this theory can be integrated with Freud's mostly unknown late attempt to generalize the theory of fetishism.

> Is not the great riddle of sexuality, of sexual differentiation, at the same time the great riddle of individuation . . . ?
>
> LOEWALD (1980, p. 338)

This essay will examine, theoretically and clinically, the problem I am calling "concreteness." I put the word between quotation marks, because I am not using it to refer to the psychotic concretization of the abstract. Rather, I am referring to a dilemma that arises in a large group of apparently analyzable, nonpsychotic patients. Such patients present derivatives of fantasy material, often in an apparent drive-defense configuration, but cannot make use of interpretation. Jacobson, in a virtually unknown 1957 paper, used the word "concrete" in just the sense I intend. She gave a detailed description of an analytic patient who would present

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projected fantasy material, but who would reject any interpretation that implied that he was not simply seeing things as they are. Jacobson proposed that such patients tend to "handle intrapsychic conflicts as though they were conflicts with reality" (p. 73). They can do so, she said, via regression to a " 'concretistic' infantile stage where the child, though already aware of the difference between internal and external world, between the self and objects, still treats them both in the same manner. . . . [This] infantile concretization of psychic reality . . . permits persons who employ this defense to treat their psychic strivings as if they were concrete objects perceived" (p. 80).

Recently, Frosch (1995) described the analysis of such a patient. Where Jacobson used the word "concrete," Frosch speaks of "preconceptually organized emotion." He too says that such patients create rigid "belief structures" that accommodate a difficulty in distinguishing between inner and outer reality (p. 437). Frosch found that "interpretive work emphasizing projection . . . was not particularly helpful" (pp. 428-429), even though it was clear to him that his patient's fantasies were conflated with reality. Such patients typically put the analyst in a difficult technical and emotional bind. One's major therapeutic tool, interpretation itself, seems inadequate to help them. Caper (1994), recounting his work with a patient who took her perception of the analyst to be an indisputable reality, says that he came to the dismaying realization that for this patient " 'being in analysis' was not . . . any guarantee of progress or development" (p. 907).

An ordinary example will illustrate the clinical problem from both sides of the couch. A woman patient in a treatment of many years' duration is accurately viewed by her candidate analyst as having a narcissistic personality disorder. The candidate has been frank about his difficulties in working with this patient. He has been particularly frustrated by her response to his interpretive efforts. One of the patient's typical ways of opening a session was to say that she did not want to talk about what was on her mind because she "knew" the analyst would be critical of it. The candidate thought his job was to help the patient understand her

projected self-criticism. The patient thought this was nonsense, that the analyst was telling her that what she "knew" to be the case simply was not so.

On another occasion the patient was late for her early morning session, which was the first of the analyst's day. She began the session by saying, "I know that you're mad at me for being late." The analyst, thinking of recent sessions concerning her defenses against aggression, responded that her lateness might be due to *her* anger at him. He was again working under the assumption that the patient should be helped to internalize her projections. The interpretation is clearly premature in the session and falls back on a technique that has misfired many times before. But whatever the countertransference implications of the intervention, the patient's response was noteworthy. There *had* been work on defenses against aggression in previous sessions, which the patient was unable to consider at all. She said that if the analyst could think she might be angry at him, he was rejecting her. What use is it to come to such a rejecting analyst? The analyst ill-advisedly persevered and reminded the patient of the recent sessions concerned with defenses against anger. He tried to show her that understanding her anger at him could be helpful in her treatment. The patient lapsed into silence and remained silent for the rest of the session. In the next session, she brushed aside any attempts to explore her protracted silence of the previous day. The candidate said that he often did not know how to get out of the binds the patient typically put him in. He was honest in his statement that although he had the formal structure of an analysis with this patient, she was only sporadically available for analytic work. In other words, the patient often seemed to need to short-circuit the interpretive process itself, especially when it concerned the transference. He was as dismayed by the work with his patient as Caper was by his.

Although the analyst here happens to be a candidate, I do not think that his difficulties with the patient have to do with his student status. I have chosen the example because it so saliently illustrates the ordinary kind of clinical event I am labeling "concrete." It corresponds to the descriptions of such patients by Ca-

per, Frosch, Jacobson, Renik (1992), and others. Grossman (1996) has spoken of a perverse attitude toward reality to describe the pathology of license not to test conclusions. This is an apt way of describing the certainty about perception that characterizes the "concrete" patient. It is precisely this certainty that makes interpretation "fall flat." If one *has* to believe that one's perceptions provide indubitable knowledge of "reality," the possibility of interpretation is pre-empted. To interpret always implies that one thing might mean another. The "concrete" patient paradoxically defends against just this possibility while remaining in analysis. To analyze such patients requires both a theory that explains why the patient has to defend so strenuously against the possibility that one thing might mean another and a technique informed by this theory.

Although any single approach to a difficult dynamic problem cannot do it justice, I will focus here on defense against differentiation. To use interpretation therapeutically, psychic organization has to be not unduly threatened by the possibility that one might be different from what one consciously thinks oneself to be. The overall thesis I will develop is that persistent "concreteness" is the result of complicated defenses against the possibility of differentiation itself.[1] What I would like to demonstrate is that aspects of Freud's earliest and latest thinking about hallucinatory wish fulfillment and defense give crucial insights into the dynamics of, and possible technical approaches to, the process of defense against differentiation that creates "concreteness." The phrase, process of defense, is a deliberate citation of one of Freud's last papers, "Splitting of the Ego in the Process of Defence" (1940b). In that paper, he began to generalize the notions of disavowal and ego splitting that had emerged from his reconsideration of fetishism.

Jacobson (1957) already had seen that "concreteness" de-

[1] This restricted focus on the very large topic of defenses against differentiation will not permit full integration with at least two equally crucial issues in the understanding of "concreteness"—affect regulation within a narcissistic organization and sadomasochistic transference enactments. Both are evident in the example of the patient who was late.

mands an integration of wish fulfillment and dream theory with the late revisions of defensive process related to fetishism (pp. 75-80). Following her lead, the thesis I will develop is that "concreteness" is a compromise formation between any form of differentiation that represents the threat of too much tension and a set of fantasies that replace this unconsciously registered differentiation within consciousness. The basic properties of hallucinatory wish fulfillment and the disavowal and ego splitting intrinsic to fetishism are the dynamic underpinnings of this particular kind of compromise formation. A grasp of these dynamics can inform the changes in interpretive technique necessary to produce therapeutic results with the persistently "concrete" patient. Moreover, such an understanding can open new perspectives on theory and technique in general. I will argue in conclusion that far from being anomalous, persistent "concrete" defense against differentiation, and therefore against interpretation as it is usually conceived, can serve as the index of new ways of thinking about unconscious processes and psychopathology in general. In making this argument, I will be attempting to elaborate on hints thrown out by Freud in his very last writings.

At first glance it could appear that the theory and technique elaborated by Freud would have little to say about the dynamics of the concrete patient. The entire edifice built on the original theory of neurosis and dreams, with repression as its "cornerstone" (1914, p. 16), assumes that psychopathology has a symbolic structure. This is why interpretations which assume that one thing might mean another, even those beginning from the defensive surface, will have therapeutic effect: symptoms are defensively created symbols. The aim of treatment is to reverse the defensive process that created the need for the symbol. Another way of thinking about "concreteness," in which one thing *must not* mean another, is that the patient has difficulty with symbolization per se. A new literature about desymbolization, and often enactment as well, has dealt with this problem (Chused, 1991; Freedman, 1997a, 1997b; Freedman and Berzofsky, 1995; McLaughlin, 1991; Panel, 1992).

My own efforts are a version of some of the newer thinking about desymbolization and enactment, although with an emphasis on the resources implicit in the original theory of hallucinatory wish fulfillment. This early Freudian concept compels attention because of its intrinsic relation to the basic problem in concreteness. There is no disagreement that concreteness represents a defensive conflation of fantasy and reality. To be transiently or persistently concrete is to impose some sort of wish fulfillment upon external reality, as when the patient in the example seems unshakable in her "knowledge" that the analyst is angry at her for being late. Freud's very early theory explains the genesis of both fantasy *and* defense in terms of wish fulfillment and primary process. Thus, it potentially has something to say about the defensive conflation of reality and fantasy. The late theory of fetishism, disavowal, and ego splitting sheds new light on the entire problem of defensive substitution of fantasy for reality. (Indeed, several discussions in the literature have already linked the central problem of defensive conflation of fantasy and reality to the dynamics of fetishism, the tack first taken by Jacobson.) An excursion through the original theory of hallucinatory wish fulfillment as an intrinsically defensive process is the prerequisite for understanding concreteness in terms of disavowal and ego splitting. By means of this excursion, it will also be possible to resolve a major inconsistency in the late theory of disavowal and ego splitting. I will be drawing on Freud's scattered remarks about the negative hallucination implicit in every wish fulfillment to develop a distinction between primary and secondary splits in the ego due to disavowal.

Primary Defense: From Negative Hallucination to Disavowal

For integrating the early theory of wish fulfillment (particularly in relation to the nature of defense) with the late theory of fetishism, the original theory elaborated in the *Project* is quite useful. There, primary process is first defined as the wishful, hallucinatory revival of the memory of a previous satisfaction (1895, p. 319, pp.

326-327). Hallucinatory recall of memories of previous satisfaction is a *perceptual* experience. Thus, it is like the experience of dreams, which were already understood as wish fulfillments (1895, pp. 335-340) a good four years before the publication of *The Interpretation of Dreams*. However, precisely because hallucinatory recall of a previous satisfaction is perceptual, Freud notes a conundrum, which he will return to several times in his later writings: without some inhibition of this primary process, there is no way to distinguish between the perceptual experience of hallucinatory recall and the reality of the external world. Freud's answer to this conundrum in the *Project* is to conceive the ego's secondary process as this inhibiting function (1895, p. 327). We find here the basis for a theory of psychic "reality," *real* because it is *perceived* in dreams and hallucinations, and yet "unreal" because it seeks to eliminate the reality of painful experiences via the wishful revival of a previous satisfaction. In terms of our central problem—the perplexing tendency to "treat . . . psychic strivings as if they were concrete objects *perceived*," in Jacobson's phrase—this early theory suggests that perception itself can be used to conflate internal and external if the inhibiting function of secondary process is overcome.

What is so important for the rest of the theory is that Freud conceives what he calls "primary wishful attraction" at the *origin of defense*. Just as wishes primarily replace pain with images of gratification, so defenses prevent energic investment in painful experience itself: "The wishful state results in a positive *attraction* towards the object wished-for, or more precisely, towards its mnemic image; the experience of pain leads to a repulsion, a disinclination to keeping the hostile mnemic image cathected. Here we have primary *wishful attraction* and primary *defence*" (1895, p. 322). This theory shows clearly why Freud defined primary process as the pleasure-unpleasure principle: wishes are the attempts to replace unpleasure with pleasure; defenses are the attempts to eliminate the registration of unpleasure per se. Thus, the basic conflict between the primary and secondary processes: the primary wishful-defensive process tends toward inertia (1895, p. 312) and at-

tempts to eliminate whatever is dissonant, painful, or traumatic; the secondary process inhibits this functioning, allowing energic investment in the dissonant reality. It is worth noting that Freud developed these ideas at a time when his thinking about psychopathology was relatively fluid. We find a theory in which wish and defense work together to produce the inertia that has to be overcome if the secondary process is to include the registration of whatever traumatically raises tension. This will be the key to the problem of persistent "concreteness": it is a particularly "inert" form of wish and defense working together.

This early theory of psychopathology portrays a mental apparatus which inevitably resists knowledge of whatever is construed as painful or dissonant. When Freud calls *"primary defence"* the first "biological rule" (1895, pp. 370-371), he situates the pathological processes at the juncture of mind and body. Such processes are framed in terms of a particular conception of mental energy: a tendency toward inertia is given a "biological" cast. While there are many more questions raised than answered by such a conception, it does attempt to explain two major aspects of psychopathology: first, the hallucinatory *perception* of wishes can defensively substitute for whatever raises tension, and second, wish and defense working together produce considerable mental inertia. In this early conception, as in the much later one of unconscious parts of the ego, defenses belong to the primary process and the pleasure-unpleasure principle. Psychopathology shows how primary process and the pleasure principle can substitute a tendency toward inertia for the ego's secondary process activities, whether via the positive hallucination of a wish or the essentially negative hallucination of a defense. *Therapeutically, this inertia has to be overcome if the secondary process is to perform its function of distinguishing between internal hallucinatory recall and external perception.* Only in this way will the ego carry out its secondary process activity of including within itself that which tends to be warded off because it raises tension traumatically. This point will be crucial as we proceed.

At the end of *The Interpretation of Dreams,* Freud refines the

argument from the *Project* about the nature of the positive hallucination implicit in wish fulfillment. He evokes the familiar model of the hungry baby who links memories of previous satisfactions with the need to relieve current tension. The ur-wish is the hallucinatory revival of the memory of the breast in an attempt to alleviate hunger without waiting (1900, pp. 542-544). Two very important complementary aspects of wish fulfillment are stressed here, temporal immediacy and perceptual identity. Throughout the book on dreams, Freud emphasizes that wishes have only one temporal mode, the present. Here, he explains the "nowness" of wish fulfillment and the primary process in terms of the attempt to relieve tension immediately. Although there is no longer a discussion of what was called "*primary defence*" in the *Project,* the idea is implicit: via wish fulfillment the hypothetical infant attempts to relieve tension by substituting the visualization of relief, and by that very act, also attempts not to attend to its own distress in the moment.

For the same reasons, Freud also emphasizes that the wish creates what he calls a perceptual identity with the memory of the object that relieves tension. In other words, the *hallucinatory* nature of wish fulfillment, the fact that dreams are perceptual experiences that excite the visual apparatus in the same way as any other visual experience, allows wishes both a positive discharge function and a negative defensive function that is *convincing.* Opatow (1995), discussing the positive discharge function of wishes, similarly states that the dream is a conscious lived experience which activates the memory of an object that is "seemingly present," and thus convincing. There is no dream without an implicit "affirmation" of what Opatow calls "an illusory truth," i.e., that the distinction between "perception and memory" can be overcome. In the *Project* this distinction between perception and memory—between registration of a disturbing tension and the perceived revival of the memory of a previous satisfaction—was explained by the inhibiting secondary process of the ego. For the dreamer then—and of course the dreamer exemplifies the universal potential for psychopathology—seeing is believing. To

see *now* even the manifestly distorted image of an object *perceptually* identified with satisfaction can be used to repudiate the disturbance of increased tension.

There is an important echo of the link between the positive function of wish fulfillment (the replacement of tension with an image of satisfaction) and its negative defensive function in "A Metapsychological Supplement to the Theory of Dreams" (1917). Freud again takes up the question first noted in the *Project,* "the great practical importance of distinguishing perceptions from ideas, however intensely recalled. Our whole relation to the external world, to reality, depends on our ability to do so" (p. 231). The intrinsic problem is that hallucinatory wish fulfillment "consists in a cathexis of the system *Cs.* (*Pcpt.*), which, however, is not effected—as normally—from without, but from within, and that a necessary condition for the occurrence of hallucination is that regression shall be carried far enough to reach this system itself and *in so doing be able to pass over reality-testing*" (p. 232, italics added). In other words, dreams reveal a paradox: there are certain organizations of what appears to be the sine qua non of reality testing—consciousness and perception themselves—that eliminate reality testing.

At this point Freud has a thought about this *regressive* cathexis of consciousness that he puts in a footnote: "I may add by way of supplement that any attempt to explain hallucination would have to start out from *negative* rather than positive hallucination" (p. 232, n. 3). What is striking about this note is that it shows Freud once again thinking about the negative defensive function implicit in every positive wish fulfillment, as in the early notion of "*primary defence.*" In effect, negative hallucination eliminates the distinction between perception and memory and therefore makes it possible to be convinced by the apparent reality of the positive hallucination in every dream. Without such a function, there would be no explanation of the paradox that in dreams consciousness is aroused such that reality testing is unquestioningly suspended. In dreams, then, perception is used in the service of both negative and positive hallucination. The "negative," de-

fensive function of perception is much more subtle than the more obvious positive perception of the dream images themselves. If dreams provide the basic mechanisms of both mind and psychopathology, how and where does this subtly defensive use of perception show up in compromise formation?

One answer to this question is in the theory of anxiety. In his late revision, Freud (1926) held that wishes produce conflict when the ego construes them as leading it into danger. Although he reverses his long-held conviction that defense produces anxiety here, Freud does so by returning to some of his earliest thinking about tension regulation. He defines the original danger situation as one of helplessness in the face of "*growing tension due to need* [Freud's italics]. . . . When the infant has found out by experience that an external, *perceptible* [italics added] object can put an end to the dangerous situation . . . the content of the danger it fears is displaced from the economic situation on to the condition which determined that situation, viz., the loss of the object" (1926, pp. 137-138). We again find Freud showing how perception can be used to relieve tension, but now as the prototype of the transition from panic (in the face of overwhelming tension) to signal anxiety. Without specifically considering the role of perception in dreams, Freud has given us another insight into a paradoxical function of consciousness. The question is once again the regulation of traumatic tension. Now, however, not only does seeing a dream "convince" the baby that tension has been relieved during sleep; the *waking* baby is also convinced that all is well when he or she sees an external object identified with tension relief. Inversely, not seeing it (her) is the signal that the baby could be overwhelmed by tension. While this may often be so from the baby's point of view, it creates the possibility that later in life we may continue to be convinced that the perception of an external object can relieve tension and that not seeing it is a signal of distress.

Thus we find Freud elaborating a theory of how perception in the moment can create not only convincing illusions of relief but of danger as well. While one cannot speak of such a use of perception without understanding its illusory aspects, it is also impor-

tant to recall that signal anxiety is an important displacement away from the "economic situation" of being overwhelmed by tension. Signal anxiety itself, then, is a basic form of tension regulation. However, it is intrinsically double-edged in terms of reality testing. Because it is true that the mother relieves tension by her actual presence, the possibility of momentary perception of her absence becomes a convincing illusion, a signal of the threat of overwhelming tension.[2]

In the revised theory, the neurotic's dilemma is that he or she wishes for the kind of tension-relieving gratification exemplified by the hungry baby who hallucinates the breast, but is also convinced that the fantasy component of the gratification entails the even greater tension of a potential threat. The threat associated with the wish generates signal anxiety. What Freud now calls "*defensive process*" (p. 145) makes it possible to replace the internal realities of wish and anxiety with a distorted substitute, the symptom. But because the wish has been registered (or it would not have led to conflict), the neurotic has lost contact with a piece of reality to the extent that symptom replaces wish. Or more accurately, via defense the neurotic attempts to make sure that contact is lost with a tension-raising, psychically real wish that the ego does not want to include in its organization. Such an understanding

[2] Freud had actually already discussed this issue in terms of the early theory that anxiety is libido transformed by repression. In the *Three Essays* (1905) he wrote: "Children themselves behave from an early age as though their dependence on the people looking after them were in the nature of sexual love. Anxiety in children is originally nothing other than an expression of the fact that they are feeling the loss of the person they love. . . . They are afraid in the dark because in the dark they cannot *see* the person they love . . ." (p. 224, italics added). Freud appends a charming anecdotal footnote to this passage that speaks directly to our point: "For this explanation of the origin of infantile anxiety I have to thank a three-year-old boy whom I once heard calling out of a dark room: 'Auntie, speak to me! I'm frightened because it's so dark.' His aunt answered him: 'What good would that do? You can't see me.' 'That doesn't matter,' replied the child, 'if anyone speaks, it gets light.' Thus what he was afraid of was not the dark, but the *absence* of someone he loved; and he could feel sure of being soothed as soon as he had evidence of that person's *presence*" (p. 224, n., italics added). One can read this anecdote as the child's saying: when you do something that brings you into consciousness, i.e., when you speak, although I cannot literally see you, it is as if I were using my visual apparatus in the "light."

extends to psychopathology in general. Freud had already said that while in psychosis there is defense against a piece of external reality, and in neurosis against a piece of internal reality, in *both* there is always a substitute for the reality lost to defense (1924, pp. 186-187). The crucial point is that there is always some loss of a registered reality in any of the substitute formations produced by defensive process. By implication, the mechanism that permits the ego to eliminate its perception of an external or internal stimulus that raises tension would be the negative hallucination implicit in every wish fulfillment.

Fetishism led to new ideas about the ego, defense, and the process of forming substitutes for the reality lost to defense, i.e., the general conception of psychopathology. Although Freud never explicitly examines the problem of fetishism from the point of view of "concreteness," his entire discussion of it helps illuminate the links between concreteness, wish fulfillment, and defensive substitute formation, as Jacobson understood. It is well known that Freud conceived the fetish as a substitute for the missing maternal phallus. According to the familiar logic of the castration complex, the little boy becomes anxious about the mother's lack of a penis when he links it to fantasies of the penis having been removed. One possible outcome is a compromise between what Freud calls the boy's "unwelcome perception" of the absence of the penis and "the force of his counter-wish" to *see* the missing penis in order to assuage his castration anxiety (1927, p. 154). Thus, the fetish—the concrete, visible thing that has to be *perceived* in order for the man to be potent. One can interpret this analysis as an extension of the theory that equates actual perception of the mother with reassurance that tension will not be raised to traumatic levels. Just as all is potentially well for the baby who *sees* the mother, so all is potentially well for the man whose fantasy that the penis could be separated from the body is so intense that he has to *see* a replacement for it in a sexual situation. The anxiety-relieving property of the fetish can be understood directly in relation to the basic mechanism of signal anxiety: perception of the presence of the object is conflated with relief from potentially

overwhelming tension, while any momentary perception of the absence of the object signals the threat of it.

In a later discussion Freud points out that the fetish is a "compromise formed with the help of displacement, such as we have been familiar with in dreams" (1940a, p. 203). Just as the dream is the hallucinatorily real, if defensively distorted, perception of wishful fantasy, so the real perception of the fetish as a form of convincing reassurance also implies that the fetish has fantasy content attached to it. The fetishist, like the dreamer, creates a perceptual identity between tension relief and the memory of fantasy: there is a straight theoretical line from the original hallucination of the breast to the fetishist's having to perceive the object he believes will get rid of his anxiety. The fetishist, unlike the dreamer, of course, creates a perceptual identity between an actual object and a fantasy in waking life, just as the baby conflates absence and presence of the mother with danger and reassurance.

The fetishist presents an exaggerated version of signal anxiety in his insistence on the presence of the fantasy laden "thing" in order to insure potency. Both the magically relieving presence of the thing and the danger of its absence depend upon the possibility discussed by Opatow, to wit, that the dream is a *conscious* affirmation of the convincing presence of a fantasy derived from unconscious wishes. If dreams did not awaken consciousness through their stimulation of the visual apparatus, then fetishism—the conviction that *to see* a certain object eliminates danger—would not be possible. However, fetishism also would not be possible unless the fetishist were employing a mechanism akin to the negative hallucination that makes every hallucinatory wish fulfillment seem real. In other words, the fetishist uses perception in the paradoxical way adumbrated by Freud (1917, p. 232, n. 3) when he spoke of negative hallucination to explain the *regressive* cathexis of consciousness that passes over reality testing. Fetishism is a kind of waking dream linked to the dynamics of signal anxiety. The fetishist's consciousness is dominated by the dream-like identity between the memory of fantasy and the perception of a con-

crete object conflated with it *and* by the conviction that not to perceive this object is a signal of danger.

The comparison of fetishism to dreams is illuminating in another way. One could say that the tension the hungry baby attempts to eliminate via the hallucinatory revival of the experience of satisfaction is like the castration anxiety the fetishist attempts to eliminate. But this idea leads to another problem that Freud takes up. Extreme castration anxiety can no more be totally relieved by a wish-fulfilling perception than the tension of hunger can be relieved by hallucination. The fetishist's insistence that the fantasy endowed thing be there, present and visible—what we can call his concreteness—reveals that he is always anxious that the woman *is* castrated. The fetishist actually has what Freud calls a "divided attitude . . . to the question of the castration of women" (1927, p. 156), and constantly oscillates between the belief that the woman is castrated and not castrated. This divided attitude and oscillation are the specific result of the defense mechanism Freud calls disavowal. Disavowal is newly understood to create a split in the ego, such that the ego both acknowledges a piece of reality and rejects it, and then oscillates between the two states.

Conceptually, a mechanism like disavowal is intrinsic to the idea that defensive substitutes are created to avoid a registered reality. It describes the fact that while one may use defenses to attempt to convince oneself that something disturbing is not registered, the defense itself always implies that the disturbance *has* been registered. Again, one could use the concept of negative hallucination to account for the process of repudiation of something that has been registered; positive hallucination would account for the replacement of the repudiated registration by fantasy. Since consciousness is involved, one can then accurately compare the fetishist's waking sexual experience to the dreamer's sleeping experience.

Despite the depth of understanding gained from Freud's description of disavowal and ego splitting, one also has to attend to a major inconsistency within it. Disavowal allegedly creates a split in the ego such that one side acknowledges and one side rejects

what he calls reality. The fetishist's oscillation between the woman's castration and noncastration, however, is an oscillation between two fantasies. *Perceived castration is a fantasy.* It would be very simple to chalk up Freud's unnoticed inconsistency here to his own confusion about reality and fantasy as concerns the "castration" of women. While this explanation has its own potential validity, it does not sufficiently take into account some of the further elaborations of disavowal and ego splitting in relation to psychopathology and wishful substitute formation in general.

Recalling the role of perception in the transition from panic to signal anxiety, one could say that Freud has understandably conflated the absence of the perceivable fetishistic object with the absence of the mother. Both signal danger and inevitably reinforce the conviction that to see the potentially absent object is to relieve tension. But in terms of fetishism, this still leaves one wondering about a splitting of the ego such that reality is both registered and repudiated. While in absolute terms we understand that the baby is still in the realm of illusion if it conflates a momentary perception of the absence of the mother with the possibility of being overwhelmed by tension, we easily understand the basis of this fantasy. This is not so readily the case in later development. What is the repudiated *reality* if the perception of absence the fetishist fears—castration—is a fantasy? And then, how does one explain the obviously valid clinical finding that, as Freud says, the fetishist oscillates between the ideas that the woman can be castrated or not castrated?

Within the paper on fetishism Freud describes what he calls a "very subtle" instance of it. He speaks of a patient whose fetish was an athletic support belt that signified that both men and women could be castrated or not castrated, because it "covered up the genitals entirely and concealed the distinction between them" (1927, p. 156). In this particular example, castration and noncastration are both clearly fantasies that substitute for the reality of sexual difference itself. This "very subtle" instance can actually be generalized in a way that makes Freud's analysis of fetishism and disavowal more consistent: the *reality* the fetishist

disavows is the reality of sexual difference. Certainly sexual difference becomes particularly traumatic for the fetishist because it is unconsciously linked to fantasies of castration, just as wishes can become linked to dangers for the neurotic. In order to defend against differentiation tied to castration anxiety, the fetishist construes the sexes in terms of phallic monism—one sex and its absence. Thus, the fetishist's visible oscillation between the absence and presence of the phallic substitute has been preceded by a much more subtle, less visible registration and repudiation of sexual difference. Here, one can accurately say that via disavowal there is an oscillation between reality and fantasy: sexual difference is replaced with the fantasy of phallic monism. As a result of this initial process, there is subsequent oscillation between the two positions implicit in phallic monism—castrated, not castrated. Both the positions intrinsic to phallic monism, therefore, function as perceptual, wishful-defensive substitutes for sexual difference itself (Bass, 1991).

Freud, then, did not distinguish between a primary split in the ego produced by disavowal—registration of difference, its replacement by wish fulfillment altogether—and a secondary split between two fantasies that substitute for the differentiation lost to defense. Part of the problem is that what I am calling the primary split has to do with a *process* of registration and repudiation, while the secondary split is more concerned with the subsequent fate of fantasy content. Such primary splits, as in Freud's "very subtle instance," always use perception in a wishful, quasi-hallucinatory way to substitute for a differentiation that has become too anxiety provoking. In fetishism per se, the oscillation between two convincingly "real" possibilities—either I see "it" or I don't—affirms an illusion, i.e., that the concrete presence or absence of the phallic substitute determines the level of castration anxiety. In order to explain the dynamics which permit the concrete quality of actual perception to be used to conflate reality with fantasy, one also has to include the process which suspends reality testing. This is precisely the function of negative hallucination.

What I am calling primary ego splitting or primary disavowal,

then, describes the way in which the fetishist can repudiate the registered sexual difference, because negative hallucination makes it possible to suspend the difference between perception and memory within consciousness. Once such a process has occurred, the presence of the fantasy-endowed concrete object determines whether the fetishist can feel enough relief from anxiety to be potent, or whether the absence of the object causes increased anxiety, as with the baby who equates the absence of the perceptible object with the danger of being overwhelmed by tension. Neither possibility shakes the fetishist's conviction that the fantasy of phallic monism—the thing is either there or not there—has replaced sexual difference.

Concreteness and the Disavowal of Difference

My basic thesis here is that concreteness in general is a result of the process that produces the primary split in the ego, a split between any differentiation that has become too anxiety provoking and the defensive use of hallucinatory wish fulfillment to substitute for it altogether. This is the level at which one finds the oscillation between registration and repudiation of reality. The emphasis on differentiation per se requires further explanation. Thus far, I have attempted to link the elimination of the *difference* between perception and memory through negative hallucination to Freud's "very subtle" example of the fetishist who eliminates sexual *difference* via fantasies that men and women can be castrated or not castrated. This example can be generalized because differentiation itself always raises tension and is therefore always potentially traumatic. In *Beyond the Pleasure Principle* (1920), Freud uses the analogy to processes within unicellular organisms to define the basic psychic conflict between the introduction of "vital differences," which raise tension, and the tendency to inertia, which lowers tension (p. 55). As he makes clear in the revised theory of anxiety, the basic response to undue tension is to displace the fear of being overwhelmed by it onto an opposition between the pres-

ence of a perceptible object conflated with relief and the absence of this object conflated with danger. In this conception, differentiation unconsciously represents the threat of the "economic situation" of overwhelming tension. As in fetishism, opposed fantasies of absence and presence, danger and relief, become a rigidly defensive displacement away from a vital, but too threatening tension.

Clinically then, the concrete patient uses the temporal immediacy of perceptual identity to convince him- or herself that the tension of anything being different than it appears can be eliminated on a moment-to-moment basis. A conviction about the indisputable self-evidence of perception is maintained in the intrinsically regressive state of consciousness that uses perception to bypass reality testing. One can understand concreteness as a "fetishistic" compromise formation between differentiation, on the one hand, and "primary wish fulfillment and defense," on the other, or between the elimination of a registered difference via negative hallucination and its replacement with the positive "hallucination" of the presence or absence of the relieving object. This is why the patient who was late in our example so tenaciously clings to her "knowledge" that the analyst is angry at her. She defensively maintains a perceptual identity between her internal and external pictures of the analyst, starting in the moment of her encounter with him. She thereby creates a rigid fetishistic structure: I have to "see" your anger; if I do not, what I am convinced I need to see will not be there, and I will be anxious about its absence. The implication is that the patient must "see" the analyst only in her own terms. The difference of neutrality, which in principle does not allow the patient to "know" what the analyst thinks and feels, has been repudiated.

It should be clear that although fetishism itself is related to conflicts about sexual differentiation, concreteness can result from conflicts over differentiation at any level of development. It is explicable in terms of a revised understanding of primary disavowal as an ongoing *process* of using the basic properties of wishes—temporal immediacy and hallucinatory perceptual iden-

tity, negative and positive hallucination—to register and repudiate differentiation. It can be conceived in terms of the basic conflict within the psychic apparatus of internalizing "vital differences" and raising tension, or repudiating them and lowering tension.

I emphasize the word *process* here, because Freud, in his very last discussion of disavowal, began to examine "the splitting of the ego in the *process* of defence" (1940b), just as he used the term "*defensive process*" to describe the response to anxiety in 1926. He now overtly says that this thinking goes back to his earliest ideas, but is also "new and puzzling." There are several reasons for the novelty and the puzzle, one of them being the concept of "process" itself. Process is less apparently visible than content. When the candidate-analyst speaks of how frustrating his patient is for him, he knows that something is amiss, but cannot quite articulate just what it is. The problem is not at the level of content and yet seems to be going on all the time. Clinically, one is always impressed by the tenacity of concreteness, by the typical way in which concrete patients will stay in treatment but not be able to use the analyst's interpretations, as was so vividly the case here. Theoretically, even a hallucinating baby can stop generating fantasy once its tension is relieved by feeding. As a defense, concreteness makes it clear that there is no such possible relief from the tension of differentiation. Every new moment renews the threat, for the simple reason that time itself implies possible change. Thus, the fetishist for Freud and the concrete patient in general lead one to think about the *process* of defense directed against what can be called the *processive* aspects of reality. Such processes produce real effects, but are not readily perceivable. The most salient example is time itself. Time, as just stated, is intrinsic to all change, to all differentiation. The idea that wish fulfillment implies perceptual identity is so important because it allows one to understand that by using negative hallucination to conflate reality and fantasy in the *now* of perception, wish fulfillment can be used defensively to ward off the process of differentiation over time.

As many contemporary authors have pointed out, most prominently among them Gray (1994), defensive process itself is more

difficult to perceive than fantasy content. Defenses work silently and invisibly, to use Anna Freud's memorable phrase (1936, p. 8). The silent and invisible way in which hallucinatory wish fulfillment can defend against equally silent and invisible differentiating processes means that the analyst has to understand concreteness in terms of *two* not readily perceivable processes, i.e., differentiation as an invisible temporal process and an ongoing, moment-to-moment process of defense against it. The entire problem is situated at the level of the regressive, defensive cathexis of consciousness and perception which uses these habitual guarantors of reality to suspend reality testing. To the extent that one is "concrete," consciousness has been overtaken by the dream mechanisms of temporal immediacy and perceptual identity. "Awakening" from this state of consciousness is unconsciously construed as the threat of traumatic tension.

Clinical technique is so difficult with concrete patients because the aim of the process is to restore a state of consciousness which the patient uses the analysis to ward off. What looks like an insistently "primitive" kind of thinking is actually the result of complicated interactions between the process of differentiation and the process of wish fulfillment used as a primary defense, as in Freud's "very subtle" example of fetishism. To be effective, interventions have to be geared to such processes. Interpretations which assume the possibility that one thing means another are experienced by the patient as the analyst's traumatizing imposition of this differentiated state of consciousness, and inevitably increase resistance in an unproductive way. Interpretation has to be rethought, so that it is directed at the compromise between the threat of differentiation and the process of defense. Hypothetically, one might address the narcissistic patient's anxiety over differentiation by wondering with her whether she gains some relief from "knowing" that the analyst is angry at her. With this kind of intervention the analyst conveys an understanding of how crucial it feels to the patient to maintain the inertia of her rigid oppositional structure, because the unconscious alternative to it is the economic threat of destabilizing tension. Or, one might address

the defensive conflation of perception and fantasy by wondering whether she uses her thoughts in such a way as to make the analyst part of them. Here, one would begin to address the anxiety over differentiation in the transference, i.e., that the patient's certain "knowledge" of the analyst's thoughts or emotions allows an omnipotent control over the entire analytic process. I believe that the analyst's questioning attitude is important, as it implies a processive investigation of wish fulfillment operating in the moment, rather than an interpretation of meaning in a symbolically structured situation. (McLaughlin [1991] and Smith [1993] make similar recommendations about the technical approach to enactments.)

Perhaps the greatest technical difficulty of such work is the overall necessity of thinking in terms of process, rather than content. The model of mind and psychopathology centered on repression prejudices the analyst in favor of meaning. Our working assumption is that everything the patient says is meaningful, even if in a defensively distorted way. We are quite comfortable with discerning the rich variations in meaning implicit in the response to the *content* of the fantasy material generated by positive hallucination. Further, in neurosis such fantasy material is typically subjected to further defensive distortion and to associative connection to other defended-against material. In this situation, the analyst is called upon to think in terms of the multiple, overdetermined meanings of fantasy content. When negative hallucination is used on a moment-to-moment basis to suspend the distinction between memory and perception, however, the patient is actively, if unconsciously, using the regressive cathexis of consciousness to eliminate the possibility of meaning itself. Here one can make important technical distinctions based on whether the patient's defenses tip him or her more in the direction of the concrete or the symbolic. The compromise formations typified by the symbolic structure produced by repression show wish and defense in conflict with each other. Symbolic interpretations specifically address such conflicts and can have the desired liberating effect as long as they are integrated with understanding of anxiety

and resistance. Negative hallucination cannot dominate consciousness when wish and defense are in conflict, because the possibility of distorted, but *meaningful* compromise formation implies enough distinction between perception and memory for one thing to mean another.[3] But in the compromise formations produced by primary disavowal, as we have seen, wish and defense work together against the tension of differentiation, always implying the ongoing attempt to eliminate the distinction between perception and memory in the now of perceptual identity. This synergy of wish and defense produces a much more "inert," notoriously difficult to change form of psychopathology.

Here we return to Freud's very early conception of the inertia that secondary process has to overcome if reality testing is to be possible. This early concept of inertia can be integrated with the later conception of the tendency to lower tension by not internalizing "vital differences." Symbolic, content-oriented interpretations do not have to address the subtle, ongoing processes that maintain the rigidly structured, more "inert" concrete compromise. They can bypass the "silent and invisible" defensive use of a state of consciousness in which differentiation, meaning, and reality testing are replaced by illusions about the consequences of the concrete absence or presence of fantasy-laden perceptions.

[3] It is beyond the scope of a single paper to attempt to explain how and why negative hallucination can dominate consciousness in some patients and not in others. One possible answer is hinted at by Winnicott (1955) in his revision of the Kleinian concept of the depressive position. According to Winnicott, what is brought together in the depressive position is not the fantasies of the good and bad breasts, but the split between what he calls the "instinct mother," who in fantasy is the object that is good or bad in the Kleinian sense, and the "environment mother," who continues to care for the infant while fantasy activity occurs. According to Winnicott, it is the integration of these "two" mothers that permits what he calls the distinction between fact and fantasy and the possibility of change over time. Concreteness is about *not* distinguishing between "fact and fantasy" so that *nothing* can change over time. One could say, then, that the concrete patient feels defensively compelled not to distinguish between the analyst who is an object in fantasy and the analyst who attempts to bring about change. In Winnicott's terms, depressive anxiety in the transference would be too great, an anxiety I am linking to the fear of destabilizing the rigid opposition of "good" and "bad," "presence" and "absence."

Therefore, in order to reach the patient on this paradoxically regressed, yet acutely conscious level, the analyst must become comfortable with intervening in terms of the process that actively works to prevent meaning.

When our patient says, "I know that you're mad at me for being late," the temptation is to attend to the content in the second half of her statement, the affirmation of an illusory truth made possible by positive hallucination. One then would think about the possible meanings, especially transference meanings, of her fantasy of the analyst's anger at her for being late. To do so, however, would ignore the negative hallucination that dominates her consciousness when she says "I know. . . ." Her "knowledge" expresses her compelling defensive need to make sure that whatever fantasy she imposes upon the analyst can be taken as a reality, in a way that brooks no alternative, i.e., no difference in apparent meaning. If one does not address this process, and if one assumes, as the candidate did, that interpretation of meaning other than an apparent one will have therapeutic effect, the patient simply feels as if she is engaged in a power struggle—and so does the analyst. The typical countertransference danger for the analyst in such situations is to share the patient's conviction that "seeing is believing." The analyst would then attempt to convince the patient that what *he or she* sees has to be believed. Both patient and analyst would operate from within the assumption that perception guarantees objectivity.

As Freud emphasized, perception can be linked to objectivity only if the distinction between perception and memory is maintained. (Obviously, this is the problem of all "Procrustean beds," of fitting all new data into the memory schema of what one already knows.) Moreover, one can hypothesize that when the patient claims that the analyst is rejecting her, what she means is that she feels endangered, instead of relieved. The "concrete" patient uses "the analyst as a fetish," in Renik's (1992) felicitous expression. Because the patient *was* late for an early morning session and imperatively needs to make sure that her lateness has no meaning, she uses a common sense idea—"You must be angry at having to

wait for me so early in the morning''—to create a fantasy picture of the analyst that has to be taken as a reality, and she does so in the now of her encounter with him. She creates this fetishistic structure in order to feel relieved. As soon as the analyst interprets in terms of content, she feels endangered, or as she puts it, ''rejected.'' Essentially, there is a power struggle on both sides of the couch, in which the analyst wants to impose meaning where the patient has to defend against it. The patient then experiences herself either as having won a struggle to maintain her conflation of reality and fantasy (relief) or as having lost it (danger). In this particular instance, the patient felt that she lost, and thus lapsed into silence for the rest of the session. She was uninterested in pursuing the meaning of this silence in the next session because to do so would be to lose the struggle with the analyst again. (The topic of prolonged sadomasochistic enactments is clearly a necessary component of understanding this situation.) As in fetishism, however, neither possibility begins to approach the unconscious conviction that the differentiation implicit in meaning and the analyst's neutrality is the greatest danger of all. Inchoately, this was what bothered the candidate. He could not articulate his justified concern that the patient would be content not to have him interpret meaning, because he could not conceptualize the moment-to-moment working of negative hallucination and primary disavowal. He, too, felt as if he were losing a power struggle. And to the extent that he continued to interpret the ''meanings'' of the patient's productions, in fact he was losing this struggle. When the patient successfully brushed aside his pursuit of the meaning of her silence in the next session, he was left feeling controlled and unable to find his way out of a bind.

As the candidate understood more about the process going on between him and the patient, he became less frustrated by her and less invested in content interpretations. In essence, content interpretations of the form, ''I am not angry at you for being late, and your lateness implies that you are angry at me,'' mean: ''Do not create a moment-to-moment perceptual identity between your wishes and your picture of me without understanding that it is

your fantasy." The concrete patient cannot do otherwise. As the candidate became less invested in content interpretations and more beneficially neutral in examining the processes occurring in the sessions, the patient actually grew quite uncomfortable. Noting the change in his style, which made the sessions into less of an endless power struggle, she said, "I don't like this. It feels like trees flying in the air." She was for the first time able to articulate her anxiety *in the session* that had made her treatment a potentially interminable enactment whose purpose was to fend off the destabilizing tension so vividly expressed in the image of "trees flying in the air." This was the basic economic threat that she felt she had to keep out of the analysis.

In subsequent sessions, as the analyst was able to interpret the way in which the patient felt it imperative to make him fit in with her perceptions, the patient said, "I want to change you. I want you to be more like me and stop being different." This is a particularly clear statement of how the patient had been using wish fulfillment on a moment-to-moment basis throughout her treatment. She was using the treatment to change the analyst, to make him conform to her projections, because the internalization of change, of differentiation, felt catastrophically chaotic to her. For as long as the analyst tried to interpret to her such that she conform to the picture of a patient for whom content interpretations are effective—essentially the analyst's creating a perceptual identity according to his wish—the patient could accurately feel that she *had* changed him. She had compelled him to adopt a nonneutral position, in which, like her, he used the sessions to create a perceptual identity between his wish and the nature of her pathology. This was the grain of truth in her "knowledge" that he was angry at her—although not for being late. In essence, she struggled to make him like her, and he struggled to make her like him—which was more tolerable for the patient than "trees flying through the air." This transference-countertransference enactment explains how and why the patient could engage in an endless analysis in which the sessions were used by each party to eliminate the tension of differentiation.

If the analyst persists in interpreting according to the "yes" of positive wish fulfillment when the patient persists in the silent and invisible maintenance of the "no" of negative hallucination and primary disavowal, each can be engaged in a destructively narcissistic struggle to make the other an extension of him- or herself. Freedman (1997a, 1997b; Freedman and Berzofsky, 1995), in his writings on desymbolization, has been particularly attentive to the way in which destructive narcissism always attempts to destroy what he calls the "mental space" necessary for representation. This destruction of "mental space" can take place on the level of time, when the patient attempts to ensure that every moment of actual contact with the analyst, every "now," is used fetishistically. The acute problem of potentially endless analysis with such patients, also addressed by Renik (1992), requires a conception of how to address the destructive narcissism implicit in the process of defense against differentiation over time. Renik, motivated by considerations of therapeutic integrity and nonexploitation of patients who seem willing to stay in analysis forever, proposes imposing a termination when the patient seems stuck in a fetishistic relation with the analyst. Such a maneuver, however, bypasses analysis of the "very subtle" dynamics of narcissistic defense against differentiation, like the analyst who would continue to interpret in terms of content rather than process.

By imposing a termination the analyst substitutes his or her "now" for the patient's "now." The therapeutic danger is that the affective states the patient associates with the threat of the tension of differentiation will never enter the analysis. Here we encounter the crucial topic of affect regulation within a narcissistic organization, which deserves an extended treatment of its own. Too elliptically, we can state that the concrete patient cannot permit the analyst to modify the rigid "knowledge" of who he or she is and who the analyst is, because of the threatening encounter with unmanageable affect states. If the analyst is different from the patient, i.e., exists outside the rigidly maintained narcissistic organization, chaos threatens. Of course, it is the task of the treatment to bring just this threat of affective chaos into consciousness

gradually enough for the patient to tolerate it. This is the route from a state of consciousness organized to prevent reality testing to one not dominated by negative hallucination.

As one continues to think about the clinical example in these terms, one returns to the question of what forms of differentiation the patient has registered and repudiated. It would require a detailed exposition to demonstrate the intricate workings of oral phase differentiation of self and other, anal phase differentiation of degrees of autonomy and power, and oedipal phase sexual differentiation that the patient was struggling with. For our purposes, what becomes important is that the patient's concrete compromise formations also created the typical "transference of defense" in which the possibility that her analysis could be a differentiating process was subject to primary disavowal. She would not have been engaged in such an intense defensive process to make the analyst conform to her picture of him if she were not threatened by something else, the something else of his being "different" from her. One can say that the patient does not want to "remember" who the analyst is and what he or she comes to the analyst for, i.e., for a finite process whose aim is precisely change or differentiation. The patient can live in the analysis in what Bach (1985) calls the dream-like, narcissistic state of endless time (pp. 40-47, 187-190). The "awakening" to the "memory" of what the analysis is for can take place only as the analyst comes to exist for the patient outside the fetishistic fantasies of reassurance or danger. Should the analyst impose this "awakening" from within the emotional climate of a power struggle, the patient feels that the only alternative to keeping the analyst inside his or her fetishistic or narcissistic organization is to surrender masochistically to the analyst's organization. The patient then would fear becoming subsumed by or identical to the analyst, as Bach (1994) has discussed. He emphasizes the sadomasochistic dynamics implicit in the transference of patients who "appear concrete . . . [and] view the world in stark either-or fluctuation" (p. 21). This, too, is a topic that deserves consideration in its own right.

Finally, though, what does make the analyst different from the

patient? I think that the concrete patient shows us that the analyst's maintenance of the framework of the analysis serves this "silent and invisible" differentiating function. As with the patient in our example, many descriptions of patients who have difficulty with interpretation speak of immediate defensive reactions to the analytic framework, just as the long-term defensive effort is to disavow the function the framework serves. By framework I do not only mean the arrangements about time, money, schedule, location, and physical environment, as crucial as all of these are. I also mean the framework of the analyst's neutrality and interpretive stance. Loewald (1980) elaborates a theory of the analytic "environment"—what I am calling the frame—in which the most crucial element is that the analyst maintains a *different* level of psychological organization than the patient, while simultaneously attempting to reach the patient on his or her more regressed level. Loewald understands the "therapeutic action of psychoanalysis" to consist in the internalization of a different level of organization, something that can happen only in interaction with the analyst, even in the most classical of analyses. When our patient tries to make the analyst more like her and "not different," in essence she is attacking the environmental or frame aspects of the analyst's maintenance of a different level of organization. They are both involved in the same power struggle, and both use perception in the same defensive way. The patient cannot permit the analyst to be different via his maintenance of the framework, precisely because internalization of difference represents destabilizing chaos to her.[4] As long as she perceives him as not different from her, the

[4] To continue the discussion in note 3 above, one can hypothesize that if it is precisely the environmental functions of the analyst's neutrality and different level of organization that the concrete patient disavows, then in Winnicott's terms the "environment" and "fantasy" functions of the analyst are not integrated, and the patient remains prey to extreme depressive anxieties. I have tried to link the persistent maintenance of such anxiety to the economic threat of destabilizing differentiation. From this perspective one could integrate the environmental considerations introduced by Winnicott and Loewald with the traditional theory of dreams, wish fulfillment, and the defensive regulation of tension.

economic situation of "trees flying through the air" can be fended off.

Caper (1994) described the turning point in his work with the concrete patient who so dismayed him. The patient could not question her perception that he was exhausted and needed special assistance from her. He finally arrived at a clinical intervention different from the usual interpretation based on the assumption that making meaning conscious will modify defenses. He told the patient that her "certainty about my exhausted state . . . was so fundamental and undoubted that it made serious consideration of any alternative impossible" (p. 906). The patient fell silent and eventually said that the entire treatment *had* been governed by a belief that was not affected by the experience of the analysis. Caper writes that following this session, it "was as though the analysis itself had suddenly emerged through a film into the real world: the patient was in contact with how she made her internal objects *different* from her external ones, and this enabled her to see the *difference* between them and therefore to be in contact with her real, external analyst" (p. 906, italics added).

One sees the obvious parallel with our patient and her analyst. Because the process of interpretation itself had been subtly, but strenuously defended against by the patient, the analyst's narcissistic equilibrium, or even "therapeutic omnipotence," as Caper called it, had been severely taxed. Until he found a way to intervene such that the patient had some sense of her ongoing defenses against differentiation in the transference, he remained frustrated by his patient's lack of contact with the analyst's real function. It is interesting to note that although Caper's understanding of his patient's concreteness is Kleinian, the clinical stance he adopts to address the defense against differentiation in the transference is similar to the one advocated here. He groped to find a way to elucidate the ongoing process in the sessions that allowed the patient to use undoubted perceptions to conflate fantasy and reality. To achieve this end, he had to address something other than the meaning of the patient's fantasy of his exhaustion.

A Generalization of Concreteness and Primary Disavowal

I have chosen to review some of the most relevant literature in conclusion, in order to return to some of the larger consequences of understanding concreteness in terms of the metapsychology of fetishism. These consequences are hinted at by Freud. In briefly synthesizing other contributions to aspects of this topic, I hope to prepare the ground for a final discussion of Freud that will integrate the clinical and metapsychological themes elaborated thus far.

Pride of place, of course, goes to Jacobson (1957). Her article on the relations between disavowal (which she calls "denial") and repression examines many of the issues raised here. She was among the first to examine Freud's inconsistency in talking about the oscillation between two fantasies when he claims to describe the oscillation between reality and fantasy (p. 77). Moreover, Jacobson explicitly says that the concrete patient, like the fetishist, uses fantasy to defend against reality itself by conflating the perception of reality with the perception of fantasy (*ibid.*). This produces an "enormous hypercathexis of perception," which makes it possible to "establish a different basis for dealing with . . . problems. . . . intrapsychic conflicts [can be handled] as though they were conflicts with reality" (p. 73). For Jacobson, as noted above, the mechanism that makes such a process possible is regression to a " 'concretistic' infantile stage where the child, though already aware of the difference between the internal and external world, between the self and objects, still treats them both in the same manner" (p. 80). Thus, although Jacobson describes an awareness and repudiation of difference in order to understand "concreteness" in terms of fetishism, she does so in terms of a particular "stage" of development. My own contention is that negative hallucination used as a primary disavowal of differentiation is possible at any stage of development. In fact, every possibility of differentiating between internal and external, self and objects, to use Jacobson's terms, can be experienced as too traumatically tension raising, and can be defensively replaced with a fetishistic structure

of opposed fantasies conflated with reassurance or danger. However, her overall description of disavowal and splitting in terms of wish fulfillment is fundamental. She describes a "withdrawal of cathexis from painful perceptions . . . with simultaneous hypercathexis . . . of desirable ones," leading to a "cutting apart of psychic units . . . that tends to turn them into . . . quasi-concrete composites" (p. 81). She saw that these dynamics lead to a "massive, global . . . generalization of defensive processes" (*ibid.*). They create a "frame of reference" in which one can "deny *en bloc*" anything unacceptable that comes close to consciousness (*ibid.*)—including, especially, the analyst's interpretations.

In an article on perceptual identity Sandler (1976) made a series of points directly related to the topic here. He calls "actualization" the process by which an illusion is formed in waking life, essentially the way in which the perception of something actual can be the defensive, fantasy substitute for a threatening piece of external reality. Via "actualization," perception makes reality correspond to wishes and explains the structure of illusions in waking life. This is akin to the affirmation of the "seeming presence" of a memory implicit in hallucinatory wish fulfillment discussed by Opatow (1995). In waking life, as in dreams, wish fulfillment can be used to avoid pain, i.e., undue tension; perceptual identity can be used to protect consciousness from knowledge of the tension that is unconsciously registered (p. 39). Sandler argues that in dreams and symptoms perceptual identity operates "centrifugally": the ego uses defensive distortion to make the inner realities of wishes conform to its demands. In waking life it operates "centripetally" to create illusions: the ego nonconsciously scans the environment, to make sure that experience of it is "consciousness syntonic" (p. 35). The implication of this "centripetal" use of perceptual identity is that one would have to begin to think of something like "unconscious secondary process," an idea, Sandler says, that provokes "great resistance" (p. 35, n. 3). Sandler does not link his findings to the dynamics of fetishism, which have everything to do with the maintenance of illusion through the waking use of perceptual identity. However, his idea

of "unconscious secondary process" can be viewed in relation to primary disavowal, i.e., the unconscious registration and repudiation of differentiating processes. It is another way of thinking about the concrete patient's constant scanning of the (analytic) environment and fetishistic use of perceptual identity to make sure that the "picture" of the environment (analyst) is syntonic with the paradoxical state of consciousness dominated by negative hallucination.

The very large literature on acting out contains many discussions of the relations between action as a form of magical thinking and omnipotent control of the "reality" of the analytic situation. Two of the most significant are Greenacre's and Boesky's. Greenacre (1950) makes the point that in acting out there is no "awareness that the special activity is motivated by memory" (p. 225), which I have discussed in terms of the suspension of the difference between memory and perception. She also stresses the special role of the visual apparatus to sustain the illusion that seeing is believing, maintaining that acting out rests on "visual sensitization" and unconscious belief in the magic of action (p. 227). Those who act out "often believe that to do a thing in a dramatic or imitative way—to make it *look* as though it were true—is really the equivalent of making it true. It is obvious that this works also to ward off with magic activity as well as to produce imitative approximation" (*ibid.,* italics added). Such an "incompletely developed sense of reality" can dominate analysis itself, so that interpretations experienced as dangerous stimuli can be warded off (p. 231).

Boesky (1982), in his well-known reconsideration of acting out, gives clinical examples of actions which create "an illusory reality which serves the purpose of defence" (p. 48). Action, he says, creates verisimilitude in a way similar to that in which "the magician's guile . . . is calculated to create the illusion of reality in part by distracting our most critical perceptual functions. In this respect our patients become magicians when they act out in an effort to recruit the analyst as a witness to a reality which is spurious" (ibid.). To explain the "magic" of illusion used as defense, Boesky invokes the hallucinatory reality of dreams (p. 49). Adair

(1993) makes a similar argument about masturbation fantasies, and one finds analogous statements in the literature on enactment. Chused (1991), for example, says that during enactments the patient has a strong conviction about the accuracy of his perceptions and attempts to make the analyst behave in a way that supports this conviction (p. 617), as in our clinical example. Should the analyst inadvertently comply with the patient's pressure, there may be an "actualization [*pace* Sandler] of a transference perception, a realization of [the patient's] fantasies" (p. 638). In the 1992 Panel on enactment, there was general agreement about the "immediacy" of enactments, their "nowness," although with no specific mention of the role of temporal immediacy in hallucinatory wish fulfillment.

All these contributions utilize various aspects of the theory of wish fulfillment to explain how conscious experience can actually be the defensive affirmation of fantasy. Frosch's (1995) emphasis is cognitive. He gave a detailed example of a patient who could not internalize the difference between her perception of the analyst (specifically that he would become uncontrollably excited if she spoke about her sexual fantasies) and her knowledge of his neutrality. Frosch articulates the clinical and theoretical problem in terms of what I have called the analyst's prejudice in favor of meaning, symbolism, and interpretation. He calls his patient's conviction of his inability to control himself should she speak of her sexual fantasies an example of the "preconceptual organization of emotion." The organization is preconceptual because it "does not endow a piece of reality with some secret meaning that could appropriately be called symbolic" (p. 438). Instead, when a person has difficulty moving between psychic and material reality, he or she must create "belief structures" that define what is experienced as "real and as not real," but precisely in a way that accommodates the difficulty in distinguishing between inner and outer reality. In Freudian terms, Frosch says, one sees a disavowal of reality together with a hypercathexis of fantasy (recall Jacobson's hypercathexis of perception), creating a "fantasy construction that is not symbolic in the usual sense" (p. 437).

Frosch's own bridge to the inevitable questions about mind and thought raised in such a clinical and theoretical context is Piaget's understanding of the difference between the preconceptual and representational organizations of the child's mind. For the "preconceptual" child, "things are as they appear to be at any given moment; three-year-olds shown a white stimulus that is then put behind a blue filter cannot correctly distinguish between the object's real and apparent color" (p. 426). Thus, as Frosch's patient became entrenched in her conviction that she had to control her sexual excitement and fantasies in order not to excite the analyst, she came to see the analyst through the "filter" of their joint success in exercising this control. If he said something that appeared to her not in line with this project, she would convey her sense that he was deficient. As in our example of the patient who was late, Frosch's patient would then wonder how she could let herself be involved with such a person, who was as deficient as she. Frosch quotes her as saying, "You're a jerk, just like me. That feels real. Don't tell me it's transference . . ." (p. 441). He understands such "belief structures" to be organized according to the "preconceptual" formula that whatever provokes an intense feeling in the moment must be so (p. 443). Thus, the intense conviction is actually "an integral part of pathological compromise formations that ward off the expectation of *intolerable* emotion. . . . The person lives in a world that can be tolerated emotionally, but little or no maturation or *differentiation* occurs in the areas affected by these compromise formations. This is particularly clear in the transference" (*ibid.,* italics added). In the view elaborated here, differentiation itself is unconsciously linked to "intolerable emotion."

Perhaps the most important summary statement integrating the theory of wish fulfillment with the replacement of primary by secondary process in consciousness is Loewald's. Significantly, Loewald conceives what he calls the "global transferences" characteristic of the "enactive form of remembering" in terms of differentiation and temporality. Again, one would have to recall Jacobson's reference to the "global generalization of defensive

processes." In Loewald's view, "Mental . . . processes are primary . . . insofar as they are . . . undifferentiated and nondifferentiating. . . . The secondary process . . . differentiates . . ." (1980, pp. 167-168). The "enactive form of remembering" can be understood as a generalized, or global, substitution of the "timelessness and lack of differentiation of the unconscious and of the primary process" (p. 165) for differentiating secondary process. In a sense, my entire effort here has been to integrate this conception of "enactive remembering" with a revised metapsychology of fetishism.

The other strand in this theory, initiated by Freud of course, is the link between fetishism as a model of perversion and disturbances of reality testing. Perhaps the most forcefully argued contribution here is Chasseguet-Smirgel's (1984). Her well-known thesis is that perversion represents the replacement of the reality of the difference between the sexes and the generations with idealized anal fantasies (pp. 77-78). Fetishism exemplifies the perverse compromise, because it is the result of replacing differentiation with fantasy due to anxiety over the loss of an idealized part object at any phase of psychosexual development (p. 87). Thus, she gives us a theory of the replacement of differentiation with fantasy-laden concrete things, whose basic aim is to attack the reality of the "law of differentiation" and the reality based capacity to think difference (p. 120). There have been many articles on the "perverse transference" along similar lines (e.g., Etchegoyen, 1991). Grossman (1996), as we have seen, defines the perverse attitude to reality as a pathology of license not to test conclusions, as when our patient is unable to test her "conclusion" that the analyst is angry at her for being late. Along the lines that unite all these contributions, including my own, Grossman says that disavowal of an unwanted perception makes it possible to treat dreams as real and perceptions as dreams. In terms that are by now familiar, he warns that analytic collusion with the disavowal of reality can lead to the use of analysis as a fetish in Renik's sense.

Renik (1992), too, has given a detailed description of a typically "concrete" patient, who uses the actual physical presence of the

analyst for direct reassurance and gratification, and who seems unable to contemplate a termination of the analysis. (Renik imposes a termination, in my view, as an attempt to initiate a differentiating process that is not taking place in the sessions, in the hope that the patient will "remember" what she came to the analyst for *after* she experiences his absence.) In his application of the dynamics of fetishism to this case, Renik advocates a process-oriented clinical stance, especially since his patient seems to incorporate all content interpretations into the gratifications gained from the concrete experience of being in the room with him. He writes: "One way to understand the problem of persistent unrealistic expectations in analysis is to conceptualize the crucial issue in terms of *the kind of thinking* [Renik's italics] the patient applies to a fantasy he or she enacts at length within the treatment relationship, *regardless of the particular content of that fantasy* [italics added]" (p. 543). One could put this statement in the context of all the theoretical contributions just discussed, since they all provide insight into the dynamics of the concrete maintenance of (fetishistic) illusions. And although there are patients who persistently only use the analyst as a fetish, Renik reminds us that the "blurring of reality and fantasy in fetishism" is the "specific cognitive mode" (Frosch's problem) intrinsic to the distortions of reality in *all* psychopathology.

Without quite being aware of it, Renik here echoes a similar thought of Freud's. In *An Outline of Psycho-Analysis* (1940a), written at the very end of Freud's life, there is a passage in which he starts to generalize the new ideas derived from the study of fetishism. The context is the chapter, "The Psychical Apparatus and the External World." Taking up again the basic psychopathological process of creating substitutes for a disturbing reality, and for a moment applying the idea of disavowal to psychosis, Freud states:

> The view which postulates that in all psychoses there is a *splitting of the ego* could not call for so much notice if it did not turn out to apply to other states more like the neuroses and, finally, to the neuroses themselves. I first became convinced of this in cases of *fetishism* (p. 202).

> It must not be thought that fetishism presents an exceptional case as regards a splitting of the ego; it is merely a particularly favourable subject for studying the question (p. 203).
>
> Whatever the ego does in its efforts of defence, whether it seeks to disavow a portion of the real external world [psychosis] or whether it seeks to reject an instinctual demand from the internal world [neurosis], its success is never complete and unqualified. The outcome always lies in two contrary attitudes . . ." (p. 204).

Let us re-emphasize Freud's words: "*Whatever the ego does in its efforts of defence* . . ." In other words, the disavowal and ego splitting first elaborated in order to understand fetishism have now become the basis of a changed understanding of psychopathology *in general.* This, I think, is another reason why Freud found his thoughts about disavowal and ego splitting both "old and familiar" and "new and puzzling." The specific novelty is that at the end of his life, we find Freud moving away from the centrality of repression in his thought. At least two other authors have reached a similar conclusion. Brook (1992) wrote: "Freud did not know whether he had something entirely new in this notion of the splitting of the ego, perhaps even as new as a new way to conceptualize the *foundations of all the defences*" (p. 348, italics added). Similarly, Morris (1993) examined Freud's late writings on ego splitting and stated: ". . . as [Freud] tries to situate . . . defences in a developmental schema . . . the notion of 'original repression' itself seems to give way to something more like original disavowal" (p. 47). Morris also began to integrate a concept of "original" or "primary" disavowal with the clinical problem of concreteness, which can "drain 'understanding' of its therapeutic power" (p. 50).

When Freud begins to conceptualize an intrinsic splitting of the ego in the process of defense such that there are always two contrary attitudes, I take him to mean the splitting produced by disavowal, the registration and repudiation of reality. Fetishism is simply a perspicuous example of a process that occurs in all psy-

chopathological substitute formation, and I am arguing similarly about concreteness. If one synthesizes Freud's generalized fetishism with the concepts of primary disavowal and negative hallucination, then concreteness too would be intrinsic to the "distortions of reality in all psychopathology." This idea would have to lead to a fundamental reconsideration of the symbolic nature of psychopathology, and to the primacy of symbolic interpretations. Clinical experience and a consistent effort to revise technique in terms of the metapsychological understanding of concreteness reveal the necessity of intervening processively in an ongoing, "global" process of defense. In one way or another, all the contributions just discussed point to the necessity of analyzing the way the patient "thinks." I propose to understand this kind of "thinking" as the intensely anxiety-driven dominance of consciousness by negative hallucination. This state of consciousness suspends the difference between perception and memory, so that any tension-raising differentiation can be replaced by dedifferentiating wish fulfillment. And, as Freud begins to envision, such questions also have to be reframed in terms of the dynamics of neurosis and psychosis.

Thus, if we follow Freud in beginning to conceptualize the generality of the processes that create fetishism (concreteness), and rethink the clinical approach to their change, we might also begin to see such processes as the most general ones in psychopathology. Then they would be the rule, rather than the troubling exception. In that case, we would open the possibility of continuing down an innovative path, only barely pursued by Freud, that can greatly expand our clinical and theoretical repertoire. It takes us into the realm of the negative, the "no" of negative hallucination that makes possible the "yes" of hallucinatory wish fulfillment. It is as if we begin to have access to a "subatomic" domain within what we habitually take as our basic unit, the wish. Within this domain we deal with unconscious registration and repudiation of differentiating processes, and the consequent domination of consciousness by dedifferentiating primary process. To analyze such formations calls for the sea-change in basic theory and tech-

nique adumbrated in the literature on illusion, fetishism, concreteness, and enactment, and powerfully anticipated by Freud in his final works. This is the change from understanding defense directed against fantasy content, the original psychoanalytic stance, to understanding defense against ongoing, "silent and invisible" differentiating processes.

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EXPERIENCING LANGUAGE: SOME THOUGHTS ON POETRY AND PSYCHOANALYSIS

BY ALICE A. JONES, M.D.

The author uses her experiences as a poet and as a psychoanalyst to compare the two. She discusses poems by James Merrill, Philip Larkin, and Theodore Roethke in order to consider how the analyst listens, how the poet writes, how each listens to what is unsaid in the music of language. Rhythm, meter, and the sounds of words constitute this music. Sound and image are means by which language bypasses logic and touches us. Considering how a poem has an impact can teach us something about how words affect us in psychoanalysis.

Working as analysts, we are bathed all day in language. It calls forth images, emotions, sensations, and sometimes comments to our patients. While words are our medium, we often remain unaware of the ways these words affect us, how they work on us, and how our language is experienced by the patient. From my vantage

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point, involved as I am in these two forms of work, poetry and psychoanalysis, I will consider how it is that words have an impact. Thinking about poetry and how it is put together is one way to focus our attention on how words work.

In a way, this is a paradoxical endeavor, since what is most important about poetry is how it approaches the unsayable. Analysis may do this as well, but defines its task differently: as giving voice to experience or fantasy that has never been recognized. Poetry tries to give voice to everyday states of mind in new ways, to wake us up to the ordinary, and at the same time, to come as close as possible to the edge of what cannot be said: experience that in its intensity or its oldness is beyond words. Both forms of work rely on the ear, on being able to hear the depths in the surface of the poem or of everyday speech. We do this by attending to music and metaphor. When we listen for transference, we are used to hearing what is unsaid but present in a patient's words.

Recently, I have been working on a sequence of poems about swimming, beginning many of them while in the pool. One poem tries to capture the point of view of the swimmer, how we see when we turn to breathe, with one eye above water, and one eye under. It's an experience of being in two worlds simultaneously, seeing both surface and depths. The analyst listens this way, hearing the surface texture of a patient's words while hoping to get a glimpse of depths. Or it is even more complex for the analyst, as we listen also to echoes that appear inside ourselves while attending to the presence and the language of the patient. We are in two worlds, trying to grasp them without fusing images, without blurring the particulars of either world. I hope this paper can bring some of that quality of double vision to talking about poetry and psychoanalysis while focusing on what the analyst can learn from listening to poetry.

I want to start with a poem by James Merrill, because of what it does with language and how it creates a form that embodies its meanings.

PEARL[1]

Well, I admit
A small boy's eyes grew rounder and lips moister
To find it invisibly chained, at home in the hollow
Of his mother's throat: the real, deepwater thing.
Far from the mind at six to plumb
X-raywise those glimmering lamplit
Asymmetries to self-immolating mite
Or angry grain of sand
Not yet proverbial. Yet his would be the hand
Mottled with survival—
She having slipped (how? when?) past reach—
That one day grasped it. Sign of what
But wisdom's trophy. Time to mediate,
Skin upon skin, so cunningly they accrete,
The input. For its early mote
Of grit
Reborn as orient moon to gloat
In verdict over the shucked, outsmarted meat. . . .
One layer, so to speak, of calcium carbonate
That formed in me is the last shot
—I took the seminar I teach
In Loss to a revival—
Of Sasha Guitry's classic *Perles de la Couronne.*
The hero has tracked down
His prize. He's holding forth, that summer night,
At the ship's rail, all suavity and wit,
Gem swaying like a pendulum
From his fing—oops! To soft bubble-blurred harpstring
Arpeggios regaining depths (man the camera, follow)
Where an unconscious world, my yawning oyster,
Shuts on it.

JAMES MERRILL

[1] "Pearl" from *A Scattering of Salts* by James Merrill. Copyright (c) by James Merrill 1995. Reprinted by permission of Alfred A. Knopf, Inc.

When I first read this poem, I was struck by the density of language and the way images build or accrete on each other, constantly expanding one's view, like the oyster's layers of sheen. Instantly, the poem becomes the pearl, "wisdom's trophy," the creation that will outlive the poet, who is the "shucked, outsmarted meat." This feeling is intensified from my viewpoint, since I only encountered the poem after hearing of Merrill's recent death.

Then I think about the grit around which a poem is built. In this poem, Merrill names the "self-immolating mite/or angry grain of sand," pointing to the layer of destruction at the heart of any creation. The poem begins with a small boy looking at his mother, as if she is the oyster bed out of which he grows. The language at the start—"the hollow" of her throat, "invisibly chained"—calls up fetal images, the developing creature tethered by an umbilical chain, felt but unseen, so the boy is the "real deepwater thing."

Then there are lines about separation, the mother growing old, slipping out of reach, words that are more often applied to a child than to a parent. Merrill evokes both the loss that occurs through development and the loss of a love affair ending. His is the mottled hand, an identification with the aging parent. Then comes "skin upon skin," Merrill's image of how the pearl is formed and how a child's personality is formed around the model of, and out of the tie to and romance with, the parent. It is also how any poem is formed, out of layers of memory and association. Merrill then focuses on one "layer . . . of calcium carbonate" that "formed in" himself, using the image from the film. Inserted elliptically here is the comment about his seminar on Loss, again the grit of loss being the basis for the poem, and the poem being a revival, an evocation of his lost mother.

Then in the film image, the long-sought pearl is, by accident, like the mother earlier, lost again, in a dramatic interrupted sentence, and we watch the elusive prize disappear underwater, the place from which it came. Then in the wonderful last lines, one last layer is accreted to the pearl when the poet's mind becomes the oyster, closing on the pearl of the image given by the film, and

this, so late in the poem, becomes the central metaphor for loss and revival, the letting go and holding on, which is, in a way, what every poem is about. This is also how Freud describes the mourning process after a parent's death, the lost one is taken inside, built in, kept and digested, rather than forever given up. The lost one becomes a layered pearl.

It was not until I read this poem several times, trying to grasp each dense image, that I began to notice the shape of the poem, how the shortest line, "Of grit," is the hinge for the whole thing. I had seen some of the end rhymes along the way, but once I saw the grit as central, I saw the end words of the first and last lines, "admit" and "it," and then the second line and the next to last, "moister" and "oyster." If these two words were any closer together than they are, we would cringe.

Then you can see the exact reversed symmetry of the top and bottom halves of the poem. Working inward, the two halves are mirror images of each other. There is one exception to this, the rhymed couplet in top and bottom halves, sand/hand and Couronne/down. These are placed in the middle of each half, six lines above, six lines below, then the hinge. The form creates, in a very concrete way, the oyster's shell, with its roughness and bumps occurring in symmetrical indentations, hinged by one muscle in the center. When the structure comes into focus, one feels that sharp surprise of recognition and delight that should be there in any good poem. And perhaps in response to any good interpretation.

Merrill's poem is the shell, meaning and music become the pearl; the layers are formed to create the images of loss, memory, aging, death, and, still in this context, the creation that outlives the meat. So we have been slowly brought along from first seeing the boy as pearl and the mother's body as oyster; to poem as pearl and the poet as oyster; to metaphor as pearl and poem as oyster, to arrive at the end with memory as pearl and the unconscious as oyster. In fact, such a wonderfully and carefully shaped poem is a perfect container for unconscious content. And as the hearers, we become the last gaping mouth in the food chain, swallowing in Merrill, his sounds, his glossy, formal layers, leaving him, again as

pearl, back underwater inside the reader now instead of mother, but perhaps any belly will do.

There is a wide body of literature about the overlap of poetry and psychoanalysis. Often these papers address the psychology of a particular poet or hidden life events revealed in the poems, often with much confusion between dynamics in the work and the psychodynamics of the artist. There is a great deal of writing about the creative process, its pathologies and blocks. My intent is not to survey the field or to be all inclusive in summarizing, but to focus on a personal and experiential view, because this is how one hears, how one reads and writes. As in Merrill's poem, I hope to have form and content be in close relation, to remain close to experience. As an analyst, the best I can do is use my ear in an alive and spontaneous way. This often means hearing things idiosyncratically; in this way the ear develops, whether one is a hearer of literature or someone who registers transference and countertransference.

Involved in these two forms of work, I see how they sustain each other. Listening prompts images, metaphors that become grit in my imagination and then accrete their own layers. While these thoughts will often inform my words to a patient during an hour, or will point me through my own fantasies to what is liveliest in the patient at the moment, this is combined with a way of reeling myself in, of continuing a focus on the other's material. For me, this frustration breeds poems. Writing becomes a necessary place to metabolize experience, to enter my own imagination as intensely as I do another's.

Something I learned from years of medical work is how everyone is terrified of their own insides. The more accessible primitive thoughts and fantasies are, the more disturbing they can be. I think this is both the essence of writer's block and of resistance in analytic work. By their nature, both processes are comprised of chunks of time when the work is not going forward. But in addition to these natural pauses, the ebbs and flows, there are huge internal obstacles in everyone who writes, paints, or analyzes themselves.

There is a scene in Frank Bidart's poem, "The First Hour of the

Night'': in a dream, a man sees in a desert one sign that says ''The Great Act of Burying,'' and another that says ''The Great Act of Digging Up.'' Here, repression and forgetting are balanced by unearthing, remembering in a perpetual cycle. Both writing and analysis revolve around what we are willing to let ourselves know out loud. Both parts are essential, the knowing and the saying, in order for each to have its transformative effect. It is not enough to reconstruct an event or a fantasy. Utterance, beyond the intellectual meaning of what is said, is part of what makes the difference.

Both processes involve finding words for what was previously unspoken. It is difficult to express this without one sort of topographic metaphor or another—bringing something out of shadows into light, hauling a fish up out of the sea of the unknown, giving voice to the unremembered. For the poet, this first gesture of creation is the fabric out of which the poem is shaped. For the analyst, this illumination may be a goal in itself, or one moment in a long sequence of such moments in the process of articulating, and re-experiencing with another, an internal world and unconscious fantasies. Both begin with the same raw material that emerges, but put it to very different uses. In analysis, how these words emerge, their form, tone, and sound, is part of how we gauge the patient's way of thinking about experience. For the poet, this material is consciously distilled over and over again into its essence.

Both processes, analysis and writing, rely on finding a voice, and on being able to put into words what Keats called ''the true voice of feeling,'' something that is lively, as opposed to artful or false. This relies on the ability to tap into a mode of thought that links things by association, not by logic, where meaning is governed by fantasy. It's a bit like coaxing a wild animal to appear. It requires a sense of safety and trust, meaning no judgment, no threats of destruction or invasion.

In analysis this is built by forming a reliable frame, a structure built on routine, one you can count on to be there. That means that the time is predictable in its duration and continuity, that the analyst is predictable in her sameness, her restraint from judgment, action, or taking sides in internal conflicts. Writing requires

a similar quality of structure, if not form. While many people work well who do not work every day, the writing process also requires the certainty of safety in order to feel free to explore, free to let the imagination take over, without the internal critic crashing down on your head, without the sense of so little time that you are running from desk to office, feeling overly exposed. Like leaving home and forgetting to put on your skin. Which is always how reading in public feels.

There are differences between creative work and free association. Free association's product is insight, not action. In writing, there is an attempt to translate an impulse into existence in the world, to realize an impulse in form, to find the metaphor, voice it, write it, and let it go. The real creation, forming the image, seems always to occur out of sight. Like some tiny primal scene of the imagination, conception occurs in the dark. The results have that feeling of being given. This is true particularly of my first drafts when I write without being conscious of what will be said and am surprised by what I then find on the page. After "the shapeliness" of the imagination begins a draft, then the rational mind can wake up and revise all it likes, as long as it is careful to not destroy that first irrational impulse.

What impels someone to write, and to write poems in particular, is not so clear. What is clear, is the elemental pleasure in sounds making music. Those earliest forms of language, the infant's coos and babbles, are not very far in the background of every poem. The joy when sound takes shape—"Hickory dickory dock, the mouse ran up the clock" seems almost biologic in its inherency. The consonants are almost chewy in their texture.

In responding to a poem, there is something else we feel besides bodily pleasure in a poem's musicality, that is, the aesthetic satisfaction of an end word clanging with a preceding word, a satisfaction like hearing a resolving chord in a musical piece. There is the aesthetic pleasure one feels in recognizing a form as inevitable. We respond unconsciously to subtle rhymes. Overt rhyme makes preverbal children smile, it grabs our attention, sometimes so tightly, some inane line or ad can circle our thoughts for hours.

This may have to do with the meaning of the lyrics, or the tune or rhyme itself may be the hook. The way sounds resolve, collide, resonate, this is what makes the poem, and why they must be read slowly and aloud to be grasped. It is only out loud that a poem can grab us, surprise us with an experience, before we have time to think.

I want to look at a poem by Philip Larkin, a poet whose work I love for its precision, in order to think more about sound and how it is used. This one, called "Deceptions," is in a not-quite-sonnet form. While it is very traditional in terms of its rhymes, they are not glaring ones, because the sentences do not end with the ends of the lines, but keep going. You'll hear the rhymes: grief, brief; dare, where, care, stair. And my favorite, attic and erratic. The poem also contains one particularly startling simile, the sort of surprising language that opens your eyes. But I have also chosen it for one line in particular, which is another point of linkage for these two fields: "What can be said, except that suffering is exact." Capturing this "exactness" in words is what the poem is about, and what analysis is about. In each, we have to let the precision of words work on us.

DECEPTIONS[2]

"Of course I was drugged, and so heavily I did not regain my consciousness till the next morning. I was horrified to discover that I had been ruined, and for some days I was inconsolable, and cried like a child to be killed or sent back to my aunt." Mayhew, *London Labour and the Poor.*

Even so distant, I can taste the grief,
Bitter and sharp with stalks, he made you gulp.
The sun's occasional print, the brisk brief
Worry of wheels along the street outside

[2] "Deceptions" from *Collected Poems* by Philip Larkin. Copyright (c) 1988, 1989, by the Estate of Philip Larkin. Reprinted by permission of Farrar, Straus & Giroux, Inc.

Where bridal London bows the other way,
And light, unanswerable and tall and wide,
Forbids the scar to heel, and drives
Shame out of hiding. All the unhurried day
Your mind lay open like a drawer of knives.

Slums, years, have buried you. I would not dare
Console you if I could. What can be said,
Except that suffering is exact, but where
Desire takes charge, readings will grow erratic?
For you would hardly care
That you were less deceived, out on that bed,
Than he was, stumbling up the breathless stair
To burst into fulfillment's desolate attic.

PHILIP LARKIN

First, the focus is on the young woman who is raped. Larkin gives us a picture of her and her grief, strong enough to be tasted, and framed by the light through a window, or the light of the poet's words, or the light of our gaze, light that is "unanswerable and tall and wide," an amazing collection of adjectives. Adjectives are part of what Larkin does so well. They are surprising and exact. "Bridal London," for example, in one word, captures a range of meanings. "Bridal" gives us an image of formality, of class stratification, of marriage, which this young woman may, after this event, never know. This one word becomes everything that has been taken away from her, and it also captures the world "that turns the other way," that doesn't particularly care what has happened to her. Even though she is the focus, it is at a distance. Larkin never presumes to enter her mind, to describe her thoughts.

At the end, the poem takes a strange turn. At the moment of supposed empathy for the woman, the focus shifts to the man. What could have been a simple moment of distress and grief on behalf of the woman becomes much more complex and interesting than that. While still keeping the woman as subject of the

sentence, it starts with her point of view, "for *you* would hardly care . . ." then marches up the stairs of mounting desire, climaxes, and switches to the disappointment of the man, who is trapped in his own "desolate attic." There is then no real grief, no completed mourning, but the reader, like the figures in the poem, is brought up short, forestalled in a region of stasis and exile. And because Larkin carries the reader along in the process of this experience, this is the moment that we come to know something we did not know we knew—about despair. The image of a ruined life, then, that begins by applying to the woman, attaches to the man whose fulfilled desire collapses into a desolate and empty place, a collapse into a world where each one is alone and resolution is impossible, the arrival at a threshold and then falling back.

This experience is communicated to us not only by what the words say but by how the words create sensation. At the end, the rhythm changes. Larkin has several lines in regular dactylic rhythm, "Whát căn bĕ saíd, excĕpt thăt súffeřing iš exáct." This breaks apart when he shifts to, "stúmbliřng úp thĕ bréathlĕss stáir," trochees, and then another rearrangement, "Tŏ búrst ĭntŏ fŭlfíllmĕnt's désŏlăte áttĭc," a stress on "burst," then several soft syllables, with each word differently stressed, then back to the trochee, "attic." He makes the reader take a gulp of air after "burst," get a new breath, and stay unsettled. The rhythm of the words and the emotional impact and the meaning are inseparable.

Harder to explain is the way poetry calls forth emotion in a way that prose does not. At a funeral, I was struck by how it was the poems that made everyone cry, more than the most poignant of personal memories. Music summons feeling, and in a poem, so much more can be said, especially in the white spaces around the lines. Jokes also have this capacity to bypass logic and speak more directly to primary process. This has to do with metaphor and image, but goes beyond it. We are affected by the texture of words and of silences and the mingling of the two. I think the Lacanians talk about this, for example the prickly patient who speaks in a particularly abrasive way, so that she almost seems to use no vow-

els. Her words bristle with hard and raspy sounds. She pushes people away because her language carries a bite. Pound (1934) said that "Dante called adjectives either 'buttery' or 'shaggy' because of the different noises they make" (p. 37).

When we read case reports, they often detail who said what, but provide no clue as to the orchestration of those words, the tone, timbre, emphasis. These nonsemantic aspects of language are the means by which poetry bypasses logic and often reaches something deeper in us. The words between patient and analyst function, on one level, in this textural, nonrational way. It's why I think some of the most effective interpretations in an analysis will often move beyond everyday prose to be spoken lines of poetry. I do not mean that the words are as carefully crafted as in a poem, but that the analyst tries to speak in a way that evokes affect, that reaches to pull more out of the well of the unknown. Whether the language is imagistic or plain, it can achieve a kind of liveliness and a simple, human music.

As analysts, we attune ourselves to the overlap of meaning and music in words, but we mostly speak to each other about content. We are all familiar with using our voice to contain an irate patient, the way a mother will use the cadence and tone of her voice to soothe a preverbal child. We not only use tone and melody, but choose words with particular rhythms. When language carries an emotional impact, the rhythm is inherent to its meaning. Our ears tell us when the two are out of synch, and this is one way we recognize that something is going unsaid.

A resident in supervision told me about a patient who was terrified of the impact his words had on his father. Once, the therapist said to his patient something like, "You're concerned about the possibility that whenever you speak, it will be taken badly by the other, so often you tone down how you express it." I said I thought his comment was completely accurate, but a bit wordy. (And perhaps a countertransference replication of the patient's difficulty.) I wondered about saying to the patient something like, "You're careful, you always pull your punches."

Thinking about it later, I saw my imagined comment was a line

of trochees (a hard syllable, followed by a soft, unaccented one: the reverse of iambic.) The sentence ended on an unstressed syllable. In other words, the syllables strike and then back off: the meter pulls a punch too. The rhythm replicates the dynamic he is trying to describe. I was saying, in effect, why get abstract, show the patient what you mean. If form matches content, the words will have a visceral impact. Of course, one does not sit back and compose an interpretation this way; the unconscious does the work of choosing the rhythm. But one can look later and see that meter matters. I also noticed that this may be a bit of parallel process. There is a reason I chose trochees, and not an iambic interpretation like, "Yŏu thínk yŏur wórds wĭll blów hĭm úp."

Like every pleasure, the pleasure of writing has its inhibitions. The patient's task at the start of analysis, like the beginning writer's task, is to find a voice. It's one terror, whether it's the terror of the blank page or of the silence at the start of the analytic hour. Getting close to the terror is an essential part of creating something that will carry emotional weight. It is fear that carries a punch. Rilke said, "For beauty is nothing, but the beginning of terror. . . ."

Form in poetry may arise out of such fears. Creating a sensory experience or surface becomes a kind of container for anxiety, a sort of skin. I think that form in poetry grows out of this need and may be one reason a writer chooses poetry rather than the more formless prose of fiction. In Larkin's poem, what is most vivid, besides the bleakness, is the rage contained in that drawer of knives. Perhaps the poem contains an open drawer of his rage and disappointment as well. In fact, such a wonderfully and carefully shaped poem is a perfect drawer. I think all poets use their poems to this end, to contain in gracefully structured cabinets the feelings that might otherwise be unsayable.

As a poet, I try to launch myself into the far regions and wait to see what can be uttered there, a place that may be deeply familiar or horribly unknown. As much as I might hope to fly, a net is also nice. Form holds us—an orderly shape, even the idea of a shape, may be a structure as thin as thread. But if the terror is nothing-

ness, then any thread helps. It makes going "out there" possible. And it also creates a bridge to the reader; form appeals to the eye as well as to the ear and, even unseen, makes itself felt.

Whether the poet chooses a traditional form, sonnet or sestina, or a more open, free verse, the shape contains the chaos of Rilke's terror for poet and reader. The line is the musical unit of the poem. Poets tend to think in lines rather than narrative or plot. A poem's arrival is often announced by one line going through my mind, sometimes the words, sometimes only a rhythm whose words are later filled in. The shape of the lines on the page, the number of stresses or syllables per line, considerations like line length or symmetry of number of lines per stanza—each makes a form. And form becomes both the container and a means of communication—the shaped aesthetic product. For the analyst experiencing language, form is felt in the shape of the staccato bursts of one patient's words, or the seamless paragraphs of another. One patient will always leave lots of white space around the sentences. Another leaves no gaps, makes her or his words into a cement wall.

With poems, the mind takes in form, whether we are aware of it or not, perhaps because of rhythm and how it makes us breathe when we read out loud. The choice of a particular form sets up a tension between the wildness of emotion and the quiet order and structure of lines, stanzas. Whatever the formal choice, poetry remains an oral form. The music is palpable and makes it one of the more embodied of the arts. I cannot read without a visceral sense of breath, heartbeat, the resonance of the larynx, the muscularity of the diaphragm. One thing in common with the most alive of psychoanalytic theories is the idea that our passions become embodied, and in this is the joy as well as the obstacles and interruptions.

In order for a poem to surprise us and for its sounds to have an impact, we have to listen wholly. We have to be willing to get lost in the poem. Maybe this is why some otherwise thoughtful people declare they don't read poetry. As in the experience of the Merrill poem, not everyone wants to be swallowed. What poetry can do

that nothing else can is this: swallow the reader, enter us, take us backstage of everyday reality into the realm of what we feel and experience and can never say. The unknowable is always with us; the poem collides with all our omniscient fantasies and says, "You're only one small mind in the sea of everything." Not everyone is content, much less delighted, to float.

Here is a short poem by Theodore Roethke that I think speaks to the use of everyday surroundings in a way that is full of surprise. It is one of a series of greenhouse poems from his book, *The Lost Son and Other Poems.* Because this one comes after poems titled "Moss Gathering" and "Transplanting," we see that as a boy he worked long hours in his father's greenhouse. The poems before also give us the feeling of things sprouting, sending out tendrils, breaking through soil.

CHILD ON TOP OF A GREENHOUSE[3]

The wind billowing out the seat of my britches,
My feet crackling splinters of glass and dried putty,
The half-grown chrysanthemums staring up like accusers,
Up through the streaked glass, flashing with sunlight,
A few white clouds all rushing eastward,
A line of elms plunging and tossing like horses,
And everyone, everyone pointing up and shouting!

THEODORE ROETHKE

The words are all plain and simple, except perhaps for the chrysanthemums. He doesn't tell us their color, but they are made so bright they almost shout. In such a short space, he has given us a whole world and also, I think, a turning point in a life story. It's a wonderful example of one of the main ways a poem works its magic, by compression, by the power of everything that is not

[3] "Child on Top of a Greenhouse," copyright 1946 by Editorial Publications, Inc., from *The Collected Poems of Theodore Roethke* by Theodore Roethke. Used by permission of Doubleday, a division of Bantam Doubleday Dell Publishing Group, Inc.

stated but is somehow there in the white space, in the associations we are led to make.

This is a jailbreak. Done with glee. In this compressed moment, Roethke creates an energetic and immediate present with all of his participles: billowing, crackling, flashing, rushing, plunging. Nothing in the scene is still. A verbless syntax sets the stage. The poem works with a remarkable sense of time that recreates a quality of childhood memory. We are both rushed onward and held still. There is a photographic clarity to the scenes. Because each line ends with a comma, there is a freeze-frame quality. And at the same time, we feel swirled up in movement.

He gives us the wind's wildness in the rush of clouds, the elms, "plunging and tossing like horses." He has just said "white clouds." But he has conjured up a huge and wild sky in a way that also attaches itself to the child, as it is "billowing out" the seat of his pants, making us think of newly developing sexuality. The wind has gotten into him, and he wants to sail off on it. We feel the boy tossing like a horse, coming into his own power, wanting to break loose from a constrained world of glass and seedlings and soils and careful work. It's the rhythm that does this, it moves like a rocking horse, long before the word "horse" appears. This metrical unit is composed of soft-hard-soft stresses. "Mў fе́et crăckliиg splи́nteŕs of̆ glа́ss aи́d drĭed púttў,/ Thӗ hа́lf-grŏwn chĭrysaи́themŭms staи́ng ú̆p lĭke ă̆ccúsĕrs." The rhythm makes us count his pulse and gallop along.

Constraint gets conveyed in the texture of the greenhouse under the boy's feet; we assume he knows the sound of glass and dried putty exceedingly well. He is used to being inside, with the flowers. When they become "accusers," something wonderful happens to our point of view. While we are always inside the boy's consciousness, we also move around. We begin standing with him on the roof, looking at the glass underfoot. Then we see in to the accusing plants, and at that moment we are inside the greenhouse, looking up at the boy's feet, through streaked glass. We almost sense the humid, enclosed smell. Then we feel a surge of freedom as we are released out through the roof, up to the clouds,

off to the elms on the horizon. Then in the last line, we are brought back to ground level, seeing the boy from the point of view of what seems to be a large crowd, but may only be his parents. Now we are looking up at him, seeing him like a bird, silhouetted among the clouds. Because the most repeated word in the poem is "up," it adds to our sense of taking flight, of growing up. And some of the feel of dizzying wildness comes from the swooping around of point of view. Who needs a zoom lens when this can be done so quickly? In seven lines, we have been handed an experience, something with depth and emotion and tremendous energy.

This happens to us, because of the combination of rhythm, syntax, and image. Each word in these few lines becomes charged. No space is wasted, nothing is lazy here. The words that give us this experience are fast and immediate. When language lacks this energy, our attention wanes. Perhaps it is when this crucial component of heard language gets lost that analytic writing begins to sound dead. And at times we write for each other in generalities, not the exquisite particulars of our patients' words and our own quirky thoughts. When we lose the intensity and exactness, language falls flat, the ear goes to sleep, and we no longer know where we are or what in the session is most real. I think it is this intensity that poetry has to teach us. As Larkin says, "suffering is exact."

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Self and Motivational Systems. Toward A Theory of Psychoanalytic technique. By Joseph D. Lichtenberg, Frank M. Lach-mann, and James L. Fosshage. Hillsdale, NJ/London: The Analytic Press, 1992. 261 pp.

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BOOK REVIEWS

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SELF AND MOTIVATIONAL SYSTEMS. TOWARD A THEORY OF PSYCHOANALYTIC TECHNIQUE. By Joseph D. Lichtenberg, Frank M. Lachmann, and James L. Fosshage. Hillsdale, NJ/London: The Analytic Press, 1992. 261 pp.

This volume represents an effort by its authors to expand the pioneering work of Lichtenberg[1] into a more broadly clinical treatise, and, fundamentally, they have done so successfully. They begin by reviewing the concept of motivational systems as psychological entities signifying observable behavioral patterns, present even in the newborn, that are built around "need." The five motivational needs so far delineated by the authors include: psychic regulation of physiological requirements; attachment and later affiliation; exploration and assertion; reacting aversively through antagonism or withdrawal; and sensual enjoyment and sexual excitement. These motivational systems are considered to be derivations of lived experience alone, and throughout the book the authors attempt to restrict their findings and inferences to subjective experience. Specific motivational systems are seen to shift in primacy at different moments in an individual's life—the authors use a foreground-background perspective to indicate the salience of a given system at a particular time—with each system assigned personal meaning through "organizing principles and themes." Organizing principles evolve from infancy onward, through repeated (conscious and unconscious) personal experience with caregivers in regard to each motivational system.

These organizing principles become apparent in treatment not only through transference elaborations but also through what the authors refer to as "model scenes"—emblematic narratives, collaboratively elaborated by patient and analyst, that combine past and present to give shape to salient motivational issues. The classic analytic paradigm of libidinal and aggressive drives as principle forces in human life (the "sensual" and "aversive" motives) is broadened to include other, primary concerns. The analyst learns of the relative

[1] Lichtenberg, J. D. (1989): *Psychoanalysis and Motivation.* Hillsdale, NJ: Analytic Press.

importance and particular mode of expression of motivational systems through *empathic attunement* to her or his patient's experience, seen here as the fundamental means of data-gathering and analytic processing. Throughout the book, empathic attunement is contrasted with "experience-distant" imposition of preordained theory, which as often as not may lead, according to the authors, to feelings of remoteness, criticism, and shame. Emphasis is placed on the "state" of the self (i.e., "disturbances of [vitality], self-cohesion, panic, abuse, and hatred") at a given moment; on the significance of affect and its assessment to determine self-state and motivational primacy; and on the capacity for resilient "self-righting" (in which the analytic ambience of attuned attentiveness and presence can help to re-establish an innate sense of stability and equilibrium).

Unconscious mentation is considered in terms of memories both *procedural* (personal variations of talking, rhythms, etc.) and *episodic* (specific organized events); *fundamental* (presymbolic) or *symbolic.* The authors differentiate "the" unconscious as "space," a container of stored information, from unconscious "fantasy" that is given form through intersubjective collaborative imaging in the analytic encounter (including, for instance, the mutual sketching of model scenes). With the analyst's participation, then, mutually created fantasies and memories are elaborated, which lead toward the "self-righting, expansion of awareness, and symbolic reorganization" that are the goals of psychoanalytic treatment.

The fulcrum of the book is, I believe, the authors' emphasis on, and delineation of, selfobject experience as the sustaining and therapeutically potent agent of self-righting and restoration. They contend that "selfobject" represents personal experience rather than an aspect of object relationship—an experience (function), shaped by affect, that restores self-cohesion and provides vitalization. In this view, they take issue with Kohut's ambiguity about the embeddedness of selfobjects in some aspect of an actual person, although they do suggest that selfobject experience is often attached to the *fantasy* of an object. In the course of their elaboration of the selfobject experience (Chapter 8), the authors present what is to this reader one of the best expositions of contemporary self psychology. For readers interested in familiarizing themselves with the self-psychological approach to treatment, a careful review of this chapter will be of great use.

Implicit in their perspective is a supposition that analytic treatment's goal is to identify, contain, and address those periods of interruption in the smooth flow of self-experience that disrupt selfobject cohesiveness. Such interruption occurs frequently in the ordinary sequence of an analytic relationship (often, but not exclusively, with regard to the attachment-affiliation motivational system). Interpretation, as broadly delineated in this volume, consists in identification and understanding of the disruption, acknowledgment of the role (as perceived by the patient) played by the analyst in its generation, and the relation of the current disruption to past experience. Such interpretation moves from the surface inward, and thus makes no major distinction between conscious and unconscious awareness. The authors attempt throughout to delineate disruptions, interpretations, and repairs in terms of motivational systems.

Defense and resistance in treatment are considered as experiences that are part of the aversive motivational system. Conflict is viewed as that "experience of tension and dissonance that arises when competition between [or within] motivational systems ... cannot be resolved ..." (p. 149). Thus, the aversive and/or various competing motivational systems allow for exploration of intrapsychic conflict, an inevitable phenomenon that self psychology has often been criticized for minimizing. Deficit is seen as an "experience of perceived inadequacy of empathic support," leading to a sense of dysfunction. Conflict or deficit may operate with regard to particular motivational systems. Finally, one overarching concern governing treatment is the goal of *regulation* of state, reflecting as well the importance of mutual regulation comprising the intersubjective enterprise (e.g., mother-infant; analyst-patient).

Much more would have to be summarized to give a complete rendering of this rich and interesting book, but space limitations impose constraints. The authors have provided a challenging and full reconceptualization of the treatment situation in terms of their construct of motivational systems. Some of their views are familiar elaborations of self psychology, while others represent significant additions to that body of work (e.g., the relevance of recently delineated selfobject experiences, such as the aversive/adversarial, or the competent selfobjects). They buttress their arguments with detailed review of relevant literature (particularly regarding infant development and observed mother-infant interaction) and with vivid clinical vignettes

and sequences. Within the motivational system framework, they have suggested bridges to more classical and object relational perspectives, while raising many of the objections to traditional technique by now familiar from within self psychology.

While the authors reach for a simple, "user-friendly" language, I felt that at times they became unnecessarily abstract and formulaic, particularly as they redefine familiar clinical situations in terms of motivational systems. There is, to me, an annoying writer's "tic" in which they frequently seek to force their thoughts into numbered outline form. This often takes the format of "three" possibilities, perhaps one for each of the authors (!). I felt at times that they tried to squeeze too much explanatory power into their motivational schema. For instance, isn't there a place for affective experience independent of its role as amplifier of motive? Where is room for the rich interplay of internal voices, of created ideals, that may, developmentally, evolve independently of the environmental surround?

These and many more are questions generated inevitably by this fine and provocative volume as it carries further a new paradigm within the psychoanalytic corpus. I recommend it highly.

ANDREW P. MORRISON (CAMBRIDGE, MA)

THE NEW INFORMANTS. THE BETRAYAL OF CONFIDENTIALITY IN PSYCHOANALYSIS AND PSYCHOTHERAPY. By Christopher Bollas and David Sundelson. Northvale, NJ/London: Jason Aronson, Inc., 1995. 215 pp.

"Is the attack on privilege an attack on psychoanalysis itself?" (p. 148). In some sense, this is the fundamental question raised by *The New Informants.* This is a compellingly angry and articulate "exposé" of the impact on psychotherapy (including psychoanalysis) of third-party interlopers, murder in California (Tarasoff decision), and confusion between protection of the patient and protection of the therapist. Bollas and Sundelson, in a book replete with legal cases and outcomes as evidence, demonstrate the perilous difficulty of navigating the waters of patient care and professional integrity in these times of zealous litigation, governmental intrusion and regulation, and in-

creasing societal need to find at least one person responsible for the tragedies which befall us.

The authors indict everyone in our increasingly frightening world of "big-brother": lawyers, judges, patients, organizations created to protect and enhance our professions, and us—you and me. For example:

> The American Psychoanalytic Association, the International Psychoanalytical Association, and the International Federation of Psychoanalytic Societies, important organizations entrusted with the operations of psychoanalysis, are nonetheless run by rotating part-timers who, although well intentioned, are not up to the tasks of protecting and promoting psychoanalysis in the modern world (p. 193).

And:

> It is a sad outcome that clinicians across the United States, in stark contrast to their European and South American colleagues, have begun to practice defensive psychotherapy. Patients are either given medication or referred to psychiatrists for medication, not because such treatment is actually warranted but because the clinician is anxious to be seen to have acted in such a way to control the unfortunate effects of the patient's condition (p. 149).

These two quotations highlight what is both best and troubling about *The New Informants*. Bollas and Sundelson are unafraid to demand that we look at our ineptitude and participation as the assault on confidentiality grows. Do we, as do pastors, lawyers, and physicians other than psychiatrists, "safeguard against intrusion at all costs" (p. 74)? I think they are *probably* right for the most part when they answer NO; it is easy to bury one's head in the sand while ignoring the slippage which results. However, they are quick to talk of "many" and "most" clinicians without data, without real numbers.

> Many clinicians, hearing from a patient who is wondering about the way his mother or father behaved toward him, inform the patient that if he continues to talk about the matter he is bordering on the mandatory reporting laws (p. 150).

I realize that in a "call to arms" (Glen Gabbard's dust-jacket metaphor) some pamphleteering must occur. I worry, though, that this aspect of the book, with its unsubstantiated accusations, may allow some among us the excuse, defensively, of taking less seriously than we should the truly complicated set of problems which the authors so

passionately bring to life. As their opening question indicates, we and our profession are in danger; we must beware our complacency and our complicity. Bollas and Sundelson remain sensitive, however, to the nuances in the thorny issues of confidentiality and care—for the patient, the community, the therapist, and the profession. In *The New Informants* they raise their voices in protest and encourage us to march along. I suggest we do.

BARBARA STIMMEL (NEW YORK)

SHARED EXPERIENCE. THE PSYCHOANALYTIC DIALOGUE. Edited by Luciana Nissim Momigliano and Andreina Robutti. London: Karnac Books, 1992. 246 pp.

Nine Italian psychoanalysts, members of the Milanese Centre for Psychoanalysis, a branch of the Italian Psychoanalytic Association, present in this book their reflections about the dialogue between patient and analyst in their joint efforts to find understanding of the analysand's psychic suffering. Following their individual analytic paths, they have come to share a similar approach to the psychoanalytic relationship without forming a particular school of thought. The authors converge in conceiving of psychoanalysis "as a meeting place between two people involved in a relationship from which creative developments are expected" (p. xxii). They focus "attention on both members of the couple," considering that "the relationship that grows up between them becomes the real 'object' of their research." (*ibid.*).

The essays cover three main themes: the analytic relationship and dialogue (hence the title of the book), the analyst's mind, and some clinical situations. The authors believe that "the patient's associations are responses to the analyst's interventions" (p. xxiii). Such conviction requires that the field of analytic observation be enlarged to include the analyst's mental processes and actions and the events between patient and analyst.

The authors share a belief about the dynamic motivations of the human mind: "Every human being is from the very beginning in search of the Other, and in the relationship with that Other he con-

structs what will become his own internal mental contents . . . drives, unconscious fantasies, inborn codes, or preconceptions could be considered as human tendencies that achieve their realization and subsequently their expression in words upon the meeting with the Other'' (p. xxiv). They understand as the aim of psychoanalysis, not the unveiling of unconscious processes but rather the ''recovery and construction of what could not properly develop in the course of previous relationships'' (*ibid.*).

The Milanese group locates itself in an equidistant position within the polarities of controversy in present-day psychoanalysis between those who follow the classical intrapsychic model and those who propound an interpersonal conceptualization of the analytic process. They consider the patient their ''best colleague'' whose task is very similar to that of the analyst—to be deeply involved but at the same time to be capable of observing oneself, the analyst, and the process.

The book is divided into three parts. The first focuses on the analytic relationship and presents three essays written by Luciana Nissim Momigliano, Giuseppe Di Chiara, and Michele Bezoari and Antonino Ferro. The first essay focuses on the psychoanalytic dialogue between two people and its evolution, pitfalls, and requirements. The second explores the significance of meeting between analyst and patient, and the ''telling'' of the patient's story in that context of parting and meeting again. The third essay attends to the analytic couple in a bipersonal field by using concepts introduced by Bion and by the Barangers in South America.

The book's second part is dedicated to the psychoanalyst's mind. Giuseppe Di Chiara explores the significance of projective identification in the analyst's work. Dina Vallino Macció describes and reflects on the analyst's anxieties during his/her work.

Finally, the third part focuses on clinical issues. Rosanna Gagliardi Guidi examines the consequences for the analyst of the premature termination of analysis. Francesco Barale and Antonino Ferro attend to the ''microfractures in analytic communication'' that, in their opinion, are the principal source of negative therapeutic reactions. Franco de Masi considers the technical handling of the emergence of psychosis in the transference. He believes that the traumatized patient asks that the analyst offer ''a totally new experience'' that would create the conditions for symbolization, the absence of which leads to

psychotic transferential experiences (p. 185). Finally, Andreina Robutti, explores the experience of hypochondria, in which the patient, "like Cassandra, speaks about a truth that is never believed" (p. 189).

This is a delightful book to read. It addresses the central concerns of contemporary psychoanalysis with simplicity, clarity, and a directness of clinical and theoretical commitment. The authors reveal that they have studied the literature and pondered the issues of interaction, intersubjectivity, the bipersonal field, the influence of the patient on the analyst and of the analyst on the patient, and the great significance of the moment-to-moment communication for the evolution of the psychoanalytic relationship and process. They present their work and their conclusions with disarming honesty. They do not offer solutions or norms to be followed. They simply describe what they have found is best for them in their work. The reader will find much to ponder in their clear theoretical presentations and well-selected clinical cases. I highly recommend this book to all practicing analysts.

ANA-MARÍA RIZZUTO (BROOKLINE, MA)

SELF-ANALYSIS. CRITICAL INQUIRIES, PERSONAL VISIONS. Edited by James W. Barron. Hillsdale, NJ/London: The Analytic Press, 1993. 291 pp.

The importance of self-analysis has been part of analytic lore since Freud's self-analysis defined our field. Yet until recently, little had been written about what self-analytic work actually amounts to. James W. Barron has rectified that situation with a highly illuminating and entertaining collection of fourteen sophisticated papers from a spectrum of authorities.

The anthology is larger than the sum of its parts; the reader's outside perspective makes it possible to notice much that the individual authors do not see. The reader's experience demonstrates a theme of the book: the difficulty in seeing oneself from outside is a central problem for self-analysis articulated by several of the authors. Warren Poland deftly describes the danger of fooling oneself into accepting self-satisfying self-reflection as analysis. He shows how one

uses family and others in the service of self-awareness. Rivka Eifermann describes how she uses the audience for her papers in an ongoing self-analytic effort. Adrienne Harris and Therese Ragen present an experiment in mutual supervision and countertransference analysis that is a courageous effort, yet it will strike many readers as fraught with problems the authors do not seem to notice—for example, the fate of unanalyzed negative transferences.

Very moving personal accounts of self-analytic work are provided by Alfred Margulies, James McLaughlin, Henry Smith, Ernest Wolf, John Gedo, and M. Robert Gardner. Most see self-analysis as a spontaneous process, a continuation of one's personal analysis, often set in motion by work with patients in the analytic situation. Stephen Sonnenberg is unusual in advocating an orderly, systematic approach to self-analysis.

As is the case with most of the contributors, Sonnenberg tacitly assesses the success of his self-analytic work by how it accords with his theory. Ricardo Bernardi and Beatriz de León de Bernardi take up this issue by suggesting we treat our theoretical assumptions as objects for self-analysis; but again, from the reader's privileged distance it seems that they do not realize the extent to which our most cherished assumptions are invisible to us. In dyadic analysis there are two intersecting views to help locate one's assumptions. In self-analytic work, this is a much more difficult problem, as Poland suggests in his paper.

Three speculative papers add little to the subject. E. Virginia Demos draws questionable inferences from infant observation to postulate the developmental foundations for the capacity for self-analysis. Didier Anzieu muses about Samuel Beckett's introspective use of his writing following his aborted analysis. Martine Lussier offers a too-familiar reading of Freud's self-analysis.

Despite the disparity of ideas in this collection, a composite picture of self-analysis emerges. First, self-analysis is not analysis (Gardner prefers to call it self-inquiry); it does not provide the depth of exploration of our relational assumptions that sustained dyadic work does. Second, although the process is marked by dramatic moments, there seems to be an ongoing self-conscious process at the edge of awareness that links up the sporadic events. Third, self-analysis is hard work, subject to the full range of resistances but without benefit of the consistent attention and perspective of the independent analyst.

This is a valuable and stimulating work that will broaden every

reader's appreciation of the analyst at work. It will provoke us to further refine our ideas both of self-analysis and of dyadic analysis.

LEE GROSSMAN (OAKLAND, CA)

LOVE RELATIONS. NORMALITY AND PATHOLOGY. By Otto F. Kernberg, M.D. New Haven/London: Yale University Press, 1995. 203 pp.

This is a well-written book by Kernberg on a very complicated subject: the potential interlocking dynamics of two people in an intimate relationship. He is fascinated by the challenge of how those in love fit together or clash. In this primarily psychoanalytic offering he takes the time to discuss biology and even ventures into how the couple fits in society. Then he describes the psychology of love relations in patients with various diagnoses. His observations about borderline and severe character disorders are the most complete and show the deepest insights. Unfortunately, he omits a large category of marital pathology, that which reflects the developmental problem that occurs when one or both spouses marry before having completed maturation into adulthood. This group comprises a large percentage of couples heading for divorce. These are the couples who "fall out of love" or find themselves "incompatible" three to five years after marriage.

Kernberg misses much in spouse-to-spouse transference reactions because his sources of data are "the *treatment* of patients by psychoanalysis and psychoanalytic therapy" and "the long term follow-up study of couples through the window of the psychoanalysis and psychoanalytic psychotherapy of *individual* patients" (p. x). Other analysts have utilized their analytic orientation for the treatment of couples' pathology "in vivo," and they have arrived at different conclusions through the window of analytically oriented marital therapy. Love relations, intimacy, entwined neuroses, interlocking reciprocal pathology, and spouse-to-spouse transference reactions have been carefully considered in a study group of the American Psychoanalytic Association since the early 1980's. We have discovered that many couples can benefit from the "in vivo" treatment of their marriage while many *individual* therapies fail to understand and treat the marital pathology. Not only do analysts tend to have a "blind spot" in diagnosing the double pathology, but they lack the alliance with the nonpresent spouse that is necessary for an effective therapy.

This study group's conclusion is that the successful psychoanalytically oriented treatment of marital pathology requires understanding and interpreting the spouse-to-spouse and spouse-to-therapist transferences. The study of these transferences is a derivative of psychoanalytic theory and practice and is thus compatible with concurrent individual psychoanalytic therapies. Many of the group see couples in marital psychotherapy while one or both spouses are in analysis with other analysts.

Establishing a balanced, neutral, ego-observing position with a couple demands the recognition of hidden alliances. The therapist must recognize and keep track of the unconscious unfolding and emerging transferences in the treatment situation, along with the spousal transferences already in place. In addition, sibling competitive transferences must be identified, as they are often produced within multiple person therapy. The successful awareness, management, and interpretation of these transferences allows one to see and deal with the unconscious marital pathology.

Inasmuch as the early attractions in couples are often superficial, a large portion of the basis of the relationship is only revealed over time. Deepening of the relating process is stimulated by shared experiences, communication, and reactions to life events (e.g., births, aging, and the death of friends or relatives). The healthy bond strengthens in some couples, but in others there is a neurotic "fit" or adaptation. The deepening of the healthy portions is similar to Kernberg's "mature love." The deepening or interlocking neurotic evolution becomes a current edition of the combined spousal pathology. Thus, a marital transference neurosis-like syndrome (the marital neurosis) is established. This is what must be treated if the marriage is to survive.

The case presented by Kernberg (pp. 105-112) reveals the author's rather speculative understanding of couples pathology. The data suggest neurotic rather than borderline or severe character pathology. The therapy undertaken focuses on sex as the major symptomatic area in the relationship. Focusing on this increases the wife's resistance and inflames and frightens her. Kernberg becomes aware of the transference to himself as the "tempting devil" (p. 108), but he persists in this endeavor, sabotaging the possibility of marital treatment with him. His choosing to treat the husband in analysis after this beginning comes across as a countertransference-laden choice. By

starting with an extended diagnostic and an early marital therapy, Kernberg has become an important transference object or part of the transference-countertransference pool. He then chooses to treat the husband over the wife rather than referring both of them to other analysts.

Treating one spouse after a failed marital therapy leads to a common syndrome that frequently ends in a feeling of rejection by the excluded spouse. The extrusion of the rejected spouse is often rationalized by the analyst, who sees this spouse as uncooperative or not ready for treatment. Usually, this represents the analyst's failure to engage a reluctant, unaware patient in a helpful dynamic therapy. When the rejected spouse is referred to another therapist, that treatment must immediately deal with the feelings of rejection or the new therapy will be doomed by the carried-over negative feelings.

Although this book is a worthwhile attempt to grapple with the pathology of love relations, its major failing is the lack of integration into it of the work of psychoanalysts who treat marital pathology. Its central concentration on individual pathology is regrettable. This focus bypasses the interlocking pathology and the triangular transferences, thus precluding their treatability by interpretation in conjoint marital therapy.

In spite of the encyclopedic covering of the field, the book comes across as a mosaic of Kernberg's private reflections and dynamic understanding of love relations. This mosaic fragments when the clinical case is presented, which reflects the tunnel vision of studying a two-person, dyadic relationship with only a monocular microscope.

JACK L. GRALLER (CHICAGO)

PSYCHOANALYTIC TECHNIQUE AND THE CREATION OF ANALYTIC PATIENTS. By Arnold Rothstein, M.D. Madison, CT: International Universities Press, Inc., 1995. 137 pp.

"It is worth reconsidering the practice of being choosy." So states the author in presenting his thesis that a reluctant person may require a six- to twenty-four-month period of "modified analysis" (p. 16) to realize that analysis is "the best form of psychotherapy for most adults" (p. 42) who consult an analyst. With this blanket conviction,

Rothstein sweeps away the selection process, including such distinctions as indications, suitability, and analyzability.[1]

Patients are categorized as "(1) inhibited, (2) enactment prone," or "(3) too disturbed and disturbing for me" (pp. 59, 44). Inhibited patients are the easiest with whom to "collaborate." Those suffering from "enactment resistances" (p. 4) are frequently unwilling to accept the recommendation for analysis, or to pay for it, until the resistances are analyzed. Yet, so long as there has been agreement that there is resistance and that the intent of the analyst/patient dyad is to work toward establishing a usual analysis, Rothstein considers that a patient is in a "modified analysis" rather than psychotherapy, even if the patient has only agreed to once or twice a week face-to-face sessions. This iconoclastic conceptualization of "modified" or "trial" analysis replaces the concepts of preparatory psychotherapy and of conversion of psychotherapy to psychoanalysis. Ultimate failure of this trial or modified analysis may be attributed to "both timing and the match" (p. 56).

In this reviewer's opinion, to begin consultations with the presumption that analysis is the treatment of choice bypasses the stance of suspended judgment and the ability to be surprised by what comes forth from the patient. Interpretation of all reluctance as resistance is the antithesis of a neutral stance. Although analysis has become an even more "impossible profession" in these days of managed care and expectations of medication management, and much as we might wish to create an abundance of financially solvent patients, it does not follow that analysis is appropriate for "the vast majority of" (p. 13) individuals who seek consultation. The fact that assessment is inexact and the outcome of analysis is unpredictable[2] does not mean we should do away with a careful evaluation of such variables as ego structure, object relations, life situation, psychological mindedness, and suffering. Rothstein emphasizes that conviction is crucial and criticizes the "perspective of an idealized model" for "creating an

[1] See Tyson, R. L. & Sandler, J. (1971): Problems in the selection of patients for psychoanalysis: comments on the application of the concepts of 'indications,' 'suitability' and 'analysability.' *Brit. J. Med. Psychol.*, 44:211-228.

[2] Bachrach, H. M. (1990): The analyst's thinking and attitude at the beginning of an analysis: the influence of research data at the beginning of an analysis. In *On Beginning an Analysis*, ed. T. J. Jacobs & A. Rothstein. Madison, CT: Int. Univ. Press, pp. 3-26.

analytic practice'' (p. xiv). However, an uncritical definition of people as analysands is in itself an idealized model.

The dedication of the book is to Charles Brenner (''compromise formation'') and to Leo Stone (''widening scope''). However, Rothstein utilizes the omnipresence of conflict and compromise formation in the service of rationalizing dismissal of careful evaluation. Stone, in his thoughtful 1954 paper,[3] stressed the importance of assessment with reference to specific diagnoses and potential transference conundrums. He gave examples of interpretations, set forth criteria for calling a therapeutic relationship an analysis, and discussed outcome of analytic work. That paper is in contrast to the anecdotal patchiness of many of the 137 pages included in this volume. Most of its eight chapters are elaborations of articles that appeared in *The Psychoanalytic Quarterly* and in the book, *On Beginning an Analysis.*[4] The central thesis is restated numerous times, and one questions whether there is enough theoretical development to warrant a book.

Section I (Chapters 1-5) is entitled ''Introductory Phase Work.'' Chapters 1 and 2 present several financially able, yet reluctant patients and explains how they were brought through a phase of ''modified analysis.'' Chapter 3 describes how consultation and recommendation for analysis is accomplished, with reference to several cases. Rothstein takes issue with the view of such analysts as Samuel Abrams, who address ''what is required of a prospective analysand'' (p. 40). In Chapter 4, the author suggests that an analyst's need to assess is, in itself, symptomatic of a ''countertransference response'' to difficult patients (p. 55). A comparison to Kohut follows the statement that the first emphasis must be on analyzing. The difficult case of ''enactment prone'' Mr. Y. is presented (pp. 63-71). Chapter 5 contains an interesting discussion of how couples therapy may be conducted by a psychoanalyst. There is much clinical data and explanation of how one or both members of a couple were referred for analysis.

Section II (Chapters 6-8) is called ''Midphase Work.'' Chapter 6 focuses on psychic reality in two clinical vignettes. It links the ap-

[3] Stone, L. (1954): The widening scope of indications for psychoanalysis. *J. Amer. Psychoanal. Assn.*, 2:567-594.

[4] Jacobs, T. J. & Rothstein, A., Editors (199●). *On Beginning an Analysis.* Madison, CT: Int. Univ. Press.

proach advocated in the book to a respect for psychic reality and implies that the author's regard for the patient's perspective is counter to the authoritarian stance attributed to many analysts. That notion seems incongruous in view of the strongly opinionated recommendation tendered to all prospective "collaborators" in the initial consultations. Chapter 7 cautions that since conflict is interminable, as are transference and countertransference, one must forever maintain an analytic stance and refrain from being seduced into accepting any proffered gifts. Chapter 8 reiterates the importance of therapist/patient match, optimistic attitude, trial of analysis, and unpredictability of outcome.

In the final four pages, it is noted that twenty-six cases were discussed by the author. Some impressionistic follow-up of twelve is given, without specific criteria for defining how patient and analyst "worked productively" (p. 122). Since the quality of the analytic work is stated but not explicated, there is no real sense of what actually occurred over time within the consulting room. I am left more convinced than ever of our need to find methods of researching criteria for assessment of analyzability, suitability, and outcome. Although studies have thus far been unable to correlate assessment with outcome, it does not follow that there is no correlation. It simply points up the need for more research.

The merits of keeping a positive attitude about the powerful value of psychoanalysis to make a crucial and beneficial difference in people's lives is well stated, as is the respect due to the defining importance of psychic determinants and the unconscious. However, in this book, Freud's concept of the "interminability" of analytic work is utilized to rationalize disregard for assessment and for outcome (p. 120). As the title states, the goal is to use technique for "the creation of analytic patients."

SYBIL A. GINSBURG (ATLANTA, GA)

HOW FREUD WORKED. FIRST-HAND ACCOUNTS OF PATIENTS. By Paul Roazen. Northvale, NJ/London: Jason Aronson, Inc., 1995. 301 pp.

Historian Paul Roazen has crafted a delightful and thoughtful work based on interviews with ten of Sigmund Freud's former patients. The meetings with the analysands took place in the 1960's.

The author presents us with a kaleidoscope of analysands, professional and nonprofessional, European and American, who came from a variety of socioeconomic and cultural backgrounds. Beginning about 1903, the treatments continued through the 1930's. They varied in length from a few months to a number of years. From the rich mosaic which the interviewer and interviewees have created, the reader can broaden his or her understanding of Sigmund Freud the clinician.

As with all oral history, there are, of course, many caveats. The author points out that when he did the interviews he was relatively young, inexperienced, and unfamiliar with the old-world culture. The former analysands were elderly, Freud had been dead for many years, and the treatments had been long over. Memory, as we know, is fallible, and often the analysand's memory of the analysis will say as much about the analysand as it does about the analysis. Transferences do not disappear. This is borne out by the variety of ways in which Sigmund Freud is remembered.

It soon becomes evident that the analysands had not chosen to see just "any psychoanalyst"—but were seeing Dr. Sigmund Freud, the founder of psychoanalysis. It appears as though each entered treatment with the "founder," and this played itself out during the course of the treatment. In addition, nine of the ten were treated by a man suffering from a debilitating illness, as Freud had by then contracted cancer of the jaw, and this also affected each in an individual way. Nevertheless, despite the difficulties, each patient as described by Roazen comes alive, and each of the therapeutic encounters comes alive as well. The reader is placed both within the analysis and within the interview by the author.

The analysands were struggling with a variety of problems during their therapy. The first, Albert Hirst, was the nephew of Emma Eckstein, his mother's sister. He was the one patient who was treated before Freud had developed cancer. First seen in 1903 or 1904, he returned from 1909 to 1910. Following termination of the analysis, he had an ongoing self-analytic experience and continued to make important discoveries about himself. Hirst worked as an attorney, and there was never any question of his becoming a psychoanalyst or being formally involved with the psychoanalytic profession. The others described in the book had a connection with the field and include many familiar names: David Brunswick, Mark

Brunswick, Edith Jackson, Robert Jokl, Kata Levy, Irmarita Putnam, Eva Rosenfeld, and James and Alix Strachey.

While Roazen tells us much about Sigmund Freud, he tells us about Paul Roazen as well. Throughout, the author's warmth and humanity are evident. In addition, his affection and admiration for the interviewees soon become apparent. He regarded them as "unusually emancipated human beings who had been willing to test for themselves original sets of choices. . . . I found [them to be] soul searchers . . . trying to reorient themselves, by changing their own outlooks, instead of expecting changes in the outside world . . ." (p. xxv).

One thing which detracts from the richness of the recollections and the complexity of the individuals described is that Roazen compares the analysands' reminiscences to an idealized analysis. This is unfortunate because it creates a kind of "straw man" analysis which no analysis can or should be.

There is no question that Roazen's interviews add to our understanding of Freud. Unfortunately, however, at times, Roazen finds it necessary to denigrate the writings of Freud and his close associates. This is at variance with the more inclusive concepts that the author presents. He says, for example, "at his best Freud invoked the concept of the unconscious as a way of setting limits to what we can know about ourselves and others. It would be in his [Freud's] own most genuinely humble spirit if we were to acknowledge that even now, when the literature about him has grown so vast, there is little about him we can securely know" (p. 275).

Roazen notes that the ten patients discussed were among twenty-five whom he interviewed. It would be most useful to other scholars and researchers, I believe, if the author would be comfortable in releasing the verbatim transcripts of his "diary-like notes." Others would then be able to immerse themselves in the material and perhaps arrive at additional insights and understandings.

In sum, Paul Roazen has given the reader a fascinating and illuminating work based on interviews with ten of Freud's patients. The author's empathic connection with the interviewees has added to the richness and complexity of the volume. Students of scientific, cultural, and intellectual history, and especially of psychoanalysis, will benefit from this work.

DANIEL S. PAPERNIK (NEW YORK)

PSYCHOSOMATICS, PSYCHOANALYSIS, AND INFLAMMATORY DISEASE OF THE COLON. By Charles C. Hogan, M.D., D. Med. Sc. Madison, CT: International Universities Press, Inc., 1995. 274 pp.

The improvement of a patient's physical health in the course of treatment is one of the most impressive outcomes of psychoanalytic therapy for both the clinician and the patient. Charles Hogan is not only an experienced psychoanalytic psychosomaticist but also a teacher, supervisor, and author with forty years of experience with patients with inflammatory bowel disease. Particularly gratifying is his conviction of the utility of psychoanalytic thinking and clinical work in the treatment of these very serious and even fatal conditions.

The first section of the book consists of a description of the medical aspects of inflammatory bowel disease. Hogan emphasizes how much resistance there is to accepting the existence of a psychological and environmental ideology to them, despite the fact that the medical approach of medication and surgery is fraught with limitations in effectiveness, complications, and relapses, all of which add to the toll on the patient's life experience.

Next, Hogan undertakes a discussion of a variety of theoretical issues. This is the most difficult part of the book, consisting of an exploration of the theoretical basis of such complex terms as *psyche, soma, causality, parallelism, isomorphism, linguistic parallelism,* and *interactionism.* To his credit, Hogan uses a direct and clear style: "I have great reservations about the words *functional* and *organic* with their implied definitional restrictions as well as their implied etiological significance" (p. 76). In this way he deals swiftly and deftly with a longstanding academic problem. *Functional* has long implied a change in function without permanent tissue changes, whereas *organic* has meant organ damage itself. It is now known that no such clear-cut distinction can be made.

In explaining *parallelism,* he states that it is the theory that events in the mind and in bodily organs occur simultaneously but are not causally related. Thus, by extension, *linguistic parallelism* indicates that the verbal means to describe subjective mental activity and bodily processes involves languages that are unique to each of these processes. A clear example of these differences is given in the following quotation from one of Hogan's references: Mind: "John Smith was frightened when he saw the cat" (p. 73). Body: "When the light rays

from the cat reached John Smith's retina, various biochemical processes were set up that resulted in the passage of impulses . . ." (*ibid.*). Obviously, the description of the subjective experience is quite different from that of the objective physiology, yet they describe data occurring simultaneously. There is no sense of causality or sequence with respect to time.

In contrast, we have the concept of "*Interactionism*, a doctrine that mind and body are separate independent entities that cause and effect each other directly" (p. 62). Hogan himself is committed to the theory of *parallelism*, and he provides ample support and justification for this stance. In this theoretical section of the book, he also holds strongly to the position that the concept of alexithymia is a fiction that wrongly suggests that there is an inborn incapacity in certain individuals to express emotions verbally. This idea, he emphasizes, is a disservice to the patients who can, with the right technique, make use of psychoanalytic help to reach deeply buried unconscious material.

In the second half of the book, which is probably the most useful and readily understandable by psychoanalysts, Hogan delves into the psychology of patients with inflammatory bowel disease. He makes a moving statement of the importance of learning to work with these very needy, pregenitally fixated individuals, whose very lives may hinge on the psychological work, and to overcome educational limitations and countertransference manifestations that interfere with undertaking these treatments successfully. He makes an important distinction between supportive treatment and the stance of some psychoanalysts. In supportive treatment, which many therapists provide because of their anxiety about the patient's physical health and the potential for destructiveness, the patients experience the therapist as the ambivalently felt primary parental figure; in the analytic stance, the message to the patients is that they have control over their impulses, both emotional and physical, and can surmount the threat of an attack on their internal objects, who are introjected and affect the intestinal tract pathologically.

Hogan describes colitis patients as narcissistic, helpless, tending to give up, poorly able to handle emotional deprivation, wary, withdrawn, sadomasochistic, fearful of their impulses and of going crazy, using the body as a weapon of revenge, subject to transference psychosis, needing immediate gratification, suffering from a cruel super-

ego with shame and guilt as punishment for failure, and reacting to frustration with exquisite humiliation and sadistic impulses to control and destroy the object. The need for control over an ambivalently regarded object is so great that the loss of this fantasy may be the key to the outbreak of the disease.

In a section on technique, Hogan emphasizes the importance of the psychoanalyst as a skilled primary physician in the case, requiring the thorough working through of all transferences without limitation. He indicates that it is untherapeutic to have a split in responsibilities, with one physician dealing with the medical and another with the psychological problems. The "psychoanalyst must be in a position to explore and interpret all developing activity, whether in the realm of the psyche or the physical. The simultaneous nature of the two activities should be clear and distinct and should be made clear to the patient" (p. 183). In the Afterword, he makes an appeal to his medical colleagues to appreciate the role of psychoanalysis in treating these conditions, stating that this method can provide invaluable data on the inner life and conflicts of these patients. In this volume, Hogan has vividly demonstrated his own long-term commitment to and sensitive understanding of these diseases and the patients suffering from them.

MURIEL G. MORRIS (NEW YORK)

CHILD VICTIMS, CHILD WITNESSES. UNDERSTANDING AND IMPROVING TESTIMONY. Edited by Gail S. Goodman and Bette L. Bottoms. New York/London: The Guilford Press, 1993. 333 pp.

Within the past several years our society has run the gamut of educated and popular opinions concerning sexual abuse allegations. We have denied many instances of sexual abuse, disbelieved the children who alerted us to their abuse, and then ricocheted to the other extreme of believing every current, past, and "recovered" allegation of abuse no matter how implausible or fanciful. With the recognition that children developmentally are suggestible and eager to please interviewers, common interview practices, often convincing enough to secure a conviction of the defendant, have come under legal and psychological scrutiny and have been found wanting. As a result of

the courts' awareness of the faulty, suggestive, and coercive interviewing practices used to prepare the child for testimony, verdicts of "not guilty" are delivered and convictions are reversed. Juries have come to see that overzealous, poorly trained interviewers, therapists, and/or parents can inculcate or create memories of childhood sexual abuse that are then presented to the court/police with great sincerity and credibility but which never occurred except in the imagination of the suggestor.

Analysts venturing into this forensic and academic war zone of the sexual abuse allegation controversy, espousing one or more of the above opinions (varying with the immediate clinical situation before them), need hard data to substantiate their views. On one level, I welcome the current contribution for its clear and objective attempt to cast more light than heat and for the contributors' dispassionate review of research findings, both their own and that of others. The authors' slight and understandable bias, namely, to add effectiveness and credibility to the child victim as a witness in "a legal system designed for adults" (p. xxi), in no way mars their contribution.

The most glaring weakness is not one of bias but of methodology. The contributors try to reproduce clinical situations in their controlled experiments which, while simulating actual occurrences, do not duplicate them. Mock juries produce results, rehearsed mock assaults can be cognitively processed by the child, but critical clinical variables can be examined only in the clinical/forensic setting. Most contributors are aware of this and therefore do not regard their work as definitive. Nevertheless, I believe their goals are well fulfilled: to review in scholarly fashion the research on children's testimony and "to stimulate research and thinking about how to optimize children's performance as accurate witnesses" (p. ix).

The editors and the contributors are trained in psychology and most hold academic appointments. They bring a rigorous research and experimental orientation to a very complex clinical setting—the courtroom behavior of a child witness, a child often of tender years who is providing courtroom testimony about her or his experience of physical and/or sexual abuse.

Robyn Fivush notes that the three-year-old child's reporting of events is terse and that open-ended questions are not as productive of information as are more specific ones. But this can result in direct questions which are then legally and psychologically open to chal-

lenge as being leading and suggestive. It is a legal dilemma for those who wish to question the child in a time-sparse, adult-like model. This is further complicated by preschool children's inability to relate events in a chronological narrative style; thus they "are dependent on the adult's questions to cue their recall" (p. 17). In addition, they may not recall much or may recall idiosyncratic items. In this research the interviewers did not have a personal stake in what the children recalled, which can be seen either as an asset in eliminating a confounding variable or as a shortcoming, in that it fails to replicate the clinical situation.

The use of specific props, such as "anatomical dolls"—or what I would call "sexually explicit dolls"—is discussed by Barbara Boat and Mark Everson. Despite the inadmissibility of evidence obtained with dolls, as in California, or such evidence being regarded with suspicion in other jurisdictions, the authors are proponents of their use. The controversy has been debated in several professional journals with, I suspect, few minds being changed. Boat and Everson believe that the use of dolls is appropriate since it does not often produce sexual play in the sexually naïve (only 6%), nor does it have a delayed impact on the child (only 23%). Psychologists must recognize that props such as dolls are, in effect, used by young children as a projective test which may or may not be linked with their actual experience. The authors do recognize that sexual play with the dolls "cannot be considered a *definitive* marker of sexual abuse" (p. 64). They regard it as "evidence of explicit sexual knowledge . . . [that] . . . warrants careful evaluation of the source of knowledge" (p. 64). It is striking that some psychologists fail to realize that children, particularly preschoolers, have an active fantasy life.

John Yuille and co-workers developed the Step-Wise Interview. This was designed to encourage a free narrative form of information gathering before proceeding to more specific forms of questioning based on details already elaborated; thus, leading and suggestive questions can be avoided. They state that their goal is to "minimize the trauma of the investigation for the child" (p. 100). They offer excellent advice: "These (anatomically detailed) dolls can be useful in obtaining an understanding of exactly what sort of sex act occurred, but are to be used only *after* the child has disclosed details of the abuse. The dolls should never be used to obtain the disclosure, only to clarify it" (p. 109).

Kay Bussey, et al., address the allegation that children in court "without consciously lying . . . sometimes make false statements" (p. 148). They conclude that "if young children were to lie about sexual abuse, it is more likely that they would deny that such abuse occurred than fabricate a false allegation about its occurrence" (p. 153). I believe the authors err in assuming that false statements and allegations are made primarily to please an adult or to prevent punishment. They should consider that young children, trying to make sense of their surroundings and experiences, rely on adults to tell them not only what is safe and what is dangerous, but also what is real, what is true, what is unimportant, and what they should forget. If the child starts with a false premise, the child's statements will be honest and sincere and "truthful," but not accurate.

In an examination of the child's need to testify in the presence of the accused (the Confrontation Clause of the United States Constitution), several analogue simulations could not resolve the issue but pointed to the need for additional research. According to the United States Supreme Court's decision in *Maryland v. Craig*, an exception to the confrontation is allowed when it is shown that the child would be traumatized by it. "Desensitization and confidence-building programs" (p. 163) "compounded with reassurance about the positive outcome of disclosure" (p. 165) are therapeutic suggestions for the child witness.

The chapter by Michael Leippe, et al., using analogue situations, explores jurors' reactions to accurate and inaccurate child and adult eyewitnesses. In identifying a simulated intruder, many young children make false identifications as well as errors of commission during objective questioning (as opposed to free recall). The authors point to a "disturbing" pattern "that reflects a willingness on the part of children to guess when they are unsure of the correct response" (p. 176). The authors then rehabilitate the child witness by noting that the children knew it was a simulation and "there would be no dire consequences" (*ibid.*) of their errors. While many with bias tend to overbelieve child witnesses, the authors found that even when the child was an accurate witness, there was a tendency to underbelieve the child simply because the child's narrative of his or her memory is so childlike, i.e., unlike the adult narrative model.

Jennifer Batterman-Fraunce and Gail Goodman acknowledge that a child's testimony is not solely a function of his or her cognitive

ability; other factors include context, motivation, and emotional state. More than other contributors, they emphasize that there is a marked difference between laboratory and court. In their own studies they are interested in the modifications of courtroom procedures which might reduce the degree of stress for the testifying child and which might also enhance the child's memory in the context of greater confidence and credibility.

The editors have selected their contributors well and the overlap of topics occurs infrequently. If this is the "hard research" that we analysts do not do, but which is proffered as the mark of scientific validity, I was surprised at how limited the conclusions were, how artificial the methodology (from a clinical point of view), and how difficult it was to isolate variables, measure results, and draw valid generalizations from them.

Those child analysts who are involved as expert witnesses will find this book only selectively helpful, but an excellent reference to the multitude of often conflicting literature. Those analysts who are interested in the issue of repressed and recovered memory will find this volume of general interest but not directly pertinent. While not purporting to be an analytic book, it represents the cutting edge of psychological research and as such is worth reading.

MOISY SHOPPER (ST. LOUIS)

THE FREUDIAN MYSTIQUE. FREUD, WOMEN, AND FEMINISM. By Samuel Slipp, M.D. New York/London: New York University Press, 1993. 240 pp.

In this book Samuel Slipp weaves together biographical, social, psychological, and historical facts and myths in an attempt to make psychoanalysis more palatable for those who have discarded it. His psychobiography/history tries to offer an explanation of how and why the great thinker Freud could have formulated theories about female psychology that were so inaccurate and misleading.

The Freudian Mystique is comprised of three sections. In Part I, "Historical-Cultural Background," Freud's theories of female development and the controversies accompanying them within the psychoanalytic movement are outlined. Slipp mentions Horney, Jones,

Klein, Thompson, and such later feminists as de Beauvoir and Friedan as the leading players who have disagreed with Freud. The major areas of contention are over Freud's insistence that libido is masculine; his devaluation of female genitals; his ideas about the central role of castration anxiety, penis envy, and the wish for a baby; and his misconceptions about female superego development.

Slipp reviews the various sources of Freud's notions. First he asserts that ancient cultures as well as that of Victorian society were forces influencing his views about women. According to Slipp, Freud, like those in primitive societies, projected an ambivalent mother image onto "Mother Nature": "By controlling women, a sense of control over nature is established and maintained" (p. 32). Slipp then offers a second source of influence: Freud's own developmental and family history and dynamics. He indicates Freud's theories about women were merely a way to create an illusion of having control over his own conflicts around fertility, life, death, and rebirth—essentially, a failed neurotic attempt to magically create a sense of mastery over a mother and over women he unconsciously held responsible for his early and later emotional traumas. Freud's patriarchal and phallocentric views reflect his need to consolidate his masculine identity and protect himself from "engulfment by the all-powerful preoedipal mother" (p. 48) as well as from the forces of anti-Semitism. As proof for this piece of wild analysis, Slipp cites Freud's attempt to "dissociate it [psychoanalysis] from women . . . and to keep psychoanalysis from being viewed as a feminine science" (p. 52).

In Part II, "Freud and Feminine Psychology," Slipp presents biographical material from Freud's early and later life that emphasizes preoedipal and oedipal trauma as other sources of Freud's misogyny. Slipp asserts that Freud's psychopathology derived from intense ambivalence toward his own mother and from having a weak father who was a "mother surrogate," not a male identificatory model. For example, he reasons that Freud's attachment to his father as mother is the reason that "Freud equated the penis with the breast, and fellatio with sucking milk from the mother, and that these were part of homosexuality" (p. 87). As another example, Slipp cites Freud's absence from his mother's funeral as evidence of unresolved ambivalence. Yet, other equally speculative reasons for Freud's absence could be his oral cancer or his having resolved his ambivalence, thus

having no need to go. Slipp's portrayal of Freud's early childhood abandonments and losses, his mother's withdrawal, and other supposed traumatic events, such as his having come from a depressed family constellation, are not convincingly linked to their impact on the development of his personality or to the way his personality influenced his theories on female psychology.

In Part III, "Current Issues," Slipp provides a review of contemporary female psychology which curiously begins with a treatise on Jung. The connection is apparently that Jung's resistance to Freud's theories about sexuality as the cornerstone of personality development presaged a modern perspective on female psychology. Later in this section, Slipp is correct in directing our attention to the importance of gender and its multideterminants as an overarching concept.[1] Yet, he largely ignores or de-emphasizes some of the groundbreaking concepts in the contemporary literature on female psychology, such as primary femininity and core gender identity, developmental strands of gender identity, body image, and anxieties about the female body, the vicissitudes of female superego, and the role of the father and mother in consolidating their daughter's femininity and ongoing structuralization.[2] Slipp relies heavily on research mostly done in the 1970's and early 1980's in the area of male homosexuality, attachment, gender differences, and superego. These topics are diffusely subsumed in the chapter, "Toward a New Feminine Psychology," but without any connection to the more recent and relevant data that have eclipsed these earlier studies. It is often difficult to understand the link between the particular line of research and its relevance to theories of female psychology and sexuality. Slipp pervasively, but not persuasively, seeks to make a straw man of a "Freudian" phallocentric view of the past. He makes such outrageous comments as referring to "Freud's change from a male, id psychology" to a "more relationship-oriented female ego psychology" through the influence of his female patients and female colleagues. Further, this book becomes a political and social treatise in

[1] See Tyson, P. & Tyson, R. L. (1990): *Psychoanalytic Theories of Development: An Integration.* New Haven/London: Yale Univ. Press.

[2] For a comprehensive overview see, Schuker, E. & Levinson, N. A., Editors (1991): *Female Psychology: An Annotated Psychoanalytic Bibliography.* Hillsdale, NJ/London: Analytic Press.

addition to being a confused psychobiography of Freud. In the final chapter of Part III, however, Slipp provides a helpful review of some of the work of feminists and feminist analysts.

It is always difficult for psychobiographers to try to guess their subject's motivation. I believe that Slipp fancifully develops his own theory, using some assumptions and reconstructions as though they were historical facts. He has correctly proposed that Freud's early childhood and his relationship with significant women throughout his life had an impact on his psychology of women. But there is no balanced picture of Freud's strengths that accompanied his weaknesses or of the men in his life who would also have had an impact on his views of women. Slipp's assertion that Freud ignored the preoedipal period is also unfounded. A summary of Freud's writings[3] notes that he grappled with trying to understand the importance of preoedipal development. In 1931, he described quite accurately how the girl's exclusive attachment and hostility to her mother derives from the preoedipal time and may in fact be the "nucleus of the neuroses."[4]

Although I feel that Slipp has challenged the simplistic notions that Freud's misogynist views reflected and perpetuated the Victorian bias against women, Slipp's own views on other ingredients, including developmental, familial, historical, anthropological, and cultural forces, are often reductionistic and formulaic. Emotional trauma stemming from Freud's series of early losses certainly contributed to his personality and character structure. Yet it is a leap to assume that his theories of female psychology were simply manifestations of "his unconscious ambivalent relationship to his mother and to women in general" (p. 2). Cause and effect are confused and descriptive phenomena are confused with explanatory abstraction. Much of what Slipp has said has been said before in other psychobiographies of Freud. I hope this book is not taken to confirm the beliefs of those who may be unaware of a modern perspective that takes into account many different developmental strands. This would include those involving the girl's body and sexuality as she develops a sense of femi-

[3] Levinson, N. A., et al. (1991): Sigmund Freud and the psychology of women. In *Female Psychology: An Annotated Psychoanalytic Bibliography*, ed. E. Schuker & N. A. Levinson. Hillsdale, NJ/London: Analytic Press, pp. 1-21.

[4] Freud, S. (1931): Female sexuality. *S.E.*, 21, p. 226.

ninity and other aspects of self in relationships with both a mother and a father who have their own intrapsychic representations (also based on societal and cultural norms) that influence their relationship with their daughter.

NADINE A. LEVINSON (LAGUNA NIGUEL, CA)

THE GOOD MARRIAGE. HOW AND WHY LOVE LASTS. By Judith S. Wallerstein and Sandra Blakeslee. Boston/New York: Houghton Mifflin Company, 1995. 352 pp.

Judith Wallerstein and Sandra Blakeslee have informed us of the consequences of divorce.[1] Now, in the pursuit of further understanding of what leads to divorce, they examine the factors that keep people together in a good marriage. They note our tendency to investigate pathology, suggesting that there is much to be learned from those situations in which a more positive situation prevails.

This is not as large, comprehensive, or extensive a study as the book on divorce. It is a beginning. Fifty couples of varying ages within a circumscribed socioeconomic community were interviewed. There are also Wallerstein's personal reflections on her own and her children's experiences. While maintaining that marriages do not fit neatly into categories, she does establish four types of marriage: romantic, rescue, companionate, and traditional.

The book is divided into sections, with one section devoted to each of these categories. Each has its own kind of closeness between partners and its own view of male and female roles. The romantic marriage is centered around a passionate sexual relationship; the rescue marriage around the healing of early trauma. The companionate couple focuses on equality between partners and balancing investment in work with investment in family. In the traditional marriage there is a clear division of roles. Each type has its advantages and potential problem areas. Throughout, Wallerstein stresses the importance of flexibility, growth, and change.

[1] Wallerstein, J. S. & Blakeslee, S. (1989): *Second Chances: Men, Women, and Children a Decade after Divorce.* New York: Ticknor & Fields. Reviewed in this *Quarterly*, 1992, 61:648-653.

Change comes into play as the marital couple in any of these categories faces life tasks that must be mastered in order to maintain the marriage. The emphasis on life tasks resonates with the current interest in adult development, discussed here as an extension of Erikson's developmental stages. Wallerstein presents nine tasks that she considers essential in the development of the marital relationship: separation from the family of origin; establishment of autonomy within the intimacy of the marriage; integration of children into the relationship while maintaining the primacy of the marital relationship; confronting and mastering crises while maintaining the bond; maintaining the bond while allowing for anger, conflict, and difference; protecting the sexual relationship from incursion from work and/or family; use of humor to maintain perspective and sharing of interests; comforting each other; keeping alive the early idealized image while facing the realities of change.

These are clearly important tasks to master. From a psychoanalytic perspective, however, it would seem that these are tasks relating to psychosexual development, to the development of object relations, and to narcissism. They relate to subphases of separation-individuation, moving from dyadic to triadic relationships, resolution of conflict over differences as well as conflict over sexual and aggressive impulses, and issues of dependency, narcissism, omnipotence, idealization, and reality. Clearly, these are issues that come into play in a marriage, and it is important to focus on them to appreciate the struggles of a particular couple. The multidetermined impact of the marital partner brings them to the forefront. All of this will be helpful to the lay reader. It provides a basis for a deeper appreciation of the conflicts which come into play in a significant relationship. For the psychoanalyst, however, immersed in these issues *in the broad range of human endeavors*, it does not seem helpful to delineate these nine tasks as *specifically* relating to marriage.

Finally, it comes down to the fact that a good marriage is determined by the emotional well-being of the partners as well as by their motivation to make a go of it. This comes through in so many of the book's marital stories. Many of these people have attained a significant degree of emotional maturity, having successfully mastered many of the "nine tasks." For others, the attaining of a solid marriage was a very important life goal for which they worked hard and/or sacrificed a great deal.

This is a clear and well-written book. It is an important idea to focus on marriages that work and on the tasks with which marriage is faced. It moves us away from the black and white success or failure of a specific marriage or the statistics of marriages in general and turns our attention to the issues that create difficulties for the people involved. The book is informed with psychoanalytic concepts which are interspersed throughout. They are well integrated and clearly presented, clarifying some of the problems facing the couple: the wishes, fears, conflicts, disappointments, and the power of childhood relationships and the tendency to repeat them. This is rewarding to see in a book that will, no doubt, be widely read. The serious psychoanalytic reader will want greater depth.

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Mathematics

Robert M. Galatzer-Levy

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ABSTRACTS

MATHEMATICS

Abstracted by Robert M. Galatzer-Levy.

Since Freud's descriptions of primary and secondary process, psychoanalysts have recognized that the logic by which ideas are processed is at least as important as their content. Various forms of logic have been described, starting in the Middle Ages. However, largely motivated by problems in computer science, logicians have only recently explored processes in ways that suggest models of human information processing of interest to psychoanalysts. Massive parallel processing and neural network models seem particularly promising. In this series of abstracts I examine some books and papers that address other models which may be useful to the psychoanalyst.

An Introduction to Genetic Algorithms. M. Mitchell. Cambridge, MA: MIT Press, 1996.

Evolutionary Programming: Proceedings of the Fourth Annual Conference on Evolutionary Programming. J. McDonnel; R. Reynolds; D. Fogel, editors. Cambridge, MA: MIT Press, 1995.

Darwinian natural selection can be viewed as a means for solving problems. Using the tools of genetic transmission, mutation, genetic recombination and selection, biological systems evolve to become sufficiently fit in solving the problem of surviving in particular environments. If we create a situation in which fitness is not measured by natural physical survival but by the ability to solve some set of problems rapidly and accurately, we have a method for computer programs to evolve by the same fundamental process as natural selection. First described in detail in John Koza's massive *Genetic Programming: On the Programming of Computers by Means of Natural Selection* (MIT Press, 1992), genetic or evolutionary programming has rapidly become a major field in computer science. It deserves the attention of psychoanalysts because it presents yet another, quite distinctive, model of how problem solving can develop. Mitchell's volume is a brief, clear introduction to the field. It requires essentially no formal mathematical background, but the reader must proceed carefully to understand each step in the discussion. The McDonnel volume will bring the reader up to the cutting edge of evolutionary programming as of the spring of 1995. Many of the papers address specific problems using the methods of genetic programming. This is particularly valuable since, as with any broad theory, the value of genetic programming emerges through its particular applications, and a sense of what it is really about can be derived only from such applications. In addition, the book contains several papers that are suggestive for psychoanalysis. Many of the papers discuss the contexts of evolution and the impact of the degree of flexibility of the evolving

systems on learning. Issues of hierarchical organization of learning are particularly suggestive in terms of such issues as how character affects the individual's engagement with particular conflicts.

Artificial Life: An Overview. C. Langton, editor. Cambridge, MA: MIT Press, 1995.

A vivid and attractive group of ideas about systems, their evolution, and interaction has been conceptualized as "artificial life." This volume, whose papers require varying levels of sophistication on the part of the reader, shows how the concepts of artificial life can be used to explore issues of ecology, adaptation for organisms and systems, and computer viruses. It examines the strengths and weaknesses of the underlying construct.

Computer: The Square Root of NOT. B. Hayes. **American Scientist.** 83, 1995. Pp. 304-308.

In ordinary logic, which we learn so well that it seems inevitable, the logic of each step in sequence is independent of previous steps. For example, for any statement A, NOT(NOT A) is true if and only if A is true. It does not matter what A is or how we derived A. The only importance that the history of previous logical steps plays is bringing us to the current step. Thus, logics is like classical mechanics. The current location, mass, and forces acting in a system determine the system's future independent of the system's past. However, in a system governed by quantum mechanics, the future evolution of the system *is* fundamentally governed by the system's history. This is a real physical phenomenon. For example, corresponding to the classical situation, two transistors in a computer can switch on and off independently. Two adjacent quantum objects, such as two electrons, are inextricably coupled so that the future state of one electron cannot be predicted without taking into account the surrounding electrons and their history. The logic of quantum computers, i.e., of computers whose elements interact in terms of their quantum states, is fundamentally different from that of classical computers. Quantum computers, based on such properties, turn out in fact to have capacities beyond those of standard computer architecture. This superiority can be shown on a theoretical basis. If two logic gates in a quantum computer are put in sequence, the result may be different from simply one step followed by the other. NOT(NOT A) is *not* equivalent to A. The rules of the next logical step thus depend on the history of the object being operated upon. This is because in a quantum mechanical system an unobservable intermediate state does not have a unique value. The extraordinary power of quantum computing comes from exploiting such superposition and interference.

Complex Cooperative Strategies in Group-Territorial African Lions. R. Heinsohn and C. Packer. **Science.** 269, 1995. Pp. 1260-1262.

Behavioral Ecology: Cowardly Lions Confound Cooperation Theory. V. Morell. **Science.** 269, 1995. Pp. 1216-1217.

Adequate models for the evolution of cooperation have centered around the so-called prisoner's dilemma, a group of problems characterized by situations in which two individuals may cooperate or not. In the classical version of the dilemma two prisoners, ignorant of each other's response, are questioned. If one denies guilt and the other admits it, the one admitting it is severely punished, and the one denying goes free. If both deny it, they are both punished but less severely so, and if both admit it, they are punished minimally. Thus, if they cooperate, it is to their combined advantage for both to admit the crime, but for either individual, the strategy of denying the crime is better if he believes the other person will act cooperatively. A rational solution to this problem arises when there are repeated opportunities for cooperation. This is called the iterated prisoner's dilemma. In this situation, deciding whether or not to cooperate on the basis of the history of cooperation of the other individual becomes a rational strategy. Under such circumstances, one would predict, on the basis of analyses of cooperation in the iterated prisoner dilemma situation, that individuals would stop cooperating with others who have a history of not doing so.

The territorial behavior of female African lions provides an ideal opportunity to study these phenomena. The lions cooperatively protect against intruders. However, if one lion of the group is more active in this protection, attacking the intruder earlier, she is at much greater risk of injury and death. In cleverly designed experiments in which prides of lions were "attacked" by recordings of strange lions roaring, Heinsohn and Packer observed that some of the lions were uncooperative, lagging behind, and that this style of response was stable to the individual. Yet although the lead lion was clearly aware of the laggardness (looking over her shoulder for the companion), the style of interaction of the lead and laggard lions did not change as a result of repeated experience. Thus, the cooperation was not based on the models of cooperation predicted from the rational solution of the iterated prisoner's dilemma. Though several possibilities could explain this behavior while maintaining the view of rational cooperation, the authors clearly demonstrate that the classical descriptions of rational cooperation based on the iterated prisoner's dilemma do not apply to this situation. The Morell article (a news piece) contains commentary and a vivid description of the research.

Chaos and complexity theory continue to grow both in terms of the possibilities for chaotic systems and their application to psychology. At the same time as chaos theory becomes less "sexy" and more mainstream, several more solid texts are

appearing to introduce readers of various levels of mathematical sophistication to the field. Following are some publications on these issues.

A Gentle Scheme for Unleashing Chaos. A. Regalado. **Science.** 268, 1995. P. 1848.

A prejudice characterizing chaotic systems as "bad" and periodic systems as "good" is giving way as the function of chaos in systems, especially biological systems, becomes evident. For example, epileptic seizures and cardiac arrhythmias may reflect pathological periodicity where there should be chaos. William Ditto, et al., of the Georgia Institute of Technology have come up with a practical scheme for supporting chaos, "anti-control," in which precisely timed jolts force a system with a penchant for periodicity to continue to be chaotic. Chaos control has actually been achieved, including maintaining chaos in brain tissues. In the May 29th Physical Review Letters, Ditto, et al., showed how a computer can learn to recognize that a system is approaching areas of phase space called "lost regions" where it slips into periodic behavior. Researchers can then make small, precisely timed perturbations to the system to avoid periodic traps. The system does not require full knowledge of the chaotic system, but only observation that identifies lost regions.

Mind as Motion: Explorations in the Dynamics of Cognition. R. F. Port and T. van Gelder, editors. Cambridge, MA: MIT Press, 1995.

Instead of thinking of cognition as a stepwise process, this volume explores the possibilities of viewing cognitive function in terms of the behavior of nonlinear dynamical systems. This comprehensive text, directed at cognitive scientists, applies this approach to such areas as decision making, sensorimotor activity, language, and pattern recognition. Reidborn and Redington address the dynamics of behavior during clinical interviews.

Complexifying Freud: Psychotherapists Seek Inspiration in Non-Linear Sciences. John Horgan. **Scientific American.** 273, 1995. Pp. 328-330.

This report gives a disparaging review of the first Montaq Conference dedicated to "the self organizing psyche: non-linear contributions to psychoanalytic theory." Whether one sees the report as a kind of wet blanket approach to new ideas or as a description of how much more precision is needed in applying dynamical systems theory to psychoanalysis, it is worth being aware how exciting new developments in our field can be perceived by those not involved.

Fractals in Biology and Medicine. F. F. Nonnenmacher; G. Losa; E. Weibel; editors. Boston: Birkhäuser Verlag, 1994.

This collection of papers shows how fractal concepts can be applied in biology and medicine. Besides giving the reader a picture of the kind of applications that

can be developed for fractals, several papers address issues of pertinence to analysts. A paper by West, Zhang, and Mackey investigates whether and how we can differentiate data reflecting chaotic and fractal structure from simple "noise" in the data set. This is extremely important because many of the phenomena of chaos were discarded for decades as noise and disturbance rather than as evidence of the centrally important phenomena that they were. Weibel's "Design of Biological Organisms and Fractal Geometry" points to the way in which fractal structures can be used to deliberately design complex configuration, an idea that is easily extended to psychology. The relationship between fractals and open systems is explored in a paper by Manfred Sernetz.

Introduction to Fractals and Chaos. R. Crownover. Boston: Jones & Bartlett, 1995.

This is a solid, intelligent introduction to the mathematics of fractals and chaos, easily accessible to people with an undergraduate mathematics background through linear algebra. It invites the reader's participation by providing about twenty "generic" computer programs that allow experimentation with the concepts.

Understanding Nonlinear Dynamics. D. Kaplan and L. Glass. New York: Springer-Verlag, 1995.

This volume, based on a course for biology majors, is not only easily accessible, clear, and rich in easy-to-understand examples, it addresses the central empirical problem of how data are to be explored in terms of nonlinear dynamics. The chapter on time-series analysis, the means for exploring the temporal dynamics of empirical data, is a real standout. The book is recommended as a starting point for those who want to move from ideas to data exploration.

Introduction to the Modern Theory of Dynamical Systems. A. Katok and B. Hasselblatt. New York: Cambridge University Press, 1995.

This advanced text provides a comprehensive introduction to central problems of dynamical systems. It is appropriate for the mathematically sophisticated reader who wants to be apprised of the most recent developments in the field.

Revue Française de Psychanalyse. LVIII, 1994.

Abstracted by Emmett Wilson, Jr., M.D.

The Black Pact. Jacqueline Godfrind. Pp. 135-146.

The conceptualization of female homosexuality helps to account for the vicissitudes of the attachment between mother and daughter. Godfrind stresses the importance in treatment of following the oscillations between primary homosex-

uality and secondary homosexuality. The progressive detachment of the latter, by freeing up the potential for identification with the genital mother, allows the fuller development of a feminity that can be expressed in autonomy, creativity, and involvement with heterosexuality and maternity. The author describes certain patients in whom there is an intense conflict over homosexuality attributed to the core of primary homosexuality in the relationship with the mother, but having profound consequences for secondary homosexuality and for the feminine aspects of the patient. In these cases there is a troubled early relationship with the mother resulting in perturbations in feminine narcissism. All are women who had experienced a very traumatic childhood not only in terms of events but also in terms of their relations with their parents. Their histories contain brutal separations, deaths, incest, rape, family secrets, and rejections. These patients describe mothers who were incapable of giving the love that is indispensable for the organization of narcissism on a solid basis; the mothers were immature, depressed, unpredictable, capricious, irresponsible, or openly psychotic. In analysis one encounters at first the intense hatred these patients have for their mothers. Behind this fierce hatred, however, there is always a hopeless love for the mother. The hatred masks the patients' fears of subjugation or psychic disintegration. It is surprising that such patients are able to remain in analysis, especially with a female analyst. There is, however, a subterranean current of idealized transference, and with the separations involved in analysis the analyst becomes, suddenly and abruptly, the target for fantasies of intense, terror-stricken violence.

Along with the hardening of the transference, the analysis reveals the obstacles that must be surmounted to disengage the patient from the maternal dominance and control, the dark pact of fidelity, the eternal bondage and allegiance. This love is active at a narcissistic level when the personality is organized in adhesive or mimetic identifications. The girl remains "anastomosed" to the mother in a union that seems to be unconditional. The intense attachment means that access to an expansive and fulfilled femininity is impossible. Gradually, in the course of a successful analysis the bondage is loosened and the possibility of a rivalry with the mother develops as the fear of total rejection, alienation, and loss of mother are dealt with in the transference. Godfrind discusses the difficulties that arise in dealing with this move toward abandonment of the marvelous hope for a union with the idealized mother. She suggests that this primary homosexuality may not be specific to these patients, but is an extreme caricature of the fundamental matrix transmitted by the special involvement of a mother with her daughter.

Feminine Homosexuality and Sexual Identity. Colette Chiland. Pp. 147-156.

The author poses several questions about sexual object choice and sexual identity, problems that have not been sufficiently elucidated. Feminine homosexuality has not been studied as much as masculine homosexuality. One cannot extrapolate *mutatis mutandis* from masculine to feminine homosexuality. Chiland consid-

ers in particular the problem of female transsexual patients, those either asking for surgical reassignment of sex, or who, already having obtained it, live with the identity of a man.

The countertransference in working with sex-changed persons is a difficult one; even in the attempt to refer to these patients, we find the pronouns confusing and may adopt some neologism such as "he/she." How does one speak or write to such a person? How does one phrase a question (especially in a language that makes explicit gender distinctions)? Linguistic ways around the difficulties do not always suffice. "Male" and "female" must sometimes be employed rather than "man" or "woman" when one wants to distinguish the biological status from the social status or from the psychological experience or from appearance. In her work with transsexuals the author has not found it possible to speak of this group as an entity. Stoller's true or pure transsexualism is rare, begins in earliest infancy, pertains only to males, and is not based on conflict. However, many female patients have had an unsatisfactory relationship with their mothers.

The author expands a notion taken from Elizabeth Moberly that homosexuals in general suffer from a deficit in their capacity for a relationship with the same-sex parent. A problem with sexual identity is therefore always present in homosexuality, even if the patient's appearance is consistent with the patient's gender. The extreme or limiting case of this homosexual deficit is transsexualism and is the result of conflict, the deidentification with the same sex. All of the author's female transsexual patients, however, deny that they are homosexual, and each wants to be recognized as a man desiring a woman. The author is skeptical of the claims of a conviction that they belong to the opposite sex, for one sees such convictions become confused, and spectacular reversals occur. Moreover, this conviction has not always been present: often what such patients say is stereotyped and reflects what they have read in the mass media. Long-term contact leads to the emergence of fragments that are not stereotypic. This material emerges only with great difficulty, and, curiously, the patients, male or female, frequently do not consciously have any memory of the date of their surgery and the change of their civil status. In general, they do not speak of a desire to be a man or a woman, but rather claim that they *are* men or women. Such patients are, as a general rule, quite difficult to engage in the treatment process.

If one can generalize at all about these patients, the main emphasis is not on an erotic quest or erotic value. Instead, the body itself has become a symbol, with affirmation of the chosen gender and social status through civil recognition, clothing, beard, and so on, as well as the affirmation of the partner.

Identifications and the Feminine. Suzanne Sullivan. Pp. 159-168.

Sullivan emphasizes the importance of a "double hearing"—listening not only to the associations important for the analysis of masculine and feminine identifications but also to the associations prompted by the analyst's own femininity to

provide some little access to the biological rock that is specific to the feminine. She refers primarily to the possibility of the reception of otherness, of difference. These indications of feminine receptivity sometimes go beyond the capacity of language. Sullivan discusses some vignettes excerpted from her work with Mme. V, a depressed woman for whom even the fact of being a woman presented a problem. Through the presentation of her interventions in sessions, Sullivan demonstrates a blend of classical analytic technique with attention to issues of receptivity which she found particularly helpful with this patient. This other "method," difficult to define, is related to her own receptivity which she brings to the material presented by the patient. Female analysts should be aware of their own femininity in order to help their female patients come into contact with theirs.

The Homosexual Choice as a Strategy When Confronted with Despair. Loredana Micati. Pp. 181-194.

The author discusses the various phases of the long and difficult analysis of Sylvia, who spent some fifteen years involved in a homosexual relationship. The author believes the patient was using her homosexual impulses as a defense against her fears of dissolution or fragmentation. Though unwilling to venture a pronouncement on the vexing question of whether homosexuality is to be integrated into the group of perversions, she generalizes from her experiences with this and other cases, and considers these patients not "truly" homosexual. She develops the hypothesis of a perverse homosexual defense against fragmented self-representations and feelings of emptiness. Because of the frequent absences of her soldier father, who was either tyrannical or unavailable at home, Sylvia exhibited what Winnicott called primitive agonies, hardly mental or symbolic, developed in the presence of an absent object who was barely perceptible as an object. The patient, in an effort to keep this central core of her personality immobilized, developed an extraordinary vigilance and used all her resources, excelled in memory and creativity, and was quite a successful professional, as well as an adept manipulator of her environment. Still, to deal with these virtually psychotic anxieties, Sylvia resorted to a perverse mechanism rather than a psychotic defense. In spite of considerable progress in Sylvia's analysis and her eventual involvement in a heterosexual relationship, the author regarded the analysis as something of a failure because of the inaccessibility of the inner core of anxiety and the ever-present residual fear of disintegration that she believed the patient retained.

Feminine Filiation and Sexual Identity. Annick Le Guen. Pp. 195-206.

The author advances the hypothesis that "filiation" has meaning for females only in those instances in which the developing female has been able to experience a "feminine mother" in a narcissistic homosexual mother-daughter rela-

tionship. The possibility of this "feminine mother" can come about only if the mother can recognize herself as a mother and at the same time recognize her partner as the father of her child. This position permits her to avoid any sacrifice of her own narcissism and femininity when she narcissistically accepts her daughter as identical to herself if, however, different. This idea of a double feminine is consistent with the dictionary meaning of filiation as "a succession of things issuing one from the other." Then neither is injured and both are mutually enriched by this exchange.

If this relationship is lacking and cannot be internalized, then certain homosexual organizations may result, as these women attempt to refind their own proper sexual identity while trying to separate themselves from an indiscernible sameness. The author illustrates this hypothesis with a discussion of the psychosexual evolution of Julie, a brilliant and beautiful woman who, though more masculine than feminine, rediscovered her femininity in the course of her analysis without fully giving up her homosexuality. The author considers this course of development to be closer to a "third sex" than to penis envy or the refusal to be a woman. In other words, this homosexuality, far from being solely defensive or regressive, contributed in part to the development of the patient's psychic structure.

Feminine Homosexuality in Plato. Nathalie Ernoult. Pp. 207-218.

The author cites several classical writers on the subject of homosexuality, noting that only Plato mentions feminine homosexuality specifically. First it appears in the *Symposium* as one of the three basic origins of human eroticism, and then Plato condemns it in the *Laws*. Even though Plato is the only Greek author to discuss it, his remarks are all abstract and do not focus on the actual phenomenon of female homosexuality as practiced in Greece. Without drawing any conclusions, Ernoult comments on this curious absence of considerations of feminine homosexuality in a cultural milieu in which so much discussion was devoted to male homosexual relationships.

Path and Pathways . . . or "I, You, He, She." Josseline Chemelny. Pp. 219-230.

The author reviews the history of homosexuality in the cinema. For the first fifty years the emphasis was on feminine homosexuality, since masculine homosexuality was subject to legal censorship. Even then the relationships were merely suggested or distorted and hinted at. As the cinema progressed into the 1950's and beyond, there was a stress on temporary deviance within a social context. Only after the impact of the feminist movement in the 1970's did films become more specific about feminine homosexuality and object choice, along with aspects of the mother-daughter relationship and its effect on sexual identity.

Translation and Its Discontents. Michèle Pollak-Cornillot. Pp. 239-251.

The author discusses some difficulties that arise in the new French translation of Freud's *Complete Works*. She is quite critical of the translation and amasses a long list of cogent, but technical, linguistic, and stylistic difficulties. No one would argue about the need for a complete translation into French, and it is quite clear that the existing French translations are full of imprecisions. However, even before the new edition is complete, she finds it troublesome that there are not only errors of translation but also a conceptualization of the project which runs the risk of allowing the general reading public to classify Freud among the more obscure of authors, and then to attribute the obscurantism to psychoanalysis itself. In general, the author finds Strachey much more sensitive to the nuances of the German text than the French translation. She comments on what a critic of translations of Shakespeare called "unconscious murder." If Freud's writings, expressed so clearly in German, become obscure and even precious in this new translation, and the French reader is struck by linguistic formulations that are difficult and crude, then this amounts to an attack not only on Freud's work but on the very foundations of his therapeutic practice.

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