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FIRST LOVES AND PRIME ADVENTURES: ADOLESCENT EXPRESSIONS IN ADULT ANALYSES

BY NANCY KULISH, PH.D.

Adolescent processes are frequently overlooked in the analyses of adults. The author focuses on the importance and meaning of first loves in the lives of adolescents and demonstrates how these prime experiences reverberate in the analyses of adults. She suggests that adolescent experiences cannot simply or usefully be reduced to preoedipal or oedipal meanings. Explanations for the neglect of adolescent phenomena are offered both historically, in terms of Freud's lack of understanding of adolescence, and clinically, in terms of countertransference and transference. It is argued that the intense affects of adolescence contribute to the resistance to re-experiencing them in treatment.

INTRODUCTION

It was Anna Freud (1958) who forty years ago first noted the lack of attention given to adolescent reconstruction in adult analyses. In a series of papers from the 1960's to the 1980's Lampl-de Groot (1960), Ritvo (1971), Blum (1985), and others commented upon this same lack of attention and speculated about its meanings. It has struck me that adolescent processes are still frequently overlooked by colleagues in their work with adults as well as in psychoanalytic teaching. I have also personally become aware of resistances in dealing with adolescent material during the course of analytic work with my adult patients. Thus, I would like to revisit this question, with particular reference to a current clinical interest of mine, the question of first sexual encounters

and first love which typically occur during adolescence. I will emphasize the importance of adolescents' first love experiences and adventures in shaping the rest of their lives. With clinical case material, I will attempt to demonstrate how these prime experiences affect our patients' participation in analysis and how we should not diminish their importance or think of them reductionistically.

The Tasks of Adolescence

Adolescence is a time of major psychological and emotional significance. Bridging childhood and adulthood, it is initiated by the physical event of puberty and ends, variously and ambiguously, with the achievement of emotional, social, and economic independence (Kaplan, 1984). Psychologists and particularly psychoanalysts have long appreciated the psychological struggles and issues of adolescence. In formulating a theory of infantile sexual development which unfolds in stages, Freud did not focus on adolescence. For him adolescence was the culmination of sexual maturity and was only barely mentioned as such in his writings. At the same time, it is a fact that Freud's extraordinary early concepts about hysteria and the unconscious role of sexual conflict were formulated through the study of young adolescent girls, Dora, Katharina, etc. Glenn (1980) asserted that Freud's therapeutic failures and technical errors with his famous adolescent cases reflected his lack of adequate knowledge about the organization of adolescent drive and defense. I would agree with Glenn that Freud did not really understand adolescence.

It would be later psychoanalysts who studied the unique emotional characteristics of adolescence. Anna Freud (1936) gave us a clear description of typical defenses called into play at puberty: asceticism and idealization. Erikson (1950) described a major task of adolescence as the resolution of the conflict between consolidation of identity versus role defusion. Laufer and Laufer (1984) discussed the importance of the adolescent's need to come to

terms with new sexual maturity by integrating sexuality into the body image and finding a means of sexual expression and gratification. Novick and Novick (1991) stressed the importance of narcissistic readjustments during adolescence.

A major contribution came from Peter Blos (1979) who described adolescence as "the second individuation process." Blos showed how the adolescent, in struggling to separate psychologically from his or her parental objects, must turn to peers and new love objects as displacements for the earlier ones; thus, the oedipal drama is revisited, revised, and, one hopes, resolved during this process. However, Blos warned that genital maturity stimulates a renewed quest for identity, so that adolescence should not be thought of simply as a replica of the first separation-individuation phase, or of the oedipus complex. Nevertheless, I think that analysts have tended to disregard this admonition over the years and thus characteristically have collapsed and reduced adolescent phenomena into oedipal and preoedipal rubrics.

Adolescence is a developmental phase that is much more than a recapitulation of earlier phases, more than a slender bridge or a mere transition between childhood and adulthood, more than a reawakening of latent sexual impulses and buried conflicts. The advent of sexual maturity puts very powerful impulses into the body and calls for a reconfiguration of the body image and the personality. The adolescent's emotional needs and the cognitive capacity to find a place separate from the immediate family change the whole context of his or her life. As the adolescent goes out to meet the world, the people he or she meets, studies with, works with, and makes love with become lifelong friends, comrades, and often mates, never to be forgotten. All of this is experienced with perhaps the deepest intensity and emotion of one's life. Anna Freud (1958) suggested that it is the affects, the elusive mood swings of adolescence, that are the most difficult to revive and to have re-emerge and be relived in connection with the person of the analyst (p. 143). As Joseph Conrad (1902) wrote: "I remember my youth and the feeling that will never come back any more—the feeling that I could last forever, outlast the sea, the

earth, and all men; the deceitful feeling that lures us on to joys, to perils, to love, to vain effort—to death" (p. 176).

In the following clinical material I will focus on the role of and defense against the intense affects of adolescence as they emerge in adult patients.

The Adolescent Experience and Beginning an Analysis

While psychoanalytic writing has focused on the revival of adolescent experiences in the termination stages, the following will demonstrate how they frequently appear in the initial stages of treatment as well. Mr. S was seventy-one when he embarked on a psychoanalysis. He had been in psychotherapy on several occasions throughout the years with some relief from his chronic feelings of depression and self-worthlessness. He despaired of ever being able to better his conflicted relationship with his wife or to feel better about himself. Psychoanalysis was a last resort; he expressed the hope, without much conviction, that perhaps even at this stage in life he could achieve some measure of happiness. A sophisticated man, Mr. S began his analysis by giving me a clear and rich history of his present situation, past treatments, and early history. After this brief introduction and our establishing that we could work together, Mr. S launched into an account of his experiences as a soldier in World War II. He had enlisted when he was barely eighteen. The only "city boy" in his boot camp of rural southerners, he was subjected to cruel insults and humiliations. Shortly thereafter, he was sent across the ocean to become a part of the invasion of Sicily. He became a bomb demolition expert.

Mr. S's stories were riveting and terrible. He watched his buddies get blown up next to him: his memories were strewn with decapitated heads, bloody limbs, smoke, and terror. He survived, drank rotgut, marched and crawled with the invading forces through Sicily and then into Northern Italy and a freezing winter. He constantly felt frightened and terribly alone. Wounded, he

spent time in a hospital unit and then was sent back to the front. As he recounted his experiences, he often cried and seemed laden with unspoken guilt. He told of how he came face to face with an equally terrified German youth, whom he shot and killed at point-blank range. With trepidation and some pride, he showed me poetry and short stories he had written about these experiences as a way "to expiate them." Fishing for compliments and/or reassurance, he worried that this was "all a waste of time," but he needed somehow to tell me everything to get it off his chest.

This content was unusual to hear, and Mr. S was a great storyteller. I realized that I was fascinated and highly entertained. I sensed that this material was a prelude to the interaction to come: a sadomasochistic struggle with me that recapitulated his interactions with his wife and with a seductive, provocative, and narcissistic mother and a critical and belittling father. The content of his war stories laid out his guilt-ridden concerns with castration, sadism, and death. His opening account also had the quality of a little four-year-old boy swaggering before his mother, expecting her admiration and applause. I knew I was being courted, and indeed my heart was being won. This was a little boy in the throes of the oedipal romance: "At last I've found you!" he exclaimed. But the interaction felt even more like an adolescent bragging about his adventures to his girl. In front of me was a young soldier telling me real tales of his adventures and dangers, with real blood and guts. A man no longer young, he needed to demonstrate his virility, conjured up now from his youth. I think it was for all these dynamic reasons—narcissistic, phallic, and oedipal, but especially because Mr. S was venturing on a scary adventure into the unknown with me—that these tales came to his mind at the beginning of his analysis. He was the young adolescent, scared, alone, embarking on a new voyage and looking for an admiring partner to watch, support, and be there for him. I thought the major task technically for me was to be quiet and listen, to comment on his fears and guilt, and let the transference take hold. That is, the patient's adolescent affects, fears, and expectations guided my

interventions. In regard to the sadomasochistic and oedipal implications, I remained more or less quiet, knowing that I would be drawn into them in due time.

Patients often experience entering an analytic treatment as adolescent explorers going into virgin territory, as a process of defloration, as a new experience in being opened up by the analyst/deflowerer. The loss of virginity can become a telling metaphor for the beginning of an analysis. For example, a young woman beginning analysis lay on the couch after a brief period of sitting up. She was immediately transported into memories of her beginning menstruation and her first sexual encounters. She recounted how she was afraid of using a tampon, and how she felt her mother was not helpful in preparing her for the experience. Her thoughts went to her first sexual experiences during adolescence. She was anxious, yet curious, and afraid it would hurt. When she lost her virginity she did not know what to expect, and it was messy. She felt ignorant and awkward. The transference meanings were obvious. These adolescent memories conveyed current anxieties: Would the analyst be of help? Would the process be messy? Would the analyst's probes be hurtful to her?

First Sexual Experiences and First Love

In the above example the patient revived a memory of her first intercourse and first menses to express feelings about beginning her analysis. Such experiences are important developmental milestones and typically mark adolescence. Holtzman and Kulish (1997) have found that defloration experiences typically occurring in adolescence are negated, repressed, or dismissed retroactively by adult men and women because of the conflicted meanings attached to such events. As one married woman patient struggling against remembering her first experience of intercourse put it: "It didn't mean anything. It didn't hurt. Well maybe just a little. No, it was nothing. I can't remember . . ." For men, fears of castration, sadomasochistic meanings, and oedipal conflicts over-

shadow memories of being with girls they may have deflowered; for women accompanying feelings are of loss, fear of separation from their mothers, anxieties about genital mutilations, and the sense of crossing over an irreversible threshold. In their resistances against such meanings, patients are joined by their analysts who fail to recognize the significance of such material.

Beyond the actual sexual experiences, with adolescence comes the momentous experience of the first love. The experiences connected with first love, heterosexual or homosexual, dominate memories of adolescence. A recurrent theme in literature, art, and music, the search for the lost adolescent love or first love reverberates psychologically. This search is for the lost object and/or the freshness and the intensity of the experience itself. (These loves, along with our unachieved narcissistic goals, give high school reunions their ambivalently cathected valence: To go or not to go? To chance the encounter: the embarrassments, the shames, the excitements again? To find the lost love of our youth or not?)

In analysis with adults these first loves are revisited time and time again. They frequently occur as unwanted visitors, attachments that the individual cannot shake loose. Many patients are obsessed with their first teenage loves, dream about them, keep them guilty secrets from their current mates as if they were in reality incestuous affairs (and indeed they often are psychically).

Mr. N, a middle-aged accountant, sought analysis because he was not able to get over a depression after being divorced. He was obsessively preoccupied with his ex-wife. She had been his first love whom he met when he was sixteen. In spite of her coldness and lack of enthusiasm for him sexually and romantically, he pursued her and finally married her. His relationship with her was masochistic and submissive. He idolized her and denied the evidence of her unfaithfulness and continued selfish use of him even after the divorce. Much of the analysis became the unraveling of the meanings of this love for the patient, especially as it became revealed in the transference toward me, who in some aspects physically resembled his ex-wife. The following meanings were all

present: the use of the analyst as a self-object to soothe narcissistic wounds and rejections from the disappointing mother, images of women as sadistic objects on whom he could unconsciously displace his own perverse sadism through submission, and the wife/analyst as the always unattainable oedipal mother. Yet the adolescent aspect, the intensity of that first passion, remained elusive to interpretation.

I have gained some insight into that intensity from a literary scholar, Dibattista, in her brilliant book, *First Love* (1991). She shows that the yearning for first love and the sadness of the yearning are central to modern literature. According to Dibattista, first affections are the "mysterious necessity that dictate the obsessive themes and original forms which give to modern fiction its distinct and problematic identity" (p. xii). She argues that first love represents a primal form of the modern adventure and leads to the revolutionizing of old customary orders of life. With the advent of first love there is a conscious awareness of a fateful shape to a life's narrative and an estimation of the value of that experience. In her analysis of countless examples of writers, such as Joyce, Hardy, Lawrence, Austen, and Beckett, Dibattista draws heavily on psychoanalytic concepts. She understands first love in terms of Melanie Klein's elucidation of the ambivalent preoedipal attachment to the mother and Freud's insights concerning the conflicts about being first with a loved oedipal object. She cites Freud's ideas that first loves involve traversing the taboo of virginity as well as the incest taboo. "The fateful nature of First Love is Mother Love. . . . Those who fail to appreciate the significance of *amor matris*, objective and subjective genitive, as the First Love after which all subsequent loves take their image, fail to appreciate not only the significance of birth but the meaning of death" (p. 75). She shows that in literature, often written by men, first love can become the sexual and artistic initiation of the creator who remakes the world to reflect his gratified or frustrated desire, often in the shape of idols or impositions of power. This idea is reflected in my patient, Mr. N, idolizing his ex-wife.

Dibattista's work has helped me to understand that first love

cannot be reduced to its preoedipal and oedipal meanings. First love is, she suggests, an adventure organized into a remembered narrative with a beginning and an end and given a transcending meaning. Is it not the adventure that is so characteristically adolescent—the setting off for distant lands, following a star, running away with one's Lancelot? First love, because it is first, shakes the individual and elicits an excess of feeling. Once reflected upon consciously, it becomes a pointed event in one's life, giving it shape and meaning.

What is it about a first-time experience that creates such intense emotions and sets it so permanently in our minds? We remember the rush of affect at our first glimpse of the Rocky Mountains, our first live opera, our first kiss. William James (1902) touched on this question in his ideas about religious conversion. James conceived of the mind in terms of internal groupings of associated ideas or systems, most of which are not at the forefront of awareness. Using the energic metaphors of the era, he described a habitual center of personal energy that can shift suddenly, as in a religious conversion. Such a seemingly sudden mental shift can come after an unconscious incubation and maturing of motives. "But a new perception, a sudden emotional shock, or an occassion which lays bare the organic alteration, will make the whole fabric fall together . . ." (p. 197). James observed that "conversion is in its essence a normal adolescent phenomenon, incidental to the passage from the child's small universe to the wider intellectual and spiritual life of maturity" (p. 199). Here James also invoked the notion of a new gestalt that falls into place with a new experience. A first love may bring a new sense of self as a part of a wider inner and outer world.

Thus, for the adolescent in love for the first time, there are intense and deep affects as he or she embarks on an adventure, the self in relationship to the important and novel other. Like fear, Dibattista says, love invests a single life-changing experience with the need to be repeated in order to be conquered. The affective environment in which first love unfolds is the vivid here and now. Yet paradoxically with the need to be repeated and

rediscovered, it imparts a consciousness of time as an irreversible duration. This paradox of the experience of time is a hallmark of adolescence.

A young woman in analysis was obsessed with her first love from her adolescence. She frequently spoke of him, dreamed about him, and felt guilty about her dreams as she felt that in some way she was being disloyal and unfaithful to her husband, whom she loved dearly. Unconsciously, she gave her first son a name very close to that of this first love.[1] Sex with her first love seemed more exciting in retrospect. The memories of him were colored with feelings of regret and loss, even though in most ways she was glad that she had not married this fellow, who sounded to me like an immature cad. She wanted analysis "to cure" her of her preoccupation. There was no doubt that this first love, like most, was an oedipal object, a fill-in for her father. Thus, the regret and sadness carried with it the regret of losing the very first love, Daddy, and not winning him away from her mother. Interpretations of these meanings were accepted and gave some relief from the insistent thoughts and guilt about this man in her mind. Yet, his image remained and haunted her dreams. Finally, at some point I said, "There is something about the first love during adolescence that is so intense and enduring, isn't there?" That somewhat off-hand remark seemed to relieve the patient's guilt. We then worked through the psychological meanings of this love in its adolescent context: she met him in a summer job as camp counselor. The relationship bolstered a shaky adolescent femininity even as she strove to keep up with his masculine athletic prowess. That is, we discussed and worked through typical bisexual issues and conflicts of adolescence. In time, she was able to accept, and in fact cherish, the exciting memory of her first boyfriend without feeling it a betrayal to her husband. We might speculate that I, as an oedipal mother in the transference, was implicitly giving the patient the

[1] I have observed that this is not rare. Many women, when they leave an early love behind and go on to marry another man and have children, knowingly or unknowingly name their first-born boy after their first love. Sometimes the names are exact or obvious variations—"Edmund" substituting for "Edward," for example.

permission to keep her fantasized love in her mind, saying that such wishes and thoughts were okay. And/or was it that I explicitly gave voice to the *adolescent* experience, the intensity of the affect, that helped the patient to accept and integrate it?

Adolescent Countertransference

Let me return to my patient, Mr. N, the accountant who idealized his ex-wife. In his analysis, he was able to work through his ambivalent attachment to his ex-wife and make many strides in other areas of his life. He remarried and had a child whom he adored. He declared that he felt good about himself and his analysis. He began to think about termination and I agreed that we were in the termination stages, but a date had not been set. Pressing for a quick ending, he announced that he had always wanted to finish before his fiftieth birthday—news to me—which was coming up in a month. Utilizing a favorite sports metaphor, he said that he wanted to retire from the game while he was still in his prime. He began to skip appointments as his life was now filled with many more responsibilities and activities. My reply, I thought, was reasoned: to agree that he was approaching the end, but to question the hurry, and to suggest that more time would be needed to understand his feeling about termination. He was still insistent about a quick termination. His behavior could be conceptualized as typical of adolescents (described by Novick and Novick [1991]) who cannot deal with issues of separation, narcissistic disappointments, and strong feelings about mourning and loss, so they engineer a precipitous ending.

In a context in which I was feeling uneasy and vaguely unhappy about the situation, I made an unconscious blunder. I had recently moved to a new office and was not yet settled in. Right before Mr. N's hour, I went down the hall to the rest room and locked myself out of my consulting room. Since I did not have a duplicate key anywhere and the landlord was not on the premises, there was no way in. I met Mr. N in the waiting room, which was

open, and told him what had happened. He laughed and forgivingly told me that mistakes can happen and went home.

The next day the patient began to associate with no mention of the events of the day before. He and his wife had had an argument. She was not talking to him and had slept in the other room. I noted to Mr. N that he had made no overt mention of the unusual event of the day before and asked him about his thoughts about it. I pointed out that he had been locked out by his wife and by me. He laughed, "Well, it was funny. I felt bad for you. Why didn't I get angry? It's *your* problem." He laughed again and said, "I don't know what Freud would say about it." I replied that he was suggesting that Freud might say that I should look at what was going on in myself. Just before the session ended he remembered a dream: he was sitting with a group of older ladies. I came into the room. Someone asked me, "Who are you?" I responded, "I'm his girlfriend," with a feeling of pleasure. He was indifferent to me.

That night I had the following dream: I was looking for, found, and was then ignored by my high school boyfriend, my first love. My personal analysis had taught me that this boyfriend was indeed an oedipal object for me. In thinking about this dream, I realized that far from having a reasoned response, I was feeling rejected and hurt by Mr. N's desire to get out of treatment quickly and his not doing a "proper" ending. Given our corresponding dreams about my boyfriend and his girlfriend, I speculated to myself that there was a piece of the erotic transference (and countertransference) that was left undone, as well. I realized that in my own reactions, which were stirring up my feelings of a lost first love, I too, had been backing away from the situation emotionally. I had been saying and doing the "correct" things but emotionally meeting his defensive retreat with a defensive indifference of my own. We both were suffering as adolescents saying good-bye. With this insight, I interpreted to Mr. N that he was trying to get away from some strong loving feelings toward me and the sadness he had about stopping. I also told Mr. N that I had thought about my mistake, and that I thought it was a kind of signal, my reaction to

a concern that we were cutting things too short and that we needed more time to complete our work. He was moved by this and agreed to a five-month time frame for termination, after his birthday.

Choices

I would now like to turn to another analytic case from some years ago which I think illustrates the constant and repetitive appearance of adolescent material throughout an analysis. I chose the case of this woman deliberately because she was clearly neurotic, fairly well adjusted and functioning, highly motivated and insightful. Because of this, her analysis proceeded relatively smoothly and speedily. I would not characterize her as marked by major adolescent fixations and conflicts, although separation issues in regard to her mother did come into play, particularly in the termination stage of the analysis. In this account I have selectively focused on the adolescent material as it emerged in the analysis.

Ms. C began treatment in her early forties. Married to a politician, she had two daughters. She herself was the daughter of a conservative politician, and both extended families were well known in local political circles. Her obedient nature contrasted with that of her younger brother, the proverbial hellion. An especially bright and pretty child, she was the apple of her mother's eye, apparently a compensation for the mother's self-sacrificing devotion to being the politician's wife. The mother, from strong "Scandinavian stock" held her children to high standards of being Christian, "understanding" of others (which translated into not being angry), and stoical. At the same time, however, she wanted her daughter to be popular and attractive, so Ms. C experienced her as sending mixed messages. During adolescence, the patient felt she was "too close" to her mother, evidenced by her often confessing minor misdeeds via written notes she put under the mother's pillow. Her father was given to stony and disapprov-

ing silences when he was angry, although he was clearly devoted to the patient.

In high school, egged on by her mother against the disapproval of the father, the patient entered a local beauty contest and won. She had an intense romance with a sports star but backed away from it. He later left the country for a highly successful career. She looked back on the loss of this boy with deep feelings of regret. Immediately after graduating from college the patient "took the safe route," disregarded her own misgivings, and married a man headed for a career in politics. Her parents covertly disapproved of the match as he was bombastic and less conservative than the father. Wishing for an easier life for her daughter than being a small-time politician's wife, the mother had hoped for a more dazzling and socially prominent match for her beautiful and accomplished daughter. Ms. C was a virgin when she married.

The patient's presenting symptoms were anxiety and phobia. These had surfaced a few months earlier after two events in her life: a hysterectomy which culminated after a string of gynecological difficulties since puberty and the move of her parents out of state to retirement in a sunnier climate. Ms. C's anxiety attacks were associated with the thought of being in large crowds and driving, especially on the expressway. She was becoming increasingly phobic about leaving her house. Also, she had returned to school to obtain a social work degree and had just recently begun to do some counseling. She reported feeling anxious when her clients talked of sex and/or anxiety.

As the sources of her anxiety were explored in the early phases of her treatment, the patient tentatively began to talk about her sexual inhibitions and the longstanding sexual difficulties in her marriage, which had meant months with no sex. She was afraid she was "frigid." Typical of her spunkiness (and perhaps also counterphobically?), she wanted to begin to tackle these difficulties. She called up her husband and told him she wanted to try to have sex. He rushed home on his lunch hour to have intercourse with her and then again later that day. The next day, he abruptly

announced that he wanted a divorce regardless of these attempts. The patient was devastated, although the subsequent separation and divorce also brought relief. Fortunately, I was able to see Ms. C as a control case, so that an analysis was possible in spite of her limited finances. In the subsequent months after her divorce, Ms. C seemed to be "hiding out" at home with her children and avoiding any social life. Her phobic symptoms and physical manifestations of anxiety, including a "nervous" stomach, brought to mind a time during her last year in high school, when she became ill with mysterious ailments (including perhaps mononucleosis), which meant she was confined at home for many days at a time.

Being in the mental health field, Ms. C knew the policies pertaining to being a control case. Early in the treatment, fantasies about my supervisor emerged. For instance, in an early fantasy, I was pictured as a "two-headed monster," which I interpreted as one head the analyst, one the supervisor. Encouraged to voice her fantasies, the patient revealed her intense curiosity about the identity of my supervisor who, she was convinced, was a man. She imagined this man to be strict, critical, orthodox, someone under whose dominance I would change from the soft, kind mother pictured initially. The focus on the transference further elucidated material about the relationship between Ms. C's mother and father. The parents frequently argued because the father felt the mother was not "strict enough" with the children. This conflict was particularly strong around matters of dating and sex during the patient's adolescence. In subsequent elaborations of her fantasies the patient voiced the idea that she must be a good patient for me so that I would not "get in trouble with" the father/supervisor.

Ms. C began repeatedly to complain of how she felt the analysis was very difficult, a burden, and at times she broke down into crying and sobbing. These were the first such episodes of affective storms which punctuated the analysis. The ebb and flow of the material, reflective of her initial fantasy of entering analysis as a submission to a huge "Sigmoid," frequently seemed to me to

emerge in evacuative spurts. Retrospectively, I wonder if these phenomena could also be considered typical of the affective storms of adolescence.

In the second year of analysis as her reaction formations were breaking down, the phobic symptoms returned and increasingly became focused on the analysis. As Ms. C drove to my office, her anxiety would increase. Her fear was at its peak at the intersection of the expressway where highways merge so that there are many lanes. Her associations were to going out of control and "too many choices!" My interpretation of her fear of going out of control in the analysis allowed her to articulate a deep fear: that I would totally strip her of defenses, of her old values of selflessness and sacrifice, and leave her with nothing to replace these structures. "Too many choices" at this point in the analysis meant giving up the rigid set of rules by which she governed herself, the one right way.

This anxiety about choices is a fear which Ms. C and many patients face when they anticipate or experience change in psychoanalysis. Isn't this fear of open possibilities or "too many choices" one of the fears, dilemmas, and challenges of the adolescent, especially in our expanding environment? What to do? What career to pick? Who will be my mate? Where to live? What kind of person am I? Will I follow in my parent's footsteps? The adolescent experience is distinguished by fear of many choices and of internal and external change.[2]

Ritvo (1971) wrote of the increased anxiety during adolescence which derives from the simultaneous emergence of old oedipal and preoedipal fantasies with a concurrent necessity and ability to act upon them. The reappearance of such fantasies, along with a higher level of ego functioning, impels and gives the adolescent

[2] Recently, another female patient also in the early stages of her analysis voiced this fear poignantly: "Things are different. It's weird. What am I doing? Where am I going? I don't feel like I'm me. I have to fill it with something . . . It's overwhelming. There are too many choices . . ." To a greater degree than Ms. C, this patient is fixed in an adolescent relationship with her parents and with me: wanting to please, compelled to rebel, often childishly, and unable to feel free to make her own choices.

means to act upon his or her impulses and desires. Lampl-de Groot (1960) hypothesized that the loosening of ties to paternal objects which is the imperative of adolescence, also results in a loosening of previous superego and ego ideal supports.

Regarding Ms. C and her ego ideals: to the fantasy of being the model patient had been added the idea that I had definite goals for her—perhaps to become a successful career woman like myself. This new fantasy, of course, reflected the actuality that the patient's mother had definite aspirations for her, as well as the idea that as a psychoanalytic candidate I had certain self-serving expectations for her. The idea of analyst as role model to be emulated increasingly became infused with guilt-ridden feelings of jealousy and competition. These feelings were an amalgam of oedipal, competitive wishes that mark an adolescent girl's comparisons and identifications with her mother.

For Ms. C after the divorce, anticipation of dating and moving to a new house brought fears about sexual freedom and loss of control. For example, she talked of her fear that her teenaged daughter would "get into trouble" on her senior trip to Florida. I suggested that she was projecting her own fears about loss of control over sexual impulses onto the girl, out of mother's sight. The patient was able to see the parallel between her writing notes to her mother and her daily "confessions" to me and to understand how she used the externalized image of confessor as a self-control. This is a typical adolescent strategy, to externalize one side of a conflict onto a parent and fight the battle on an external field. Subsequently, she recovered buried memories of sexual pleasures early in her marriage. She admitted to the power she felt over boys and men when during adolescence and early adulthood, she let herself feel attractive and alluring. Ms. C realized that she had inhibited and repressed her sexuality for years out of guilt over an extramarital affair early in her marriage.

The advent of her older daughter's departure for college and Ms. C's subsequent acute depression brought to light the following fantasy. She recounted her own leaving for college. Her self-sacrificing mother sewed and bought her fancy new outfits. Ms. C

arrived at her freshman dorm dressed in a tailored navy blue suit, matching heels, and white gloves, causing a sensation. When her parents bade her good-bye, they told her not to return home until Thanksgiving. She felt the message was clear that she was dispatched to succeed, to catch a good husband, and to live out her mother's fantasies, a variant of a madame/prostitution fantasy which was to emerge more clearly later in the analysis. She was now able to realize how she, too, lived through her teenage daughter as, for example, she became intensely preoccupied with the girl's love life and boyfriend while she herself hid from the world. These guilt-ridden conflicts over sex were played out repeatedly in the patient's transference fantasies that I was living through her sexuality and was sending her out "with too many choices" for evil. She recalled an essay she wrote during high school called "Freedom versus License." Together we now were able to understand the onset of her symptoms, which followed her hysterectomy and her parents' retirement, as an unconscious reaction to her loss of external restraints to her sexual desires. (That is, she no longer needed to fear becoming pregnant, and her parents, her watchdogs, were gone.) We also understood how the move to her own house and the departure of her daughter reawakened frightening fantasies of sexual freedom from her youth. The patient began expressing thinly disguised fears about me as a "hands on" coach—an image in a dream set in high school—to help her overcome her sexual problems. Such wishes seemed to be a sexualized version of the adolescent girl's common need to get instruction and guidance from her mother about how to be an adult woman and how to deal with sex.

As Ms. C began to "come out of her cave," there were drastic changes in her demeanor during the sessions and in her life. She announced she had been losing weight on a diet and had begun exercising. She went after and landed a new, higher paying and promising job in the world of business. Shortly after, she called an attractive older man she had met some months before and began to date him. She had sex and was delighted to find she enjoyed it.

Ms. C began to act politely dismissive of any comment by me.

The patient agreed with my suggestion that she was acting as if she felt I would interfere with her course of improvement. Yes, she must do this for herself. Like a toddler or an adolescent in the throes of the struggle for autonomy and individuation, she was afraid newfound pleasures and achievements would be taken away. Afraid to look at the relationship with her lover critically, she projected her doubts onto me. She was convinced that I, like an adolescent's parent, disapproved of him. New elaboration of her fantasies of being a control patient were expressed. She remembered how disapproving ladies in the community reported her teenage flirtations to her father. Similarly, she fantasized that I would report her sexual wrongdoings to my supervisor and to the Institute.

In the summer of the third year of analysis in the midst of talking about my upcoming vacation plans and her own plans which were disappointing, Ms. C announced that she wanted to talk of termination. When I interpreted this in terms of resistance, the patient became furious. "This proves I am all messed up." (Her relationship with the boyfriend had also just broken up, and she worried that she was to blame.) Interpretation of her feelings of deficiency and of being criticized and that her independence had been rebuffed seemed to mollify the patient only temporarily. She repeatedly tried to engage me in struggles over separation as she did her mother during adolescence. For example, after she missed an analytic appointment to have her hair cut, she became very angry while I tried to explore the meanings of this behavior. I interpreted to Ms. C how she tried to set up an external struggle between herself and me to avoid understanding her internal struggle over coming to her session. She continued to battle. Finally, I took my supervisor's suggestion and simply asked the patient her thoughts about whether she was ready to terminate or not. She answered that progress had been made, but there was still much to do. That is to say, when I overtly granted and acknowledged her autonomy, as one needs to do with an adolescent struggling to become an adult, she responded positively and maturely.

Dressed in a new navy blue suit, Ms. C made a dramatic arrival

at a session. She acknowledged a fantasy of "coming out" of her cocoon, her new edition of her arrival at college. She was going to visit a health care organization for her work. She talked about how she would have to check out the situation and to sell a contract that involved managed care. I said that in some sense she was checking herself out in terms of what was left to do in analysis. Perhaps "managed care" referred to her analysis and her questions about how long it should go on. She agreed. "There is some separation now, and it stirs up feelings. I can feel myself becoming tearful. It will be hard on the road. If you are the person in the red car [referring to a previous dream in which she was followed by a woman driving a red car], I pull away from you. I'm on my own. A strong feeling of moving away. I can remember tremendous dependency on you." Like an adolescent, she was trying to get "it all together" for herself.

A year later when a date was set for termination, the patient had another dream which took us back to choices: "I was on a trip, driving a scooter, on expressways, on roads. I was having to read maps and directions on the way because I didn't know where I was going. It was night. There were several hallway intersections, like in an old hospital or like in schools. At one intersection there was a podium, and I was stopped there. A woman politician and old people in wheelchairs passed by. Kids my daughter's age there. Like in a college union. One boy said, 'She's only about twenty-eight years old.' Behind him is a mirror. I look in the mirror and I see I hadn't brushed out my hair perfectly.

"I think it's another leaving. This one requires that I expend the energy to go. I do a reasonably good job in reading the map, or directions. It's kind of what I've learned about myself. For example, I think to myself, 'When you have this certain kind of reaction, think!' I do have to pay attention to myself. The hall reminds me of choices, not being sure where you'll get to. The podium was like where you'd sign in, or teachers or politicians have podiums. The elderly in wheelchairs are where I was. I kept myself immobile and dependent. I knew women politicians who really devoted themselves to something. I knew that I would never

choose that route for myself. I did think I should do something that helped out my fellow man. A piece of me that I got from my dad. She, the politician, would like center stage. Narcissistic. I was in the union, like in college. There were young men there. It's some kind of fantasy that as I am aging there are wishes to stay younger. Did I have my daughter, no, I didn't at twenty-eight. I was twenty-seven. Oh, I saw a client last night, she was twenty-eight. She married her high school sweetheart and got an abortion even after she was married. She has been punishing herself since by denying her sexuality. I see that, because I did the same thing. In the dream I am not perfect. Hair not perfectly brushed out. I am who I am."

I said that the dream expressed the wish she could go back and recapture those years that she had given up her sexuality. I asked if she thought the narcissistic woman politician represented me? She pondered. "Well, I see you as making decisions about your life, and following through on them. Don't know about the narcissistic. There remains in me a conflict about what I want to do. It is a dream about choices. The choice to be a social worker came from my past, and I need now to figure out my own life. I chose that at that time. Given choices now, I'd like to do something else. Give up this giving profession to do something like travel. My daughter came home last night. I said I was really glad to see her, but that K [new and serious boyfriend] was coming over, so she got the message that she couldn't stay overnight. I asked myself, 'Do nice mommies do this?' I don't know where I'm going. But I don't get lost. I do have confidence that I can do my own scooter. . . ."

We see here that the patient, as she is terminating her analysis, is mulling over, with mixed feelings, choices she made for herself largely during adolescence—her choice of mate, not her first love, her career. She runs through in her mind her identifications with her "do-good" father, her sacrificing mother, with me, identifications of which she is now aware and trying to modify. She has a newfound sense of freedom and autonomy.

It is a paradox of adolescence that it seems to offer so many

choices, which the adolescent often does not feel free or brave enough to take. First love, characteristically experienced not as a free choice but as a compulsion that must be followed, exemplifies one of the paradoxes of adolescence.

Adolescent Phenomena in Adult Patients

The major tasks of adolescence can be summarized as the integration of sexuality into the self, the psychological separation from the parents, and the development of an adult identity within the larger social context. Child analysts have used these insights to work analytically with adolescents and have applied them also to their work with adults. Novick (1990), for example, suggested that his work with adolescents has sensitized him to the importance of the need to establish a firm working alliance, to appreciate nonverbal communication, to pay attention to reality and to interpersonal relationships, and to follow the vicissitudes of narcissism.

The most attention to the presence of adolescent phenomena in adult work has come in its relation to termination. Novick and Novick (1991) wrote about the lessons to be learned in adult termination by an appreciation of how adolescents typically or frequently terminate prematurely or resist a true termination. Key to dealing with these resistances in adults may come from understanding the difficulty they may share with adolescents in giving up fantasies of omnipotence and omnipotent self-images which interfere with a mature termination. Recall how Mr. N, the accountant, struggled to cut short his termination in order to preserve the narcissistic image of himself as "in his prime." Similarly, Burgner (1988) pointed to barriers to termination that adolescents erect. Her excellent clinical material illustrates how adolescent patients attempt to keep a union with the analyst by creating continued perverse excitements in the transference. Perverse phenomena put to similar uses in the transference with adult patients have become the focus of current psychoanalytic writings (see Coen, 1992).

Other analysts have likened the entire termination phase in adult analysis to adolescence; in both there must be a coming to terms with separation from parental figures, in both there must be mourning for these and other losses, in both there should be a consolidation of identity. Dewald (1982), for example, described how in termination the psychological task for the patient is the working through of loss and separation from the analyst, both in transference and in the "real" relationship. There is a reenactment in termination of prior separation experiences. The patient also has to accept limitations in the outcome of the treatment, a kind of mourning process. Erlich (1988) pointed out that Freud's (1937) pessimistic tone in "Analysis Terminable and Interminable" is that of a parent of an adolescent asking how well or badly have I prepared my child/analysand for life? Erlich suggested that this concerned relatedness on the analyst's part may constitute a powerful signal of approaching termination.

Hurn (1970) made a significant contribution to this topic by writing about what he called the "adolescent transference" in adults. He observed that in adolescence there is frequently a shift in the psychic balance toward an adaptation to reality. This shift can also be observed in the adolescent transference during termination with adult patients. Failure to recognize these transferences leads to the error of treating the patient like an adolescent, that is, in a dismissive or parental manner, rather than as an adult in need of analysis of his or her adolescent conflicts and transferences. In adolescence the changing realities of the self and a growing maturity and autonomy must be accepted and integrated by the adolescent and the parent; by analogy this acknowledgment is necessary for patient and analyst in termination. When I treated Ms. C as an adult and asked her what she thought of her rebellious insistence on terminating, she was able to step aside from her adolescent-like acting out and analyze it. Both Hurn and Dewald suggested that the adolescent transferences can pull for changes in technique but urged an adherence to regular analytic practices.

There has not been much written about adolescent phenomena in adult analyses outside of the termination phase. In a lecture

which touched on the subject of the adolescent process in the analyses of adults, Blos (1989) spoke of the "cherished but largely lost causes" of a derailed or never completely traversed adolescence which are rediscovered in the analysis of the adult (p. 9). Peter Blos, Jr. (1990), elaborated on similar ideas about adolescent fixation in adult psychopathology. It is incorrect, he asserted, to reduce all such manifestations to infantile fixations. He presented a case in which two experiences contributed to his patient's fixations, an adoption kept secret from her and only reconstructed in analysis, and an undiagnosed adrenogenital syndrome which, until it was discovered during analysis, interfered with some aspects of her female physical development. Medication was prescribed which brought about immediate and dramatic physical changes. Thus Peter Blos, Jr., was able to observe and analyze this adult woman's responses to bodily changes normally experienced during puberty and early adolescence. He speculated about the resistance to reconstruction of adolescent experience seen in analysts and patients alike. There is a need to repress the sexual onslaught experienced by the adolescent and to divert attention to the reconstruction of infantile (and I would say less intense) sexuality. Such a need to repress the memories and reliving of intensity of the sexual onslaught during adolescence was present in the re-enactment of my locking Mr. N and myself out of my office before his termination.

Several other psychoanalysts have focused on reconstruction of adolescent experiences in adult analyses. Feigelson (1976) suggested that the focused attention of the analyst on childhood experiences often excludes appreciation of adolescent transference repetitions when they occur. Goettsche (1986) argued that there is a barrier to reconstruction of adolescent experiences in adult analyses because adolescence is "too close" for comfort for analyst and patient alike, that in some ways it is easier to deal with a more distant childhood. At the same time, his emphasis that adolescent reconstruction is a vehicle for understanding and working through infantile conflicts and for strengthening the

therapeutic alliance detracts from the idea that adolescent phenomena are important in and of themselves.

The reconstructions in many of these cases in the literature are of traumatic experiences in adolescence. One dramatic case is furnished by Blum (1985). His patient was traumatized during adolescence due to persecution stemming from anti-Semitism. Three previous analyses had not undone a massive defense against the affective re-experiencing of this whole period of the patient's life. In Peter Blos, Jr.'s case, a dramatic adolescent fixation was the result in part of a physical abnormality. But as my case of Ms. C illustrates, adolescent material that emerges in the analytic process is not fruitfully conceptualized as pathological or the result of significant trauma during adolescence. My point is that adolescent phenomena in general, not necessarily categorized as major fixations or trauma, are frequent components of the analytic process with adults. Often they are missed, reduced to earlier underpinnings and interpreted as such.

Why this is so is an open question. Part of it is, as I have suggested, historical and theoretical: Freud's misunderstanding and underappreciation of the emotional importance of adolescence. Many of the above writers (Blos, Jr., 1990; Novick, 1990; Ritvo, 1971) and others (Deutsch, 1967; Isay, 1975; Jacobson, 1964) have suggested that analysts' own narcissistic and sexual conflicts, revisited in adolescent patients and adolescent phenomena make them skittish and unconsciously reluctant to face them in adult patients. I think that it is also the pain and the intensity of adolescence that we all would like to put behind us and to minimize. How often do we hear ourselves and our friends say, "I would not like to live that period over again!" It is this that prompts us to be insensitive, to squelch and minimize the passions and power of an adolescent's first love and call it "puppy love"; to patronize and mock the adolescent's earnest and often life-changing idealism and purposes; to distance ourselves from his/her exuberance and ardor by disapproval and rigidity.

First love and the adventure of embarking on one's own path

stir in us all unforgettable, yet painful passions. The experiences are often remembered and recounted, but the uncomfortable affects and unconscious reverberations are not so easily accessible. These conflicted and highly charged experiences are rich potentials to be tapped in any person's analysis and will help to facilitate growth, the hallmark of adolescence.

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Getting Real in Analysis

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GETTING REAL IN ANALYSIS

BY OWEN RENIK, M.D.

A detailed clinical example is used to illustrate how reality testing can create rather than foreclose opportunities for analytic investigation. It is proposed that effective analysis of transference within the treatment relationship requires close and explicit attention to considerations of reality. The author reconsiders certain conceptions of a special psychoanalytic reality, of regression in clinical analysis, and of the nature of free association, suggesting that they tend to discourage the realism necessary to productive psychoanalytic work. He underlines the importance of ongoing reference to therapeutic outcome as an aspect of reality.

Margaret is a thirty-year-old accountant in analysis because of her chronic depression. It is the day before Passover, and she is feeling terrible about having to be all by herself on the holiday. She has been invited to a friend's Seder, but Margaret is going to cancel out because she has a cold and doesn't want to risk giving it to her friend and her friend's family. In all Margaret's previous descriptions, the friend has sounded to me like a happy-go-lucky type; besides which the friend has two small children, one in preschool and one in grade school, so that full exposure to the San Francisco Bay Area viral pool is likely a *fait accompli.* It seems to me reasonable that rather than opt for self-abnegation all on her own, Margaret might at least explain the situation to her friend and hear what the friend has to say.

Margaret and I have been talking for a while in analysis about her tendency to regard herself as an obnoxious person and her deep fear that nobody really wants to have her around. This idea about herself appears to have originated, at least in part, from Margaret's sense that her mother, though basically caring and

responsible, was not very interested in Margaret and found her an imposition much of the time. I have the impression that Margaret's judgment about how to handle the Passover problem is colored by expectations relating to her childhood experience of her mother.

When I explain my point of view to Margaret, she's aghast. She wouldn't dream of putting her friend on the spot by asking her about coming to the Seder with a cold. What I'm suggesting seems selfish and inconsiderate. Am I partisan on Margaret's behalf because she's my patient, she wonders, or do I just have a basically egoistic world-view? Margaret asserts with some alarm that her attitude about such things seems very different from mine. She almost canceled her analytic hour today, she says, except she feels that as a physician, part of the risk I accept in doing my work is exposure to disease—it comes with the territory. Margaret's associations continue on in this vein for a bit.

Eventually, I say that I understand her thinking about coming in today, but I add a question: does Margaret feel that I should cancel appointments when I have a cold or the flu? Because, I tell her, I don't. Does that seem irresponsible?, I ask. I explain that my attitude is that proximity to people who are ill is part of what we all encounter in stores and restaurants, on airplanes, and elsewhere; so when I've got a virus, I may avoid shaking hands and such, but I don't cancel as long as I think I can work effectively. Margaret considers my policy with mixed feelings: she likes the idea of my remaining available to her, but does not like being put at risk.

Mulling over what I have said, Margaret arrives at the conclusion that she may be a bit more cautious than she needs to be. She thinks that I'm trying to do the right thing, according to my judgment. She knows that some people—responsible and nice people—are less concerned than she about possibly causing one another to catch cold. In the course of these reflections, Margaret mentions that she thinks she is phobic, isolated, and depressed like her mother. This is the first time Margaret has described her mother in this light. Previously she had portrayed her mother as

sort of a passionate intellectual, with her nose too buried in a book to pay attention to her daughter. Now we discuss the new image of Margaret's mother and its implications, including Margaret's recognition that she had been trying to make light of her mother's isolation, chalking it up to bookishness, in order to fend off a sense of her mother's capacity for profound withdrawal from the world. I suggest to Margaret that perhaps feeling phobic, isolated, and depressed like her mother is a state of mind that she actually seeks out because it permits her to feel like her mother, and feeling like her mother is one of the only ways available to Margaret to feel close to her mother.

Margaret cries, silently. After a while, she begins to talk about her pain and confusion about what has always been her mother's unavailability. Sometimes Margaret thinks her mother really loves her, but is just terribly inhibited about expressing it. At other times she thinks her mother just doesn't want to have anything to do with her. It's the same with me, Margaret tells me. Even though I seem to be generally interested and involved, she expects that at any time I might get tired of her and tell her that we have to stop treatment.

On Monday, Margaret begins with an account of how she decided to ask her friend whether it would be all right for her to come to the Seder. Her friend replied that Margaret must have the same cold that her kids already have, not to worry at all! Margaret felt relieved and a little silly. She had a great time with her friend and her friend's family on Passover. Margaret takes most of the hour to report the events of her visit in great detail. She is aware of feeling grateful to me and of wanting to thank me by describing how much fun it was for her to really feel like she belonged somewhere on the holiday. She's really glad that I questioned her assumption that she couldn't go, and also that I didn't insist that she adopt my point of view.

In Tuesday's session, Margaret gets back to thinking about the unpredictable distance she felt from her mother growing up. She remembers and reflects for fifty minutes, and I am silent. It was as if her mother considered being emotionally engaged a burden—

the need to have strong feelings threatened and upset her. Margaret recalls that once when she was about eight years old, she lacerated her thumb in a playground accident. The injury turned out to be quite minor, but when it happened there was immediately a great deal of bleeding and it was very scary. Margaret ran home and found her mother, who, as soon as she saw Margaret, began yelling at her angrily for having injured herself.

The threat of an irritable outburst from her mother was always in her mind, Margaret feels, but her more predominant, and in some ways more hurtful, experience was of being out of contact with her mother and left on her own. She had no sense of a connection with her mother around feminine things—how to shop, how to dress, how to flirt, how to behave and value herself as a woman—and as a result she developed into a socially uncomfortable tomboy.

Toward the latter part of the hour, Margaret's father comes into her thoughts. She talks about having been conscious throughout her childhood of depending on him for attention and warmth. If something troubled her, she went to her father rather than her mother. If she had a fight with her parents, it was her father who would reach out to her to make it up.

Of course, he couldn't really help her with the female stuff. As a child, Margaret remembers, she often wished she were a boy so that she could be closer to her father. Puberty increased her discomfort. She was a funny-looking misfit, with hair sticking out in all directions, whose clothes never looked right.

Margaret is quite teary as she talks about how unhappy she was. When her father was pleased with her, it helped her feel better about herself. I remind her of her father in a way, Margaret says, when I seem to believe that she is worthwhile and can expect people to like her. The session ends on that note.

Wednesday's hour begins with Margaret's report of a dream from the night before. She was in a field bounded by a fence on all four sides. In the field was a huge, powerful bull. Margaret was in the field with the bull, very frightened that the bull was going to attack her. She associates immediately to her analysis and to

worrying that I might overpower her. The four fenced-in sides of the field are like her four hours every week. Sometimes she feels trapped in here with me. If my voice seems to be coming from closer, so that she has the impression I'm leaning forward, she has the idea I might pounce on her.

I ask Margaret what she thinks happened yesterday to make her particularly concerned about me in this way. She says it was probably what she was talking about when she was here, how dependent on me she's getting, as she was on her father. It makes her feel vulnerable. On one hand, it really makes her feel good to think that she might be okay, that maybe she could fit in with people; but on the other hand she knows I could become too important to her. She doesn't want to go around terrified of losing me; she doesn't want to worry all the time about whether I like her.

That's how it was with her father, she explains, and it was especially difficult for her because her father was pretty self-centered. He always had to be right, to be the big authority. He would hold forth endlessly about something that interested him, and he would get upset if she disagreed with him at all. He was very competitive too. They used to play tennis a lot together, which she loved, but he always had to win. If he started to lose, he could get almost vicious, smashing the ball at her. It reminds her of the bull in the dream.

She knows, too, that there's something exciting about the bull, and that the dream has to do with her confusion about sex. Margaret begins to think over how she has been able to enjoy sex with men at times, but there is always some kind of anxiety lurking, something about getting hurt. Now her father's need to be superior comes to mind again.

On Thursday, Margaret continues to think about how she's always regarded herself as out of it, about knowing how to be a woman. She feels inferior to other women in that way, and isolated from them. Partly, it's that she never bonded with her mother, isn't sure at all how her mother sees herself as a woman; partly, it's that her father needed for her to be submissive and give him his

way, which is what her mother did. Growing up, Margaret knew she didn't want to relate to men the way her mother related to her father, but she didn't know what else to do. She wanted to find out how other girls related to boys, but she could never get close enough to them to find out. She remembers three very popular girls who always hung out together, whom she knew from being on the tennis team with them in high school. They teased her, calling her stuck-up, when she was really only shy.

As I listen to Margaret describing various interchanges with these three girls, my thoughts go to how often Margaret anticipates incorrectly that she will be unwelcome, is unnecessarily self-critical and pessimistic in her interpretation of social interactions, and underestimates people's interest in her. I wonder whether something of the sort might have been happening with her teammates. I explain my thinking to her, asking if perhaps those girls might have teased her in an effort to make contact with her and get to know her better.

Unexpectedly, Margaret flares up in anger at me. She knows they didn't like her, she says. They never invited her to do anything. Margaret goes on to present a great deal of very convincing evidence that the possibility I had inquired about was very unlikely. She charges me with being just like her father, attached to my own ideas, unable to respect her point of view, needing to be right. Really?, I say. I thought I was only asking. I didn't think I was insisting on being right. Actually, I consider her the expert on her childhood, I say to her, not me.

That's a lie, Margaret responds. All of our work together has been based on the premise that she's not the expert on her childhood. She reminds me that I've often questioned her way of looking at her past, and very usefully too. I acknowledge to Margaret that she is right, of course. In my eagerness to assert that I was not being a competitive bully like her father, I overstated the case. Yes, Margaret replies, she knows that. But what I need to think about, she says, is why I overreacted. Well, I thought I answered that, I respond. I did not want her to think I was being like her father when I felt I had a very different intention in mind. Obviously,

Margaret comments sarcastically, but doesn't pursue it any further. She falls silent, complaining that she doesn't really feel like talking to me. After a bit, I pick up on Margaret's use of the word "really," and suggest that maybe she doesn't feel like talking to me because she doesn't feel like she can say what she really thinks about me.

Margaret hesitates for a while longer, then says with obvious trepidation, this is what she really thinks about me. She thinks I do believe it's important for an analyst to be open and nonauthoritarian, that I try to be that way with her, and that it's very helpful. But besides that, she thinks I have a personal stake in not being seen as domineering and unfair, so that when she sees me that way—rightly or wrongly—I'm quick to react and to try to sort it out; and that gets in the way of my being able to listen to her sometimes. So, in a way I can wind up doing the very think I'm trying to avoid. Huh, I grunt, somewhat taken aback. That's very interesting and a little embarrassing, I say to Margaret. I never thought of it that way. Those are certainly my sentiments. I'll try to watch to make sure they don't get in the way. I hope she'll tell me if she thinks that's happening.

That would be good, Margaret says. Then she adds that the funny thing is that she knows I wasn't really unable to listen to her about those girls. Sometimes I can get a little too interested in making my point, but not this time. She knows that I'm basically a nice guy. Even if I am a bit narcissistic, I'm also considerate and caring. She knows she likes me a lot and she's not sure why right now she wants to pick a fight with me. There's something else going on. It makes her nervous to be alone in this room with me, feeling like I'm a nice guy and she likes me. She knows it's about sex, somehow.

Reality Testing

I offer this series of hours to illustrate a productive sequence of analytic events that was set in motion via my doing a bit of what is often called *reality testing* with Margaret. I encouraged her to con-

sider whether certain of her expressed ideas were realistic, and I presented her with certain of my own ideas about reality for her consideration.

From my point of view, reality is a construct and reality testing denotes a process in which an individual views his or her way of constructing reality. Reality testing in analysis means that the patient attends to those definitive judgments about his or her perceptions that are necessary for the patient to make his or her way in the world, i.e., that the patient repeatedly defines and reviews his or her operational reality. Reality testing has often been conceptualized in a way that assumes the existence of a single, objectively determinable reality which is discovered by analyst and patient (e.g., Inderbitzin and Levy, 1994); and furthermore, the assumption is often made that certain of an analyst's judgments about reality are to be privileged (because the analyst has professional training, has completed significant personal analytic work, is less embroiled than the patient in the patient's conflicts, etc.). In my view, however, neither of these assumptions need be made when using reality testing as a clinical concept.

As I see it, giving reality testing an important place in analytic technique is quite consistent with awareness of the subjectivity of all perception and of the intersubjectivity of the analytic encounter. Certainly, clinical events are co-authored by analyst and patient. Nonetheless, within the clinical situation, each must make up his or her own mind, individually, about those events, as about the rest of life. Given a cooperative and mutually respectful relationship between analyst and patient, consensus about reality will be sought, and often achieved; but it is by no means required in every instance. *The crux of reality testing is that the patient reaches decisions about his or her own view of reality.* I like the traditional term "reality testing" because it emphasizes the importance of a patient testing his or her perceptions of reality against continuing experience and refining them accordingly. In the process of reality testing, a patient takes the analyst's view into consideration, but does not defer to it as authoritative.

The concept of reality testing could be misunderstood to be

rooted in a "one-person psychology." At this point in the development of psychoanalytic theory, however, I think it should be clear to us that so-called "one-person" and "two-person" psychologies are not mutually exclusive conceptualizations; they refer to complementary perspectives (see, e.g., Gill, 1993). For me, the important point is that while every psychoanalytic couple is unique, what the patient learns about his or her participation in one unique relationship is generalizable to other unique relationships—if this were not true, we could make no therapeutic claim for clinical analysis. In other words, a patient learns about his or her own individual (one-person) psychology by studying his or her participation in an intersubjectively constructed (two-person) experience.

I think of reality testing as central to clinical analysis; but analysts have tended to look askance at it. Stein (1966), for example, states explicitly that avoidance of reality testing is the very thing that distinguishes psychoanalysis from other psychotherapies! Focusing on the question of what is real interferes with the patient's observation of his or her mental processes, according to Stein, because it directs the patient's attention outward to the perceptual world instead of inward where it belongs, analytically.

Stein's conception is a commonly held one, but my clinical experience does not accord with it. I find that when a patient carefully identifies and evaluates his or her conscious beliefs about what is real, and compares and contrasts them with other views, including the analyst's, it helps the patient recognize the influence of unconscious convictions formed in the past. In other words, reality testing facilitates the analysis of transference. For example, my asking Margaret to consider whether her assumptions about her friends were realistic and offering my own ideas on the subject put in motion an inquiry that led Margaret to notice the way her identification with her mother weighed upon her current perceptions—both within and outside the treatment relationship. Margaret eventually came to realize that her longstanding conscious picture of her mother as a self-absorbed intellectual had the important defensive function of obscuring Margaret's

awareness of her mother's serious emotional difficulties. Similarly, pursuing with Margaret what she *really* thought about me opened the door to an investigation of sexual conflicts which pertained to her relationship with her father.

I think we have reason to conclude that my questioning Margaret's view of reality and posing alternatives for her to consider created an opportunity for transference analysis. My impression is that in fact a great deal of reality testing gets done in every successful clinical analysis, precisely because, as my vignette illustrates, it is often through reality testing that manifestations of transference get identified. I think, however, that because many analysts, like Stein, conceptualize reality testing as nonanalytic, they feel obliged to do their reality testing implicitly—less straightforwardly and less often, perhaps, than would be most useful.

Abend (1982), following Stein, notes that most analysts operate on the premise that preoccupation with reality in analysis forecloses useful exploration of fantasy. Abend suggests that the danger of foreclosure is particularly clear when it comes to investigation of a patient's ideas about his or her analyst. Again, I do not find this to be the case, as my vignette illustrates. Margaret's exploration of the unconscious determinants of her experience of me and of our relationship was extended, not curtailed, as a result of her efforts to decide what I was *really* like. Actually, the bit of transference analysis that took place in the hour I reported was only the beginning of what proved to be an in-depth exploration of Margaret's fear that my interest in her was unreliable, a fear that related to disavowed perceptions of her mother's severe emotional difficulties, as well as to intensely felt oedipal rivalry.

It seems to me that it is when an analyst does not want to hear, or needs to discredit, a patient's transference expressions that they get foreclosed, not when an analyst respectfully offers another point of view. In fact, everything we traditionally say about the "power of transference" indicates that it is quite hardy and not easily suppressed. I recall a psychiatrist I analyzed who, because he was feeling professionally envious of me, needed to console himself with the idea that, busy as I was, I must be neglectful

of my family. When the patient and I met at a parents' meeting at the school it turned out both our children were going to attend, he was sure this was only a token gesture on my part—the one evening a year I devoted to being a father. Later, when he heard from mutual friends that I went to all my daughter's soccer games, he thought to himself that of course I was only capable of a narcissistic interest in her athletic achievements. He found out about a special holiday dinner I cooked for the family, and decided I was just showing off. And so on. So much for foreclosure. Transference consists of favoring a particular plausible interpretation of reality among many plausible interpretations (Hoffman, 1983), and a plausible interpretation can always be maintained in the face of being questioned if the patient is motivated to maintain it.

In my experience, an analyst does not increase the opportunity to analyze transference by withholding his or her view of clinical events. It is by establishing ground rules which allow a patient to say what he or she thinks is really going on in treatment, including what the analyst might not want to hear, that transference analysis is facilitated. *Only when a patient is able to expose his or her sincerest convictions about who the analyst really is can the patient consider how his or her experience of the analyst may have been affected by the past.* Margaret's Thursday hour, it seems to me, is an instance in point.

It is important to distinguish between doubts about reality testing per se and objections based on the principle of analytic anonymity. Of course, I could have simply questioned Margaret's view of the Passover situation without explicitly stating my own opinion, even though my choosing to question her view indicated unmistakably that I at least thought it was possible to see things differently than she did. Those analysts who believe that it is categorically inadvisable to explicitly communicate one's own judgments about life to a patient will certainly disapprove of the way I compared notes with Margaret about the problem of how to socialize when one has a cold, and of how, when Margaret described her perception that I do not like being seen as authoritarian, I acknowledged its accuracy, from my point of view. The question of what kinds of self-disclosure by an analyst are helpful requires extensive discussion in its own right, and has received it elsewhere

(see Renik, 1994). However, for purposes of the present inquiry, I would like to set aside the problem of self-disclosure. I want to focus instead on the idea that reality testing, i.e., encouraging a patient to *decide* whether the ideas that come to his or her mind are realistic (regardless of whether the analyst explicitly communicates his or her judgments in the matter) is a crucial analytic activity, despite the fact that it is widely considered to be less than optimal technique.

The extensive debate that has taken place concerning historical truth versus narrative truth in analysis may have contributed to the idea that reality testing is counterproductive. There is good reason to question ex post facto determinations in analysis of the reality of past events. (Witness the problem of so-called "true-false memory syndrome" that has received a great deal of press lately.) However, what a patient in analysis *can* do is evaluate the way he or she constructs reality in the present, the way the patient assesses the world-view that informs his or her current attitudes and behaviors—including the symptoms which have necessitated treatment. In clinical analysis, past experiences only become relevant insofar as they bear upon reality testing in the here-and-now; and then construction of past reality is a *pragmatic* activity—to be judged according to its consequences in the present—rather than a pursuit of truth, narrative or historical, in and for itself. Thus, Margaret came to review and revise her childhood image of her mother in the process of trying to best decide for herself how realistic it was, in the present moment, to be declining an invitation to Passover dinner, and how to regard my attitudes about exposing others to illness. It was when she examined, very carefully, what she really thought about my character that she began to become aware of her conflicted sexual interest in her father.

The Real Analytic Relationship and Free Association

Reality testing, as I have been describing it, is only one feature of a technical approach that follows from considering the psychoanalytic treatment relationship real—real in the ordinary sense of

the term. If the aim of clinical analysis is to allow a patient the opportunity to investigate how he or she operates in the world, particularly how he or she participates in interpersonal relationships, and if the example par excellence to be investigated is the patient's participation in a relationship with the analyst, then, it seems to me, it makes sense to have that relationship be as much like any other relationship as possible. We want clinical psychoanalysis to be a natural in vivo rather than a contrived in vitro examination. Therefore, in my view, analytic inquiry is best served when both analyst and patient think of their relationship as ordinarily real, and conduct themselves accordingly. Of course, the psychoanalytic treatment relationship has unique attributes; however, I think it is crucial to keep in mind that these unique attributes, and the very unusual sort of intimacy they create, exist within everyday reality.

In this respect, it seems to me that a certain amount of confusion has existed around the concept of free association and the "fundamental rule," which should not, in my opinion, be construed to suggest that the clinical setting is unreal, or possessed of a special, *psychoanalytic* form of reality. To me the fundamental rule is that a patient in analysis reports his or her thoughts as freely as possible, no matter whether they seem sensible, relevant, embarrassing, repetitious, etc. This does not mean that the patient suspends judgments about his or her ideas. On the contrary, it means that the patient pushes himself or herself to say whatever comes to mind *despite* troubling judgments that may arise, i.e., even when the patient would like to censor self-expression *because* of his or her judgments. Most especially, *a patient's free association does not involve the patient's suspending judgment about whether his or her ideas are realistic.* A patient's judgments about whether his or her ideas are realistic are extremely important thoughts in themselves and need to be reported like any others. The psychoanalytic situation does not offer the patient a reprieve from constructing reality; it offers the patient a chance to extensively examine his or her constructions of reality and to discuss them with unusual candor.

If a patient's judgment concerning whether thoughts that are coming to mind are realistic appears to me to remain conspicuously absent, I inquire about the omission. My impression is that when a patient avoids judgment about the reality of his or her ideas, it is a kind of procrastination that impedes analysis. I find a way to ask, somehow or another, "Is that what you *really* think?" When an analyst has this question in mind but does not voice it, I believe the analyst engages in what Arlow (1995) has aptly termed "stilted listening."

For example, at one point Margaret decided that I was angry at her for canceling a session. She believed that, for personal reasons of my own, I needed her analysis to be the most important thing in her life. She went on to elaborate this image of me at length without asking herself whether she regarded it as realistic. So long as she did not address that question, Margaret had to deal definitively neither with a judgment that her analyst really was being inappropriately jealous and possessive, which would have raised serious doubts about the advisability of her continuing in treatment with me, nor with a judgment that she was unrealistically imagining me to be inappropriately jealous and possessive, which would have required her to look into her own motivations for producing such an idea. As it turned out, pointing out to Margaret that she seemed unwilling to decide whether she thought her idea about my jealousy and possessiveness was realistic opened the way to analysis of a conviction on her part that she was my special favorite patient, and that our time together each week provided me with a measure of feminine warmth that was missing from my marriage. Ultimately, the reality testing Margaret did about this vision of her position in my emotional life led her to conclude that her belief was not based on evidence, but rather was a consoling belief that she needed to maintain for reasons similar to ones that had motivated her to maintain the same belief about her father in childhood.

In my experience, when a patient is evaluating the reality of an image of the analyst, there not infrequently comes a point at which more associations are unlikely to illuminate the issue at

hand, when to continue to elaborate more and more associative material begins to constitute an avoidance of a necessary evaluation. At such a juncture, the patient faces the task of considering what he or she knows about the analyst and of deciding, as best he or she can, what the analyst is really like. In the course of trying to decide what the analyst is really like, some patients will sit up and take a good look at the analyst—quite reasonably, in my opinion, whatever the multiple motivations involved. There are times when, as many investigators have suggested (e.g., Goldberger, 1995; Moraitis, 1995), use of the couch is counterproductive. If a patient who is trying to decide what I'm really like does not think of looking at me, I sometimes inquire about why the option has not come to mind. It seems to me that it is important for an analyst to be actively realistic, as well as reactively accepting when the patient is realistic.

Clinical Reality

Keeping in mind the mundane reality of the analytic treatment relationship means above all, to me, not losing track of its therapeutic purpose. Arlow (1995) speaks of the "fundamental reality" that is the context of clinical analysis: namely, that a patient hopes to gain relief from emotional distress by changing the way he or she thinks about things, and hopes as well that the analyst will help effect the change. I treat the analytic relationship as part of everyday reality, and I see that reality as Arlow does. I expect my patients to work with me toward the goal of reviewing and revising ways they think *so as to improve the quality of their lives*, and I communicate this expectation to them explicitly. Furthermore, I expect my patients to evaluate how we are doing as we go along—which is to say, I assume that they will keep in mind the reality that clinical analysis is a therapeutic endeavor, as I do. Although a patient cannot always know exactly where he or she is headed or how much progress is being made at any given moment, the patient should have an overall idea of where he or she wants to get and whether he or she is getting there.

Referring to therapeutic goals locates a clinical analysis within the reality of the rest of the patient's life. Otherwise, there is danger of analysis becoming a sequestered, self-sustaining, escapist exercise—a separate reality, so to speak. The analytic treatment setting is designed to "facilitate regression" (Poland, 1994) and, indeed, a patient's passive wishes do tend to be elicited by an analyst's focused attention, interest, and acceptance, willingness to subordinate his or her own emotional interests to the objective of being helpful, etc. This creates a particularly problematic situation for certain patients who are drawn to analytic treatment precisely because it seems to them to promise a kind of idealized mentoring of which they feel they have been deprived and to which they feel entitled. Hope for magical rescue dominates their participation in analysis, and their efforts at self-investigation are a pretense, designed to propitiate an analyst-rescuer.

Such a patient is willing to attend sessions indefinitely, in the absence of therapeutic gain, waiting to be saved. In this kind of treatment, unless the analyst draws attention to the reality of the absence of therapeutic benefit, the patient is all too happy to ignore it, and the underlying expectation of magical rescue remains unexposed. The analyst is experienced as promising not a cure based on understanding, but a kind of love relationship upon which, in fact, the analyst can never really deliver. The patient is led to expect not the real love an analyst can, perhaps must, have for his or her patients, together with the very significant though limited benefits such love can bring, but the kind of love only a parent or life partner can actually provide; and underlying this unrealistic expectation there is an infantile wish for magical, all-curing love from an omnipotent figure. Friedman (1985) sees this all-too-common deception, in which an analyst seductively offers impossible love to a patient, as inherent in the reality of the analytic situation; but I think it is maintained only when an unrealistic image of the analyst and the treatment relationship is corroborated because clinical analysis is treated as in some ways separate from the rest of everyday reality.

One way separation between analysis and the rest of reality gets

established is when an analyst believes it is possible to initiate an undirected process of inquiry into a patient's mental life without establishing specific therapeutic goals: when the assumption is made that free-floating analytic investigation will necessarily eventually bear fruit in the form of symptom relief. My own impression, to the contrary, is that without clearly defined goals pertaining to the reality of the patient's distress in his or her life, authentic analytic investigation does not proceed. A free-floating approach requires the patient to be particularly disposed to formulate and keep in mind his or her therapeutic goals; whereas the very problems that bring a patient to treatment often interfere with the patient's motivation to identify and pursue realistic therapeutic goals. Therefore, I find that it is indispensable for the analyst to draw attention at various moments to the question of how analysis is functioning as therapy—how it bears upon the reality of the patient's life as a whole.

For me, clinical analysis is a task-oriented endeavor. I do not aspire to a free-floating analytic stance. From the beginning of the treatment, I try to help a patient define exactly what it is about himself or herself that he or she wants to change through better understanding. If it proves difficult for a patient to specify exactly what it is about himself or herself the patient wants to change, which is not uncommonly the case, then that difficulty itself becomes the phenomenon of primary interest in our work together. A patient's view of his or her symptoms usually evolves as analysis proceeds; but symptom relief remains the goal of analysis, and self-understanding functions as a means to that end. As analytic work unfolds day to day, defining the specific goals of treatment is by no means an exclusive and constant preoccupation (it seems to me that there is a great deal about the direction of a clinical psychoanalysis that need not, perhaps cannot, be spelled out explicitly), but I find it is crucial to remain in touch with the therapeutic purposes of an analytic investigation. If, in the course of analysis, there are times when I cannot understand how what a patient is thinking about has the potential to bring the patient

closer to his or her goals, I tend to ask. I have observed that such inquiry can be useful in any number of ways (see Renik, 1995a).

The Reality of Termination

Obviously, the evaluation of progress in relation to therapeutic goals is a conspicuous issue when it comes to termination. Bringing a clinical analysis to a productive conclusion depends upon clarification of the relation between analysis and the rest of a patient's life. *My experience is that the circumstances of clinical analysis always constitute an obstacle to the patient's learning to some degree, so that certain aspects of self-investigation become possible for the patient only after termination.* There are cases in which this problem predominates. We know how often analysis can be used as a "substitute for life," but the counterproductive effect of the analytic setting is part of every analysis; and it cannot be addressed unless the analyst is willing to ask the patient to assess the reality of his or her life and the place in it of psychoanalytic therapy.

For example, a patient I treated, whose father had died when the patient was six years old, was unable to form a lasting relationship with a woman. The patient had derived many benefits from five years of analysis, including the resolution of troubling sexual symptoms; but he was unwilling to choose a woman, commit to his decision, and live with the consequences, because he believed that proper fathering from his analyst would enable him to choose a wife with a sense of absolute certainty and without having to endure anxiety about making mistakes. The patient was unwilling to go all the way, so to speak, in putting his analytic achievements to use because he was holding out for what, when he was six years old, he thought he had lost—a father who could make life risk-free. Notwithstanding our extensive discussions of how he retained this childish notion of what his father could have done for him had he lived, the patient waited for me to remediate his loss.

In our meetings, we were not turning up anything new about this problem; nor was there anything to suggest that there was more the patient needed to know, beyond what we had already discovered together. However, continuing to meet in the expectation of crucial new insights was corroborating the patient's hope for magical rescue. I suggested to him that he was waiting for Godot. I discussed with the patient his temptation to use the treatment situation to help him avoid dealing with reality, and eventually he decided to terminate. A year after discontinuing his sessions, he began to live with a woman to whom, in time, he became happily married. This young man was one of a number of patients I have known, for whom, similarly, termination was an especially crucial step because they had to leave the reality of the treatment setting behind in order to progress with their analytic learning and to realize, in reality, their therapeutic goals. These were extreme cases in which the analytic work that could take place only after termination was decisive, but it is probably important in virtually every clinical analysis.

Dialectics and Psychoanalytic Reality

I have tried to define at some length a down-to-earth conception of clinical analysis as part of everyday reality, because it contradicts a view prevalent among analysts that our work is extraordinary and takes place within a special domain. Over thirty years ago, for example, Tarachow (1963) designated the therapeutic relationship between analyst and patient a thing apart from the real relationship between them. Subsequently, this differentiation was maintained by separating psychoanalytic activity proper from the mundane therapeutic or working alliance (e.g., Greenson, 1965; Zetzel, 1963) and by conceptualizing psychoanalysis as dealing not simply with reality, but with *psychic* reality (cf., McLaughlin, 1981).

The notion that clinical analysis occurs within a special kind of reality cuts across theoretical orientations and continues up to the

present. Modell (1991) asserts: "Anyone who has experienced a therapeutic relationship, either as a patient or as a therapist knows quite well that it is unlike anything else in ordinary life" (p. 13). Modell goes on to state unequivocally that "the therapeutic process . . . creates *a different level of reality*. . ." (p. 15, italics added), and describes psychoanalytic experience as the "processing of real affect within an '*unreal*' context" (p. 24, italics added). Similarly, Ogden (1994) states that a "*unique* subjectivity" is generated in the analytic setting (p. 4, italics added).

The idea of a special, specifically psychoanalytic reality arises from the effort to reconcile certain tensions that have plagued theorizing about the mechanism of action of clinical psychoanalysis. Traditional conceptualizations of the mind divided into an "experiencing" and an "observing" ego, with oscillations between the two, are mechanistic and do not offer much in the way of clinical application, inasmuch as it has not proven easy to develop specific formulations concerning when the oscillation occurs and how it is accomplished. Any number of theorists (e.g., Ghent, 1992; Greenberg, 1991; Loewald, 1982) have continued to struggle with the question: How does a patient both repeat the maladaptive patterns that have brought him or her to treatment and forge new adaptive ones? How does a patient experience an analyst both as an old (transference) object and a new (mutative) object offering new interactions?

Contemporary answers tend to be holistic, leaving behind conceptions of the mind divided into different agencies concerned with observation versus interaction. Instead, the special reality of the psychoanalytic situation is now invoked as a way of resolving the old polarities. Analysis is thought of as taking place in a "potential space," creating its own "third" subjectivity, different from ordinary temporal reality (e.g., Green, 1975; Ogden, 1994; Viderman, 1979). Some authors invoke the concept of *play* to explain how a unique product is produced in analysis that integrates old and new realities, pathological repetition and therapeutic reworking. In this regard, Winnicott's (1953) invaluable work on *transitional phenomena* has been very influential (though not necessarily

as Winnicott intended): the mechanism of action of clinical analysis is often conceptualized along the same lines as the creation of an imaginary companion in childhood—the patient's experience of the analyst is neither me nor not-me, neither real nor unreal.

Insofar as they encourage analyst and patient to negotiate with one another in expressing their individual viewpoints, the more recent conceptions of special analytic reality constitute an understandable and constructive antidote to the claim that the analyst is the arbiter of reality in the clinical setting (see Pizer, 1992). On the other hand, reality testing and related, clinically crucial activities are discouraged when the events of clinical analysis are thought of as transitional phenomena. If one thinks that there is a special psychoanalytic reality, one does not ask a patient "Is that what you really think?" any more than one would ask it of a child who was talking about an imaginary companion.

The problem with this way of using Winnicott's ideas is, of course, that establishing an imaginary companion is not always adaptive. In fact, while Winnicott described how transitional phenomena are useful during certain stages of development, he also pointed out that if transitional phenomena persist, they can eventuate in addiction and perversion. That is exactly what we see when a patient in analysis is not asked to assess the reality of his or her thoughts—addiction to the treatment situation and use of the analyst as a fetish (see Renik, 1992).

Increasingly, our clinical experience leads us to the realization that it is what an analyst actually thinks, feels, and does, rather than an analyst's efforts to be an anonymous, as-if figure, that makes possible a successful analytic investigation (e.g., Sampson, 1992; Slavin and Kriegman, 1992). However, I have the impression that our theoretical formulations have not yet caught up entirely with this realization. For example, Pizer (1992) presents a convincing case example in which an analyst's decision to confront a patient with his poor personal hygiene and offensive body odor proved to be a crucially productive turning point in the analytic work. What could be more definitively real? Yet Pizer

suggests that analysis happens in an "area of *illusion* where two people may intersect and negotiate *paradoxical reality* of the analytic process" (p. 238, italics added). To my mind, Pizer's conceptualization points in a different direction than his compelling clinical observations. I have the impression that some of our most creative and innovative contemporary analytic thinkers pursue theory-building in an academic, philosophical vein that can lose contact with the treatment situation, seen empirically and pragmatically. Various conceptions of a unique psychoanalytic reality continue to be elaborated that, in my opinion, do not capture the conditions under which effective clinical work takes place.

Currently, the special attributes of psychoanalytic reality tend to be characterized by the use of the term *dialectic.* Hoffman (1996), for example, reviewing the work of Benjamin, Mitchell, Stern, and others, suggests that "dialectical thinking" permits the contemporary analyst to balance various troublesome polarities. Hoffman (1996) recommends Ogden's usage:

> A dialectic is a process in which each of two opposing concepts creates, informs, preserves, and negates the other, each standing in a dynamic (ever changing) relationship with the other (p. 195)

Ogden's (1986) dialectic denotes an equilibrium: motion is described, but no evolution. Under the heading of *dialectic,* Ogden portrays what is essentially a conceptual hall of mirrors. An analyst who uses this conception of *dialectic* to think dialectically will not be disposed to ask a patient "Is that what you really think?" because the question will be seen to pertain to a misconceived dichotomy. Ghent (1992), who prefers *paradox* to denote the static relationship between apparent opposites that Ogden describes, remarks:

> . . . we are witnessing currently an important development in psychoanalysis. Almost since the beginning, our field has been marked by reductionistic dissension of one sort or another: "It's not this; it's that!". . . Now, however, I believe there is a chance

for a new outlook, one that is built on the capacity for entertaining paradox (p. 156).

My own emphasis would be somewhat different from Ghent's, at least so far as the history of psychoanalytic clinical thinking is concerned. It seems to me that analysts have always been and continue to be, if anything, too ready to encourage patients to avoid making crucial either/or judgments—too ready to entertain paradox. There is a reason for the famous old joke in which the patient complains, "I'm going to look for an analyst with only one arm, so he can't always say, 'Well, on one hand . . . but on the other hand. . . .' " In psychoanalysis, I would say, the accepted answer to the question "Is it this or is it that?" is usually "Both."

For me, the Hegelian concept of progressive dialectical process is more relevant to psychoanalysis: instead of being in an eternal, complementary relationship to one another, contradictory propositions contend with one another until one of them prevails or until their contradiction becomes obsolete in light of a new integration—the well-known juxtaposition of thesis to antithesis, leading to eventual synthesis. This is the way, it seems to me, learning proceeds, either in analysis or elsewhere (see Renik, 1995b). Applied clinically, Hegel's conception of dialectical process directs an analyst to present alternative views to a patient for consideration, and sometimes to ask the patient "Is that what you really think?," so that the question, if it really does refer to an obsolete dichotomy in the patient's thinking, can eventually be transcended. Thus, for example, at my invitation Margaret tried to determine what she really thought about going to the Seder with a cold: she went back and forth between the alternatives, and ultimately came to the conclusion that going versus not going was not the salient issue; it was her need to emulate her phobic, isolated, and depressed mother.

Regression and Progression

My observation is that when analyst and patient treat the clinical analytic encounter as part of everyday reality, the patient tends to

spend less time than he or she otherwise would in states of mind characterized by feelings of helplessness, extreme dependence on the analyst, preoccupation with analysis to the relative exclusion of the rest of life, and the like. Some analysts who have made similar observations interpret them to mean that paying attention to the conscious "surface" of reality has prevented sufficient "transference regression" from occuring (e.g., Panel, 1958). Other analysts, however, have concluded that "transference regression" is a misnomer applied to iatrogenic symptomatology induced in the patient when the analyst denies the reality of the treatment setting. Lipton (1977), for example, describes how an analyst's enigmatic and removed stance, dictated by certain conceptions of analytic technique, virtually forces the patient to retreat into childish narcissism. Much of what has been described as regression in clinical analysis, it seems to me, is not regression at all, but the creation of a very contemporary state of disorganization brought about when an analyst *denies the reality of the treatment setting.* I have pointed out that an analytic stance of would-be anonymity cultivates idealization of the analyst and corresponding infantilization of the patient (Renik, 1995a).

I am very skeptical that transference regression, so-called, characterizes a well-conducted analysis. The idea of the past recaptured and reworked through a special voyage of discovery is a familiar folkloric theme, and a theory of healing that informs any number of mystical practices, hypnotherapies, etc. In psychoanalysis, the conception that transference regression by the patient is a necessary aspect of clinical process arises from the "picket fence" model of the mind Freud (1900) proposed in Chapter VII of *The Interpretation of Dreams,* according to which impulses on their way to discharge pass through layered memories, giving rise to a process of temporal, formal, and topical regression. This model of the mind, from which the concept of salutary transference regression proceeds, is one which we now have every reason to consider obsolete (Palombo, 1978; Reiser, 1990).

I think Brenner (1982) is right when he says:

> Analysts are generally agreed that transference can develop fully only in the setting of an analysis. . . . that transference as a phenomenon in psychic life stands in a special relation to psychoanalysis as therapy and to the psychoanalytic situation. The fact is otherwise. . . . It is true that in an analytic situation the wishes and conflicts of early childhood are transferred to the analyst. It is not true, however, that there is anything unique or special about such a transference. . . . It is not even true that in the relation of patient to analyst the importance of childhood wishes and conflicts is . . . greater . . . than it is in other human relations (pp. 194-195).

My own experience has been that when the past weighs upon the present, it can be found in the present. The childhood attitudes and expectations that come into focus in analysis are ones that operate in the patient's life all the time. Again, I'm in accord with Brenner (1982), who puts it this way:

> When a patient's analysis proceeds satisfactorily, the patient becomes more and more able to tolerate childhood . . . derivatives and, indeed, to enjoy the gratification of many of them. Thus, as analysis progresses, childhood . . . derivatives appear at less disguise than formerly in the patient's thought and behavior and, at the same time, the patient's associations to them . . . indicate more clearly what role those . . . derivatives played in the . . . patient's . . . psychic development and subsequent functioning. It is primarily for this reason that the infantile determinants of the patient's transference manifestations are increasingly identifiable or detectable as analysis progresses (p. 207).

No special, regressive state of mind is needed to identify and explore transference, only a redistribution of attention that comes from the commitment of analyst and patient to thorough and honest investigation; nor is a special, regressive state of mind produced by the discovery of transference, only an unaccustomed acknowledgment by the patient of experiences—sometimes dramatically vivid or upsetting or even disorienting—that have usually been kept out of awareness. In analysis, certain of a patient's shameful, anxiety-provoking, often infantile thoughts and feelings

that usually occur privately are experienced in the presence of another, which places them in a very different perspective. Customary denials and disavowals become impossible. The concept of transference regression assumes that a patient must *become* more childish, at least for a time, in order for analytic work to proceed; whereas I find that what is needed is that the patient recognize and review the ways in which he or she *is already* childish. In my view, the most effective way to make possible the identification and review of unconscious, maladaptive coping strategies left over from the past is to meticulously examine conscious, current experience—including judgments about what is true and actual, in the treatment setting and elsewhere. In other words, the best way for an analyst and a patient to facilitate analysis of the patient's transference is for both to get real.

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The Enigmatic Dimension of Sexual Experience: The "Otherness" of Sexuality and Primal Seduction

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THE ENIGMATIC DIMENSION OF SEXUAL EXPERIENCE: THE "OTHERNESS" OF SEXUALITY AND PRIMAL SEDUCTION

BY RUTH STEIN, PH.D.

Sexual experience has an "otherness" about it that distinguishes it from daily, habitual modes of experiencing and relating. This paper attempts to use Freud's and Laplanche's theories of primal seduction by the mother, who sends an "enigmatic signifier" or message of her sexuality to the child whom she nurtures. A tension arc is created between bodily sensations and the enigmatic other carrying over into adult life and constituting a bedrock for the sense of enigma and unfathomableness and the sense of the profound revelation that sometimes accompanies sexual experience. The author articulates links with transference and countertransference forms and offers new possibilities of understanding some clinical phenomena.

"The primal relationship is . . . established on a two-fold register: we have both a vital, open and reciprocal relationship, which can truly be said to be interactive, and a relationship which is implicitly sexual, where there is no interaction because the two partners are not equal. . . . Here, we have seducer and seduced, perverter and perverted. Someone is moving away from the straight and narrow; we have here a 'Traviata,' someone who has been led astray and seduced" (Laplanche, 1987, pp. 103-104).

INTRODUCTION

There is an enigma to sexuality. It is ever present, relentless, prepotent, perplexing, unfathomable. Sexuality, no doubt, has an

otherness to it that makes it hold a particularly poignant and unique place in experience, in one's relations, and on many planes of imagination.[1] Sexuality is said to be sought out for the special feelings of closeness and intimacy, pleasure and excitement, conscious and unconscious fantasy gratifications, and the momentary respite from daily life and ordinary consciousness it offers. On deeper levels, we seek sexuality for the opportunity for abandonment of the self, for immersing ourselves in the other, thereby intensifying the sense of self and of connecting with the other, and for the power it has to consolidate or protect the self or release the "true self" (Ghent, 1989). People seek sexual experience in an attempt to reconstruct and heal trauma, to achieve affirmation and recognition, to populate one's inner world and charge one's inner objects with excitement and vitality (Bollas, 1995), or even to bolster a collapsing or fragmenting self.

What is this unique power of sexuality? Why is it accorded such a special place in life that it is coded by particular laws? (A tremendous part of human culture is a codification of permitted and prohibited, "pure" and "impure," holy and unholy, attractive and repugnant sexual states and situations.) Why does it attract such variegated fantasies and forms of attention? What does it solicit in us and why does it occupy such a unique place in clinical work, particularly in the way it insinuates itself into creative and pathological self-expression and as it plays itself out in the transference-countertransference? And why is erotic countertransference such a problematic issue?

This paper is part of a series of studies aimed at interrograting the "otherness" of sexuality, that is, the distinct feeling that sexual experience offers us of stepping out of so-called "everyday men-

[1] Related to this may be the appellation of *the* woman who is depicted as enigmatic and mysterious or fatally seductive. Thus, Lacan (1959-1960) speaks of the "ambiguous and enigmatic problem of the feminine object" (p. 125). In this he follows Freud's (1933) well-known statement that "what we men call the 'enigma of women' may perhaps be derived from this expression of bisexuality in women's lives" (p. 131). This has serious implications for feminist thinking, but it does not touch this paper's main trajectory.

tality" and habitual modes of functioning. The reasons for this "otherness" are many; in this paper I have chosen to address some enigmatic and repressed aspects of sexuality that mystify yet call forth revelatory promises to quench some of our deeper curiosities. My paper was inspired by Laplanche's elucidation of parts of Freudian theory of sexuality, colored by certain Lacanian ideas, yet developed according to Laplanche's (1970, 1987, 1995) unique and erudite vision (see also Fletcher, 1992; Scarfone, 1997). I also hope to help extend our therapeutic sensibility to identify and rethink some clinical phenomena through the ideas portrayed here.

According to Laplanche's early work (1970) based on a deep reading of Freud's *Three Essays* (1905), sexuality is a localized, autoerotic pleasure, which is opposed to the "functional," nonerotic pleasure that comes with the satisfaction of self-preservative ego drives. Laplanche elaborates Freud's concept of *Anlehnung*, or "leaning on" (*anaclisis* in Greek), by which Freud designates the tendency of the sexual needs to lean upon vital ego needs that function to preserve life. Laplanche thus develops Freud's idea of the deviation of sexuality from nonsexual needs; stresses that the actual emergence of sexuality occurs when a given primordial nonsexual instinctual activity, which had been generating excitation, suddenly loses its natural object (e.g., the breast is unavailable to mouth) and becomes detached from it. In what is called an autoerotic moment, the ego is turned upon itself, where it is elaborated in a blend of perception and fantasy called "phantasmatization." This moment of autoerotism is a moment in which the object has been replaced by a fantasy and is, for Freud as well as for Laplanche, the condition for the establishment of sexuality.

Let me illustrate how the process takes place through the way in which breast sucking moves from the pleasure of satiating hunger to a more distinctly sexual pleasure, allowing sensually pleasurable body surfaces to be created. This happens in two phases. The first phase, that of breast sucking for nourishment, is essentially functional for the satisfaction of hunger, and the relevant perceptual object is the nourishing substance, the milk. However, simulta-

neous with the feeding, the infant's lips, tongue, palate, the whole mouth, and even the nose area are stimulated, pleasured—and sometimes discomforted—by the nipple and by the flow of warm milk. Thus, with the feeding function's achievement of satisfaction in nourishment, a (proto)sexual process begins to appear. At this phase it is not yet possible to distinguish between the nutritive function and sensual stimulation, or to discern whether the object is still the milk or already the breast, and whether the mouth is the organ of function (feeding) or a sexual organ.

In the next phase, however, functional satiation and nonfunctional erotic pleasure are separated; sexuality, which was at first entirely grounded in the nutritive function, undergoes a movement that enables it to dissociate from the vital function and to constitute itself. In a sense, as Laplanche (1970) put it, "sexuality [from the start] is the perversion of the functional" (p. 23).

Autoerotism, surprisingly, is not an objectless state. It is a state in which the "real" or perceptual object, milk, the "object of function," has been lost, whereas the object of the sexual drive (that is linked to the "autoerotic turn"), the breast, becomes a "phantasmatic" sexual breast. Thus, *the sexual object is not identical with the object of the function, but is displaced in relation to it.* The original lost object is the object of self-preservation, of hunger, but the object one seeks to refind, as in Freud's famous maxim, through sexuality is not the same, lost object, but rather an object displaced in relation to it. It is impossible to ever recover or rediscover the first object, not only because postlinguistically it is impossible to fully recall the prelinguistic object, but more important, because the object which has been lost is, in fact, not the same as that which is to be rediscovered. Kaja Silverman (1992), inspired by Laplanche, writes, "There is no form of human sexuality which does not marginalise need or substitute a phantasmatic object for the original and nutritive object" (p. 186). Human sexuality, with its "non-ego," non-self-preservative character, is narrated by Laplanche in terms of object loss, object displacement, and object refinding, which is eternally a refinding of an object *other* than the original.

I suggest we visualize the formation of sexuality according to this view as spanning a bridge, a kind of "tension arc," which comprises at one pole the body's perturbations, stimulations, pleasures, and pains, and at its other pole, the displaced, fantastic object, an object that is never itself but that one seeks forever and in vain to refind. These two notions—first, that sexuality is secondary to, or "leans on," bodily excitations which become sexualized and which can then turn against "normal" ego needs, and second, that a displaced and never identically attainable object has a crucial role to play in the inception of sexuality—come together in a way which can elucidate some profound aspects of sexuality. If we consider sexuality in this light, we have a situation that is assumed to be, in a significant sense, "against" reality and often inimical to basic, functional needs; a situation where reign "other," anti-ego, "foreign" desires and cravings (cf., Stein, 1998) which have been awakened through pleasurable stimulations and under whose aegis the subject looks for the displaced, metonymic, fantastic sexual object.

Laplanche offers us later a somewhat different version addressing another pair of factors that combine to constitute the tension arc mentioned above. One factor is the tendency of basic bodily sensations toward sexualization after they surpass a certain limit,[2] while the other factor has to do with the mother's sexuality as a kind of enigmatic message to the infant.

"The Enigmatic Signifier"

What is this enigmatic signifier, or as Laplanche came to call it later, the compromised message (the message that is compromised by the sender's unconscious)? In his later work, Laplanche claimed that the concept of "leaning on" was not adequate for

[2] It is a rather common observation that strong emotional as well as powerful bodily sensations, can often lead to erotic and sexual feelings. Freud (1905) wrote: "It is easy to establish . . . that all comparatively intense affective processes, including even terrifying ones, trench upon sexuality" (p. 203).

explaining the genesis of sexuality, since it describes development as accruing only from within, by an intrapsychic mechanism which operates in a rather prewired way. Disregarded in this account is the elementary fact that the immaturity of the child's vital processes calls for the care and nurture of a real adult. The adult cares for her child with her whole personality, *including her unconscious sexual mind.* By nourishing her child, the mother gives it milk, she touches and arouses the child's body parts which in this way become eroticized, so that the infant's mind is aroused to respond to mother's sexuality that is always present and somehow expressed without her being conscious of it. Freud emphasizes in more than one place in his writings that the first seducer is the mother (e.g., 1905, p. 120), while Laplanche, in strong terms, refers to the mother's unconscious transmission of her sexuality to her child as "the intrusion of the adult sexual universe into the child's world," or that "[a]ppetite is sustained, supplemented, and, to an extent, replaced in the human child by love" (Laplanche, 1970, p. 48). Love and desire are presumably awakened in the infant when mother nurtures it, at which point we touch on the complicated question of the relation between the need for love and desire. (See Lacan's statement that desire is the difference that results from the subtraction of the appetite for satisfaction from the demand for love.) In other words, the process of the infant's appetite being satisfied arouses love in the baby, and desire is the experience of the gap that stretches between love and need satisfaction. According to Lacan, desire is a message to the Other and from him/her (a message in Lacan's thought is "a sign in movement"), which cannot be satisfied by the self or by other objects, because it always refers to a "repressed text." It is repressed because the mother's unconscious cannot be totally assimilated and symbolized.

Laplanche's conception of adult seduction is profoundly different from that of Ferenczi (1933), who conceives of the parents' sexuality directed at the child as confusing, traumatizing, and malignantly fragmenting of the child's psyche. In contrast, Laplanche speaks of "primal," ineluctable, noncontingent, non-

historical seduction. Such a seduction not only establishes the child's sexuality; it functions as an enhancing, developmentally normative influence, an encouragement to "deviate," to "go astray" (seduction etymologically means to "lead out, away") from the straight, direct line of the world of mere (nonerotic) self-preservation and gratification. Lichtenstein (1977) also speaks of seduction in this broad sense, in which the infant's body responsiveness to mother's contact is heightened by the mother's emotional interest in provoking this particular somatic excitation. It is this seductive intent that kindles the infant's desire, which if not kindled, can lead to the infant's death (Spitz, 1945). Lichtenstein says that "[t]his responsiveness we may call sexual, because it forms the matrix of later sexual development," (1977, p. 118), and "in the primitive sensory interchanges taking place between mother and infant one could see the precursors of adult sexuality" (p. 77).

The Enigma

The mother's sexuality—equated by Laplanche, following Freud, with her unconscious—takes the form of an enigma, a puzzlement, an invitation that calls out to be elaborated, symbolized, and translated into knowledge. The mother's message to her child is enigmatic not only because the adult world in general poses questions that are beyond the child's power to grasp. It is also enigmatic owing to the nontransparency of her message even to herself, and owing to the soliciting, even enticing role of the mother's unconscious in relation to that of the child. The seductive communication that takes place is not symmetrical, due to the mother's/adult's more developed states of mind and body which always surpass those of her infant. From this perspective, *the enigma itself is a seduction,* since it is unconscious and opaque, i.e., not entirely symbolizable, *to both child and adult.* The mother's enigmatic signifier, like the Mona Lisa smile, excites and vaguely attracts the child to begin with: it can be understood and symbol-

ized only belatedly, after the fact, *nachträglich.* Meanwhile, the child is mystified and puzzled at the excess meaning it gleans, for instance, from its mother's sexual breasts. Laplanche notes how the mother's breasts are never spoken of as sexual organs in psychoanalysis; the Kleinians, for example, refer to the mother's breast solely in its nutritive or symbolic role, and we could add that the use of the singular "breast" makes it sound almost like a Platonic idea. One could further add that there is always an "other" breast that beckons that infant while it is sucking at the one breast, and it senses that it cannot encounter that other (breast). In other words, whenever the maternal breast satisfies vital hunger needs, the maternal *breasts* not only satisfy need and arouse pleasure; they also transmit—in an obscure, unfathomable manner—unconscious sexual fantasies that can only partly be assimilated. We could read in this light Leonardo's painting, "St. Anne with Two Others," that is, *St. Anne with the Madonna and Child* (Freud, 1910), in which two women blend in a single motherly posture—one growing out as if "deviating" from the other's lap—as representing the deviation of eroticism from nurturing motherhood. A few pages later, Freud unhesitatingly asserts:

> A mother's love for the infant she suckles and cares for is something far more profound than her later affection for the growing child. It is in the nature of a completely satisfying love-relation, which not only fulfils every mental wish but also every physical need; and if it represents one of the forms of attainable human happiness, that is in no little measure due to the possibility it offers of satisfying, without reproach, wishful impulses which have long been repressed and which must be called perverse (p. 117).

Even if the infant's ego succeeds in integrating some of these erotic messages, there always remain incomprehensible residuals, elements of irreducible otherness which cannot become integrated into the ego. For Laplanche, this institutes the unconscious. Kristeva (1974) comes close to these notions when she writes that the autoerotic body becomes the body proper, for

within the semiotic body there is already an experience of otherness owing to the fact that the human semiotic disposition is based on the primal mother-child relationship, where the rhythms and sounds of their bodies fuse into one. For Kristeva, this is not merely an imaginary concord; rather, at this point, it is also a real union: the child is physically dependent on its accord with the mother. Before the onset of language, the mother's and infant's bodies physically "signal" to each other so that a body language takes the place of reality. In other words, in the semiotic, prelinguistic enmeshment there is powerful preverbal signaling and deep transmission of knowledge between mother and infant, which then gives rise to the onset of language proper.

A distinctive feature of sexual knowledge, as Freud put it, and as can be allegorically represented, is that of a posed question to which the child is envisaged as attempting to give primitive kinds of answers. Laplanche (1995) suggests that *sexuality begins with a question about the other,* about which he says that it is "something that cannot be explained. It is the residue of all explanation . . . for which we might coin the word 'fidence' " (p. 668). I understand this felicitous Laplanchian neologism as implying some form of rudimentary trust/knowledge ("fidence" is a root part in such words as confidence, diffidence, and so on, and has to do with a basic affirming, believing, expecting, attitude). This form of trust/knowledge encompasses religious, inspirational, and nonmediated feelings and forms of "knowing" about complex, enigmatic, even "dark," mysterious, momentous situations.

Seduction

With the aid of ideas of questioning and knowledge, the idea of seduction can be further elaborated. Laplanche does so by suggesting that the enigmatic-seductive message coming from the other is, by definition, not given to reduction or to simple registration and denotation; it can only be projected and then reintrojected in a mystified or alienated way. Similar processes occur

in the domains of primal seduction, paranoia, and religious revelation. Here we enter with Laplanche the realm of processes that have to do with the other's nonmutual influence, processes such as seduction, persecution, and revelation, indirect, "enigmatic" modes of influence that I would visualize as coming from different directions: from "aside" in seduction; from "behind" in persecution; and from "above" in religious revelation, all three phenomena being deeply involved in forms of belief and disbelief, even in faith and heresy, in persons or agencies wielding suggestive and indirect knowledge and power.

It is important to note that even though Laplanche (1987) claims that "[t]he drive originates in messages" (p. 137), he stresses that he does not plead in favor of interaction, but rather considers the message as an implantation or intromission into the child, or, in analysis, into the analysand.[3] In other words, although Laplanche's theory of sexuality deals with "the priority of the other" (1992) and addresses some primal qualities of an other in terms that are embedded in Continental psychoanalysis, this theory illustrates how the psyche builds itself through the fantasized other's unconscious (which he equates with the other's sexuality). As such, Laplanche's view is far from an interactional, mutual conception of a mother-infant relationship, but it also rejects the view of the human infant as a closed system, given only to the stirrings of (biological) drives and an objectless hallucinating of his or her nutritive wishes when not fulfilled. Rather, it talks of a psyche and body open and susceptible to being influenced, excited, and seduced into curiosity and desire, and it stresses how the deep asymmetry between mother and infant is necessary for helping to build the infant's psyche.

After being awakened in the child by the mother, the aspects of sexuality that have not been understood or assimilated become repressed and add to the feeling of strangeness and mystery we have about sexuality. Stoller (1985) raises some interesting points

[3] Leonardo's memory/fantasy of the vulture pushing its tail between his lips comes to mind (Freud, 1910, p. 82).

with regard to the need not to know too much in an erotic experience, where, as in art, "the main aesthetic task . . . is to take knowledge and render it uncertain, ambiguous. This ambiguity is . . . most pleasing when it is seamless, when it does not give hints that it was constructed, when it looks as if it sprang full-blown from unconscious depths" (p. 33). Laplanche in a sense imagines that the child entertains protothoughts about itself that delineate some form of rudimentary identity, such as, "What does the breast want from me?," "Why does it want to suckle me?," and finally and importantly, "Who am I in this scene?" By using the reality of nonabusive seduction, the reality of the message seen as solicitation located neither in reality nor in fantasy, the child constitutes its sexual identity. This implantation of adult sexuality in the child is, from the perspective of the theory of primal fantasies, neither an event nor a datable lived trauma, but a factor which is both more diffuse and more structural, an elemental, *primal* situation, a situation that represents the irruption of human sexuality into the vital order through fantasies evoked by the object.

The view of the sexual object as directly compromised, contaminated, "infected," so to speak, by unconscious sexual messages, may bring together for us *the Other in sexuality*, in this case, the (m)other's enigma that operates as seduction, and *the otherness of sexuality*, its nonmundane, non-"functional" qualities (cf. also, Stein, 1998b). We are dealing here with sexuality's double otherness: the manifest otherness of the other, particularly the sexual partner, an otherness "that is necessary for the accomplishment of desire" (Green, 1997, p. 256), as well as the alterity that is internal to the subject himself, where "[e]rotic excitement awakens in the subject what he did not suspect of being, and, at the limit, reveals himself to himself as a stranger" (*ibid.*, my translation).

An emblem of enigma joining with sexuality and life's beginnings is the figure of the sphinx, the monster that was depicted in ancient Greek mythology as *part woman, part animal* (which, we may speculate, stands for mother's split-off sexuality). This inscrutable creature outside the city of Thebes devoured anyone who

could not answer the riddle it posed (Edmunds, 1985). The sphinx may be seen as a hyperbolic, allegorical rendition of the *"phantasmatic" object that has been substituted for the original, familiar, and nutritive object,* an uncanny object that confronts the infant and the preoedipal child's[4] distress at having to accomplish the arduous mental work of translating the enigma into a solution of its own. The enigma that is here created lies in the (hidden) fact that early relationships are sexual, and that sexuality itself is something that is characteristically known and not known, and even if already known, can still perplex and retain the power of an enigma. If we take the sphinx to stand for the mother, her riddle would seem to beckon to the oedipal or preoedipal child about "man," who begins his day of life as a baby crawling on all fours, then grows to stand erect, and then is three-legged in the sense of having an erect third "leg" when he becomes sexually mature. From a slightly different angle, the sphinx-enigmatic mother conveys to her child the existence and impact of the "man" that inhabits her sexuality, the Other in her sexual relationships and fantasies.

The Sexual Object Relationship

My thesis in this paper is that this primal enigma shapes the sexual object relationship and is later expressed by it. It colors the dimension of longing for the other whom one (partly erroneously) endows—through one's sexual sensations and desires—with the power to know and recognize oneself and one's inner core. The passage, or transference, from the nutritive to the erotic and from the excited body to the mystifying other, as well as the view of mother's sexuality as comprising that of her husband or partner and its dwelling in an inner world populated by diverse inner objects, all these combine to make, in my view, sexual object relations primordially and intrinsically *transferential.* With these

[4] Oedipus solved the riddle of the sphinx (i.e., he became "oedipal") before he slept with his mother.

claims, I in no way intend to downplay the real, interpersonal, and affectionate aspects of a sexual object relation, but to bring out more clearly the nonpathological fantastic aspects of it. Sexual object relations are both "ordinary" and "phantasmatic," or, in Kernberg's (1992) description, "normally" split between reality and fantasy. The sexual object relation comes to involve—in ways that replicate the vicissitudes of sexuality from its beginning—complex sequences that include multiple inner object relations, forms of repression, reminiscences, mental transformations, and various modes of guessing, divining, and knowing.

The sense of one person's excess over the other and the other's inherent quality of *enigma* in the sexual context, combine to explain *desire*, which I see as a certain form of *bodily curiosity*, an intense, aching, and pleasurable curiosity that—among its many facets—can be regarded as a form of asking metaphorically, "What do you have in store for me?" "Who are you that I can have/that you can give me pleasure through your body?" It can be a silent excess, not necessarily noisily played out, debauched, or loudly acclaimed license, but rather a pervasive puzzlement and a desire for more. One could easily imagine, I think, a muted, diluted version of Melanie Klein's notions of wanting to dig or get into mother's belly (or father's world hidden in his body). Could we interpret Klein here as trying to articulate both "using" and fusing with the object under the direction of various emotions and intensities of *curiosity*?

If we look at the situation that is depicted here, we are faced with a kind of paradoxical rhythm inherent in the double reversals that characterize and identify the sexual relationship, a rhythm that captures the enigmatic traffic of sexuality's beginnings. First, estranging of the familiar, making another of the other, marveling at his/her otherness or the otherness of his/her body, and, second, bringing him/her home to oneself: seeing in him/her the closest part of oneself, an analog of sorts, modeled after the inner movement of erotic experience in general and the movement toward and away from sexuality at the beginning of life in particular. This movement of sexuality begins with an outward trajectory,

toward the "functional," nutritive object, then continues inward, having suffered the disappearance and loss of the object—there making it "phantasmagorical"—and then, by virtue of some crude apprehension, tending outward again, in search of the desired, "phantasmatized" object. Kernberg (1992) compresses this diachronic movement into a synchronic splitting of the sexual object, who is both a subject with whom normal, mundane relations are entertained, and an object of fantasy, to be partially "ruthlessly" used for sexual play and pleasure.

These notions, when read with an eye to relational and self psychological theories, make it clear that what they underscore is *an essentially unidirectional message* rather than an aspect of a mutual relationship. In other words, within mother-infant mutuality (Beebe, Lachman, and Jaffe, 1997; Stern, 1985) there is a domain, within the erotic interplay between mother and infant, of nonmutuality, of asymmetry, of unidirection of the erotic dispatch. If we accept the assumption that the earliest internalizations are of a *relationship* (Kernberg, 1980) so that what is internalized is always the role relationship of the two persons who interact (Sandler, 1976), then we would assume that the infant in relating to mother would also internalize to a significant degree a relationship marked by excess and enigma.

One gathers from this that to be in a sexual object relation does not involve symmetry or maximal identification with the other all the time, but only at moments. More precisely, erotic mutuality depends on some form of nonmutuality and on areas where the other is revealed as well as on areas where he or she is not found and where there is a kind of "separated" experience where the other is hidden. There is the desire to uncover the other, and the reaching for achievement of deep mutuality in eroticism is a wonderful dimension of sexuality. However, sexuality plays with the essential nonrevelation of the other, with his/her hiding, with the immersion in the other that at moments may be so deep that one "loses" him/her from sight. At such moments the presence of the other no longer distracts one from one's pleasure that, although deriving from connecting with him or her, becomes at certain

moments totally one's own. On the other hand, there is the desire toward revelation, uncovering and possession, the attraction to the alterity and enigma of the other, not only by virtue of his or her being an unseizable other to oneself, but to not being him/herself, or losing him/herself in sexual excitement, and these pulls and tendencies are very different from ordinary mutual recognition.

In an erotic relationship, there is great sensitivity to the other's stripping naked from his/her usual wrappings, secrets. The specific kind of secret that strengthens the process of uncovering and exposure in opening up is often what endows the sexual experience with great power. When we penetrate beyond the object-linked fantasies toward vaguer, more obscure bodily sensations evoked by the momentarily oversized and undeciphered Other who sends us messages and riddles and who makes us experience the events with our bodies—it is imaginable that we then return to the enigmatic messages of infancy. Perhaps a certain quality of sacredness derives from the very attempt to undo the process of the formation of the enigma. The quality of sacredness can be found in ecstatic sexual experience when holiness symbolizes the place where we cannot find full satisfaction in the mere gratification of our sensual, psychological, and intellectual needs, but feel the need for something more. We call these feelings and longings a wish for merging, and we think of the unique mother-infant relationship, but we may not take sufficiently into account the longing that comes not from need satisfaction or from love only, but from the erotic dimension in its broad sense. With these ideas we have already entered another aspect of the otherness of sexuality, which I shall not pursue further (cf., Bataille, 1957, 1976; Stein, 1998a, 1998b).

Sexual Difference

The domain of the mother's message connects to the sexual difference, which I shall briefly address. Two main factors are involved in the apparently dyadic situation of primal seduction:

one is the father, who is behind and within the mother and her sexuality, and the other has to do with the differences in the mother's modes of relatedness as she accommodates herself to (or denies) her child's masculinity or femininity.

The unconscious identification of the infant is complex: it is identification not only with the mother, but with mother and father, with their sensed relationship, aspects of which are subsumed under concepts such as the primal scene (Aron, 1995; Freud, 1905, 1908) and the combined parental couple (Bion, 1959; Klein, 1928). On the other hand, as Kernberg (1988) suggests, we can also think of the gradual buildup of a sense of closeness with mother that is designed to, and derives its enigmatic pleasure from, its capacity to eliminate father temporarily. In contrast, when mother returns to be an adult woman with father, this may create a teasing quality of excitement and rejection in the relationship between mother and infant (Braunschweig and Fain, 1975), but it may also open up and trigger the development of sexual desire that will accompany the unconscious identification with mother and with being the object of her desire.

The quality of sexuality that is thus constructed is different for the little boy and the little girl. It has been suggested (Fain and Braunschweig, 1971) that mother tends to subtly and unconsciously inhibit the primary vaginal genitality of the little girl. The wish of the little girl to be loved by her mother triggers fantasies of being mother's love object as well, and therefore an identification with father that then shifts into longings for father and identification with mother's erotic attraction to father. These create the particular eroticism of the little girl which is a diffuse "eroticism of distance" (a term used by Braunschweig and Fain designating the girl's trust in her relationship to her father from a distance). As this subphase progresses, the intense ambivalence toward the mother is put aside in the search for an ideal relationship with father. Although primary vaginal genitality is inhibited in the young girl, she has an earlier capacity for a relationship in depth with the other gender than does the little boy. It is therefore suggested (e.g., Kernberg, 1988) that the little girl develops her

capacity for in-depth object relations earlier, while her capacity for genital enjoyment develops later than that of the boy. He, on the contrary, is highly stimulated genitally while his ambivalent relation to mother takes much more time to be resolved into a capacity for relations in depth with women.

A CLINICAL VIGNETTE

This vignette illustrates some links in a patient between incest (which in Hebrew means the uncovering of nakedness) and the concept of uncovering as revelation, or some sense of understanding an enigma and the tremendous sense of almost ineffable knowledge that accrues from it. (See H. Reiche's [1997] use of the notion of the enigmatic maternal message as powerfully influencing the child's later gender identity.)

David felt with much anger that I was avid for the gossip about certain European analysts and intellectuals, whom he often mentioned. For my part, I had followed his tale with an interest which I considered empathic and useful for him, but which he took to be motivated by my curiosity and voyeurism. He also complained about my harsh tone of voice, which he felt was critical of him. As he admitted, he was a great lover of gossip, which for him had the sweet tingle of intimate sharing. Thus, he feared both my nosiness and self-interested curiosity, as well as my repudiation of the sweet pleasures of gossip. To this curiosity-guilt/condemnation issue linked with the enigmatic message, another dimension could be retrospectively joined: namely, my having to wait and not speak. For a long time in this analysis, I found myself having to refrain from acting on my wish to give him something good, such as a feeling of being understood, an expression of my attunement, a different perspective. But I had to be patient and wait because he talked incessantly and seemed to be intensely preoccupied with unloading an inner tension through an unending chain of words. It was as if there were no need or expectation on his part for me

to speak. In my mind, I linked his behavior, as well as my wish to be giving toward him, with his past experiences of systematic maternal nonrecognition, emotional withholding and erasures of his strivings and needs, and I thought to myself that he did not know the taste of being given to by mother. Curiously enough, I had the patient, self-assured feeling that I had much to give to him after he had calmed down from the swarm of words, descriptions, and explanations he had to autoerotically feed himself with.

Oddly enough too, at that time (in the beginning months of analysis) he used to complain that the analysis was not "analytic" enough, that I failed to give him "deep" interpretations about archaic material and buried unconscious contents, by which he meant that what I did was not conforming to his preconceived image of what an analysis should be like. In terms of our model of the enigmatic message, my messages could not be sent outspokenly (I could not speak) while at the same time he felt that any mystery/enigma in my message was lacking as evidenced by his complaint that the analysis was not analytic/deep enough. He was consistently suspicious of me, puzzling whether I did the right thing with him. It sometimes seemed to me that he feared he might hear some unknown and possibly frightening or humiliating message from me. This blocking of any enigma, novelty, or excitement from me, might have made me, on reflection, all the more excited and full of anticipation, while he replaced curiosity with suspicion of me, worrying whether I did the right things ("a proper analysis") with him.

This suspicion came to the fore in a dream about my stepping out of my analytic role and asking him to perform for me some seemingly technical errand. As we looked at it, it became amply clear that the errand symbolized his having to provide a phallic service for me, which was at the same time a transgression of my professional boundaries and of the therapeutic alliance. My feared/desired stepping out of my analytic role was dreamed as an illegitimate seduction in which I ask him to perform some act, i.e., give something to me (through an errand done, a mission accom-

plished, through filling the role of my messenger) instead of his being given something by me.

Working through his hurt and anger, David was able to get in touch with his deep anxiety about a possible intimacy with me, and he understood his need to devalue me as an attempt to protect himself against frightening closeness. His subsequent preoccupation with his importance to me brought him to the verge of despair about any hope of being personally significant to me. He was persecuted by the thought that my concern for him was only part of my perfunctory professional duty. This led him to view and describe me as a petty, small-minded professional, similar to the analysts from that European milieu about whom he was clearly ambivalent and whose puny private existence consisted of "little infidelities, great hates, destructive gossip, and ongoing wars with colleagues." He could now see me as extremely vulnerable, as needing to be protected by him, and as "thirstily eager" to be included within the inner circle of the people who were knowledgeable about what was going on and who shared the privileged gossip. Aided by my willing consent to see myself in these roles and help him articulate them and the feelings they engendered, he moved into expressing an intense, silently sustained voyeurism, which he now felt safe enough to acknowledge as his own.

With this he shifted into experiencing what to him was a most deeply felt revelation, through an erotic dream that caused him immense excitation. He dreamed that he opened the door to his study where he found the woman with whom he had had an erotic relationship as an adolescent. He sees that "she's in great, intense erotic *waiting*." He lifts her skirt and she is naked, and he attaches his lips to her sexual organ and he feels unspeakable pleasure. The woman then asks him to close the door so that his mother won't come in. As he is locking the door, the woman says she needs to urinate. He tells her she needn't get out, she could pee there, in the room, and he gives her a bucket to urinate in. As she begins to urinate, he is touching the peak of his sexual excitement, intense as he had never before felt in his life. He then tells

himself he "was going right to the end." He looks at her urinating and sees "the opening of her organ where it comes from." Suddenly the whole thing ceases being sexual to him, and he has the absolutely certain knowledge that he has discovered the truth, that he is now seeing what is hidden to all, that he is unraveling *the* secret, as he called it.

In the morning, which was a Sabbath, he went to the synagogue where they were reading the laws of incest. (As I mentioned before, incest, in Hebrew is a term denoting the uncovering/discovery, detection, revelation of nakedness/pudenda/genitals, which are also synonymous with shame, prostitution, and *the* vulnerable spot, whether in one's body or in anything, as well as a family kinship!) Reading the biblical text, he was seized with a sudden profound insight about his relentless, avid study of a certain kindred yet foreign culture. He discovered that it was none other than a search to uncover its most intimate, hidden parts. He had the thought that perhaps at the basis of all this and the attraction to it *is* paradise itself. "I felt that as I uncovered the pudenda of this woman I received unique knowledge, knowledge that is not sexual anymore, but that is on a different plane. I felt that I discovered the nakedness of nakedness, not only the interior of it, but also the outer side of it, and what lies beyond it." He sensed the uncovering of nakedness and the voyeurism that he knew was a very meaningful part of his personality, and at the same time, he was aware of the threatening, frightening, yet luring *initiatrice,* the woman who initiates the young man into the world of sexual relations. He felt he was very close to something. "When I read the text in the synagogue, I was moved and excited by the direct semantics: to commit incest is equivalent to raising the skirt, to removing the garment. I felt intoxicated by this combination of the dream and the text . . . [and] the togetherness of holiness and unholiness." In a state of trance, walking with his children, he felt disconnected from the world, immersed in a profound attempt to understand the meaning of things, and getting the sense that he was building for himself the understanding of the emotional experience of incest. Such an experience nobody could fathom and

take part in—neither his (cold, nonsexual, rejecting, obsessive) mother, nor his (warm, anxious, hysterical, protective) father, nor I (for the most he could do with me was to "have sweet gossip together about others").

This vignette articulates, through David's psychic work, the role of his voyeurism as a compromise and midpoint between being excluded and not belonging (he has been an immigrant several times in his life), and being safely accepted and being given to. It also illustrates his oscillation between his wish for closeness and his defensive experience of my ostensibly false, self-interested phallic concerns that exclude him from belonging (a response of fear on his part against his fear of needing me). One could say that my staying in the background and his getting in touch with his voyeurism (after having projected it on me), enabled him to create his highly charged, erotic-voyeuristic-reconstructive dream, moving among closeness, observation, excitement, and revelation. But was that so? Did I lack novelty and curiosity for him? My having to hold myself back from speaking or acting until the right time, my restraint, my pliant, patient reception, my charged waiting—might they not have had a subtle, tacit impact on him? And could my blocked giving have expressed itself obliquely, indirectly, clandestinely through excess? Did he have an unconscious awareness of the implicit, wordless excessiveness in me? At that time, I thought that by my waiting until David became autoerotically satisfied, I provided him with the opportunity to be able to receive from me later. But as it happened, the way was longer and passed through some intense revelatory experiences. The dream, with its strong, epiphanic aftereffects, revealed to David the mother who seduces, the woman who initiates the "voyeuristic," "gossipy," "curious" child into sexuality through her message ("close the door on mother [i.e., on the maternal nutritive object], let me show you something else"). In the dream, this comes after he has sucked on her sexual organ, which may be seen as a displaced urinary version of sucking at the breast. The tremendous excitement at some immediate, irrefutable knowledge into

(the woman's, mother's) sexuality intertwines with sexual excitement and with insights about knowledge and understanding.

DISCUSSION

This study focuses upon infant and mother and the inception of sexuality from a speculative angle. We have no systematic observation of infants concerning the processes described above, and it is doubtful whether we ever will have, owing to the difficulty of empirically and observationally investigating a subject that is both taboo and takes place early in life on a covert, inner level of fantasy transmission and bodily sensations. Yet as Kernberg (1988) points out, the eroticism flowing from mother to infant is obvious if we only have eyes to see. There are some studies on the gender or sexual behaviors of infants and young children, but they fail to penetrate into the levels of fantasy, self-perception, and unconscious transmission as is implied in this paper.

As may be clear by now, there is a profound difference between the relationship posited in this study and the mutual influences assumed to obtain within the mother-infant and analyst-analysand couples. I have tried to elucidate some notions that accrue from the vector of unidirectional influence. This may seem problematic at present because we have become sensitized to the essential mutuality between two human beings, as well as to the fact that the observer/emitter is changed by the impact of his/her observation/message/signification upon the other. Infant research takes into account the asymmetry obtaining between mother and infant regarding their different maturational levels: no symmetry is assumed to exist between them. Nevertheless, it seems that sexuality more profoundly implies a different kind of unidirection than do other mother-infant interchanges, even though in its adult forms it exists side by side with some of the deepest forms of mutuality in a love relationship. If we think of examples, such as being seen without knowing one's impact (say, of one's nakedness) upon the

other, or sensing oneself being drawn toward the other's inexhaustible mystery while forgetting oneself, or experiencing oneself (for moments) as the subject of desire for the other, or as object of the other's desire—these all exemplify some powerful erotic moments of unidirectional impact. And when they blend with the mutuality of recognition, they thereby enhance the pleasure of intimacy. Grounding these phenomena is the autoerotic movement, where there is a turning away from the "simple" nurturing object toward an inner world replete with enigma, fantasy, and obscure yet poignant body sensations that will then lead to a return toward the outside object/world.

The study of eroticism from the perspective represented here is embedded in the French psychoanalytic tradition, which has not ceased reflecting on and investigating the erotic in psychoanalysis (cf., Green, 1997). This is in contrast to Anglo-American psychoanalysis, which has tended toward displacing sexuality toward drives or object relations. The mother's erotic feelings toward her infant, however, are rarely described in the literature. One of the exceptions is Kristeva's (1974) poetic and palpably painful rendering of her sensuous and even erotic experience of giving birth to her son and nurturing him. Joined with a historical analysis of the Western understanding of motherhood and femininity, it adds images and texts to the subject of this paper. One could imagine the following question a mother might have concerning her infant (who is an enticing object for her as well): "What value has my desire for you?" This is the very question that is posed at the center of the dialogue of lovers.

The mother's "failure to seduce" her infant, that is, to eroticize her infant's body and show her love of it, especially its genital parts, may result in hysteria in the child, as Bollas (1997) suggests. Hysteria, the experience of sexuality as disruptive of the self, is thus an outcome of the mother's failure to eroticize her child's body.[5] Unlike the mother of the borderline or narcissistic person-

[5] Mother fails more with daughter than with son, which may perhaps explain the greater prevalence of hysteria in women than in men.

ality, the hysteric's mother loves her child, but cannot eroticize its body; she therefore substitutes narrative and theatrical enactment for bodily loving: her presence and stories become a performance of maternal love. Within this world, it is as if the hysteric would say to his/her mother, "I know I exist as an object inside your auto-erotic universe of fantasies, but since my significance and worth is determined by your desire and your desire is not addressed to my erotic aspects, *I have to find out what your desire is.*" To find out the other's desire and one's effect on the other leads the hysteric to be invasive and to exploit affect, thoughts, and fantasies to weave a story which then becomes hysterically identificatory and enactive. From this emerges the dramatic quality of hysterical transference and the readiness of the hysteric in his/her more psychotic parts to erase his/her self-interests in reality for the sake of having an effect on the analyst-mother (Bollas, 1997).

Let me go back to the question posed at the beginning of my discussion: if what has been described here is unconscious or primally repressed, then what clinical examples might one adduce into the ensemble of ideas presented in this paper? Can we track this very early, unobservable, interior, mostly unconscious communicative situation?

It seems to me that we could do more than open our minds to gestalts and configurations of *transferentially reconstructed fragments* of situations of infantile erotic awakenings through mother's transmission (even in more subtle forms than in the above clinical vignette). We could sensitize ourselves to some particular, intense, persistent or *pervasive curiosity* in patients that could allude to some intensified aspects of primal seduction or manifestations of *voyeurism.* These manifestations can be seen as sexually tinged even if we no longer automatically equate voyeurism with a component instinct. I am aware that I come close to classical psychoanalytic conceptions and interpretive strategies that have in the past reduced all curiosity to sexual curiosity. Yet my approach differs from the classical approach in that I lay stress on the *intersubjective* curiosity—even if it is mostly fantasized—and desire produced by the other, not endopsychically or as a sequel of instinctual trans-

formations, but via unconscious primal fantasies of the other that are transmitted to the receiver and arouse puzzlement and attraction.

It could be worthwhile to compare Laplanche's theory with the ideas of Hoffman (Lazar, 1997), two thinkers from enormously divergent backgrounds. Both build a scenario in which one person emits a nonpredictable and even compromised message to another person, a message that exceeds the knowledge or consciousness of the sender. Hoffman (1991), who represents the social-constructivist position, with its strong emphasis on mutual constructions of reality for both participants, expounds (1994) in a cogent way the impact of the nontransparency of the analyst to himself/herself. With this, we could see Hoffman as referring to the unconscious message which the analyst may transmit to the analysand. Hoffman develops theoretical and clinical ramifications of this view that are linked with the not fully controllable influences of the transmitter on the inner world and experiences of the receiver.

There are patients who are especially sensitive not only to the analyst's personality and idiom (Aron, 1991; Hoffman, 1983; Searles, 1975), but also to the analyst's unconscious and to what she/he "wants from them." Usually we would interpret this sensitivity as patients' transferential needs to be therapists to their therapists, repeating infantile relations with parents, or as formations of a false self that adapts to the expectations of others. To this we can now add that some of the these patients may be particularly sensitive to any kind of excess that is similar to what the sexual part of the mother may have toward her child.

Curiosity leads most children to contemplate the sexual relationships of their parents. Whether real or fantasized, the traumatic or near-traumatic scenes of parental intercourse, or seduction by an adult with threats of castration, reflect an underlying structure of primal fantasies (Freud, 1908; Laplanche, 1970, 1987; Laplanche and Pontalis, 1968). Like collective myths, primal fantasies claim to *provide representations of a "solution" to whatever constitutes a major enigma for the child,* where enigma is defined

as whatever appears to the subject as a reality requiring an explanation or "theory." According to Freud, Laplanche and Pontalis, and some present-day analysts, primal fantasies dramatize history into the primal moment or original point of departure. In the "primal scene" it is the origin of the subject that is represented; in seduction fantasies it is the early emergence of sexuality; and in castration fantasies, the sources of the distinction between the sexes.

The idea of sexuality as implanted in the body yet coming from the outside (cf., David-Ménard, 1995),[6] that is, from the other's unconscious, may elucidate the feeling the infant may have that the (m)other's sexuality is greater than itself and hence, by implication, that *its own sexuality* is also "*greater than itself.*" In the adult, this may later illuminate the feeling that one's sexuality is more than oneself in the sense that it always includes some ungraspable element, that it could even be said to possess a transcendent quality (Ghent, 1989; Lichtenstein, 1977). Also there will eternally be a curiosity, a desire to discover, an enigmatic elusiveness, and experiencing these stirrings of sexuality may open up gateways beyond the self. The hunger that always remains—something that is beyond the capacity of the object to provide—is usually associated with unconscious fantasies, anxieties, and object representations linked with sexuality and can now find a more precise formulation: *my sexuality is "greater than myself."* There is somebody there who literally and metaphorically incorporates some knowledge, and more specifically, sexual knowledge, which I myself do not possess. Mitchell (1988) suggests that one's attribution of tyrannically compelling demands to one's sexual impulses is a counterreaction to the vulnerability inherent in sexually desiring the other, who holds the power to be accessible or inaccessible, to give or withhold sexual gratification (p. 108).

The power of the other and the otherness of sexuality, when

[6] This tallies with the general conception, held by Lacan, Green, and many other French analysts, that the unconscious does not consist of (biological) drives, but is constructed by making unconscious (repressing) sexual significations and memories from the outside.

accompanied by strong physiological sensations, creates here again the tension arc that explains to a certain extent the intensity and risk unique to the erotic transference. The sexual is embedded in the physiological-bodily dimension, as Davies (1994), among others, suggests. Stressing the presence of the body in the clinical situation, she writes about "an organization of the experiences of self in relation to another in which love, shame, idealization, envy, and rage are not just words but systems of physical sensation, elusive, ever-shifting, and rarely, if ever, verbalized in interpersonal normal discourse" (p. 159). The same can be said about erotic countertransference: if it is not repressed or unconsciously defended against, it always encompasses the combination of the other and the bodily aspects, a combination one has to be aware of, experience, and use for analytic purposes.

The patient's sense of the uncontrollability of erotic feelings may sometimes be reinforced by the analyst's attitude that defends against intense feelings toward the patient, whether they are directly aroused by the latter or not. Such defensiveness may produce an overly rigid attitude that contributes to mystifying the patient and strengthening his or her erotic longings and to sexualization as a desperate attempt to get closer to the frustrating, opaque analyst. Benjamin (1995) writes that "the [classical] analyst's promise to remain the abstinent, knowing, impenetrable physician is unconsciously rendered as an exciting, controlling, or withholding power . . . the very aloofness of the analyst may be registered as the negative current that need only make contact with the patient's positive charge to complete the circuit of desire" (pp. 151-152). I would qualify Benjamin's unequivocal view of the inevitable transformation of the analyst's abstinence into the patient's desiring fantasy; nevertheless, Benjamin effectively points to the compelling erotic power that an abstinent position can sometimes have.

The enigmatic and unconscious position of eroticism to the sender may make the erotic countertransference uniquely complicated (Davies, 1994; Gabbard, 1994a, 1994b; Gorkin, 1987;

Tansey, 1994). Benjamin (1995) writes about "a certain kind of recognition by the analyst of his self in the patient's struggle" (p. 153). The need for analysts to work through their own countertransferential resistances to this kind of mutual experience poses less a problem of restraining or even containing such feelings than of allowing themselves to employ these feelings analytically. In the light of ideas developed in this essay, it is clear that analysts should take into account and accept the possibility that they may be emitting facets of their sexuality to their patients, who will then be affected by it in various ways.

There are other descriptions in the clinical literature that convey the striving of the analyst to be less mystifying and thus less enthralling to the patient through being aware of the power paradoxically inherent in what we can now call the analyst's enigma-promoting stance. The complexity of this stance is expressed in the fact that whereas the enigmatic quality may nourish the analyst's potential erotic power over the analysand, the enigma also has the power to open transference spaces of repressed or split-off layers of longing for the unfathomable other, the desire to connect with him/her, or, alternatively, to defy or rebel against him/her.

This essay is just a beginning, an opening to collate clinical observation with these early occurrences. We should be able to ask what is it like to be in such a situation, and how it affects sexual life later. What is it like to be nurtured, stimulated in the body, both tenderly and sensually, *and* to be presented with a riddle, to be awakened to questions that mystify, that are not even articulated yet nonetheless activate some inner, diffuse, uncouth inquiry? What kind of primary experience is afforded or unfolded to the child? We can only speculate about this unique concurrence, this mingling of body contact that relieves need, coupled with sensual attending *and* enigmatic, repressed yet present messages and significations that are being emitted, even implanted into possibly different levels of the infant's preconscious and unconsciousness. This is a distinctive form of early confrontation of the infant with

the adult world, with something that emanates from the other's subjectivity in mostly nonverbal ways, something the infant possibly observes but does not, cannot, encompass or comprehend. Can we retrieve this sense of nonunderstanding yet perceptive stimulation of the imagination that is being experienced while the body is stimulated, pleasured, and occasionally tantalized by the mother's general and erotic idiom that has transmuted into an obscure, indeterminate signifier, an only partially decipherable message?

I would like to conclude with a story that can be interpreted as the tragic consequence of mother's enigmatic message. There was a photograph I once saw, in an article in a French women's journal, which I cannot forget. The story was about a young man who had sexual relations with his mother for many years, until eventually he killed her. I do not remember many details of this story, but I clearly recall the look on this man's face when he was a baby in his mother's arms. The baby in the photograph had a strange posture. Instead of passively nesting in his mother's arms, as babies do in their distinctly restful, even limp way (what Balint would call *arglos*), with a babyish insouciance, this baby was holding himself erect and apart from her while turning his head to his mother, bending over backwards to look at her and scrutinize her with a piercingly intense gaze, which had a rather terrifying impact on me. I was thinking to myself that there is something extremely *curious* about this baby, as if he could not let himself bask in his mother's arms as in a pacifying surround, but had to pressingly, urgently, *find out something crucial that emanated from her.* Now I would say he had to decipher his mother's compromised message. He could not relax and bend back toward himself autoerotically and dwell in his fantasies, but had to fix his gaze on his mother's concrete figure. Was he profoundly, vaguely, unconsciously—aware that his mother's message was compromised to an unusual, terrifying, psychotic degree? Did he fail in his translation work, or did he succeed only too well, I cannot say. The enigma remains with me.

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BONDAGE FANTASIES AND BEATING FANTASIES

BY JOSEPH WEISS, M.D.

Two male patients had masochistic sexual fantasies: one had bondage fantasies, the other beating fantasies. Each patient had been traumatized in childhood by his experiences with a martyr mother. Each had developed the belief that in an intimate sexual relationship with a woman he would hurt her. As a consequence, each tended to suppress his sexuality. Each used masochistic fantasies to reassure himself that he was not hurting his fantasied or real partner. The reassurance made it safe to experience his sexual feelings. The two patients' use of their masochistic fantasies is compared to the fetishist's use of his fetish, as described by Freud.

In their attempts to address the riddle of sadomasochism, analysts have created a rich literature containing widely varied and complex formulations.[1] The variety of formulations arises from several factors: patients may suffer from a number of different sadomasochistic syndromes (Blum, 1991; Stoller, 1991); and analysts have attempted to understand their clinical observations of sadomasochism from a wide variety of theoretical perspectives. In this paper I shall not attempt yet another comprehensive review of the vast literature on sadomasochism. My purpose here is limited; it is to discuss a prominent function of masochistic sexual fantasies in two somewhat similar male patients, one of whom excited himself

[1] The reader may gain an appreciation of this richness and complexity from a symposium on sadomasochism held at the fall meeting of the American Psychoanalytic Association in 1988. The papers from this symposium are printed in full in the *Journal of the American Psychoanalytic Association*, Vol. 39, 1991.

by bondage fantasies,[2] the other by beating fantasies. Both patients functioned well. Neither depended entirely on his fantasies to become sexually excited. Both (in contrast to many patients with such fantasies) were quite curious about their fantasies, and both provided considerable information about them.

I shall attempt to understand the patients' masochistic fantasies from the perspective of my own particular theoretical approach (Weiss, et al., 1986; Weiss, 1993a, 1993b), hoping thereby to throw new light on one important meaning of such fantasies in patients similar to mine. My focus will be on the reassuring function of my patients' fantasies.

Each patient suffered from an unconscious omnipotent sense of responsibility for his sexual partner. He unconsciously feared that if he were to take the initiative in a sexual encounter and become sexually excited, he would hurt his partner. As a consequence of his unconscious anxiety about his sexuality, he tended to suppress or repress his sexual feelings.

Each patient used his masochistic fantasies to reassure himself and to overcome his unconscious anxiety about his sexual feelings; through his fantasies he denied the danger of hurting his sexual partner. He unconsciously assumed that if he were being tied down or spanked by his partner, he could not hurt her. By reassuring himself in this way, he created conditions in which he could safely bring forth his previously repressed sexual feelings.

Each patient had developed his fear of hurting women from early experiences with his mother, whom he perceived as an unhappy martyr who blamed him for her unhappiness, resented him when he was happy, strong, and willful, and was upset when he tried to separate from her by being different from her or by spending less time with her.

Each patient had difficulty separating from his mother; he shared his mother's moods and feelings. When she felt miserable, he would feel miserable. While she felt burdened by having to care

[2] A brief account of the patient with bondage fantasies is presented in Weiss et al. (1986, pp. 80-81).

for him, he felt burdened by having to make her happy. In his adult life he tended to share his sexual partner's feelings and moods.

Each patient's sexual fantasy was of a woman entirely different from his mother. Each patient pictured his partner as happy and energetic, as able to take initiative and assert authority, as feeling separate from him, and as enjoying her interactions with him. In each instance the patient's fantasy, besides enabling him to deny his fear of hurting women, provided him with the image of a woman with whom he could temporarily identify and so share her vigor, her enjoyment of their interactions, and her sense of separateness. At the same time, to the extent that the patient unconsciously experienced being tied down or spanked as being victimized, he retained a connection to his martyr mother. He used his temporary identification with the spirited woman of his fantasies to deny and keep suppressed his chronic identification with his mother. In both patients the fantasied image of the strong woman who dominated him elaborated a real[3] experience with a caretaker who was comfortable and unambivalent about controlling him.

I found that my focus on the reassuring function of my patients' fantasies helped them. They were relieved, and they produced considerable confirmatory material.

My explanation of a person becoming aroused by the fantasy of being beaten differs from that proposed by Freud in '*A Child Is Being Beaten*' (1919). However, it closely parallels Freud's explanation of the fetishist's arousal in *Splitting of the Ego in the Process of Defence* (1940b).

In '*A Child Is Being Beaten*,' Freud assumed that, for the child, being beaten means being sexually loved, albeit in a regressed

[3] In the case of a female patient who developed spanking fantasies, her image of the strong authority elaborated a fantasized childhood experience. The patient perceived both parents as helpless martyrs. She developed the fantasy of a strong man spanking her from her girlfriend's account of being spanked by her father. In the fantasy, the patient is visiting the girlfriend. They are both mischievous, and the girlfriend's father spanks both of them.

form. In both male and female patients, the unconscious fantasy is of being beaten by the father, which stands for being loved by the father. (This is so, even though the male patient may fantasize being beaten by a woman.)

In *Splitting of the Ego in the Process of Defence,* written nineteen years after '*A Child Is Being Beaten,*' Freud relied on new and strikingly different concepts than those he had used in the earlier paper. At the time he wrote '*A Child Is Being Beaten,*' Freud had not yet fully developed his concepts about unconscious cognition, unconscious belief, and unconscious guilt. Nor had he developed the crucial idea that a person unconsciously regulates repressions by the criteria of safety and danger (1940a). A person, according to this formulation, keeps mental contents warded off while being threatened by them and brings them forth when he or she unconsciously decides that they may be safely experienced (1940a, p. 199). Freud did not develop these ideas fully until the *Outline* (1940a), around the time he wrote his article on fetishism.

In the *Outline* Freud assumed that the fetishist obtains pleasure from the fetish not because he loves it per se but because he finds it reassuring. The child who becomes a fetishist has inferred in childhood, from castration threats and the sight of the female genitalia, that castration is used as a punishment for sexuality. As a consequence of this belief, he is at risk of suppressing or repressing his sexual feelings. With his fetish, which he unconsciously equates with the female penis, he reassures himself against the danger of castration. By endowing the woman with a penis, he denies crucial evidence for the belief in castration. Indeed, he denies the belief in castration itself. He thereby creates conditions in which he may safely become sexually aroused.

In Freud's explanation of a person's sexual arousal by a fetish and in my explanation of my patients' sexual arousal by bondage or beating fantasies, a person is endangered by a frightening unconscious belief[4] (Weiss, 1993a; Weiss, et al., 1986). In Freud's

[4] Freud consistently wrote that castration anxiety stems from a belief as opposed to a fantasy.

explanation, the fetishist is threatened by the unconscious belief in castration. In my explanation, the masochist is threatened by the unconscious belief that he will hurt his partner in a sexual encounter. In Freud's explanation and in mine, a person finds a way to deny a danger: in Freud's by use of a fetish, in mine by bondage or beating fantasies. In both explanations, the denial of a frightening unconscious belief creates conditions that make it safe for the patient to be sexually aroused. He may safely experience the sexual feelings that he has suppressed or repressed as a consequence of his unconscious anxiety.

In Freud's explanation and in mine the man "elevates" the woman: in the case of the fetishist he endows her with a penis, and in the case of the man with bondage or beating fantasies he makes her strong and dominating.

How does Freud's explanation of beating fantasies in '*A Child Is Being Beaten*' compare with my explanation of my patient's fantasies? Freud assumed that the boy who is spanked by his father erotizes the spanking and so acquires a homoerotic attachment to the father. Freud's explanation implies that the process of erotization is fundamental and thus not subject to further analysis. My account agrees that the spanking is erotized, but it attempts to explain the process of erotization.[5] It assumes that being spanked by the father relieves the boy of his burdensome sense of being dangerous, so that he may safely become sexually excited. In other words, he erotizes the spanking because it makes him feel safe.

In my explanation the homoerotic element is less important than the fact of being spanked by a parent figure. In the case of Robert, reported below, it was not his father but rather an aunt who held him down, and it was from his elaboration of his experiences with her that Robert developed his bondage fantasies. A

[5] No doubt there are other factors in the erotization of the spanking. The buttocks are an erogenous zone, and the father by spanking the boy on the buttocks, breaks a taboo about freely handling a private part. Kernberg (1991, pp. 346-347) has discussed the role of breaking taboos (that is, transgressing) in the development of sexual excitement.

colleague has told me about a patient with spanking fantasies who was not spanked by his father, but by his mother.

My assumption, that the homoerotic element is less important than the fact of being spanked by a parent figure, is consistent with the observation that a boy is easily able to replace the image of a male spanking him with the image of a female spanking him. The boy may replace the male image by the female image not simply to deny the unconscious homosexuality, but because he is more sexually interested in women than in men.

My explanation, while not denying the possibility that he has erotized the spanking by the father, points to the importance of the boy's prior relationship with a martyr mother. As will be seen later, a number of published reports of patients with beating fantasies bear out the assumption of the boy's relationship with a depressed, fragile, blaming mother.

The Case of Robert

Robert, the patient with bondage fantasies, was a forty-two-year-old French businessman in the import-export business. He came to analysis mainly because of periods of depression and passivity, following periods of successful activity. However, during the first few months of analysis, it became clear that he also had marital problems. He worried excessively about his wife. In social situations he was afraid that she would feel left out, and he worked hard to bring her into his conversations. Also, when she became upset, he blamed himself and tried hard to cheer her up.

Robert was an only child. He remembered his mother as nervous, possessive, and easily hurt. She was unable to exert authority. Robert had learned to be careful and restrained with her lest he hurt her. Around her he felt nervous and worried, as he assumed she felt. He had trouble separating from her. Even in adult life, he talked to her frequently on the phone and visited her in Europe once or twice a year. Robert remembered his father as calm, warm, and loving. Robert had been comfortable with his father, and the

two would play together. His father would tell him stories, teach him songs, and read to him.

Robert began talking about his bondage fantasies after six months of analysis. He was curious about them and eager to understand them better. The fantasy that he sometimes produced when having sex with his wife was of a strong, happy woman tying him down and playfully having sex with him. The analyst (who by this time was well aware of how worried Robert had been about his mother and how worried he still was about his wife) suggested that Robert used the fantasy to reassure himself during intercourse that he was not hurting his wife.

This interpretation made immediate sense to Robert, who proceeded to offer confirmatory observations. He stated that he is worried about his wife during intercourse. He wants her to enjoy sex, but he fears that she has sex simply to accommodate him. If he believes she is not interested in sex, he has considerable trouble becoming sexually aroused. The fantasy of the cheerful, strong woman tying him down helps him to become aroused. With this fantasy he blots out his wife's sober expression and substitutes the image of a woman who is confident and enjoying herself in her interaction with him. As he fantasies the dominating woman enjoying herself, he becomes able to sexually enjoy himself.

A few days after Robert first mentioned his bondage fantasies, he brought forth a pertinent memory. When he was three and one-half, he would restlessly run around his family's small Paris apartment. His mother would become upset at his restlessness. She would sometimes get a headache and go to her bedroom. On one occasion when he was upsetting his mother with his restless activity, his mother's buoyant younger sister playfully held him down and he became sexually aroused.

A few days later, Robert remembered becoming sexually excited on an occasion in the seventh grade when he experienced two friendly women as comfortably controlling him while preparing him for a part in a bible pageant by putting makeup on his face. In adolescence, Robert's masturbation fantasy was of being tied down by a playful woman who proceeded to fondle him.

A few months after Robert remembered the above, he confessed his bondage fantasy to his wife. Much to Robert's surprise, she was happy to help him enact the fantasy by taking the role of the woman who tied him down and had sex with him. When they carried out this enactment, both he and his wife became especially aroused sexually. Though they subsequently enacted this fantasy infrequently, they became more comfortable with each other during intercourse, and came to find it more pleasurable. Robert was reassured by his wife's greater sexual involvement, but he nonetheless continued to worry about her. He spoke about his worry on and off for the next several years, and with the analyst's help gradually gained control of it.

The development of Robert's bondage fantasy may be summarized as follows: from early childhood experiences with his mother, Robert developed the frightening unconscious belief that he was a danger to her. When his aunt playfully held him down, he was temporarily assured that he was not so dangerous to a woman. He did not have to worry about his aunt, and he could borrow her strength and her sense of fun and so became sexually excited.

In his later life Robert was in danger of experiencing his sexual partners as he had experienced his mother. In obedience to the belief that by taking the initiative sexually with a woman and by being strong with her he would hurt her, he tended to suppress his sexual feelings. However, by fantasizing a woman tying him down, he could temporarily deny his fear of hurting the woman and so could feel safe in becoming sexually aroused.

Robert's fantasy of being tied down by a strong, happy woman reflected his childhood experiences both with his aunt and with his mother. The image of a dominating woman elaborated his childhood image of his aunt. The sense of victimization (which was largely unconscious) implied by being tied down connected him to his mother and so protected him from feeling that by enjoying himself with a woman he was being disloyal to his mother.

Robert's episodes of depression, following successful activity, expressed in his everyday life inhibitions about being strong simi-

lar to those that had given rise to his bondage fantasies. After periods in which he was strong and successful, he unconsciously became worried about both his parents, neither of whom was endowed with his vitality. He thought it was unfair and disloyal of him to achieve much more than they had achieved, and he would metaphorically tie himself down by becoming inactive and depressed.

The Case of Richard

Richard, the patient who developed spanking fantasies, was a hard-working, successful computer programmer. He came to analysis at age twenty-four mainly because of difficulty in taking the initiative both in everyday life and in his relations with women. He dated a variety of women, but rarely maintained a relationship for more than a few months. He was sexually attracted to them but uncomfortable with them. He found any contact with women vaguely disgusting. At times he was nauseated before a date. In a relationship with a woman, he assumed he would have to give more than he received. He felt superior to the women he dated. He assumed none of them were worthy of him.

Richard was the oldest child of five children in a middle-class family. His mother was a housewife, his father a businessman. Both parents were alcoholics.

Richard's father was ambitious and self-centered. He worked hard and enjoyed his work. At home he was sometimes playful with the children, at other times impatient and critical. Richard's mother was passive, bland, depressed, and ineffective. Sometimes, after drinking too much, she would stay in bed all day. She was overwhelmed by the task of taking care of five children and would complain to them about how burdensome they were.

Richard remembered being upset by his mother's weakness. When he was disobedient, she would react, not by making him obey, but by telling him how he was making her unhappy. On one occasion, when his mother was depressed, he playfully hit her on

the arm in an attempt to engage her. Though he did not hit her hard, she looked shocked and pained and made no effort to defend herself. Richard was upset and baffled. He did not believe he had hurt his mother, but he nonetheless felt guilty. (Looking back from the present, Richard assumes that his mother was acting so hurt in order to teach him never to hit her even in play.)

At the beginning of his analysis, Richard expressed his determination to find a girlfriend and get married. After about six months he began to date Ann, a woman from work, and he gradually developed a serious relationship with her. He found her pleasant and attractive, albeit occasionally depressed and dissatisfied. As a consequence of his new relationship, Richard came to realize that he was prone to worry excessively about women and to take too much responsibility for them. When Ann complained or pouted, he became excessively worried about her and tried to cheer her up. When they had a dispute, Richard readily took the blame and was usually the first to apologize. He occasionally considered ending the relationship but was deterred by the fear that if he left her, she would become depressed and commit suicide.

Richard was relieved when the analyst suggested that he assumed too much responsibility for Ann's happiness, much more than was warranted by his limited power to make her happy. Richard realized that the analyst was right. He stated that he very much wanted to overcome his irrational worry. Also, he spontaneously connected his worry about Ann with his childhood worry about his mother.

About six months after he began his relationship with Ann, Richard confessed his spanking fantasies. He fantasized being spanked by a strong self-righteous woman. He was ashamed of his fantasies; he assumed that they expressed a deep-seated pathological longing for passivity. The analyst told Richard that perhaps he fantasized being spanked by a strong self-righteous woman to assure himself against the irrational fear of hurting women. Also, the analyst reminded Richard that he had been overly worried about both his mother and his girlfriend, Ann.

Richard agreed and readily produced confirmatory material.

He noticed that his worry about a woman is incompatible with his sexual interest in her. He is especially attracted to proud, bossy women. When he notices that Ann is unhappy or irritable and unable to enjoy sex, he has trouble becoming aroused.

A few weeks later Richard continued his investigation of his spanking fantasies. He remembered that on several occasions after he had inadvertently hurt his mother, she complained to his father about him, and his father, without hesitating, reacted by spanking him. His father was not angry; rather, he was matter-of-fact. Richard's father spanked him only a few times and not after he was five. However, his father did occasionally threaten to spank him, and Richard thought, by the way his father threatened him, that his father enjoyed doing so. For example, his father would ask, "How would you like me to apply a ruler repeatedly to your behind?"

Still later Richard remembered an occasion when he became sexually excited in the sixth grade. His female English teacher wrote a note to his parents reporting that Richard was neglecting his homework and advised his parents to coerce him into spending more time on it. Richard read the note and, not knowing the meaning of the word "coerce," looked it up in the dictionary. When he found that it meant "force," he became sexually excited and fantasized himself being spanked by the English teacher.

Richard began masturbating in early adolescence. His fantasy while masturbating was of being spanked by a woman for a minor misdemeanor. The woman in the fantasy was either a teacher or the mother of one of his friends. She was self-righteous and completely unambivalent about spanking him. In the fantasy she believed he deserved to be spanked, and he agreed. Also during early adolescence Richard would occasionally take his pants down in front of a mirror and spank himself with a hair brush while imagining he was being spanked by the woman of his sexual fantasies.

Richard became less ashamed of his spanking fantasies, as he realized that they expressed not simply a deep-seated longing for

passivity but an inhibition about being strong and active with women lest he hurt them.

During the next year Richard developed a deeper understanding of his childhood relationship with his mother. He realized that he had shared her sense of victimization. At times they would sit together, both sad and each consoling the other. Richard experienced a sense of merger with his mother that made him quite uncomfortable. He would feel disgusted when he pictured his mother lying in bed all day with a hangover, dirty and perspiring. When he would visit her in her bedroom after school, he felt heavy and depressed as he assumed his mother felt. He also felt sad at not having a happy mother with whom to interact.

Richard contrasted his childhood image of his father with his image of his mother. He considered his father clean and strong. Though his father drank too much, he did not act drunk. Whereas his mother was passive, depressed, and withdrawn, his father was active, cheerful, and interested in his work. He was proud, lively, and vigorous.

Richard's spanking fantasies derived from childhood experiences with his father and his mother. His image of the vigorous woman who was unambivalent about spanking him was based mainly on the childhood image of his father who had been unambivalent about spanking him. By endowing the woman of his spanking fantasies with his father's characteristics, he created the image of a woman who, unlike his mother, was not hurt by him and who enjoyed her interactions with him. (Richard's use of a fantasy to endow a woman with his father's characteristics closely parallels the fetishist's use of his fetish, as described by Freud, to endow a woman with a penis.) In addition, Richard's spanking fantasy enabled him, by temporarily sharing in the vigor of the strong woman who was spanking him, to feel vigorous himself and so to feel sexually aroused. However, to the extent that Richard unconsciously felt mistreated by being spanked, he maintained an unconscious connection to his martyr mother.

After going with Ann for about a year, Richard left her. He was

relieved to observe that she was not nearly as upset as he feared she would be. Then after six months Richard began a new relationship with another woman, Carol, who was more confident and cheerful than Ann. Nonetheless, at times, Richard worried excessively about her, and his observing this made him all the more aware of the irrationality of his worry. Though he realized his worry about Carol was irrational, he had to work hard to overcome it over the next several years. During this time he found a new way of assuring himself that he was not hurting Carol during intercourse. He developed a teasing relationship with her that they both enjoyed. Carol's toleration of his teasing and her enjoyment of teasing him were reassuring to him.

During the last two years of his analysis, Richard made progress overcoming his irrational worry about Carol, and he became more able to take the initiative with her. During this time he scarcely mentioned his spanking fantasies. Toward the end of the analysis the analyst asked him about them. Richard mentioned that he occasionally produced them and that he no longer was ashamed of them.

Richard married Carol shortly after the analysis ended. The analyst did not hear from him until about two years later when Richard called him, upset by Carol's having had a miscarriage. Several years later, Richard enclosed a brief note with a birth announcement. He wrote that he was doing fine and had taken up a new hobby, sculling on San Francisco Bay.

DISCUSSION

A colleague with whom I discussed my clinical material suggested that I failed to take into account the importance of the patient's compliance with the analyst. He suggested, for example, that Richard reacted to the analyst's interpretation of the reassuring function of his beating fantasies as he had reacted to his father's spanking him. With his father he had become sexually excited. With the analyst he happily produced confirmatory material. In other

words, he erotized the analyst's interpreting to him, just as he had erotized his father's spanking him.

I disagree. In my view the patient's sexual excitement when spanked and his happily confirming the analyst's interpretations are entirely different experiences. Richard became sexually excited while being spanked because he was reassured by the spanking against his irrational fear of being a victimizer. However, Richard happily confirmed the analyst's interpretations about the meaning of being spanked because as he experienced it, the analyst was supporting his wish to overcome his irrational fear of victimizing women.

His father's message and the analyst's message pointed him in different directions. His father's message as Richard experienced it was, "You are constrained." This message gave Richard immediate relief of anxiety. The analyst's message as Richard experienced it was, "You need not be constrained." This message indicated how Richard might over time become less anxious; namely, by facing his irrational worry about women and overcoming it.

Richard liked the interpretation and happily confirmed it because he wanted very much to overcome his worry about women, and he wanted to be able to take the initiative with them. These were goals that he had begun to work on before the analyst's interpretation and that he continued to work on throughout the analysis. Since he wanted to overcome his worry about women and wanted to be able to take the initiative, his working energetically to do these things should not be considered a compliance. A person who does what he wants to do, even with the help and encouragement of another person, is not complying with that person.

Richard found the analyst's interpretation of his spanking fantasies both demystifying and consistent with his own experience. He reacted to the interpretation by feeling more free; he took the initiative in the analysis, bringing forth both genetic and current material and fitting them together to make a coherent and convincing story. Moreover, he brought forth material that the analyst had not anticipated.

The idea that Richard erotized the analyst's interpretation of the spanking fantasies just as he had erotized the spanking itself cannot explain the following observations: Richard made progress. He faced his worry about women and gradually overcame it. He became progressively less worried about Carol, stronger in his relationship with her, and more able to take the initiative. As he accomplished these things, he relied progressively less on his spanking fantasies, though he never completely relinquished them.

I have found support for my focus on the reassuring function of masochistic fantasies in the work of Novick and Novick (1987), who did extensive research on beating fantasies. They studied eleven children with fixed beating fantasies and compared them to a control group with transient beating fantasies. The mothers of the children with fixed beating fantasies, in contrast to those of the control group, were very much like the mothers of Robert and Richard, only somewhat more disturbed. They were dominating, but they dominated by their suffering. They were unable to absorb their children's helplessness and anger. Therefore, they blamed their children for their own failures, externalizing onto their children their own painful affective states.

The children studied by Novick and Novick tried to perceive their mothers as loving and perfect and so reacted to their mothers' suffering by developing a belief in their own omnipotence. They blamed themselves for their mothers' deficiencies, assuming that they had caused these by their aggression. The children expressed guilt about their normal desires to separate from their mothers and to function independently. One of the children said, "When I do something good without my mother, I'm afraid she will die." Recall that Richard feared that if he left Ann, she would commit suicide.

Just as Richard felt like his mother, Novick and Novick's patients with fixed beating fantasies felt like their mothers. One patient who spent a lot of time with her mother, said, "When I'm feeling good I'm all alone. When I'm feeling bad I'm with my

depressed mother." Another patient was a slender boy who complained about being fat like his plump therapist.

Novick and Novick wrote that helping patients with fixed beating fantasies to separate from their mothers was a central task of the therapy. They noted that the patients' mothers would become upset at their children's steps toward independence. As noted above, both Richard and Robert were incompletely separated from their mothers and felt guilty when they attempted to separate from them.

In several detailed psychoanalytic case reports of patients with beating fantasies (Glenn, 1989; Lihn, 1971) the patients' mothers were similar to those of Novick and Novick's patients, and they were also similar to Richard's and Robert's mothers. The mothers were blaming, guilt-provoking, and easily hurt. Blos (1991) has reported the case of a woman with beating fantasies whose mother was depressed and silent.

My suggestion that by his beating fantasy Richard warded off his feeling like his sad, weak mother is compatible with Stoller's (1991) idea that masochistic perversions may be used to protect against what he called "symbiosis anxiety or merging anxiety" (p. 41). A child who is being spanked is helped to feel separate by the stimulation of the surface of his or her body. While being spanked, the child need not feel compassion for the person spanking him or her. Moreover, the child may temporarily share in the sense of separation of the person who is doing the spanking.

The idea that the masochist is incompletely separated from the mother appears in the writings of Chasseguet-Smirgel and Stolorow, Atwood, and Brandchaft. Chasseguet-Smirgel (1991, p. 411) wrote that the "masochist's own body is identified with the body of the mother, with whom he fuses." However, she considers this identification defensive, masking the patient's disqualification of his father.

Stolorow, Atwood, and Brandchaft (1988) wrote about a psychotic patient who demanded that the analyst hit her. The patient felt like a chameleon. She told the analyst, "Doctor, I turn into

anyone I meet." Her wish to be hit symbolized her need to be enlivened by the analyst's presence. Her primary unconscious fear was of being unable to connect with others. "She was struggling to overcome the gap that separated the therapist from her isolated sense of self" (p. 506).

Blum (1991, p. 437), points to the importance of a sense of rejection in the masochist. "It is 'better to be beaten than neglected'. . . ." This formulation, though not much focused on in Richard's analysis, applies to him. He felt lonely and sad after school when he visited his mother who was in bed with a hangover.

Loewenstein (1957) suggested that in some cases beating fantasies begin with a memorable beating by a parent or parent surrogate and express an attempt to master the resulting trauma.[6] This may be true in some cases. However, in my observations of Richard and several other patients, the memorable beating is part of a second stage in the development of beating fantasies. In the first stage the patient is traumatized by experiences with a fragile helpless mother, which makes the future masochist feel omnipotent and worried about women. The memorable beating of the second stage reassures the future masochist against the fear that he cannot be controlled and that in an intimate encounter he is bound to make his partner unhappy.

My patients felt guilt toward their mothers, but in my opinion, their guilt was not a consequence of anger at their mothers. They developed guilt because their mothers either explicitly or implicitly blamed them for their unhappiness. The patients accepted the blame so as not to risk losing their relationship to their mothers (Berliner, 1958).

Stoller (1991) assumes that a person by his perversion may be struggling to master childhood traumas. Though this may be true of some patients, it was not a primary motive in the cases I studied, if to master trauma means to make fundamental changes in un-

[6] During childhood Richard and his siblings did play spanking games with each other. They were apparently somewhat traumatized by being spanked and attempted by the games to master the trauma. The games, however, were not sexually exciting.

derlying psychopathology. My patients' childhood traumas arose from their experience with their helpless, blaming mothers. My patients mastered their traumas with their fantasies of being dominated if mastery means finding a way, despite their traumas, of achieving sexual pleasure. However, they did not master their traumas if mastery means overcoming their unconscious beliefs that they are a danger to women. They did not accomplish this task until they succeeded, in their analyses, in overcoming their exaggerated worries about their wives and their internalized mothers.

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From Whose Point of View? The Neglected Question in Analytic Listening

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FROM WHOSE POINT OF VIEW? THE NEGLECTED QUESTION IN ANALYTIC LISTENING

BY EVELYNE ALBRECHT SCHWABER, M.D.

The central question which I hope to address is: how do we discover, in our clinical work, what we had not before even considered, another way of thinking about a matter? Drawing upon clinical examples, including a critique of my material, I shall illustrate a mode of listening which attempts to keep clear the delineation of whose point of view one is referring to—patient's or analyst's. In so doing, I shall consider some conceptual, methodological, and epistemological ramifications of this effort in an attempt to demonstrate the potential for deepened illumination of nuances of the patient's experience—and of our own—which may otherwise go unnoted.

How can we learn, in our clinical work, what we had not already believed, not already known? How do we discover something we had not considered, another way of thinking about a matter? Perhaps deceptively simple, these questions may carry fundamental conceptual and epistemological implications, profoundly affecting our clinical stance and warranting further reflection.

Some time ago, I had a patient who would "whistle in the dark," smile when she spoke about subjects that seemed hard or painful. I asked about this apparent discrepancy, and as she reflected on it, we learned then of the many ways she had found to feel cheerful; it was for her a modus vivendi. She loved flowers, especially those which are longer lasting and most brightly colored—with "spectacular blooms." One time, before she was to leave on a winter vacation, she dreamed of growing her plants in

a greenhouse, so that even in the cold, they might bud and flower. Raised in a rural, wooded terrain, she loved bears, for they roam free, not bound in packs, like wolves. Pippi Longstocking, a young girl character in a Swedish book series (by Astrid Lindgren) was her childhood heroine. Pippi can do all sorts of things and is always playful and imaginative. Pippi's mother had died when she was a baby and her father was off to sea.

We learned about the patient's mother, who was bleakly, almost fiercely depressive; her father, more lively and engaged in his relationship to her, had died when she was a young teenager. Her mother would be angry if, as a little girl, she was outside playing with friends and came home with "too much laughter"; she didn't like her to wear red clothes and frowned upon loud or silly play.[1] It felt to the patient, at times, that mother "didn't want me to live"—certainly not autonomously or happily; she recounted poignant memories evoking this feeling. The reasons for the strength of her effort to sustain her sense of aliveness appeared rather powerful.

And so, I could try to help my patient see how, in repeated, conflict-laden moments, stirred perhaps especially before a separation, she would take on a more cheerful state, her lifelong defense. One day, she told me a dream about moving into a house that was being painted.

> I said to this woman that I want the color of this room to be yellow. The woman said, "yellow"? I said, "Yes, because the other room was blue." The woman said she'll take white and add little bits of yellow.

The patient associated to "the whole feeling of blue versus yellow, and your parceling out yellow in microdrops; that's a feeling from my mother. I don't like that I experience you a bit like

[1] I was reminded of Miss Minchin, the schoolmistress of Frances Burnett's *A Little Princess*, described by Terence Rafferty in a movie review in *The New Yorker*, as "the stiffnecked, immovable object against which the irresistible force of the child's imagination contends" (1995, p. 92).

that. . . . I see lightness as connected with having a life. It bothers me that you don't see it that way; you only see my cheer as a defense . . . not my tears. Why, when I cry, do you not see that as potentially a defense against feeling good? Why is only the good feeling a defense?"

One time, speaking with eagerness and excitement, she told of plans for her forthcoming rafting trip. This was to take place before a summer interruption; I knew how hard it was for her when we didn't meet, and so found a way to bring this up, noting her apparent difficulty in even speaking of it. She felt devastated. There I was (again), not appreciating her pleasure in this anticipated adventure. It seemed to the patient that I was pushing her toward the "heavy," away from the light.

Gradually, she came to show me (and I, more clearly to see) how I had almost naturally brought up the defensive aspect of the cheerful and the good-humored when there seemed to me to be more troubling, sad, or conflictual elements in the content she was expressing. It was not that I was mistaken in pointing to it, or in understanding that she needed to address this issue further, but I did tend to go—what I *now* see, learning from her, as seemingly rather quickly, even inferentially—to the defense first, putting a damper on her liveliness (and perhaps also, her sense of autonomy) in keeping with my clinical stance. Wittingly or not, I was enacting a recreation of her mother. Surely, one might expect that there is something defensive in a cheery, playful good-bye (especially knowing how hard good-byes were for her), but might there not also be a wish to share the play, to keep with me, as part of the good-bye—a life-asserting, imaginative element? I was struck by this possibility. The flowers she grew while anticipating my departure, the humor to which she turned, the rivers on which she rowed, were these not also affirming, i.e., enjoyments to be regarded in their own right as well, not only, or necessarily, expressions of resistance?

Perhaps my tendency to highlight defense in the patient's playful manner when the content was more complex—however much the pull on me may have been evoked by something in her char-

acter—also reflected an aspect of my own character, my "work ethic," that fit well into the psychoanalytic model. We speak of our interest in fantasy, but how much do we value its fanciful components? Something in me was moved that would not have been so if all I saw was what I had already seen: retreat from pain, anger, or conflict. Listening to what she was telling me about me, I had discovered another way of thinking about the matter—and about myself: how can we help sustain a patient's life-affirming pulls while yet recognizing there may also be defense?

Several years ago, Arlow (1995) wrote a paper entitled, "Stilted Listening: Psychoanalysis as Discourse." Arlow faults those who would place too much emphasis on the analysis of transference or concerns with countertransference and thereby fail to address certain key issues the patient brings forward. He utilizes a clinical example from a paper of mine on countertransference (1992) to demonstrate his point of disagreement. His argument has to do with how we listen, providing an opportunity to tease out some essential differences on this matter—*ones which I believe are more generalizable*—and sharpen our understanding of them. Arlow's critique focuses on the work with a patient I called Mr. K (pp. 349-354; see also, Schwaber, 1983, 1995b[2]).

The patient, as I had written, sought treatment for feelings of intense loneliness. He had suffered from a severe lifelong learning disability which left him feeling alienated, particularly when at school. Nonetheless, he did maintain the hope that one day he might acquire a graduate degree. In the course of his analysis, we came to see Mr. K's learning problem as deeply enmeshed with marked gender identity conflicts, against which it also served as a strong defensive shield. Discovering and working through some of these issues, Mr. K began in time to feel much better about himself and more able to consider that he might indeed be ready to apply to graduate school. Despite some trepidation, he looked forward to the possibility of resumed engagement in formal learn-

[2] Reprinted with paraphrase with the kind permission of *The International Journal of Psycho-Analysis.*

ing. He and I could both observe the close link between the stirrings of his sexual conflicts and the augmentation of his learning problem, even as this occurred in the immediacy of a clinical moment. Noting this connection, I said to him one day that it sounded like his return to school, participating in an active learning process, might help to shed more light on the sexual difficulty as well. He seemed to concur.

And he pursued the application process. But as the deadline approached, Mr. K's eagerness began to give way to a mounting anxiety. In time, his appearance became less cared for and more disorganized, and his thinking confused, reflecting a significant shift in his "state" (cf., Schwaber, 1998). He returned to symptomatic behavior that had long since receded—drinking, smoking marijuana, and engaging in sexual perversions of considerable concern. He had moved into a massive regression, outside and within our sessions. There was a sullenness to his mood, he would feel "confused" by what I said to him, and he had long, angry periods of silence. All my interpretive and inquiring efforts seemed of no avail. It appeared he might not yet be ready to take this step of applying to school.

The deadline came nearer, and Mr. K felt panicked. Perhaps he should take more time, he thought. But there was a sense of pressure, a feeling of absolute determination to make himself do this now. I asked why, since he seemed in great distress, did he feel under such pressure to apply at this time? He wasn't sure. He came in the next day saying he had reconsidered and would delay. But he looked worse still, even more despairing. I wondered how to understand the apparent abruptness of this decision after such prolonged agonizing. " 'At least it's no longer a feeling as if I'm going to my hanging,' he said, and remained silent for much of the hour" (Schwaber, 1992, p. 350). It seemed to me that the magnitude of his conflict around school and all that went with it had reached such overwhelming proportions he could find no way out.

The next session, looking even more depressed and disorganized, he said, "I'm not very happy; I feel I'm damned if I do and

damned if I don't. . . . I feel you're giving me mixed messages . . . . one day you ask why I'm going to school and one day why I'm not. . . . I don't know what to make of where you're coming from."

He doesn't know what to make of where I'm coming from? I'm giving mixed messages? Perhaps he had spoken of me in this way before (and I recognize that on review, its basis may appear self-evident) but this time, his response was finally to reach me; I listened to what he had to say about his perception of me without processing it through a "formulaic" lens, dismissing or relegating his point of view to that of an inferred defensive posture—as his inclination to project or his generalized negative transference—a stance which (when unexamined) had not only distanced us, but deprived me of the opportunity to reconsider my own position. I did not know why or how this was so, but I could see that his unhappiness and his not knowing where I'm "coming from" follow one upon the other. I shared this thought with him, that he speaks as though there's a link between my response to him and his dilemma.

"That's true!" *He sounded enlivened.* (A further piece of data about my impact on his state.) "You know," he reflected, "ever since you said that we might make more sense out of all this sexual stuff if I was in school, I freaked out . . ."

"What did that mean?" I asked, surprised and not understanding.

"It meant that it was good for my analysis for me to go to school . . . School then became a way of furthering my analysis, and analysis lost for me the feeling of being on the side of the essential me."

He went on, "I've been feeling like zero, like really crying, so alone . . ." This was, indeed, the state that had first brought him to treatment—a profound sense of loneliness and nothingness.

"*I see,*" I *now* observed, "it is your loneliness perhaps coming from this sense of not having me on the side of what you felt as the 'essential' you, but that I had an agenda for what I thought was good for you—that is, good for the analysis."

"Yeah, I really felt a loss of analysis to me, once I viewed it on the side of school . . . It was mostly that I interpreted what you said, that important treatment answers would come with my going back to school . . . It was then that I flipped . . . that I lost . . . you . . ."

When I recognized *what I had not seen before*—surely not in its affective depth—I could then interpret that the noxious way he was experiencing me was not just a part of his dilemma but a cause of it as well, recreating in the transference his pained ambivalence, bewilderment, and paralysis. "Once going to school," I said to him, "became a way of doing good for your treatment, you felt you had to choose between that and me—between me and yourself . . . choosing the one, you felt you lost something of you; choosing the other, you felt lonely."

With this sense of himself and of me now recognized and articulated, a chord of familiarity was struck within him, leading to spontaneous recovery of resonating childhood memories. He recalled various instances of feeling he must choose between keeping a sense of "connection" to mother or to what he felt as the "essence" of himself. (He told of having maintained a hidden, "protective" female identity, which conflicted with a solitary sense of his masculine self. And in time, his previously unconscious equation of masculinity, learning, and a lonely independence came to his awareness.) Its historical, conflictual routes more sharply emerging, a pervasive, underlying, lifelong sense of confusion began to lift; the world took on a clarity he felt he had not before known. Mr. K applied and was admitted to the school of his choice, and from what he wrote to me after termination, went on to a successful career, a happy marriage, and fulfilling fatherhood.[3]

I reviewed my notes to find the hour in which I had first mentioned his going to school as a possible help in understanding the

[3] Mr. K wrote further, "I'm constantly impressed by the sense of reality [I've become able] to face in my own life. . . . Your respect. . . . Respect allows for a setting to exist in which one can grow, at least experience one's own essential nature, and what could be more important than that?. . . I feel free inside, unashamed of who I am, able to form deep, meaningful friendships. I'm able to call a spade a spade."

sexual dilemma—the session that catalyzed his "flipping out." And I found data which I had not heeded at the time. His response, which I had taken as a concurrence, had been a rather bland "Maybe." I had left this implied, affectively expressed doubt unexplored (bypassing a central communication of the patient's psychic reality).

Let me now turn to Arlow's (1995) response to this example. He writes:

> After some time . . . Mr. K thought about going to graduate school. The analyst suggested that his conflicts over active engagement in formal learning might shed light on his sexual difficulties. Although stated in a tentative mode, [her] words . . . had a dynamic impact. The patient decided to enroll . . . then became overwhelmingly fearful. . . . That this rather mild intervention on the part of the analyst resulted in a regressive spiral would suggest a confirmation of the analyst's hunch (p. 227).

Who is to say my intervention was "mild"? From whose point of view? If a patient's pained response is seen as simply confirming that the analyst was correct, how can we ever learn from a patient something we did not already know? Suppose the analyst is wrong; how might the patient then respond? But beyond these questions, *the point of my position was that I had not even known that my comment was particularly vital to my patient.* It had passed by me and, I thought, by him rather innocuously. I did not have it in mind with his subsequent regressive spiral, which I thought was simply related to his massive conflict about the implications of school (which, of course, it also was). It was after I first recognized and shared with him that there seemed to be a link between my response and his dilemma that he *then* began to reflect on that; it was only *then* that he recalled, bringing to my attention the comment I had made some time before. *Its connection to his ensuing response came as a discovery for us both,* evoking for him a profound resonance with his past—allowing the spontaneous emergence of newly found memories—*an outgrowth of the mode of listening I was proposing. The point I was making was not to suggest that there may not*

be something I had overlooked or could have said better; it was that I had learned of it from the patient.

Arlow continues:

> [A]s the deadline approached for enrollment, the patient's anxiety mounted, but he felt determined to go ahead despite his intense anxiety. At this point [the analyst] asked . . . "why, since he seemed in great distress, did he feel under such pressure to apply at this time?"
>
> At the next session the patient reported that he had withdrawn his application. . . . The analyst . . . wondered how he understood the apparent abruptness of this decision. . . . [He] responded, "At least it's no longer a feeling as if I'm going to my hanging," and he remained silent for much of the hour. . . . the next session, he looked even more depressed . . . and said, ". . . I feel I'm damned if I do and damned if I don't . . . I don't know what to make of where you're coming from" (pp. 227-228).

It is here that Arlow faults me for focusing on that part of the patient's communication which had to do with his perception of me; I should instead have questioned the statement about his "hanging." Arlow writes:

> The patient had said something which was totally unreal. He compared enrolling in graduate school with going to his hanging. . . . But he was not being led to his hanging. He was applying to graduate school. . . . Why should he think of himself as being hanged? Who gets hanged? Criminals, murderers (p. 229).

Here, I might just add, so do innocents—blacks, Jews, and other "undesirables," messengers of unwelcome tidings, purveyors of unpopular ideas[4]—that is, we do not yet know, at this juncture, upon what notion of fantasy the patient's feeling about going to a hanging was based.

In an ordinary conversation, Arlow states, the patient's expression would be questioned, "Going to your hanging? What's that got to do with it?" (p. 231). (It should be noted that the patient's

[4] There's a line in Shaw's *Saint Joan*: "He who tells too much truth is sure to be hanged."

words were of "a *feeling as if* I'm going to my hanging." He was quite aware that he was talking of how he felt.)

In "an ordinary conversation," might one not ask, especially if one did not understand, "How do you mean I'm giving 'mixed messages'?" Why choose the one statement and not the other? The trouble, I believe, comes if we are wedded to either. So perhaps, indeed, I might better have asked the question Arlow posed. It is an arguable point. *My contention was that I then found out what I might preferably have said*; that I finally listened to my patient in a way that enabled me to recognize there was something else to hear *that I had not considered before*; and that allowed us both to see what it felt like when I had not. Something deeper—more guarded, more hidden—then opened up, which had not before been heard, which had been unconscious. I would ask, if a patient like Mr. K says, "Analysis lost for me the feeling of being on the side of the 'essential me'," how is it that something that sounds so vital goes totally unremarked?

Let us suppose I had asked the question of Mr. K that Arlow would have preferred. Even had I done so, my stance, at least ideally, would have been quite different. I would have asked about the hanging not because what the patient said was "totally unreal. . . . inappropriate, out of place," to use Arlow's words (p. 229), but because if it seemed that way to me, *from my point of view* it might have been a clue that I had not yet grasped the depth of his. Thus, I would have asked not to help Mr. K see its "unrealistic" nature, but to learn, to try to recognize something which I had not quite seen before: the power, the dread he felt, and the specificity in the choice of this image in applying to school—and further, that he saw me as trying to push him to his hanging for the sake of his analysis.

Arlow continues:

> What may look on the surface like a quarrel with the analyst is only a repetition of patients' longstanding quarrels with themselves. . . . [Mr. K's] massive regression was not due to the way he was perceiving or misperceiving the analyst's intentions. Her observations had the effect of destabilizing the equilibrium, be-

> tween impulse, fear, and defense that the patient had established in his mind. What emerged was some *fantasy* notion of having committed a crime for which he might be hanged, and which he connected with the *real* act of applying to graduate school (p. 230).

But Mr. K had said his response had something to do with how he was perceiving me. Arlow tells us that was simply not so. Yet, once this perception was recognized by me and by the patient, something began to ease in him; newly awakened, affectively rich material came forward. His state shifted—data upon which Arlow does not comment—which, when investigated, opened a pathway that had otherwise remained hidden. Where, in Arlow's stance, does he allow for the potential for locating something about himself he had not seen, and that may not at first feel consonant with his own view of himself, by listening to what the patient conveys about him? How might the analyst ever learn from a patient how she may have injured him, wittingly or not, even if there was also something correct in what she had said, that she had had an impact on how he feels she may not have considered—that is, she was not simply an impersonal "equilibrium destabilizer"? It is striking; Mr. K never spoke of a fantasy of having committed a crime, yet this fantasy is assumed with such certainty as belonging with the feeling of going to a hanging that it is no longer even remarked upon as being a hypothesis.

It is very difficult to listen, especially to take in another's discordant version of who we are. In her book, *The Other Side of Language: A Philosophy of Listening* (1990), Corradi Fiumara has written, "Unless we are ready, receptive—and also, possibly, vulnerable—the experience of listening appears to be impossible" (p. 191). As I have often recounted, observing the nuances in my own responses, I find it to be a continuing struggle not to move back or away from yet unknown directions in which the patient would lead me. Something can propel me back to *thinking* (not saying), "There's a better way to feel; that's distorted, infantile, that's your 'fantasy,' how you see me is not who I am, really." Unspoken, this underlying stance may go scarcely noticed. Arlow's

position, which, as I said, I draw upon as representative, has considerable appeal; it allows us to believe we know.

With Mr. K, I had believed my interventions were value-neutral, benign and openly inquiring—that my attention was "free-floating." I did not wish to think that I was culpable of being perceived differently, and legitimately so. Any feeling he may have had to the contrary must be a "distortion," I reasoned, arising from his resistance against further elaboration of anxiety-arousing sexual conflicts—a defensive stance which had surely also to be recognized.[5] That the transference included such a noxious view of me was inevitable, I presumed, serving as a central component and demonstration of his resistance to exploring these threatening conflictual concerns. Drawing upon this formulation, one very much in keeping with Arlow's (and compelling), I leaped over data that did not fit—*or that I did not wish to hear*—to sustain the belief in the greater wisdom of what was simply my own point of view.[6]

Only subsequently, without yet knowing where it might lead, did I begin to hear that there was something I had not understood, and that it included his view of me, of how I had participated. (I discovered, in my succeeding reflections, my own hidden preference that he go to school—an agenda in keeping with my

[5] It is not the notion of the patient's resistance that is in question, but the omission of the fuller context in which it emerged.

[6] In an earlier paper (1983), writing of my response to Mr. K, I noted such aspects in my underlying subjectivity that may be more generalizable, going beyond the specificity of a particular countertransference response: "I reflected on my 'counter' transference, trying to ascertain whether it may have interfered with my ability to recognize the meaning of Mr. K's defensive stance. . . . Yet, however relevant a factor this may have been, it did not appear to touch on the full complexity of the question. There seemed to be another dimension—more critical—at issue. It was that I felt a particular resistance to being experienced in this way, as central to another person's experience, while so different from how I felt myself to be. Each of these factors—the centrality of my even unwitting participation in another's experience, as well as the lack of concurrence with my own experience of myself—seemed to me to stir a resistance which may be not just my own, but may have more ubiquitous significance; a resistance to the acknowledgment that the truth we believe about ourselves [that is, about our subjective selves] is no more (and no less) 'real' than the patient's view of us—that all that we can 'know' of ourselves is [that seen through the lens of] our own psychic reality" (p. 389).

personal middle-class value system—when a part of him wished simply to live in the Western plains and play the banjo; my "work ethic" again—as with the woman who loved flowers—well-rationalized as serving the analytic pursuit and first recognized *after* elucidating the basis for Mr. K's view of me.)

What I learned from Mr. K was a heightened appreciation of a patient's quiet "maybe," in whatever ways this may be expressed. I learned again to consider another way of thinking about a matter. Although Mr. K's regressive retreat was rather stark, at other times such an impasse may linger silently, unnoted (Schwaber, 1995b). The treatment may appear as though proceeding on course, but for the patient, there may be a quiet loss of hope, a sense of something "essential" remaining unremarked, or worse still, given up.[7]

As I have tried to illustrate, and though we may decry it, often we speak as though our view as analyst—*even about our own subjectivity*—is synonymous with the "truer" reality, and that the patient's view—however hidden or defensively communicated—is the more distorted, *more* "transference-based," or simply presumed. Despite the theoretical shifts taking place in our field toward a greater appreciation for the interactive, intersubjective, or co-constructed elements in the clinical dialogue, and though recognizing the inevitability of our ever-present subjectivity, as

[7] Elsewhere (1995a), I wrote of an analysis that seemed to be going quite well—with apparent deepening material, dreams, fantasies emerging, resistances uncovered—until I paid heed to the quieter cues, such as the way it appeared that the patient became more energized with my interventions. After I brought this shifting state to his attention, we learned how my interpretive efforts had been serving to "recharge" him, giving him—and me as well—a feeling that he was "with" me, with the multilevel connotations that implies. That is, it was not the content of my interpretations, but the fact of my making them that held the decisive import. It is likely that had I employed any other model of the mind, a similar interaction would have ensued. Both of us had been going along in what we came to see as our "analytic dance." Only as this silent dimension of his experience was uncovered (and for that I had to ask about what I did not know and find what I had not before seen in myself), did something more fundamental to who he was and more powerfully defended—his "essential me"—become illuminated. Had this not occurred, he might well have gone on with a seemingly successful, if "pseudo" analysis.

Renik (1993) has cogently brought forward, certain questions remain clouded: Who determines what is the nature of our interaction, of our subjectivity? How can we know, of ourselves, what lies outside our own awareness? To whose point of view do we refer? Do we, in any event, speak of hypothesis, or have we evidence? I lost sight of these questions when I failed to consider that a patient's striving for "aliveness" and lightness may have more vitality than a simple assignment of defense would allow, or when I assumed that Mr. K's regressive response was solely a reaction to his conflict about school and not to my place within that. Similarly, Arlow bypassed these questions when he did not regard the very message I was trying to convey in my mode of discovery, or the patient's shift in state when what was essential to him was recognized.

A reader of this paper commented on my view as representing an intersubjective stance to be contrasted with Arlow's presentation of an intrapsychic one. On the contrary, it is my effort to deepen an intrapsychic view, to sharpen our conceptualization of its meaning, to elucidate more rigorously its fuller complexity—which must include, in whatever verbal and nonverbal expression, the patient's perceptual experience. It is not a matter of choosing between competing models of the mind, but of explicating data which otherwise would be lost to view. As Jacobs (1996) notes in his response to this position, "We have learned that enactments, the interplay between the minds of patient and analyst, the analyst's subjective experiences, and communications that take place through nonverbal means, all provide access to the unconscious—and to unconscious fantasies—*that may be obtainable in no other way*" (italics added). We are always, of course, at risk of being bound by any model, whether to the search *for* transference and countertransference enactments, or *for* unconscious fantasy, but it is just this risk which can be more readily discovered in attending, as we listen, to these questions posed.[8]

[8] In a recent interview exploring the evolution of my views, Jacobs (1998) noted Arlow's critique and asked whether I give preference to interactive elements over unconscious fantasy. I responded that I do not see myself as assigning such priority,

> There are many ways of 'seeing'; some ways allow us not to. *It is an unfortunate, perhaps unwitting, byproduct, that we have learned to use our work, often by drawing upon our different formulations* [e.g., our observations as destabilizing the equilibrium; thoughts of a hanging meaning feelings of guilt; "negative transference" meaning I can forgo the impact of my participation], to step away, not only from the rigour of entering the patient's world, *but from the full acceptance of our responsibility when we do not. . . .* [Paradoxically,] the very intensity of our effort to discern the nuances of the patient's inner world fosters his [or her] autonomous capacity to observe and to question. The more sharply a fleeting 'glimpse of something' [de Kooning] is brought into focus by the analyst, *without knowledge of what it may mean,* the more the patient joins the investigative endeavour" (Schwaber, 1995b, p. 720).

It is not that the analyst "goes along" with the patient's view or simply accepts it as such; rather, she uses her own view to enable her to locate the subtleties of the inner logic of that of the patient which have not yet been clear to her. We *must* employ our view, or experience—even vigorously so—as an avenue to finding the patient's—as long as we recognize ours for what it is—how it seems from within our vantage point—and listen with this realization.

When we can listen in ways that enable us finally to hear our patients' stirrings and see the forces that had led us to overlook them—even if on some more cursory level we may have seen them before—there is a shift within us. Neither we nor the patient is

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stating: "It is my view, in agreement with precisely Arlow, to call attention to the fact that salient material can be bypassed if we are wedded to a model, agenda, or value that assigns a skewed priority to one element in the patient's communication over another. In the paper [at issue], I wrote that by listening to the cues communicated by the patient, I learned of such an agenda I had held, actually based on a value system rationalized as consistent with a theoretical model of his defensive structure, which had escaped my notice. I did not then have to choose between the interactive elements or the unconscious fantasy, but could learn how they were intrinsically interwoven. The patient's perceptual experience of my intervention, and the history it re-evoked lent the context to his fantasy" (p. 26).

ever again quite the same. The patient feels something at core recognized—which may have been deeply shameful, frightening, or even unformed—and finds it is "all right" to say. The analyst feels its power and is moved by it; she may discover something she had not seen before, or been willing to acknowledge, about herself (Schwaber, 1995b). Sander (1992), infant researcher and psychoanalyst, who has written a response to the same paper Arlow critiques, calls this occurrence the "moment of *meeting* . . . of two diverse pathways" to which he assigns central developmental and therapeutic import (p. 583).[9]

It is a "meeting," I would say, opening paths heretofore unconscious, to which we can more compellingly arrive in maintaining our vigilance to the question, "From whose point of view?"

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[9] "The therapist's role is to achieve an *awareness of* . . . ongoing process. . . . [of] the cues of state . . . especially [of] the barely perceptible cues that signal a *change in state*. . . . This . . . perspective . . . brings to the patient-therapist system the possibility of an event . . . . a moment of recognition . . . . [T]he awareness of the therapist is shared with the patient and meets a kindred specificity being experienced in the patient's awareness. . . . This is the healing moment that sets the conditions for a change in organization by providing a new base from which the patient can act as agent in his own self-regulation. . . . [I]n [this] framework . . . [the analyst] finally heard Mr. K's attempt to identify her contribution to his existential dilemma of bewilderment and unhappiness. Her move . . . was to *share* her awareness: that he felt her to be a big part of his dilemma . . . and to open the way for him to clarify its meaning. Thus . . . he identifies the exact moment of derailment. . . . The upshot of this recognition is that the patient can now define his own long-hidden, tender state of 'essential me'. . . . To use Winnicott's concept, Mr. K's 'true-self' organization has been recognized and validated in the moment of meeting . . . (pp. 583-584).

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Interiority and Inner Genital Space in Men: What Else can Be Lost in Castration

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INTERIORITY AND INNER GENITAL SPACE IN MEN: WHAT ELSE CAN BE LOST IN CASTRATION

BY GERALD I. FOGEL, M.D.

The author reassesses castration anxiety in men in light of advances in psychoanalytic theory. Castration anxiety arises when any crucial part *of mature psychic life is threatened. As in women, oedipal-level and adult male psychic functioning contains powers rooted in the body-mind that are distinct from those we designate as* phallic. *The author struggles for a comparable word to represent devalued aspects of higher-level development that are primary, "feminine," essential for psychic mastery, and threatened by loss, i.e., by castration. Defining this aspect of mental life is difficult, but it includes receptivity, groundedness, connectedness to self and others, and tolerance of ambiguity. Without access to this interior and more ambiguous continent, a man is castrated, less than whole. Clinical examples are provided.*

It is widely accepted that castration anxiety is a major feature in the psychology of men. Its appearance is traditionally said to be an aspect of the phallic or phallic-oedipal phase of development. Castration anxiety is therefore often characterized as a "higher-level" or triadic fear, and is contrasted with the more "primitive" or dyadic fears (and defenses) of earlier, preoedipal phases. Recent advances compel us to expand our perspective on this im-

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This is an expanded version of a panel presentation given at the Annual Meeting of the American Psychoanalytic Association in Philadelphia on May 20, 1994. The panel was entitled "The Psychodynamics of Men Reconsidered."

portant subject. We have new and sometimes radically different psychoanalytic views about women, for example, and new knowledge regarding the psychic construction of gender and self and the developmental evolution of psychic structure. We also have new arguments supporting the conceptual primacy of psychic reality, which many contemporary observers consider more appropriate than material reality as a frame of reference for psychoanalysis.

An individual's sexual anatomy is a prime example of a psychologically significant material reality that is impossible to alter or deny—fixed at birth and therefore static. But psychic reality—in this instance the *experience* of one's body—may nevertheless be the better epistemological ground or "container" for the human mind. For the psyche is an entity which is irreducibly bisexual, representational, and symbolic—therefore not static, but dynamic—capable of continual evolution and change through dialogue, deconstruction, and reconstruction. In contemporary usage, it is frequently assumed that when we speak of phallic-oedipal aspirations or powers and how these may be threatened or diminished, we embrace more than the literal anatomical meaning of castration. Narrative complexity and metaphorical profundity enlarge our conception of phallic masculinity and therefore of what may be attacked or thwarted. Put another way, the experience of one's body-mind or embodied, gendered self and of what one has to lose evolves developmentally.

So there is much to take into account in any modern reconsideration of the subject of male castration. A fantasy fear of possible damage to or loss of valued body parts as an aspect of individuation, oedipal empowerment, and higher-level, postambivalent triadic psychic functioning is represented symbolically, almost universally, by a threat of phallic castration. Phallic aspirations and fears are widely observed in both sexes, where they assume an infinite number of unique forms in each individual, overdetermined and condensed from different developmental levels and from a wide variety of situations, fantasies, and body parts. A substantial recent literature on the psychology of women, however,

demonstrates that additional strengths and vulnerabilities are observable in adult women that are also genital-oedipal, postambivalent, and triadic, yet conceptually separable and complementary to what we ordinarily call "phallic," as in "phallic-oedipal." These studies show that the developmental evolution of women's experiences of their bodily selves and bodily integrity are linked to an experience of *interiority*. Such experiences contribute to full psychosexual genitality, selfhood, and capacities for high-level object relating.

As in women, mature male functioning contains similar powers and potentials—ones that are conceptually distinct from and complementary to those we designate as phallic. I refer not to developmentally less mature aspects, such as preoedipal or narcissistic ones, but to additional powers and potentials that flow from inner genital experience—a genital-oedipal conception and experience of the interior of the triadic self rooted in the body. Since such powers are directly analogous to those described in women, I refer to interiority and inner genitality in men, and to their unified appearance in relation to oedipality and separation-individuation. There is no single term, however, comparable to *phallic*, to represent those too frequently devalued aspects of oedipal and adult development that are primary, "feminine," equally ubiquitous and essential for psychic mastery, and also therefore threatened or constrained by symbolic castration.

I will attempt to demonstrate inner genitality in men—the developmental evolution and metaphorical elaboration in psychic and psychosexual life of a man's inner genital experience. I will argue that it would be most useful if a simple, universally accepted word existed that referred to a man's "feminine" half, as phallic does to the "masculine" in both sexes. Definitions may prove difficult, but emancipation and integration of such experiences are required for the development of mature mental organizations and realization of full psychic potential. Castration anxiety arises when any crucial *part* of mature psychic and psychosexual life is

exposed or threatened. Without full access to his higher-level interior and more ambiguous continent, a man is castrated, compromised, less than whole.

A Mythic Moment in the Case of Professor M

In the third year of his analysis, in the aftermath of ending yet another too long sexual affair, Prof. M met a new woman, one who seemed different from all the rest. The usually articulate professor struggled for words. She was, he said, more competent, more together, there was somehow—well—just more *to* her. In fact, Prof. M had been on intimate terms with many apparently competent and attractive women in his life, including the one he had just left and a wife he had divorced years before. Urbane, attractive, and highly successful, he had come of age in the sixties. Now forty-nine, he was a well-known writer and ran a college department of comparative literature.

Suddenly he recalled a woman he had known in France in his twenties. She had been beautiful and smart—an intellectual equal and true soul mate. Unlike all those before and since (but like the woman he had just met), she had authentic independence and depth, needed no caretaking functions from him; she preferred to hold life and person together herself, thank you. But he had never completely relaxed with her. He now saw that his doubts had been rationalizations—coverups for anxiety about consummating their relationship, making a commitment to this strong, passionate woman. He had felt overwhelmed by her. Memories of several occasions when they took LSD together provided a taste of his inner life at the time. During one acid trip he visually hallucinated the Statue of Liberty—France's gift to America. What a breathtakingly beautiful, awesome figure. Those broad shoulders—and that *torch*! Another time, however, he had his only bad trip on hallucinogens. He looked between his legs and to his horror saw blackness—his penis was gone! Wait, he said, it was worse. Something

awful was *there.* He had a black hole—a cloaca! Deeply shaken, he was haunted by this terrible image long after.

Webster's New World Dictionary defines *cloaca* first as a sewer or cesspool, second as the cavity into which both intestinal and genitourinary tracts empty in reptiles, birds, amphibians, and many fish. In psychoanalysis, cloacal fantasies are said to be not uncommon in women, where the proximity of anal, urinary, and vaginal orifices contribute to a conflation and devaluing of these functions anatomically and psychically. Let us consider how psychoanalytic theory prepares us to characterize Prof. M's plight. We are impressed by the obvious castration theme, the horror of the missing penis; we frequently also infer an accompanying wish to be filled or penetrated from *without.* Castration anxiety prompts regressive flight, preoedipal adaptation, and defense—oral, anal, and narcissistic longings, perhaps. Prof. M wishes and dreads to be a passive and weaker being—possibly a submissive *woman.* Dreading castration for phallic-oedipal wishes, he needs to be castrated. The symbolically omnipotential image of the phallic woman—Prof. M's Statue of Liberty—condenses representations of subject and object, longing and fear.

But should we not also be impressed, as was Prof. M, not by what is missing, but by what is there? I refer to the omnipotential representational power of the *cloaca* image and the possibility that this fantasy captures not only demonic and disturbing qualities, but profound and empowering ones as well. The primal wish here is to be empowered by a dark hole—empowered, in other words, not from without, but from *within.* Did Prof. M desire penetration by or possession of a maternal phallus, or to be empowered by his mother's, father's, French woman friend's, or his *own* capacity for "cloacal," *internal* passion and profundity? If he aspires to both, does our theory predispose us to idealize phallic, external qualities at the expense of "cloacal," internal ones? The metaphorical entity "phallic woman" is a useful, universal fantasy construction. Does Prof. M show us a possible polar partner? Could his awesome, terrifying, mythic ideal be a complementary bisexual prototype, the "cloacal man"?

An Etymological and Theoretical Prelude

Let us for the moment try to ignore the powerfully negative implications of the term *cloaca.* We shall not analyze Prof. M's degraded *fantasy* about his dark hole, but instead use his hallucination as an example of one of two possible bisexual prototypes. In one—the phallic—powerful, exciting, space-occupying embodied *forms* compel our attention. In the other—the cloacal—a dark, formless, embodied *space* stands for all the exciting but scary power and depth Prof. M saw in his French woman friend. Interestingly, *Webster's* provides etymological support for the notion of cloacal power and purity. The Latin root is *cluere,* to cleanse; the earlier Indo-European root *klu-,* to rinse or clean; whence the German *lauter,* pure, and English *cataclysm,* deluge, flood, violent upheaval. We are also referred to the English *clyster,* an enema. Although the etymological roots are separate, I am also reminded of the English *cloister,* from the Latin *claustrum.* These terms refer to a protected, purified, sacred space, or to an arched passageway within such a space. Regarding the cloacal, we find a clear psychodynamic sexist wrinkle. For the dictionary manifestly shows only cesspool and sewer. Sequestered in brackets, like the repressed, are the primal etymological meanings, sources of power that, like nature itself, exist before we can easily label them clean or dirty, good or bad, higher or lower.

These latent, but significant etymological roots are ambiguous, and ordinarily cannot overcome the common-sense, devalued meanings. In what follows, I therefore risk offending some readers by going against centuries of degraded (or idealized) usage by sometimes using the terms *cloacal* or *claustral* when I refer only to the bisexual prototype of *the man with a dark hole.* My use of the terms is ironic, however, because of the crucial positive value I assign to this universal prototype. Irony is intended, for example, when I assert that personal or theorectical overevaluation of Prof. M's phallic strivings and fears might silently deprive him of, *castrate,* his claustral or cloacal ones. In such a perspective, outwardness, sharp discrimination, and clarity of boundaries are gained at

the expense of inwardness, creativity, and ambiguity born of cleansing and new growth, death and rebirth—the complementary "regression" that accompanies progression, and a possible higher level of integration and integrity. All human beings have hopes and fears of both types of strivings at all developmental levels—for absorption and immersion as well as differentiation and discrimination. All men and women have both inside and outside.

Many aspects of my subject have been known since psychoanalysis began—frequently discussed under the heading of bisexuality. I have already alluded to four topics that comprise the contemporary theoretical context, and a reassessment of bisexuality in light of these newer ideas should prove instructive. Once again, the first subject area is the increasing legitimacy in modern psychoanalysis of the view that psychic reality is both our database and our bedrock frame of reference. Constructionist, representational theories of psychic reality introduce problems that are mighty. Constructionism also frees us, however, from rigid, categorical, or sexist biological and anatomical conceptual constraints. Anatomy and anatomical differences remain real, but how these are experienced, represented, and integrated becomes primary. A second area is our newer notions of how psychic structure evolves. We increasingly measure developmental maturity by assessing the complexity of structural organization and degree of autonomy and integration, as well as capacities for dialogue, relationship, and personal responsibility. The emphasis is upon process variables—representational complexity, multiple perspectives, and symbolic actualization, not reified psychosexual categories linked reductively to anatomy, or references to particular psychodynamic contents or simplistic historical stepwise phases. A third area is comprised of hermeneutic, linguistic, and feminist studies that establish pre- and protosymbolic language and gender templates—categories for the representation, construction, and reconstruction of gender, sex, and self.

The fourth and last subject area is recent psychoanalytic literature, mostly by women, that argues for a new complexity to our

conception of female genital experience and its developmental evolution, and a small but significant literature on the inner genital experience of boys. I will briefly review this last area, follow with a clinical vignette, then revisit all of these subjects in my closing discussion.

Mayer (1985) argues that women have primary castration anxiety in relation to their own genital originating in the early experience of the vulva with its possibility of an opening and an implicit inner space; this castration fantasy, usually related to oedipal strivings, can be clearly distinguished from the phallic castration complex in women. Both Burton (1996) and Richards (1992) regard sphincter control and internal physical sensations related to perineal and pelvic musculature as a possible source of mastery and control as well as confusion in the young girl. They argue that such internal bodily experiences ideally contribute to increased genital mastery and psychic integration as development proceeds. Richards focuses on inner genital sensation and fantasy and states that anything that threatens or diminishes generativity or sexual pleasure is equivalent to castration.

Bernstein (1990) describes female genital anxiety and mastery modes under the categories of access, diffuseness, and penetration. Significantly, she relates these experiences not only to anatomy, but to the psychic representation of complex metaphorical and relational developmental equivalents. Lacking as easy an access to these vulnerable, but complex and important bodily experiences, boys can miss out on important areas of psychic potential. Kaplan (1991a) examines specifically feminine experiential modes characterized by ambiguity, diffuseness, and interiority in the light of contemporary structural and object relations theory; elsewhere Kaplan (1991b) describes the *inner* genital experience of boys. In successful development this omnipotential "feminine" experience should proceed to a more differentiated and fully integrated oedipal resolution, where difference and similarity are reconciled in a higher organization.

These authors describe a category of bodily experience that is specifically feminine—primary femininity. As phallic fears refer to

the phallus and its symbolic equivalents and transformations, so these analogous but specifically "female" fears refer to a genital opening and an internal genital space and their symbolic equivalents and transformations. Castration anxiety arises when these spaces or openings are exposed or threatened at the genital-oedipal stage. I wish to apply such conceptions to the psychology of men. In my terms, both men and women have phallic and claustral or cloacal potentialities, and therefore also vulnerabilities, defenses, and adaptive mastery modes. If we no longer think anatomy need be destiny for a woman (or at the least that it is not that simple) why must it be so for a man? This idea helps me in countless ways clinically—in every hour of every practice day.

Recently, for example, a woman told me of a vivid new sexual experience. Her lover was on top, tongue in her mouth, penis in her vagina, and exciting anal-rectal sensations accompanied his deep thrusts as well. She felt overwhelmed—too much diffuse sensation—too much going on. Unexpectedly she relaxed, went with it. Amazing, she said, pleased and proud. I considered the contributions of a recent pregnancy to this rich, new experience. I was theoretically well prepared to understand the positive significance of the shame and dread which accompanied the excitement she felt during lovemaking while exposing wet, welcoming, and life-creating, but also scary, destructive, and disgusting inner surfaces, substances, and spaces. I pondered her breastfeeding experiences, her recent, new, empowering memories of childhood maternal attitudes toward brother and father—figures who before only represented a defensively idealized phallic ideal—*their* capacities for aggression only a source of intimidation and awe. I reflected upon her identification with and regressive pull to engage with a swampy, intrusive mother, and pondered the multiplicity of sources of the accompanying phallic, oral, and anal-sadistic aspects. I noted the interplay among all of these factors, as well as the roles all of them were playing in her increasing generativity and assertiveness in her professional life. I considered additional wrinkles, such as whether in a particular instance her enemies or allies were represented in her psychic reality as mas-

culine or feminine. If both her adult sexual and developmental experience had an internal, "female," and all-mixed-up or omnipotential aspect, I could also easily see that a *differentiated*, sublimated, higher-level unity (Loewald, 1988) was already discernible and a fully realizable goal.

The same day I saw a male architect under challenge by events in his professional, relational, and sexual life that were leading to new waves of individuation and success, but also to being overwhelmed. He had smoked pot the night before, a rare and ordinarily prohibited event. He felt an array of highly pleasurable bodily sensations, began to masturbate, and suddenly found himself putting his finger in his anus. It was a most unprecedented and intense experience, but he was also frightened and mortified. He is nowhere near as far along in our work as the woman, but I see a potential analogy to the woman's experience in regard to the spontaneity and multiplicity of his experiences. Must I view his experiences simply as an anxious retreat from sharply discriminated triadic adult phallic masculine triumph and dread? Or can I regard *his* excitement, shame, and fear as possibly connected to the opening against prior constraints of ambiguously complex and conflated interior spaces as well—inpourings and outpourings that reflect the emergence of new, additional higher-level components? If so, as with the woman, I can anticipate that his new experiences will complement, not merely be superseded and replaced by, more sharply discriminated phallic-oedipal ones as he continues to grow.

Omnipotentiality in the Analysis of Mr. P

Prof. M's fantasy of himself with a dark hole—the ironic "cloacal man"—supplied us with a possible universal template, a bisexual prototype, like the so-called phallic woman. But to demonstrate how psychosexual complexity and complementarity—the interplay of external and internal genital experience—typically unfolds in actual analytic material requires much more detail. I

will present several vignettes from the analysis of Mr. P. He is a businessman in his forties from a small Pennsylvania steel town who first came to New York to attend college and business school. One day in the fifth year of the analysis he had been excitedly cataloging examples of his newfound freedom, flexibility, and nondriven assertiveness at work, when his thoughts suddenly shifted to his family. He has an older son by his wife's first marriage and a daughter aged three. He had picked up his little girl at nursery school the day before, and observed with deep satisfaction her exuberant goodbye hug to her teacher and happy play with her classmates. He lingered over an evocative description of her jumping up and down with energy and unmistakable delight. He paused emotionally and said, "She's bright, sensitive, and funny."

After a brief pause, I said, "And it sounds like happy and loving as well."

Tears welled up and he reached for a tissue, but in a somewhat strangulated and conflicted way that was more the old Mr. P than the new, and was silent. Then he said, "I can't handle that, even though I know it's true. While you were talking I felt a pleasant sensation in my anus, and" (hesitating and halting now) "I also felt like coughing, which probably means I want your penis in my ass or my mouth."

I said I understood, but that I also wondered if he was possibly getting a little ahead of himself. I went on: "When you were talking about your daughter, you probably were also talking about yourself and about us, something *you* have or we have together, not just something you want. You were speaking of how much more freely expressive and thoughtful you are with others. So, in a sense, *you* may be jumping up and down for joy today with *me.* But when you start to share your happiness and lovingness with me along with your successes, perhaps you can tolerate only so much, then you have to break it off. When you got to sensations in your anus and chest, you jumped quickly to the idea of something coming into you through your anus or mouth. I guess it

could be a penis or stool—although it seems much less clear to me about your mouth."

Mr. P's response was irritable, but dialogic. "You make the whole thing sound too positive," he said. "You're probably right about the anus, but the cough is negative, bad." But he also revealed that he had had many associations as I spoke. There had been a sudden bad taste in his mouth. He thought of a buddy at work who is helping him negotiate a deal. Of a third man, whom they don't completely trust when the going gets tough, they joked, "He's always willing to hold your coat in a fight." He guessed this was a reference to my alleged prettying up of his experience, downplaying the down and dirty aggressive aspects. Maybe I could not handle the manly stuff.

His friend was the same one who had hiked up a mountain with him on a free afternoon during a sales convention in Denver last year. That event marked a breakthrough in the analytic work, when Mr. P was conquering lifelong inabilities to take time off, take in new things, take physical and emotional risks, find more flexible and reliable allies. On the mountain he had challenged his prior fear of heights. The height and space were scary but exhilarating. So much *air* and *light*! I immediately responded to this vivid imagery, and suggested that all this light, height, and air might be part of what was happening to him right now. Might his joyfulness and loving wish to share it with me be exciting but also accompanied by a kind of emotional flooding? Could these flowings be comprised of outpourings, inpourings, sensations that not only were soaring, taking his breath away, but also suffocating or choking him? And might his angry mistrust of me be based on a fear I could not hang in there, fight with him and for him, help him fight me more productively while we also figured out and helped him master these new experiences?

Let us reconsider my exploratory and sometimes tentative, metaphorical-evocative interventions with Mr. P. First I suggested that the story about his daughter contained transference feelings. I inferred that he might wish to show me happy and loving feel-

ings like those that his daughter had so unself-consciously displayed at school. His emotional response seemed to confirm this. Then I suggested that he was constrained by various complex and as yet unclear feelings and fantasies concerning "things" moving in and out of various parts of him, but that he might have leaped to phallocentric formulas partly for defensive purposes. I used his mountain climbing associations as an evocative opportunity to articulate more clearly the expansive, but also scarily exhilarating experience that was actually occurring in him and between us as I attempted to respond to him—his constrained efforts to jump for joy. My construction had additional sources besides the manifest material. Homosexual fantasies and fears had often been prominent in Mr. P's analysis, but his idea he might want my penis in him had struck me as pat in this instance—intellectual, compliant, in a sense *too* clear, and much too discontinuous with the emotional immediacy of his clear identification with his daughter in his life and the transference just before. In our prior work, issues of idealized male potency, dominance, or submission in an all-male, phallic-macho competitive hierarchy had often screened or defended many other important issues.

Therefore, it was no surprise to me that these too-clear phallic formulas now fell away. New memories immediately emerged, mostly related to his conflicts and identifications with various women—especially his mother, who had flooded him in childhood with hugs, food, and too much exciting attention to anal and other matters. She also had rubbed his chest with Vicks when he had a cough, and frequently had overwhelmed him with "highs" that he became addicted to and often idealized, but that he had no power to get down from. Feelings and fantasies about his daughter, wife, mother, and me emerged, involving nipples, fingers, and hands; milk, saliva, and semen; breath and flatus; bodily smells. The wish for something solid from me was forbidden, exciting, and scary, but also a defensive flight from less clear or more ambiguous bodily experiences. The pleasurable, soothing sense of calm *presence* inside his anus is one dramatic example. That experience is akin to (although importantly different from)

a pleasant scrotal sensation Mr. P had sometimes noted during soothing moments of containment and affirmation in our work. These experiences struck me as likely possible examples of his newfound capacities to feel centered in his *inner* manhood, his inner genital space.

Let us note the dominance of mother in the material, but go with the "phallic" aspect for the moment and say that the penis in this instance may partly represent phallic control and mastery in the face of all this letting go and letting in of a flood of feelings and fantasies combining internal and external bodily experiences. Is it not obvious, however, that when Mr. P states he has no use for an ally who will stand aside and hold his coat while he leaps into the fray, he may wish for more things than a phallus or phallic figure in the conventional sense? For example, might he have wished that his mother's "phallic" probing, exciting fingers, hands, or nipples had been able to hold him more flexibly yet securely, or to insert themselves more firmly but also knowingly and sensitively, or have known when to put him down when he was too high up the mountain that was her flesh, or how to put him in his room to quiet him down when he got overexcited and strung out and did not know it? Or might he have wished she were less intimidated by his aggressive excitement, able to fight with him in a safe and organizing way, thereby making it less necessary to maintain the unrealistic idealization of either her beneficence or the father's rigid and emotionally limited phallic and anal-aggressive dominance patterns?

Following the same logic, in spite of Mr. P's manifest, standard orthodox-issue wish for an idealized phallic father to "triangulate" his relation to his mother and protect him from her, might he also long for "cloacal" power, absorption, and containment, and for a primary object of any sex to serve as a model and provider in that respect? Might the father have been more useful if he could have jumped for joy, or brought a calmer, "internal" presence to the family, an ability to relax, be spontaneous, and enjoy the rewards of his successes, for example, or to yield control and be a more reassuring and containing presence for both mother

and son? Should not an actual ideal parent of either sex be able to "let go" and "go with the flow" as well as "take charge" and maintain secure control? Should not an ideal parent of either sex possess a mental organization that integrates and allows freedom with every psychological mode?

Consider how easily all this omnipotentiality, overdetermination, and creativity could be lost by running too quickly with what seemed to be Mr. P's compliant and conventional phallocentric homosexual wish, by contrasting in too either-or a fashion all this interiority and diffuse, body-based emotionality with a pat formulation of phallic excitement, fear, and longing, by assigning one parent or the other the conventional "masculine" or "feminine" role, or by pigeonholing or reducing his chest and mouth experiences to "preoedipal" or more "primitive" experiences with mother. I think Mr. P wants to combine what I call phallic and cloacal characteristics into a body, including his penis, that has both an inside and an outside. His inner genital space must be able to contain flesh and blood, semen and digestive juices, cavities and channels. There must be a capacity to experience rumblings and eruptions, darkness and light. Not merely penetration power, but volcano, earthquake, and swamp power. Not merely issues of dominance and control, but death and birth, consummation and cataclysm—plus exciting relations with such powers in others.

As Mr. P continued to expand psychosexual experience beyond conventional masculine or feminine formulas, his sex life with his wife took a new turn—her on top, him on top, anal and scrotal play and sensations; he was a "wrecker" invading her mouth, vagina, rectum; she in turn ravaged him with kisses and pinches to his chest, nipples, and thighs, invading him roughly with demanding fingers, arms, legs. Concurrently in the transference, he could play the "woman" in relation to me, eat and be eaten, invade or be invaded, lead or follow. He became increasingly empowered by his ability, for example, to taunt, control, and turn me on. Seduction, torture, and passionate desire appeared in all combinations and intensities.

Mr. P was becoming at once more "primitive" and "all-mixed-up," but also more truly "oedipal." "Oedipal" in this instance means *triadic*, a higher level of structural organization. Oedipal-level, triadic organization reflects a capacity for more complex experiences—that is, more differentiation *combined* with an ability to "let go" of firm boundaries, "take in" and "open up" to new experiences, be able to put them all together in all their richness and ambiguity. Such mastery, whereby the full vitality and texture of the primary process is rediscovered and liberated as part of the process of attaining a unified and integrated field of higher discriminations, is what Loewald (1988) calls sublimated or discriminated unity. Mr. P was liberated into new and infinitely complex varieties of experience—in loving and making love, in sex, and at work; in friendships and parenting; in his down time and avocational pursuits.

So Mr. P demonstrates that authentic "phallic" experience usually contains its "cloacal" counterparts as well—internal spaces, substances, and permeable boundaries—and usually is partly comprised as well of identifications with important women in a man's life. By analogy, not only experiences with women shape a man's inner psychosexual space. Ideal "male bonding" will also transcend simplistic phallic formulas and include the "cloacal" counterparts. Indeed, less boundaried experiences with important male models emerged in Mr. P's analysis, powerful experiences that also involved a bodily inner genital self, yet felt entirely masculine.

An example of such man-to-man internality was a time he spoke of having thought about me the night before while watching a TV interview of a man who had written a book about mythology. Mr. P had recently been looking around my office more, entertaining fantasies of bondedness to me in connection with cultural sensibilities we might share—art, literature, music, spirituality. While watching the interview, he had thought, "Fogel would like this." Maybe he would bring me a copy of the book. He fell silent for a bit, then began to run himself down as a "yokel," a hick from the Pennsylvania foothills who never could attain the sophisticated

New York cultural and intellectual heights of his analyst. I interpreted this old theme as a retreat, a disavowal. Perhaps, I suggested, he feared he had really "put his finger on something," been touched deeply by something that he could easily imagine might also touch me.

My phrase made him think of putting his finger on his wife's clitoris. After a brief pause, an image of my penis came to his mind. The penis was small, slender, flaccid, but curving up at the end. He guessed he was putting me down by imagining me with this small penis. I asked for associations to this unique and highly specific image. It reminded him of a swan's neck—very beautiful and graceful. The fantasy penis had a small white spot on the end. He imagined lightly touching his finger to it and just then remembered the first girl who had ever touched him. She had a precise touch, could find the most sensitive spot, knew just how to create that exquisite experience. She was great. He described the delicate sensations she had produced with her vaginal lips as well, as the details of this initiation into sexual pleasure flooded back over him.

"Maybe you want to be like her," I suggested, "to know what moves me because it moves you, be able to touch me where I live with such precision and grace." Greatly moved by this idea, he was astonished to find himself immediately remembering aspects of his father that seemed entirely new. Mr. P had always seen his father as swaggeringly powerful, macho, and scary. We had figured out that the father was uptight, insecure, and rigid as well—in other words, not merely strong. But the new memories were unprecedented. His father had used woodworking tools with just such graceful swan-like shapes in a hobby occasionally pursued but only rarely shared with his son as he was growing up. These rare occasions combined "masculine" skill and precision with "feminine" sensitivity and sharing.

Complex and permeably boundaried inner spaces and sensitivities shared by men linked to psychosexuality do not surprise us. But little girls who jump for joy and adolescent sexual companions who happen to be female in this material *represent capacities and play roles fully available to Mr. P (and his father) as an adult, masculine*

man. In subsequent weeks, Mr. P became more attuned both to the pleasures and perils in these sorts of male bonding experiences. There were fantasies of medieval knights and monks, ceremonies of knighthood and consecration, ritualistic swallowing and sharing of blood and semen, for example.

These sorts of combinings of exterior and interior transcendence of the formulistic or commonplace meanings of masculine and feminine are infinite in their uniqueness, variety, and unpredictability in analysis. Brief additional examples from my work with Mr. P include "hardening" of his heart, essentially a "phallic" defense modeled on his father's personality, to defend himself from the dangers of exposing softer and more tender inner organs and psychical sensibilities. Shortly thereafter, with a sense of excitement and dread, he rented a safety-deposit box. A conventional assumption might have been that the anxious depression that accompanied this highly symbolic action was a defensive regression in response to the oedipal triumph of taking charge of his family finances, a defeat of his father. Of much greater significance, however, was the idea that he could be responsible for his own "security." This meant that he had his own heart, and in a symbolic linking of heart and vagina, his own inner "vault." The symbolic act left him with a cold heart and an empty inner life; individuating from his insecure mother deprived her of her necessary role of being his heart, his inner sanctum, his security. Her depressive hold on him as a child was significantly clarified. On another occasion in connection with new male lustiness in his relationship with his son and myself, male castration rituals were linked to a strengthening of male bonds through shared tribulations and vulnerabilities. Castration could function in ways analogous to pruning plants or trees, for example—necessary to deepen roots, facilitate regeneration, and possibly thereby to facilitate new and more vigorous growth.

DISCUSSION

Freud (1905) once stated that "observation shows that in human beings pure masculinity or femininity is not to be found either in

a psychological or a biological sense. Every individual on the contrary displays a mixture of the character-traits belonging to his own and to the opposite sex; and he shows a combination of activity and passivity whether or not these last character-traits tally with his biological ones" (p. 220, n.). Freud could grasp and describe human universals at a stroke. But though we might agree that bisexuality is indisputable, few today accept that the terms active and passive adequately capture the polarity for "phallic" and its complementary "feminine" partner. In addition, many of Freud's specific formulations about men and women are now widely regarded as reflecting a severe phallocentric bias. Mr. P's clinical material demonstrates how certain Freudian "universals," wrongly construed, may limit a modern psychoanalyst's view. If an inner psychosexual genital self is a good and necessary thing to have, we must try to give it full parity, even if its essential nature makes it difficult to give it "shape" or easy definition. I suggest that all psychic experience combines bodily interior and exterior, less boundaried openings and spaces with more clearly defined shapes and forms. Should not the ubiquitous transcendence of the commonly accepted meanings of feminine and masculine in Mr. P's analysis also be reflected in psychoanalytic theory?

Grossman and Kaplan (1988) point out that Freud's errors regarding gender were at their most egregious when he was technically not being psychoanalytic. For example, Freud often commented categorically on traits that are characteristic of one sex or another. Men are active and seek to love, whereas women are passive and seek to be loved. Such static definitional categories are vulnerable to cultural or personal prejudice and are based on observations existing entirely outside a psychoanalytic frame of reference. A psychoanalytic conceptualization of feminine and masculine merely considers the unconscious fantasies and bodily experiences that shape conscious behavior and belief. Such fantasies are always overdetermined, like Mr. P's, condensing identifications, wishes, memories, and perceptions, including those of the body and its parts, from different developmental levels and relationships. Categorical errors like Freud's remain common-

place, but ideally need not be a clinical problem. Mr. P aspired to have a self like a steel-rod phallus, for example, but analysis revealed that sometimes he unconsciously fantasized that he needed such a phallus or must submit to me to get one. But all he actually feared was the experience of uninhibitedly jumping for joy, of unabashedly expressing love, or of being able to move me because he was moved and knew we might be moved by the same things. He had *categorically* assumed that such experiences were neither safe nor manly.

A second of Freud's errors (Grossman and Kaplan, 1988) was to notice real differences between the sexes and common childhood events and fantasies that predominate in one sex or another, but then to reify them into allegedly "normal" developmental events and narratives. Girls have penis envy and therefore "normally" look to their father or other male surrogates to compensate for the alleged "defect." Men fear the vagina, or envy babymaking, and therefore "normally" climb mountains or fly rocket ships to the moon. Subtle variations of such logic can lead to false assumptions when Mr. P achieves something like overcoming his fears and climbing a mountain. But I should have no assumptions regarding the unconscious fantasy attainment. How can I know the meaning of the triumph? The celebration may include an expression of a variety of powers—phallic, "claustral," narcissistic, separation-individuation, or relational. The subject or object of that triumph may be construed as male or female, paternal or maternal. The father or mother may be the model or facilitator for his aspirations to become a bold adventurer. Mr. P had *categorically* formulated his mountain climbing aspirations as masculine, perhaps even superior to jumping for joy, rather than recognizing that "girlish" jumping for joy was an integral part of the complete mountain-conquering experience.

The lesson is that rigid, content-bound categories or stepwise, concretely defined childhood developmental phases are not psychoanalytic—cannot do justice to the actual ambiguities and complexities of emergent psychosexuality. Such pernicious categorizing, whether done by psychoanalysis or by the culture at large, is

usually based on what Kaplan (1991a) calls "exalted gender ideals of infancy." These childhood ideals are preoedipal, fetishistic, sexual caricatures—entrenched infantile fantasies that are played out in identifications and roles that far too often devalue women and the feminine experience. What Freud saw that remains radically true, however, is that adult notions of power and authority within and among responsible *individuals* and notions about adult genital sexuality are formed in the same prototypical historical time and place—in the cauldron of oedipal triangular family relations. Powerful adults who are desired, envied, and feared must be passionately encountered, struggled with, separated from, and "internalized" for the child to become an individuated center of morality and authority. But our culture has too long supported the anatomical illusion that men are haves and women have-nots. That culture has therefore frequently manipulated and distorted these basic psychological triangular configurations, idealized phallic at the expense of "cloacal" genitality. In fact, however, every child, male or female, individuates in a world dominated by powerful figures of *both* sexes—loving, hating, fearing, envying—shaped by the capacities and limits of whichever parents or surrogates are available, whatever their sex.

Modern Freudian psychology has developed new tools to help surmount the limitations of simplistic sexual stereotyping or anatomical reduction. I have alluded already to the primacy of psychic reality and the construction of gender and self as a core aspect of an individual's representational world. We have, in other words, broken the frequently too rigid bonds that exist between anatomy and its psychic representation or valuation. In addition, as I said earlier, we conceive of developmental maturity in terms of ego integration, object relating, and the flexibility, integrity, and unity of the self. We emphasize structural complexity and intrapsychic process over content—*modes* of mental organization.

A contemporary perspective on bisexuality might therefore posit not merely inborn bisexual drives, but inborn bisexual ego capacities. Both men and women have the capacity, at higher levels of mental functioning, to organize psychic reality in phallic

and cloacal modes, mediated, of course, through bodily experiences which are also shaped and limited by the particular sexual anatomy one has. Full psychic integration requires mastery in both mental modes and integration of the two without reducing one to the terms of the other. Developmentally, we see increasing capacities to embrace multiple perspectives as we progress to higher mental organizations—narrative complexity, not stepwise psychosexual stages rooted in fixed anatomical zones.

Nevertheless, the rooting of psychic reality in psychosexuality, in direct and immediate bodily experience, remains crucial to Freudian thinking. A major problem exists in common usage of the terms *phallic* and *phallic-oedipal,* which are falsely reified and usually idealized when categorically invoked to represent that which is more normative or advanced. Parens (1990) has addressed this dilemma of terminology, as applied to the psychology of little girls, by referring merely to a first genital rather than a phallic-narcissistic phase. A subtle devaluation occurs if we have no way to speak of what I have termed "claustral" or "cloacal" that implies, as "phallic" does, the presence of higher level organization, of triadic, postambivalent mental functioning, and of full psychosexual genitality.

We must not demote the phallic aspect. We cannot, for example, ignore the legions of little boys who prefer guns and dinosaurs to doll houses. In pioneering studies, Ross (1986) and Mahon (1986) have shown, however, that although such chauvinism may even be necessary in the boyhoods of most men (mediated, of course, through their experiences of their own male sexual anatomy), an integration of the feminine, archaic, and infantile is attainable for men in adult ("oedipal") romantic love. Many others (for example, see Fogel, Lane, and Liebert, 1986) agree that aspects of so-called "primitive" psychic life—the dyadic, preoedipal, and narcissistic—are frequently *attributed* to women, and that these factors must be integrated into adult male psychic life. But my emphasis here is not on the so-called primitive.

The particulars (and limitations) of male anatomy have predisposed us to consider male psychosexual interiority as preoedipal,

because we often see concrete sexual content organized around oral and anal themes. But conceptions of space, spaces, and spatiality are newly available in the oedipal phase and absolutely required for higher level genital organization. Bell (1964), Kestenberg (1968), Hägglund (1980), Stein (1988), and others have written important and insufficiently appreciated papers on internal bodily spaces and their representation, referring specifically to inner genital spaces in the male. In a more recent article, Friedman (1996) has built on Bell's and Kestenberg's observations of the significance of testicular, scrotal, and perineal sensations, fantasies, and fears as a frequent (and frequently disavowed or forgotten) organizer for these more tender, ambiguous, and diffuse aspects of male genital bodily experience. Full psychosexual genitality—and therefore what I conceive of as "true" oedipality for both sexes—requires an equally respectable place for both outer (phallic) and inner (cloacal, spatial) genitality.

Freud claimed that the oedipus complex forms the nucleus of everyone's character and that a castration complex is always a crucial component. We can rescue this important paradigm for modern psychoanalysis if we remember, as Tyson (1996), Loewald (1979), and others have suggested, that the oedipal phase or an oedipal dynamic should not be conflated or confused with a mode of mental organization. A neurotic or triadic organization is characterized by capacities for personal responsibility, flexibility, and autonomy. There is also object constancy, empathy, finer cognitive discriminations, and subtler signal affects. In other words, roughly coincident with the appearance of so-called "phallic-oedipal" dynamics developmentally come many important new ego and relational capacities. These include an emergent new ability to conceive of one's self and others as whole, separate individuals who also have an unseen but vital internal world. Objects may therefore become whole entities in space and thus also contain within them space and spaces—for complex thoughts, feelings, and purposes, as well as anatomical spaces and configurations—*real, metaphorical,* and *illusory.* Capacities emerge to see the part in relation to the whole, to experience the symbolic den-

sity of the part when representing the whole, and to appreciate the impossibility of ever comprehending and mastering the part when separated from the whole.

Being whole and unified requires such higher-level capacities, and I believe these capacities have the ring of the "feminine" all over them. As Mr. P shows us, to become a whole person, an *individuated* man's representations of his masculinity, including his penis, must integrate and transcend masculine and feminine, phallic and cloacal. Subheadings under this oedipal-level psychosexual polarity will include exteriority and interiority, form and substance, discrimination and immersion, part and whole, and a capacity to both desire and arouse desire, for both sexual ardor and sexual surrender. Defining the "feminine" or internal genital aspect of mental life is difficult, but some of its mature characteristics include receptivity, openness, and tolerance of ambiguity, paradox, and multiple perspectives. Somewhat less tangible, but nevertheless crucial for psychic health, are the attainment of experiential groundedness, connectedness to self and others, and wholeness. In sum, interiority and full realization of psychic potential require emancipation of the "feminine," the "cloacal," from the psychic substrate and acknowledgment of its crucial role in higher mental organizations.

Might it be possible to find a term to represent those frequently devalued aspects of adult development that are primary, "feminine," initially organized within oedipal triangular relationships, equally ubiquitous and essential for psychic mastery as phallic aspects, and also threatened by castration? It is easier to begin with the indispensable term, "phallic," where one can draw a clear distinction between concrete, material reality—the anatomical penis—and psychic reality—the "phallus." As I have demonstrated in my clinical material, the phallus is a symbolic fantasy construction that exists in *psychic* reality. Thus "phallic" power is available in varying degrees and symbolic transformations to both sexes. In clinical analysis, I therefore easily say to a woman, where it feels like the right metaphor and the associations support it, that such-and-such action took "balls" or that she felt like a "prick," and

felt guilty and dirty as well as penetrating, exciting, and strong. If a woman dreams she has a penis, I try to keep an open mind. If successfully assertive, does she think she needs or already must have a penis? Or does she imagine that exposing her strength as a woman requires a phallic-narcissistic ramrod self to defend the more flesh-and-blood vulnerabilities associated with real muscles and organs, especially the less tangible or visible interior ones? What is envied here is an impossible dream. Men universally share this envy, yearn for a "phallus" big and strong enough to eliminate vulnerabilities of flesh and spirit that are the common lot of both sexes. But elimination of vulnerability also eliminates potential pleasures and powers. For men and women, authentic empowerment must integrate the phallic with other modes, especially if what appears phallic-oedipal is actually functioning defensively as an infantile, formulistic, impossible ideal.

It is difficult to find a single word, however, to represent vital adult "feminine" sexuality, the part that is not phallic, but is its psychic complement. Ordinary usage seems to provide "masculine" words that for most of us signify something vigorous and at least partly positive, words that also say it all and can be saying many things at once. Unfortunately, "feminine" counterparts all seem to lack the easy vernacular ring that "prick" or even "penis" or "phallus" has. Furthermore, the "masculine" words all have an easily visible anatomical reference, a concrete form, which resonates across developmental levels and symbolic capacities—protosymbolic, primary process, and secondary process. Think of the rat penis, the fecal penis, the baby-penis, the breast-penis, the whole-body penis, the phallic mother. For each of these fantasy metaphors we easily intuit links to a formal, phallic prototype. Not so the feminine polarity, which is a space, often an implicit space whose boundaries are diffuse in direct experience, invisible to direct inspection, and some of whose power lies in the intensity that accompanies the letting go of bodily and psychic boundaries and barriers and therefore of formal description or definition.

I have thus far only used the terms "claustral" and "cloacal" for the genital psychosexual interior in an ironic sense—"claustral"

or "cloacal man"—hoping thereby to avoid idealized or devalued connotations imposed on these terms by centuries of common usage. I have also considered "vulvar," "vaginal," or "uterine" man, but intuitively I sense they miss the mark, just as "penile woman" does not seem to work the way that "phallic woman" does. Metaphorical profundity—experiential or psychic reality—is reduced by cleaving too closely to anatomy. The "phallic" and all its fateful symbolic power in human affairs is, I repeat, a fantasy construction: it has one foot in bodily actuality, the other in imagination and symbolic actualization. The vagina and womb are anatomically "real" but also misleading—not only because of fantasy distortion, but also because of higher level knowledge, "real" meanings. We "really" know, for example, that the uterus is the site of the gestation process and that nature regularly does cycles of death, cleansing, and regeneration. But although we revere the generativity and creativity of the symbolic "womb," the anatomical "uterus" is not a primary site of early bodily experience in the psychosexual sense. How can a uterus form the nucleus of an embodied, experiential inner genital space?

So, ironically, if a single word is ever to suffice, "claustral" and "cloacal" strike me as the likeliest candidates. The term "claustral" has the advantage, like "phallic," of its classical etymological dignity, and of being something of a blank screen onto which we can project meaning. Unfortunately, the term also lends itself to idealization—to a kind of sanitation or new-age mystification. The term "cloacal," on the other hand, seems to me more grounded in bodily experience, and at least refers explicitly, if only metaphorically, to internal bodily space. Of the available pre-existing psychoanalytic conceptions, the Kleinian construct of the mother's insides (Segal, 1964) where all the babies, feces, penises, and breasts exist and come from, may come closest to a commonsense single concept to represent all that it must. It is dark, fantastical, and infinitely powerful, but for me it fails to provide what I seek—a single gritty, exciting, and dangerous enough, sexual enough, word.

This is where the cloaca comes in as primal fantasy representa-

tion. It is a universal sexual theory in childhood for both sexes. It metaphorically represents inner psychosexual space—the unboundaried source of fiery eruption, seismic rumbling, and swampy undertow. It stands for the unformed and unseen, for absorption and immersion. It is not pretty and lends itself to too easy and frequent devaluation, for it may be conceived as the location in both sexes, as one patient once put it, for the "yuck" factor—the virtually universal disgust with which both sexes regard the inside of the body and its contents at some point in early genital development. So as a means to represent the container of interior psychosexual life, a "cloaca" may reflect anatomical and psychical correlates of important actualities of human experience. Newly emergent genital sexuality, procreative powers, and authority combine with oral and anal pregenital modes—substances, smells, and textures; contents, processes, and representations—from any place and everywhere, in complicated and always shifting relations to each other, a whole never completely reducible to the sum of its parts. It is gatherer and originator, creator and destroyer, where all things come and go, get all mixed up with each other. Thus, it represents both Pandora's box and cornucopia—a generative space of infinite multiplicity and constant flow, grounded in the dreadful and awesome body, all parts interrelated, borders permeable and shifting, parts submerged in the whole.

Like a phallus, a "cloaca" can be represented in *psychic* reality at all levels of psychic maturity. Conceived as static or stereotyped entities, phallus and cloaca may be respectively regarded as exalted or degraded, the phallic as superior to what appears less formed or anatomically locatable. Conceived as modes of experience, however, each may be manifest in more or less archaic or evolved ways. It may be hard to think of psychic "space" as evolving developmentally, but I believe that both psychic representation and psychic space evolve—the contained and the container. Psychic contents—mental discriminations—evolve from the crude, simplistic, and sexualized to the increasingly more precise and subtle. Psychic space becomes less swampy, more lucid. It

needs to exclude less to maintain its integrity. It becomes flexible, reliable, and able to flow and go with the flow. Psychic space can also allow more perspectives, have more dimensionality, profundity, and texture.

Elsewhere (Fogel, 1992) I have correlated the appearance of a capacity for imagination, dreaming, and fantasy to Winnicott's transitional or intermediate experience. Might we say that the "cloacal" evolves from primal cauldron to Winnicottian space? Higher mental organizations ideally free an individual from the reification and sexualization of earlier, more primitive experience. In psychic health, one remains in one's body, but is less a stimulus slave to it. A subtle and less tangible narrative and metaphorical space must transcend one that is more primitive and concrete. For that higher "space" to be vital and alive, however, sublimated or symbolically actualized derivatives of early bodily experience must be present to ground it. A whole and individuated person should contain, integrate, and unify all her constituent parts without sacrificing finer discriminations. It is this containing function that I conceive as the possible essence of the feminine. In its mature and most integrated forms, there must be a transcendence of one's anatomical sex and gender—an acknowledging and containing reconciliation of difference and similarity. Therefore, such experience is equally available to both sexes. As an example, remember Mr. P's all-mixed-upness, and the confluence of anal, scrotal, cardiovaginal, perineal, and skin sensitivity contained in certain of his experiences. Also recall the progression contained in successively more differentiated and integrated representations of them, and also the evolution in the quality and consistency of the reflective space he brought to bear upon them.

The female principle contains ambiguity at its core—perhaps a necessary counterpart to so-called "masculine" reason and necessity. It parallels the right brain functioning that must be added to the left to make a whole mind. But this very ambiguity may make it impossible to find a precise word. Ironically, a fantasy-metaphor "cloaca," rather than an anatomically real bodily organ, may pro-

vide the more "accurate" word—the better representation for the embodied psychosexual inner genital self. By stressing the metaphorical aspects, we do not necessarily deny anatomical realities and differences, although there will be a danger of such denial. We may, however, do more justice to the essential diffuseness and ambiguity inherent in such powers, the purification and unification hidden in etymological roots, and the enigmas involved in linking the material body to its psychic representations.

If individuation sometimes seems easier for boys, it is often at the expense of reality, which is not so concrete, dominatable, and obvious as their penis (and the culture) would have them believe. As girls do, boys must eventually learn to cope with what cannot be seen nor easily grasped or controlled—within their bodies, minds, and body-minds. Boys may feel certainty in the obviousness of what they can see or grasp, but therefore mistake what is visible for the whole truth. That which appears anatomically *or* psychically obvious, clear by comparison to what is enigmatic and invisible, may seem simple but actually be simpleminded. Thus, the apparently easier road to separation-individuation for a boy may actually lead to psychological constriction.

An Interesting New Literature

Naturally, any complete human being unites both "principles," the masculine and the feminine. In Hindu mythology, Shiva and Shakti (known also respectively as the "avenger" and the "destroyer") are the deities that objectify male and female. It is also said in that tradition that the lingam, the phallus, is a symbol, a representation of Shiva's power, but that it cannot exist without the vulva surrounding it. Shakti supplies the energy without which the male is merely form, without vital substance or ground. Thus, the masculine-feminine polarity wants to reach, I think, even beyond these complex, endlessly overdetermined primal representations, such as phallus and cloaca, to something that defies easy representation. The *I Ching* contrasts heaven and earth. Buddhism

contrasts the sharp sword of discriminating wisdom with all-embracing compassion.

But can psychoanalysts contribute to what in the past have been primarily regarded as philosophical or theological issues—issues such as the relationship between doing and being, effable and ineffable, figure and ground? I think so, because there are many similarities in our own clinical and theoretical struggle to understand the relationship between material (including bodily) and psychical reality. There is, in fact, an exciting new psychoanalytic literature that plays on the differences and relationships between material and psychical reality. Schafer (1992) considers them in relation to unconscious narrative. Laplanche (1987) considers the universal mixture of actuality and illusion in psychic reality and notes that although the primal parental objects are always actual and historical, they also inevitably have enigmatic qualities in psychic reality, are "enigmatic signifiers." Butler (1993) tries to demonstrate that materiality itself ("body," "sex") can only "appear" or "endure," can "only live within the productive constraints of certain highly gendered regulatory schemas" (p. xi). Laqueur (1990) demonstrates that the notion of anatomical differences between the sexes is relatively modern, although powerful gender differences have existed since antiquity. These modern scholars believe that matter and space, boundaries and surfaces—entities—are only known to us through gendered representations. Materiality itself, in other words, its actual texture and vitality, appears in psychic experience only through such discriminated forms, inevitably powerfully contributed to by unconscious, archaic ones—in other words, by infantile sexual theories.

Thus, as Freud (1900) first discovered, all psychic experience which is alive must be grounded in the archaic, the unconscious "core of our being." In more traditional psychoanalytic terms, psychic health combines the intensities and qualities of primary process, the cognitive discriminations of secondary process, and perhaps the ambiguous and paradoxical, higher-level qualities of Winnicottian transitional space as well, into a more unified and fully integrated mental organization. Thus, a core ingredient of all

higher-level mental function may be this enigmatic, "feminine" mental space. These are merely glimpses of a vast new literature that offers the promise of an eventual integration of the findings of modern hermeneutic, linguistic, and feminist studies with classic psychoanalytic psychosexuality and object relations theory.[1]

A Last Look at Professor M

I hope you have not forgotten Prof. M. I began this paper with his terrifying hallucination that he had a cloaca, and begged your indulgence that I borrow his fantasy for a word to represent a prototype, the male with a dark and unseen psychosexual inner space. Intending irony, I called this prototype cloacal man, despite the possibly imprecise and degrading connotations. Now we have come full circle, and I have reluctantly concluded that although we need the omnipotential prototype to complement the universal prototype of the phallic woman, we probably cannot use Prof. M's word. The actual analysis I used for my example, that of Mr. P, showed that neither patient nor analyst need have in mind a specific cloacal fantasy to search out and liberate a man's inner

[1] I confined my review of contemporary views of the psychology of women to the traditional psychoanalytic literature. This literature draws on, but usually does not systematically cover the enormously diverse and productive larger body of work from many disciplines loosely organized under the label of psychoanalytic feminism. For an excellent review of this area, see Chodorow (1989). She distinguishes psychoanalysts who think about women from psychoanalytic feminists (mostly academics), reviews this diverse literature in detail, attempts synthesis where possible, and delineates many of the current unsettled questions requiring further dialogue. Benjamin (1996) in a paper that appeared only after my own was completed, also does an excellent literature review. Her ideas on gender ambiguity would have been quite useful to me while writing my paper. She speaks, for example, of transcending the concrete complementarity of oedipal dimorphism—the "simple logic of oedipal opposites"—with the gender ambiguity which is "everywhere present in concrete life." What she calls an integrated postoedipal position I call "true" oedipality, but I believe that many of our ideas are compatible, particularly in our call for transcending various reductionistic polarities without denying the inevitability that these polarities exist nor their probable developmental necessity.

genital self from the fear, distortion, and devaluation that so commonly limits it. Few men have an explicit fantasy of having a cloaca. I believe that all may have a fantasy-construction of an inner genital space, however, and I made the best case I could that a cloaca might be more suitable than it appears at first glance to serve as a primal organizing concept to represent such a space. Before we dismiss the word entirely, however, and before I conclude, let me share a bit more of what we eventually learned about Prof. M's "cloaca."

Later in his analysis, while talking about cigarettes, Prof. M rediscovered a significant screen memory. He had once been a heavy smoker and suddenly recalled walking as a child—perhaps he was six or seven—into the bathroom where his father was sitting naked on the toilet reading the newspaper and smoking a cigarette. The dense smoke and feces created a smell that was utterly overwhelming and indelibly imprinted—powerful, pungent, unpleasant, awesome. He described visual details as well: the open pack of Pall Malls, book of matches, and other newspaper sections lying on the floor. But his dominant vision was of his father's body—large and swarthy, his trunk covered with dense, black hair.

Prof. M favors his mother's family, and, like her, he is fair; he always imagined himself to be rather delicate and physically vulnerable, although this is not actually the case. His father had affectionately kibbitzed him a bit, Prof. M thought, though he could not bring back any of the banter. He vividly recalled, however, following with his eyes the dark hair of his father's chest and belly down into the darkness framed by the rustling newspaper and his father's thighs, all converging into a blackness between his legs that was comprised of thick pubic hair merging into the invisible inside of the toilet that looked like an inky cave below. Neither his father's penis nor his scrotum were visible in the blackness, although maybe, now that he thought about it, there could have been a soft suggestion of those shapes somewhere in there. So here, the astonished Prof. M reflected, was his *father's* black

hole—the dark interior, the source—the breathing, pulsating heart and belly of the whale. Here was the dragon's cave, the source of fire, smoke, and fierce, terrifying, and wondrous sounds and smells.

The discussion of smoking had begun with the mention of an old movie starring Humphrey Bogart and Lauren Bacall. He and his no-longer-new woman friend had watched it together the night before the session. They were getting more deeply involved, talking about living together. The movie referred, interestingly, almost precisely to the time of the childhood memory. Images of smoking represented dramatically for Prof. M the sexual authority, potency, and cool sophistication of these larger than life screen personalities. Bogie and Bacall were like a magnificent childhood vision of his parents—their clothes, their moves; the curving lip, the finger picking a piece of tobacco off the tongue; the languorous looks, the thrilling seductive potency. It was Dionysian, said Prof. M, androgynous, this power—like a serpent or snake. Both parents had had these qualities for him at times, but clearly his father was in the foreground today, his possibly overstimulating but clearly affectionate banter with his young son the centerpiece and also the key to the real life and intense feelings contained in this entire sequence.

Here were the dragons of the childhood stories that had thrilled and frightened him—the knowing, mesmerizing bright eyes, fierce jaws, nostrils, and mouth come newly alive as he talked. His mother had French inhaled, his father had blown smoke rings. Both parents were heavy smokers, and Prof. M followed precociously in their footsteps in his youth. They were young when he was born, loved night life, jazz. They sometimes took him to jazz clubs in his teens—memories also full of excitement, apprehension, dense cigarette smoke, musky and pungent body smells, and black people. Black musicians were heroes to his father. Music, nighttime or "dark" knowledge and power—being "cool" or "hip"—all these things suddenly stood for depths in his father's inner life for which Prof. M had new, profound, unrequited longings. Other associations included Blake's tiger, Goya's Saturn de-

vouring his children, and the black hole in deep space that irresistibly pulls the whole universe into it.

There was more, but I wish only to make one point. This memory of Prof. M's father is *not* a screen that defends against or a displacement from his observation of his mother's "castrated" genital. There is nothing *missing,* but rather something *there.* Just as his mother's sharp tongue, probing Q-tips in his ears, and long fingernails had phallic attributes which actually combined strands from many objects, developmental levels, and historical moments, so too this experience of his father. Despite its composite nature and relation to both parents, I offer it as evidence that in this material it is the father's psychosexual *interior* that dominates this important fragment of Prof. M's past and present experience. Although oral and anal themes abound, placing these too concretely in the foreground would seriously reduce the power and full developmental attainments contained in Prof. M's newly recovered oedipal-level experiences. This memory screens, both expresses and defends, his awe, dread, excitement, longings, aspirations, envy, competition, identification and identity with—all of his feelings regarding his own and his father's inner genitality, his *cloacal* power.

Now we have more data to answer the very first question I raised regarding whose "cloaca," whose dark hole it was that Prof. M hallucinated in longing, dread, and envy back in his twenties when he suddenly felt so overwhelmed by his beautiful, sophisticated French woman friend. But we probably cannot conclude that the term is suitable for wide or general use on the basis of the evocativeness or precision of Prof. M's fantasy. Especially in light of the extreme negative connotations of the term "cloaca," it seems neither safe nor commonsensical to shout it from the rooftops. Without a word, achieving full legitimacy and parity for what I have referred to as "cloacal" will be more difficult. But word or no word, deprived of his "feminine" parts, a man is castrated, compromised, less than whole. So if a man aspires to be all that he can, he must admit he has more to lose in castration than his phallic powers, and certainly much more than his penis.

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Mentalizing Negative Spaces in the Wake of the Holocaust

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BOOK REVIEW ESSAY: MENTALIZING NEGATIVE SPACES IN THE WAKE OF THE HOLOCAUST[1]

BY MOSHE HALEVI SPERO, PH.D.

> He who is unable to interpret his past may also be incapable of projecting concretely his interest in emancipation.
>
> RICOEUR (1992, p. 304)

Israeli psychoanalyst Ilany Kogan's collection of clinical essays is an unparalleled contribution to the psychoanalytic understanding of the nature of transgenerational scarring set in motion by the Holocaust and its aftermath. Its essays are clearly written, detailed portraits of the inability to mourn and to symbolize pain, the concretization of meaning, and the perverse manifestations of the repetition compulsion. From the point of view of treatment, each of these essays is a realization of the second generation's mute cry for articulation. More significantly, each depicts the mutual struggles of the analytic partners as they try to "survive" the paradoxical antagonisms that result precisely from the use of the analytic relationship itself in order to understand the magnitude of the gaping psychic holes that pockmark the mind where mentality was meant to be, to actively seek the content of the unknown, and to construct a more cohesive sense of self.

As the first single-author collection wholly devoted to psychoanalytic treatment of second generation analysands, Kogan's casebook allows for close evaluation of the analyst's developing acumen, over a relatively short period of twelve years, with a very challenging clinical population. In addition, given the major role played by asymbolic and desymbolizing mechanisms and para- and protorepresentational states in the makeup of these deeply troubled persons on their ana-

[1] Kogan, Ilany: *The Cry of Mute Children: A Psychoanalytic Perspective of the Second Generation of the Holocaust.* Foreword by Janine Chasseguet-Smirgel. New York/London: Free Association Press, 1995.

lytic journeys, Kogan's collection cross-fertilizes our thinking regarding the larger topics of the representability of the Holocaust and the impact of massive psychic trauma upon the human capacity to symbolize and to remember in general.

This last point, which one might wish to put aside as historiographic and not strictly clinical,[2] in fact permeates the analytic context *pragmatically* at every turn. Kogan's chapters—"A Journey through the Ice Castle," "Death in the Embrace of Love," "The Second Skin," "In the Same Boat," wherein the almost ineffable memories somehow achieve salutary form and inchoate pain becomes sensible—document this indirectly, but I wish to make the point more explicit.

Consider, first of all, those schools of thought that doubt whether one ought even to attempt to represent the Holocaust, arguing that the real dimensions of this event simply *cannot* be represented or that, even if some aspects of the Holocaust *can* be conveyed representationally, such representations are by nature reductive and historically irresponsible.[3] With due respect to the existential agony embedded within this plea, it amounts to epistemological agnosticism. For the simple fact is that any human event that is not in *some* manner representable or capable of being absorbed mentally runs the risk of being relegated to illusion, or reckoned as never having occurred, and thus to being effaced retroactively from the arena of relevant human epistemological concerns, only to re-enter under the dark aegis of the unknowable. Any effort to place the Holocaust beyond the reach of symbol, metaphor, or other representation essentially reduces experiential data into thing-like surfaces and shapes that bombard and infiltrate the mind-body field unimpeded. Under these circumstances, "knowing," "remembering," and "mourning" would indeed become clinically and historically irrelevant.

It can be argued *contra* the agnostic stance that the Holocaust must be factually and practically representable if only because it transpired

[2] Although as Laplanche (1987) and Bion (1965) before him have taught, history and theory are both fully legitimate "sites" of psychoanalytic experience.

[3] Lyotard (1990) is often cited as having taken the position that the Holocaust cannot be represented at all, yet it seems as if his thesis is directed against false remembrance without context or framework, which he believes will result in forgetting, and not against "forgetting" as a mode of remembering (see also Kaplan, 1994, p. 18).

among human beings interested in creating and destroying representations, admittedly from a gapingly wide spectrum of motives (see Spero, 1992). All human experience acquires knowability by virtue of the ineluctable mental tendency to continuously lend imaginary or symbolic representations and patternings of one quality or another to the brute Real (Castoriadis, 1975). "Weak" and obliterated representation does leave traces; even the abject aspires to structuring.

And yet unique problems arise even under the sign of those schools which permit the representation of the Holocaust. For when exposed to the patient's oftentimes torturously intensive and intrusive projective mechanisms, the analyst working in the *Abschattungen* or shadow of the Holocaust is to a certain degree a co-experiencer with the extended legacy of Hitler's assault on human sensibility (Moses, 1993). Facing the second (and possibly the third) generation patient's massive affective blankness, concretizations, and actings out, and oftentimes minimally differentiated fusional states, the analyst finds her/himself stripped of the customary cognitive, affective, or kinesic representational linkages that enable empathy. Possessed, it is hoped, of no particular autonomous wish to deny what patients are trying to express, analysts under these conditions nevertheless gradually find the clinical situation unfathomable or utterly "impossible," and soon experience themselves as coerced toward disbelief and even antagonism. As a further irony, an analyst may feel compelled to devise, initially within the privacy of the countertransference, some sort of effective representational sanctuary for surviving the patient's onslaught of undigested and undifferentiated psychological chaos—only *then* to experience an excruciating variety of guilt and shame in the face of his or her "ignoble" capacity to escape psychic death by this very expedient, abandoning the patient. Such experiences surely form part of what Kogan describes as the "heavy weight" from under which she repeatedly and courageously lifts herself as she moves gradually from indecipherable countertransference pain toward a resumption of mutuality and readiness for mutative interpretation (pp. 50, 64, 123).

My point is that countertransference crises and counteridentificatory impasses such as these provide the nutrient grounds for any sentient mind's unconsciously conforming to the latent culverts of *Vernichtung* initiated by the Nazi world-view. In the case of the Jews, the Nazis sought the systematic infliction of a nothingness and absence that would be more powerful than death itself; an absolute zero

that "denies life first and then denies all record of existence" (Bergmann and Jucovy, 1982; Felman and Laub, 1992; LaCapra, 1994). While the Nazi plan failed in practical terms, its intended *Vernichtung* raised to actuality a frightening and as yet incompletely comprehended set of fantasy structures which, owing to the ironclad laws of the unconscious, have tended to persist in a variety of different forms, independent of the Nazi regime, and whose potency comes to life through a variety of projective mechanisms. The negating, "silent," or ghost mark imposed by the Nazi fantasy can be carried along, for example, through subtle literary mechanisms[4] and it is certainly transposed through complex transgenerational familial mechanisms reviewed by Kogan and recently by others (e.g., Adelman, 1995; Calef and Weinshel, 1981; Jacobs, 1992; Kestenberg, 1972). Through similar dynamics, the analyst as well can be projectively influenced to adopt a catastrophically antitestimonial stance, annihilative of representation itself. Moreover—and I write this with hesitation, but it must be expressed—it is precisely these dynamics that can enable the analyst to experience to some degree the mentality of the Nazi perpetrator as well, and in this manner fathom the otherwise inconceivable encounter between the mind of the victim and the mind of the aggressor.

For this reason the psychoanalyst, no less than the historian or ethicist, must possess an unambivalent attitude regarding the legitimacy of the representation of the Holocaust. Now when historians debate to what degree the Holocaust needs to be put into context in order to secure its best representation, their concern is that too much contextualization of the past may lead to immobilization and ahistoricity as it becomes fully (but *merely*) explanatory, rendering all texts and narratives paradoxically derivative, to which nothing new can be added (LaCapra, 1994). In a sense, Kogan's patients presented her with the clinical variant of this same dilemma—in which patients, by

[4] It is arguable whether or not a literary text can convey the full intensity of interactional transference-countertransference dynamics; in the case of writings on the Holocaust, see LaCapra (1994, pp. 39, 115), Friedlander (1992a, 1992b), and Felman (1989). As an aside, if the argument can be made that those authors who deny the Holocaust act this out through their writings, inducing an analogous form of denial in the reader, then it can also be hoped that analytic authors who have successfully worked through the trauma they have absorbed from their patients will succeed in portraying their clinical stories in such a way as to not cause further "scarring" in their readers (compare with Chasseguet-Smirgel's Foreword [p. xiv] to Kogan's book).

virtue of having lost the dividing marker between the symbolic and the real, seek a kind of rigid, parodic, omnipotent level of context that sooner or later *defeats* the transference. In such instances, concrete pseudocontexts tend to be created which nullify true intersubjectivity, replacing it with mental stasis, and render analytic interpretations lifelessly didactic rather than experiential and transformative.

Thus it is that Kogan finds herself, as have others (Bollas, 1987; Joseph, 1989; Kumin, 1996; Meltzer, et al., 1986; Mitrani, 1996), buffeted by an impossible tango of spiraling and interconnected negatives, replaying in sometimes concrete and sometimes symbolic ways within the transference-countertransference dynamics. If the analyst participates for too long in such patients' pathological predilection for psychic numbness and concrete expression of affect and mentation, coerced nonsymbolic mirroring will prevail and recognition and true remembering will be neutralized. If, on the other hand, the analyst rushes to offer premature representation, such patients will be retraumatized or will undergo a form of secondary repression whereby the patient effectively ablates the "forgotten" by *pretending* to have represented and remembered it.[5]

It is only against this background, then, that one can frame the critical question: to what degree can one lend representational, symbolic form to trauma whose essential mode of expression is through the negative impact of "black holes" and whose wellsprings subsist in hyperspaces deep within the null, unknown, paraverbal, repudiated, or foreclosed dimensions of the psyche? How does the psychoanalyst assimilate the kind of pain to be found in the world of uncannily

[5] See Bergmann and Jucovy (1982) and Santner (1990). Continuing with Santner's observations on stranded objects, mourning, and memory, and in view of the point I made earlier, one may say that the complementary position of the analyst is hard to maintain because many of these patients lack an internalized sense of witness or audience which makes it very difficult for them to imagine the analyst or anyone else serving in that capacity. Indeed, owing to the patient's massive reliance upon projective or even more primitive forms of identification, the analyst is challenged to bear the risk of being transformed into an antiwitness, a Nazi, a collaborator whose eyes are rendered indifferent to what they must see. The point, therefore, is not whether or not the analyst is called to witness—for he or she may be coerced into serving as the shadow voice of the *non*witness—but rather what kind of witnessing he or she is being called to afford. For this reason, I prefer to state that the analyst is called upon to negotiate the representation of the Holocaust.

"present" yet invisible, "silenced" facts (or factoids[6])—a world of objects and affect tensions not properly disguised and reformed by repression, but suspended unlocalized and unmentalized, peripherally attended to by weakened levels of psychic functioning that has itself never been adequately symbolized in the first place? How does one contain intergenerationally repudiated messages that have been disconnected from any apparent intention-generating attitude, messages whose inherently desymbolizing forms of speech have rapid impact upon the analytic listening apparatus? How does one transmute these into acknowledgeable communication that might contribute fruitfully to the formation of self and to the maintenance of reciprocal and rewarding object relationships?

In part, the solution stems from the fact that all clinical imagination regarding material of the second generation patient necessarily begins by positioning the groundwork of his or her intentionality as hidden within the shadow of the Holocaust.[7] This has proven effective in the case of inanimate texts and media (LaCapra, 1994) and would seem certainly applicable when exploring a fully intersubjective field alive with transference-countertransference tensions and infiltrations. It may then be argued that by virtue of the patient's consent to enter the psychoanalytic framework, the patient makes her or his body and words available as text or medium, permitting the analyst within the intersubjective field to experience and eventually disembed the deeper narrational intentionalities hidden within the critical interactive sequences that bring these "texts" to life. In this manner, the architecture of even the most self-destructive patient's hidden capacity for constructiveness and meaningfulness begins to take form within the working space of the analytic envelope (see McDougall, 1985, 1989).

In light of the above, Kogan's studies are evidence that the psycho-

[6] Bourguigon (1996) speaks of "deceased objects," while "factoid" is the term used by Bar-On (1995a, 1995b).

[7] See Kaplan (1994). The comment by Israeli sculptor Gad Ben-Ezer reflects this spreading out of the impact of the Holocaust: "I had had a sculpting experience after being on reserve duty in the West Bank during January and February. I had to stop. I was not able to complete my sculptures as I planned, but it turned into something political. It fell into the hole of the Holocaust within me and became connected there. Anybody who sees this sculpture will have an association of the West Bank *and* of the Holocaust, even though these are two different experiences" (Moses, 1993, p. 240).

logical *symptoms* brought into treatment by the second generation patient (expressed through an intermixing of disorders of thought, speech, sleep, psychosomatic functioning, and so forth), intersubjectively mixed with the analyst's own reactions, may themselves provide the most unique "representational" medium for potentially giving form, voice, and quality to the numerous dimensions of the Holocaust. Surpassing the classical *memento mori* (see Amishai-Maisles, 1993), the inert, formalistic symbols of death in Baroque art, Kogan's scarred patients in psychoanalytic treatment very quickly begin to yoke the level of affective expression *between both partners* (though in different ways) toward the brute Real, the palpable, the physical, the undigested, the intrasystemic; toward the innermost substructures of language; toward the polymorphous perverse bedrock of sexual behavior; toward peremptory and often destructive action; toward the quasi-psychotic infrastructure of the analytic framework itself.

These impulsions toward numbness and death characterize the behavior of every one of Kogan's patients. Over the years, she has neatly conceptualized these primitive tendencies in terms of four dimensions of transgenerational trauma: (a) traumatization through loss of one's separate sense of self; (b) traumatization by the child's being exploited as a life-saving device; (c) traumatization by abandonment of the child; and (d) traumatization by erasing the possibility of hope and of a future. Most significantly, each of these dimensions evokes its own relatively identifiable phase of transference-countertransference, remitting only as Kogan slowly begins to match her role responsiveness to the appropriate complementary or concordant self/object structures within the patient. And in almost every instance, these patients must be helped at the most basic level to repair, and often to create for the first time, the fundamental containing envelopes of psychic experience. In accordance with the manner in which her patients' physical and emotional symptoms were found to be nested within their intrapsychic and intersubjective psychological tendencies, that which the Holocaust *is* and *is not* and that which is unmalleably present as well as that which has been *hidden* or *absented* gradually become refashioned and represented within the ebb and flow of the transference-countertransference dynamics of the analytic hour.

Common to many of the transference-countertransference interactions Kogan reports is her experience of containing her patients' psychic numbness, emptiness, and deadness, avatars of the "psychic

holes" left by parental absences, withdrawnness, and secretiveness. In each instance, Kogan finds herself struggling to keep herself and her patients mentally, and sometimes physically, alive in ways which, at first, replicate the patients' pathological modes of introjecting their parents' emptiness and confusion but which eventually become more symbolic, allowing for the creation of usable psychic space and the facilitation of mourning. But as noted above, these painful absences have an earlier genesis in the anti-Semitic animus. Thus, I would emphasize another, somewhat more radical point: the analytic encounter, insofar as it is the fulcrum for all intersubjective states relevant to the patient, will necessarily draw out the latent presence of the Nazi mind, and it will be within the countertransference that the analyst is most likely to feel its impact.

These dual and interlapping dimensions of the patient's Holocaust-related experience are activated by powerful projective and intrusive identificatory and introjective mechanisms, leading to intensely provocative countertransference experiences, enactments, and what Kogan (after Bergmann [1982]) calls *concretizations* that inevitably draw the analyst closer to the patient's medium.

Kogan's treatment approach is on the whole logical and insightful, and her clinical discussions succinct. I have three disagreements with her terminology, however: the first two minor, and the third, to my mind, more significant.

First, in the fascinating third chapter entitled, "The Second Skin," Kogan describes a patient who acted out her stepfather's terrible life story on her own body (skin mutilation, breast surgery).[8] A chief aspect of the treatment process was the analyst's ability to make her own internal representations available to the patient as an emotional container, which Kogan refers to as the analyst's "second skin." It is

[8] A similar expression of the quasi-differentiated skin/body/self boundary is found in Anne Karpf's poignant autobiography (1996). She details a rather complicated and recurrent symptom of vigorously aggravated eczema which eventually remitted as the result of an undescribed form of psychoanalytic psychotherapy. Karpf learns that her frenzied attack on her skin represents an effort to tear down her fragile I/not-I frontier and expose the underlying mutilated sense of self (p. 102). In my reading, I developed the strong impression, purely hypothetical, that the author's skin illness may also have presented (but not maturely *represented*) her mother's world of potato skins, bread crusts, and forged documents. Therefore, the question I will soon raise in the text arises already at this point: what *level of symbolization* best reflects the intended dimension of communication that the patient is seeking to establish at a given phase of clinical work?

as second skin, in Kogan's view, that the analyst gradually enables the patient to hold together the initially fragmented aspects of her personality. While I am on the whole sympathetic to Kogan's approach, and would agree that the analyst helps to provide the patient with a new psychic envelope, Bick (1968), who originally coined the term "second skin," intended it to designate a variety of pathological structures by which the disturbed personality attempts to substitute for the normal ego skin. Following Bick's outline, the analyst as "second skin" would most likely refer to a rudimentary use of the analyst, primarily as a pretransitional, pretransformational object, similar perhaps to a symbiotic- or fetish-object, depending upon the prevailing transference-countertransference dynamics at the time. To be sure, the use of the analyst as an auxiliary object or envelope is a crucial phase of work with the primitive personality, but this phase is not to be equated with those further achievements which require complete internalization and symbolization of the analytic relationship. In any event, Kogan offers no compelling reason to use the identical coin to refer to something so opposite to what was originally intended.

Second, Kogan utilizes fully the concept of "psychic holes" in describing one of the main object representational characteristics of her patients. Yet for some reason she insists that her use of the term *differs* from the well-known categories of negative hallucination, blank psychosis, and Green's (1986) concept of emptiness or the negative, and is more akin to the concept of the "black hole" as used in physics. I am afraid there is confusion here, since, in fact, the major authorities on this topic generally conflate all of the categories referred to (as belonging to the foreclosed, unmentalized, psychically repudiated, etc.) and differentiate all of these from the repressive processes which do *not* leave holes but rather symbolically substitutive or derivative material.[9]

The preceding confusion may have contributed to the third, which

[9] See Bass (1997); Eigen (1996); Grotstein (1990, esp. p. 281); Kumin (1996, pp. 109-116); Mitrani (1996, pp. 240-241); and Modell (1996). Note that Green (1986) insists that his "dead mother" complex is the result of introjecting an object that is absorbed in its own eternal bereavement—which is therefore an object that is "present"—but he also describes this kind of object as creating holes or emptiness (pp. 146, 151, 162) which collapse meaning. Somewhat paradoxically, Green is also quite clear about the fact that he is not referring to the conditions resulting from outright lack or loss of objects.

concerns Kogan's problematic use of the concept of concretization. Throughout, she claims that concretization "refers to symbolic, displaced actions which are lived out with current real objects, but are unconsciously expressed to lost loved ones" (p. 153), enabling the individual to escape any psychologically meaningful conception of pain, and to use it as a *substitute* for mourning.[10] She then somewhat lamely compares and contrasts concretization and *actualization* (the former refers only to traumatic themes from the past, whereas the latter applies to a wider range of general themes, thus lacking the urgency of themes of death and survival) and *concretism* (both veer toward the nonmetaphoric, but concretism is an abstract concept whereas concretization is a behavioral phenomenon).

As before, these distinctions seem rather strained and unnecessary. Ogden (1982, p. 174), for example, defines the term actualization as the transformation of any aspect of the representational sphere into a form that exists outside of the representational dimension; that is, an enactment of thought, feeling, or fantasy in the interpersonal sphere of the Real, or a realization of one's psychological or physiological capacities in the nonrepresentational sphere. This definition seems to apply to the very examples of concretization supplied by Kogan.

Moreover, Kogan repeatedly views these concretizations as a kind of primitive symbolic representation of this or that hidden memory or reanimated emotional linkage (pp. 67, 84, 101), even though what she in fact describes in almost every instance are baldly sadomasochistic, bodily enactments and intersubjective intrusions and implantations of barely differentiated, psychotic, or near psychotic proportions.

I suspect the problem results from the difficult theoretical and clinical task of making "clean" distinctions among the different levels of symbolization that are actually pertinent to human behavior. One hint of this complexity emerges the moment one contemplates

[10] Fedida (1996) notes that such states imply a minimal sense of time; the borderline state of humanity is "fixed *backwards* and yet without a past," encouraging a penchant for *taking on* suffering, rather than speaking of it or even being able to forget about it. Elsewhere, I have offered a novel reformulation of the phenomenon of autistic time (Spero, 1998) related to the aberrant dimensions (or null dimensions) of the representational ability of a borderline patient whose life was powerfully shadowed by the Holocaust.

the fact that even Lacan's neat distinction between the Real, the Imaginary, and the Symbol includes complementary concepts such as the symbolic Real, the symbolic Imaginary, and the symbolic Symbol! (see Muller, 1988; Smith, 1991, pp. 71, 76, n.). Clinically, we deal regularly with (a) unconscious symbols, (b) protosymbols and symbolic equations, (c) presentational symbols (manifest dream, music), and (d) fully abstract representational symbols, such as verbal metaphors (Aragno, 1997; Edelson, 1975, pp. 78-84; Wright, 1991, pp. 166-168). Kogan's patients' concretizations at best can be considered presentational symbols, since they tend to be immediate constructions, generally exploit the attributes and relational properties of the body or objects in themselves, and on the whole are not sufficiently transparent. They are, rather, indices of quasi-symbolic *dispositions* toward action, or event *presentations*, that "exist" within the unconscious,[11] inadequately marked by firmly anchored distinctions between the imaginary and the symbolic (for which one would have to have mourned for parental objects). Indeed, if they were truly symbolic communications, they would hardly have an impact upon the analyst the way they do.

Here, again, I would link the clinical and the historical by noting that the very fact that analysts and theoreticians can become confused regarding the definition of the concrete and the fully symbolic—as when working with the kinds of patients reflected in this literature and their analysts—is itself an archaic residuum of the Nazi predilection for one- and two-dimensional protosymbolisms, particularly of oral and anal quality (Chasseguet-Smirgel, 1994). At the same time, like so many growth-promoting phenomena in our field, the potentially creative, archaic organizing operation of this protorepresentational material expresses itself through paradox. On one hand, in addition to the disturbing *content*-loading that a protosymbol may bear, this level of symbolism tends to transmit a powerfully charged disposition toward dedifferentiation, designification, and action. On the other hand, in part owing to the impact of the former disposition,

[11] I placed the word "exist" in quotation marks in order to indicate that since these contents are not fully or adequately symbolized, they do not properly *exist* in the representational unconscious. However, since they do obviously possess *some* kind of belongingness-to-self, albeit *outside* of the symbolic, we ought, following Lacan, to categorize these contents as *ex-isting* (see Fink, 1995, pp. 110-111).

a point is reached within the intersubjective matrix where the analyst notices himself or herself having become involved, initially inadvertently, in a kind of centrifugally reversed or parallel reading of the destructive trends, giving form to the negative, leading ever so gradually toward deconstruction and resignification.

I would like to add only a brief clarification of what I mean when I say that these patients' concretistic dispositions expose the "negative moment" of the Nazi wish.[12] The idea is based on the fact that, whereas the Nazi wish was to eradicate both victim and witness, their repressed guilt, shame, and self-annihilative wishes simultaneously gained expression through a variety of internal, self-defeating, obsessive, trace-leaving devices that effectively, and ironically, ensured the survival of the victim and his or her capacity for witnessing. Psychoanalysis, perhaps uniquely, enables the quickening of the Nazi mind's own introjected sense of its victims' witnessing gaze. During psychoanalysis, it is the countertransference which comes gradually to embody the symbolization of this negative moment, taking its most frightening but significant expression in the analyst's stark impression that the Holocaust-encapsulated victim appears driven to testify at the risk of destroying his or her best witness. In a sense, our analytic patients with this background assert time and again that they are willing (are *driven*) to risk two terrible forms of retraumatization: first, that until they succeed in *representing* their trauma, and until they can grasp that the unmentalized has been somehow adequately imaged and witnessed, they will need to undergo it repeatedly as an as yet unsymbolized reality, which may actually kill them; second, that while involved in the very process of inscription, they will come perilously close to destroying their witness (through projective counteridentification) (Caruth, 1995). In this process—which is mad, almost Nazi-like—they may be forced to witness their own introjection of

[12] It would require much more space to clarify just how it is that the countertransference-transference matrix enables a "reading" of that which has been made negative, especially with nonsymbolic content. One important key is that whenever the patient projects a blank, a space, or an otherwise dismantled fragment of mental material against the backcloth of the transference-countertransference matrix, the bas-relief created (following the principle of the "dual analogue" character of all symbols) often affords the analyst clear glimpses into the repressed and even the foreclosed (see Kubie, 1953; Spero, 1998).

Nazi perversity, but at the same time come to understand the genius of their survival.

The therapeutic challenge is considerable. At the forefront of our analytic consciousness is always the fact that the trauma of Holocaust encapsulation is not only the asymbolic cataloguing or the protosymbolic memorializing of unspeakable truths, but also the fact that even an articulable truth is *merely* a representation and never quite real. Intersubjectivity predicated upon gaps, absences, and repudiated memories and feelings tends to lock analyst and patient, for long periods of time, into an undeclared, silent, and largely autistic domain outside the reach of symbolic signification, preoccupied with "stranded" and absent objects whose affective content cannot be worked with, digested, mourned, or fruitfully internalized. Yet this very factor contributes positively (if not positivistically) to the possibilities of *knowing* the Holocaust when made representational by an analyst such as Kogan, who displays the requisite *Angstbereitschaft*, the readiness to experience anxiety, and the compassion to be utilized as a cross-modal medium for the patient's subsymbolic intentional pulsions. For it is precisely this kind of transformation which renders the clinical ordeal itself a legitimate representation of the interaction among the different voices of the Holocaust.

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The Talking Cures. The Psychoanalyses and the Psychotherapies

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BOOK REVIEWS

THE TALKING CURES. THE PSYCHOANALYSES AND THE PSYCHOTHERAPIES. By Robert S. Wallerstein, M.D. New Haven/London: Yale University Press, 1995. 587 pp.

For over forty years, Robert Wallerstein has been a major contributor to the literature on psychoanalysis and the various psychoanalytic psychotherapies that have developed from it. The book under review is a masterful synthesis of the history of the field, its evolution, and its current trends. It is an informative, complex narrative that follows various threads of psychoanalytic thought, weaving them into a rich tapestry of past and present theoretical perspectives. Each chapter stands on its own, and the work as a whole tells a compelling story of the development of the field of psychoanalysis and the psychoanalytically oriented psychotherapies. It is a valuable reference work, an informative "Cook's tour" of the literature. Wallerstein summarizes the literature on each topic and makes suggestions for further reading even in areas he elects not to cover. He is not a totally neutral observer of the scene. An active participant in some of the ongoing debates in the field, he presents his own perspective clearly, distinguishing himself from other authors whose work he summarizes.

In his characteristically organized and encyclopedic fashion, Wallerstein informs his reader as to which areas he will not be covering and provides extensive references to the literature on many of the omitted topics. He confines himself to literature on analysis of adults and does not deal with the numerous nonpsychoanalytic psychotherapies, or with analytically based psychotherapy or the psychoanalysis of psychosis and impulse disorders. Not all of Wallerstein's "omissions" are actual. He states that he has omitted the extensive literature on countertransference. However, although he does not have a section or chapter devoted to a review of the topic, it is covered extensively as a part of the material presented in various sections, particularly the last section of the book which is devoted to recent theoretical and technical literature. Research into psychoanalysis and psychotherapy is partially covered. The reader is provided with a review of the very important Psychotherapy Research Project of the Menninger Foundation which was directed by Wallerstein for many years, and there is a chapter on outcome research in the final section.

It is obvious that with such an ambitious project as the entire field of psychoanalysis and the psychotherapies, choices must be made. It would be impossible to include everything, and an author is entitled to and should write about the topics that interest him. However, their is a questionable omission. Wallerstein elected not to include any discussion of brief, time-limited therapies, although the reader is directed to references. In today's insalubrious climate of managed care, in which psychotherapists of all persuasions are being subjected to powerful pressures to conduct briefer and briefer treatments, this particular omission could be criticized as unrealistic in such a lengthy volume, especially for an author who is committed to a historical perspective.

Wallerstein has produced a remarkable opus within the boundaries he set for himself. Much of the work is roughly chronological, so that a historical perspective is preserved. The book begins with a section on the origins of psychoanalysis in the work of Freud and his followers and ends with a section on current theoretical controversies. Section I, on the origins of psychoanalysis and psychotherapy, and Section II, in which Wallerstein continues in chronological fashion to cover the development of American psychoanalytic theory, can be read independently of the remainder of the work and comprise its most successful portions. In these sections, the author presents and supports his own perspective on theoretical developments in psychoanalysis and the psychotherapies. He provides us with a compelling support for his description of an "era of crystallization of the majority consensus" flowering in the 1950's, which subsequently was to give way to an "era of fragmentation," beginning in the 1970's and continuing into the present day.

During the 1950's, the heyday of psychoanalytic psychiatry, mainstream ego psychological, "classical" psychoanalysis developed a relative uniformity of approach to psychoanalytic theory and technique which was expressed in the influential panels of the 1950's which were published in the *Journal of the American Psychoanalytic Association.*[1] The generally accepted definition of psychoanalysis of the era of consensus was succinctly stated by Gill, "*Psychoanalysis is that technique which, employed by a neutral analyst, results in the development of a regressive*

[1] E.g., Rangell, L. (1954): Similarities and differences between psychoanalysis and dynamic psychotherapy. *J. Amer. Psychoanal. Assn.*, 2:734-744.

transference neurosis and the ultimate resolution of this neurosis by techniques of interpretation alone."[2] In contrast, the various psychotherapies differed in technique from psychoanalysis, with the expressive psychotherapies diverging the least and exclusively supportive psychotherapy diverging the most. The latter utilized predominantly suggestive techniques to achieve therapeutic ends, to be expected to last only as long as the influence of the (unanalyzed) transference remained in effect. However, this era of majority consensus was temporary, and by the 1970's competing theoretical paradigms were at war over the theoretical territory of psychoanalysis and psychotherapy. At the present time, to Wallerstein's evident regret, no new generally accepted theoretical consensus has emerged to replace the relative certainty of the 1950's.

Section III is devoted to transference, its interpretation, and conceptualizations of the transference neurosis, beginning with Freud. This section can stand on its own as a monograph and works well with the first two sections. The subject matter of Section III is well defined and self-limited, and much of it lies within the ego psychological theoretical frame that Wallerstein is most comfortable with. Its strength reflects Wallerstein's ability to synthesize vast amounts of literature and to present a coherent historical narrative of the development of psychoanalysis and psychotherapy from the perspective of ego psychology.

Section IV is the weakest portion of this generally excellent and scholarly work. Unfortunately, Wallerstein's efforts to present and synthesize various theoretical perspectives that are not his own are not as successful as his ability to present theoretical material that he himself agrees with. In particular, his efforts to condense all of British object relations theory into one chapter, and to squeeze Kohut and Kernberg's writings on narcissism in combination with Kernberg's views on structural diagnosis into another, do not do justice to the profoundly influential theories of the authors whose work he is summarizing. The first three chapters of Section IV that deal with the topics of the therapeutic and working alliance, the psychoanalytic relationship, and the role of new experience are by far the most successful in this rather poorly integrated section.

[2] Gill, M. M. (1954): Psychoanalysis and exploratory psychotherapy. *J. Amer. Psychoanal. Assn.*, 2:775.

Section V, the last section of the book, is devoted to "contemporary developments and issues" (pp. 409-542). This section brings the reader into the present time of what Wallerstein calls "the sea change since the era of convergence" (p. 507). This final section completes Wallerstein's ebbing and flowing depiction of the history of psychoanalysis and psychotherapy, returning the reader once again to the present. It is appropriate that a chapter on outcome research is included in this final section. This chapter provides the reader with an overview, complete with excellent references, of the background and current state of clinical psychoanalytic and psychotherapy outcome research. The concluding chapter consists of a reiteration and summary of Wallerstein's views on the development of the theoretical consensus and its fragmentation, providing the reader with an excellent, far more succinct, version of material which was set forth in great detail in earlier sections.

The Talking Cures is an impressive, scholarly, and weighty book. Most readers will use this work as a reference, and it is best suited to that purpose. The extensive bibliography, excellent index of topics and authors, as well as its organization into clearly labeled and sublabeled sections and chapters, all facilitate its reference use. This volume belongs in the library of every psychoanalytic institute and will be of value to anyone interested in the history of psychoanalysis and psychotherapy, as well as anyone who is interested in psychoanalytic theory. It is likely to stand the test of time and should be a useful reference work for students of psychoanalysis well into the next millennium.

BETH J. SEELIG (ATLANTA)

THE VULNERABLE CHILD. VOLUME 2. Edited by Theodore B. Cohen, M.D., M. Hossein Etezady, M.D. and Bernard L. Pacella, M.D. Madison, CT: International Universities Press, Inc., 1995. 231 pp.

The publication of this timely collection in 1995, coincided with the defeat of the Clintons' health reform proposal and the pressures brought to bear on psychoanalysis by the formidable Health Mainte-

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The Vulnerable Child. Volume 2

Robin L. McCann-Turner

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nance Organizations. Editors Cohen, Etezady, and Pacella provide a rich compendium of papers by eminent psychoanalysts and child experts demonstrating the far-reaching contribution of psychoanalysis in today's world.

Divided into four major topic areas, Volume 2 of *The Vulnerable Child* deals with "Narcissism and Hostile Aggression," "Child Analysis on the National Mental Health Scene," "Adolescent Mothers and Children with Constitutional Deficits," and "Child Abuse." Of particular merit are the first two sections. These offer discussion from an outsider's perspective that provides the reader with an opportunity to enter mentally into a lively interaction with the material. The discussions tantalize the reader.

"Narcissism and Hostile Aggression" begins with Etezady's "Narcissism: Primary-Secondary, Fundamental, or Obsolete?" He views primary and secondary narcissism as sequential phases of the same developmental continuum and discusses the mother's libidinal availability in the modulation of aggression and drive fusion. The second chapter is "A Developmental Approach to Narcissism" by Isaiah A. Share, Shirley R. Rashkis, and Bertram A. Ruttenberg. Both the first and second chapters are followed by a noteworthy discussion by Leon Hoffman. He makes the point that to adequately understand narcissism, one must have a thorough theoretical understanding of the vicissitudes of aggression. It is at this juncture that the reader would expect to find the next chapter devoted to the topic of aggression. Instead, one finds a poignant and painfully gripping paper, "Narcissism in the Service of Survival," by Judith S. Kestenberg and Ira Brenner. Their work deals with childhood victims of Nazi persecution who resiliently and remarkably find within themselves the power to survive and maintain self-worth in the face of unthinkable horror.

Also worthy of special note were Chapters 4 and 5 in which Eleanor Galenson gives insight into the "Influence of Hostile Aggression on the Development of Expressive Language," during a critical developmental period in the second year of life. Jo Ann Fineman's particularly compelling paper, "Loss, Aggression, and Violence: Two Groups of Traumatized Children," stems from her experiences as consultant to two tribes of southwest Native Americans.

In the section titled: "Child Analysis on the National Mental Health Scene" Peter Blos, Jr., Tom Barrett, and Jules Glenn provide

invigorating reading for the politically minded. One leaves this section galvanized into banner waving for child analysis and its role in the political marketplace. We are alive and well!

Peter Blos parallels his personal, historic journey in the analytic field, with the rich journey of child analysis itself, chronicling our wins, losses, and challenges. Tom Barrett's contribution on applied child analysis is a stunning and pioneering effort delineating child analysis at work, hand-in-hand with business. He describes how the TRW Foundation, headquartered in Cleveland with 60,000 employees world-wide, joined forces with the Cleveland Center for Research in Child Development to develop an early intervention program, including excellent day-care for children of employees at four sites in different cities. Jules Glenn energizes Blos's and Barrett's papers with stimulating discussion leaving the reader filled with political fervor. Glenn points out that our society has produced conditions of fear, overstimulation, failures of conscience, and deprivation that interfere with sublimation. He encourages social change such as the TRW project. Glenn also convincingly takes on national health care and its effects on the future of psychoanalysis.

The sections of this book could be read in any order, depending upon interest. Part Three, "Adolescent Mothers and Children with Constitutional Deficits," takes the reader across country from Harlem schools, day care and child development centers, all the way to Topeka, Kansas, for a longitudinal study of 180 adolescent mothers and their infants; then back to Boston where a team of analytically trained professionals studied the psychodynamics of adolescent motherhood and fatherhood over twenty years. Section Four focuses on Child Abuse. Kato van Leeuwen's delineation of the vicissitudes of diagnosis and treatment of sexual abuse is a must for all in the therapeutic community.

Theodore Cohen's cogent conclusion reports the alarming facts about the state of our children today. While acknowledging the attempts of the Clinton administration to fund child programs, Cohen finds our overall situation appalling. "Not good enough" vibrates through each paragraph. Our children are at risk. One cannot help but be jarred by Cohen's litany of deficiencies, a few of which are cited here:

—3 million children live in poverty
—Divorce rates are soaring

—Reports of child abuse are rising
—Working-class parents face some of the worst shortages of preschools in the country
—Every 30 seconds a baby is born into poverty
—Every 59 seconds a baby is born to a teen mother
—Every 2 hours a child is murdered
—Every 4 hours a child commits suicide
—Every night 100,000 children are homeless

The power of this concluding chapter and its summation of the themes in this second volume of *The Vulnerable Child* compels the reviewer to strongly recommend that readers begin their journey through this outstanding contribution with this haunting ending.

ROBIN L. MCCANN-TURNER (ST LOUIS)

ADOLESCENT DEVELOPMENT, PSYCHOPATHOLOGY, AND TREATMENT. By H. Spencer Bloch, M.D. Madison, CT: International Universities Press, Inc., 1995. 417 pp.

In his acknowledgments Bloch describes his aim of writing "an easy-reading, clinically oriented text that enunciated the long-standing view of adolescent development, discussed the challenges to that theory, summarized relevant contributions from other fields" and "attempted to reconcile those of the older and newer findings . . . into a view of the developmental process—a view which provides understanding of how psychopathology develops during adolescence and thus how therapeutic interventions can be oriented" (p. viii). He has succeeded in providing the reader with a comprehensive and integrative text, clearly meeting his aims.

Some have conceptualized development as proceeding in a stepwise progression through a series of stages with the aim of mastering stage-specific tasks. In contrast, Bloch proposes that development is a continuous process in which dynamic configurations of personality characteristics evolve gradually throughout the life cycle. According to his thesis, three basic goals are involved in adolescent development: (1) internal strivings to complete development, (2) the need for parental sponsorship for these strivings, and (3) the wish to retain a positive relationship with parents. In my view, these goals are pertinent throughout the developmental process and involve the interaction of lines of development organized around the negotiation of

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Adolescent Development, Psychopathology, and Treatment

Jill M. Miller

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dependence, independence, and interdependence in relation to oneself and one's objects. Bloch looks at these issues as they apply to adolescence when the developmental steps involving the transitions from being a child to becoming an adult, from living at home to going into the world, are a reality. He describes the impact of the environment's response on this process, as well as the interaction of this response with the adolescent's internal world.

Bloch provides an in-depth historical and interdisciplinary overview of psychological development both during and prior to adolescence. He compares and contrasts his views with various stage-based theories in which the beginning and the end of adolescence are marked by the attainment of goals and/or structural criteria. From a cognitive, Piagetian orientation, it is the establishment of abstract thinking which motivates and allows the adolescent to acquire values that are independent from those of their parents; whereas from a self psychology orientation, emancipation commences when the adolescent becomes disillusioned with a previously held idealized view of parents. Bloch agrees that these issues may be part of adolescent development, but they do not account for the whole picture. He also challenges "traditional psychoanalytic theories," which I take to mean the ones proposing the centrality of psychosexual lines of development as they pertain to oedipal phase organization, conceptualized from a drive theory orientation. Bloch argues that the continuous relationship between child and parents in which the child seeks age-appropriate protection and nurture is what is central. It is not the revival of the oedipus complex that initiates the adolescent development process, but rather the reality of emancipation, a process whereby the adolescent moves toward greater autonomy while needing to retain parental support. Thus, he concludes, the primary focus of adolescent development is the consolidation of a confident sense of psychological independence from childhood ties to parents, as opposed to the psychological adaptation to sexual maturation. I would argue that these two are not mutually exclusive; instead, both are lines of development that are important throughout the adolescent process and that interact and influence one another.

Adolescent turmoil, which Bloch clearly describes, citing pertinent research findings, is a sign of psychopathology as opposed to a sign of normal development. When turmoil does arise, several sources can account for it, including "problems integrating adult sexuality . . . or

aggression or enhanced cognitive abilities." However, "the most frequent sources of turmoil are adaptive efforts to try on new identities for fit with established patterns and talents; to experiment with newly emerged capacities and potentials, to practice as it were; and to attempt to resolve problems in relatedness to parents . . ." (p. 18). Psychopathology arises from the conflicts the adolescent experiences in an attempt to secure the three goals of development and to successfully negotiate the overarching developmental conflict between psychological dependency and autonomy. A common example is a conflict between the normal urge to complete development and the wish to maintain ties to parents, resulting in emancipatory guilt which arises from the wish to be emancipated to an autonomous existence. Pathology is less likely when the relationship with parents is stable and the adolescent feels parents are strong and able to support his or her developmental progression. When development goes awry, adolescents experience a tendency toward self-blame which is defended against by reversals and externalizations; they feel that they are responsible for maintaining the relationship with parents and that they have the power to influence parents. According to Bloch, disturbed adolescents have resolved these conflicts in one of two ways, by complying with parents or by behaving like parents in a defensive identification.

Bloch proposes a model of assessment and treatment addressing the issues of the initial contacts with the family and working with parents; the technical interventions of explanations and interpretations; the maintenance of treatment which includes the need to come and go from therapy, a common characteristic of some adolescents; the adolescent's testing behavior, externalizations, and transference; and the therapist's countertransference. The text is rich with clinical vignettes which Bloch uses to compare and contrast his theory of adolescent development with those of others, and to illustrate his views of psychopathology and technique. He concludes with an in-depth look at the psychoanalysis of an impulse-ridden adolescent which elucidates his technical approach to this boy's conflicts as they relate to the developmental line leading to emancipation. In addition, his approach addresses developmental failures in the establishment of impulse control. Bloch uses this case to illustrate not only the fact that these adolescents can be treated psychotherapeutically, but also to show the ways in which an individual strives throughout de-

velopment for a stable parental relationship and struggles to find adaptive mechanisms to complete development. Through Bloch's honest and straightforward account the reader is able to observe the importance of focusing the work on the here-and-now relationship between patient and analyst, and the ways in which feelings engendered in the analyst can be used therapeutically.

Bloch has provided a valuable resource not only to clinicians treating adolescents, but to all therapists who are interested in a developmental point of view. He proposes an ego-maturational model which takes into account the individual's innate striving to complete development and the need to adapt to the realities of the environment. He beautifully describes the ways in which these adaptations can go awry as the adolescent negotiates the emancipatory process.

JILL M. MILLER (DENVER)

D. W. WINNICOTT. A BIOGRAPHICAL PORTRAIT. By Brett Kahr. Madison, CT: International Universities Press, Inc., 1996. 189 pp.

As the title promises, this book is indeed a "biographical portrait," a brief and readable overview of the salient facts of Winnicott's life. Included is information about his family of origin, his birth in 1896, and his childhood, his school years, his medical, pediatric, and psychoanalytic education, his career, his major professional relationships (especially with the Kleinians), his friends and hobbies, the outlines of his career, his final years, and his death. A copy of his last will and testament closes the story.

As one who has always found reading Winnicott enlightening and entertaining, I approached this book curious to learn how he became the analyst we know. It is generally accepted that an analyst's theoretical creations stem largely from the topics central to his or her own analysis; we are given a few suggestive rumors about Winnicott's two lengthy analyses, but we are also informed about many aspects of his personal life that do offer clues as to what internal questions he was attempting to answer with his psychoanalytic researches. For instance, we are told he was brought up surrounded by women, by a doting mother and two older sisters (who died unmarried, by the way), and with a largely absent father, and it is suggested that this played a part in focusing his attention on the mother-infant dyad, generally to the

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D. W. Winnicott. A Biographical Portrait

J. Alexis Burland

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exclusion of the father. It is also suggested his closeness to his mother played a part in his development of a ferociously independent way of thinking. As, to me, Winnicott was somewhat of a celebrity within the psychoanalytic community, I was also intrigued by the many anecdotes about his often complex and testy relationships with Ernest Jones, Melanie Klein, James Strachey (his first analyst), Joan Riviere (his second analyst), and many others. And it was sad to learn that when he delivered his paper, "The Use of an Object," at the New York Psychoanalytic Society in 1968 he was savaged by the discussants, returned to his hotel room, and suffered a massive coronary. He died in 1971 from heart disease. A more thoroughgoing biography with a more extensive critical assessment of his work is being prepared by the author of this volume. In the meantime, this book offers a very pleasant introduction to the life, and times, of this quite extraordinary psychoanalyst.

J. ALEXIS BURLAND (BALA-CYNWYD, PA)

D. W. WINNICOTT. THINKING ABOUT CHILDREN. Edited by Ray Shepherd, Jennifer Johns, and Helen Taylor Robinson. New York: Addison-Wesley Publishing Co., Inc., 1996. 343 pp.

This volume presents thirty-one of Donald Winnicott's lectures and essays dating from 1930 through 1970. Many are quite brief and sketchy; the thoughts they contain are often presented with an informality that can be simultaneously refreshing and disappointing. Twenty of the chapters have not been published previously; of the remainder, most appeared only in obscure journals (e.g., the *St. Mary's Hospital Gazette*). Thus, the editors of the present volume do us a service in adding this material to Winnicott's published bibliography. In addition, Harry Karnac does a special service in making available, as an appendix, his extensive alphabetical and chronological listings of Winnicott's many papers which now appear across twenty-one different volumes.

Those readers who have not read Winnicott before will likely find the present volume uneven in quality and more than a little frustrating. Most of the essays here were not written for publication, and one suspects that Winnicott himself would have wanted to rework them substantially before committing them to print. Those readers who

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D. W. Winnicott. Thinking about Children

Paul M. Brinich

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have read Winnicott before will find much that is familiar; the works presented here are very much "of a piece" with his other published materials.

Nonetheless, it is a pleasure to encounter the freshness of Winnicott's observations once again. His lifelong involvement with children's bodies and minds in his Paddington Green pediatric clinic provided him many opportunities to link psychoanalytic concepts with the everyday bodily and mental lives of children.

Winnicott is especially adept at putting into words the experiences of infants and mothers—and of the *infant-with-mother*, that joint venture which led him to pen his famous aphorism, "There is no such thing as a baby." Writing about the early stages of psychological development, Winnicott remarks, "How important it is at such a stage that the mother has the child in her mind as a whole person, because the child can then afford to be in pieces" (pp. 24-25). Speaking to nursery school teachers, he noted, "A mother is temporarily an expert in child-feelings. People say she becomes a vegetable, but really she becomes interested in a narrowed world and so is able to believe in the intensity of the children's feelings" (p. 64).

Lest these quotations suggest that Winnicott was a sentimentalist, he was careful to point out that parents "naturally love and hate their babies, in varying degrees. This does not do damage" (p. 222). By hatred Winnicott meant something quite elemental and profound—not just a reaction to the normal external frustrations of daily life. He gave credit for his appreciation of feelings such as envy and hatred to Melanie Klein. It may be that his endorsement of these aspects of Kleinian thinking delayed his appreciation by American psychoanalysts; they tended to side with Anna Freud following the wartime "Controversial Discussions" which pitted Mrs. Klein's and Miss Freud's followers against each other.

It was Winnicott's appreciation of human ambivalence that led him, in an essay on the relationship between parents, teachers, and pediatricians, to acknowledge the importance of hate and to assert that the capacity for depression marks a positive step in human development.

> [A carefully taken history of a child's infancy and first few years] would also give a hint as to which child should be given opportunity for the direct discharge of hate impulses . . . and . . . which child requires more help in regard to reparation

> and restitution. . . . The latter type of child . . . is often singularly little in need of direct aggressive activity. . . . Such children . . . carry the capacity to suffer from depression, man's most noble disease (p. 86).

There are few writers today who would dare to write about depression as a noble disease.

In a two-page essay entitled "Notes on a Little Boy," Winnicott describes in everyday language how a child oscillates between elation and anxiety as he steps out of his family and into school. The fact that the boy's attitude toward his teacher is free from the profound ambivalences that characterize his feelings about his mother provides a wonderful freedom; and yet his enjoyment of this freedom is limited by his concern that it may somehow hurt his mother.

> This is a passing phase, and if left to take care of itself will give rise to no permanent trouble. Too much distress on the mother's part, however, may make the little fellow feel so guilty that he will reorganize his attitude, will find he hates school, and will even complain of being ill-treated by his teacher or by the other children. In that case, he may regain happiness at home, which will then be a symptom (p. 103).

One of the most thought-provoking chapters in this volume, "On Cardiac Neurosis in Children," contains Winnicott's reflections upon how anxiety regarding rheumatic fever led many physicians, from 1920 until 1940, to put children to bed for months at a time. Winnicott found that a careful history-taking helped him to distinguish children who were truly in the early stages of this disease from those who were suffering from the everyday aches and pains through which children often express the psychic struggles encountered during normal development. He writes:

> It is a sad result of the advances in modern medicine that there is no personal clash between patient and doctor as whole persons; there is a visit to the doctor, a disease process is found, treatment is given, and the disease is cured, but no-one has met anyone, no one person has bumped into another person (p. 183).

Sadly, Winnicott's comments are even more true now than they were three decades ago.

This volume is not an appropriate introduction to Winnicott; for this, one should turn to his *Therapeutic Consultations in Child Psychiatry*

(1971) and *The Maturational Processes and the Facilitating Environment* (1965). However, those readers already familiar with Winnicott will find enjoyment here as he applies his fresh thinking to a variety of problems faced by parents, teachers, pediatricians, psychiatrists, psychotherapists—and children.

PAUL M. BRINICH (CHAPEL HILL, NC)

THE REMARKABLE BEATRIX POTTER. By Alexander Grinstein, M.D. Madison, CT: International Universities Press, Inc., 1995. 328 pp.

While I do not find Beatrix Potter to be as remarkable as Grinstein does (when one judges her by the same standards as one would judge, say, Lewis Carroll, A. A. Milne, Hans Christian Andersen, or Antoine de Saint-Exupéry; she does not come close to equaling their depth, in my opinion), he does, however, make a compelling and well-researched case that her transcendence of her childhood was indeed *remarkable.* Her parents, even by the English standards of the last century, seem to have been more suited for the raising of livestock than children. Their wealth could insure that Beatrix would have the best governesses, but human contact with loving parents seemed unnecessary, if not excessively sentimental. The company of other children was prohibited, given the possibility of "germs." Her younger brother would seem to be the only other child she got to know for many years! Her journal, written in code to confound the Victorian snoop-police, mentions her father a hundred times and none too lovingly. The mother is mentioned hardly at all. With these meager genetic threads, the only psychological garment Beatrix could weave for herself seems to have been depression, no small achievement, perhaps, when one considers the alternatives (autism, schizoid withdrawal, etc.). Little wonder that at seventeen her diary contains the entry: "I, seventeen. I have heard it called sweet seventeen, no indeed, what a time we are, have been having and shall have" (p. 27).

Mindful of this depression, one is still shocked by the opening sentences Grinstein uses to introduce her.

> About a year before her death in 1943, Beatrix Potter wrote: "It is immaterial to give the address of my unloved birthplace. It was hit by shrapnel in the last war; now I am rather pleased to hear it is no more!". . . . The house in London,

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The Remarkable Beatrix Potter

Eugene J. Mahon

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> England, at 2, Bolton Gardens, Kensington, was destroyed by a German explosive on October 10, 1940. Beatrix Potter's comment succinctly expresses the intensity of her feelings about the house in which she lived for almost half a century, from her birth to her marriage (p. 7).

How Beatrix Potter wrote herself and painted herself out of this depression is the subject matter of this remarkable book. She wrote and illustrated her children's books, but one could almost say she painted and worded her children's books, given the primacy of the former in her aesthetic expression. (In fact, when her eyesight began to fail in later years, she felt her aesthetic career was over.) Words were obviously not enough to fall back on. Some hint of the primacy of the image for her is suggested in her journal entry that refers to "the irresistible desire to copy any beautiful object which strikes the eye. Why cannot one be content to look at it?" (p. 26). Here she sounds truly scientific and philosophical, a trait she perhaps did not fully develop.

Her first excursion into scientific circles may have soured her irrevocably. Her paper, "On the Germination of the Spores of Agaricineae," was supposed to have been presented at the Linnean Society of London on April 1, 1897. Since women were not allowed to appear at the meetings, her paper had to be read by a man. The reception was apparently quite negative, even though her work "executed in incredible detail, is remarkable both from an artistic and from a scientific standpoint" (p. 42).

Did the Linnean Society stint her serious scientific side at an early age? Was Mr. McGregor's vegetable patch the psychological endpoint of these inquiries? Did the chauvinism of Victorian science lead by some associative aesthetic route to *The Tale of Peter Rabbit*, in which after a father has been eaten, the son insists on treading the same oedipal path no matter the consequences. (This oedipal interpretation of Peter Rabbit is, curiously enough, avoided by Grinstein for whatever reason, even though he does stress that her insult at the hands of the Linnean Society was a trauma she had difficulty overcoming.) Grinstein implies that if science was the loser here, children's books were the winner.

As a child, Beatrix had boiled a dead rabbit to arrive at the bare bones which she then articulated, the better to help her with her

anatomical drawings. When one considers that she was the owner of a pet rabbit throughout her childhood, from which she undoubtedly drew "transitional" meaning, the cold-blooded, scientific anatomical meaning of the animal's skeleton takes on added significance. From science to children's art must be a small step indeed given the common playground of such psychic molecules!

A word about Peter Rabbit, undoubtedly her most famous creation, is in order. It was written for Noel Moore, the son of Anne Carter, Beatrix's favorite caretaker as a child, suggesting that its creation, not surprisingly, drew on early genetic memories of deficient parenting and loving substitutes. Noel was suffering from poliomyelitis, which may have triggered an empathic identificatory chord in Beatrix Potter who had suffered from rheumatic fever herself not long before the writing of the story. On one level it is a simple cautionary tale of a rabbit who ignores his mother's advice, invades Mr. McGregor's garden, barely escapes with his life but ends up with chamomile tea prepared by a mother who still loves him despite his misbehavior! On another level, of course, Peter's father has been eaten by Mr. McGregor, information which is not enough to stop Peter from repeating a similar transgression. Here we are in the world of Freudian desire, mischief, and guilt, and the "simplicity" of the tale would seem to hide a deeper complexity after all, which may account for its popularity and durability despite its seemingly meager content in terms of plot.

Grinstein has given us remarkable insights into this storyteller/artist who in later years became a conservationist to whom posterity may forever be indebted as one walks through the Lake District unhampered by all the vulgarities of the industrial revolution. Her triumph over her mother's stinginess is perhaps best represented by the fact that despite her mother's inability to help her financially, she proceeded to lavish her own money on the preservation of the Lake District. Perhaps this is her final victory over the capitalistic vulgarities of parents who could not truly love her. She created a rabbit that endures, and she protected the ecological burrows of her beloved Lake District. Isn't such abiding instruction, not to mention her artistic talent, enough to earn her a place in history? Perhaps Grinstein is not incorrect after all in calling her remarkable.

EUGENE J. MAHON (NEW YORK)

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Freud Among the Philosophers. The Psychoanalytic Unconscious and Its Philosophical Critics

Jon Mills

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FREUD AMONG THE PHILOSOPHERS. THE PSYCHOANALYTIC UNCONSCIOUS AND ITS PHILOSOPHICAL CRITICS. By Donald Levy. New Haven/London: Yale University Press, 1996. 189 pp.

> Some investigators, . . . who are unwilling to accept the unconscious, find a way out of the difficulty in the fact . . . that in consciousness . . . it is possible to distinguish a great variety of gradations in intensity or clarity. . . . The reference to gradations of clarity in consciousness is in no way conclusive and has no more evidential value than such analogous statements as: 'There are so very many gradations in illumination—from the most glaring and dazzling light to the dimmest glimmer—therefore there is no such thing as darkness at all'; or, 'There are varying degrees of vitality, therefore there is no such thing as death.' Such statements may in a certain way have a meaning, but for practical purposes they are worthless. This will be seen if one tries to draw particular conclusions from them such as, 'there is therefore no need to strike a light', or, 'therefore all organisms are immortal'. Further to include 'what is unnoticeable' under the concept of 'what is conscious' is simply to play havoc with the one and only piece of direct and certain knowledge that we have about the mind. And after all, a consciousness of which one knows nothing seems to me a good deal more absurd than something mental that is unconscious.
>
> FREUD[1]

How can one think the unthought? This is precisely the question Freud attempts to explain by positing the existence of an unconscious ontology. Philosophy has traditionally assumed an ambivalent attitude toward the psychoanalytic unconscious, from questioning its epistemic verity, to denoucing its existence altogether. In *Freud Among the Philosophers,* Donald Levy undertakes a comprehensive philosophical defense of the psychoanalytic conception of the unconscious against four major critics of Freud. Scrutinizing the claims that psychoanalysis is mythology, incoherent, self-contradictory, and scientifically unverifiable, Levy levels such arguments with cogent precision, exposing selective philosophical biases and misunderstandings that have dominated Anglo-American philosophy's critique of psychoanalytic doctrine.

Levy initially examines Wittgenstein's thesis that psychoanalysis is essentially a mythology because it imposes a predetermined explanation through interpretations. Interpretations are imposed on mental states that reduce them to something familiar or conventional, whereby the criterion of truth or correctness of the interpretation is determined by a person's assent or agreement. Wittgenstein further

[1] Freud, S. (1923): The ego and the id. *S.E.*, 19:16, n.

concludes that psychoanalysis is a reductive enterprise that fails to account for individuality and personal meaning, which is diffused and lost in generic interpretative technique. This is an insipid claim that is frequently and unjustly launched against Freud.[2] Levy shows that Wittgenstein fails to account for the myriad kinds of interpretation that withstand generalization, as well as failing to account for the nature of resistance and defense, free association, transference, dreams, and symptom formation as criteria for evidence of unconscious mentation. When juxtaposed against these aspects of psychoanalytic theory, Wittgenstein's critique is myopic and shallow. But in all fairness to Wittgenstein, his ideas expressed in his *Blue Book* and in *Lectures and Conversations* were notes and private conversations he had never intended to publish. Therefore, the question of his philosophical rectitude is moot.

William James, on the other hand, systematically attempts to annul the very concept of unconscious ideation in *The Principles of Psychology.* He asserts that the very notion of unconscious ideas is unintelligible and may not be appealed to under any circumstance. James's central argument is that the unconscious is a dispensable concept, because fleeting conscious ideas may offer the same explanatory force without the need to appeal to unconscious mental activity. For James, unconscious processes are reduced to brain states. Like Wittgenstein, James fails to address pivotal concepts of psychoanalytic lore, such as the nature of dreams and parapraxes, which makes his alternative explanation deceptively easy. But we must remember that James published the *Principles* in 1890, five years before Freud established psychoanalysis as a formal discipline. Furthermore, James was a very pluralistic and ambivalent thinker and was not especially impressed by the need to think the same thing all the time. In *The Varieties of Religious Experience,* James wrote as a phenomenologist which naturally led him to a deeper appreciation of the role of the unconscious.[3] And by 1909,

[2] Freud is often misunderstood to be a reductive materialist by those who rely on his unofficial and immature views espoused in the *Project.* Freud realized that he could never offer an adequate theory of mind solely from a neurophysiological account and by 1900 had officially abandoned his earlier materialistic visions for a psychological corpus (cf., *The Interpretation of Dreams*).

[3] Cf., James, William (1902): *The Varieties of Religious Experience.* New York: Modern Library, pp. 203-204.

he endorsed Freud at Clark University after Freud delivered his famous *Five Lectures.* Ernest Jones[4] and Peter Gay[5] report such an account in their biographies of Freud. However, for James there was always a tension between his sympathy for philosophical theology and the hostility of psychoanalysis toward religion.

Levy further examines Alasdair MacIntyre's arguments against Freud set forth in his book, *The Unconscious.* Among many analytic philosophers who have lambasted psychoanalysis for its dubious scientific status, MacIntyre claims that the unconscious is unobservable and is thus an illegitimate object of science. Levy demonstrates that, due to his narrow emphasis on repression, a concept he misunderstands, MacIntyre, like Wittgenstein and James, ignores key psychoanalytic concepts and methodological procedures that lend substantial support to the legitimacy of an unconscious ontology. According to MacIntyre, because the unconscious is beset by a lack of clarity regarding its observability, the problem of unverifiability precludes its epistemological justification and its explanatory force. Following in the tradition of Popper, who claims that psychoanalytic theory is nontestable, hence unfalsifiable, MacIntyre questions its scientific credibility and its predictive value. Yet he selectively ignores the nature of resistance, transference, and free association that, when brought into the context of interpretation, has substantial predictive value that may be verified or falsified as in other scientific models. Furthermore, any science has a problem with prediction, for its presupposes fixed-causal laws, thereby attenuating the notion of freedom, a reductive and dogmatic ontic assertion that psychoanalysis does its best to avoid.

Levy interprets MacIntyre's arguments to imply that observable entities (including processes and properties) may only be attributed to consciousness and that the observability of unconscious processes is illusory. MacIntyre makes an ontological commitment when he asserts that the unconscious is inherently unobservable, hence its essence may never appear nor is there any possibility of its becoming observable. While Levy challenges this thesis, mainly appealing to

[4] Jones, E. (1955): *The Life and Work of Sigmund Freud, Vol. 2: Years of Maturity, 1901-1919.* New York: Basic Books, p. 57.

[5] Gay, P. (1988): *Freud: A Life for Our Times.* New York/London: Norton, pp. 211-212.

clinical observation, he further objects to MacIntyre's distinction between observables and unobservables; to know that a process is absolutely unobservable, one would have to know that no method or technique could ever make the process experienceable. Furthermore, to maintain that an essence can never appear is to disavow its existence altogether. Hegel eloquently dissolves this dilemma when he equates appearance with essence, for nothing could exist unless it is made actual. Therefore, unconscious essence does not remain hidden behind the transcendental real; instead it manifests itself *as* emerging conscious reality.[6]

Levy's final critique examines Adolf Grünbaum's assault on the scientific credibility of psychoanalysis for lacking controlled experimentation and empirical validity, thus creating a chasm between objective and subjective knowledge claims. Levy points to a false dichotomy between Grünbaum's intra- and extra-clinical distinctions and reproaches his rejection of clinical evidence. Throughout his book, Levy reinforces the notion that Freud's critics have repeatedly focused on very selective and prejudicial arguments that have misunderstood key concepts and have neglected the broader domain of psychoanalytic theory. Written in an analytic philosophical style, Levy's arguments are tedious, yet he systematically dismantles his opponents' positions and refutes the claim that psychoanalysis is foreclosed from the possibility of having scientific status. When taken in total, Levy not only neutralizes these arguments, he renders them impotent. Levy's work will be more appealing to philosophically minded psychoanalytic scholars than to clinicians; however, anyone

[6] From the *Encyclopaedia of the Philosophical Sciences*, translated by T. F. Geraets, W. A. Suchting & H. S. Harris (Indianapolis: Hackett Publishing, 1991), Hegel (1817) makes this clear: "Essence must *appear*. Its inward shining is the sublating of itself into immediacy, which as inward reflection is *subsistence* (matter) as well as *form*, reflection-into-another, subsistence *sublating itself*. Shining is the determination, in virtue of which essence is not being, but essence, and the developed shining is [shining-forth or] appearance. Essence therefore is not *behind* or *beyond* appearance, but since the essence is what exists, existence is appearance" (§131, p. 199). In the *Phenomenology of Spirit*, translated by A. V. Miller (Oxford: Oxford Univ. Press, 1977), Hegel (1807) also shows that the coming into being of higher forms of subjectivity is mediated by their previous appearances: "The inner world, or supersensible beyond, has . . . *come into being*: it *comes from* the world of appearance which has mediated it; in other words, appearance is essence and, in fact, its filling" (§147, p. 89).

interested in theory or supportive argumentation will want to be acquainted with this book.

JON MILLS (TORONTO)

UNORTHODOX FREUD. THE VIEW FROM THE COUCH. By Beate Lohser, Ph.D. and Peter M. Newton, Ph.D. New York/London: The Guilford Press, 1996. 241 pp.

Beate Lohser and Peter M. Newton have created a thoughtful and interesting work in which they attempt to differentiate between the technique of psychoanalysis as described in Sigmund Freud's writings and the technique as described by five analysands who wrote books about their treatment with him. Although modern psychoanalysis, with its emphasis on transference and resistance analysis, seems to evolve from aspects of Freud's technical papers, according to the authors it differs substantially from the analyses which Freud conducted. Therefore, Lohser and Newton believe that current "mainstream" psychoanalysis is not "Freudian" but rather a "post World War II invention." And it is this "invention," they feel, that includes "abstinence, incognito, and neutrality" (p. 1).

The five analysands in the order presented by the authors are Abram Kardiner, Hilda Doolittle (H.D.), Joseph Wortis, John Dorsey, and Smiley Blanton. Although the treatments were conducted in the 1920's and 1930's, the reminiscences were published many years later. In Doolittle's case, Lohser and Newton, in addition to describing her own account, quote from her unpublished correspondence with Bryher MacPherson, who paid for Doolittle's treatment. With the exception of Doolittle, a writer, all the narratives were by prominent American psychiatrists who remained in Vienna for a relatively brief, specified period of time. Lohser and Newton present the synopses in a highly readable fashion.

Unfortunately, the authors view "Freud's technique" and modern technique as rigidly static entities that are diametrically opposed to each other. As we know, the development of psychoanalytic practice, in Freud's time as well as in our own time, is in constant evolution—a dynamic process. Therefore, it is difficult to be comfortable with the

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Unorthodox Freud. The View from the Couch

Daniel S. Papernik

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statement that "his technique is generally believed to have been definitive by 1909 at the latest" (p. 7). And fortunately, psychoanalytic technique continues to evolve, especially in the more than fifty years since the end of World War II.

Is what the patients wrote and additional material from the Rat Man and the Wolf Man illustrative of Freud's practice? We do not know. We do know, however, that they were published long after the treatments ended. Memory is fallible, and often the analysand's memory says more about the analysand than about the analysis. Transference does not disappear with termination.

Also to be remembered is that the treatments are different from what we would call psychoanalysis today. They were all brief and time-limited, with the time often set in advance. Four of the five were in the nature of a training experience, where ambitious American psychiatrists had "some analysis" with "the founder" as part of their education—quite different from today's training analyses. In addition, all were treated by a man suffering from a debilitating illness, as Freud by then had contracted cancer of the jaw.

It seems that the authors' concerns with concepts such as transference and resistance analysis have led them to create a "straw man"—a "neo-orthodox stereotype." And this stereotype takes away from the fact that an analysis is an intense encounter between two complex individuals which affects both deeply.

In sum, Lohser and Newton have given us a stimulating work and an important addition to the literature on Freud. Reading the five reminiscences together immerses the reader in an important historical context. Students of psychoanalysis, especially students of the history and evolution of psychoanalytic theory, will benefit from this work.

DANIEL S. PAPERNIK (NEW YORK)

THE THERAPEUTIC ALLIANCE. By W. W. Meissner. New Haven/London: Yale University Press, 1996. 385 pp.

This enormously scholarly volume is impossible to summarize, but not because there is no central theme. Strikingly, the theme is dis-

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The Therapeutic Alliance

Harold R. Galef

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cussed in encyclopedic fashion, dealing with every conceivable connection to the therapeutic alliance. It is like a working through in analysis, in the best sense, with all related data covered in depth. It is a handsome volume, written clearly, with wonderful organization and exhaustive references and notes. Many will find it useful as a reference book, rather than just reading it through from beginning to end. To presume that it will stand as the definitive work on the therapeutic alliance is not an overestimation.

Meissner begins with a history of the term and helpfully explicates the various confusing definitions of the concept, beginning with Freud's describing the "unobjectionable transference." In his presentation of the material, the author puts forth various conflicting views and then offers his own. Although adhering largely to his position as an analyst working in a classical mode, it is most impressive to note the careful and thoughtful flexibility that he demonstrates. The emphasis in most of his positions is to work to maintain the therapeutic alliance while carrying on the other necessary aspects of analytic work. Meissner very clearly distinguishes the therapeutic alliance from transference, countertransference, and the real relationship, presenting both the genesis of the different concepts, as well as developmental aspects of the alliance.

Although Meissner's volume is not rich in clinical vignettes, it abounds in discussion of clinical situations. The therapeutic alliance is always kept in the picture, but many other technical considerations are discussed along the way, adding considerably to the value of this book. For example, transference is discussed in terms of the ways that it can distort the alliance. The manner in which transference is at the root of most therapeutic misalliances and the best way to handle countertransference issues are just two of the many areas covered. Issues of great moment to novices in the field, such as the handling of gifts, matters of self-disclosure, and nonsexual social relations, are all touched upon. This is a volume of great value to psychoanalysts at all levels of training and experience. As always, Meissner's thrust in each situation involves the consideration of care in avoiding disruption of the therapeutic alliance and viewing it in its proper place in the analytic frame.

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Psychoanalysis. The Major Concepts, Psychoanalytic Terms and Concepts

Robert M. Chalfin

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PSYCHOANALYSIS. THE MAJOR CONCEPTS. Edited by Burness E. Moore, M.D. and Bernard D. Fine, M.D. New Haven/London: Yale University Press, 1995. 577 pp.

PSYCHOANALYTIC TERMS AND CONCEPTS. Edited by Burness E. Moore, M.D. and Bernard D. Fine, M.D. New Haven/London: The American Psychoanalytic Association and Yale University Press, 1990. 210 pp.

This review will focus on the "companion volume" *Psychoanalysis: The Major Concepts*, published in 1995 as a supplement to the 1990 *Psychoanalytic Terms and Concepts*, itself an enlargement of the *Glossary of Psychoanalytic Terms and Concepts* first published in 1966. The "major concepts" book was planned to "provide a more comprehensive discussion of subjects of central importance in psychoanalysis including its applications, technical aspects, clinical phenomena, and more general theoretical concepts" (p. xii). After slowly and painstakingly reading this entire volume, I can vouch for its success in this intention. It is meant to serve as "an introduction to modern-day psychoanalysis for beginning students and as a review and up-dating of the fundamental theories of psychoanalysis for the more sophisticated" (*ibid.*). A third aim is to provide a "systematic consensus regarding the scientific basis of psychoanalysis that will raise questions for future research" (*ibid.*). They comment that a critical overview of our entire theoretical infrastructure is a necessary preliminary to revision. Of these aims, the book is most successful, in fact quite good, in serving as a review and update for the sophisticated. With some exceptions, it is too difficult and complex to serve as an introduction to modern psychoanalysis for beginning students, and while it raised questions and controversies for future research, the idea that this represents a systematic consensus was far from my mind. In fact, in some ways I found the book to be unsystematic.

The preface indicates that it represents "traditional main stream psychoanalysis" (early 1990's) in which "ego psychology or modern structural theory with some admixture of object relations theory and Mahler's developmental theory" represents the perspectives of the editorial board and chapter authors. I quote from the preface because in reading this collection of essays by different authors I found it hard to define what this book is. The overall organization and arrangements of chapters struck me as more arbitrary than clarifying

and certainly not self-evident. I found the neglect of psychopathology as a separate focus somewhat jarring (perhaps because of my involvement in teaching psychiatric residents). Although most authors were truly authoritative—that is, expert, thoughtful, extremely knowledgeable and even-handed regarding the many disputes and differences along the whole gamut of psychoanalytic theory and technique—other chapters struck me as authoritarian, opinionated, and not up to date. By not up to date I mean that references do not go beyond the mid-1980's, and other perspectives, points of view, and areas of controversy are neglected. This, in a field most would argue is continually evolving. Regarding the choice of authors for these chapters, most seemed to be on the mark—the best and most influential writers and thinkers in our field—with some emphasis on more senior contributors, quite appropriate for an encyclopedia-type book.

Outstanding chapters include those of S. Pulver, "Technique of Psychoanalysis Proper," which opens the book and could serve as a superb introduction for students of psychoanalysis and the mental health field in general, along with his chapter, "Psychoanalytic Process and the Mechanism of Therapeutic Change." Also outstanding is S. Akhtar's contribution, a model chapter on aggression; a model due to its clarity, comprehensiveness, and synthesis in which a historical approach to the concept of aggression gradually engages the main issues and leads to current views. Robert and Phyllis Tyson's chapter on development is an extremely well-organized, informative, and up-to-date presentation, built around the kind of conceptual thinking and childhood observational data which best characterizes the developmental perspective. Still another fine chapter is D. Boesky's "Structural Theory" for its clarifying, defining, and explicating of this topic, again utilizing a historical-developmental perspective and in a thoughtful way bringing us up to current issues. Another good chapter is F. Levin's on the relation of psychoanalysis to the brain and neuroscience. Each of these chapters would be useful for beginning students as well as for the rest of us. They share the important assets of readability and straightforwardness; comprehensible, but not simplistic, by people well versed in and thoughtful about their topic.

It is probably best to think of this as an encyclopedia of related, but discrete topics. This is certainly not an integrated text or view of psychoanalysis, nor is it meant to be, which I suppose relates to my questions about it as a systematic consensus. Reading it is like going

through an encyclopedia, not to be read cover to cover, but chapter or topic at a time. It is neither textual nor contextual. I recommend this book for the library of all interested in current (mid-1990's) psychoanalytic thinking on many of our major concepts. Especially useful for psychoanalytic and psychiatric teachers and supervisors would be those chapters which provide a synthesis of thinking as well as a survey and overview of the concept.

Finally, the glossary approach of thirty years ago with its brief "scientific" definitions of psychoanalytic terms no longer suffices, if it ever did, to convey contemporary psychoanalytic thinking. This expansion from definitions of terms to in-depth consideration of major concepts, although flawed by its built-in neglect of overall coherence, is in the main successful in fulfilling its editors' intentions.

ROBERT M. CHALFIN (NEW YORK)

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SUBJECT INDEX

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