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THE ANALYST'S KNOWLEDGE AND AUTHORITY

BY STEPHEN A. MITCHELL

Current controversies about the nature of the knowledge analysts offer their patients and the kinds of authority they can legitimately claim are of central importance in the evolution of psychoanalytic ideas. These controversies reflect deep differences regarding basic assumptions about both epistemology and the nature of mind. An approach to these issues is offered which, it is argued, is closer to broad cultural shifts in thinking about knowledge in general than is the traditional psychoanalytic stance. Implications for theory and clinical practice are explored.

There is no issue on the contemporary psychoanalytic scene, either in our literature or in our clinical conferences, more important than recent, wide-ranging efforts to understand and redefine the nature of the analyst's knowledge and authority. In some sense this problem subsumes all other current issues and developments, for it raises questions about the very claims psychoanalysis makes for itself as a discipline and about what we, as clinicians, think we are offering our patients. It is also a key ingredient of any position on both the history of psychoanalysis and the important question of the relationship between contemporary psychoanalysis and the classical tradition.

What kinds of expertise do psychoanalysts have? Is the kind of knowledge and authority we claim for ourselves today the same as that claimed by Freud and his generation of clinicians? There are

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An expanded version of this essay is to be found in the recently published book, *Influence and Autonomy in Psychoanalysis* (The Analytic Press, 1997).

so many different facets to the problems of knowledge and authority in psychoanalysis that it would take a hefty volume to even begin to do them justice.

What I intend to do in this paper is to outline the kind of knowledge and authority that I believe today's analytic clinician can justifiably claim: an expertise in meaning-making, self-reflection, and the organization and reorganization of experience. However, the kind of authority and knowledge that I will highlight has often been hard to see clearly and hold on to because it gets obscured by other, closely related problems concerning psychoanalytic politics and transformations in philosophy of science. Our task here is to get to the heart of the problem for today's clinicians, but to do that, we first have to peel back other dimensions of the problem, to traverse some sweeping historical and philosophical terrain.

The Nature of Knowledge: Psychoanalytic and Otherwise

Outside of the seemingly self-contained community of matters psychoanalytic, we find pervasive changes in ideas about ideas, in understandings of what it means to know anything. For almost three hundred and fifty years, from the beginnings of the scientific revolution in the seventeenth century to the mid-twentieth century, Western culture moved more and more pervasively toward a world-view and self-understanding dominated by rationalism, objectivism, and scientism. Of course, there were counterpoints and countercurrents, but in many respects, Freud's era—the last decades of the nineteenth century and the first decades of the twentieth century—was the apogee of this extraordinary movement. Freud took great pains to argue the scientific status of psychoanalysis as a discipline. Psychoanalysis was a part of science, the part involving the exploration, understanding, and control of that domain of the natural world constituted by the human mind. Psychoanalysis was part of the general scientific *Weltanschauung* of

the time and claimed for itself what any other science claimed for itself, no more and no less.[1]

It is important to distinguish science from scientism, the former referring to the accumulation of certain kinds of knowledge, the latter referring to the belief that accumulating scientific knowledge will tell us all we need to know about human experience, meaning, and values. Freud considered religion to be the greatest adversary of psychoanalysis because he believed that psychoanalysis and science in general were in the process of generating knowledge that would serve as a much firmer basis for answering all the questions that religion had previously addressed. As Loewald (1980) has put it:

> Freud's insistence on the centrality of sexuality vis-à-vis Jung was in good part a fight against the religiously and theologically tinged, moralistic separation of and opposition between the sacred and the profane, between earthly body and sexual lust versus heavenly spirit and divine love or, in more secularized terms, between instinctual life and spiritual life. It was a fight against what Freud saw as a religious or philosophical escapism in the face of the human condition (pp. 413-414).

Psychoanalysis in Freud's day was both scientific and scientistic; analysts' knowledge and authority were one and the same thing. Their scientific knowledge gave them the authority to pronounce definitive understandings about the realm of nature they were in the best position to understand—the patient's mind.

Since Freud's time, the pendulum has swung back in the other direction. Science itself has continued to advance, to generate knowledge, in often astounding fashion. But scientism—the faith that science would toss off, as a by-product, the ultimate answers to the questions that are most important to us in human terms—has faded. In contemporary culture there are many signs of an often

[1] Although the major thrust of Freud's positioning of psychoanalysis as a discipline is as a science, many commentators have argued that he also viewed psychoanalysis, at least potentially, as a very different sort of discipline—of a spiritual, hermeneutic, or intersubjective nature. See: Bettleheim, Loewald, Habermas, Lear.

desperate search for some other footing to serve as a basis for self-understanding, the establishment of personal values and meaning, even to provide an ethical framework for best using science itself. Both religion and spirituality have made comebacks, and one sees the search for a framework for value and meaning in a wide array of contemporary phenomena, from the most abstract discourse about postmodernism to cynical political manipulation and rhetoric about "family values." There are many ways in which this swing of the pendulum has been too extreme, overcorrecting for previous skewing. Pendulums have a way of doing that. In its more extreme versions, objectivism is replaced by a total subjectivism and facile relativism, rationalism by a celebration of irrationalism, and science is reduced to cult status. The more useful approach emerges when we grasp that the problem has not been science itself, but scientism—the mistaken faith that science would provide answers to our most personal questions of meaning and value.

These broad, culture-wide upheavals and developments have enormous significance for psychoanalysis. If psychoanalysis is to remain vibrant as a discipline and a treatment, it has to be responsive to the shifting cultural and historical contexts of the lives of both analysands and analysts. It can hardly survive in the monkish isolation traditionally generated by psychoanalytic pretentions of existing on a higher, or deeper, plane from the rest of humanity. Some of the recent attacks on psychoanalysis in the public forum are related to this broad reaction to the scientism of earlier analytic generations. Clay feet are being rapidly exposed beneath the robes of virtually every traditional institution and authority, and psychoanalysis is no exception.

Because of the swing of the pendulum away from the scientism most of us were brought up on, we are particularly vulnerable to a clinical state I have observed in psychoanalysts that I have come to think of as the "Grünbaum Syndrome." This may afflict psychologist-analysts more than others, I don't know. I have come down with it several times myself. It begins with some exposure to the contemporary philosopher Adolf Grünbaum's (1984) attack

on psychoanalysis. Grünbaum wants to indict psychoanalysis for not meeting the criteria he designates as necessary for an empirical, scientific discipline. Since the analyst's interpretations operate at least partially through suggestion, he argues, there is no way of testing their validity in any independent fashion. What follows for an analyst afflicted with the Grünbaum Syndrome is several days of guilty anguish for not having involved oneself in analytic research. This may include actually trying to remember how analysis of variance works, perhaps even pulling a twenty-year-old statistics text off the shelf and quickly putting it back. There may be a sleep disturbance and distractions from work. However, it invariably passes in a day or so, and the patient is able to return to a fully productive life.

The most striking thing about Grünbaum's impact on psychoanalysis is the extraordinary play his critique has attracted despite its almost total irrelevance to contemporary clinicians.[2] The reason virtually all clinicians suffering from the Grünbaum Syndrome put the statistics text back on the shelf within a day or two is that clinicians tend to be satisfied with, if not complacent about, kinds of confirmation different from the singular empirical one Grünbaum insists upon. Nevertheless, there have been several important features of psychoanalysis as a discipline that have contributed to its vulnerability to Grünbaum's kind of critique.

Knowledge Claims: Excessive and Legitimate

First, there are the cultist features of traditional psychoanalytic institutions and literature. Analysts have often claimed for themselves an esoteric knowledge of mysterious realms expressed in a thick jargon that is inaccessible to the uninitiated. Because they

[2] This is not to say that empirical validation itself is irrelevant to contemporary clinicians (especially outcome studies), but that Grünbaum's narrowly defined basis of validation misses so much of the very intersubjective nature of the analytic process. For an in-depth exploration of Grünbaum's work in this context, see: Curtis, 1996; Fourcher, 1996; Jacobson, 1996; Protter, 1996; Schwartz, 1996.

felt they had singular, proprietary rights over access to the unconscious, some traditional psychoanalytic authors claimed a unique knowledge of the underpinnings of all human experience. Every now and again someone like Grünbaum comes along to burst that bubble by arguing that the psychoanalytic situation is not methodologically pure enough to justify such claims; they have not been convincingly substantiated by nonclinical (methodologically controlled) experimentation.

Second, there *has* been a strong authoritarian current to the political management of psychoanalysis, at times almost Stalinist in proportions. From Freud's "secret committee," to the banishment of dissidents, to the kind of control Melanie Klein maintained over the minds and publications of her followers (cf., Grosskurth, 1986), to the medicalization of psychoanalysis in the United States and the sometimes medieval practices of both the American Psychoanalytic Association and the International Psychoanalytical Association, the reigning political powers within psychoanalysis have hardly allowed psychoanalytic theorizing to flourish in an atmosphere of freedom and open exchange. It is true that from Freud's day to ours, psychoanalysis has often been under siege, in one way or another. But like the Bolsheviks, the guardians of psychoanalysis often seemed not to grasp that the greater danger is not the wrong ideas but rigidly held ideas. This has become much clearer to us today, and part of the vitality of postclassical psychoanalysis comes from its emancipation from the constraints of Freudian orthodoxy.

For many, there is a clear analogue between the illegitimate wielding of power in classical psychoanalytic politics and the orthodox analyst's illegitimate claim to a singular scientific knowledge and authority vis-à-vis the patient's mind. In recent years there has been a broad-scale democratization of psychoanalytic institutes that has been constructive and liberating. And there have been attempts to democratize the analytic relationship. Some lines of contemporary psychoanalytic thought, in critiquing classical theory, seem to offer a kind of relativism or epistemological democracy as the major alternative to what is taken to be classical

authoritarianism. It has seemed as if the alternative to the analyst's traditional arbitrary claims to exclusive, objective knowledge is the renunciation of objectivity and the avoidance of truth claims altogether. This amounts to an unconditional surrender to the kind of critique Grünbaum presents and a confusion of political issues with problems of knowledge.

What is often missed in these battles between anachronistic positivism and total relativism is that the convictions developed by both analytic clinicians and their patients rest on an intuitive, pragmatic credibility, a kind of enriched common sense. Ironically, by claiming a special, esoteric knowledge and privileged expertise, and by trying to protect the Truth through institutional control, psychoanalysts have traditionally deprived themselves of the strongest, most compelling basis for the most important thing they have to offer—a method of self-reflection and participation that is, generally, extraordinarily useful, immediately graspable, and enriching.

In response to Grünbaum and similar critics, the philosopher Thomas Nagel has offered a very persuasive account of psychoanalytic knowledge. Nagel (1995) views psychoanalysis as an extension of what he calls "commonsense psychology," the fundamental human activities through which we make meaning out of our experiences with other people. We are constantly making assumptions about what is going on in other people's minds without the benefit of methodologically controlled, empirical verification. This assumption of meaning is a precondition to functioning in a world of other people.

> . . . we are trying to understand, within the limits of a nonscientific psychology, what really makes people tick, and we often hope to be confirmed by the person's own self-understanding. Freud extended the range of such explanations to unheard-of lengths (p. 28).

There is battle being waged in philosophical circles over whether science provides objective knowledge or merely interesting and useful narratives about things like rocks and stars. Radical con-

structionists like Richard Rorty (1991) and Kenneth Gergen (1994) regard science as no closer to objectivity in any absolute sense than any other belief system, only more useful for certain purposes. Neorealists like Nagel regard science as producing empirically verifiable knowledge, and social sciences, like history and psychoanalysis, as producing knowledge (e.g., the concept of unconscious processes) that is verifiable through plausibility and enrichment of common sense.[3] What Nagel stresses is that different types of knowledge require different forms of confirmation to establish their credibility.

> Much of human mental life consists of complex events with multiple causes and background conditions that will never precisely recur. If we wish to understand real life, it is useless to demand repeatable experiments with strict controls. . . . [In any particular case] we simply have to decide whether this is an intuitively credible extension of a general structure of explanation that we find well supported elsewhere, and whether it is more plausible than the alternatives—including the alternative that there is no psychological explanation (p. 31).

Whether the kinds of knowledge generated by historians and psychoanalysts are best termed science, social science, or hermeneutics is much less important than an appreciation of the nature of this knowledge and its legitimacy. The mystique in which psychoanalysis has traditionally wrapped itself has deprived us of its strongest claim to validity—its often stunning utility in understanding human difficulties in living. Thus, Nagel stresses the ways in which psychoanalytic understandings are an extension of those everyday assumptions that enable us to live with other people who, we assume, have minds like ours.

[3] In an essay, "On Political Judgement," Isaiah Berlin (1996) defines good judgment in politics, that elusive quality political scientists continually strive to grasp, in similar terms: "Their merit is that they grasp the unique combination of characteristics that constitute this particular situation—this and no other. . . . we mean nothing occult or metaphysical; we do not mean a magic eye able to penetrate into something that ordinary minds cannot apprehend; we mean something perfectly ordinary, empirical and quasi-aesthetic in the way that it works" (p. 27).

> . . . the general Freudian method of extending the familiar interpretive scheme of psychological explanation to the unconscious in particular cases, the method on which all such theories depend for evidence, is something that all of us should be able to confirm from our own experience; it is simply a matter of making sense of irrational or unintentional or involuntary conduct, when it fits into the same type of pattern so familiar from ordinary psychology, with some of the blanks filled in by thoughts or wishes of which the subject is not aware (pp. 41-42).

Freud's most important contribution was not the specific content he ascribed to the unconscious at any particular time (sexual, aggressive, oedipal, preoedipal), but the discovery of an enriched method of explanation and meaning-making itself. Thus, even though the relevance of many specific features of Freud's theories has faded, the principle of unconscious intentions linking present and past, rational and fantastic, interaction and interiority, has become a constitutive feature of contemporary Western culture. And the broad shift from classical oedipal explanations concerning sexual and aggressive conflicts to contemporary relational explanations concerning conflictual attachments and discordant self-other organizations reflects a lawfulness grounded in the utility of such explanations in current lived experience.

It is crucial that psychoanalysis expand its newly established beachhead in the realm between anachronistic objectivism and irresponsible relativism. Believing that there is no one correct canonical version of the patient's mind does not suggest that all versions are equally valid or compelling. There are many facts that make up a life, and we are justified in having varying degrees of conviction about our beliefs concerning them. There is a great deal of work to be done here in establishing distinctions between *factual events* (your mother died when you were five; your father lost his job, became depressed, and was treated with ECT) and *interpretations of complex interpersonal relationships* (your mother withdrew from you when your younger sister was born; your father gave up hope and became demoralized; or your father tended to act seductively with you). Different features of past and present

allow for different degrees of interpretive conviction. The leveling which equates all ideas generated in the analytic situation with stories claiming equal degrees of validity confuses clinical with political realms of power and tends to destabilize the analyst's expertise, making us more vulnerable to the kind of critique Grünbaum proffers.

We do not have to choose between facts and acknowledging the analyst's expert participation in generating meaning about those facts. As Michael Wood has put it in a review of Italo Calvino's novel, *Mr. Palomar,*

> A fact is what won't go away, what we cannot *not* know, as Henry James remarked of the real. Yet when we bring one closer, stare at it, test our loyalty to it, it begins to shimmer with complication. Without becoming less factual, it floats off into myth. Mr. Palomar looks at the sky, the lawn, the sea, a girl, giraffes, and much more. He wants only to observe, to learn a modest lesson from creatures and things. But he can't. There is too much to see in them, for a start. . . . And there is too much of himself and his culture in the world he watches anyway: the world is littered with signs of our needs, with mythologies (quoted in Goodman, 1989, p. 85).

Human beings require systems of meaning, including a sense of personal history and motivation, to knit their world together. Psychoanalysts are experts at the way those systems of meaning become constructed and change. Compelling and generative meaning systems do not work well if they are contradicted by known facts; the patient who claims no responsibility for his or her actions, or no connections with or feelings about parents, or extraterrestrial ancestry is likely to have those beliefs questioned over the course of an analysis. But personal meaning systems are not derived directly from facts, nor can the analysand wait for the facts to become clear and indisputable before he or she tries to make sense of their existence. Each individual, like each nation, requires a narrative of origin to locate him/herself on the planet. Analysts are experts at co-constructing and helping to transform

those histories. Contemporary philosophers like Richard Rorty (1991) have argued the need for philosophy to move from unanswerable questions, such as "What is truth?," to pragmatic questions like "What are we justified in believing?" Psychoanalysts need not be hesitant to claim, and can demonstrate, that psychoanalysis, over many decades, has generated many ideas worth believing. What we are struggling toward in contemporary revisions of psychoanalytic epistemology is a framework that allows us to take what we might think of as the analyst's culture into account in the process through which the analyst and the patient hold on to the facts and co-construct a new mythology about them, shimmering with complications.

On Whose Authority?

Consider the actual clinical process of psychoanalysis in the simplest terms. Analysands enter treatment suffering in some fashion, whether symptomatically or characterologically. They leave treatment, undoubtedly still suffering, but there is more *to* them now. In ironic contrast to the popular term "shrink," those of us who love the work feel that we help people expand and enrich themselves. There is an enlargement of their memories of their own past, of their awareness of the complexities of their present functioning, and of their sense of options in the future. There are many ways of describing this enrichment, but one of the best is in terms of the development of a broader sense of personal agency.

Schafer (1976) has pointed out that action and agency have always been the "native tongue" of clinical psychoanalysis. Analysands entering treatment feel they are victimized by forces external to themselves—an outside world with intractable features and an inner world of irresistible forces and damaged parts. Analysands leaving treatment experience themselves, to a greater or lesser extent, as the agents of much more of their experience, perpetually generating and reshaping both outer and inner worlds as the author of their own stories. The heart of the clinical

process, as Schafer has suggested, is the assumption of agency for previously disclaimed actions, a kind of self-authorization.

Consider the close relationships among a group of words central to the analytic project that continually reappear in any effort to describe it: authority, author, authorize, and, with increasing frequency in the analytic literature, authenticity. They derive from the Latin, *aug-* and *augēre*, meaning to increase or expand. Over time this word group took on an idiomatic sense of "origination." Each of these words refers, in one way or another, to the generation or increasing of something and, especially, to the question of claims to have the right to create or expand. Thus, they all deal in some respect with power.

On whose authority does the analysand come to assume greater self-authorization? Here is where things get kind of tricky. The analysand generally grants great authority or, to use Sullivan's term, "expertise" to the analyst. Whether or not we want to consider such positive transference "unobjectionable," as did Freud, it is certainly there most of the time. And well the analysand should cede such authority to the analyst. After all, that is why she or he is there, and that authority or expertise is delegated by social institutions, like analytic training institutes, state licensing agencies, and so on. The analyst's authority is built into the very asymmetrical structure of the analytic relationship. Yet the whole process, as we have noted, is one in which the analysand gradually is to assume authentic *self*-authorization. (As Phillips [1995] has put it, "Freud, after all, had done a very paradoxical thing: he had invented a form of authority, the very science of psychoanalysis, as a treatment that depended on demolishing forms of authority" [p. 30].) What is the relationship between the institutional authorization of the analyst and the emergent authenticity of the patient?

Freud was spared having to think too deeply about this problem. For him, the patient's mind was part of nature, a particular part of nature that the analyst knows more about than anyone else. The patient appropriately grants the analyst the authority that does and should accompany this knowledge. The analyst's

interpretations, in effect, teach the patient about the underlying structures and contents of her or his mind. The more the patient learns, the more the patient can use this knowledge to assume an authority of her or his own. The analysand is in the same position as a student learning biology from a teacher. The latter makes available to the student objective information about a piece of nature, and that increase in knowledge expands the student's understanding. What made it all easy for Freud was the nature of the knowledge the analysts could persuasively feel they were offering the patient. Consider a recent paper by Brenner (1996) in which he reaffirms Freud's approach, arguing that it still works quite simply and clearly in our day.

Brenner declares that *his* understanding of psychopathology, in terms of conflicts and compromises concerning childhood sexual and aggressive wishes, is empirically derived, objective fact. He validates this claim by appealing to the authority of Freud and the observations of the majority of subsequent analysts. Later in the paper he significantly qualifies what he means by the truth of the analyst's understanding of the patient. Psychoanalytic truth, like all scientific truth, is the "best conclusion possible [drawn] from the available data" (p. 26). But the use of the word conjecture toward the end of the paper does not change the claims Brenner makes for his position in the beginning of the paper. It is clear that Brenner feels that just as with other scientific procedures, there is an objectively best conjecture to be made in any particular analytic context and that the analyst, armed with Brenner's particular model of pathogenesis, is in the best position to make that best conjecture.

Once Brenner has laid claim to his consensus, everything else follows. Analysts have a perfect right to claim expertise in the conduct of analysis. Any patients in their right minds would cede that authority and knowledge to the analyst. And if patients are not in their right minds in this regard, analysts should hold their ground until patients come to see it their way. Because psychoanalytic theory gives the analyst a blueprint of the inner structures of the patient's mind, the analyst, Brenner suggests, often, per-

haps always, knows better than the patient what is going on in the patient's mind. Of course, the analyst must decide how much of that understanding is to be communicated at any given time, at what pace, and in what form.

Brenner represents the extreme end of the continuum of views on the nature of the analyst's knowledge and authority, in that he seems to ignore the intellectual revolutions swirling around outside of psychoanalysis and still feels, as did Freud and his contemporaries, that the analyst can claim, with complete conviction, to know what is in the patient's mind. (It does not seem to bother Brenner that the consensus of analysts upon which he rests his claim to objectivity has disappeared in the sweeping shifts of analytic clinicians toward postclassical points of view, like object relations theories and self psychology.)

It is interesting to look at Otto Kernberg's (1996) recent statements on this subject, because Kernberg is very mindful of the current philosophical context and seriously tries to address himself to it. By distinguishing "analytic anonymity" from "technical neutrality," Kernberg disassociates himself from the artificiality of the traditional image of the analyst's demeanor which he links to the pursuit of a false and stilted anonymity

> that strongly influenced the teaching and practice of psychoanalytic work from the 1940's through the 1960's, perhaps especially within the Kleinian and ego psychological schools, contributed to exaggerating the idealization processes in the transference. . . . and a nonanalyzed submission of the patient to the idealized analyst (p. 144).

The pursuit of anonymity, Kernberg suggests, which was designed to remove the analyst from the analytic situation and protect the analyst's role as objective interpreter had the opposite effect of establishing the analyst as a powerful, idealized, grandiose presence. On the other hand, Kernberg regards the concept of "technical neutrality" and its classical ideal of equidistance as generating and guaranteeing a true sort of objectivity:

> . . . the concept of technical neutrality assures the functional au-

> thority of the psychoanalyst and protects the patient from an authoritarian imposition of the analyst's views or desires (p. 143).

Kernberg is committed to preserving the traditional claims to objective analytic authority which is under siege from so many sides. By distinguishing anonymity from neutrality and acknowledging that the former is illusory, he is attempting to cut his losses: trying to be anonymous does not generate objectivity, but trying to be neutral does.

In recent years there has been increasing recognition of the impossibility of achieving a truly neutral, value-free analytic stance. Meissner (1983) has commented that "value judgments seem to seep into the therapeutic process through every available pore" (p. 581). And Renik (1993) suggests that most contemporary analysts accept neutrality as only an ideal (p. 555). Nevertheless, it is accepted by most as an indispensable ideal because, it is believed, trying to be neutral keeps the interactive impact of the analyst as person to a minimum. Poland (1984) claims that "[n]eutrality is . . . a principle used to circumscribe the interpersonal aspect of the transference process from eccentric intrusions by the analyst's intrapsychic forces" (p. 285). Similarly, Shapiro (1984) regards striving for neutrality, despite inevitable failures, as essential for achieving the proper posture for understanding the unconscious. Shapiro points to the "surgical distance" required to interpret the unconscious and recalls that Lewin had reminded physician/psychoanalysts that their

> first patient was after all the cadaver. The distressing feeling as we see its skin, its face, its fingers, is a common experience, but once we are at work on the organ systems below, we put aside the feelings about the surface. The task becomes more technical, more universal (p. 277).

There is a common sort of slippage found in most defenders of the principle of neutrality—the belief that *trying* to be neutral actually makes it possible to *be neutral*, to arrive at an objective vantage point. Kernberg has been at the vanguard of exploring

the constructive use of countertransference, and that concern, along with his genuine effort to take into account current trends in contemporary philosophy of science, leads him to qualify his claims to analytic objectivity. However, in the end, he, like Brenner, wants to believe that the analyst knows what is really in the patient's mind. While Brenner bases his claims on a historical psychoanalytic "consensus," Kernberg bases his on the state of mind "neutrality" creates.

Minds: Uncovered or Constructed?

In my view, the traditional approach, claiming knowledge about what is going on "in the mind," as if there is something to be found there that is inert and simply discoverable, starts us off on the wrong foot. There are no clearly discernible processes corresponding to the phrase "in the patient's mind" for either the patient or the analyst to be right or wrong about. The kinds of mental processes which analysts are most interested in, both conscious and unconscious, are generally enormously complex and lend themselves to multiple interpretations. There is no singularly correct interpretation nor singularly best conjecture. As with good history, there are many possible good interpretations of important events like those occurring in the analytic situation.

In this way of thinking, mind is understood only through a process of interpretive construction. This is equally true for the first person who *is* the mind in question as well as for someone in the third person position who is trying to understand the mind of another. Further, this is true for both conscious and unconscious mental processes. In a complex interpersonal situation, one can present to another what is or was in one's mind in many different ways. In an important sense, consciousness comes into being through acts of construction either by others or, through self-reflection, by oneself. Dennett (1991), one of the most influential contemporary philosophers, envisions mind similarly when he proposes a "multiple drafts" model of consciousness.

> Just what we are conscious of within any particular time duration is not defined independently of the probes we use to precipitate a narrative about that period. Since these narratives are under continual revision, there is no single narrative that counts as the canonical version, the "first edition" in which are laid down, for all time, the events that happened in the stream of consciousness of the subject, all deviations from which must be corruptions of the text (p. 136).

The phrase "first edition" is interesting to compare with Freud's (1912) use of the phrase "stereotype plate" in "The Dynamics of Transference" (p. 100). Where Freud believes, in a fashion perfectly consistent with the science of his time, that there is a discernible, objective prototype, which the analyst comes to be able to identify, Dennett does not, because the edition, or draft arrived at is, for Dennett, partly a product of the process through which it is produced.

In this view, mind is an enormously complex set of processes of which anyone, including the person whose mind is in question, can grasp only a small, highly selective segment. Thus, there can be no singular, authoritative version "in the patient's mind" about which *either* the analyst or the analysand could be right or wrong. Of course, this does not mean that anything goes, that all constructions of conscious experience are equally plausible or accurate. The actual experience, despite its malleability and ambiguity, provides constraints (in a way that is similar to form level in Rorschach cards [Hoffman, personal communication]) against which interpretations are measured. But it does mean that events in the patient's mind are knowable both to the analyst and to the patient only through an active process of composing and arranging them. Many arrangements are possible; there are no *best* guesses.

Unconscious processes, by definition, are even more ambiguous. As Ogden (1994) suggests, they are experienced as absences in presences and presences in absences. To understand unconscious processes in one's own mind or that of another is not to expose something that has a tangible existence, as one does in

lifting a rock and exposing insects beneath. To understand unconscious processes in one's own mind or that of another is to use language in a fashion that actually creates new experience, something that was not there before.

This is really the crux of the matter. Traditional claims to analytic knowledge and authority presupposed that the central dynamics relevant to the analytic process are preorganized *in the patient's mind,* and that the analyst is in a privileged position to gain access to them. As Friedman (1996) suggests, this is not a question of humility, but of epistemology and, perhaps, ontology:

> What carries us beyond the question of the analyst's modesty is the more radical question of whether a hidden meaning is known even to the Eye of God. If it is, then perhaps some piece of it might also be known to the eye of the analyst. If it is not—if there is no already given predisposition from which momentary developments are lawfully elicited—then the analyst's "co-creation" of meaning is, indeed, an adventure of a vastly different sort than we have imagined (p. 260).

When it comes to the question of what is *in* the unconscious, the heterogeneous state of contemporary psychoanalytic schools is probably the most persuasive evidence against a singular standard of objectivity. Each school, each theory, each interpreter organizes interpretations of unconscious dynamics in a particular fashion, and there are many, many plausible interpretations, or, in Nagel's terms, many ways to enrich common sense.

What is most interesting about Friedman's position is that although he grasps the ways in which the "co-creation of meaning" makes psychoanalysis "an adventure of a vastly different sort," he wants to retain the trappings of classical authority as a hedge against what he fears will turn out to be an abyss.

> . . . it is hard to picture how an analyst would work who no longer believes in hunting for something that is already there to be discovered. For instance, Hanly observes that the strongest pillar of analysts' authority has always been their dedication to objec-

> tive truth; it is that dedication that prevents analysts from pulling rank on patients, or engaging in other personal manipulations. If there is no objective truth to be known, what self-discipline will take its place? (p. 261).
>
> If . . . the problem is merely that analysts do not know with certainty what the patient is experiencing, or what they have contributed to that experience, why wouldn't they try to standardize their behavior as far as possible so as to make the job easier? Even without pretending to obliterate one's influence or predict one's impact, it is not wholly senseless to try to keep the static down (p. 263).

Friedman often comes to the conclusion (this is true in many places in *The Anatomy of Psychotherapy* [1988]) that the psychoanalytic process cannot possibly work in the way that traditional psychoanalytic theory told us it did. Yet, Friedman argues, there is something valuable, indeed absolutely essential, in analysts' acting as if they still believe it did. This is a weak rationale.

It *is* possible to anchor self-discipline, clinical responsibility, and a respect for the patient's autonomy on an acknowledgment of the intersubjective nature of the analytic enterprise rather than a denial of it (Mayer, 1996). Indeed, in my experience, "rank pulling" tends more often to be found in clinical work where the analyst believes he or she represents objective Truth (often under the banner of "standing firm") rather than in clinical work where truth and meaning are regarded as co-constructed. As Renik (1996) has recently argued, "Ironically, psychoanalytic science is most compromised, and we become most religious in our approach, when we pretend to ourselves and our patients that we are able to remain neutral and that our interventions describe revealed truth" (p. 515).

The central implication of Gill's (1994) contributions to psychoanalysis was the demonstration that there *is* no way to standardize analytic behavior, to keep the static down, except in the *analyst's* mind. It is the meaning to the patient of whatever the analyst does that is important, and that meaning can only be

slowly, jointly constructed and transformed over the course of the analysis.

A fundamental difference between the traditional approach to the analyst's knowledge and authority and more contemporary approaches is that many of us believe that each analyst provides a model or theoretical framework which does not reveal what is *in* the patient's mind, but which makes it possible to organize the patient's conscious and unconscious experience in one among many possible ways, a way that we hope is conducive to a richer and less self-sabotaging existence. Thus, I would make very different claims for my model of psychopathology, based on conflictual relational configurations, than Brenner makes for his model based on conflictual childhood sexual and aggressive impulses. I do *not* regard my model as empirically derived and objective, although it has certainly been influenced by empirical data and would likely be shaken and somewhat changed in response to disconfirming empirical data and any growing consensus of clinicians regarding some other viewpoint. I regard my model as one among many possible and valid ways of viewing psychopathology, one that reflects both the interpretive community that I was drawn to and trained in, and also my own past and distinctly subjective experience. This results in a different approach to the problem of the analyst's authority and knowledge, because it presupposes a different phenomenon (a different kind of mind—ambiguous rather than preformed and distinct) about which the analyst hopes to have authoritative knowledge.

One important implication of the approach I am suggesting is that any understanding of a mind, one's own or another's, is personal; it is *one's own* understanding, based on one's own assumptions about human life, one's own dynamics, and so on. So, unlike Freud and Brenner, I do not regard any analyst's understanding of his or her patient's mind as a best conjecture in any sort of objective, generic sense, but rather as the *particular* analyst's best guess, embedded in the analyst's experience (Aron, 1996; Renik, 1993) and in the context of the predominant transference/countertransference configurations.

The analyst, if he or she is meaningfully engaged in the process, inevitably becomes touched and moved by the patient, and happily so. The understandings about the patient that emerge within the analyst's mind are embedded in the fluid, interpenetrating tapestry of their encounter, with their perpetual impact on each other. The analyst's conjectures about the patient are not simply derived from the applications of his or her theory but are saturated with the analyst's countertransferential responses to the patient. The traditional notions that the analyst is essentially invisible to the patient and that the properly functioning analyst is understanding the patient largely in dispassionate terms are illusions.

This is not to deny that most, if not all, patients begin by attributing vast authority of various kinds to the analyst. That initial authority, which Freud approvingly called "the unobjectionable positive transference," is not the authority that the patient will ultimately come to respect as a meaningful feature of analytic change. The latter authority is not brought *to* the treatment but is a product of the analyst's participation *in* the treatment (Schafer, 1996).

The analyst's expertise lies, most fundamentally, in his or her understanding of a process—what happens when one person begins to express and reflect on his or her experience in the presence of a trained listener, in the highly structured context provided by the analytic situation. Perhaps these differences will be sharpened if we consider a brief clinical example of a patient beginning analytic treatment.

Robert and His Inner World

Robert, a forty-year-old corporate executive, seeks psychoanalytic treatment because he is tortured by bad dreams in which he is swamped with tasks and demands on his time and discovers that he has overlooked or forgotten some crucial detail, leading to disastrous consequences. Robert has a simple, unidimensional view of his own mind. His parents were devoted to their children, making enormous personal sacrifices to fund their education;

they were poor but happy. Robert understands his nightmares as due to the pressures of his job, but he does not understand why he cannot handle those pressures with greater ease.

Within the first several weeks of sessions it becomes clear that the affect in the dream vis-à-vis work-related pressures corresponds to a more general worry about his wife and children that he has suffered from for many years. Robert fears that he will become absorbed in some project or distraction and will not be available to them when they are endangered. He has particular concerns about his son, David (he also has two older daughters). He sees David as caught up in the greedy, television-inspired materialism of American culture and worries about how he will be able to instill in him the self-sacrificing devotion he learned from his own parents. He then reports his first dream in analysis:

> I am climbing down a stone wall in my backyard; David is with me. I am lowering him down to the ground by holding onto his arm. He was about a foot from the ground when I let him go. It should have been safe, but he punched a hole in the ground and sank into some kind of chamber. He disappeared into the hole. There was some sort of light, as if there were a floor five or six feet below the ground. He bounced and rolled off to the side. I couldn't see him. I started screaming for my wife to call the police, an ambulance, something. I began digging frantically. I wasn't getting anywhere. There were sliding rocks. Then there were rescue workers, lots of people. There was a horrific feeling that David was dying. Then I noticed a piece of wood poking out of the dirt some distance away. It was moving. I dug down and uncovered a box like one of my filing boxes in which I keep all sorts of things I think I might need someday. I pulled the box up, and inside was David. He was alive and well.

I want to consider several features of the interaction between Robert and me around this dream. After exploring and developing many of his rich associations to the dream, which included his chronic fear that his world and his mind might suddenly give way, I told Robert I thought the dream might be understood to suggest that there were places in his mind that he was not aware of, in

which pieces of his own experience had been placed for safekeeping and future reference. I also suggested that his struggles with his son were in some measure reflective of struggles with a part of himself that had been long buried.

Robert began the next session by complimenting me on my "creative" understanding of the dream, by which it soon became clear he meant far-fetched. But he then told me another dream in which his wife (who has an interest in psychoanalysis and had encouraged him to enter treatment) disappeared into an elaborate system of underground pipes. In his associations to this image, he recalled that the house in which his family had lived during his childhood had a septic system underneath the backyard. The tank in this system would need to be drained periodically by a visiting truck, at considerable expense. To save money for the education of the children, his father undertook the massive project of digging trenches for lateral pipes to the tank which would increase the available drainage underground. The children would be enlisted in these massive digging projects. Robert remembered his mother's concern for his safety, since the trenches were at times deeper than he was tall. There was one memory in which he struck at some rocks with his shovel, and water from an underground spring began to fill the trench. But he was pulled to safety before the trench filled with water.

Through the lens of relational psychoanalytic theory, one can see that Robert's conscious, isolated sense of himself is embedded within a complex network of relationships within his own mind of which he is largely unaware. His father, whom he remembers only lovingly, was internalized by him in a complex fashion. There is a part of him, a greedy, aggressive part of him, perhaps a phallic, sexual part of him (as suggested by the waving stick), that had been buried in his father's world of devotion and hard work. The sector of his experience that was buried and remains dissociated seems to correspond to and resonate with his son and his typical childish egotism and greediness. Robert becomes involved in desperate efforts to control his son, partly because the son stands also for the version of himself that he has long since entombed and

which he deeply fears. Yet his dreams of something important that has been forgotten suggest to me that he is struggling with a sense that he has tragically mutilated his own inner resources and potentials.

This is just one way of understanding this dream. There are no doubt many others. But to be primarily occupied with figuring out what the dream "really means" is to miss the point. Dream interpretation must be in the service of facilitating the analytic process. If you think about the analytic process as generating insight by correctly identifying the patient's dynamics, then the "best guess" decoding of the dream is essential (Bollas, 1987; Phillips, 1995). But for me the analytic process is about expanding and enriching the patient's experience of his own mind and facilitating his capacity to generate experience that he finds vitalizing and personally meaningful. From this perspective, arriving at a "best guess" decoding of the dream is neither possible nor desirable; what is important is engaging him about the dream in a way that sparks and quickens his own analytic interest in himself.

What does psychoanalysis offer this man? The dream suggests some possibilities, because we might regard the dream as a reference not just to his childhood and the world of his father, but also to his feelings about the psychoanalytic project, upon which he has just embarked.

Psychoanalysis seems to provide Robert entry into a complex, labyrinthine world in which he might very well get lost, as he did in some sense in the world of his father. (The anal metaphor of the septic system suggests fecal passageways, fantasy of paternal bowels in which he was hiding and trapped.) Partly because it becomes a self-fulfilling prophecy, we can certainly make the guess that his relationship with his father will re-emerge in the same basic forms, in the transferential relationship with the analyst. My analytic concepts and vision will become an analogue of his father's septic vision. In fact, at a later point in the analysis, this feature of the transference announced itself in what he experienced as a shameful admission of concerns that I might disapprove of his analytic efforts, at his not "digging deep enough."

What sort of claims can I, should I, make for my analytic understanding? I believe that if I present my ideas about his mind as if I knew what was there and he came to see it my way, I would likely be experienced as re-enacting his relationship with his father, and he would be faced with the choice of either passive surrender or defiance. Freud and his contemporaries might have been able to proceed in just this way, because they were practicing at a time when everyone ceded enormous authority to professional, religious, and intellectual leaders of all sorts. In our day, all authorities have come under attack and are questioned, and the same deference to authority that in Freud's day was normative and adaptive, in our day is a form of masochistic pathology.

I believe that what I can offer Robert instead is a series of possible ways to view his mind and experience (including thinking about it in terms of metaphors of interiority) that I hope to show him will be both enriching and liberating. (As Phillips [1995] has put it, "So instead of asking, Is there an unconscious?, we might ask, In what sense are our lives better if we live as though there is one?" [p. 56]). I believe my expertise lies *not* in knowing what is there in him, but in devising ways of *construing* his experience that are potentially helpful, and also in inquiring into what happens between us when he is confronted by my ideas about him. Thus, with the emergence of his concerns about my feeling that he is not "digging deep enough," his ambivalent hopes and dreads about my system, his sense of what my system means to me, become at least as important as his efforts. I do not believe that it is useful to insist on his recognition of my authority and knowledge as a contractual basis for our work. He has his ideas about what I can possibly provide for him, and I have mine. The proof is in the proverbial pudding. My authority and knowledge can become meaningful to him only *through* the process; it is not a precondition of the process.

My job, the way I conceive of it, is to find ways to show Robert that my conceptual diggings are likely to be safer than he imagines, perhaps even exhilarating; that despite what might be a wish to surrender to my efforts, he does not have to participate in a way

that is over his head and threatens to drown him; that he and I might collaborate in a new system of understanding that neither he nor I can evision at the start; that he and I will be able to find a way for him to use me without becoming buried in me. Robert's struggle with his father and his trenches will be fought in the analytic trenches with me.

So, I am offering a view of the analyst's knowledge and authority that portrays the analyst as an expert in collaborative, self-authorizing self-reflection, in developing useful constructions for understanding the analysand's experience. (This is a claim for analytic knowledge that is perspectivist, without being relativist [Elliott and Spezzano, 1996, p. 61].) Analytic constructions are neither uniquely objective nor idiosyncratically subjective. They are some, among many possible organizations of the analysand's experience, that have proved helpful in generating a sense of personal meaning and value.

Mutuality/Asymmetry

Hoffman, Aron, Ogden, and other authors who have emphasized the "mutuality," the continual reciprocal influencing that characterizes the analytic relationship, also note that the forms through which analyst and analysand participate, their roles, are quite different. Defining this asymmetry has been one of the trickiest areas in the current reconceptualization of the nature of the analytic relationship.

One of the implications of the argument I have been developing is that it is crucial both that the analyst not pull rank, yet also, sometimes, hold his or her own ground. In the self-authorizing empowerment of the analytic process, the analyst's traditional rank-pulling can only be counterproductive. Yet it is important that the analyst be able to hold onto a sense of the value of his or her input as offering potential utility for meaning-making, self-expansion, and self-reflection. Sustaining desire for something important from someone important is the central dilemma of emotional life. (The Kleinians call this depressive anxiety.) Can

the patient learn to take in something important from the analyst without risking impossible self-betrayal in a myriad of forms? Can the analyst hold on to the sense that she or he has something important to offer despite the patient's well-earned wariness of such claims in others? It is precisely in their collaborative struggle to find a way to make that possible that the most important analytic work is done.

One of the central features of the analyst's role is his or her function in preserving the relationship *as analytic* and conducting and protecting the inquiry. While the analysand's role entails a giving oneself over to the experience of the analytic process, the analyst, in addition to that experiential self-monitoring, must also pay attention to holding and protecting the process. The asymmetry of the analytic relationship derives greatly from the necessity for the analyst to bear this responsibility. In some respects, the analyst's role is analogous to that of the "designated driver" at a party, or the designated negotiator of reality in a group drug trip. Someone has to be mindful of the bigger picture, and it is precisely that mindfulness that allows a surrender to the experience for the other participants. The person in the role assigned such responsibilities is, of course, expected to join the party, but she or he also must maintain a state of mind in which she or he can guarantee the safety of all involved, and that is a crucial difference.

Does the enormous responsibility the analyst bears in safeguarding the analytic process suggest that the analyst's role is largely parental? From its inception, parental metaphors have been an important avenue for thinking about the analyst's participation. Freud conceptualized the analyst largely in paternal terms; post-classical theorizing, especially that derived from Winnicott and Kohut, has often cast the analyst in terms of maternal metaphors. Hoffman (1996) has argued that the analyst is inevitably experienced as reflecting a certain aura, a power that is an accompaniment of the developmental significance the analyst inevitably comes to play.

Phillips (1993) has recently pointed to the dangers of develop-

mental metaphors, "playing mothers." When we presume that the analyst will serve specific developmental functions, whether defined as paternal, maternal, or in terms of an array of self-object functions, we foreclose the valuable possibility of being taken by surprise, Phillips suggests. But to argue against a universally assumed developmental significance or parental aura does not preclude an appreciation of the unique configuration of the analytic relationship. The analytic situation makes possible an extraordinary intimacy, but in a highly specific context.

The context-specific intimacy of the analytic relationship contributes to its oddness. So much cannot happen. The preset formal structure of time and place, the almost exclusive conversational focus on the experience of one participant and not the other, the prohibitions against touching—all this makes for an odd relationship indeed, one that does not translate easily into chance encounters on the street. Yet it is this very constellation of constraints that opens up the possibility of a kind of intimacy, self-expression, and self-reflection that is simply not available in any other way.

The setting of a patient's dream captured for me this creative tension at the heart of the analytic relationship. She and I were in session in my office. Two of the walls were intact, parallel to each other, as they actually are. They seemed clear and close together. But the two ends of the narrowed room were open; there were no walls, only open spaces. For this patient, who struggles centrally with boundaries and transgressions, imprisonments and liberations, the analytic relationship provides both agonizing limits and dizzying possibilities. And for all patients, there is something in the limits themselves, guarded by the analyst in his or her authoritative role, that opens up the uniquely analytic possibilities.

Over the course of an analysis, the analysand's experience becomes increasingly self-authorized. What sort of enduring presence remains of the analyst in the patient's mind? What, then, is the fate of the analytic object? In the early decades of analytic theorizing, when the analyst was thought to be solely a transference object, the analytic relationship was understood to leave no

residue. If the transference was "completely resolved," the analytic relationship would vanish like a figment of the patient's imagination, which, in fact, it was understood to be. In recent decades, there has been increasingly greater emphasis on the ways in which the analyst is internalized in lasting identifications. We are generally most comfortable speaking of these identifications in terms of generic functions, like the analyst's "observing ego," analyzing function, and so on. But more and more we are able to acknowledge to ourselves and each other that the specific person of the analyst, in his or her unique subjectivity, becomes a lasting presence in the postanalytic world of the analysand.

For many patients, the most difficult thing about the analytic relationship is precisely the differential importance analyst and analysand have in each other's lives. For the analysand, the analyst is at or near the center of her or his emotional life. For the analyst, each patient necessarily occupies a more peripheral spot. Many of us began doing analytic work with one or two patients and quickly learned something of the dangers of depending on too few for too much. No matter how reciprocal the analytic relationship, the patient starts in need, while the analyst starts by offering a service. The patient has one analyst; the analyst has many patients. The patient will go on to a life without analysis; the analyst will continue to practice with other patients.

Part of what the analyst has authoritative knowledge about is the "shimmering complications" of these facts, these givens of the context-specific intimacy of the analytic situation. There is a great deal about what this will be like for any particular analysand that neither analyst nor patient knows beforehand. Part of the analyst's self-deconstructive interpretations, especially during the final phases of an analysis, are aimed at facilitating a tolerance of and cultivating a sense of excitement at precisely those unknowns.

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Repetition Compulsion Revisited: Implications for Technique

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REPETITION COMPULSION REVISITED: IMPLICATIONS FOR TECHNIQUE

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Freud's repetition compulsion concept is reviewed and examined critically. It has been used as an explanatory concept to cover a wide variety of clinical phenomena similar only in their manifest repetitive quality, and it appears frequently in psychoanalytic and psychiatric literature. Its relationship to trauma and posttraumatic stress disorder is explored. Emphasis is on the detrimental technical legacy of the concept, which has cast a pessimistic aura of unanalyzability over a wide variety of repetitive phenomena, especially analyzable resistances related to aggressive conflicts. We conclude that the repetition compulsion is an anachronistic concept with detrimental technical implications and that it should be retired.

> We must be ready, too, to abandon a path that we have followed for a time, if it seems to be leading to no good end.
>
> FREUD (1920, p. 64)

Our aim is to explore the concept of the repetition compulsion, introduced by Freud in *Beyond the Pleasure Principle* (1920) and written between his related landmark technical treatise, "Remembering, Repeating and Working-Through" (1914), and his structural revisions, *The Ego and the Id* (1923) and *Inhibitions, Symptoms and Anxiety* (1926). After summarizing Freud's ideas, we explore subsequent trends in thinking about the repetition compulsion,

and we review criticisms of the concept. We wish to emphasize the complexities of repetitive phenomena and highlight the difference between the use of repetition compulsion as a way to describe a variety of clinical, empirical phenomena and repetition compulsion as an explanatory concept. Any thoughtful consideration of repetitive phenomena leads inevitably to a discussion of trauma and related concepts. Posttraumatic stress disorder has attracted the attention not only of clinicians, but also of neurobiologists whose findings pertinent to repetition cannot be ignored.

The ideas presented in Freud's *Beyond the Pleasure Principle* and in *The Development of Psychoanalysis* by Ferenczi and Rank (1924) represent a watershed in the history of the theory of psychoanalytic technique. We will describe the technical legacies of the repetition compulsion as represented in these two works. Our conclusion is that the concept of the repetition compulsion is anachronistic and that it is detrimental in terms of technique.

Freud and the Repetition Compulsion

Repetition as a clinical phenomenon has been a cornerstone of psychoanalysis almost from its inception. It was alluded to by Freud in the cases of Dora (1905) and Little Hans (1909). Its significance was noted in "Remembering, Repeating, and Working-Through" (1914), in which he emphasized how patients would repeat neurotic conflicts during analysis rather than remember their traumatic origins. Freud also noted that this repetition could be considered a form of remembering. During the decade between 1914 and 1924, Freud and others, especially Ferenczi, were struggling to understand powerful repetitions observed during psychoanalytic work that posed what often seemed like unsurmountable resistances.

It is clear from Freud's correspondence (see Strachey, 1955, pp. 3-4) that his first draft of *Beyond the Pleasure Principle* was completed in May 1919 when he also finished "The 'Uncanny,' " in which the main thrust of his ideas about repetition presented in *Beyond the Pleasure Principle* were summarized.

> For it is possible to recognize the dominance in the unconscious mind of a 'compulsion to repeat' proceeding from the instinctual impulses and probably inherent in the very nature of the instincts—a compulsion powerful enough to overrule the pleasure principle, lending to certain aspects of the mind their daemonic character, and still very clearly expressed in the impulses of small children; a compulsion, too, which is responsible for a part of the course taken by the analyses of neurotic patients (1919, p. 238).[1]

What is not clear from this summary is that Freud had also begun to explore the problem of aggression and had formulated the death instinct in conjunction with and as the underpinning for the repetition compulsion. Schur (1966) has pointed out, and we wish to emphasize, that *Beyond the Pleasure Principle* was Freud's first attempt to conceptualize aggression as he encountered its extensive and varied clinical manifestations. In this respect, the work is a theoretical tour de force culminating in the dual instinct theory. In addition, it contains much that Freud (1920) regarded as "purely speculative and thus diverging widely from empirical observation" (p. 59).

Freud cited four empirical observations as the basis for his theories and speculations: 1) dreams that occur in the traumatic neuroses in which patients repeat a traumatic situation, 2) the tendency of patients to repeat painful experiences from the past during their analyses, 3) the fate neuroses, and 4) certain types of children's play. We will not trace Freud's detailed arguments leading from these observations to his hypothesis of the repetition compulsion as an *explanatory*, superordinate, regulatory principle expressing the death instinct. However, it should be remembered that he ventured into both biology and philosophy, and repeatedly emphasized the tentative nature of his "often far-fetched speculation" (1920, p. 24).

Although Freud gave many examples of " 'perpetual recurrence

[1] Like some other early concepts, such as actual neurosis, the repetition compulsion is nondynamic, negativistic, and fatalistic.

of the same thing,' " (1920, p. 22), including transference and resistance, he tried to distinguish between "*active* behaviour on the part of the person concerned" and a "*passive* experience, over which he has no influence" (*ibid.*). He thought that "only in rare instances can we observe the pure effects of the compulsion to repeat, unsupported by other motives" (p. 23), and he believed that most of what is referred to as compulsion of destiny can be understood in our usual analytic way "so that we are under no necessity to call in a new and mysterious motive force to explain it" (*ibid.*). However, he went on to say, "Enough is left unexplained to justify the hypothesis of a compulsion to repeat—something that seems more primitive, more elementary, more instinctual than the pleasure principle which it over-rides" (*ibid.*). He believed that the best evidence of a motive force "beyond the pleasure principle" was that of traumatic dreams. By the time of *Inhibitions, Symptoms and Anxiety* (1926), his conception of the repetition compulsion expanded to include efforts to undo traumatic experiences that do not defy the pleasure principle and are less clearly linked to instinctual drives. In this work the repetition compulsion is related to the unconscious id and is the fixating factor in repression (p. 153). For Freud the concept had a variety of meanings and explained diverse repetitive phenomena.

Repetition Compulsion after Freud: Major Trends and Criticisms

The clinical importance and the empirical validity of repetitive phenomena, such as transference, resistance, etc., in both normal and neurotic mental life, have never been seriously questioned. However, in Freud's speculations in *Beyond the Pleasure Principle*, the repetition compulsion is presented as an explanatory concept, inextricably tied to the death instinct. It functions as a regulatory principle, primitive in its origin and mechanisms, biologically based, and capable of overriding the pleasure/unpleasure principle. Kubie (1939) stated that analysts after Freud have offered such widely diverse interpretations of the concept "as to render it

almost meaningless" (p. 390). Schur (1966) noted that the inherent conceptual confusion in Strachey's translation of the German word, *Wiederholungszwang,* and his failure to note the distinction between "compulsion to repeat" and "repetition compulsion" (p. 159) complicated matters further. The vagueness and confusion have continued to the present and can be seen in the definition in Moore and Fine's *Psychoanalytic Terms and Concepts* (1990): the meaning of the term repetition compulsion has been extended to include drives for mastery as well as other adaptational and maturational processes. Although it is understandable that the products of Freud's speculative thought in 1920 were generality, imprecision, or "elasticity," in our view clarity and refinement of terminology and concepts not only improves clinical work but also promotes advances in theory and technique.

There are many references to the repetition compulsion in the psychoanalytic and psychiatric literature which are extremely varied in context and meaning. This is not surprising, given Freud's varied uses of the term. Some analysts consider repetition compulsion to be primarily a property of the instinctual drives (Bibring, 1943; Lipin, 1963), while others associate it more closely with the ego, and yet others are unclear about this aspect or connect it with both id and ego (Loewald, 1971). Bibring (1943) emphasized that although repetition compulsion is mistakenly used in the descriptive sense, it is a purely explanatory conception. It aims at explaining certain "compulsive" repetitions as the assumed tendency of the instincts to surrender to the formative influence of overwhelmingly intense, powerful "traumatic" impressions, whether pleasurable or painful (p. 504). Bibring further asserted that "there is no fundamental difference between fixation and repetition compulsion" (*ibid.*).

Kubie (1939) provided the first extensive critique of the repetition compulsion, feeling it important to examine the concept carefully because of its widespread use as an explanation of many difficult problems (pp. 396-397). He argued convincingly that it is not possible to distinguish clinically between repetitions common to all neurotic phenomena and the repetitiveness of the repetition

compulsion. "The mere fact that a certain pattern recurs repeatedly is no evidence that this is a result of a *compulsion to repeat* as distinguished from the compulsion which leads to the act itself" (p. 397).[2] Kubie concluded that there is neither need nor evidence for a repetition compulsion, "that the phrase itself has become a mere descriptive epithet, a psycho-analytic version of the word 'habit' . . . and that it can never be called upon either to explain a single neurotic phenomenon, or to distinguish erotic instincts from the so-called death instincts" (p. 402).

Schur (1966) gave a penetrating critique of the repetition compulsion. In many respects, his arguments parallel and extend those of Kubie. Emphasizing the ubiquity of repetitive phenomena, Schur pointed out that in all of Freud's examples there was one common denominator: "the repetitiveness of all physiological functioning and/or behavior. Repetitiveness is transmitted to every living structure—animal and plant— by the genetic code in a manner which is the outcome of evolution. It manifests itself as much, for example, in a physiological aspect of the dream cycles as in the functioning of all psychic structure" (p. 166). Schur's metapsychological analysis of Freud's examples based on structural theory led him to the same conclusion as Kubie—that all are explainable within the framework of the pleasure and unpleasure principles "when we differentiate between these two and apply them both to the functioning of the ego" (p. 193). Central to Schur's argument is his observation that Freud and many other analysts failed to differentiate between the pleasure and unpleasure affects on the one hand, and the pleasure and unpleasure principles on the other, the latter being Freud's original formulations that were biological and subsequently economic. These principles were conceptualized as *tendencies* to avoid increasing levels of tension arising from either internal or external sources. However, as Schur pointed out, these regulatory principles "cannot guarantee the achievement or avoidance of the *affects* pleasure

[2] Freud emphasized the cyclical nature of instincts, but this does not mean that everything cyclical is instinctual.

and unpleasure. . . . unpleasurable affects can therefore arise from gratification of conscious or more frequently unconscious instinctual wishes" (p. 172). Schur also exposed logical inconsistencies and tautologies in Freud's reasoning in *Beyond the Pleasure Principle.*

Self psychologists have criticized repetition compulsion, referring to it as a myth (Kriegman and Slavin, 1989). They view phenomena usually associated with the concept as an aspect of the self "in which patients strive to overcome earlier traumatic self-object failures in later relationships that often cannot provide the necessary emotional response" (p. 250). Like Kriegman and Slavin, Cohen (1980) described repetition compulsion as a structure-building function of the psyche, emphasizing that "repetition compulsion functioning is a distinct clinical entity which has a different organization and purpose from the 'compulsive repetitiveness' characteristic of neurotic behaviour in general" (p. 421). Stern (1988) also viewed "reparative mastery" as the essence of the repetition compulsion.

Repetition, Trauma, and Posttraumatic Stress Disorder

Consideration of the theoretical and clinical underpinnings of the idea of repetition compulsion inevitably leads to the subject of trauma and its impact on mental functioning. In our view, many of the problems with psychoanalytic perspectives regarding the repetition compulsion have a counterpart in viewpoints about how trauma results in subsequent mental phenomena beyond what we would suppose, given our usual way of formulating how the mind works. Trauma is regularly defined as the ego being overwhelmed by internal or external forces that render it helpless in its immediate adaptive efforts. In usual clinical discourse, a distinction is made between moderate traumatic experiences and overwhelming trauma in which the ego's adaptive efforts are taxed to the point that whatever adaption is achieved significantly compromises overall successful mental functioning. Such attempts at definition immediately point to the problems in considering

trauma unidimensionally: it is obvious that trauma can be defined subjectively or objectively and may be mild or severe, sudden, transient, chronic, familiar, anticipated, denied, occurring in childhood or adulthood, etc. In fact, there is no agreed-upon definition of trauma, and the term is used so loosely in psychoanalytic writing that is has lost much of its utility (Furst, 1967). Abend, Brenner, Dowling, McDougall, and Ornstein define trauma from an exclusively psychological perspective and not by its immediate descriptive characteristics, emphasizing its unique meaning and long-term consequences for each individual (in Rothstein, 1986, p. 232). Ornstein cites evidence from Holocaust survivors indicating "that even the most massive event is not traumatic for all individuals" (in Rothstein, p. 233). Cooper and Pollock disagree and believe that certain events are traumatic for all individuals. As supporting evidence, they note that all soldiers who remained on the front line beyond a given number of days began to decompensate; in their view, this is different from the situation of soldiers who decompensated because of the symbolic meaning of an event (in Rothstein, p. 232).

In a thoughtful review of psychoanalytic models of trauma, Brett (1993) points out that many authors have noted the tendency to focus on either of two possibilities: "(1) the factors related to the individual are decisive in traumatogenesis, or (2) the factors related to the stressor are decisive in the development of trauma" (p. 62). The first possibility relies on a traditional theory of symptom formation (Fenichel, 1945), and the second (Kardiner and Spiegel, 1947) depends on the individual's inability to adapt to the traumatic event, personal meanings, or fears about the event being essentially irrelevant. An intermediate position between these two extremes follows Freud's complemental series emphasis integrating the individual's unique response with the nature of the traumatic event. Hendin and Hass (1984), who embrace such an integration, emphasize that their focus on unique individual characteristics does not mean that these characteristics are necessarily pathological or generally predispose to trauma.

Krystal's (1978, 1985) views of trauma are similar to those of Hendin and Hass. He emphasizes the subjective sense of helplessness, distinguishes between infantile and adult trauma, and defines "catenoid reaction" as the individual's surrender to helplessness with blocking of affect. To avoid the many conflicting meanings of trauma in the psychoanalytic literature, he reserves the term catastrophic trauma for conditions characterized by a surrender to helplessness.

Posttraumatic stress disorder (PTSD) is described as "an illness of considerable prevalence, often characterized by high morbidity, treatment resistance and a chronic course" (Charney, et al., 1993, p. 294). The defining symptoms are persistent reexperiencing of the traumatic event, persistent avoidance of stimuli associated with the trauma, numbing and estrangement, and autonomic hyperarousal. There are two major biological findings in PTSD, the best documented being physiological hyperresponsivity to stimuli resembling the original traumatic event (Pittman, 1993). The other is tonic hyperactivity of the sympathetic nervous system, as evidenced physiologically, neurologically, endocrinologically, and in sleep studies.

As already indicated, many psychoanalysts believe that the aim and result of repetition is mastery, although clinical experience and empirical evidence regarding PTSD contradict this. Patients with PTSD become increasingly disturbed over time, with repetition leading to further suffering both for themselves and for those associated with them (Keane, et al., 1985; van der Kolk, 1989). Anger and aggression directed at the self and others are important factors. A variety of clinical studies emphasize that PTSD patients repeatedly enact roles of either victim or victimizer, and revictimization is a consistent finding (van der Kolk, p. 391).

Despite the vagaries of the concept of trauma, certain beliefs about it have become commonplace within psychoanalysis and bear particularly on analogous issues regarding repetition. The connection was established by Freud, who viewed traumatic dreams as paradigmatic instances of the action of the repetition compulsion. Some believe that traumatic experiences result in

memories which operate like instincts, "demanding" conscious representation and requiring massive defensive operations to maintain repression. Such defense may be inadequate and may result in flashbacks that are viewed as biological rather than psychological events. These events are reminiscent of hypnoid and retention hysterias that Freud described (Breuer and Freud, 1893-1895, p. 286) yet noted he had never actually seen clinically in pure form (without dynamic or "defense" attributes). It is implied, although not clearly supported by evidence, that there is some threshold at which a traumatic event so "damages" the mind, presumably because of its intensity, that its sequelae, attached to memory, overpower the mind's capacity for containment via psychological processing. Traumatic events are thus re-experienced regardless of whether there are gratifications to be had or compromises and equilibria to be fashioned.

In our view, what is regularly absent from such formulations is a consideration of the intense frustration and ensuing aggression such trauma generates and the opportunities for aggression provided by "re-experiencing trauma." The trauma appears to take on an instinct-like role that really belongs to the aggression created by the trauma. We are impressed by the ways re-experiences of trauma contain hidden aggressive aims and gratifications (often based on identification with the aggressor), including punishment of perpetrators by inducing guilt, demand for reparation, expression of entitlement, exploitation of others, magical "control" of helplessness, and purposeful self-defeat (self-directed aggression). Given the tendency to overlook the aggressive components in both repetition and re-experiencing of trauma, it comes as no surprise that they are linked clinically and theoretically.

Many analysts believe that traumatic experiences can be recorded within memory systems separate from those we usually consider when trying to understand what is repressed. Somatic memory, nonverbal memory, and similar conceptualizations are proposed to explain clinical phenomena that appear to defy psychological intervention and that are rigorously proclaimed by those afflicted with them as nonmental or without meaning, as

somatic or the consequence of defect or damage (rather than conflict and compromise). Some have argued that traumatic experiences must be "translated" into mental events in order to be affected by analysis rather than viewed as instances of defense based upon repression and related unconscious mechanisms that are indeed mental and familiar if stubborn and perhaps even intractable.

Technical Implications

Our main interest in revisiting the repetition compulsion relates to its implications for psychoanalytic technique. We return now to Schur (1966), who pointed out long ago that the application of the theory of the repetition compulsion to technique "has had many undesirable consequences" (p. 187). He indicated that Freud applied the "demonic" aspect of the repetition compulsion to patients who were difficult to analyze (id resistance) and, inconsistently, at times to the play of children. These ideas promote pessimistic or even fatalistic attitudes in analysts as well as a tendency to blame patients.

The historical development of the technical legacies of the repetition compulsion concept is relevent to our major thesis. In the early 1920's, analysts such as Freud and Ferenczi were aware that powerful repetitions, which occurred during psychoanalysis, posed what often seemed like insurmountable resistances. Freud became increasingly aware of the importance of aggression and initiated major theoretical revisions in *Beyond the Pleasure Principle* (1920), *The Ego and the Id* (1923), and *Inhibitions, Symptoms and Anxieties* (1926). Ferenczi was more therapeutically ambitious than Freud, and his efforts focused primarily on improving technique. He did not consider his active technical innovations a departure from Freud, and he stated explicitly in *The Development of Psychoanalysis* (Ferenczi and Rank, 1924) that they were derived from Freud's advances in theory:

> From the theoretic side we lay stress on the adequate recognition

> of the neurosis, also of the overwhelming importance of the repetition-compulsion which Freud has meantime established. It is really the insight gained from understanding the repetition-compulsion which first makes the results of "active therapy" comprehensible and gives the theoretic reason for its necessity (pp. 4-5).

It is clear here that Ferenczi and Rank relied on Freud's repetition compulsion as the rationale for their active, technical innovations, the purpose of which was to "overcome" resistances. Furthermore, their stance was authoritarian, "absolutely requiring the tendency to reproduce" (p. 4). As Gedo (in Panel, 1994, p. 855) has pointed out, their active measures to prevent their analysand's acting-out behaviors were related to a libidinal fixation theory of psychopathology which virtually ignored aggressive and narcissistic conflicts. As many have noted (Myers, Fogel, and Gedo in Panel, 1994), various technical developments (especially for "widening scope patients"), such as Alexander's corrective emotional experience, Kohut's transmuting internalization, and Winnicott's and Modell's holding environment, can be traced to Ferenczi. Anna Freud (1954) pointed out that if the same talent and energy of these individuals has been applied to an understanding of "narrower" scope patients, classical technique would be far more advanced. She, like many other analysts (Fenichel, 1941; Hartmann, 1951; Sterba, 1953; Stone, 1973; Waelder, 1967), have lamented the delay in applying structural concepts to psychoanalytic technique.

Gray (1982) explored this in more detail, hypothesizing a "developmental lag" to explain observations related to what Freud referred to as "resistance to uncovering resistances" (p. 651). Whereas Gray suggested some psychological motivations for this lag, we are also emphasizing the contribution that inadequate, faulty theory makes. The reciprocal influence between analytic theory and technique is well known. Improvements in technique often follow advances in theory, and advances in technique can lead to improvements in theory. As Hartmann (1951) observed, " 'Good' theory helps us to discover the facts (for instance, to

recognize a resistance as such), and it helps us to see the connections among facts" (p. 149). However, the converse must also be true: "bad" theory can lead to technical difficulties and failure to recognize and analyze resistances. We believe that the repetition compulsion, which Freud linked inextricably to the death instinct and equated with the resistance of the unconscious, is a bad theory which has enshrined his pessimistic attitude about a wide array of resistances, especially those related to aggression. In addition, it is still true, as M. H. Stein noted in 1969, that our theory of aggression as a working basis for clinical theory continues to lag far behind libido theory.

Alexander's (1925) review of Ferenczi and Rank's book, *The Development of Psychoanalysis*, has a *contemporary* ring regarding technical issues and controversies: "the most fundamental aim of the treatment, that of affecting a lasting alteration in the ego (which is the essence of analysis) is not sufficiently emphasized" (p. 486). Alexander went on to criticize Ferenczi and Rank's overemphasis on the importance of catharsis as a regression toward the hypnotic origins of psychoanalysis. We are in agreement with Alexander that the aim of psychoanalysis is almost the opposite, namely, to replace unconscious affectively driven conflict solutions that lead to behavioral repetitions with conscious and more autonomous and rational ego control, transforming primary-process repetition into secondary-process based choice.

Grossman (1991) has called attention to the wide scope of repetitive behaviors ranging from "apparently preconflictual automatic repetitions of destructive and self-injurious behavior in infancy," on the one hand, and conflictual repetitions of "self-destructiveness associated with unconscious guilt" in adults (p. 24), on the other. There is no satisfactory psychoanalytic conceptualization, such as repetition compulsion, to cover all of these phenomena, and, indeed, some of them may be understood only in terms of physiological functioning.

Early traumatic experiences such as child abuse are often manifested by stubborn repetitions in life and in analysis. Destructive and self-destructive behaviors are prominent if not central,

whether the source of the trauma is a primary caretaker or external circumstances (illness, surgery, etc.) requiring help from an important adult. The pain associated with trauma has been noted by many analysts to stimulate and/or be a source of aggression (see Greenacre, 1960; Grossman, 1991; Shengold, 1985, 1989). Failures in the regulation and integration of this aggression and the development of related unconscious defenses lead to deficiencies in ego and superego development and in the achievement of object constancy (Grossman, 1991; Hartmann, 1939, 1950, 1952, 1964; Jacobson, 1964). In addition, traumatic experiences "acquire the valence of an organizing factor" (Schur, 1966, p. 185) that interferes with development, including the capacity for fantasy, which Grossman (1991) suggests is necessary to transform and master traumatic experience. He also adds another factor to the familiar formulation of the early development of ego structure and a cohesive self preceding intrapsychic conflict: the pre-ego passively experiences becoming a post-ego, fantasizing and mediating the active generation of behavior (p. 37).

We wish to underline the vast, complicated array of defenses against aggression that are poorly regulated and integrated when trauma has significantly interfered with ego development and object relations. In such instances, fantasy cannot be utilized to transform the traumatic disturbances. In the stereotyped victim and victimizer repetitions that ensue, turning of aggression on the self, and identification with the aggressor are central. Working more from an object relations perspective, Kernberg (1995) has recently described how omnipotence as a defense manifests itself in transference and countertransference in conjunction with projective identification, primitive idealization, devaluation, denial, and splitting. His clinical examples vividly illustrate the coercive nature of transference and how intensely aggressive object relations (torturer and victim) get played out in the transference, often in reverse.

Shengold (1989) has emphasized the anal narcissistic defenses of extreme isolation and denial which result in a kind of "as if" functioning. He also illustrated how vertical splits, brainwashing

(mixture of confusion, denial, and identification with the aggressor), and autohypnosis all reinforce the massive isolation of feelings. We have found some of Gray's (1987, 1991) concepts regarding superego analysis technically useful in relation to approaching clinical instances that have often been attributed to the repetition compulsion. Especially in patients whose histories include dramatic instances of trauma, behaviors may emerge in treatment that are described by patients as irresistible, sometimes cruelly self-injurious, and occasionally patently nonsensical. Such behaviors can often be linked to memories of trauma and may be regarded by both patients and analysts as unmotivated repetitions. Related and underlying aggressive conflicts can easily be overlooked. There is a powerful appeal for the analyst to play a critical or, conversely, a supportive and permissive role in relation to the patient's mental compromises at such moments. The patient may turn in his or her associations to thoughts like "I know you understand I can't help this," or "I can feel how critical you are of what I've done," in order to help defend against awareness of the hidden aggressiveness of the "repetition."

Clinical Vignette

Mr. A, who had been repeatedly and brutally beaten throughout his childhood, had instances of sudden "spaciness" that he believed were exact replicas of how he had felt at the height of the violence he experienced as a child. These "lost" moments now occurred "unpredictably" and were an enormous source of embarrassment to him. They sometimes occurred during sessions, and Mr. A. often expressed his gratitude for the analyst's understanding and acceptance. He struggled not to attack himself for being stupid, inattentive, and disrespectful when he would lose track of what he or the analyst was saying. Previous therapists had helped him realize that these "absences" were compulsive repetitions of trauma and that his "out of it" behavior was a way of adapting to overwhelming pain, fear, and upset.

The analyst called Mr. A's attention to his frequent expression of appreciation of the analyst's "forebearance" at such moments, and he wondered if the patient could focus his attention on his inner experiences as his thoughts shifted from whatever he was thinking about to his appreciation of the analyst. Mr. A spoke of some anxiety followed by relief and added that he could sense an obligatory quality to his shift to thinking about the analyst's acceptance at such moments. As Mr. A considered it further—at that time and during subsequent instances—he came to recognize that he was constructing the analyst's acceptance and support without noticing anything specific the analyst said or did or didn't do that supported his feelings. As one would expect, his anxiety increased as he let himself speculate about whether he needed to believe in and even remind himself of the analyst's understanding.

Despite Mr. A's sense that the spaced-out moments occurred randomly, both he and the analyst wondered whether there was some subtle pattern to their appearance. Eventually, careful attention to such moments as they occurred during sessions led patient and analyst to recognize that they happened regularly, although not exclusively, when Mr. A felt that the analyst might be about to "know" something new about him. The patient linked this to his father, who, becoming enraged at any suspected challenge to his "knowledge," would often resort to the beatings the patient remembered with so much horror. Over time, Mr. A was able to recall with conviction that his spaced-out moments were more than childhood ways of enduring the beatings. In fact, his father would grow increasingly enraged at the patient's seeming imperviousness to his attacks. Mr. A could recall his secret pleasure in provoking his father by being simultaneously "out of it but tough while being clobbered" for challenging his father's knowledge. The patient recalled one instance of "tuning out," and noticed the active form in his description. While speaking about a work inhibition, he thought to himself that his analyst would think it represented a neurotic retreat when he knew it to be otherwise. He would then experience a moment of being "gone" and then "sounding stupid" as he tried to recoup his train of thought. Next

he imagined that the analyst would sound stupid while he was "intoning" his explanation of the patient's work problem. Mr. A's choice of "intoning" to describe the analyst's imagined interpretation reminded him of how he and his mother would secretly ridicule his father's pompous rhetorical style when the patient was an adolescent.

Patient and analyst came to recognize over time that Mr. A's repeated "spaced-out" moments were, at least at times, newly minted reproductions of secret aggressive retaliations in which the analyst's acceptance and understanding, as imagined by the patient, served to help control his aggression and the anxiety it generated. His repeated "tuning out" included secretly fighting back (an aggressive response to trauma), feigning stupidity, and aggressively punishing himself via humiliation. He used the permissive and understanding analyst for purposes of managing his aggression lest it turn directly on the analyst, who, like his father, knew things.

One cannot say with any certainty how his dissociating during the beatings came about or whether it recurred initially without motivation. Clearly, however, his ego recruited these mental states for complex purposes that helped to deal with troublesome aggressive conflicts later in life. These spaced-out moments superficially gave the appearance of randomly occurring, unwanted, humiliating repetitions that Mr. A could neither understand nor rid himself of and which he wove into relational patterns of being understood as the victim of trauma.

Success in exposing hidden aggressive motivations requires that the analyst tolerate progressively more intense aggressive derivatives in the here and now as defenses against them are interpreted and aggression is redirected from the self to the analyst. It is likely that the analyst's specific vulnerabilities will become the inevitable target of the analysand's aggression, activating the analyst's resistances, which also must be negotiated if analysis is to progress. All of us have experienced overstimulation and deprivation in varying degrees. The consequences of these are communicated unconsciously and attract traumatized analysands' coercive transfer-

ences like a magnet. Countertransferences and counterresistances can result in active participation in and repetition of patients' sadomasochistic struggles, interfering with the crucial task of reestablishing affective aliveness through systematic interpretation of the massive defenses against aggression. We are not asserting that *only* aggressive conflicts are important: narcissistic and libidinal aspects are inextricably interwoven and, in our opinion, have generally received much more attention.

Perhaps the repetition compulsion with its aura of unanalyzability offers a protective shield, especially from murderous aggression in the transference. We see no other use for a term that encourages a pseudoexplanation for a wide variety of complex and diverse phenomena that share only the manifest feature of repetitiveness. In general, analysts are very reluctant to assume that behaviors that appear the same have the same underlying dynamics.

Discussion

We agree with Schur (1966) that repetitiveness is transmitted by the genetic code and represents an important part of the foundation of all physiological and psychological functioning. Through evolution, humans have acquired an organ of adaptation (the ego) which allows them, within certain parameters, to avoid rigid repetitiveness. This plasticity and adaptability depends on the degree of ego autonomy attained (Hartmann, 1939, 1964). When the ego functions that guarantee autonomy from the environment and autonomy from the instinctual drives (Rapaport, 1960) are inadequately developed or become compromised by neurosis, posttraumatic states, and psychoses, behavior becomes less flexible and stereotyped repetitiveness increases. In a sense, the more interesting question is not why we repeat but rather what enables us not to repeat. In this regard, Freud's distinction between passive and active repetition, expanded by Bibring (1943) and Loewald (1971), is important. Loewald distinguished be-

tween repetition as reproduction (passive) and repetition as re-creation (active). He pointed out that these two forms are not only oppositional, but also complementary, the passive form providing the opportunity for active forms, as in transference repetition during analysis. We agree with Grossman (1991) that fantasy formation is crucial to the transformation of the passive, compulsive form to the active, re-creative form.

Freud may have been correct that a biologically based stereotyped repetitiveness can, under certain circumstances, overwhelm psychological mechanisms, as in what we today call posttraumatic stress disorder symptoms. Nevertheless, as Freud noted, such symptoms rarely appear in pure culture, and the vast majority of repetitions acquire meaning and are dynamically motivated. We believe it is important to maintain the distinction between biological repetitions and psychological (motivated) repetitions that occupy different conceptual and semantic realms. Mental phenomena are influenced by biological events, and may even be modeled upon them, but to go further introduces more difficulty than clarity. Immutability via treatment is not an indication for biological explanations, any more than change during treatment is always a consequence of successful psychological alteration of mental functioning.

We agree with Reiser (1984), who advocates a "dual track" approach, maintaining that psychological and biological realms cannot be translated directly into one another. In many discussions, "primitive" becomes a synonym for the repetition compulsion by denoting the developmentally early and behaviorally inflexible. It often conjures up biologic mechanisms and analogies. It is likely that certain limited repetitive behaviors initially have no mental representation and are best described from a physiological perspective. Others will yield to psychological investigations and be amenable to psychoanalytically based and other treatments. A better understanding of the similarities and differences among patients on this continuum, and improvements in our techniques to help them, could be facilitated by retiring the concept of repetition compulsion.

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OTHERNESS WITHIN: ASPECTS OF INSIGHT IN PSYCHOANALYSIS

BY MITCHELL WILSON, M.D.

In this paper I consider moments of insight in which the subject consciously experiences the emergence of something alien within the self, usually of a drive-related, affective, and at times uncanny nature. These are crucial, yet neglected, experiences of insight within the therapeutic process. Such experiences do not fit easily into our theory, because usual descriptions of insight stress the ego's integrative capacities. I attempt to demonstrate how aspects of our theory that emphasize rational, narrative explanations, or the social construction of clinical facts, as well as those that emphasize the ego's integrative functions, may prevent our fully appreciating these experiences of insight in our patients.

A patient in psychoanalysis, in the midst of discussing her deep disappointment in her sister's always being late for plans they have made, stops herself in midsentence: "I don't know why I'm talking about this. I feel like I'm just hunting around." I reply, "Hunting around?" She says: "It's just a figure of speech." At that moment the patient has stopped observing her speech, thoughts, and feelings, and has flown into the open air of common sense: it's just a figure of speech. It what amounts to a negation, she is both acknowledging and denying that "hunting around" can be taken literally. And if taken literally, then "hunting around" tells us that her feeling disappointed is quite a bit easier than allowing herself

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to feel murderous. I say that it is certainly true that hunting around is a figure of speech, but that she also seems to be insisting on that point (for thoughts on the word "just" in analysis, see Spruiell, 1993). Not particularly impressed, the patient shrugs her shoulders in half-hearted agreement and moves on to less touchy subjects. Her desire shows itself clearly in the midst of apparent resistance. In her seeming to stop her associating, she, in fact, has gone right on associating.

This same patient a year later speaks of her sister again. Same issue: the patient feels ignored by her. They make plans and her sister is late or cancels altogether. The patient becomes hesitant in her speech, and then stops herself: "I don't know. I've gone over this before. I feel like I'm just hunting around." This patient had spent the good part of a year of analytic work investigating the conflicts she experiences around her hostility. She had come to a gradual and partial understanding about herself: her altruism and always wanting to take the moral high ground were ways to deal with aggressive feelings within her which she regarded as evil and dangerous. An additional point relevant to this particular hour is that "hunting around" was not a cliché she used often. It had not come up in the analysis since its previous appearance a year earlier. It seemed specific to the topic at hand, the patient's resentment and anger toward her sister. Again, I punctuate the phrase: "hunting around." To my surprise, she recalls the previous time this phrase came up: "I didn't want to think about it then, and I really don't want to think about it now. But I am trying to think about it. I can sense there's a part of me that really doesn't like her, maybe hates her even. It's hard for me to catch my breath as I say this. It feels true, but I don't want to believe I'm saying this." Moral injunctions come to her mind as she struggles with newly experiencing this part of herself that is hateful and aggressive.

This clinical vignette is a description of a moment in which the patient was able to listen to her own speech and grapple with its implications. She was able to struggle with what she had said. In the struggle she came to recognize a part of herself she had up to that point not been able to recognize as clearly. In this

moment she felt it was compellingly true that she had enduring, aggressive feelings. More broadly, the patient was able to tolerate an experience—an experience of her rage that felt alien yet was part of her. Later she would describe it as a "feeling emerging from the woods into a clearing—my anger." This clinical moment, of course, was possible only because of the preceding work of the analysis. This analytic work, in ways too complex to adequately articulate, led to the opening up of a *space of experiencing* within the patient.

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In this paper I consider moments of insight in which the subject *consciously experiences the emergence of something different and alien within the self.*[1] These are crucial, yet neglected, experiences of insight within the therapeutic process. These experiences of something alien within the self do not fit easily into our theory, because usual descriptions of insight stress the ego's integrative capacities—the bringing together of mental contents. My focus in this paper is on moments of insight that are not based on coherence and integration.

Insight in the psychoanalytic process is dialectical in its movement. The analysand experiences profound oscillations between the opening of psychic space and the closing in on compelling insight, between doubting and certainty, between a sense of difference and a sense of identity, and between relatively free association and relatively resistant states of mind. There are important

[1] I do not intend, here, to enter into the debate on the psychoanalytic status of the concept of the self. By "self" I simply mean the analysand's subjective sense of conscious experiencing and continuity. The ego psychological distinction between experiencing and observing aspects of ego functioning does not capture what I intend to mean by the term "self," because in the process of insight I am describing, the analysand's experiencing and observing of warded-off mental contents are inextricable, mutually constitutive.

moments of conscious understanding based upon the narrative coherence of emotionally laden themes, fantasies, and life events. There are equally important moments—much more difficult to describe—during which the analysand consciously experiences differences within the self.[2]

In spite of these polarities inherent in the experience of insight, there is an ideological bias within our field that favors one side of the dialectic: similarity, coherence, and identity. Descriptions of insight in the literature tend to be rational and logic-laden. The analyst's desire to make sense of the patient—to construe the patient's productions in terms of logical coherence and integration—may obscure equally important moments in analysis in which the analysand experiences and learns to tolerate a lack of coherence, an otherness within. These are moments in analytic work when the patient feels an internally driven otherness prior to (or simply different from) integration. In these moments the analysand experiences the incomprehensible, the "beyond rational." Often, the analysand confronts and recognizes a desire—usually the analysand's desire to do something to the analyst or to a loved one (e.g., kill, penetrate, be penetrated by, hold, kiss, etc.); or the analysand struggles with the emergence of intense affect mixed with memory. *After* the moment of experiencing one can affix to these desiring or emotional states some rational explanation for them. I do not believe such explanations are the essential aspect of insight involved in these experiences. The essential part is that the analysand bumps up against an inveterate desire, feeling, or conflict he or she had previously disavowed—something indestructible within. Like Freud's description of the uncanny, in which the subject confronts an aspect of his or her mental life that is "fateful and inescapable" (1919, p. 237), the

[2] Most psychoanalytic concepts of significance are, in fact, dialectical. They house within them their own contradictions and tensions. The experience of insight is no different. This is no surprise: if psychoanalysis is fundamentally about conflict born of human desire, its theoretical structure would have to house within it the tensions its content describes.

analysand, through analytic work, comes to have a powerful sense of: "There it is again."[3]

Many current psychoanalytic thinkers have carefully explored the *analysts's* subjectivity and psychic reality (e.g., Bader, 1995; Greenberg, 1995; Panel, 1996; Renik, 1993) and their relationship to the unfolding of the analytic process. The analyst's position as objective observer and neutral interpreter has been critiqued; the concept of "truth" within the analytic process has taken on a relativistic, perspectival cast.

As these epistemological issues have been debated and worked out in our literature, professional meetings, and informal discussions, the analysand's experience of personal truths within the analytic process has been markedly de-emphasized. The analyst may be caught, more or less (Brenner, 1996), in his or her own prison house of perceptions and biases. However, this fact does not mitigate the *patient's experience* of insight within the analytic process. This experience must necessarily be related to the patient's recognition of meaningful and compelling personal truths. Though the word "truth" immediately kicks up the dust of epistemology, the question of what is veridically true has nothing to do with the patient's subjective experience of insight within the clinical encounter. Thus, in the face of the postmodern climate in psychoanalysis, in which the analyst's position as objective observer quite rightly is called into question, I am making a strong and in some ways classical claim: that subjects come to know aspects of their mental lives and beings that, quite simply, *feel objectively true to them.*

As analysts, we rarely ask ourselves or our analysands the question: What is the analysand's experience of grasping a warded-off

[3] It is nearly axiomatic that, within the analytic process known as "working through," the ego integrates warded-off mental contents through its synthetic functioning. In my experience such integration is partial at best. This is one reason why self-analysis is a lifelong endeavor: crucial aspects of one's mental life remain, most of the time, repressed and isolated. One learns to recognize more quickly, and have more respect for, these powerful aspects of one's mental life as they reappear to us, over and over again.

aspect of him or herself? There are many descriptions of what is helpful for patients. There are fewer descriptions of the patient's experience of insight. Because the experience of insight is so subjective and private, we are left with our own experiences as analysands, or with our clinical theory that attempts to describe the nature of insight within the analytic process. As I stated at the outset, within this clinical theory, there is a common and quite explicit theoretical bias: the subject's coming to know something about him/herself—the process of insight—is conceptualized as integrating that something into a larger psychic whole. And yet, only dis-integrated, ego-alien, mental contents can be integrated. Prior to integration these warded-off contents must be struggled with, experienced, and tolerated. Insufficient recognition of this may lead the analyst to unwittingly cut off the analysand's experience of struggle to confront and tolerate an unwanted wish, feeling, fantasy, or thought. In this case the analyst limits the analysand's desire for a fully articulated process of insight by homogenizing his or her psychic experience.

It is important for the reader to remember that I am making two different, though related, points. First, that analysands, through analytic work, experience compelling truths about themselves that feel objectively true to them. Second, that some of these experiences of insight are not experiences of things coming together through the integrative tendencies of the ego, but are experiences in which analysands profoundly struggle to tolerate disavowed aspects of their mental life that are irrational, alien, emotionally intense, and repetitive in their nature.

In the sections that follow, I discuss first the analyst's narrative impulse to make sense of the patient. The analyst's desire to make sense of the patient may obscure crucial experiences intrinsic to insight which are not narratable. I briefly discuss the narrative tradition in psychoanalysis and try to show ways in which the narrative point of view implies a unity to psychic experience that is in fact conflictual and discontinuous. I will also briefly consider another postmodern influence within psychoanalysis: social constructivism. I will argue that social constructivism, though episte-

mologically compelling, suggests a relativism in the clinical encounter that obscures the analysand's experience of truth so crucial to the process of insight. In the next section I discuss the emphasis in structural theory on the ego's integrative function in the process of insight. After highlighting the relevant literature, I explicate the way in which a narrow ego psychological focus on what the patient can consciously comprehend and integrate may foster a hyperrational tone that dulls the patient's experience of irrational unconscious content.

My intention is not to consider thoroughly these different theoretical points of view regarding the nature of insight within the analytic process. I am, in a sense, making a negative argument: I am attempting to show what each of these points of view seems to leave out. My point is to demonstrate how these approaches may leave less than optimal room in the analytic dialogue for moments that must first be captured by the clinical couple as an alien experience. I conclude the paper with a clinical vignette to illustrate the oscillating nature of the process of insight, a process that comprises experiences of the alien and different as well as those of the narratable and integrative.

The Narrative Impulse in Psychoanalysis

Insight and explanation are often confused with one another. A coherent formulation of the subject's conflicts—even if the subject himself or herself could articulate such a thing—should not be confused with insight. More specifically, the subject's experience of insight is not necessarily the same as our understanding or explanation of that experience. There are aspects of the experience of insight that lend themselves to narrative explanation (e.g., a patient sabotages himself because of guilt for an unconscious, fantasized crime). There are aspects of the experience of insight that are not easily narratable (e.g., an uncanny, repetitive bodily sensation; a sense of bewilderment and confusion; a desire to do something that feels "crazy"). The purpose of this section is to

show how the narrative impulse to make sense biases our analytic listening (and clinical theorizing) in favor of sense-making.

Beginning with Freud, psychoanalysts have been burdened with the desire to make sense of the subject. This desire is central to every psychoanalytic school, independent of avowed theoretical orientation.[4] Freud discovered that patients could be cured through talking, through the making sense of hysterical symptoms. Later Freud's explanations of cure became more complicated but always took a narrative form. Although he himself likened his case histories to works of the imagination (Breuer and Freud, 1893-1895), he viewed these narratives as causal explanations of psychopathology and its cure.

Contemporary readers see Freud's causal explanations as one narrative among many possible narratives. Freud's case histories are now pieces of rhetoric, meant to persuade, and are judged by their success or failure in doing so (Mahony, 1982). In the current clinical literature, case studies are viewed as illustrating rather than proving a theoretical or clinical assertion. Psychoanalysts appreciate that psychic conflict is multiply determined. There are usually several compelling explanations for a clinical phenomenon, some of which may be contradictory or even irreconcilable. Freud has secured his place in the canon of great twentieth century literature (Bloom, 1994), while his status as a scientist seems open to continuous debate (Crews, et al., 1995; Grünbaum, 1984; Medawar, 1975).

Whether one accepts a causal account of clinical phenomena or a more relativistic and narrative one, the principle of psychic determinism forms the theoretical basis of the narrative impulse. Freud legitimated analysts' desire to make sense of the subject by asserting that all thoughts are causally connected. Gaps, inconsistencies, slips, puns, and other "failures" of conscious discourse can be made sense of by interpolating unconscious thoughts into

[4] The Lacanian school is, strictly speaking, not interested in making sense of the subject. They are more interested in the effects of non-sense (signifiers) in the workings of the unconscious. However, sense and non-sense have a clear dialectical relation, and to designate key signifiers is a kind of sense-making.

the conscious signifying chain of associations. Thus, the narrative impulse is the desire to represent the analysand's psychic reality in the form of a story that makes sense—that in a peculiar way both is and explains that psychic reality. The so-called psychodynamic formulation is one version of such a story.

The structure of a story is characteristic: there is a beginning, a middle, and an end. The dynamics of narrative—how stories generate momentum as they make their way toward conclusion—has been a primary preoccupation of literary studies. Todorov (1977) has elaborated a model of narrative transformations in which narrative plot is constituted in the tension between two formal categories, difference and resemblance. Brooks (1982), in his essay, "Freud's Masterplot," attempts to articulate how textual sameness within textual difference generates narrative movement. He uses Freud's concept of repetition—or the repetition compulsion—to show how textual similarities bind textual elements together:

> . . . rhyme, alliteration, assonance, meter, refrain, all the mnemonic elements of fictions and indeed of most of its tropes are in some manner repetitions which take us back to the text, which allow the ear, the eye, the mind to make connections between different textual moments, to see past and present as related and as establishing a future which will be noticeable, as some variation in the pattern (pp. 287-288).

Brooks attempts to show how narratives hang together through a dialectical play of similarity and difference. Narrative coherence is due in part to the intratextual similarities noted above, as well as to the *retrospective organization conferred on the text by its ending.* Further, because narrative combines different actions through perceived similarities and appropriates them to a common plot, the "merely contingent or unassimilable" is rejected. That which undermines the organization and coherence of the narrative is ignored (e.g., the desires and fate of a minor character). Literary theorists, using the interpretive tools of deconstruction, have shown repeatedly that narrative endings (and origins) are always partial and unsettled. That which is ignored by the text in the

service of the "happy" ending comes back to haunt it, like any repressed desire that inevitably returns (Miller, 1981, 1988). Thus, narrative coherence always comes at a price—like any defensive operation that allows the partial expression of a desire.

There has been much recent psychoanalytic scholarship on the nature of narrative and the ways in which narrative theory elucidates the psychoanalytic process. While literary theorists describe the dialectical tension between similarity and difference that is the motor of any narrative, and the defensive uses to which the story's ending can be put, psychoanalytic writers who have appropriated narrative theory to describe the psychoanalytic process have tended to favor the side of similarity and coherence (for an exception see Morris, 1980, 1993). Attempting to rid psychoanalysis of the taint of a naïve positivism, as well as to take account of the linguistic turn in the human sciences, writers such as Schafer (1976, 1981) and Spence (1982, 1987) have asserted that psychoanalysis is fundamentally a narrative discipline. Full consideration of the work of these psychoanalytic narrativists is beyond my present scope. I wish to emphasize the following points.

Both writers assert that knowledge comes to analyst and patient in the form of a story. The patient's life and explanations about that life evolve over time with increasing complexity and explanatory power. Spence describes the inevitable ways in which the *analyst* imposes an illusory narrative coherence—"narrative smoothing"—on the patient's discourse. The appeal of the explanation rests not on its veridical truth, but on its narrative power, which, in turn, is based on principles of coherence, consistency, and breadth of explanation.[5] Schafer is interested in the *agency* of the analysand. The analysand moves from a relatively passive mode to an increasingly responsible, active mode. In this way the stories the analysand tells gather an expanding coherence, as the analysand comes to realize he or she is the author of the seemingly disparate stories of desire and defense being told.

[5] Spence bypasses the whole issue of the problem of representation by assuming there is something beyond it (Morris, 1993).

Loewenstein (1991) has demonstrated in compelling fashion that our lived experience does not come to us in the form of a story. Narratives are comforting in that they give an illusory retrospective unity to lived experience that is, in fact, more or less discontinuous. In Schafer's view of the analytic process, the analysand elaborates multiple narratives of the past that rest in uneasy relation to each other. Yet, Schafer's insistence on the unity of the analysand as existential agent homogenizes this dynamic experience as all the narratives become unified under one authorial roof. In the end, coherence, unity, and the narratives' abilities to persuade both analyst and patient become the privileged aspects of the analytic process, while difference and discontinuity, though acknowledged, are rendered secondary. Further, the patient's lived history, as it exists in the patient's mind in the form of memories, conflicts, and self and object representations, is considerably minimized, and conceptualized as constructed, even fictional. Instead, clinical emphasis is placed on the construction of stories emanating from the here and now of the analytic process (Shapiro, 1993).

I stress that the desire for narrative coherence goes far beyond the hermeneutic approach to psychoanalysis; it influences all psychoanalytic perspectives. Although one may subscribe to a relativistic or narrative theory of explanation in analysis, this does not protect the analyst from being strongly invested in the narrative explanations emerging from the psychoanalytic process. A relativistic narrative approach to clinical work may even foster such overinvestment, since the analyst does not subscribe to a theory of "truth" from the patient's point of view. If one holds a strong theory of truth from the patient's point of view, one is more skeptical of narrative explanations and is therefore less likely to become overinvested in them. The analyst's desire to make sense can lead to confirmation bias: as with a novel's "happy ending," that which is ambiguous and resists explanation gets ignored, while elements of clinical material that fit the developing explanation are welcomed. Because all thoughts are connected, the analyst is biased not only toward unifying the patient's speech and

making it cohere, but toward *unifying the patient's experience of his or her psychic life.*[6]

Hoffman's Application of Social Constructivism to Psychoanalysis

Social constructivism is an epistemological point of view regarding the generation, the fashioning, of what we take to be data or knowledge (Berger and Luckmann, 1967). The basic emphasis in the social constructivist position is that there is no such thing as a fact free of its social context. A fact and its context are generated through social interaction and discourse. The observer is part of the field of observation, necessarily affecting what is being observed and constructing its meaning and its nature. Data, therefore, are constructed through human social exchange. The meaning of something—its epistemological status—can change as the perspectives of the participants viewing or constructing that thing change.

In a series of rich and illuminating papers, Hoffman (1992, 1994, 1996) has applied these basic tenets of social constructivism to the psychoanalytic situation. Hoffman's use of social constructivism is a forceful critique of the scientism he thinks is inherent in the structural/ego psychological theory. According to Hoffman, in the structural theory the analyst presumes to be the objective, neutral observer who "knows." In contrast, Hoffman stresses the relative uncertainty of the analyst's epistemological position in the context of the "real time," contingent, and ever-changing clinical psychoanalytic process. Hoffman demonstrates again and again that the moment-to-moment engagement between analyst and patient is driven as much by the analyst's psychology and choices as it is by the patient's desire to repeat conflictual object relationships within the transference. Thus, crucial

[6] I am not raising the question of the validity of the principle of psychic determinism. Further, I am not questioning an important aspect of the clinical stance that emerges from this principle: that psychic events are potentially explainable (i.e., analyzable) and not accidental occurrences.

clinical moments are, according to Hoffman, co-constructed, co-authored by analyst and patient, and are inherently ambiguous and overdetermined. More specifically, analysands' understanding of themselves in the analytic process is as much created, or constructed through the analytic interaction as it is uncovered, or discovered through analytic interpretation as something pre-existing. As Hoffman (1991) states: "[W]e are contributing to shaping the relationship in a particular way among many ways that are possible. Both the process of explication and the moment of interpersonal influence entail creation of meaning, not merely its discovery" (p. 91).

As an example of these ideas in clinical practice, Hoffman (1994) describes an analysand who comes into a session dramatically demanding he arrange immediately for her to get a sedative. Hoffman uses this example to demonstrate the inherent uncertainty of the analyst's position at any given clinical moment, and describes the complicated network of factors that contribute to how he actually responds to this patient's demand. Hoffman stresses that his decision to call an internist colleague to arrange for a Valium prescription for the patient represents a new and different interpersonal experience for the patient, the therapeutic power of which is at least partially accounted for, according to Hoffman, by the analyst's privileged position as a moral authority in the patient's life. Hoffman further emphasizes the originality and newness of this interaction, in contrast with that which is usually thought to constitute the stuff of clinical work, namely, the analytic grasp of something *old* and repetitive within the transference. What happened during this hour was unique—a singular event with singular therapeutic consequences.

Certainly there is a contingent quality to much psychoanalytic work; the above clinical example is but a dramatic one of the more general point that analysts are faced endlessly with real-time, moment-to-moment decisions. Hoffman brings to our attention what may have been previously obscured in our collective thinking: that something new is created in the psychoanalytic situation that has a distinctly interpersonal stamp, and not simply the discovery of

something old that resides within the patient. Further, Hoffman is cognizant of the dialectic between new experience and repetition that occurs within the psychoanalytic process.

Yet, in my reading of Hoffman he takes his conclusions quite a bit further. In his emphasis on the interpersonal creation of *new* meaning, he seems to overvalue the power and authority of the analyst as the creator of a new experience; he minimizes the patient's confrontation with old, repetitive, and dangerous aspects of her mental life that she brings to the table. In his championing of the new, he seems to trivialize the old: "Neither the patient's experience nor the analyst's is some kind of Silly Putty that is amenable to any shape one might wish to impose on it, and, of course, even Silly Putty has properties that limit what can be done with it" (1996, p. 111). Here, while attempting to give a nod to the persistence of psychic structure and its insistence in the clinical process, Hoffman tips his hand: the phrase "done with it" suggests a pliability to psychic structure at the hands of a powerful analyst that leaves the goal of discovering and understanding the nature of the patient's mind and emotional life (the "properties that limit") in relative neglect.

And yet, what ensues in subsequent hours of the above-described example is an analysis of the patient's reactions and associations to her analyst's acceding to her Valium request. Though Hoffman prefers to emphasize the contingency and drama of the interpersonal event, it is important to note that there is nothing contingent or constructed about the analysand's associations to that event. In the end, the patient and analyst come to understand crucial aspects of her transference to the analyst (i.e., her having felt neglected and deserted by the analyst, and, therefore, her needing to provoke a response from him), and, by extension, of the patient's history and emotional development (i.e., the patient had similar feelings about her mother's treatment of her).

Of course it is impossible to know the quality and intensity of Hoffman's patient's experience of these moments of insight. In general, however, patients experience important moments of insight to be compelling because such moments are experienced

more as personal, less as *interpersonal,* truths. These truths have personal salience for the analysand precisely because the analysand feels them to have been discovered as something internal, repetitive and enduring, and not *created* through interaction with the analyst. What emerges here may be "constructed" in an abstract epistemological sense, but in terms of the patient's experience what emerges is an important aspect of her psychical reality. I would insist that *for the patient,* if meaningful insight has occurred, there is nothing constructed about her associations and her experience of their meaning.

Social constructivism implies a relativism that, ultimately, is not true to the patient's experience of meaningful insight. Like the word "narrative," the word "constructed" conveys an experience too flimsy, too fashioned, too "made" in light of the sense of conviction a patient has in confronting and experiencing the emergence of something powerfully repetitive that had been warded off. The uncanny yet knowing quality one gets when one is confronted with something alien within the self goes far beyond the sense of contingency implied by the word "constructed."

Insight in the Ego Psychological/Structural Model

With the abiding belief that the analysand comes to analysis with an enduring psychic structure forged developmentally through the interaction of biological givens and environmental exigencies, analysts of the ego psychological/structural persuasion conceptualize insight in a rich and complex manner. Analysands can gain insight into a number of aspects of their mental life: superego prohibitions, unconscious ego resistances, and warded-off drive derivatives. The structural model allows for, and in some ways can account for, the emergence of warded-off contents, the analysand's experience of internal yet alien aspects of self. The language of psychic conflict, of course, is a potent way of describing this experience. Unlike the narrative and social constructivist points of view, then, the structural model assumes the fact that

through analytic work patients experience compelling truths about themselves. Further, as Kris (1956) discusses in his classic paper on the vicissitudes of insight, the patient's gaining of compelling insight is no easy task because of the defensive uses to which intellectual understanding can be put (e.g., imagined transference gratifications, or the avoidance of strong affect).

Yet, to my mind there are basic tenets of the ego psychological/structural point of view that overemphasize the unity of mental life, and the role of rationality, coherence, and integration in the subject's experience of insight. In this context, moments of conflict, irrationality, and incoherence that are crucial to the subject's experience of insight remain muffled and unseen.

Within the ego psychological/structural model insight is asserted to be the curative factor in psychoanalysis. The therapeutic relationship is important because insight takes on affective meaning within the contexts of the transference. Not surprisingly, ego psychological writings on insight are replete with clinical descriptions of the ego's integrating activities. Bibring (1937) writes that "active ego-tendencies of integrating and assimilating are, perhaps, the most important foundations of cure" (p. 187). In spite of his otherwise sophisticated argument, Kris characterizes the good analytic hour as the easy coming together of themes "as if prepared in advance" (1956, p. 255). He stresses the work of the ego in the process of insight and emphasizes its synthetic and integrative tendencies. Blum (1979) places the role of insight firmly in the driver's seat of the psychoanalytic process. "Insight," Blum writes, "leads to reintegration by the rational ego" (p. 52). Blum also stresses the creative function of insight: ". . . it tends to catalyze further insight with creative stimulation of comprehension, connection, and new levels of integration" (p. 59). Abrams (1981) describes the psychological expressions of insight-producing activity, using as his illustrative data "two good analytic hours" (following Kris's classic phrase and, implicitly, his underlying theoretical conception). In these hours Abrams describes each patient's particular ways of working insightfully: integration of discontinuous mental components in a harmonious fashion.

In a more recent paper, Poland (1988) acknowledges that insight "has never found a comfortable place in analytic conceptualizations" (p. 341). Like Kris, Poland stresses that intrapsychic experience is whole, unitary (which he thinks is one of the great strengths of the concept of compromise formation). Only in our effort to understand do we separate and abstract that which is in fact unitary. Poland stresses that the process of gaining insight is variegated and multileveled. At the deepest level, Poland says, insight is so integrated one does not have to resort to conscious thought.

Paul Gray, in a series of highly influential clinical papers, describes a clinical approach that emphasizes engaging the analysand's self-observing capacity to monitor intrapsychic activity on a moment-to-moment basis within the clinical hour. The patient learns to observe shifts in his or her conscious awareness. The analyst and patient infer that these shifts and transitions from one topic to another signify unconscious resistance. Behind resistance is discomfort and anxiety. The analysand gradually learns the ways in which resistances restrict flexible self scrutiny. According to Gray (1990) the central goal of analysis is: "where unconscious ego was, conscious ego . . . shall be" (p. 1095). This perspective leads to several technical considerations, the most important of which is that the analyst direct the patient's self-observing capacity to easily observable data. Analyst and patient observe together where the patient's thoughts go and why. The state of the rational ego is always foremost in the analyst's thoughts while listening to clinical material. In addition, Gray (1986) emphasizes the importance of neutral language when making interventions. Gray writes,

> When we choose our words most wisely we manage to lessen the burden on analysands' rational listening, comprehension, and observation in three ways. First, we respect their egos by choosing language that does not strain their fund of knowledge; second, we choose words that do not stimulate their conflicted instinctual drives; and third, we try not to attract their superegos into substituting a judgmental attitude for an objective one (p. 257).

In the ego psychological perspective just summarized, one sees a definite emphasis on the integration of important topics that appear thematically connected. In this sense Poland may be incorrect: our attempt to understand may integrate elements of mental life that are in fact separate, in conflict, or at least must first be experienced in that way. Further, in the ego psychological tradition there is a striking emphasis on what the patient can rationally comprehend. This emphasis on rational comprehension may create a hyperrational tone in the analytic process that dulls the analysand's experience and ability to tolerate the irrational, the alien within the self. The analyst's overconcern with "neutral" language can contribute to that tone and close up a potential space of experiencing in which the analysand is able to tolerate irrational and affectively charged mental contents with which he or she struggles.[7] Grinberg, et al. (1971), in their *Introduction to the Work of Bion,* write: "There is a general tendency to avoid new, incomprehensible, and incoherent situations because they produce anxiety and persecution. This happens not only in the patient but also in the analyst. For this reason, both of them unconsciously collude at times to deal only with things which are already known and thus easier to understand" (p. 128).

Clinical Vignette

I conclude with a clinical vignette to more finely demonstrate the main points of the paper. With this vignette I try to show the oscillating nature of insight of which I wrote at the beginning. The subject's experience of insight is partly based on the narrative integration and coherence of various mental contents and,

[7] The belief that the analyst's talking to a patient can be neutral seems to me erroneous. The analyst is always taking a position, implicitly or explicitly, about the patient's mental life every time he or she speaks to the patient. The analysand will always have multiple reactions to what the analyst has said, how the analyst said it, and the fact the analyst has spoken at all, no matter how seemingly careful the analyst has been in choosing his or her words.

equally important, partly based on moments in which the subject confronts something that feels internally alive yet alien and other.

A patient in the second year of analysis reports the following dream:

> I was in a house with two other people. Then it got crowded somehow. Two more people seemed to move into the house. There was some leader type person, a headmaster or something. I went into the bathroom and looked in the medicine cabinet and its was filled with all this stuff. A lot of it was the new peoples'. I don't remember what was in it except these silver coins. Rare coins. I took the coins out of the cabinet and they fell out the window to the outside. I went downstairs. The kitchen was a mess. Filled with stuff I had to climb over to get outside. I got outside and found the coins. Then things switched. I was on a hill, playing some kind of game. There were tanks on the hill. They were strafing the area, shooting at me, but it wasn't dangerous somehow. It was more like a game. I was inside a tank, or a video game pretending I was in a tank, shooting back. There was a woman off to my right, smiling at me. She was very comforting. She kissed my cheek. I didn't respond but I didn't pull back either. That was the dream.

The patient says he doesn't think much of the first part of the dream. The second part seems relevant to what we had talked about the day before: his hesitancy around women and his fear of women who are interested in him. Yet the woman in this dream was comforting and he didn't pull away. I ask him about the first part of the dream. He reiterates his lack of interest in it. Then something pops into his mind: his grandfather liked silver coins. He had a whole collection of rare coins. His grandparents had moved into his house right after his mother died when he was young. I note that in the dream two new people had moved in. He expresses surprise at this correspondence and continues more gravely: "I hated it when my grandparents moved in. I think they tried to show me affection but I didn't want their affection. I wanted my mother back. Anything else was not good enough." He feels some sadness and quickly moves away. I point this out. He

says, with more emotional intensity, that it's a lot easier to be "clinical" when talking about this. He speculates whether his feeling of anyone else (besides his mother) not being good enough is the same feeling he has today when he is romantically involved with a woman: she is not good enough. It makes sense to him, but he is not sure. He pauses, and then says he feels bewildered and confused. "I don't know. This feeling feels familiar. I can't explain it. I felt so alone at times when I was a kid. Like the time I told you about when I went over to a neighbor's house to play army and the kids there laughed at me. I went back home feeling terrible but had no one to talk to and say, 'It's o.k.' " I said: "In the dream there is someone who is comforting." He struggles with this idea and image: the woman on the hill comforting him and kissing his cheek. He gets more rational by struggling to "figure out" whether the woman in the dream "really is" his mother. He realizes that this is not the issue. After some silence, he says movingly and with the shock of new recognition: "I had told myself I've dealt with my mother's death. Though part of me knew I really hadn't. But I didn't know this whole drama is still going on in me."

By no means has the patient, through the analysis of this dream, dealt with his profound sadness and his struggles against this sadness. He is, however, more acutely aware than before that the issue of his mother's sudden death is profoundly alive and active in him. He becomes aware of this fact in part because of his ability to integrate different aspects of his psychic experience. First, he becomes convinced the dream is about his own life experience because parts of the dream correspond to memories he has of the time around his mother's death. In the dream, two new people move in; in his memory, his grandparents moved in. There are silver coins in the dream; his grandfather loved silver coins. He is playing a war game in the dream; as a kid he wanted to play army with friends but was humiliated and rebuffed. There is someone there in the dream who comforts him; as a kid there was no one there to comfort him. These are the correspondences between dream and memory that make it compellingly true for the patient that the dream is deeply related to the time in his life when he lost

his mother. Second, the dream is dreamed in the context of his talking about his fears of women, especially women who are interested in him. For this patient this fact adds to the import of the dream, and allows him to wonder whether his losing his mother and getting grandparents in her stead is related to his chronic dissatisfaction with women he dates. Finally, he experiences a sense of bewilderment and confusion that seems an echo of the confusion he felt around his mother's death and the whirl of events that followed.

Through the patient's ability to integrate these various elements of dream, memory, and reality, he perceives a drama active within him that was previously hidden. He feels that his *struggle* with becoming aware of this drama and its effect on his current life is related to sadness and loneliness, and his incapacity to bear these feelings. Also, I stress that it would be inaccurate to say that the patient has integrated the fact of his mother's death and his profound sadness about it. He has not "rationally comprehended" it anymore than before. As he himself said, it is a "drama" going on inside him. He now has more "respect" for the ongoing existence and power of this drama as he continues to wrestle with it. His mother's untimely death will become more and more a "fact" filled with emotional meanings as he continues to confront it and struggle with its implications.

Conclusion

The purpose of this paper is to fill in a gap in our conceptualization of the patient's experience of insight. I have asserted that the analyst's desire to make sense of the patient and develop a coherent explanation for his or her troubles may obscure moments of insight in which the subject consciously experiences the emergence of something different, alien, and compellingly true within the self. Further, I attempted to demonstrate how aspects of our clinical theory that emphasize rational, narrative explanations, the social construction of clinical facts, as well as those that

emphasize the ego's integrative functions, may prevent our fully appreciating these experiences of insight in our patients. Narrative explanations of the patient's conflicts and symptoms, when forged from the clinical work, can be very helpful for the patient and felt by the patient to have important personal meaning. Often the patient comes to analysis with consciously and unconsciously held beliefs (or narratives, if you will) that are gradually examined and deconstructed, and new, more realistic narratives emerge. I have attempted to demonstrate that within this process are moments of self-confrontation that are not easily narratable, rational, or integrated. They are characterized by the analysand's struggle with, and passive experience of, a powerful otherness within. Like John Keats's admonition that poets require a "negative capability"—the ability to tolerate that which they cannot understand—analysands learn through their experience of struggle both the fact that they have unconscious conflicts and the content, the stuff, of those conflicts.

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The Concept of Enactment and Theoretical Convergence

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THE CONCEPT OF ENACTMENT AND THEORETICAL CONVERGENCE

BY IRWIN HIRSCH, PH.D.

Classical analysts have recently become interested in the constructive use of countertransference. Some have extended the traditional conception of transference enactment to include the analyst's countertransference enactments. That is, the analyst may unwittingly actualize the patient's transference and, together with the patient, live out intrapsychic configurations. Awareness and interpretation are likely to occur only after there has been a transference-countertransference enactment. Some classical analytic writers have concluded that such experience may be both inevitable and a productive means of achieving analytic goals. This point of view corresponds closely to positions long expressed by interpersonal psychoanalytic contributors, thus signaling a trend toward a partial convergence of these two historically divergent theories of therapeutic action.

INTRODUCTION

The concept of countertransference enactment was introduced in the literature by Jacobs (1986) and has subsequently become a topic of considerable interest among classical analysts. A Panel (1992) of the American Psychoanalytic Association defined countertransference enactment as an actualization of the transference, unwittingly engaged in by the analyst. It is viewed as the patient's unconscious efforts to persuade or to force the analyst into a reciprocal action: a two-party playing out of the patient's most fundamental internalized configurations. This concept is similar to Levenson's (1972) concept of transformation and Sandler's

(1976) role responsiveness, though these two theorists did not use the term "enactment." Jacobs also defines enactment as the unique person of the analyst inevitably having an effect upon the patient. Levenson and a number of other interpersonal and relational theorists (e.g., Searles, 1979; Wolstein, 1959, 1964) have for some time tended to see enactments of both types as part of the ongoing fabric of the analytic exchange. Jacobs and most classical analytic thinkers view analysts' enactments as occurring only periodically. Though this distinction is an important one and has technical implications, the classical analyst's adoption of a concept (enactment) that places the unwitting participation of the analyst at the center of analytic action incorporates interpersonal views into classical analytic theory of therapy. Gabbard (1995), too, has observed this emerging common ground between previously divergent schools regarding the conception of countertransference. A notion of constructive countertransference involvement that is strong enough to be called an enactment shifts the traditional classical model of a one-person psychology nearer to a two-person psychology, thereby moving the ideal of the blank-screen model closer to a model of participant-observation. Though the term participant-observation has been seen in the pages of classical psychoanalytic journals in recent years, it has been almost uniformly dissociated from its author (Sullivan, 1953) and is most often used without bibliographical reference to other interpersonal writers.

The history of psychoanalysis has been plagued by the divergence of and often disrespect for rival schools of thought. Each psychoanalytic perspective has suffered from a failure to integrate what is valuable in other points of view (Richards, 1997). The "other" has frequently become the antagonist, and considerable energy has been devoted to the building and the rejecting of "straw men." This intolerance has been characteristic of the rather contemptuous relationship between classical and interpersonal psychoanalysis. Interpersonal analysts have prototyped the classical school as concerned almost exclusively with drives, the clinical situation being dominated by a mechanistic and predict-

able unfolding of prewired biological phenomena. The role of the analyst as an objective, scientific interpreter of the patient's experience, according to many interpersonal analysts, has led to a denial of the analyst's inevitable, unwitting participation and to a limited, one-person psychology. Interpersonal analysts, therefore, have concluded that classical analysts characteristically lose valuable interactional data in their clinical work. Classical analysts have long viewed their interpersonal colleagues as superficial: they ignore the significance of the body, the drives, and the unconscious. Their clinical interest has been viewed as too narrowly focused on manifest interactional experience and their clinical technique as too interactive and intrusive. For these reasons, many have suggested that the interpersonal approach is not truly psychoanalytic; it even tends to regard the oedipal situation as not necessarily developmentally central. In the analytic situation, the real person of the analyst is seen as playing too large a role, obscuring the purer study of the mind of the patient.

Historically, interpersonal analysts have indeed given short shrift to sexuality and other body phenomena and have been susceptible to the accusation of an unbalanced focus upon matters of external reality while ignoring the transference.[1] The former problem is related to an attempt to compensate for classical psychoanalytic underemphasis on real interpersonal experience in favor of drive-based fantasy. Recent openness to classical psychoanalytic influence, however, has led many interpersonal analysts to pay closer attention to the body and to incorporate the analysis of transference as the central feature of the analytic interaction. Gill's (1979) redefinition of the concept of transference has helped with the latter, in no small measure. On the other hand, classical analysts have been paying far more attention to the countertransference participation of the analyst. The productive use of countertransference experience is among the most significant

[1] For a summary of interpersonal conceptions of unconscious and/or internal structure, see Hirsch and Roth (1995) and Stern (1994), and for a discussion of body phenomena, see Mitchell (1993) and Aron (1996).

contributions of interpersonal psychoanalysis to clinical theory. Clearly, clinical acumen can be expanded by integration of what is best in each theory. One purpose of this paper is to examine how interpersonal perspectives have already become a part of contemporary classical psychoanalysis. Further integration of interpersonal theories of therapeutic action suggests a possibility of even greater attention to the ongoing and unwitting participation of the analyst and increased attention to the patient's plausible perceptions of the analyst's engagement (Gill, 1983, 1984). Interpersonal technique points to a diminished reliance on prescribed theory and on interpretation based on theory, in favor of the more ambiguous and uncertain explication of dyadic interaction. From this perspective, the analysis of interaction after it has occurred (Gill, 1984; Levenson, 1983; Renik, 1993a; Searles, 1979) represents the royal road to the patient's intrapsychic world and to mutative action as well.

The Concept of Countertransference Enactment in Classical Psychoanalysis

The concept of countertransference enactment, within classical psychoanalysis, has its roots in now classic articles by Tower (1956), Bird (1972), and Sandler (1976). Their contributions, widely known as they are, did not provoke other Freudian writers to elaborate until the work of Jacobs (1986, 1991). Tower's (1956) review of the classical psychoanalytic literature on countertransference describes an attitude of optimal elimination of the analyst's self from the analytic interaction. Though many contemporary classical analysts (e.g., Abend, 1989) find productive ways to use countertransference feelings, earlier writers were more inclined to view such feelings as intrusions into the ideal of neutrality. In an extraordinarily radical departure for a classical analyst of her time, Tower emphasizes the value of countertransference feelings *and* unwitting action. She argues that analysts' feelings are inevitably translated into subtle actions that by definition affect

the patient. This is often not seen by either party until some later event or, in contemporary terms, postenactment. She concludes that unconscious countertransference participation may be an essential ingredient for the patient's re-enactment of the transference and therefore is a necessary part of mutative action.

Bird (1972) reflects a similar perspective. He observes that at times when the patient's transference neurosis is at its crescendo, the analyst often becomes enmeshed in a reciprocal countertransference neurosis. The analyst may be as lost in the process as is the patient. He posits that in order for the most profound change to occur within the patient, a transference neurosis is essential and ideally should occur in combination with the analyst's reciprocal countertransference neurosis.

Sandler (1976), influenced by exposure to the independent British object relations group, sees the analyst's countertransference participation as an integral part of analytic engagement. He describes a prototypical analytic interaction wherein the patient "nudges" the analyst to reciprocally live out the roles of significant others in the patient's internalized world. This interaction is played out in vivo and again in recognized postenactment. Sandler views this as the ideal situation for the patient's analytic change. He advises analysts to be flexible enough to be used by the patient for this purpose.

Lipton (1977, 1983) persuasively argues that extreme levels of analytic participation were the hallmark of Freud's technique. He does not speak of enactment per se but describes Freud as highly interactional in his work with patients and very far from the ideal of a neutral, blank screen. He believes that Freud clearly "enacted" his personality. He traces the "surgical" analyst and the "silent technique" to the European analysts who migrated to America. He observes that they taught a technique to their American students that was quite different from what was practiced in central and eastern Europe. Nonetheless, the extreme nature of silence, formality, and stimulus deprivation, far from reflecting abstinence, involves a very strong participation. Thus, for Lipton, an excessive and starkly unusual interpersonal situation carries

much stimulus weight and has considerable suggestive influence on patients' analytic productions. As Renik (1995) has noted, apparent nonaction may paradoxically be powerful action. Lipton is critical of his Freudian colleagues for abandoning Freud's more spontaneous, interactional psychoanalysis and adopting only his surgical advice. He believes that too much is lost in trying to entirely extract one's personality from the analytic situation. He claims that unwitting interaction is inevitable and that spontaneous purposeful interaction may sometimes be useful. For him, the only difficulty with either is the failure to analyze the effect of the analyst's participation, an unforgivable analytic mistake. The evolution of this idea can be seen in Gill's important emendations to the concept of transference.

Spence (1982) and Schafer (1983) write about the analyst's participation through the lens of the analyst's theoretical orientation and bias. An analyst's psychoanalytic theory develops out of a combination of unique personality and educational exposure and influence. Once established, it becomes difficult or perhaps impossible for the analyst to engage in naïve and fresh observation of clinical data. The analyst's observations, interpretations, and constructions of the patient's life reflect a mixture of the data presented by the patient and the theoretical frame of the analyst. Free association is not actually free since the patient's productions are influenced by the unwittingly communicated theoretical bias of the analyst. From this perspective, historical data does not reflect archaeological uncovering but a joint construction, narrative, or story line developed by the patient and the participating analyst.

> . . . different analysts' approaches based on different assumptions produce different sets of life histories that support these assumptions (Schafer, 1983, p. 205).

> Facts are silly to dispute. The "facts" depend on the different systems of interpretation. There are no theory-free observations or method-free observations (p. 276).

Though neither Spence nor Schafer speaks of analysts' emo-

tional participation, they reflect a trend within classical analytic circles toward examining the breadth of the analyst's unconscious participation in the analytic process. This analytic attitude underscores the analyst as participant-observer (Aron, 1996; Hirsch, 1985, 1996) and as a necessary ingredient in drawing conclusions about patients who had often been represented as "specimens," subject to the objective and scientific observation of the analyst as natural scientist.

Poland (1986) extends the analyst's verbal communications into the interactional realm. Whereas in the past the analyst's questions and interpretations had been viewed as normatively countertransference-free, Poland views them as actions. Communication is not possible without the influence of personal meaning and without affect. For example, an interpretation may contain the analyst's theory, elements of the analyst's personal life or life history, and/or be a reflection of affect within the transference-countertransference matrix. According to Poland, "[T]he psychology of the analyst at work *always* processes and thus necessarily modifies that which is being explored by the patient" (p. 268).

Poland believes that patients tend to be sensitive to the subtext of the analyst's words. Transference, therefore, is not necessarily a distortion. Strict adherence to the "silent technique" cannot be used to avoid participation since silence itself is, as proposed by Lipton and Gill, a very strong interaction. Poland (1992) also speaks directly to the concept of enactment as an actualization of the transference by suggesting that patients' unconscious fantasies may need the presence of an analytic context in order to be actualized. The inclusion of transference as an interactional concept, along with the idea that analysts' unwitting participation in the form of enactment may be necessary for analytic change, is reflective of Poland as a two-person psychologist. He is critical of the aspect of the classical psychoanalytic tradition that views the patient as a specimen for objective study. He suggests that the genesis of that tradition lies in Freud's self-analysis, where there was, of course, no dyadic interaction. It appears that Poland, like many interpersonalists, believes that the analyst as unique indi-

vidual is always present in the dyad. Even analysts' questions and interpretations reflect the subjectivity of the participant-observer analyst. On the other hand, he does not suggest, as does Levenson (1983) and Renik (1993a, 1993b), that the analyst is *always* caught up in the process. He therefore does not necessarily see the value of a more active inquiry into the analyst's participation (Aron, 1996; Blechner, 1992; Hoffman, 1983; Searles, 1979; Wolstein, 1959, 1964). Poland, like many of his classical colleagues, believes that the analyst's self-examination is usually sufficient.

McLaughlin (1988, 1991), too, has addressed the concept of enactment and has agreed that it is ubiquitous, with transference expectancies dominating the psyche of both patient and analyst. Along with Poland, he observes that the analyst's words, insights, and ever-present nonverbal communications all reflect the person of the analyst and may also belie an actualization of the transference. He is not convinced that this is necessary or even good for productive analytic work. He believes, however, that it always exists and therefore must be accepted as an inevitable aspect of the analytic process.

McLaughlin's (1981) earlier writing on transference/countertransference is a precursor to Jacobs's elaboration of the concept of enactment. In an article considered radical for its time, McLaughlin discusses a psychic symmetry between patient and analyst. He believes the term countertransference should be changed to the analyst's transference. He views both parties as primitive and infantile in their participation (see also Bird, 1972; Tower, 1956) and believes the analyst is as likely to influence the patient as the reverse. He posits that transference is always present in the analyst and that psychoanalytic interaction is an engagement between two subjectivities. He specifically notes that relativity exists at both ends of the couch and that referring to the analyst's engagement as "counter" incorrectly implies that it is usually the analyst who responds to the patient's transference and not, just as likely, the reverse. McLaughlin interprets Freud's anxiety about sexual feelings toward patients as having led him to ignore the analyst as subject. The traditional placement of the

analyst in the alleged detached position of objective observer, according to McLaughlin, has had a detrimental impact on the development of the psychoanalytic theory of therapy. The problem for him is not detachment per se. Since he believes that detachment is not possible, such an analytic role requires a certain amount of self-deception, an illusion of objectivity. This inevitably detracts from the process since much material is lost. McLaughlin's subsequent writing has not continued along such a radical interactional line, though his discussion of the concept of enactment (1991; in Panel, 1992) has contributed significantly to the development of this theme in the current literature.

McLaughlin's position in his 1981 paper is highly compatible with that of many contemporary interpersonal writers. He views the analyst as *always* subjectively involved in unwitting action with the patient. He eschews the relative certainty of classical analytic interpretive schema in favor of something more ambiguous, i.e., the analysis of mutual interaction. The kind of perspectivist and constructivist philosophy so common to current interpersonal and relational authors (Hoffman, 1983; Stern, 1991) seems in total harmony with McLaughlin at this stage in his theorizing. He believes that the patient's perception of the analyst is just as plausible as the reverse and that the analyst is therefore no more objective than the patient. This position calls for considerable inquiry into the patient's experience of the analyst's participation (Aron, 1996; Blechner, 1992; Hoffman, 1983; Searles, 1979; Wolstein, 1959, 1964) as well as the obverse.

Boesky (1990) is particularly sensitive to the analyst's unwitting participation in the patient's resistance. He views resistance as an unconscious negotiation between patient and analyst not to examine certain data. According to Boesky, the absence of countertransference and counterresistance is a fiction. He agrees with Poland and McLaughlin in viewing the analyst's insights and interpretations as interactional and reflective of the psyche of the analyst. He takes his position even further by suggesting that the analyst must be emotionally engaged in order for the analysis to succeed. He states that the analyst needs to fail in maintaining

what has been historically accepted as an analytic attitude and that this "failure" cannot simply be viewed as a lapse in proper technique. Boesky asserts, "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).

Boesky speaks directly to the concept of enactment through his coining of a new phrase, "benign iatrogenic resistance." This refers to the analyst's unwitting participation in the patient's world: a playing out of core internalized schemas and an actualization of the transference resistance. His emphasis on the analyst's regression bears similarity to the earlier ideas of Tower and Bird. Significantly, Boesky does not believe that productive analytic work can occur *without* this element. He is not simply speaking of emotional involvement with the patient in the form of caring about the patient or becoming aware of countertransference feelings. This, by now, is widely accepted. He is saying that the analyst's countertransference, in the form of enactment, *must* become an actualization of the transference resistance in order for the analysis to be truly and profoundly effective. Core resistances must be mutually lived out *prior* to their analysis. On the other hand, like Bird, Boesky views countertransference enactment as similar to transference neurosis. "Benign iatrogenic resistance" must occur for analysis to reach its farthest point, but such experience is not an ongoing part of normal analytic interaction. This implies that examination of the analyst's participation is crucial at moments of extreme affective intensity but can be relaxed at other times when the subjectivity of the analyst ostensibly does not play a central role in analytic interaction.

Chused (1991) does not go as far as Boesky's radical point that countertransference enactments must occur for the analysis to be effective. Nonetheless, she views some enactment as inevitable and urges analysts to capitalize on the interaction. Further, she sees such engagement as often a better alternative to an overly restrained analytic attitude. Awareness of enactment diminishes the authoritarian nature of the relationship. Chused views the patient as evoking countertransference enactments in order to actualize

the transference. This is provoked by primitive, unconscious communication and is best analyzed when the analyst becomes aware in process or postenactment. Each analyst will interact differently, for the specifics of enactment are also related to the unique properties of the personality of the analyst. Along with her co-author (Chused and Raphling, 1992), Chused urges analysts not to dwell on their own guilt for being drawn into enactments but to view this "error" as an opening for potentially productive analytic engagement. In contrast to interpersonal contributors, Chused views countertransference enactments as errors that might as well be constructively utilized. Interpersonal and relational writers as well as classical theorists like Gill (1983, 1984) and Renik (1993a, 1995) view engagement as part of normal, expected interaction in any social field. Subjectivity is constant, and to view this as an error implies that sometimes analysts are indeed objective. The view that subjectivity and unwitting participation is ever present (Racker, 1968) may lead analysts of all theoretical schools toward a closer scrutiny of *every* verbal and nonverbal action.

It was Jacobs (1986, 1991) who introduced the concept of the analyst's countertransference enactments and Renik (1993a, 1993b, 1995) who has carried it to its radical and, perhaps, logical extreme within the classical psychoanalytic literature. Jacobs's contributions are the most personally self-revealing of any author associated with classical psychoanalysis. Though he does not advocate self-disclosure in his work with patients, his autobiography is in his written work. Indeed, Jacobs argues that analysis is far more related to the personality of the analyst than it is to the analyst's technique. He views extensive countertransference participation and enactment as inevitable. He refers to subtle metacommunications, usually nonverbal in nature, between patient and analyst as having considerable influence on both parties. He sees transference and countertransference in interplay as the heart of the psychoanalytic situation, and in accord with Wolstein (1959, 1964), Searles (1979), Gill (1983, 1984), Hoffman (1983), Levenson (1991), Blechner (1992), Hirsch (1995), and Aron (1996), he views the patient as an astute observer of the

analyst's participation. Jacobs sees potential countertransference involvement in every aspect of the psychoanalytic interaction. What is believed to be normally accepted, standard technique may sometimes be veiled countertransference. For example, the seemingly cognitive decision to terminate an analysis or to decide if a particular patient is analyzable may be more related to the analyst's feelings about the patient and/or a subtle enactment between them than to objective assessment. He agrees with Poland in viewing analysts' interpretations as often based on both personal countertransference and/or enactment, and with Schafer and Spence in seeing historical reconstruction as far more subjective than veridical and archaeological.

Jacobs has sharply illuminated the ubiquity of countertransference for his classical colleagues. He has helped illustrate that the classical analytic approach, despite manifest appearances of reserve, is an interactive one. He states that one valuable analytic aim is to be open to unwitting mutual repetition. He has placed the personality of the analyst closer to the heart of analytic interaction. It is this interaction between two subjectivities, in conjunction with the interpretive process, that is the key to mutative action. Although Jacobs sees countertransference potential everywhere, he does not go as far as Renik (1993a, 1995) in his view that it is *necessary* for productive analysis. Also in contrast with Renik and a number of interpersonal analysts, Jacobs does not view enactments as part of the ongoing fabric of *all* psychoanalytic interaction.

It is Renik who takes Jacobs's contributions to what might be their logical extreme and aligns them most closely with interpersonal psychoanalysis. This is in much the same spirit as Gill (1979, 1983, 1984) and his interpersonalization of the concept of transference. Renik's radical interactionalism and full embrace of *both* the inevitability and necessity of countertransference participation can best be illustrated by a series of quotations:

> . . . various basic psychoanalytic concepts are currently coming up for reconsideration in light of the understanding that an

> analyst is a *participant*-observer. . . . we [classical analysts] retain an implicit obsolete theory of technique . . . (1993a, pp. 553, 554).
>
> . . . awareness of countertransference is always retrospective, preceded by countertransference enactment . . . . [There is] always . . . a personal motivation in the clinical situation . . . (pp. 556, 557).
>
> . . . it is *impossible* for an analyst to be in that position [objectively focused on the patient's inner reality] *even for an instant:* since we are constantly acting in the analytic situation on the basis of personal motivations of which we cannot be aware until after the fact . . . (p. 560).
>
> Everything an analyst does in the analytic situation is based upon his or her personal psychology. This limitation cannot be reduced, let alone done away with; we have only the choice of admitting it or denying it. I think we tend to give lip service to the important truth that an analyst cannot, ultimately, know a patient's point of view; an analyst can only know his or her own point of view (p. 561).
>
> . . . *unconscious* personal motivations expressed in action by the analyst are not only unavoidable, but *necessary to the analytic process.* . . . [A corrective emotional experience cannot otherwise occur] (p. 564).
>
> However, if countertransference enactment is a prerequisite for countertransference awareness, then elimination of countertransference enactment is not only unattainable as a practical technical goal but it is misconceived even as a technical ideal toward which the analyst should strive (1993b, p. 139).
>
> Every productive technical device is, in part, a countertransference enactment, and it involves the analyst in a spontaneously occurring corrective emotional experience, an authentic encounter that then forms the text for self-conscious investigation (p. 152).

Renik's recent work bears stark similarity to the main themes of some contemporary interpersonal contributors. He has assimilated the most radical ideas of Freudian adherents past and

present and extends this to a distinct two-person, interactive psychoanalysis. In his view, countertransference activity, not just countertransference feelings, is present at every moment of the analytic experience. Historically, countertransference awareness, when accepted as "okay" in the first place, was used to prevent and control action. Now, according to Renik, countertransference enactment is ubiquitous, awareness does not come until postenactment analysis, and this is necessary for constructive psychoanalytic work. An alert analyst must always be ready to acknowledge two types of expressions of countertransference: the unique personality and theory of the analyst and the enmeshment in the patient's transference. The analyst must always be receptive to the patient's plausible direct and indirect perceptions of the analyst's participation (Gill, 1979).

Renik argues that a belief in analytic objectivity is one of the greatest dangers in analytic work. The analyst's inherent irrationality must be accepted. He disagrees with Freud's belief that awareness of fantasy forestalls action. Indeed, Renik and others note that fantasy often does not become conscious without first having been expressed in action. This also applies to affect states. Renik agrees with Jacobs's thesis that every technical act may be an emotional act, and this is often disguised or unacknowledged. He does not view this as problematic since, as evident from his articles quoted above, he describes the spontaneous and authentic encounter between analyst and patient as a key mutative feature. Countertransference enactments, in his view, are necessary to facilitate a "corrective emotional experience," a term he uses not in its old, contrived and premeditated meaning but to refer to spontaneous, unwitting interaction.

Renik is in agreement with Gill and Lipton in their conviction that enactments must be analyzed. As Gill made clear throughout his late work, it is not the analyst's subjective interaction that is problematic in psychoanalysis, it is the failure to analyze that interaction with the patient. Gill, Jacobs, McLaughlin, Poland, and Renik also agree that the view of the analyst as objective and noninteractive can lead to loss of highly significant analytic mate-

rial. The patient is not viewed as a naïve observer, and whether one wishes it or not, the analyst's thoughts and feelings are evident through words and through subtle, nonverbal behavior. A good deal of what Jacobs and Renik have developed from the work of Tower and other Freudian forebears has been articulated, without awareness of a parallel, in interpersonal psychoanalytic literature. Representing the most radical extension of classical conceptions of the analytic encounter, Renik provides a ready transition to an interpersonal approach that has much in common with a growing group of classical psychoanalysts. This point is similar to Gabbard's (1995) observation about the convergence between some classical and object relational ideas.

The Concept of Countertransference Enactment in Interpersonal Psychoanalysis

The analyst's consistent unwitting participation with the patient is implicit in the origins of the interpersonal psychoanalytic theory of therapeutic action. Sullivan's (1953) conception of participant-observation is an effort to provide a countermodel for the blank screen notion. Sullivan's scientific background included Heisenberg's physics, Einstein's relativity theory, and social psychology's field theory. In all three models, the assertion of absolute truth and objectivity is not possible since, by definition, the would-be scientific observer interacts with, and thereby influences, what is observed. For psychoanalysts, this means that the natural science model of the neutral and objective analyst studying the intrapsychic world of the patient is untenable. A patient cannot be isolated as a single entity entirely distinguishable from the perceiving and interacting analyst. Interpersonal psychoanalysis was thus established as an intersubjective, two-person psychology, distinguishing itself from the objective, one-person psychology of classical psychoanalysis. Countertransference therefore becomes a natural and central part of understanding clinical data. The patient's perceptions of the analyst's participation is a crucial vehicle for the

analyst's awareness of countertransference (Aron, 1996; Blechner, 1992; Hoffman, 1983; Levenson, 1972; Searles, 1979; Wolstein, 1959, 1964).

Most early interpersonal psychoanalysts, weighted by historical precedent, were cautious about the clinical use of countertransference. Thompson (1950), one of the few interpersonal analysts with classical training, attempts to integrate Sullivan with classical thinking by acknowledging countertransference participation as inevitable but controllable. She disagrees with the original classical aim of elimination of countertransference as a factor, positing that this goal leads to denial of the analyst's internal experience and thereby to an excessive acting out of influence upon the patient. She urges that acceptance and awareness of countertransference is a better alternative since this position allows the analyst to be more in control of participation and influence. From these cautious beginnings, analysts associated with the interpersonal school gradually began to develop ways to use countertransference feelings and unwitting interaction in facilitating analytic aims. In accord with the recent contributions of McLaughlin, Poland, Boesky, Jacobs, and Renik (cited above), many analysts now view countertransference participation and/or enactment as essential for the most profound mutative analytic action (see Levenson, 1972; Searles, 1979; Wolstein, 1959).

In historical reviews of the countertransference literature, Wolstein (1959), Singer (1970), Searles (1979), and Hirsch (1995) emphasize the central place of countertransference in the interpersonal psychoanalytic theory of therapeutic action. Epstein and Feiner (1979) draw strong similarities between interpersonal development in countertransference theory and the contributions of object relations analysts like Heimann (1950), Little (1951), and Racker (1968). Traditionally, both schools have centered their clinical thinking on the subjectivity of the analyst, who, by virtue of both unique personality and pull of the patient, is incapable of consistent rationality and objectivity. The conception of the analyst as irrational or subjective transforms the traditional one-person model of alleged scientific objectivity into a more nebu-

lous world of relativism and perspectivism (see Aron, 1996; Ehrenberg, 1992; Fiscalini, 1994; Gill, 1983; Hirsch, 1985; Hoffman, 1983; Stern, 1991).

Greenberg (1991) captures this spirit in the distinction he makes between what he calls, "transference of conviction" and the traditional conception of transference of impulse and transference of defense. The traditional conception focuses on the patient's fantasies, desires, and defenses as projected onto or enacted (patient only) with a nonparticipating, relatively blank-screen analyst. Greenberg's summary of the new concept of transference, most clearly articulated by Gill (1979), replaces the term "fantasy," with that of "perception." This reflects a very significant shift in emphasis from the patient as a distorter or projector to the patient as a perceiver or plausible reader of the analyst. Transference in this model becomes a combination of the patient's history and internal world and the unwitting contributions of the inevitably participating analyst, who readily becomes caught in the swirl of the patient's influence. Transference cannot, therefore, be addressed in its pure form of being exclusively a patient variable (one-person psychology) but should be considered part of a transference-countertransference matrix (two-person psychology) (Mitchell, 1988).

The inability to separate transference and countertransference is also discussed by McLaughlin and Renik. In Gill's portrayal of this shift in conception, both patient and analyst are subjective perceivers, and the analytic relationship is less hierarchical than in analytic tradition. The view of truth and reality is more relative (see Schafer and Spence) when analyst and patient are seen as equally subjective. This is not motivated by a benevolent effort to promote analytic democracy or to blur the distinctions between analyst and patient. It is a logical outgrowth of the loss of objectivity implied in the notion of the analyst as a consistent unwitting participant.

The impact of contemporary relational and interpersonal thinkers such as Gill (1983), Hoffman (1983), Mitchell (1988), Stern (1991), Ehrenberg (1992), Hirsch (1993), and Aron (1996) rests

on the somewhat earlier contributions of interpersonal theorists like Wolstein (1959, 1964), Singer (1970), Levenson (1972, 1983, 1991), and Searles (1979). Wolstein's clinical emphasis is on the idiosyncratic personality of the analyst and the considerable impact that this has on the analytic interaction. For Wolstein, countertransference enactment refers to an inevitable living out of the analyst's personality, a type of enactment addressed in the classical psychoanalytic literature primarily by Poland, Jacobs, and Renik, and introduced originally by Ferenczi.[2]

Levenson's contributions (1972, 1983, 1991) emphasize the analyst as an actualizer of the patient's transference more so than the use of the separate self of the analyst. His concept of "transformation" is virtually the same as Sandler's (1976) "role responsiveness" and bears some similarity to Boesky's (1990) "benign iatrogenic resistance." In some contrast with McLaughlin's (1981) and Wolstein's (1964) "psychic symmetry," Levenson views the patient as the more influential of the two participants. The analyst's personality and unique reaction to the patient is evident (Hirsch, 1993), but sooner or later, the pull of the patient transforms the analyst's efforts to be relatively objective into an enactment of the patient's transference expectancies. As Levenson observes, the issues that are talked about by the patient begin to be lived out between the two parties. The analyst never consciously tries to do this; participant-observation is not a premeditated technique (Greenberg, 1991). On the other hand, the analyst ought not to resist becoming transformed, lest the relationship become too rational and stilted. Through the analyst's unwitting participation in countertransference enactment, the patient has the opportunity to live through key internalized configurations.

Analysis is not only a "talking about" experience but a "living out" experience, with the analyst as an unwitting partner in the mutual re-enactment of core transference themes. The mutative factor in analysis is the evolution of a new relationship that leads

[2] See Hirsch (1996) for a more complete discussion of this.

to different internalized configurations. If the old internalized configurations are not first lived out in the analysis, it becomes difficult to get beyond them. Insight, too, is crucial in this schema, but the most valuable insight usually occurs postenactment. That is, neither analyst nor patient is normally aware of mutual enactment until it is well in process. The parallel between the analytic interaction and the patient's life history may become clearer after that history is repeated in mutual enactment. The crucial point that countertransference awareness usually emerges postenactment is spelled out clearly not only by Levenson but by a number of the classical contributors discussed earlier (Tower, Sandler, Boesky, Chused, McLaughlin, Poland, Jacobs, and Renik). In both Wolstein's and Levenson's representation of a post-Sullivanian interpersonal approach, the term "observing-participant" (Hirsch, 1985, 1995) captures the tenor of the analytic relationship better than participant-observation (Sullivan, 1953). The former term places the accent on the analyst as an unwitting participant who observes later, or postenactment, rather than earlier.

Although I have not by any means reviewed the breadth of the interpersonal approach to psychoanalysis, I have attempted to highlight some of the core features and how they parallel current developments in classical psychoanalytic clinical theory. The emphasis in some of the most recent writing from both perspectives focuses upon the analyst as observing-participant in a relationship characterized by becoming irrationally lost within the transference-countertransference matrix. Although the analyst's unwitting participation, or countertransference, has historically been viewed from anywhere between dread and skepticism, there is now a shift in analytic attitude. Classical analysts have moved much further, since the idea of participant observation and strong unwitting interaction is inherent in the interpersonal approach. The interest in Jacobs's conception of countertransference enactment has become a focal point of increasing convergence between classical analysts and interpersonal contributors.

The considerable convergence observed in the theory of therapeutic action does not necessarily have bearing on the basic theo-

ries of development, motivation, and unconscious process. Differences likely remain in these areas, and they are beyond the scope of this paper. However, as many of the authors from both schools observe, actions are more expressive of one's true sentiments than are words alone. Though there appears to be far greater growing convergence of the two schools in their views of the action of therapy than in ideas about basic psychology, perhaps there is more similarity here than when the "schools" were originally conceived. Clinicians from different schools have always sounded more alike when discussing cases than when speaking of theory. It may be that some analysts from the classical and interpersonal schools work with patients in a manner more similar than either group believes, and this may belie greater than expected harmony in their respective theories of unconscious motivation and of development. This, however, is more likely among those from both schools who acknowledge the inevitability of at least some significant countertransference enactments in the normal course of analytic work.

In describing a clinical convergence between two historically disparate schools, one must not overlook differences. Throughout the text I have suggested that many interpersonal analysts see unwitting participation and countertransference enactment of both kinds as ongoing and ever present throughout the analysis. As Racker (1968), a Kleinian, has said, the patient and analyst are engaged in mutual influence and in the experience of intense affect at *every moment* of the analytic engagement. With the exception of Renik, and Gill before him, the classically trained analysts discussed here tend to differ somewhat on this point. Most analysts believe that they influence their patients by virtue of their personalities, but they do not concur that analysts are always unwittingly and subtly influencing patients in some fashion. Although actualization of the patient's transference occurs at significant moments, it is not necessarily in play over the normal day-to-day work of analysis. As noted, this has implications for technique. If the analyst is always a subjective and unwitting participant, and in Racker's words, always enmeshed in strong feel-

ings, the inclination is to enlist the patient's observations to promote the analyst's awareness. The general sense that the patient's direct and indirect perceptions of the analyst's participation are plausible and not distorted allows the analyst to integrate more data in the ongoing effort to clarify both the interaction and, ultimately, the mind of the patient. "Mind" is conceived of as fundamentally internalized interpersonal experience, and it is most clearly visible in the repetitious interaction of the analytic situation (Aron, 1996; Gill, 1979; Hirsch, 1995; Hoffman, 1983; Levenson, 1972; Mitchell, 1988; Searles, 1979; Stern, 1991).

The conceptions of enactment described here are shared by many interpersonal and relational theorists as well as by some analysts trained in the classical tradition. In this perspectivist and constructivist point of view, analytic interaction is highlighted by considerable uncertainty. This view is quite distinct from both the positivistic nature of the traditional blank screen and as well from Sullivan's preferred position as "expert in interpersonal relations." Analysts from a variety of schools appear to be moving cautiously toward a more intersubjective position (see Gabbard, 1995), and as this occurs, the contributions of interpersonal psychoanalysts are likely to become more appreciated and integrated into the larger body of psychoanalysis.

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Unbearable Ecstasy, Reverence and Awe, and the Perpetuation of an "Aesthetic Conflict"

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UNBEARABLE ECSTASY, REVERENCE AND AWE, AND THE PERPETUATION OF AN "AESTHETIC CONFLICT"

BY JUDITH L. MITRANI, PH.D.

The author discusses Tustin's concept of the unbearable ecstasy of at-one-ment and her attentiveness to the importance of the containing function of the mother, Bion's distinction between "reverence and awe" and defensive idealization, and Meltzer's notion of the "aesthetic conflict." Each theme has bearing upon the provocation or mitigation of envy, the process of introjection and the development of both healthy and pathological internal object relations, the nature of the superego, and self-esteem. Clinical material is presented to illustrate the phenomena described, and conclusions which may have an impact upon our attitude and technique in psychoanalysis are put forward.

> Beauty is truth, truth beauty,—that is all
> Ye know on earth, and all ye need to know.
>
> KEATS

INTRODUCTION

In this paper I will attempt to explicate some aspects of Frances Tustin's concept of the unbearable ecstasy of at-one-ment, emphasizing her attentiveness to the importance of the containing func-

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tion of the mother with regard to this elemental experience. I will also take up the central contribution of a little known paper by Wilfred Bion, in which he makes a unique distinction between what he called "reverence and awe" and the more commonly discussed Kleinian concept of defensive idealization. Into the mix I will introduce Donald Meltzer's notion of the "aesthetic conflict." I hope to show that each of these specific themes—separately and in conjunction with one another—have some essential bearing upon the provocation or mitigation of envy, the process of introjection, the development of both healthy and pathological internal object relations, and the resultant nature of the superego and individual self-esteem.

Toward this end, I will offer clinical case material, both as a background for and an illustration of the phenomena described, as well as certain conclusions which may have some impact upon our attitude and technique in psychoanalysis. Although I do acknowledge that many other authors—perhaps most notably Kohut (1971, 1977) and before him Lacan (1949)—have made substantial contributions to our understanding of the idealizing transference, it is not my intention to provide an extended survey of the literature on this topic. Neither shall I attempt to develop a comprehensive exposition of the central issues in aesthetic appreciation. Instead, I hope to offer *one* view of how *some* selected concepts put forth by Bion, Meltzer, and Tustin overlap, intersect, and perhaps modify one anther—which may reflect the personal and professional intersection between these three contemporaries whose work is rooted in Kleinian tradition and on the cutting edge of object relations theory in London. It will reflect, as well, their great impact on my thinking in the consulting room.

To begin with, I would like to present a clinical vignette from the analysis of a patient, whom I call Jessica, as an introduction to and background for the theoretical discussion to follow.

Jessica

Over one weekend break in the sixth year of a five-times-per-week analysis, Jessica—a woman in her late thirties—attended a

concert of classical music. Featured on the program was a female violinist who was to play Jessica's favorite concerto. Jessica adored music. She had herself been formally schooled in the violin since the age of two. In her youth, she had played with numerous amateur orchestras, and nearly all the members of her immediate family were musically inclined. This, by way of saying that for Jessica, attending concerts was nearly always an intensely emotional experience.

On this particular occasion, Jessica sat quite close to the stage, directly in line with the spot where the soloist would be standing. After the overture, in anticipation of the concerto to come, Jessica found herself glancing about the audience, soon realizing that she was looking for me.

When the soloist walked on stage, Jessica was stunned. The woman who stood before her was incredibly beautiful, an ethereal vision of long black hair flowing over porcelain white shoulders left bare above a deep blue strapless satin gown. As the violinist began to play, Jessica could not decide which was more lovely: the sound of the music that flooded her ears or the sight of this Rumanian gypsy dancing and swaying to that music, which bedazzled her eyes. Jessica was enraptured and ecstatic.

After the concert, as the sights and sounds of the evening lingered on in Jessica's mind, she thought once more about my perceived absence, and her ecstasy gradually degraded into a profound sadness. At that moment she was aware of a deep and almost unbearable feeling of regret over not having been able to share this experience of sensual wonder with me.

In the Monday hour in which these events and feelings were reported, Jessica talked about her mother, a beautiful woman of Rumanian descent. She said that her mother—who was nearly always depressed during the patient's childhood—had little sense that she (the mother) was either beautiful or desirable. The patient thought that this might be partly due to her father's openly expressed intention to obtain a divorce from her mother even before Jessica's birth. I recalled that Jessica had earlier told me that her mother, who was the only child of a borderline psychotic woman, had been both physically and emotionally abused.

Jessica's violin lessons were initiated, encouraged, and supported by her mother, who also participated actively in her music studies by accompanying Jessica, when possible, at the piano. Mother also sang—at one time semi-professionally—but had always longed to play the violin and was thrilled when her daughter seemed to demonstrate both an interest and a talent in this direction.

Jessica said that she had felt good when she left the hour on Friday, and she now thought that this might be one reason why she had hoped to see me that evening at the concert. Since she could not find me, she concluded that I must not be there, and felt disappointed at not being able to share the beautiful concert experience with me. She now was aware that she wanted very much to convey this experience in the session, but she feared—much to her dismay—that I could never really have that experience, since I had not been there.

The patient also made reference, both direct and indirect, to my *perceived* physical beauty. As she did so, she burst into tears, which seemed to pour out of her in an uncontrollable way, streaming down her cheeks, and soaking her hair and the collar of her dress. When she noticed this, Jessica expressed a concern that both her hair and dress had been ruined, and she reported a sense of dread that she would not be able to *pull herself together* when our time was up in order to face the day that lay ahead of her.

While Jessica spoke, I was reminded of a dream she had reported the week before about a teacher on whom she had had a crush in elementary school, a beautiful woman with prematurely graying hair. In addition, I noted the fact that—like the violinist—I am of Rumanian heritage. While wondering *if* and *how* Jessica might sense this, I recalled the uncanny feeling in the Friday hour of the previous week, when it seemed that we were so closely attuned to one another that the sensation of our "touching" was unmistakably palpable.

I also recalled that this hour was one of those rare and memorable ones when our thoughts—her associations and my interpretations—seemed to be burgeoning, one from the other, in such a graceful and organic way that it had felt at the time as if we were

creating a modern ballet or a poem. Jessica's comments at the end of that hour had spoken to her experience of something "beautiful" about our contact as well.

With this in mind, I said to Jessica that I thought that she was communicating something of the ecstasy she had experienced, not only at the concert but also in our Friday hour, when she had perhaps experienced herself, me, and our connection as a thing of beauty. Jessica nodded in agreement with this and added that she had felt foolish when she left at the end of the hour, thinking that while she was sorry to end the analytic week, I probably felt tired, and would be looking forward to my weekend off.

To this I replied that it seemed that she had come away from the Friday hour with two contrasting experiences of me: one as a beautiful mother-analyst who loved and supported her, and the other as a tired, depressed, and unsupported mother-analyst who was relieved to be rid of her. Since she was not certain which experience was true, she had searched the concert crowd for my face, in hope of finding me there sharing in the beautiful experience of our making lovely analytic music together, swaying in tune with one another, rocked safely in the rhythm of the melody of the Friday hour. I also said that perhaps she had taken my absence from the concert—like my absence during the weekend break in our contact—as a confirmation of my depression and fatigue.

Jessica responded to this saying that she had felt awfully overwhelmed after the concert but that she didn't know why. Hearing her, I recalled that our Friday hour had been so rich that I needed to make notes on it afterward, in part to preserve it, in part because this is one way in which I feel I can help myself to contain whatever leftover emotion might otherwise spill into subsequent hours with other patients. I was then moved to say that I thought Jessica might be telling me that she needed to see her feelings of admiration toward the beautiful mother-me reflected in my presence at the concert.

Perhaps Jessica needed to see that I could *also* feel myself to be beautiful, but when she imagined me absent from the concert, her

worst fears were realized. Perhaps her experience of the mother-me as tired, depressed, and relieved to be rid of her for the weekend had seemed painfully confirmed. In that moment, her feeling of ecstasy had dissolved, spilling over in an overwhelming encounter with disillusionment, perhaps leaving a very little baby-Jessica feeling incapable of the task of holding herself together over the long weekend.

One might say that "beauty" and its associated attributes—goodness, hope, and truth—are the cornerstones of mental health. However, the experience of the beautiful mother must first be had *with* that mother, not merely *of* her (Reid, 1990). This notion is analogous to Winnicott's (1958) observation of the baby's need to first experience being alone in the presence of the object, in order that it might gradually develop *the capacity to be alone,* rather than being *overcome with loneliness* and despair. Winnicott also discusses the baby's need for a mirroring object, which I believe is closely related to the issues under discussion in this paper.

As the hour unfolded, it became clear that Jessica needed me to partake in the experience of myself as a beautiful mother-analyst, to catch the overflow of the ecstasy she felt in my presence in the Friday hour and to confirm this experience when its reality was threatened by the pain of separation—by the presence of the absent object (O'Shaughnessy, 1964).

The Aesthetic Conflict

I was reminded of Jessica's experience while reading a paper by Donald Meltzer (1988). In that paper on what he calls "the aesthetic conflict," he states:

> It has probably escaped no-one's attention that the percentage of beautiful mothers recorded in the course of psycho-analysis far exceeds the national average and that this appellation clearly refers back to childhood impressions often completely out of keeping with later more objective judgments by the patients of their middle-aged parent (pp. 8-9).

Here Meltzer prompts our consideration of the possibility that the view of the "beautiful mother," often presented by patients in analysis, harkens back to some early "proto-aesthetic" experience—one that is, however, not without conflict. He goes on to say that the baby,

> '[r]ocked in the cradle of the deep' of his mother's graceful walk; lulled by the music of her voice set against the syncopation of his own heart-beat and hers; [responds] in dance like a little seal, playful as a puppy. But moments of anxiety, short of fetal distress, may also transmit itself through heart-beat, rigidity, trembling, and jarring movements; perhaps a coital activity may be disturbing rather than enjoyable, perhaps again dependent on the quality of maternal emotion; maternal fatigue may transmit itself by loss of postural tone and graceless movement (p. 17).

In this passage Meltzer indicates that the baby knows its mother inside and out—as both the bad and the beautiful—and is affected on a sensual level by each of her physical, mental, and emotional qualities even before its birth. This notion reverberates with findings from current fetal observation (Mancia, 1981; Piontelli, 1986, 1987, 1988, 1992a, 1992b), psychoanalytic clinical inference (Bion, 1976, 1977a; Freud, 1926; Hansen, 1994; Maiello, 1995; Mitrani, 1996; Osterweil, 1990; Paul, 1981, 1989, 1990; Share, 1994), and an imaginative conjecture by Bion, most notably in his *Memoir of the Future* (1979).[1]

[1] Piontelli's findings from her extensive prenatal ultrasound, infant-observational, and psychoanalytic longitudinal studies have provided behavioral evidence of 1) the continuity of intra- and extra-uterine life, 2) the correlation between parental prenatal (conscious and unconscious) fantasies and anxieties and fetal/neonatal behavior and psychology, and 3) the impact of the mother's physical and mental state on the fetal mind/body. Mancia (1981) has unearthed evidence, both analytic and biomedical, for the beginnings of mental life and the inception *in utero* of what Bick (1968) called the "psychic skin," which is effected by maternal physical/emotional states. Osterweil's (1990) study of prenatal mental life offers a comprehensive review of the biomedical data regarding fetal perceptual capacities. What these researchers are finding seems to be concordant with clinical inferences derived from analytic work in the *primitive infantile transference* with adult and child patients. For example, near the end of his life,

Indeed, Meltzer (1988) claims that "every baby 'knows' from experience that his mother has an 'inside' world, a world where he has dwelled and from whence he has been expelled or escaped, depending on his point of view" (p. 21). He goes on to posit that, after birth,

> [t]he ordinary devoted mother presents to her ordinary beautiful baby a complex object of overwhelming interest, both sensual and infra-sensual. Her outward beauty . . . bombards him with an emotional experience of a passionate quality, the result of his being able to see [her] as 'beautiful'. But the meaning of his mother's behavior, of the appearance and disappearance of the breast and of the light in her eyes, of a face over which emotions pass like the shadows of clouds over the landscape, are unknown to him (p. 22).

Meltzer seems to suggest here that mother is an enigma to her baby. The baby *may* have known her, and yet—perhaps shaken by "the impressive caesura of the act of birth" (Freud, 1926, p. 138)—he has suddenly become uncertain of what he knows. Is she a beauty or the beast?

When Meltzer proposes that

> This is the aesthetic conflict, which can be most precisely stated in terms of the aesthetic impact of the outside of the 'beautiful'

Rosenfeld (1987) dared consider the occurrence of "maternal projective identification" and the impotence of the fetus under the sway of what he termed "the osmotic pressure of the mother's mental states." Tustin (1991) posited that certain autoimmune reactions as well as autistic defensive maneuvers may be rooted in fetal life. Most recently, Maiello (1995) explored a particular aspect of prenatal experience, presenting convincing clinical material suggesting that the sound of the mother's voice, alternating with silence, may give the child a proto-experience of presence and absence, which not only gives rise to primitive defensive reactions, but may also be said to form the basis of a prenatal sensual-object. She suggests that this "sound-object" is connected with a preconception of the breast and may be one of the many precursors of the postnatal maternal inner object. In this *Quarterly* (1995b), I offered a model whereby the baby's earliest—even prenatal—experiences of the (m)other might be stored at a somatic or sensation-based level as body memories, without presuming a degree of mental capacity on the part of the fetus or neonate that would stretch our credibility.

> mother available to the senses, and the enigmatic inside which must be construed by *creative imagination* (p. 22, italics added),

it seems that he is implying that the baby's sensory experience of the beautiful or good mother must be confirmed by what the baby finds inside the mother, and that his or her experience of mother's inner world—her mood, her emotional and mental life, her attitudes about herself and the baby—is colored by *creative imagination,* that is, by the infant's own unconscious fantasies via the process of projective identification.

Further along, however, Meltzer appends the above conclusion, submitting that the baby must wait—like Kafka's "K"—"for decisions from the castle of his mother's inner world" (p. 22). With this addition, it would seem Meltzer is suggesting—and, I believe, is correct in doing so—that *it is not just the baby's "creative imagination" that imbues the inside of the mother and the baby's pre- and postnatal experience of her with meaning,* since, as he so astutely observes, the baby must derive his or her cues from the mother's conscious and unconscious communications; that is, the baby must wait for mother to confirm his or her greatest hopes or gravest fears.

To put it another way, the baby asks: "how does mother view or experience herself?" and must anxiously await the answer *from mother.* I believe that the baby's "question" and the mother's "answer," in conjunction with one another, constitute one aspect of the type of reality testing that Melanie Klein (1975) referred to as *the means by which the baby finds validation for the enduring existence of the "good breast"*—the good internal object and the good experience that the breast represents.

An example of this type of reality testing, and the consequences of a distorted message being received from the "castle of the mother's inner world," may be seen in the following material from the four-times-per-week analysis of another patient.

Carla

When Carla was a very young child her mother died, only a short time after they were abandoned by Carla's father. Carla came across in our first meetings as a hard, arrogant, streetwise

chick. Her hardened impermeable cynicism seemed to serve as a "second skin" (Bick, 1968), which took on concrete form, as if it were woven into the tight black leather clothing she often wore. Thus, she seemed to have replaced her absent father by taking on a masculine toughness to shield herself from any awareness of her feminine vulnerability that lay just beneath the surface.

However, in the second year of her analysis, that fragile part of Carla began to emerge, like a baby crying out to be born and to be allowed close contact with what she seemed at times to experience as the caring presence of a mother-analyst. In one session, I could imagine that the depth of Carla's cries might correspond to the strata from which they emanated, as if they were being released from some subterranean pocket that held at bay her most painful experiences of infancy. When I told her as much, she said, "I feel like something terrible wants out of me. I don't want it to come out. I'm so afraid I'll never stop crying."

Thus, Carla seemed to be attempting to communicate about the terror of spilling out, unable to collect herself at the end of the hour when she came in contact with the loss of some very basic sense of security, a loss that might have originated even earlier than the memorable events of either father's abandonment or mother's death. Months later we came close to understanding one aspect of the most primitive origin of Carla's fear of being spilled and gone, as well as the template for the development of her leathery protection against the threat of such dissipation. Both this anxiety and the defense against it appeared to be connected to a primary experience of the mother as it became enacted in the transference relationship, which I will now attempt to describe.

In the third year of her analysis I noticed that almost invariably when Carla returned from the weekend breaks, she would greet my arrival at the waiting room door with a warm and enthusiastic smile. Then, she would scan my face quite intensely, passing through the doorway on the way to my consulting room. The intensity of Carla's scrutinizing gaze often left me feeling unusually self-conscious. Carla was very beautiful and always perfectly made-up when she came for her sessions, and I frequently was given over to wondering if my lipstick was on crooked, if I had

forgotten to powder my nose, or if perhaps I had applied mascara to just one eye and not the other.

These banal ruminations were discomforting and intractable, and I found myself tempted to dismiss them as irrelevant. However, as these were uncommon if not altogether absent preoccupations with others of my patients, I opted to allow them to brew a bit to see what percolated out of them. This led to the emergence of some fleeting thoughts: might I be envious of this young and beautiful girl? Might Carla be looking for something in my face that might reflect her own? Was I felt to be failing her in some way that was both disconcerting and implacable?

No matter how many times this sequence would occur, by the time my patient had settled on the couch, I noticed that her enthusiasm for me and her analysis would suddenly be transformed into a tough, leathery air of indifference and disgust, as if she resented having to submit to *my* "rigid requirement for yet another hour and another week."

One day I had the opportunity to turn our attention to this shift in her attitude toward me. I said that I wondered if the change might somehow be connected to feelings and thoughts provoked in her by what she seemed to see in my face when I came to the door. She replied with despair, "It could be, but I can't think how. After all, *you always look the same.*"

Carla then when on—as if changing the subject—to tell me that she had been happy that she had managed to arrive in plenty of time to get to the restroom before her session. However, when she found that "it was all locked up," she was left feeling as if she might burst open.[2] Then, by way of denying the urgency of her need and the significance of her disappointment, she added resolutely that it was "*really okay.*"

At that moment, it seemed to me that the story of the locked restroom contained clues to the meaning of her radical transition

[2] Over the weekend prior to this hour, the management of the building in which my office is situated installed locks on the public restroom doors on each floor to discourage transients. The keys for the restrooms were readily displayed in my waiting room, although I had not had the opportunity to inform patients of this change.

from joy in the waiting room to disdain on the couch. I now considered that Carla had been filled to bursting with positive feelings about our connection, which she could barely hold inside when she arrived. However, she had soon been disappointed when she felt me to be emotionally shutting her out—just as she had felt shut out of the restroom—as she searched my face for signs of my own joy as evidence that I might have been open to the overflow of her excitement, that I might therefore be able to provide her with some relief from these as well as other (perhaps less positive) overwhelming feelings. Instead, she seemed to find me "always . . . the same" or locked-up.

I told Carla that it seemed to me that she had been hoping that my face would reflect the enthusiasm with which she had come to see me that day—especially when she felt that it was not too late for her to get some relief—but that her hopes had somehow rapidly turned to disillusionment. She nodded in agreement, so I continued, telling her that I thought that she might be bringing to our attention a very little-she, unable to bear that feeling of disillusionment, a thin-skinned little one who had consequently resolved to toughen up for fear of bursting open.

Carla responded by saying quite poignantly that she had only hoped that I would be as happy to see her as she was to see me. I acknowledged her hope and added that she also seemed to need to feel that a flowing-over and joyous baby-she could be seen and held in my facial expression, so that she would not spill away and be lost again. I soon added that I thought that this need to be held together was so intense and urgent that—when it seemed to her that I *could not* reflect and reciprocate her joyous feeling for me—she had transformed herself to match what must have felt to her to be a locked-up, leathery-tough, mommy-analyst. I felt that perhaps this transformation was intended to enable her to create a sense that she could catch and hold herself by bringing us closer together with no gap in between.

Carla wept softly and finally told me that as I was speaking she had flashed back upon the image of her mother's face looking just as it had when, as a very little girl, she would watch her with loving

admiration as she sat before the mirror at her dressing table. After a long pause Carla then told me—for the first time—that when her mother was a child she had been disfigured in a terrible automobile accident, and, as a result, her face had always looked strange, disgusted, and remote, with a leathery skin full of scar tissue resulting in a frozen, unchanging expression of disdain. Carla then tearfully expressed the painful realization that she could never tell if her mother really loved her.

It seemed to me that—in some dimension of her experience—the baby-Carla may never have felt lovable; she had not felt that she was held lovingly, safely, and responsively in her mother's gaze, as mother's unalterable expression might have hindered her ability to reflect her daughter's joyous states of ecstasy, admiration, and love for her. Unfortunately for Carla, the ecstasy of one-ness with the mother (Tustin, 1981) may well have been left uncontained, rebounding off the expressionless surface of her mother's face, an ecstasy apparently unreflected in the mother's experience of herself. I am reminded here of a passage by Winnicott (1967), who was admittedly influenced by the work of Lacan (1949) on ego development when he wrote:

> What the baby sees [when he or she looks at the mother's face] is himself or herself. In other words the mother is looking at the baby and *what she looks like is related* [in the baby's fantasy] *to what she sees there.* Many babies . . . have a long experience of not getting back what they are giving. They look and they do not see themselves. There are consequences. First, their own creative capacity begins to atrophy . . . most mothers can respond when the baby is in trouble or is aggressive, and especially when the baby is ill. Second, . . . perception takes the place of apperception . . . [it] takes the place of that which might have been the beginning of a significant exchange with the world, a two-way process in which self-enrichment alternates with the discovery of meaning in the world of seen things (pp. 112-113).[3]

[3] Kohut (1971) also discussed mirroring and mirroring transferences as "the therapeutic reinstatement of that normal phase of the grandiose self in which the gleam in

I could also imagine that Carla's mother—depressed, abandoned, and betrayed, with little in the way of self-esteem and self-love to reflect back to her daughter—may have failed to confirm the little girl's *experience of her mother's inner goodness.* Thus, Carla's faith in and appreciation of *her own* inner goodness and beauty—lacking resonance with a sense of a good internal object—may have dissipated and faded away over time.

Carla's perception that I "always look[ed] the same" seemed to evoke, in the transference, these very early painful feelings of being unlovable. At the same time, I became the receptacle for that maternal object with the frozen, disfigured face that manifested itself in the countertransference as extreme self-consciousness and obsessive doubts about my make-up being lopsided or missing, and indeed may well have affected my facial expression, contributing to a vicious cycle. As our understanding of Carla's experience deepened over time, the way in which we saw each other and ourselves shifted. She began to feel better about herself and our connection, and we could begin to touch upon some of the omnipotent fantasies that contributed to the untoward sense of guilt and shame against which she so mightily defended herself.

Fuller (1980) reminds us that the negative of the *aesthetic* is the *anesthetic,* and he suggests that aesthetic emotion is connected to primal experiences of the self submerged in its environment, with the subsequent gradual differentiation of the self out from it. I believe that a premature or abrupt loss of that early fleeting ex-

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the mother's eye, which mirrors the child's exhibitionistic displays, and other forms of maternal participation in and response to the child's narcissistic-exhibitionistic enjoyment confirm the child's self-esteem and, by gradually increasing selectivity of these responses, begin to channel it into realistic directions" (p. 116). However, I believe that Winnicott and Kohut were not directly addressing the conflict between the infant's pre- and postnatal experiences of the mother's mental/emotional and physical presence, and its attempts to sort out and derive some meaning from these as they affect its developing sense of self. Nor were they directly addressing the issue of the mother's self-esteem and how this affects not only the infant's self-esteem, but also the build-up of its internal world of object and self-representations, along with the emotional links between them. Although no aesthetic issues were mentioned, Winnicott (1948) addressed related matters with regard to the depressed mother's impact on the formation of the baby's internal world.

perience of "at-one-ment with the beauty of the world" often leads to states of anesthesia where little can get in or out. The most extreme consequences of such disruptions might be seen in those cases of infantile autism described by Tustin (1981), in which the natural processes of projective and introjective identification have been massively truncated. Indeed, it seemed that, at best, all that my patient Carla could gain for herself, in adhesive identification (Bick, 1968, 1986; Meltzer, 1975; Meltzer, et al., 1975; Tustin, 1981, 1986, 1990; Mitrani, 1994a, 1994b, 1995a) with her mother, was a tough, leathery protection against that penetrating disillusionment that threatened to puncture and deflate her own beautiful baby-buoyancy.

Lara

In the beginning of one week, yet another patient, Lara, presented me with a transcript of a song by Elvis Costello in response to an interpretation I made near the end of the last hour in the previous week. She thought, and I agreed, that Costello's words spoke to her experience in nearly every relationship, including ours. This young woman was an exceptionally lively, passionate, and creative person, way out in the forefront of the new techno-communications industry.

I will not go into the nature of the frustrations this patient experienced in her personal and professional life, but I will say that she was understandably frustrated with the limitations imposed on us and our communication by the use of the analytic couch and verbal language, which did not begin to allow a place for all she was and all she had to give, nor did it begin to scratch the surface of the sensual, emotional, and mental needs the baby-Lara felt toward a mother-me in the transference. She was afraid that she would give up, which she had let me know referred to her sense that she might anesthetize herself, cut off or freeze in silence all curiosity as well as all desire for real contact. She was afraid of those times when she "stays in her head" for fear that I

would not be able to give meaning to her dreams and associations, which would leave her "feeling stupid." My interpretation had addressed that wondrous and wondering she who was so full of feelings, thoughts, and questions which she sensed had no place and would receive no response except in her imagination, and the utter despair and helplessness she felt in the face of this experience, which was almost too much to bear. Here is the last verse and chorus of what I took to be her poetic confirmation, which ended in a poignant question:

> Nonsense prevails, modesty fails, grace and virtue turn
> into stupidity.
> While the calendar fades almost all barricades to a
> pale compromise.
> If something you missed didn't even exist it was just
> an ideal, is that such a surprise?
> What shall we do? What shall we do with all this
> useless beauty? All this useless beauty.

It seemed that Lara might have been re-experiencing that "something she missed, which didn't exist" and the shocking awareness that it was "just an ideal." But was it *just* an ideal? Or was it perhaps something else?

Reverence and Awe

In a paper read at a joint scientific meeting of the Los Angeles and Southern California Psychoanalytic Societies in 1967, which was posthumously published only in 1992 in the book, *Cogitations*, Bion describes an encounter with one patient who came to him after a previous analysis from which he had benefited, but with which he was nonetheless dissatisfied. At first Bion expected to find greed at the bottom of this patient's distress, but it soon became clear to him that there was something else going on.

Bion described his patient's outpourings, which were so fragmented that they would have required an omniscient analyst to sort out and make sense of. Bion's interpretations were either

labeled by the patient as "brilliant" or they were met with extreme disappointment and hostility to the point of depression. Bion finally concluded that:

> There is a great difference between idealization of a parent because the child is in despair, and idealization because the child is in search of an outlet for feelings of reverence and awe. In the latter instance the problem centers on frustration and the inability to tolerate frustration of a fundamental part of a particular patient's make-up. This is likely to happen if the patient is capable of love and admiration to an outstanding degree; in the former instance the patient may have no particular capacity for affection but a great greed to be its recipient. The answer to the question—which is it?—will not be found in any textbook but only in the process of psycho-analysis itself (p. 292).

In his customary style, Bion avoids saturating his concepts, leaving them somewhat ambiguous and thus allowing us the freedom to use our own capacity for "imaginative conjecture" to fill in the blanks, so to speak. I will yield to the temptation to do so with the understanding that the reader may draw his or her own conclusions, which may very well differ from mine.

I think Bion seems to be saying that, in this instance, he had met with a patient for whom Klein's theory of envy did not apply. Indeed, he seems to be making it clear that he did not see his patient's disappointment and hostility as constituting an attack on the good breast or the analyst's good interpretations. Neither did he seem to see the patient's fragmented presentation as the result of an envious attack on thinking or on the links that might have rendered his communications meaningful and relevant (Bion, 1959). Instead, Bion appears to conclude that his patient was attempting to have an experience of an object who might be able to understand and transform the inchoate experience of the as-yet-unintegrated-baby-he and was therefore seeking the realization of his preconception of an object who could contain these experiences as well as his innate capacity for love, reverence, and awe.

I would suggest that the containing capacity, initially felt to be located in this type of *external* object—when introjected—leads to the development of an *internal* object capable of sustaining and bearing feelings of ecstasy and love, an object that might form the basis of the patient's own self-esteem. This aim certainly calls for an analyst who truly thinks well enough of his or her own goodness that he/she is not dependent upon the goodness and cooperativeness of the patient in order for such a positive self-perception to be confirmed and in order for the analyst to continue to function analytically.[4]

Discussion with Frances Tustin

At this point, the reader may be wondering where Frances Tustin's ideas on the "unbearable ecstasy of at-one-ment" enter into all of this. During one of my final conversations with her, we had the opportunity to discuss this distinction that Bion makes between the manic defense of idealization and the healthy striving to be in contact with an object deserving of reverence and awe. Prior to this time, Tustin had not been aware of the existence of this paper of Bion's, which I chanced to bring to her attention in the following way.

When we were together in England in October 1994, just one month before her death, I knew that Tustin had little time to live, and I wanted to express to her—one last time and in most explicit terms—how much her work had meant to me. I wished to do this partly out of my own need to show my gratitude this one last time. However, I also felt the need to reassure her, since she seemed to

[4] I believe Fairbairn's (1952) model of the "schizoid dilemma" is apposite here as well, since he maintains that the establishment of the baby's sense that its love is good depends upon how this love is received and responded to by the mother. Furthermore, Winnicott (1948) suggests that the baby's view of itself is initially incumbent upon how it sees itself reflected in the eyes of the mother. He states that "The important thing is that the analyst is not depressed and the patient finds himself because the analyst is not needing the patient to be good or clean or compliant and is not even needing to be able to teach the patient anything" (p. 94).

be plagued by a fear that she had not given enough, and that what she had contributed would soon be lost or forgotten, or that it would have no effect on anyone after her death.

When I told Frances how profoundly she had helped and inspired me in my thinking and practice as an analyst, she demurred, as if she felt I was in danger of idealizing her. She said that I gave her "much too much credit for [my] good work and hard-won success," and she heaped upon me many other compliments that, although sincere, left me feeling somewhat rejected.

Suddenly I felt a headache coming on, and my good spirits faded. When Frances noticed that my mood had changed, she asked what the trouble was. Of course, since we were good friends, I was quite candid with her about what I had felt and about what had followed, and perhaps even scolded her a bit when I told her that I hoped she would be more mindful of the way she handled people's gratitude for and admiration of her.

After recounting my experience and those of the patients discussed in this paper, we talked over how it was she who had, long ago and ever since, stressed the idea that the overflow of the "ecstasy of at-one-ment" (Tustin, 1981) could only be borne if it were adequately contained by the mother herself. Tustin had written that in the most primitive states of mind, "beauty is associated with moments of bodily completeness in which there is an experience of ecstatic fusion with the earth-mother" (p. 224). She warned that, if left uncontained "for a variety of reasons, which may be part of a temporary passing phase, the mother's capacity to bear such extreme states is muted, then the infant is left to bear such states alone" (p. 106). At these moments such ecstasy might be experienced as a dangerous overflow of bodily excitement, equated with "a devastating sense of two-ness" (*ibid.*), too much to be borne in the nascent mind, perhaps disintegrating into a painful, if not unbearable, somatic agony. Tustin had observed with her child patients that when the beautiful experience of at-one-ment is unable to be kept in mind, not only does it leak out and dissolve into its antithesis—the ugly tantrum of two-ness—but the baby is now doomed to an eternal despairing search for that

"ever-present auto-sensual bit" needed to "flesh out" its experience of being.

Frances and I went on to talk at length about the relationship of the experience of "ecstasy" to that of the beautiful mother referred to both by Meltzer (1988) and by Winnicott (1945), as well as about Bion's ideas regarding "reverence and awe." We both knew that I was having difficulty facing the impending loss of her friendship and support, and that I was chafing at the prospect of her death, but it seemed to both of us—in that moment—that even more salient was my need to secure—in our last contact—her help in containing all of my love and gratitude for her.

Some Conclusions

As a result of that last conversation with Tustin, I arrived at the tentative conclusion that *the resolution of what Meltzer called "the aesthetic conflict" might be predicated, at least in part, upon the capacity of the mother to contain the baby's reverence and awe of her,* along with her own capacity for tolerating her baby's hatred, envy, and the terror of loss. This may prove clinically crucial when we consider the process of the patient's internalization or introjection of the analyst and his or her functioning, which we hypothesize is essential to insuring a successful and lasting outcome of psychoanalytic treatment. Of course, the mother's capacity to tolerate these feelings may vary relative to the needs of the individual infant, which in turn may vary according to the intensity of the infant's feelings and any innate capacity on his or her part to keep these in mind.

It might further be said that our ability to apprehend beauty (Meltzer, 1988) is linked to the existence—at the core of the inner sphere of the personality—of a container, not just for our painful experiences, but for those joyful ones as well; a containing object with the capacity to endure not just our feelings of hatred toward the object (and toward the self), but one that is enduring of and resonating with those loving feelings felt toward the per-

ceived external object, one in which the capacity for realistic self-love and esteem is rooted. Kahlil Gibran wisely wrote in *The Prophet*:

> And a poet said, Speak to us of Beauty.
> And he answered:
> Where shall you seek beauty, and how
> shall you find her unless she herself be your
> way and your guide?
> And how shall you speak of her except
> she be the weaver of your speech?
> (1923, p. 74)

It must not escape our awareness that our capacity to love—and therefore to forgive ourselves—depends largely upon the way in which our loving feelings have been dealt with, accepted, and validated by an other. It seems, when all is said and done, that we are limited in part in our capacity for self-esteem by the limitations of our parents' capacity—and later our analyst's capacity—to contain and therefore to confirm our feelings of reverence and awe. I believe that herein lie several technical implications of enormous import.

For example, if, out of some rigidly inappropriate adherence to theory, we interpret the patient's genuine reverence and awe of us as a defensive idealization, we will fail in our function as a container (Bion, 1977b)[5] for experiences of true goodness. Consequently, this essential internal function—the capacity to experience goodness—will fail to develop in the patient. Instead, what Bion calls the " 'Super' ego" (Bion, 1962, p. 97)[6] will be aug-

[5] The "container function" of the mother/analyst can be divided into three parts: a) *reverie* or the receptivity of the container to the emotional experience projected by the baby; b) *alpha-function* or the metabolic or transformational capacity of the container or its ability to detoxify or render meaningful those projected aspects of the infant's experience; and c) *maternal feedback* or the mother's active return to her infant of mitigated and modified emotional experience, i.e., alpha elements, or the nonsensual component of her loving ministrations. For the analyst this feedback takes the form of interpretation to the analysand.

[6] Bion coined the term *"Super" ego* to denote an internal organization lacking the

mented, and its devastating effects intensified, where forgiveness and the striving for life might otherwise healthfully prevail. In addition, the development of an enduring faith in the existence of goodness and beauty, with increasing hope for their apprehension, will be stultified. When hopefulness perishes, nagging doubts about the goodness of the object—and therefore about the worthiness of the self—perpetuate in spite of repeated proofs of such goodness and worthiness. Moreover, increased envy and defensive idealization will proliferate hyperbolically (Mitrani, 1993). Klein (1975) herself suggested that, like envy, gratitude originates at birth and is its counterpart. She also pointed out that *envy diminishes gratitude toward the object.* However, it has been my experience that this avenue of thought is a two-way rather than a one-way street. In other words, we might also consider that *gratitude serves to diminish envy*! If this is so, how—technically speaking—do we, through our contribution in the analytic setting, throw the balance one way or the other?

Along these lines, Spillius (1993) examines a few of the factors that contribute to or actively provoke envy in our patients and those which modify or mitigate their envy, as well as those elements in what she calls the perceived "giver/receiver relationship" which make envy more or less bearable. Her complex model highlights many of the feelings, perceptions, and misperceptions (both conscious and unconscious) that may persist in both "giver" and "receiver" and that contribute to the overall experience of envy and its interpretive handling in the analytic process.

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usual characteristics of the superego we commonly understand in psychoanalysis. This *"Super" ego* is "an envious assertion of moral superiority without any morals . . . the resultant of the envious stripping or denudation of all good and is itself destined to continue the process of stripping" (Bion, 1962, p. 97), concomitant with what Bion calls the "minus K" condition associated with negative narcissism. He describes this condition as follows: "In -K the breast is felt to remove the good or valuable element in the fear of dying and force the worthless residue back into the infant. The infant who started with a fear of dying ends up by containing a nameless dread. . . . The seriousness [of this situation] is best conveyed by saying that the will to live, that is necessary before there can be a fear of dying, is a part of the goodness that the envious breast has removed" (p. 96).

On the positive end of Spillius's bipolar model, the "giver" derives gratification from giving and is aware that the "receiver" may resent being on the receiving end of the relationship. The "receiver" accurately perceives the "giver" as sensitive to and understanding of these resentful feelings and, in this way, is also able to acknowledge his or her envy, which he/she may then be free to balance out with positive feelings. The "giver," acknowledging the coexistence of such positive feelings, willingly becomes the "receiver."

Thus, a benign process of giving and receiving is put in play in the analysis, as the "receiver" introjectively identifies with an object who gives and receives with pleasure. As I have stated elsewhere (Mitrani, 1993), Spillius seems to imply that in this benign cycle both analyst and analysand partake in and are enriched by this process of *positive introjective identification*; each in turn has the opportunity to take up the role of "receiver" as well as that of "giver."

In contrast to this, the negative end of Spillius's model proposes that the "giver" may experience little pleasure in giving. Instead he or she may feel imposed upon and drained by the demands of the "receiver," and may accordingly be motivated to give primarily by the need to feel superior; a need derived from, and perhaps covering over, a fear that what she/he has to give is bad. Should this attitude on the part of the "giver" be accurately perceived by the "receiver," "envy" will be exacerbated, resentment will be increased, and gratitude will be diminished. The "giver," now further deprived of gratitude, may give less or more aggressively, and the deprivation-envy cycle will continue with both "giver" and "receiver" taking in and identifying with a joyless object in an endless battle for superiority and omnipotent power as compensation for a pervasive sense of discontent. Perhaps one can see here the importance of the establishment of an internal container for goodness, joy, and fulfillment—and even for beauty—in the mind of analyst and patient alike, in order for the positive pole of the "giver-receiver" relationship in analysis to be reached. Without this capacity to experience goodness, analyst and patient to-

gether spiral down toward the negative pole and may be stuck in a vicious cycle where envious experience is endlessly exacerbated.

Finally, I think that as analysts we need to realize that *the degree of our awareness* of both our strengths and limitations, and *the extent of our willingness and ability* to consider, to accurately evaluate, and to acknowledge to ourselves the impact of the messages we send to the baby-in-the-analysand from the "castle of our inner world" are all crucial factors in providing an emotional experience for the patient that serves to mend old wounds and facilitate new growth.

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COUNTERTRANSFERENCE DISCLOSURE AND THE CONCEPTUALIZATION OF ANALYTIC TECHNIQUE

BY STEVEN H. COOPER, PH.D.

Most discussions of countertransference disclosure have focused on points of impasse. Here, I will discuss countertransference disclosure in which the analyst attempts to make explicit to the patient how the analyst experiences something during an analytic session that differs from the way the patient experiences the same moment. The analyst presents his observation as something for the patient and analyst to work on together, with the aim of arriving at further understanding. In a clinical example, I suggest a way of comparing uses of countertransference that relate to other approaches in analytic technique. Since the analyst's disclosure evokes questions regarding asymmetry and anonymity in the analytic process, I will briefly elaborate these dimensions.

Contemporary analysts differ a great deal regarding the use of countertransference in general and countertransference disclosure in particular. The analyst's use of disclosure is embedded within a complex set of theoretical and technical assumptions about the therapeutic action of analysis. Further complicating matters are our varying levels of comfort with exposure of our subjective involvement with our patients. It is my guess that selective use of analyst disclosure is far more widespread than has been represented in our articles conceptualizing technique. This includes not only what we explicitly reveal but also, and perhaps more pervasively, how vigorously we attempt to understand our patient's allusions to their experience of us. I would venture to guess that there are analysts who will not even agree that the interventions I will describe in this paper are best understood as

disclosures of countertransference. However, our "common ground" involving the use of countertransference (Gabbard, 1995) across various theoretical and technical approaches has opened up new vistas with regard to conceptualizing and utilizing countertransference in our clinical work.

In this paper I will map a very small portion of the countertransference terrain, namely, a particular kind of countertransference disclosure in which the analyst's experience is at odds with the patient's experience, and the analyst decides to disclose this difference. In this context, at its best, the analyst puts forward this observation not as gospel but as something for the patient and analyst to work on together and understand. Among analysts who decide to disclose this kind of countertransference, some feel it best to have fully formulated the issue before making the disclosure while others use it as part of a process of discovery with the patient (Bollas, 1989; Burke, 1992). This involves the analyst's comfort with or belief in the value of sharing some aspects of relatively less formulated experience or "unformulated experience" (Stern, 1983) with the aim of arriving at better understanding.

Most discussions of countertransference disclosure have dealt, quite usefully, with points of impasse and stalemate or more heroic uses of disclosure. The interpretation of projective identification almost always involves a disclosure of the analyst's countertransference experience at a particular moment, usually one of intense affect that seems warded off by the patient. At its best, this kind of disclosure helps patient and analyst observe and understand a piece of resistance that might not have been available to the patient. At its worst, this form of disclosure can involve instances when the analyst is unable to contain and process affects from the patient that are overwhelming. It can also be a gross example of what Gray (1990) referred to as the analyst's using authority to overcome resistance while losing a possible opportunity for a closer examination of the nuances of analytic process.

Ehrenberg (1992, 1995) has contributed to the understanding of a broad variety of circumstances in which countertransference

disclosure may be useful. In this paper, I will use the term "countertransference disclosure" to refer more narrowly to the analyst's attempt to make explicit to the patient an experience or set of thoughts within the immediacy of the analytic engagement which differs from the way the patient experienced or perceived the same moment. Thus, it is best defined as a form of what Kernberg (1965) called "totalistic" countertransference. This kind of countertransference carries with it no necessary implication of psychopathology on the part of the analyst. The notion of totalistic countertransference instead involves the assumption that the analyst will experience a wide variety of feelings during analytic work, some of which may relate to the patient's conflicts and some of which may not. The countertransference experience I am describing might be seen by others as simply the analyst's differing impression or even interpretation of what the patient is describing. I prefer to think of it as a form of countertransference because it tends to capture the more routine use of our subjective reactions in ways that are implied, but not made explicit in many of our interpretive efforts. In a clinical example, I will try to suggest a way of comparing types of countertransference disclosure that partially relates to other approaches to analytic technique. I have chosen an example that is illustrative partly because, through my mistakes, it helped me to learn more about what I regard as a more useful approach.

Since the analyst's disclosure inevitably evokes questions related to the balance and importance of asymmetry and anonymity in the analytic process, I will first briefly elaborate these dimensions of analytic process as a background against which to discuss the use of countertransference disclosure.

Analyst Disclosure, Asymmetry, and Mutuality in the Analytic Process

I have recently suggested (Cooper, 1996a, 1996c, 1998) that the technique of self-disclosure is better conceptualized as analyst disclosure because, at its best, the process involves the use

of the analyst as a participant observer in ways that are more common to other interpretive techniques than we sometimes imagine. What is unique about the expression of the analyst's subjectivity in analyst disclosure *is the attempt to explicitly put forward a construction of the analyst's experience to enhance the goals of exploration or understanding.*

The attempt to put forward something about the analyst's experience can potentially become reified as something that is "true," in much the same way that can occur with any interpretation by either patient or analyst (Aron, 1991; Cooper, 1996a, 1996b, 1996c, 1998; Gill, 1983; Hoffman, 1983). Gill (1983) has cogently elucidated how the analyst is treading on thin ice if he or she believes that what is being disclosed is any more true or less defensively tinged than anything else that the analyst has to say. It is the authority of the analyst within the asymmetrical arrangement of the analytic set-up that can make either the patient or the analyst lose a sense of the constructivist aspects of the analyst's disclosure, though obviously this can be a response to any intervention. The analyst is constantly in the position of needing to maintain a curiosity about his or her own motivations and aims regarding all types of interventions. The fact that disclosure is less frequently used than other kinds of interpretation may make it stand out and seem more important or more "real." Renik's (1995) attempt to underscore the value of the analyst's interpretive efforts, including disclosure, as helping the analyst to make his or her position less ambiguous to the patient is extremely useful as long as the analyst maintains a hearty skepticism about the constructivist nature of these disclosures. The analyst needs to be aware that what seems to him or her at a particular moment to be a less ambiguous statement of his or her position may yield in subsequent interactions with the patient new meanings that cannot be anticipated.

I view asymmetry within the analytic situation as a precondition for successful analytic work. For many analysts, however, the issue of analyst disclosure is particularly threatening to asymmetry as a necessary part of the therapeutic action of analysis. I believe that

there is nothing inherently incompatible with some aspects of analyst disclosure and the principle of asymmetry. Aron (1996) is particularly clear and comprehensive in his discussion of how the principles of asymmetry and mutuality may be conceptualized in analytic technique and how disclosure relates to these principles.

Attempts to conceptualize the analyst as a subjective object (Benjamin, 1988) do not necessarily refer to the analyst as a direct discloser. Instead, the implications of the analyst as a subjective object refer to many ways in which the analyst can experience herself or himself and use these experiences with the patient, including a thorough attempt to examine the patient's experience of the analyst's subjectivity (Aron, 1991, 1992, 1996; Cooper, 1996a, 1998; Hoffman, 1983; Renik, 1993, 1995). Some analysts view the analyst's disclosures as axiomatically disruptive to the essential aspects of asymmetry within the analytic situation. For example, Etchegoyen (1991) believes that the generation of data should come exclusively from the patient. This position minimizes elements of mutuality inherent in the analytic situation. According to Aron (1996), the concept of mutuality refers to the ways in which mutual regulation (Beebe, Jaffe, and Lachmann, 1992) occurs in the analytic situation and to how both patient and analyst generate data. This does not mean that they generate data equally or in similar fashion (Bollas, 1989); asymmetry is retained because the work tasks of the two are distinguishable. As I have tried to elaborate elsewhere (Cooper, 1998), the analyst's use of thoughts and feelings in all types of interventions is selective. Within the asymmetrical arrangement, it is the patient who is the focus of understanding, even though at times the relational field and the analyst's experience move to the forefront in the attempt to achieve these understandings. Renik (1995) detailed how the analyst can become less ambiguous, and at times less anonymous without necessarily compromising the importance of asymmetry. Jacobs (1991, 1995) also believes that analyst disclosure does not necessarily minimize the importance of asymmetry.

Aron (1996) has usefully argued that the problem with placing mutuality and asymmetry in opposition to each other is that dis-

closure is then seen as compatible with mutuality while nondisclosure becomes part of the belief in maintaining the asymmetry of the analytic situation. For example, Burke (1992) argued that ideally the analyst strikes a balance between elements of asymmetry and mutuality. While I agree with the importance of this balance, I do not think that there is an equivalence between the analyst's disclosures and the notion of mutuality. Many analysts (e.g., Aron, 1991, 1996; Cooper, 1998; Hoffman, 1991, 1994) who believe that data generation comes also from the analyst do not minimize that the analyst's function lies largely in attempting to listen to and understand the patient's communications, even though the patient and analyst are viewed as having mutually reciprocal influences on each other. Asymmetry is not necessarily lost or minimized with the use of disclosure, unless it is used defensively by the analyst to avoid fundamental differences between patient and analyst roles within the analytic setting. Paradoxically, some patients experience disclosure as very much a part of the asymmetrical arrangement because they learn only a little bit, "a taste" of something related to the analyst's subjectivity. In other words, sometimes learning something directly from the analyst resonates with experiences of solitude. Similarly, the patient may experience the analyst's privacy or anonymity as part of a shared experience, akin to Bion's (1963) characterization of the analytic encounter: "We're both in this alone." There is nothing inherently asymmetrical or mutual, gratifying or frustrating, about disclosure or anonymity except as they are construed by analyst and patient.

An obvious but sometimes underemphasized dimension of the relationship between mutuality and asymmetry is that the analyst can go only so far in his or her descriptions of these issues; the other essential part of the equation involves the patient's experience of these aspects of technique. The more radical implications of this fact of psychoanalytic life is that there will be instances when one approach to countertransference, such as illustrated by Schwaber (1992), is more effective with a particular patient or during a particular point in the analysis while the more active use

of countertransference (involving disclosure or interpretations of projective identification) is more helpful during other points in an analysis or with other patients.

A Note about the Use of Countertransference

The use of countertransference in the interpretive process is one of the major points of difference among contemporary analysts, namely, the degree to which the analyst focuses more exclusively on the patient's experience rather than attempting to integrate his or her experience with the patient's perceptions and experience. As one reference point, Schwaber (1992) has referred to countertransference as a retreat from the exploration of the patient's experience. Within Schwaber's approach, the analyst is encouraged to view the many ways in which he or she may unwittingly shy away from opportunities to elaborate the patient's perceptions. Critics of this approach (e.g., Gill, 1994; Hoffman, 1991; Hoffman in Panel, 1997) suggest that it may value the patient's experience to the exclusion of integrating the mutual influences of patient and analyst. Contemporary interpersonal, conflict-relational, social-constructivist, Kleinian, and middle school relational theories suggest that the analyst's "totalistic" (Kernberg, 1965; Tansey and Burke, 1989) approach to countertransference offers many ways of integrating the analyst's and patient's experience into understandings of the analytic encounter.

Thus, while some contemporary theorists such as Gray (1990) and Schwaber (1992) may differ regarding particular elements of their attention to technical approaches, there is still general agreement in the approach to countertransference. These theorists would see countertransference more in minimalist terms (Tansey and Burke, 1989) as a response to the patient's conflicts versus the use of countertransference that I have described as totalistic. Schwaber's attempt to understand the patient's perceptions and experiences as much as possible is not necessarily at odds with an approach which integrates and utilizes the countertransference.

For example, in the approach that I will discuss, I find that it is generally useful to try to develop and understand the patient's perspective and experience as fully as possible before offering whatever differing or complementary perspective I have in mind. However, Schwaber seeks to understand her countertransference so as to minimize what she conceptualizes as the analyst's impingements on the patient's perceptual and experiential world. Analysts who utilize the countertransference more actively, including the judicious use of countertransference disclosure, believe that the patient's experiential and perceptual world may *sometimes* be better understood by including aspects of the analyst's perceptions and experiences. In other words, the patient's psychic reality is viewed and embedded within a relational matrix that requires the silent or sometimes articulated elucidation of the analyst's experience and perception.

In considering the utility of countertransference disclosure, I think it is helpful to decide on the judicious and conservative approaches to this interpretive direction. However, in discussing elements of technical procedure and sequence, it is important to keep in mind Hoffman's (1994) emphasis on the balance between expressiveness and restraint in the overall process of analysis. From a Kleinian perspective, Steiner (1993) has suggested the value in striking a balance between patient-centered and analyst-centered interventions. I would add here that there is a tendency for some analysts to equate spontaneity with expressiveness or disclosure, which I view as problematic. An analyst can be spontaneously silent, interpretive, or revealing. What is important is the attempt to strike a balance between disciplined and spontaneous participation.

How do we translate Gray's (1990) useful emphasis on focusing on observables to the active integration of the countertransference within a relational model? Obviously, the surfaces related to a topography of consciousness emanating from Gray's approach on the one hand, and from a relational matrix, on the other, are aimed at different levels of inference and theoretical discourse regarding motivation and experience. Yet in exploring the use of

countertransference disclosure, particularly instances as illustrated in this paper involving the analyst's putting forward impressions differing from those of the patient, I think it is useful to think about how to best protect the patient's autonomy and opportunity for the creation of an analytic space (Ogden, 1985). This relates to the problem of how to minimize inference and preserve the uniqueness of the analytic situation so as to understand the effects of the analyst's influence.

Is more or less inference involved when the analyst tentatively wonders aloud about whether something in his or her experience implies a particular feeling in the patient that the patient was less aware of than the analyst? In Racker's (1968) terms, does a concordant identification, in which the analyst might have feelings similar to those of the patient, involve a deeper kind of inference than a complementary identification, in which the analyst might feel the way one of the important objects in the patient's life might feel, at least as construed by the patient? Is it more speculative for an analyst to disclose a feeling which is at odds with the patient's experience than to disclose a reaction that is consonant with the patient's stated experience?

The interpretation of projective identification seems to have implications of depth because it implies that the analyst is experiencing a feeling that the patient is not aware of or able to experience more directly. The analyst becomes the container for these feelings that are presumably anathema for the patient. Yet along the axis of "minimalist" and "totalistic" uses of countertransference (Tansey and Burke, 1989), the interpretation of projective identification is consistent with Freud's minimalist definition of countertransference as the analyst's response to the patient's conflicts. The totalistic definition implies that the analyst's wide variety of experiences are not necessarily derived from the patient's conflicts. Thus, the broader, more inclusive use of countertransference may not necessarily be bound to deeper or more unconscious experiences of the patient.

In the context of mutually held resistance, how do we understand the level of inference when the analyst shares something of

his or her experience in order to analyze something that has been difficult for the patient to integrate? By "mutually held resistance," I mean a form of resistance from the patient and the analyst's countertransference response to this resistance which together comprise a mild or extreme form of impasse within the analysis. It may mean that the analyst has been unable to analyze the resistance because of affects that he or she is unaware of or is aware of and finds intolerable.

There is value in taking seriously Schwaber's (1992) suggestion that countertransference *can* be a retreat from the patient's experience or perception. However, the belief that the countertransference always constitutes an obstruction whenever the analyst sees things differently from the patient can itself become an impediment to analytic work. There are many times when the analyst sees things in a different way or is struck by the determinants of the patient's perception that may cause the analyst to want to bring these matters to the foreground. If what is being disclosed does not leap into inferences about similarity in the response between patient and analyst or complementarity between the analyst's response and the patient's experience, then the basic attempt to preserve the potential space of the analytic situation is well served. The analyst's self-analytic experience and technical discipline is essential here (Hoffman, 1992; Renik, 1995).

A relatively more conservative use of countertransference disclosure involves the analyst first having attempted to elaborate the patient's view and experience as much as possible. If the analyst wishes to introduce an impression that is at odds with that of the patient or attempts in some way to explain the patient's reactions, the analyst can make something available for the patient to consider and can continue the analytic process and the analyst's and patient's attempts to understand this process. Within an interpretive sequence then, the initial disclosure about what the analyst regards as a mutually held form of resistance may be regarded as less inferential than an initial attempt to explain this resistance in terms of its determinants. A later, fuller interpretation using the countertransference is one that integrates what the analyst and

patient have learned about the confluence of factors at play: the patient's affects and conflicts, the understanding of the transference and resistance, and, when applicable, the analyst's experience which has been put forward. It is then that a determination of how both concordance or complementarity in the countertransference (Racker, 1968) may be simultaneously at play. Other meanings of the countertransference may also become more accessible and available for interpretation.

In regard to the ideal of the analyst's relative anonymity or the goal of elucidating the patient's experiential and psychic reality, the analyst's disclosure of a particular feeling or impression could be considered a relatively radical intervention. Yet when put forward tentatively as an attempt to elucidate something occurring between patient and analyst, it may be viewed as relatively less inferential in its meaning in terms of the patient's experience. Thinking of Renik's (1995) distinctions between anonymity and ambiguity, we might conceptualize the analyst's reactions that are at odds with the patient's experience as relatively closer to the surface, given that the observational field has been implicitly extended to include a totalistic view of the countertransference.

Acknowledging and integrating the implicit forms of subjective participation in all analytic interventions (Aron, 1991; Cooper, 1993, 1996a; Hoffman, 1983; Renik, 1993, 1995) allows us to consider instances when the judicious attempt to state our reactions to the patient's associations explicitly may provide a relatively less speculative approach to interpretation. This view of the utility of some forms of countertransference disclosure is difficult to reconcile with other surface approaches emanating from ego psychology because the assumptions about what is helpful to the patient or what comprises the therapeutic action of analysis are strikingly different. For example, Inderbitzin and Levy (1994) view the use of countertransference disclosure as a form of external reality introduced by the analyst that serves defensive functions by distracting the patient from the more important purpose of learning about intrapsychic processes. But if the analyst believes that meaning and change occur in relational *and* intrapsychic

contexts, then countertransference experience is accorded more value in the therapeutic action. I do not believe that the direct disclosure of countertransference is deeper or—probably more to the point—wilder because it expresses something of the analyst's experience. What defines the wildness of any kind of countertransference intervention is both how quickly and the degree to which inferences are made exclusively on the basis of the analyst's experience. Intrinsic to this mode of evaluating our interventions is the analyst's ability to view his or her interpretations as steps toward understanding rather than starting them with premature certainty.

Clinical Example

This example provides a way to think about the analyst's choices in integrating his or her discrepancies in affect with those of the patient. The technique that I will suggest as ideal is quite different from what I actually did and what I will present here. I was struggling to understand something that was as yet unformulated in my mind. Thus, my technical choices are hardly ideal, but they provide a comparison point for a discussion about the countertransference and how it may be used or misused.

Mr. A was in the process of terminating an analysis, approximately five months hence, and embarking on a move to another city. During a session, he talked about a number of issues, most prominently his sense that he would miss some of his colleagues and that his mother and brother seemed to be less enthusiastic than he would have imagined about his return to the city in which they live. I felt that Mr. A was deeply moved during the hour, yet I felt myself to be a bit less engaged than usual and without much inclination to voice what was forming in my mind about what I understood from the material. I had the sense that he was probably alluding to me when he discussed the colleagues he would miss. I wondered to myself if, in Mr. A's view, I was a mother who was happy to have known him and to have worked with him in

analysis. I had the sense that he had felt that I was a more enthusiastic and engaged mother than his real mother. But as the hour proceeded, these thoughts, while available, did not press toward something valuable to say. At the time I thought that I would not voice these thoughts because I had been making the same kinds of observations about the transference with some regularity during the termination stage. He had been working deeply and productively, talking about what he had accomplished in analysis and what I meant to him. During this hour I was more struck with the novelty of my response than with how this material repeated so much of what he had been discussing; specifically, I felt less engaged in this hour and wanted to understand if there was something yet undiscovered about Mr. A or about our interaction. With about fifteen minutes left in the hour, the patient said to me (with a change of affect, including a tone of self-reproach) that he wondered if he had just been riding on the surface today, kind of getting by in a way that he felt was familiar to him in some contacts with people. He said that he likes to feel that he is in deeper and more sustained contact with others and with me.

I was struck that Mr. A seemed quite engaged with the material, and this engagement was peculiarly at odds with my own sense of being less engaged. I asked Mr. A if there was anything more that he could tell me about his sense of being less engaged. I thought that since my impressions of him were so different, I would try to keep them to myself for internal processing and see if I could get a better sense of what he meant. He basically repeated what he had stated earlier. Ideally, after deciding to do something other than continue listening and trying to think about this discrepancy, I might have begun a line of inquiry by simply saying something about the difference between the way he experienced himself and the way that I was experiencing him. Instead, I rather clumsily wondered with him if there was anything in my behavior today that made him feel as though he was just touching the surface. I was aware of a feeling that from my point of view, he had done more than just touch the surface. Yet, I found myself quieter than usual during the hour and less involved.

My question to him about whether he noticed something in me is not uncommon for me as a beginning mode of inquiry, but usually I inquire in this direction when the patient has directly noted something about me. On this occasion I had the sense that the question came from my having noticed, but not yet understood, that I had felt less engaged than usual. Furthermore, I was not convinced of the most obvious potential linking of my countertransference experience of feeling slightly disengaged to the possibility that he was less engaged. Sometimes during the analysis, I had been able to make this link between our experience of disengagement. He responded, first and rather reflexively, by saying that he didn't notice anything about me in the hour that would have made him feel that I was less engaged.

I silently tried to think about why I might not be able to sense his disengagement, but kept running up against an impression of his strong affective presence in the hour. I began to think that maybe his sense of disengagement was an expression of a wish not to have to feel the impact of losing those around him, including me. I had the sense that he was uncomfortable giving credence to his experience of sadness and reluctance to leave, and that one way to cope with this feeling was through a withdrawal from these feelings into a position of self-criticism about being disengaged. This formulation seemed plausible but rather abstract. Rather than listen and explore his sense of disengagement further, I decided to say that I thought I had been quieter than usual.

This comment seemed to really affect him. He said that now that I mentioned it, he had felt I had been particularly quiet. After a long pause, he became very sad and said that maybe he had felt disappointed about my not saying more. I said that maybe if he had noticed this without having really been aware of it until I mentioned it, it might have made him feel as though he had been less engaged with himself or less interesting/engaging for me to listen to. I returned to a familiar interpretation throughout the analysis: that he was prone to take observations (often unconsciously experienced) such as this one about me or those about others and conclude, self-critically, that this was a failing of his

own. At this point I also said that I thought perhaps he wished not to have to feel the impact of losing me or others and that he was sad about giving credence to these feelings. Mr. A seemed to resonate deeply with both parts of this interpretation. He even added a familiar observation from our work together: that he would often seize on whatever he could to blame himself for something rather than experience feelings he didn't want to feel.

I believed that we had uncovered an important theme throughout the analysis related to his pervasive sense of self-reproach—more particularly, his criticism of himself in the context of an unconscious criticism of me. When I commented further on this pattern, again he agreed and acknowledged our having covered this territory before. As the hour drew to a close, he spoke more about how he wasn't sure if he would be able to feel "at home" in his new home. He wasn't sure how he could bear to really say good-bye and talk about what I had meant to him. He thought that maybe this uncertainty and sadness had formed in his mind as a sense of being disengaged and that he needed me to help him bear these experiences. He also said that he wanted to know what he meant to me. On that note we ended the hour.

Discussion

Regarding possible technical choices, I believe that the way I went about examining the discrepancy between my view of Mr. A and his view of himself was less than ideal. It would have been useful either to pursue further Mr. A's experience of disengagement (which I did as much as seemed fruitful) or to begin my interventions by making explicit my different experience of him and to see what came up in his associations. Instead, I turned his attention to what he had noticed about me prior to making explicit how I had seen him as more engaged than he had felt himself to be. By asking him so quickly about his perceptions of me, I may have foreclosed opportunities for finding out what was on his mind about our different perceptions. It was as if I was so

aware of my disengagement, and probably guilty about it, that I was leading him to a perception of this or to an opportunity to begin to understand it. I may have had an unconscious need to confess to the patient that I felt I had not been as attentive as I should have been.

Perhaps the most sensible approach would have been to ask the patient more about his sense of feeling less engaged and then to silently monitor my own discrepant response. But let us assume for a moment that I had continued this approach rather than eventually moving in another direction. Assume that I had learned that the discrepancy continued and that I had been unable to reconcile my sense that the patient had seemed quite involved with his own experience. One quite sound approach utilizing the countertransference might have begun with the silent registration of my discrepant sense that he was engaged and might have ended with my saying something like: "You say that you feel a sense of being less engaged, yet I didn't experience you in that way. Let's try to explore that." I suggest that this would be a use of the countertransference that is relatively less inferential because it notes something about the analyst's experience and puts it out on the table before making deeper inferences about the meaning of the differing affective reactions of patient and analyst. It might be argued that my actual intervention created ambiguity and led the patient in more particular directions than would the intervention suggested above.

In a sense, asking him about what he noticed about me was short of an explicit disclosure about my sense of disengagement, but undoubtedly borrowed from that experience. I have referred to these kinds of statements as "virtual disclosure" (Cooper, 1996a, 1998). In these instances the analyst indirectly discloses something about himself or herself without taking explicit responsibility. My decision to bring up my quietness was ultimately helpful within the sequence in terms of our understanding more about how he may have blamed himself for heretofore unconscious perceptions of me as quiet and uninvolved. But I think a more judicious use of the countertransference might have been to begin by

conveying something about our different views of him. This would have been less ambiguous than asking about his perceptions of me. Then the disclosure about my quietness, if I deemed it useful, would at least be a less ambiguous way to begin integrating how the patient may have perceived me.

The sequence I have reported is not an ideal one; rather it is what happened. It might be regarded as a "first draft," thus revealing more of my "unformulated experience" (Stern, 1983) than would have been ideal. I was unable to think so clearly about the matter at the time. My technique here and the disclosure in its raw, first-draft form reflected how disclosure, inquiry, and interpretation are sometimes at the margin of what the analyst does and does not know about his or her experience. I was beginning to put pieces together—my discrepant sense of Mr. A's experience, my own experience of not being engaged and of being rather quiet, and my prior knowledge that he might be prone to blame himself without consciously registering a sense of disappointment in me. While this sequence was hardly ideal, it does capture something of the way an analyst can begin to integrate countertransference experience and at times disclose it—or not disclose it—toward the goal of understanding unconscious process between patient and analyst.

It would, of course, be erroneous to assume that whenever I find something immediately affectively incomprehensible about the patient's associations, I believe it is useful to tell the patient. Usually, I find it best to explore the patient's feelings in more detail so that I can better understand what he or she is feeling. However, I do believe that we may not sufficiently integrate some of our sense of discrepancy with the patient's affective experience in order to inquire (not impose our discrepant reactions) further. Renik (1995) has made a cogent argument for the potential value and technical advantages of pursuing this line of inquiry. In deconstructing the direction that I took, I would now say that I found something affectively incomprehensible about Mr. A's reported experience of himself—something that seemed as if it might refer to an unconscious experience.

I would like to address several questions about the nature of my countertransference, especially how typical it was in this analysis or in other analyses that I conduct. Should my distance in this hour be understood as something I needed to work on outside the hour? I can only say that distancing from intimacy, depressive affect, leave-taking, and sadness are all things that I contend with in clinical work. It had not been a primary feature in my work with this patient. I view it as something that I am always working on in the analytic process. I had some reason to believe that Mr. A seemed engaged in the material and that I felt myself at mild remove from the material relative to my usual stance with him. The possible utilization of the countertransference surface or disclosure cannot substitute for the analyst's obligation to consider and understand the elements of his or her own psychic life that are at play.

As I thought later about the hour, I wondered about what had occurred between us that would allow us to look more deeply at his feelings about stopping and about the process between us. He was alluding to stopping throughout the hour, but could he bear to feel it more deeply and directly with me? Could he allow himself to look once again at his disappointments with each of his parents and his analyst without blaming himself? Could he bear the feelings of dependency on me and his anxiety about leaving without a retreat into self-reproach? Was this shift into blaming himself for "riding the surface" an unconscious request for me to get back to work and be present with him? Obviously, I directed many of these questions to myself as well. Was there something that interfered with my understanding how he might experience himself as disengaged? Could I bear to experience the process of saying good-bye, including both his feelings and mine about his leaving? Did I feel an extra need to somehow bring myself into his awareness?

A related angle is that my disengagement and countertransference resistance to my feelings about his leaving may have been affectively resonant with his underlying feelings about leaving (Lipton, 1977). Seen from this perspective, there are several pos-

sible meanings. One is that I was affectively responding to his alluding to missing me and that I wanted to be able to pull away without really saying good-bye or examining his feelings about our ending. Another meaning is that my disengagement resonated with his own sense of not being engaged. While the latter had sometimes been the case, as I have stated, this time I felt that the patient was engaged with the material—it was I who was feeling more withdrawn than usual. I take very seriously this distancing on my part, yet I am not convinced that these feelings are necessarily impediments to understanding; they may often be of help in understanding processes going on between patient and analyst rather than signaling the need to sanitize the analytic process. I do think that my disengagement had more to do with my own reactions to his leaving and that at this point in the session and in the work, there were no clear reasons for discussing my reactions to his leaving, except for my own needs and gratification.

In large measure, the patient's view of himself as being disengaged was an iatrogenic response to my having been less responsive than usual. While I believe that this was partly true and in a sense regrettable, I also believe that what we had been able to explore at a deeper level was his sense of self-reproach within a different context—an affectively deeper context involving whether or how he could trust himself without me there to support him. Mr. A's self-reproach was an always ready response that emerged within his analysis in many contexts. He had been able to work on his tendency to withdraw from himself and criticize himself in my presence during the analysis, but now we were examining whether he could do this in the new context of terminating the analysis. We were also learning more about his reactions to being disappointed in me. His disappointment derived both from my being unable to maintain a steady level of engagement, but also from my letting him go (the analysis ending). Thus, in the context of this partially iatrogenically derived self-reproach, through my disclosure of my discrepant experience of him, we were able to understand his tendencies toward self-reproach in a new context.

There are many surfaces available to the analyst who does not

wish to disclose a countertransference response which is at odds with the affect that the patient reports. I could have interpreted the patient's allusions to the loss of his colleagues or his anger or disappointment toward his mother as relating to the transference; this would entail his sadness about leaving me and even the wish that he could stay with his good mother rather than leave and go to the old object. I could have interpreted his feelings about riding the surface as a wish to see himself as not being involved with the material of the hour and not examining how deeply he was experiencing and expressing feelings throughout the hour—a wish that I did in fact interpret to him. I could have wondered more generally what had happened inside him as he turned his attention toward the bad job he was doing as an analysand.

For purposes of comparison, I will briefly examine Gray's (1990) approach, which focuses on analyst and patient sharing observations about the patient's resistance to drive derivatives that are briefly allowed into consciousness.

Gray's technical approach to clinical material is a model of clarity. He aims to put into focus, "processes of ego maturation set in motion by intellectually gained and experientially exercised insights" (1990, p. 1083). I will try to guess at what Gray would seek to do with my material. Since Gray views countertransference largely in Tansey and Burke's (1989) minimalist form as a response (pathological or nonpathological) to the patient's conflict, I speculate that he would focus more exclusively on the content of the patient's associations. Were he to experience the set of feelings that I did, he would seek to understand it outside the hour. (I might add that this is also a part of what I see as my task.) Gray's efforts would focus on drawing Mr. A's attention to his change in affect and content when Mr. A noted that he felt he was riding the surface. Gray's initial efforts would not be aimed toward uncovering an underlying motive for the patient's shift in affect. Instead, he would inquire about this shift. Gray (1990) draws the patient's attention to what he considers to be the last defense in a sequence, "because it is the 'nearest' one, the one with which the patient is momentarily coping" (p. 1090). Then, if he has a hypothesis

about how this defense relates to a familiar solution to conflict and why the patient might seek this solution, he might put this forward for the patient to consider. Most important, Gray would not introduce the patient to the analyst's "real" thoughts and feelings, but would instead emphasize the patient's imagining those feelings.

In the example I have outlined, when I noted a shift in the patient's affect and content related to "riding the surface today," I was immediately confronted with a discrepancy between the patient's experience of himself and my experience of him. Were I to have left out my discrepant experience of the patient at the moment and my awareness of being less engaged myself, I might have noted the shift in affect and content and wondered silently about a number of possible motives related to this shift. For example, perhaps there was something about losing me and his colleagues that had led him to feel momentarily that he was riding the surface. Perhaps his experience of riding the surface corresponded to a feeling of having dulled a set of painful feelings about depending on me and having to leave me. What is important here is that, from Gray's perspective, because of my discrepant response I was distracted from learning more about the id and superego pressures reflected in the patient's associations. However, by integrating my discrepant response, albeit clumsily, I learned more about the patient's inner life and intrapsychic processes but within the interactive matrix (Greenberg, 1995) of the analytic situation. Thus, I regard Gray's approach as, at times, less encompassing because it might minimize the patient's reaction to his perceptions of the analyst.

From another contemporary ego psychological perspective (Inderbitzin and Levy, 1994), I could be viewed as having distracted the patient from what they regard as the more important realm of id and superego pressures in his associations by focusing his attention on his perception of me. From this perspective, I too readily brought the patient's attention to something that I had noted in my experience, namely, my quietness, when I might have asked him more about his sense of what was happening internally

for him at the moment that he said that he felt disengaged. To assume, however, as Inderbitzin and Levy do, that this line of inquiry is always "distracting" is too simple.

I am in agreement with the criticism of my technique here, but on specific rather than general grounds. When a patient and analyst see things differently, I think that, generally speaking, it is useful for the analyst to learn as much as possible about how the patient feels about things. It is after this effort that the analyst's communication of a different way of seeing things may be most useful and probably least speculative in terms of understanding unconscious contributions to both the patient's intrapsychic process and the interaction between patient and analyst. With regard to my technique with Mr. A, my question to him about what he had perceived about me did not follow from anything that he had explicitly noticed about me. Furthermore, I did not precede it with an explicit disclosure about how I had experienced him as quite involved. As I stated earlier, if I had first made this more explicit, I would have better set the ground for mentioning my quietness and how it may have partly registered unconsciously for him and partly contributed to his experience of only riding the surface. Yet I have also said that our work is often characterized by such stumbling, stops and starts in attunement, formulation, and disciplined listening.

I find a great deal of value in the perspectives offered by Gray, Schwaber, and Inderbitzin and Levy as partial technical approaches to psychoanalytic process. It is certainly possible that I provided Mr. A with a distraction from something internal that we might have mined had I not so readily asked him to think about what he had observed about me. But it is also possible that if I had never mentioned my discrepant reaction, it might not have been as easy for the patient to learn more about how he was unconsciously registering feelings about me that he was too anxious to let into awareness. Disregarding my clumsy technical application of these ideas with Mr. A, my suggestion is that by making a portion of our thoughts and feelings about our patients known to them at times when it seems important for understanding the

clinical process, we create important consequences rather than only "distracting" the patient (Inderbitzin and Levy, 1994). When we decide at times to make ourselves more known to the patient, we are more prone to view the possible deleterious impact than to consider that there are also instances when we help the patient in ways that were less available through exclusive inquiry into affective shifts.

Most important, I view the use of countertransference in which the analyst initially considers how it may be an impediment to understanding the patient's experience as a useful and judicious approach. However, I believe that there are many instances when the countertransference can help the patient to understand unconscious affects and motivations. For example, Renik (1995) provided a vignette in which a patient had the idea that the analyst was being extremely gentle in a protective way. Renik responded that he was not aware of any particular concern of that sort and that the patient might have some of his own reasons for imagining that the analyst saw him as fragile. Gill might have argued, as did Aron (1996), that Renik's conscious thinking might be no less defensive or reliable than the patient's. Aron suggested that the plausibility of the patient's thinking should be further explored before introducing the analyst's hypothesis about why the patient might see him this way. Implicit in this position, however, is an assumption that the plausibility of the patient's thinking is necessarily threatened by the analyst's voicing his or her own thoughts about the matter. We have no way of knowing within Renik's paper how many times he had traversed this ground with the patient before disclosing his experience. I would assume that Renik was aware that what he put forward was no more reliable, no less a construction, than any other type of intervention. If the analyst pursues these matters with this in mind, then the opportunity for exploring the plausibility of the patient's perception and experience may be preserved, even at times enhanced.

A crucial and provocative question here is whether it is *necessarily* or *always* problematic that the analyst is limited in knowing that

his or her reaction is as defensive as is the patient's. Renik has made a cogent case for how the analyst, through self-analytic work, can evaluate his or her own complex reasons for disclosure while continuing to explore the plausibility of the patient's attributions. This dilemma relates to the often difficult task of evaluating how potential space within the analytic situation has been well served or compromised within any clinical moment.

I would like to explore another provocative point related to this technical matter elaborated by Renik. As I have stated, I am likely to follow the suggestion of Gill (1982), Gill and Hoffman (1982) Schwaber (1983), and others (e.g., Aron, 1991) to explore the plausibility of the patient's perception of the analyst before proceeding further. However, I have sometimes done this in a kind of routine manner, fully knowing that I have a hypothesis in mind (generated by numerous other clinical moments) about something that might contribute to the patient's selective perceptions. In attempting to redress the relative lack of importance given to the patient's perceptions of the analyst within classical theory and technique, I believe that we need to be aware that whatever our approach, we are likely to develop routine techniques. In my view, there is no book that argues against directing a patient's attention to underlying determinants that contribute to perception if the analyst believes that he or she has already covered the ground of what the patient has perceived in the analyst (Hoffman, 1994).

Hoffman's work attempts to open up vistas about the social construction of reality in the analytic situation. In my view, he is also quite sensitive to realities, co-constituted by analyst and patient, that are comprised of unconscious determinants and perceptual experience as interpenetrating domains. He attempts to explicate the theoretical vacuum created within classical theory for understanding perception and interpersonal influence as major factors in the construction of conscious and unconscious phenomena. Following Hoffman's (1994) warning to relationally oriented analysts to expect institutionalization of his and other's contributions, I would like to further underscore the utility of our

feeling a degree of freedom in moving back and forth between the two domains of interaction and intrapsychic phenomena and the technical choices available in these domains.

There are times when we need to think aloud with the patient. The more we can think about the variety of ways to utilize this aspect of technique, the more disciplined we can be in its application. My effort here has been to consider the most careful and least speculative ways to integrate aspects of disclosure when we have decided that this would be necessary or useful to the progress of the analysis. I think of analytic authenticity as the analyst's efforts to broadly utilize our available subjective and intellectual capacities toward understanding. Our need at times to think aloud and to share aspects of our associations (these are highly selective and different from those that come from the patient's associative process) is a part of what many have referred to as analytic authenticity. Analytic authenticity does not mean confession or revelation. It does not mean a suspension of disciplined reflection and analysis of process. It does involve a willingness to consider how our countertransference experience impedes or elaborates understanding. In discussing aspects of what facilitates understanding, Ehrenberg (1995) has referred to a willingness to risk knowing and being known.

I view the occasional and judicious use of countertransference disclosure as a crucial model of learning more about the patient, one that is far more utilized than discussed in our literature. We may learn that making our impressions and ourselves more known to our patients, including what we do not yet understand, may also be an important and underemphasized part of the therapeutic action of analytic process.

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Subjects of Analysis

Bo Larsson

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BOOK REVIEWS

SUBJECTS OF ANALYSIS. By Thomas H. Ogden, M.D. Northvale, NJ/ London: Jason Aronson Inc., 1994. 230 pp.

Thomas Ogden's book, *Subjects of Analysis,* is a masterpiece. After three excellent books[1] you would not expect him to be able to offer anything really new. But he does.

The "Subjects" in the title is, of course, a highly overdetermined word. Ogden writes about a wide variety of psychoanalytic subjects, but what he is mainly dealing with is the "psychoanalytic subject." The agent that is capable of instigating genuine and deep-going psychic change in the "subject" of the analysand is, according to Ogden, neither that of the analysand nor that of the analyst. The (psycho)-analytic third, as he calls it, is created in-between analyst and analysand in the psychoanalytic dialogue. Referring to Winnicott, Ogden insists that the question of whether this "third subject" is intrapsychic or interpersonal is irrelevant. It is a reproduction of the mother-infant relationship that takes place in every genuine and successful psychoanalysis, be it with a "normal" neurotic, a perverse person, a borderline psychotic, or a schizophrenic.

Obviously, Ogden believes that his theoretical work bears on much more than psychoanalysis; it bears on the human condition in general. He starts his book with an existential warning: "It is too late to turn back. Having read the opening words of this book you have already begun to enter into the unsettling experience of finding yourself becoming a subject whom you have not yet met, but nonetheless recognize" (p. 1). A few pages later he states, "This book has already become 'an eternal curse on the reader of these pages'. . .who. . .will destroy it, and out of that destruction will come a sound that. . .[the reader] will not fully recognize" (p.3) as his/her own but as creation by the *analytic third,* in this particular case the third created when the subjectivity of the reader meets that of the author.

Evidently, Ogden's thinking is deeply influenced by the dialectics of Hegel, which virtually permeate the whole book. For example, the

[1] *Projective Identification and Psychotherapeutic Technique* (1982); *The Matrix of the Mind: Object Relations and the Psychoanalytic Dialogue* (1986); and *The Primitive Edge of Experience* (1989).

"mother-infant unit" may be conceptualized not only in Winnicottian terms, but also, and more importantly, in terms of Hegel's "subject-object" unit, which forms the base of his phenomenology of the human spirit.

Quoting Ogden's acute interpretations of the great psychoanalytic thinkers would take me too far afield in a review. Suffice it to say that he is one of the very few psychoanalysts I am aware of who has with any success managed to extract the best out of such different theoreticians as Freud, Fairbairn, Klein, Winnicott, Bion, and many others without becoming eclectic. He has been able to revise their thinking without throwing out any important babies with the bathwater.

In the last chapter of his book, in a discussion with Stephen Mitchell, Ogden describes and defends his views on analyzability. Like Searles, he does not accept the idea that "unanalyzable" patients do not exist. People who hold the view that anyone can be analyzed are those who are able to tolerate the demand made by the seriously disturbed psychotic that his or her analyst *in living experience* actually feels what the analysand felt as a baby—whether the terrible feelings were due to the mother's (or father's) shortcomings, or to the infant's own extreme sensitivity, or to both. It is evident to Ogden that there are quite a few "mother-infant units" that do not function, which leads to severe psychopathology throughout life even in people who may be able on the surface to function socially. What adds greatly to the value of the book is that the author illustrates his theses with convincing clinical examples.

In one of his earlier books, Ogden made a major contribution to psychoanalytic theory when he revised Kleinian thought by replacing her diachronic view on the two "positions" she posited with a synchronic perspective and by adding a third position, the *autistic-contiguous* one. In this book he supplements Winnicott's two types of "isolation" from the mother (as object and as environment) with a third one, which he calls *autosensuality*—not autoerotism. These revisions are tantamount to a dialectic reconstruction of the views of basic mental functioning held by Winnicott and Klein.

It is interesting, to say the least, that Ogden does not see a contradiction between his ideas and Freud's basic idea of the binary mode of thought. He argues that "The Freudian Subject" is decentered from "I-ness," including the Conscious and the Unconscious, which are unthinkable outside of a dialectical interplay. One is constantly

what the other is not; each simultaneously destroys and preserves the other.

In his reading of Klein and Winnicott, Ogden stresses their insistence upon the intersubjectivity involved in all subjectivity. Klein may have a tendency to stick to an intrapsychic or solipsistic perspective, but her idea of projective identification is an outstanding *interpersonal*, as well as intrapsychic, concept. Ogden clarifies this in a most generative way by placing it at the very center of the question of the psychoanalytic subject, of the interplay between subjectivity and intersubjectivity.

If Ogden questions Winnicott, it is rather for his apparent *lack* of solipsism. However right he thinks Winnicott was when he asserted that "there is no such thing as a baby," Ogden at the same time assumes the existence of a basic "position," or "*isolation*," in which the mother takes no part, "Perhaps the non-REM portion of sleep" (p. 177, n. 5). The introduction of this line of thought is a central contribution of this book.

Ogden's innovations entail a revision of our views on psychoanalytic technique. Our interpretations are not simply verbal, but what he calls *interpretive action*, expressed by the way we behave toward our analysands. If the analyst sounds angry, to Ogden's mind that is certainly an interpretation. If the analyst is "neutral," in the sense of being disinterested, that is unquestionably also an interpretation. Ogden recommends that we pay more attention to what he calls the "matrix of the transference-countertransference-relation"; the "setting" or "background" can interfere by negating, destroying, or preserving the interpretations, and vice versa.

An important aspect of Ogden's book is that it raises the question of the relationship between psychoanalysis and philosophy. You can think of Freud as a psychoanalyst or as a philosopher. You can do the same with Ogden, who is dealing with psychoanalytic thought at its "edge" (to use a term of his own). However, you still have to choose whether the fundamental understanding of the human, or of "Being-in-the-World," to use Heidegger's language, which Ogden unwittingly seems to approach, should be thought of as philosophy or psychoanalysis, or both. It is not an easy thing to do both at the same time, especially if your philosophical knowledge is less up to date than your psychoanalytic reading. Ogden uses the term "phenomenology" in a strictly Hegelian sense, which is refreshing when you com-

pare it with the general use of the term by American writers as synonymous with "descriptive." It is irritating, however, that Ogden does not seem to be aware of the fact that it has taken on a distinctly divergent meaning, since the "father of phenomenology," Edmund Husserl, began to use it in a different and specific way.

Another typical American mistake is to use the term "intentional" only in the narrow sense of having a psychological "intention" in what one is doing. Ogden seems half aware that Brentano would not have consented. Also, Ogden writes of the autistic-contiguous position as something beyond "time and place." If it is a description of a personal experience, I can follow his argument, but how is it possible, in a philosophical sense, after Heidegger, to claim that there can be any human experience "outside time"?

These are marginal remarks, however. I look forward to seeing what happens when Ogden finds time for more reading of philosophy, but what he has contributed so far by rethinking and reconciling psychoanalytic thought is probably among the best work that has been done since Freud.

BO LARSSON (NACKA, SWEDEN)

THE EGO AND ANALYSIS OF DEFENSE. By Paul Gray, M.D. Northvale, NJ/London: Jason Aronson Inc., 1994. 254 pp.

In his prestructural theory technique paper of 1912, "The Dynamics of the Transference," Freud graphically described the process of resistance. "The analysis has to struggle against the resistances. . . . The resistance accompanies the treatment step by step. Every single association, every act of the person under treatment must reckon with the resistance and represents a compromise between the forces that are striving towards recovery and the opposing ones. . . . "[1] He stated that analysts make use of "the influencing of a person by means of the transference phenomena which are possible in his case. We take care of the patient's final independence by employing suggestion in order to get him to accomplish a piece of psychical work which has as

[1] Freud, S. (1912): The dynamics of the transference. *S.E.*, 12, p. 103.

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The Ego and Analysis of Defense

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[1] Freud, S. (1912): The dynamics of the transference. *S.E.*, 12, p. 103.

its necessary result a permanent improvement in his psychical situation."[2]

Freud's continuing study of resistance led through the identifications in "Mourning and Melancholia" in 1917 to the concept of "*Über-Ich*" or superego that he proposed in *The Ego and the Id* in 1923. He recognized that the analyst was put in the place of this critical agency, this "grade" or "differentiation" in the ego.

In 1936, Anna Freud, in *The Ego and the Mechanisms of Defence,* noted that interruption of the flow of associations is due to transference resistance by the ego. She discussed in detail the major role of superego anxiety in motivating defenses against instinct. She was of the opinion that in this endopsychic conflict "a settlement can be arrived at between the different institutions, especially if the super-ego has become more accessible to reason through the analysis of the identifications upon which it is based and of the aggressiveness which it has made its own. [The ego's] dread of the super-ego having thus been reduced, there is no longer any need for it to resort to defensive methods, with pathological consequences."[3] But in this same monograph Anna Freud did not give up the use of suggestion, for she also talked about how "the analyst uses his personal influence to secure the observance of the fundamental rule."[4] However, she was at the same time aware that, because the analyst does this, "the defence set up by the ego against the instincts takes the form of direct opposition to the analyst himself."[5]

Paul Gray's *The Ego and Analysis of Defense* is a compilation of a series of papers, evolving over more than twenty years, on the analysis of defense and on the teaching of his technique to other analysts and students. In it, he discusses a "developmental lag" in the evolution of technique. One of his major points is that the use of analytic authority to overcome resistance has persisted even though theoretical advances many years ago made it possible to deal with resistances (defenses) by analysis instead. Gray states that his evolving technical preferences and writing coalesced around Anna Freud's monograph. However, ambivalence about giving up an authoritative stance, i.e.,

[2] Freud, S., *Op. cit.,* p. 106.

[3] Freud, A. (1936): *The Ego and the Mechanisms of Defence.* New York: Int. Univ. Press, 1946, p. 68.

[4] Freud, A., *Op. cit.,* p. 32.

[5] Freud, A., *Op. cit.,* pp. 32-33.

suggestion, to overcome resistance, was present in her monograph, as can be seen from the above quotations. Gray is of the opinion that the analyst making a traditional interpretation uses suggestion when crossing over a barrier of an unconscious defense, as well as when he or she asks patients to free associate to a dream element. Gray tries to avoid suggestion by demonstrating to analysands the vicissitudes of the aggressive drive as they are expressed in authoritative positions which the patients transfer on to the analyst as bases for resistances. He analyzes the patients' inhibitions against observing their redirecting of their angry feelings toward the analyst back upon themselves. Gray is a proponent of doing this via close process observation of associations and noting the appearance of resistance after the emergence in consciousness of a drive derivative, the kind of close process observation Freud had described in 1912.

Gray's theoretical arguments are persuasive and thought-provoking. His suggested techniques, which studiously avoid (with appropriate patients) traditional interpretations in favor of demonstrating patients' defenses in process, carry the potential for a tempest in reaction to a "sea-change" in doing analysis that Gray hopes will be "something rich and strange" (Shakespeare: *The Tempest*, I, ii, 399). The strange newness is captured very well by the questions Marianne Goldberger asked Gray in an interview; a transcript of the interview constitutes the last chapter of the book. Goldberger expressed the doubts and objections that have bothered many analysts. She asked, for example, whether his emphasis on the immediate present in the analytic hour meant that he thought only the transference is important. She asked about the issue of unconscious guilt, whether he neglects dreaming, whether his technique makes patients feel they are being nagged, and whether close observation of moment-to-moment events lends itself to joint obsessional thinking. This reviewer would add the following to Goldberger's list: Is it necessary or advisable to prepare the patient with relatively elaborate instructions at the beginning of analysis, as proposed in Chapter 8, or would much briefer instructions followed by meaningful demonstrations of the process be more effective and minimize the potential transference reaction of taskmaster? While the topic is touched on in Chapter 4, could there be more elaboration on the analysis of resistance due to bisexual conflicts as well as that due to narcissistic hurt? Could some clinical data be presented (perhaps in a second edition) dem-

onstrating the announced increase in strength of aggression and libido which the patient will allow her/himself to direct toward the analyst when Gray's technique is utilized for superego analysis?

Another area deserving elaboration is the extent of applicability of Gray's theory and technique to children and adolescents. There is only one very brief mention of child and adolescent analysis in the book. Two of Gray's ideas might be a starting point in thinking about this. He builds on Stein's elaboration on the unobjectionable transference[6] to demonstrate that the transference of the analyst as an affectionate, approving, and protective authority can be used to defend against the conflict anxiety that would arise from a restraining, inhibiting transference. This affectionate transference was promoted at first by child analysts giving birthday and holiday gifts to their patients and sometimes candy and food during analytic sessions to cultivate the positive transference. The transference implications have tended to be overlooked. Harley[7] and Miller[8] have discussed analysts' failure for a long time to recognize that children develop transferences. Gray's idea of a developmental lag may be applicable in understanding the evolution of technique in the analysis of children. The idea of a continuing relationship with the parents and a reaction to Melanie Klein's stress on transference have been adduced to explain the delay in thinking about transference and transference resistance in child analysis. Perhaps some of the lag can also be explained, however, by the need of child analysts to assume a position of affectionate authority. This took the form in the 1920's of creating a strong tie with the child in a preparatory phase, of maintaining a positive transference in the 1940's and 1950's, and then of interpreting negative transference promptly, as suggested by Anna Freud in the late 1950's, to shield the patient from aggressive anxiety and the analyst from the aggression of the child during analysis of the transference resistance.

Do we need to rethink the idea of the absence of free association

[6] Stein, M. H. (1981): The unobjectionable part of the transference. *J. Amer. Psychoanal. Assn.*, 29:869-892.

[7] Harley, M. (1986): Child analysis, 1947-84: a retrospective. *Psychoanal. Study Child*, 41:129-153.

[8] Miller, J. M. (1996): Anna Freud: a historical look at her theory and technique of child psychoanalysis. *Psychoanal. Study Child*, 51:142-171.

in child analysis, especially with regard to transference resistance to it? Utilizing close process observation of the defensive shifts in a child's productions, whether from talking to playing to drawing, within speech, or within play, might be very fruitful. Anna Freud in her 1936 book suggested following defenses against affects instead of content analysis. She was trying to counter Melanie Klein's idea that the flow of a child's play is the equivalent of free association which she used as the basis for making symbolic interpretations. Children are not usually prepared for analysis by asking them to say everything that comes to mind, but they very quickly get a sense that what they say and play is very important in their treatment.

Paul Gray's book is an important book. It makes one think about basic concepts that are dearly held. It raises questions in the reader who, in turn, questions the author and his views, but it also allows the reader to go ahead and question other previously unquestioned views.

JOSEPH S. BIERMAN (BALTIMORE)

THE CORRESPONDENCE OF SIGMUND FREUD AND SÁNDOR FERENCZI. VOL. 1, 1908-1914. Edited by Eva Brabant, Ernst Falzeder, and Patrizia Giampieri-Deutsch. Cambridge, MA/London: Harvard University Press, 1993. 584 pp.

These early letters, starting from the first meeting of Freud and Ferenczi, portray the excitement of both in their psychoanalytic discoveries, while at the same time depicting their personality differences. Ferenczi's exuberence is effusive. His letters are longer than Freud's, freely associative in nature, and seeking of Freud's approval for his ideas. Freud, on the other hand, manifests considerably more caution and discernment, yet is unstinting in his "giving" quality. His sense of conviction is ever present.

Many of the issues raised by these pioneers are still being discussed today: curiosity about occultism and thought transference, children's use of symbolism as the beginning of concept formation, the functioning of libido in hysteria, and how analysts react to their patients. Therapeutic zeal is related by Freud to early object loss in the analyst. Many words of caution and advice are given by Freud to Ferenczi on maintaining an analytic posture. None of this comes more to the fore

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The Correspondence of Sigmund Freud and Sandor Ferenczi

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than in Ferenczi's complex involvement with Gizella and Elma Palos, mother and daughter, what today would fall under the rubric of boundary violations.

Because Freud hoped that Ferenczi would become an analytic leader in his own right, he shared with Ferenczi many of his observations and criticisms of the prominent figures who surrounded them. We find many comments about Adler, Rank, Bleuler, Jones, and others. Stekel's break with Freud and the ensuing crisis of the *Zentralblatt*, followed by the formation of the *Internationale Zeitschrift*, is a particularly interesting segment (Letters 331, 346, and 349). So, too, are the letters dealing with the evolution and dissolution of Freud's relationship to Jung. Freud's intention to amalgamate Jews and non-Jews into the service of psychoanalysis met opposition in Jung's religious view of the Aryan spirit. Ferenczi gave up on Jung earlier than Freud did, going so far as to consider Jung and his Swiss followers "a bunch of anti-Semites." Nor was Freud prepared to accept Jung's ideas on occultism and mysticism. The split with Jung was a particularly painful one for Freud. He wrote of this phenomenon as a manifestation of the totem feast. "My construction of the totem meal is proving to have practical applications. The 'brothers' are attacking me from all sides, especially the 'founders of religion.' There is something nice and patterned about this thing, but it requires a strong stomach" (Letter 359).

Ferenczi's letters are filled with his flight of brilliant ideas, clinical examples from his practice, reflections on his daily existence, and his search for a replacement father figure. The letters from Freud contribute less to an understanding of his daily and family life, although comments on his hobby of collecting antiquities and playing tarok are included (Letter 117). There is very little to help us know about his feelings toward women or about his experiences in marriage or as the father of five growing children.

Kudos must be extended to the editors, transcriber, translator, and supervisor (André Haynal). They have devoted great time and energy and have done an outstanding job in enhancing the readability of the letters. Haynal's introduction provides a well-written historical background for the interchange. It includes a summary of the sensitive correspondence between Ferenczi's heirs (Gizella and Elma Palos, Michael Balint) and Freud's heirs (Anna Freud and her brothers) over issues of selection of letters to be published (1,200 out of 2,500),

preservation of privacy, and the desire to do no harm to people still alive. Much credit must also be given to the compilers of the footnotes throughout this edition. They are full of brief biographies of the prominent figures surrounding Freud. They are quite informative and give ample evidence of the great care the editors took to remain as close to the truth and as faithful to the facts as they could possibly be. They have even tried to position undated letters in context. The translation into English is also of high quality. On the basis of these standards, we might all look forward with enthusiasm to the appearance of Volumes II and III of the Freud-Ferenczi correspondence.

S. WARREN SEIDES (SCARSDALE, NY)

WITTGENSTEIN READS FREUD: THE MYTH OF THE UNCONSCIOUS. By Jacques Bouveresse. Translated by Carol Cosman. Princeton, NJ: Princeton University Press, 1995. 143 pp.

Readers who are interested in philosophical critiques of Freud's writings will find what they are looking for in this book because it presents an informed commentary about all of Ludwig Wittgenstein's writings in which he examines Freud's contributions. In addition, this volume provides a discussion of the relevant German, English, and French philosophical literature on the topics in Freud's writings that Wittgenstein wrote about.

Of all of the philosophers who have written about Freud, Wittgenstein was one of the most well informed and incisive. He gives a balanced view when he acknowledges "Freud's extraordinary scientific achievement" (p. xix) and at the same time emphasizes how many parts of Freud's theory were far removed from science and instead close to mythology.

Freud was one of the few authors Wittgenstein thought worth reading. With Freud, he shared a common cultural background in Vienna. His sister Margareta was analyzed by Freud, and he admired Freud for his intelligence, his imagination, his inventiveness, and his ingenuity. Wittgenstein, however, suspected Freud of having a poor understanding of morality and religion, and he judged as completely naïve Freud's idea that under the influence of scientific thinking humanity as a whole would finally see that the doctrines of religion

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Wittgenstein Reads Freud: The Myth of the Unconscious

Theo L. Dorpat

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preservation of privacy, and the desire to do no harm to people still alive. Much credit must also be given to the compilers of the footnotes throughout this edition. They are full of brief biographies of the prominent figures surrounding Freud. They are quite informative and give ample evidence of the great care the editors took to remain as close to the truth and as faithful to the facts as they could possibly be. They have even tried to position undated letters in context. The translation into English is also of high quality. On the basis of these standards, we might all look forward with enthusiasm to the appearance of Volumes II and III of the Freud-Ferenczi correspondence.

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are entirely inadequate and would accept the logical consequences. Wittgenstein himself was certainly not a proponent of the scientific conception of the world.

Before Darwin, the greatest public harm was done by organized religion because it had in many Western countries the ultimate and sometimes absolute authority. With the near collapse of theology as an influential or academically important discipline, science has usurped the role of providing answers to humanity's questions and problems. Unfortunately, some scientists, such as Freud, have attempted to address and even to answer questions which are beyond the scope of the scientific method.

In the foreword, Vincent Descombes writes, "The hypothesis of the unconscious is the keystone of the entire Freudian conceptual apparatus: repression, symptoms, the etiology of neuroses, dreams, slips, and so on. . . . Did Freud present a scientific hypothesis. . . . Or did he instead, as Wittgenstein believes, invent a 'manner of speaking'?" (p. xii). In my opinion, Wittgenstein and other philosophers of his time exaggerated the significance of whatever philosophical errors were committed in Freud's formulations about unconscious mental functioning. Recall that Wittgenstein's criticisms about Freud's writings on the unconscious were made prior to World War II. In the past fifty years, scientific investigations have proven the value of some of Freud's speculations and hypotheses, modified some, and discarded others as invalid and obsolete.

In any case, it is not accurate to describe many of Freud's views on unconscious mental functioning as a mythology, as Wittgenstein and others of his time did. In my view, two of Freud's greatest contributions were the concepts of defense and of two kinds of cognition, the primary process and the secondary process. Though his descriptions of these phenomena are grounded in facts, not myths, his explanatory hypotheses (i.e., his metapsychology) about these processes have been shown to be deeply flawed.

Yes, Freud's writings on "the Unconscious" abound in reifications and other philosophical errors, and Wittgenstein correctly criticizes him on this score. Does this mean we should dismiss Freud's writings on "the Unconscious" as mere "mythology," as Wittgenstein and Bouveresse suggest? I think not. Imperfect and incomplete as Freud's concepts were, they were nevertheless most prescient and surprisingly similar in many respects to contemporary formulation in cognitive

psychology, neuropsychology, and the neurosciences. Some of the core meanings and hypotheses contained in his writings about unconscious contents and processes have been tested and confirmed by scientific experimentation in several disciplines (including developmental and cognitive psychology and the neural sciences).

Wittgenstein successfully challenged and exposed the fallacy in the Freudian concept of consciousness as an organ of sensory perception that gives us access to (direct) knowledge of the mental. His argument here is essentially the same as the one he cogently presented against the concept of introspection as a method for observation of internal mental events. The term "introspection" is a metaphor which, when used correctly, refers to thinking about one's ideas and feelings. When, however, one misinterprets or uses the metaphor "introspection" in a literal sense to mean actual observation of internal (i.e., mental) events, one is in error. When we say, for example, I see what you mean, we do not mean that we can literally observe the other person's meaning.

Wittgenstein claims that a good number of empirical confirmations invoked to support psychoanalytic hypotheses may result simply from the psychoanalyst's power of suggestion and persuasion over the patient. My criticisms of Freud's treatment methods include those made by Wittgenstein and go further in showing how Freud (probably unconsciously) used various subtle pressures, such as gaslighting and shaming, to shape his patients' responses. He did this with both Dora and the Wolf Man,[1] among others. A circular, self-confirming process occurred in which Freud used persuasion and other pressures on his patients so that they would bring forth memories and ideas confirmatory of his hypotheses of the unconscious contents underlying their symptoms and dreams.

Some of Freud's errors and prejudices, in Wittgenstein's view, stem from three underlying assumptions of Freudian theory which Wittgenstein disputes. The first of these is psychic determinism, which Freud himself frequently discussed as a constitutive preconception that should not be questioned. Freud's entire scientific career was characterized by an abiding faith in the notion that all phe-

[1] Dorpat, T. L. (1996): *Gaslighting, the Double Whammy, Interrogation and Other Methods of Covert Control in Psychotherapy and Analysis.* Hillsdale, NJ/London: Aronson.

nomena, including psychic ones, are rigidly and lawfully determined by the principle of cause and effect. According to Wittgenstein, we do not know if everything has a cause. Our scientific knowledge could possibly evolve to where we might adopt a system in which there are no causes of certain events.

The second basic assumption contested by Wittgenstein is that everything mental has a certain meaning, function, or intention. For example, Wittgenstein's objection to Freud's dream theory is that while some elements of the dream may have meaning, this does not necessarily mean that everything in the dream has a meaning. In defense of Freud, one should note that even though one accepts Wittgenstein's criticism of Freud's theory of teleological explanation, one must give Freud credit for showing the range and usefulness of teleological explanations. He succeeded remarkably in extending the realm of understanding teleological explanation by demonstrating that a considerable number of mental phenomena, including, most notably, dreams and symptoms which at first seem not to make sense, can actually be made intelligible in teleological terms and explained by the subject's conscious or unconscious intentions or motives.

The third mistaken assumption made by Freud is that if a property obtains for one member of a class, the same property pertains to all other members of the class. According to Wittgenstein, Freud had the remarkable conviction that it is enough to examine a single well-chosen case or a small number of cases to know instantly what is necessarily fundamental and essential in all other cases. For example, after finding that sexual conflicts were important in a few cases of hysteria, he began to insist that such conflicts were the essential causes of all cases of hysteria as well as of most of the other neuroses. Also, when he noted that some dreams expressed wishes, he generalized this to the mistaken idea that all dreams expressed wish fulfillment. When he found that some slips were triggered by unconscious conflicts, he incorrectly assumed that all slips were caused by psychic conflicts. A slip can have mutiple causes, some more or less banal, most of which may be unperceived. The Freudian explanation of slips accounts for some but not all slips.

Wittgenstein's repudiation of Freud's theory about the role of the "dream work" in transforming a pre-existing latent content into the manifest dream has been supported by dream researchers. Contemporary investigations into dreaming do not go along with Freud's

theories about how the "dream work" distorts and transforms a pre-existing latent content into the manifest content of dreams.

According to Wittgenstein, Freud failed to distinguish between causes and reasons. When we laugh without knowing why, Freud claimed that through psychoanalysis we can find the cause of the laughing. Wittgenstein believed that Freud was in a muddle between a cause and a reason. Being clear about why (i.e., the reason) one laughs is not being clear about the cause.

Wittgenstein doubts that Freud found a way to use free association as a method of scientific investigation rather than an essentially "creative tool" akin to what artists use.

Bouveresse concludes that Wittgenstein correctly criticizes Freud for

> doing (bad) philosophy under the name of "science," and of elevating the most characteristic vices of ordinary philosophical activity to the level of scientific virtues. Whereas Freud imagines he is being scrupulously scientific in his determination to show that there is basically one kind of dream, joke, slip, etc., Wittgenstein thinks this is precisely the kind of thing one ought to avoid assuming or postulating in philosophy because it is generally the source of the most typical philosophical confusions and intractable problems (p. 122).

With the exceptions noted above, Wittgenstein has done a more penetrating and fair assessment of Freud's writings than many other philosophers and scholars. The noted Stanford historian, Paul Robinson, has mounted a thoughtful but ultimately devastating critique of the three most powerful of Freud's recent assailants: sociobiologist Frank Sullivan, renegade psychoanalyst Jeffrey Masson, and philosopher Adolf Grünbaum. Robinson concludes, "Like it or not, Freud virtually invented a new way of thinking about the self. If we hope to do him justice we must recognize that his accomplishment judged in terms of richness, breadth, and imagination has been equaled by only a handful of figures in the history of thought."[2]

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[2] Robinson, P. (1993): *Freud and His Critics.* Berkeley/Oxford: Univ. of California Press, p. 269.

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On Freud's “Creative Writers and Day-Dreaming.”

Peter Buckley

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ON FREUD'S "CREATIVE WRITERS AND DAY-DREAMING." By Ethel Spector Person, Peter Fonagy and Sérvulo Augusto Figueira. New Haven/London: Yale University Press, 1995. 196 pp.

The daydream has been a curiously neglected subject in the psychoanalytic literature. As Raphling[1] recently suggested, this may simply be a consequence of the apparent infrequency with which patients report daydreams. However, the explanation for the paucity of such clinical material is to be found in Freud's remarkable 1908 paper that supplies the title for the volume under review here.

In this work, Freud traced the origins of adult daydreams to a substitute for children's play. While the child's attitude is an open one about playing, Freud observed that the adult is ashamed of his or her fantasies because of their instinctual origins and conceals them while simultaneously cherishing them as his/her most intimate possessions: "The adult . . . would rather confess his misdeeds than tell anyone his phantasies."[2] One arena in which the adult daydream achieves regular public display, albeit in disguised form, is in creative writing. While Freud rather disingenuously claimed that "[b]efore the problem of the creative artist analysis must, alas, lay down its arms,"[3] he nonetheless wrestled in numerous studies, including this one, with the psychological provenance of artistic creativity, and he provided brilliant insights into its nature. In his 1908 paper he stated, "A strong experience in the present awakens in the creative writer a memory of an earlier experience (usually belonging to his childhood) from which there now proceeds a wish which finds its fulfilment in the creative work."[4] This is consonant with Thomas Aquinas's perception that fantasy is a collection of memories, an insight which was extended by Freud: "a piece of creative writing, like a day-dream, is a continuation of, and a substitute for, what was once the play of childhood."[5]

Confronted with this dazzling example of Freud's own creativity, the ten distinguished commentators on the paper are faced with the

[1] Raphling D. (1996): The interpretation of daydreams. *J. Amer. Psychoanal. Assn.*, 44:533-547.

[2] Freud, S. (1908): Creative writers and day-dreaming. *S.E.*, 9, p. 145.

[3] Freud, S. (1928): Dostoevsky and parricide. *S.E.*, 21, p. 177.

[4] Footnote 2, p. 151.

[5] Footnote 2, p. 152.

daunting task of providing further illumination. In this they succeed by adding more than just a series of glosses on an extraordinary paper. Different theoretical propositions about the nature of fantasy are explicated; wider views of the motives for fantasy than those of Freud (which were based almost exclusively on instinctual gratification) are explored; and the thorny issue of "unconscious" fantasy is examined. Each of the contributors adds to our understanding of fantasy and creativity.

Ultimately, however, this volume's greatest value may lie in drawing our clinical and theoretical attention back to the rich insights offered by the ubiquitous, frequently avoided, and often-hidden daydream since, as Prospero observed, "We are such stuff as dreams are made on. . . ."

PETER BUCKLEY (NEW YORK)

WILFRED BION. HIS LIFE AND WORKS, 1897-1979. By Gérard Bléandonu. Translated by Claire Pajaczkowska. New York: The Guilford Press, 1994. 303 pp.

This relatively short book is the first attempt at a full biography of probably the most important figure thus far in psychoanalysis after Freud and Klein. The fact that it is translated from the French is not obtrusive or distracting.

Curiously, the author is not a psychoanalyst, but a community psychiatrist. It is clear that he carefully researched not only Bion's ideas and writings, but also his personal history and other pertinent factors. Of particular interest and usefulness are the references scattered throughout, linking Bion's work to the broader context of the history of relevant ideas in philosophy, science, and mathematics. (This is especially useful in Chapter 21, "Genetic Epistemology.")

Part I consists of four short chapters detailing Bion's family origins and early life. It chronicles his life and career through both world wars and up to the death of his first wife. The remainder of the book gives an overview of Bion's life work, divided into four "seasons": The Group Period; The Epistemological Period (divided into two parts); and The Final Period, after Bion's move to California.

A few points stand out in the reading of this book. Bion progressively sees psychoanalysis as a descriptive science and art dealing with evanescent, ephemeral, and often ineffable—but still ordinary—

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Wilfred Bion. his Life and Works, 1897–1979

James A. Gooch

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A few points stand out in the reading of this book. Bion progressively sees psychoanalysis as a descriptive science and art dealing with evanescent, ephemeral, and often ineffable—but still ordinary—

psychic experience. He means to evoke in the reader the psychic experience being discussed, an experience which is usually quite painful. It is most fruitful to read Bion without memory and desire, not striving to understand, but waiting for the reading to give rise to meaning that forms from the reader's own experience.

One is struck by how many unexplored psychic areas and realms (galaxies, to use an astronomical metaphor) Bion brings to our attention. As early as The Group Work, Bion describes the excluded emotions of latent Basic Assumption Groups at any given moment, and speculates on their place in a physical and psychologically undifferentiated protomental system. Throughout his writing, he notices evidence of resurgent psychosomatic primacy, i.e., uncontained (unmentalized), even prenatally unassimilated and postnatally split-off parts of the self showing up in the consulting room as intense, even explosive, inchoate feelings experienced physiologically and anatomically, which need to be contained within the human body and psyche.

The need for the therapist/analyst to be capable of double, if not multiple, perspectives simultaneously shows up in The Group Work and continues to evolve throughout Bion's work; including: Work Group/Basic Assumption Groups, the psychotic part of the personality/nonpsychotic part of the personality, reversible perspective, vertices, and the Grid categories. A prominent example of being able to shift vertices is Bion's use of the Oedipus myth to see the Oedipus crime as arrogance as well as being sexual—which could be viewed as the point that marks his passing from "Kleinian" to "Bionian."

Bion saw that the dream (or personal) myth is to the psychoanalyst what the mathematical formula is to the applied mathematician—a way of discovering many possible combinations and permutations of meaning which the Grid idiographically conveys. The building blocks for our dreams and myths come from personal body-mind experiences understood within the context of an intimate personal relationship. The "digested" memory of the properly understood concrete experience is now availabe to be used as a metaphor, analog, or "alpha element" for thinking, feeling, and further discovery. Various combinations and permutations with other alpha elements can be made (the "language of achievement" type of thinking can occur). If this process fails, various forms of psychopathology result, such as hallucinations, acting out, and somatizations.

Basically, the book seems accurate. However, the list of psychoanalytic elements, which includes only three, is inaccurate and possibly misleading. Bion's explicit list of elements certainly includes the three mentioned and a few more, but is basically left open for development. Given the epistemological importance of psychoanalytic objects to Bion, and the author's interest in Bion's epistemology, it is puzzling that he did not write more on the subject.

While reading this book will help locate one in the overall corpus of studying Bion's work, it is a poor substitute for the prodigious, infuriating, but mind-expanding and freeing struggle of reading the real thing. I do recommend the book for anyone interested in a overview of Bion's work. It is analogous to reading a good travel guide with good maps, pictures, and text, which is very different from an actual expedition to the real place.

JAMES A. GOOCH (BEVERLY HILLS, CA)

FEMININITIES, MASCULINITIES, SEXUALITIES. FREUD AND BEYOND. By Nancy J. Chodorow. Lexington, KY: The University Press of Kentucky, 1994. 132 pp.

This book comes out of lectures given by Nancy Chodorow at the University of Kentucky. It contains her reflections on two issues of interest to psychoanalysts: first, she asks about difference and variation in the context of our theories about gender in psychoanalysis; second, she challenges the sanctioned position, the "normalizing," of heterosexuality in psychoanalysis.

Chodorow begins with an enlightening and lucid account of Freud's views on women. She describes several different approaches that Freud takes: theoretical woman in his developmental theory, in which he reconstructs female development from his adult clinical cases; second, the clinical women, the many women we have come to know in Freud's case studies; third, woman as subject-object, as she herself internally represents and experiences herself; fourth, women as they are socially and historically located; and fifth, women patients and the early women psychoanalysts as creators of psychoanalytic technique and understanding. Little gems of insight dot this chapter. Chodorow shares her hunch that Freud's idea that the girl gives up oedipal wishes more gradually than the boy might account for his

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Femininities, Masculinities, Sexualities. Freud and Beyond

Nancy Kulish

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failure to conceptualize active female desire in his idea of normal femininity. Chodorow points out that many of the early female analysts who wrote about female sexuality and largely confirmed Freud's views were his analysands. She points out that Freud's understanding of *male* attitudes toward women was specific, informative, persuasive, and precise. It illuminates for us, with passion and empathy, masculine fantasies and conflicts.

In the second chapter, Chodorow focuses on logical inconsistencies and ambiguities in psychoanalytic approaches to heterosexuality. She argues that accounts of "normal" heterosexuality do not compare in richness and specificity to accounts of the various perversions. Clinical accounts of heterosexuality do not effectively distinguish heterosexuality from homosexuality, according to any consistent or specific criteria. She cannot accept a biological explanation for object choice:

> A biological or bioevolutionary explanation of heterosexuality leads us to deny what we know clinically, experientially, culturally, and cross-culturally: that sexual feelings are psychological, charged, and subjectively meaningful and that their particularity can be explained in terms of an individual's psychodynamic life history and cultural-linguistic location. If we accept the biological assumption, we lose our psychology. If we are to retain a psychological approach, recognizing that biology and drives are always embroiled in conflict, fantasy, identity, narcissism, passionate object relating, reparation (the particular psychological theory here is irrelevant), we cannot rely on sexual dimorphism to explain heterosexuality (p. 41).

Citing Lewes,[1] she argues that the origins of normal heterosexuality are much more complex and varied than Freud originally described. All outcomes contain elements of trauma and normality. The interpersonal alternative to drive theory she finds lacking: normal heterosexualities look more or less alike and their sexuality seems vacuous. Chodorow then examines critically the theories of Stoller, Kernberg, McDougall, and Person and concludes that heterosexuality is either a defensive structure or a compromise formation in some sense. These accounts do not provide us with the motivational forces for identification with the same sexed parent or with an explanation of how identification relates to erotization. From a feminist perspective she points to "the asymmetry in heterosexual desire and its intertwining

[1] Lewes, K. (1988): *The Psychoanalytic Theory of Homosexuality.* New York: Simon & Schuster.

with patterns of dominance and submission" (p. 56). She feels that psychoanalysts, with few exceptions, have taken this for granted.

Chodorow points out the wide gap between psychoanalytic theories about normality and sexuality and the clinical accounts that are more specific, complex, and sophisticated. "Clinically, there is no normal heterosexuality" (p. 62). She explores the differences between "normal" and abnormal sexuality in terms of types of defenses or compromise formations, level of object relations, issues of submission and dominance, etc. This sort of argument, however, entails difficulties. Chodorow argues that, given our current clinical and developmental knowledge, we ought to treat all sexuality as problematic.

In her final chapter, Chodorow argues against generalizing about how women and men love. She would have us deconstruct the tie of heterosexuality with male dominance, and separate sexuality from gender. In contrasting homosexuality and heterosexuality, psychoanalysis has both assumed and disregarded gender differences. She argues that masculinity and femininity are both constructed and overuniversalized.

To account for choice of object, we need to give a cultural and an individual developmental story, not a revolutionary argument: " . . . an important ingredient in any woman's or man's love or sexual fantasies, erotic desires, and behavior will be found in her or his particular unconscious and conscious appropriation of a richly varied and often contradictory cultural repertoire which has been presented directly through what we think of as cultural media and indirectly through parents, siblings, and other early parental figures" (p. 79). One consistent thread she finds is male dominance, but such inequality is not monolithic. European-American psychoanalytic feminists writing on love, such as Contratto or Benjamin, suggest that one such culturally held theme is that mothers subtly and indirectly build up and idealize father to their daughters. In contrast, African-American mothers do not seem to teach their daughters subservience to men.

Chodorow's own established generality is that most girls in love relationships seek an internal emotional dialogue with their mothers to recreate the early infantile or oedipal connection. These aspects of female love are not *necessarily* subjectively gendered, stemming from preverbal and preoedipal preoccupations with self-other differentiation, as well as from preoedipal and oedipal subjectively gender-linked experiences. Those aspects of men's love that grow out of their

relationships to their mothers are more likely than women's to be subjectively gendered: that is, to be intertwined with the sense of masculinity. This subjectivity is not neutral; insistent masculine superiority and asymmetry imply and give evidence to a defensive construction. She warns readers to be wary of her previous generalizations about how there are differing capacities and needs for intimacy between men and women which lead to strains and tensions in heterosexual relationships. She holds that these patterns are useful to keep in mind but are not universal: " . . . gender makes a difference but does so in particular ways" (p. 90). She ends with a dilemma: " . . . the problem, then, is how to consider gendered subjectivity without turning such a consideration into objective claims about gender difference" (p. 91).

In summary, in this book Chodorow raises challenging questions but makes no claims for easy answers. Her arguments show the benefit of her deepening and cumulative clinical experience. Above all, Chodorow demonstrates that she has the unique and refreshing capacity to change her thinking.

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BY FORCE OF FANTASY. HOW WE MAKE OUR LIVES. By Ethel S. Person, M.D. New York: Basic Books, 1995. 276 pp.

The subtitle, *How We Make Our Lives*, gives the main thrust of this interesting book by Ethel Person. She reviews what psychoanalysis has taught us about unconscious fantasies as well as about daydreams and reverie, and demonstrates how studying fantasy life can be crucial in gaining understanding of the inner psychological life of the individual.

There are nine chapters which seem to encompass the entire world of fantasy. In a signficiant statement that brings out the views of contemporary psychoanalytic thinking, the author points out that the usual way in which we have thought of fantasies, as pleasure driven and "evoked in the service of wish fulfillment and substitute gratification," is inadequate. These are not the only motivations for fantasy. The content of some fantasies appears to be affect-driven rather than wish-driven and is "directed more to achieve emotional mastery—creating a feeling of safety, containing fears and anxieties" (p. 47).

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By Force of Fantasy. How We Make Our Lives

Arthur Malin

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relationships to their mothers are more likely than women's to be subjectively gendered: that is, to be intertwined with the sense of masculinity. This subjectivity is not neutral; insistent masculine superiority and asymmetry imply and give evidence to a defensive construction. She warns readers to be wary of her previous generalizations about how there are differing capacities and needs for intimacy between men and women which lead to strains and tensions in heterosexual relationships. She holds that these patterns are useful to keep in mind but are not universal: " . . . gender makes a difference but does so in particular ways" (p. 90). She ends with a dilemma: " . . . the problem, then, is how to consider gendered subjectivity without turning such a consideration into objective claims about gender difference" (p. 91).

In summary, in this book Chodorow raises challenging questions but makes no claims for easy answers. Her arguments show the benefit of her deepening and cumulative clinical experience. Above all, Chodorow demonstrates that she has the unique and refreshing capacity to change her thinking.

NANCY KULISH (BIRMINGHAM, MI)

BY FORCE OF FANTASY. HOW WE MAKE OUR LIVES. By Ethel S. Person, M.D. New York: Basic Books, 1995. 276 pp.

The subtitle, *How We Make Our Lives*, gives the main thrust of this interesting book by Ethel Person. She reviews what psychoanalysis has taught us about unconscious fantasies as well as about daydreams and reverie, and demonstrates how studying fantasy life can be crucial in gaining understanding of the inner psychological life of the individual.

There are nine chapters which seem to encompass the entire world of fantasy. In a signficiant statement that brings out the views of contemporary psychoanalytic thinking, the author points out that the usual way in which we have thought of fantasies, as pleasure driven and "evoked in the service of wish fulfillment and substitute gratification," is inadequate. These are not the only motivations for fantasy. The content of some fantasies appears to be affect-driven rather than wish-driven and is "directed more to achieve emotional mastery—creating a feeling of safety, containing fears and anxieties" (p. 47).

In a particularly interesting section having to do with fantasy and cultural change, Person describes a collective fantasy that had some meaning in the French Revolution, which seemed to relate to Freud's idea of the family romance. She discusses the work of the historian, Lynn Hunt, in this area. She also describes how the fantasy of one person, Theodore Herzl, was crucial in the development of Zionism.

Person succeeds in demonstrating that from individual fantasies there is significant material for understanding the individual psyche and in some cases important cultural developments.

I have one major criticism, and that refers to the lack of material on Melanie Klein and her modern followers' concepts. They have some significant ideas on fantasy, unconscious (phantasy) as well as conscious (fantasy). Their ideas are relegated to two footnotes. This is the one area that seems to be lacking in this otherwise comprehensive book on the role of fantasy in the human condition.

ARTHUR MALIN (BEVERLY HILLS, CA)

PRESCHOOLERS: QUESTIONS AND ANSWERS. PSYCHOANALYTIC CONSULTATIONS WITH PARENTS, TEACHERS, AND CAREGIVERS. Edited by Erna Furman. Madison, CT: International Universities Press, Inc., 1995. 204 pp.

No one knows the world of center-based childcare more fully or writes about it more skillfully than Erna Furman, her husband Robert A. Furman, and their Cleveland co-workers. For nearly half a century, consultants from the Center for Research in Child Development, steeped in the teaching and practice of child psychoanalysis, have contributed their experience and skills to consultation work with preschool and day-care directors and staff.

This is Erna Furman's second volume (after her 1986 *What Nursery School Teachers Ask Us About*[1])in which principles of applied child analysis inform classroom interventions with children and families in community childcare centers. Free of jargon and easily readable by early childhood educators, it is a welcome guidebook for on-site consultants as well. The chapter headings cover a wide range: "Play and Work," "Liking Oneself," "On Preparation," "Working with Par-

[1] Reviewed in this *Quarterly*, 1989, 58:163-165.

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Preschoolers: Questions and Answers, Psychoanalytic Consultations with Parents, Teachers, and Caregivers

Nathaniel Donson

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ents," "About Fathers," "Toilet Mastery," "Plant a Potato: Learn about Life (and Death)," "Circle Time," "Field Trips," "Hospitals," "Abuse," "Guiding Parents Toward a Referral," and "Failures in Referral."

The first essay defines healthy play and work, emphasizing their necessary origins within protecting and nourishing first object relationships, then points out the pitfalls of disguising one (usually work) as the other. Play exists in symbol and fantasy; work involves persisting, striving ("I'm a good tryer!"), and producing real results in the real world. Furman explores the differences between toys that are useful for their illusory and symbolic meanings and those which inappropriately play for the child. As a mother plays with or cares for her child, the child does the same for him/herself, then with others; when a parent encourages tasks appropriate to the child's unfolding capacities, self-esteem is gained the old-fashioned way, by earning it. Pleasure in play leads to pleasure in work. (Richard Feynman, who played a lot of frisbee, later won the Nobel Prize in Physics for the mathematics of wobbles.)

Earliest relationships to mother (or primary object) are of crucial importance, with parents and substitute caregivers exhorted to nourish emerging ego capacities in concert with the child's developmental timing. Although stresses may interfere with healthy emotional functioning, awareness by parents and caregivers enables good preparation (Chapters 3 and 4), and reparative suggestions are provided. Meaning and value are assigned to experiences that the adult world often trivializes: i.e., "Good play. . .needs. . .to be completed. 'He's just playing'. . .means he is not doing anything important. We would not think of cutting short his schoolwork" (pp. 9, 10).

Furman, summarizing her 1992 book *Toddlers and Their Mothers*,[2] shows us how mother first does for, then does with, then looks upon the child's doings with pleasure; and then the child does tasks with her or his own pleasure. "Toilet Mastery," is therefore neither taught, trained, nor submitted to obediently, but proudly achieved with mother's help. This four-step theme of mother's doing for, doing with, standing by to admire, and doing by oneself is continued in "On Liking Oneself," which depends on "three critical areas—liking one's bodily self, liking to do and master, and being on good terms

[2] Reviewed in this *Quaterly*, 1996, 65:409-414.

with one's conscience" (p. 19). By the same nurturing steps, the child's owning, tolerating, naming, and communicating feelings aids her or his transition from somatic and motor discharge into differentiated mental experiences of recognizing inner signals. Conscience development proceeds similarly when parents and teachers derive pleasure and self-esteem from helping the child take over his or her own skills, controls, frustration tolerances, and strivings. Having a good conscience in parallel with acquiring mastery means "having a good parent inside." Continuity of mother's care may be provided by substitute caregivers who learn how to approximate her handling, and accept a child's protests at her leaving as a healthy indication of self-protectiveness. The toddler who does not protest, is indifferent to varying care, or does not indicate distress or pain to caregivers is sending important signals about an endangered normal development.

I very much enjoyed reading this volume. As with Furman's other writings, it sharpens my understanding of parents and caregivers, and of children in the classroom; its chapters will be useful as assigned reading for discussions with directors and staff in my own work with nursery schools and day-care centers. These are unusual and thought-provoking essays which are worth a day of quiet reading. I searched to find one which did not teach me something new and useful.

NATHANIEL DONSON (ENGLEWOOD, NJ)

VICTIMS OF ABUSE. THE EMOTIONAL IMPACT OF CHILD AND ADULT TRAUMA. Edited by Alan Sugarman, Ph.D. Madison, CT: International Universities Press, Inc., 1994. 233 pp.

In the opening chapter of this book, editor Alan Sugarman examines the complex topics of trauma and abuse by placing them in a historical and theoretical context. He differentiates trauma from frustration and a single trauma from cumulative traumata. His main focus is on sexual abuse and parent loss.

An article by Albert J. Solnit cautions against the possible deleterious results of legal intervention, obligatory reporting, and repeated foster home placements. Legislative attempts to deal with child abuse without the availability of resources to provide adequate care can have damaging effects. He warns against the danger of teaching the

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Victims of Abuse. The Emotional Impact of Child and Adult Trauma

Kato Van Leeuwen

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An article by Albert J. Solnit cautions against the possible deleterious results of legal intervention, obligatory reporting, and repeated foster home placements. Legislative attempts to deal with child abuse without the availability of resources to provide adequate care can have damaging effects. He warns against the danger of teaching the

concept of "good and bad touching," as children may not properly understand what is meant by that. As to identifying child abuse, he suggests that listening carefully to what children say works best in forming an opinion about what has occurred. The truth, however, can be distorted by the child's wish to please the examiner or by fear of losing the parent.

In their chapter Jack and Kerry Kelly Novick draw attention to the evidence of incest and abuse throughout history. A pathological relationship between parents and children, with sadomasochistic, pain-seeking behavior, starts in infancy. Externalization is a defense aimed at avoiding the narcissistic pain consequent upon accepting devalued aspects of the self.

Selma Kramer writes about maternal incest; she focuses on such long-term consequences as intensified physical sensation, disturbances of sexual function, and learning problems. The child loses the capacity to trust authority figures. There are problems in dealing with bodily excitement. A tight symbiosis often accompanies maternal incest; the mother has problems separating from her own mother. Somatic memories, displeasure, aversion, physical pain, hyperaesthesia, frigidity, anorgasm, hyperacusis, and hyperosmia may occur. None of Kramer's patients originally told her that incest had occurred. Kramer avows that she never treated an adult who fabricated incest. She feels, however, that analysts need to verify the incest when it emerges in treatment. Most sexually abused children have to repress, deny, isolate, or otherwise defend against knowing, in order to psychically survive in the family.

Howard B. Levine does an excellent job of looking at variations in adults who were sexually abused in childhood. The most significant common feature is that the memory of the trauma and its associated events tends to unconsciously organize the experience of virtually every relationship of import. This is particularly prominent in the transference.

A very good chapter on countertransference is provided by Edward L. Fields. His case examples include two men, whereas most other articles deal with women. Violation of boundaries of the body and the sense of self lead to problems with trust and to confusion between thoughts and actions. There is fear of being abused by the therapist or of being judged, shamed, and disbelieved. These patients feel an exaggerated sense of responsibility, and need to remain in control.

They are exquisitely attuned to the therapist's behavior, tone of voice, and words. This can put a tremendous strain on the therapist. Furthermore, therapists have to face their fascination with abuse or their wish to deny it. We must be careful in our interventions not to react too quickly, defend ourselves, or attempt to rescue patients who need an opportunity to explore. If we are too assertive in probing for details, we may repeat the original trauma.

Nadine A. Levinson examines spousal abuse, Maria T. Lymberis enlightens the reader about boundary violations, John M. Hassler addresses regression as a specific way adults deal with sexual abuse suffered in childhood, Don Houts describes experiences with posttraumatic stress syndrome, and Ada Burris writes about somatization.

It is clear from reading this book, as well as from my own experience, that sexual traumata often go unrecognized by psychoanalysts. Once one's eyes have been opened to the possibility of its occurrence, detection becomes more possible. However, awareness alone is not all one needs to treat these patients. Treatment is fraught with difficulty, and the analyst struggles with his or her own countertransference. Supervision may be essential even for an experienced analyst. Every analyst needs to familiarize her/himself with these issues, particularly since it is unlikely that they were dealt with during training.

KATO VAN LEEUWEN (LOS ANGELES)

ENVY. By Harold N. Boris. Northvale, NJ/London: Jason Aronson Inc., 1994. 200 pp.

Written in the language of Klein and Bion as well as in Boris's own, this book on envy weaves together a psychoanalytic, philosophical, and Darwinian approach to the human condition of envy. It is a book that must be read with a willingness to suspend one's own preconceptions about psychoanalytic writing.

Between 1976 and 1994, Boris published eight of the chapters as papers. In this book, he compiles them and adds two chapters dealing with a natural history of envy and with envy in psychoanalytic practice. He summarizes his attempt to further the understanding of the dynamics of envy and uses this for systematic therapeutic investigation and relief. Not only must envy be identified and its ramifications explored, but the question of "Why did I feel envious?" must be

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Envy

Peggy B. Hutson

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They are exquisitely attuned to the therapist's behavior, tone of voice, and words. This can put a tremendous strain on the therapist. Furthermore, therapists have to face their fascination with abuse or their wish to deny it. We must be careful in our interventions not to react too quickly, defend ourselves, or attempt to rescue patients who need an opportunity to explore. If we are too assertive in probing for details, we may repeat the original trauma.

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included in working with and understanding this state of mind and emotion in patients.

In his book, Boris advances his understanding of the evolution of greed, a state he sees we are all born with, into appetite. Envy is presented as a form of recognition; and it may be our most primitive or fundamental recognition of value. Boris not only considers the type of mothering when he looks at the type of greed, he also considers the disposition of the infant. Envy involves a comparison of one's self and others as to who has what. Thus, it is a response to discrepancy.

Boris is interested in the preconditions for survival and the kind of survival that might make loving possible. He advances his understanding of envy by making a distinction between the Pair and the Couple as the fundamental states of mind that organize his work—much as one might think in ego psychology terms about narcissistically driven dyadic object relationships and those that are more advanced. The qualities of each are spelled out, as are the forms of envy and the place of his Selection Principle (for the Pair) and the Pleasure Principle (for the Couple) in this scheme. The faces of envy and the maneuvers (defenses in ego psychology terms) by which people try to mitigate their envy are addressed. Boris then focuses on the treatment of problems of envy and the fact that the analyst is a sitting target for the patient's envy. Earlier writers addressed this as the negative therapeutic reaction.

The book is in no sense a synthesis. Boris approaches the issues much as a devil's advocate, thus keeping the door of investigation open with questions here and there and everywhere. Certainly, it highlights the lag in psychoanalytic understanding of envy and should raise serious questions as to why the lag. To this reviewer, the book again depicts the need for a major effort at integration of psychoanalytic theory, and movement away from the quicksand of which theory is the best, a strong deterrent to such integrative efforts. The addition of development of self and narcissistic states from self psychology studies, the further understanding and integration of object relations, the understanding of multiple uses of defense against dropped self-esteem and against covetous fantasies from an ego psychology point of view could be the next stepping stones.

PEGGY B. HUTSON (MIAMI)

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Abstracts

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ABSTRACTS

LITERATURE

Abstracted by David Galef.

Fetishism in *The Spoils of Poynton.* Fotios Sarris. **Nineteenth Century Literature.** LI, i, 1996. Pp. 53-82.

Few modern authors have pursued the fetishistic interest in detail that Henry James shows in his work. In fact, *The Spoils of Poynton* (1897) is all about a dead man's will and the bequeathing of some furniture—"a story of cabinets and tables and chairs," as James writes in his preface. The agony of the widow, Mrs. Gereth, concerns whether her crass daughter-in-law is the kind of woman to appreciate the fine objects her husband will soon come to possess.

Sarris analyzes this obsession in the novel through several views of fetishism. One image is through the lens of Marx's commodity fetishism, in which the fetish is a product of labor detached from its origins, passing itself off as an autonomous object. In other words, Mrs. Gereth worships the beauty of the furniture without sufficient recognition of its hard-earned value. But Sarris moves beyond the economics of art to the economy of sex, or from Marx to Freud, in whose work the fetish is defined as a substitute for the absent female phallus. To correct such a male-centered slant and apply it to the female characters in the novel, Sarris brings in Lacan, who uses the term *castration* to refer to the rupture in the imaginary realm between the child and the mother, as the individual moves to the symbolic or social phase. Compensating for this presocial self are attachments to objects. In the end, James's widow projects a desire all out of proportion for her late husband's possessions, in the process obliterating the memory of her husband himself.

Impertinent Trifling: Desdemona's Handkerchief. Harry Berger, Jr. **Shakespeare Quarterly.** XLVII, iii, 1996. Pp. 235-250.

Nowhere in Shakespeare's plays is the contested object of desire waved more as a flag than in *Othello,* where Desdemona's handkerchief comes to symbolize a world of love, pain, and betrayal. As Berger points out, the source of all this controversy begins as a modest "napkin," offered to dab at Othello's head (Act III, Scene iii). Later fetishized by Othello as a token of Desdemona's love and used as a pawn by Iago, the piece of fabric achieves a rich psychological existence of its own. Particularly significant, therefore, is its loss, which Berger terms a psychic collaboration between Desdemona and Othello, including its "disremembering." Given Othello's tortured relations, his condemning her for the loss grants "the apotropaic power to ward off the contamination of their coupling by

moderating the sexuality she arouses." *Othello* thus becomes a drama of selective recall, fetishism, loss, and castration.

"Impossible Mourning" in Toni Morrison's *Beloved* and Michèle Roberts's *Daughters of the House*. Roger Luckhurst. **Critique.** XXXVII, iv, 1996. Pp. 243-260.

Luckhurst's project is to link two seemingly disparate works from two widely divergent cultures. As he notes, both Toni Morrison's *Beloved* and Michèle Roberts's *Daughters of the House* focus on daughters living on after a cultural genocide: Africans in America and Jews in Europe. Central to both is a depiction of mourning in which ghosts are featured. As Freud writes in "Mourning and Melancholia" (1917), in a normal process of mourning, the bereaved admits the loss and slowly withdraws libido from the absent object. The denial in melancholia, however, involves an overidentification with the lost object, sometimes to the point of imagined spirits.

In *Beloved,* the daughter Beloved's broken speech is often seen as a preoedipal remergence with the mother, but such an explanation is complicated by the larger historical context of enforced servitude and early death, and so Luckhurst draws on Lacanian and anthropological analyses. As he writes, "Ghosts are the signal of atrocities, marking sites of an *untold* violence, a traumatic past whose traces remain to attest to the lack of testimony." Similarly, in *Daughters of the House,* Léonie begins to hear the voices of the Jewish dead when someone desecrates a grave by opening it and painting it with red swastikas. The remnants of the past persist as corpses, visions, spirits, and the bones of the dead. As Luckhurst asks poignantly, "If poetry was rendered barbaric by Auschwitz, is 'normal' mourning equally incapacited?" Memorial history, he concludes, must be premised on deliberate forgetting in order to close the gaps.

Revista Uruguaya de Psicoanálisis. LXXXIII, 1996.

Abstracted by Jorge Schneider.

Our Relationship to Theories. The Use of Theories from a Winnicottian Metapsychology Perspective. Cristina López de Cayaffa; Marina Altmann de Litvan; Luz Porras de Rodríguez; Francisco Labraga. Pp. 9-20.

While organizing a class on the work of Winnicott, these four psychoanalysts decided to use Winnicott's own technique. They played with his ideas and took pleasure in doing so. The theoretical/clinical experience evolved in all participants in a personal way. They found themselves thinking about their relationship to theories at different points in time. How does a theory emerge? What is their approach to an author and his/her theory? What relationship do they maintain with a theory and what use do they make of it? Finally, when thinking about how

to relate to Winnicott's metapsychology, they decided to focus on the function of the transitional space.

New theories evolve within a particular sociocultural space and time. This space is vital for new ideas to grow. The authors' personal experiences orient their responses to certain aspects of theory. Although Winnicott and Melanie Klein shared the same historical time in England, the early life experiences of Klein helped her focus on the presence of death, anxieties about loss, and sibling rivalry. What we know about Winnicott's childhood in a supportive family milieu helps explain his inquisitive and creative mind.

After finishing a session with a patient, we ask ourselves about the theoretical guidelines for our work. These guidelines evolve from personal theories to other levels of abstraction. The authors believe that theorizing begins at an emotional level. The first theory is a "gut theory." At another level, the analyst learns about the theory that is popular at the moment. The analyst's relationship with the accepted theory may run the gamut from strict adherence to a more liberal approach. In this way, theories can become true object relationships for us. Here the authors introduce Winnicott's concepts of object-relating and of the use of the object.

In object-relating the emphasis is on the subject. The relationship to the object takes place through projective and identificatory mechanisms. The object is not independent. This is the first step in a relationship. If the maternal function is "good enough," the object becomes more real: it is no longer the product of projections and therefore becomes available for use. This transition also implies that the object can be destroyed in fantasy and still survive the aggression.

We go through similar steps with theories. In the first step, the theory is idealized, and the subject is rigidly dependent on the theory. In the second step, the theory becomes an independent object. The subject uses theory as an adequate instrument when it is appropriate, leaving space for personal creativity.

Finally, the authors discuss what distinguishes a Winnicottian metapsychology. In Freud's metapsychology every mental process has to be explained from a dynamic, structural, and economic point of view. Winnicott introduces the transitional point of view, the space between internal and external. From the authors' perspective, what structures the mind for Freud is the oedipus complex; for Lacan, it is what is imagined, what is real, and what is symbolic; for Klein, it is the relationship to the breast, anxieties, and defenses; and for Winnicott, it is what takes place in the transitional space. The analytic session is a potential space generated by the interaction of patients and analyst. The interpretation evolves within this transitional space; it is presented by the analyst and discovered by the patient. The solutions can be correct or mistaken, can provoke order or chaos, but this tension is creative.

The Psychohistory Review. XXIII, 1994/95.

Abstracted by Thomas Acklin.

Freud's Biblical Ego Ideals. Jacques Szaluta. Pp. 11-46.

Szaluta demonstrates the central importance of ego ideals in the writings of Freud and how he came to appreciate the process of idealization. The author also considers the diverse ego ideals who influenced Freud: Hannibal, Cromwell, Brücke, Charcot, Garibaldi, Bismarck, Sophocles, Shakespeare, Dostoevsky, Leonardo, and Michelangelo.

Freud's first ego ideal was his father, who presented him with a copy of the Bible, filled with ego ideals such as Joseph and Moses. Dr. Samuel Hammerschlag also influenced Freud to look for ideals among the figures of the Bible, combining the spirit of the Jewish people with the ideals of the German classics. Freud eventually came to define the ego ideal as a substitute for a longing for the father and as the germ from which all religions have evolved. The ego falls short of its ideal, which produces a religious sense of humility. It is the role of the father, carried on by teachers and others in authority, to assist the ego in forming conscience and in developing social feelings with those who share the same ego ideal.

Freud returned to the study of the Bible toward the end of his life, as his father had done, though in some ways his father failed to be his ideal. Becoming the ego ideal for many others, Freud positioned himself as Moses over Joshua and experienced all the corresponding defections. The parallel between Freud's exile from Austria and the exodus of his biblical forebears was not lost on him. Ultimately for Freud, the attributes of great men are paternal characteristics: decisiveness of thought, strength of will, energy of action—all forming the picture of the father. Freud idealized the autonomy and independence of the great man: his divine unconcern, which may grow into ruthlessness. Freud held the conviction that the strongest man in the world is the one who stands alone.

Nymphomania and the Freudians. Carol Groneman. Pp. 125-141.

Considering the phenomenon of "nymphomania," which has been popularly considered as female sexuality out of control, Groneman reviews the developments in the meaning of nymphomania throughout the nineteenth and twentieth centuries. Upon analyzing the understanding of nymphomania as reflective of the dominant culture's complex, the author sees nymphomania as similar to hysteria, neurasthenia, and other diseases of the nineteenth century. While the nineteenth century considered these illnesses to be organic, through the influence of Freud the twentieth century recognized them as largely mental disorders. In the case of nymphomania this meant a hypersexuality understood through various conceptions of female sexuality.

Freud presented sexuality as lodged in the psyche rather than in the body and traced the problem to the brain rather than to the genitals or to the blood. Thus, the twentieth-century psychoanalyst Otto Fenichel understood nymphomania as a transposition of sexual feeling from the clitoris to the vagina, whereby a previous oral orientation is reanimated and displaced from above downward. According to this theory, the vagina remains essentially a mouth, and infantile oral sadistic activities and wishes explain the perversion.

Groneman considers the inadequacy of Freud's understanding of masculine and feminine sexuality: both sexes were seen to maneuver through the same oral, anal, and phallic phases. According to this view, for a girl, sexual pleasure in childhood comes from the clitoris, which must be given up after a period of sexual anesthesia, evolving into mature sexuality in which orgasm is experienced solely in the vagina. Mature female sexuality is then passive and receptive to heterosexual intercourse, and envy of the penis is replaced by the desire for a baby. Women unable to negotiate this process toward normal feminine sexuality remain entangled in the masculinity complex. Aggressivity is reserved to masculinity, and a woman who is too aggressive sexually is understood as inadequately dealing with homosexual tendencies and having failed to progress out of her masculine or active stage.

Other psychoanalytic explanations of nymphomania included unconscious incestuous desires, pregenital sadistic narcissism, suppressed aggression, and the counteraction of anxiety about the introjected bad penis by a continuous compulsive introjection of a good penis. Groneman feels these psychoanalytic theories reflect the contemporary fear of women's challenge to the traditional feminine role; they warn against the dangers of the masculinization of women who step outside the boundaries of family and home while taking on male roles and resorting to aggressive sexual behavior. In all these theories, male sexuality remains the dominant model in trying to evision a normal female sexuality. Thus, Freudian theory, while making great advances in recognizing that females were sexual beings, at the same time created other restrictions and definitions of appropriate female sexual behavior.

Clara Schumann: 'A Woman's Love and Life': A Psychoanalytic Interpretation. Hendrika C. Halberstadt-Freud. Pp. 143-166.

In a psychohistorical study of Clara Schumann, wife of the composer Robert Schumann, the author offers her interpretation of the various relationships in the subject's life. Suffering the loss of her mother when her parents separated, Clara endured loyalty conflicts throughout her life. She had to submerge her identification with her mother to placate her father on whom she was solely dependent. Her father was extemely demanding and cared for her only as long as she delivered what he required. In due course, she attained freedom from her father only by entering into conflicting identifications and expectations with her new hus-

band, Robert Schumann. Eventually, the deterioration of the relationship with her husband led to conflicting loyalties with Johannes Brahms.

Her father's anger and moodiness affected Clara's relationship with her husband, a relationship which she assumed at the cost of losing contact with her father. Disregarding her father's advice that she not be trapped as the wife of Robert Schumann, she triumphed over her father and punished herself. With her husband Clara maintained the leading social role, while Robert withdrew into the background as the composer whose works she performed. Hypochondriasis and depression characterized their relationship as they continued their inability to handle aggression and the suppression of negative feelings. After her husband's death, Clara became independent, but only at the cost of many years of hard work performing his music and exhausting herself in fulfilling his dreams. Johannes Brahms had entered their lives several years before Robert Schumann's death, yet this relationship, too, had to end as she triumphed over her relationship with her husband while seeking to perpetuate his memory and his work.

Clara's father had become her superego, attacking her ego and herself, as evidenced in her relationship with her husband and in her career. Projective identification and repetition compulsion were the psychodynamics involved in the transference of her father's undesirable characteristics to her partner and in her struggles to combine the incompatible: mother and father, intimacy and autonomy. Ultimately, it may be interpreted that Clara Schumann had never known a normal separation, only loss and abandonment.

The Dialectics of Historical Fantasy: The Ideology of George Lincoln Rockwell. Maria T. Miliora. Pp. 259-281.

Considering the life of George Lincoln Rockwell, the founder of the American Nazi Party, Miliora explores his influence in terms of racist and anti-Semitic ideology in the United States during the 1950's and 1960's. Applying the model of the mind found in psychoanalytic self psychology, particularly in the work of Kohut, Miliora examines the writings of Rockwell in terms of the exhibitionistic and arrogant declaration of his ideology. His unmodified, infantile, grandiosity at the same time expresses deficits in self-esteem. Rockwell's self experience is considered primarily in terms of his sense of personal omniscience, and his experience of his selfobject milieu in terms of the need for the social milieu to come to the natural order. Characterized by rigidity in thinking, a need for order, as well as other obsessive-compulsive traits, Rockwell also manifested paranoid ideology with regard to the Jewish-Communist conspiracy he believed was threatening the white race. His personality is considered as conforming to Allport's prejudiced personality, his cognitive style to be at the concrete operational level of intellectual development according to Piaget, and his moral development to correspond to Kohlberg's conventional law and order orientation, in which there is an emphasis on authority, fixed rules, and maintaining the social order. Kohut de-

scribed the link between omniscience and omnipotence, both related to an idealized parent imago fantasized as omnipotent, and to the grandiose self related to deficits in the mirroring and idealization sectors. Using fantasy as the central organizing feature, narcissistic paranoidal leaders such as Rockwell manifest an archaic grandiosity which perceives the social environment as an extension of themselves. The vulnerability coming from a need for mirroring is compensated by an inflation of self and social milieu, with an underlying chronic narcissistic rage.

The Question of Jung and Racism Reconsidered. Lauric M. Johnson Bagby. Pp. 283-298.

Taking into account critics' charges of racism in the writings of Jung, the author feels that Jung's naïveté and unconscious stereotyping of blacks did indeed creep into his scholarly works. Nonetheless, Jung was also able to be critical of European culture and indeed found the European psyche to be rather seriously imbalanced in a way which has made "analytic psychology" necessary. The balance must be restored so that the individual realizes the power of the unconscious and establishes a healthy relationship to it. Jung felt that a dialectic between Western and non-Western cultures was critical for this. The shadow perception which could be connected with all objects of racism and other prejudice is in fact, for Jung, the realm of most intensive exploration and understanding.