

## THE INTRAPSYCHIC AND INTERSUBJECTIVE IN PSYCHOANALYSIS

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*Both the intrapsychic and the intersubjective take part in the analytic process. A pointless struggle for supremacy may await those who support either point of view exclusively. If the “objectal” perspective is well known, the “subjectal” one is less theoretically defined: it includes the series of the ego, the self, the subject, the I, etc. The drive is the matrix of the subject. An examination of the relationships between perception and representation raises the question of the connections between drive and object. The object is the revealer of the drive. A revision of Freud’s theory must underline the role of the object, which is unduly neglected. The new paradigm should consider the indissociable couple, drive-object. The construction of the object leads retroactively to the hypothesis of the drive, which reciprocally constructs the object. The function of the similar other (autre semblable) is defined as a fundamental link (desire and identification). The intersubjective relationship connects two intrapsychic subjects. Force and meaning are intertwined and combine their effects. Psychic causality is at the crossroads of the biological (metabiological) and the cultural. This paper examines the transition from the first topographic model to the second.*

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## ISSUES AT STAKE IN THE INTRAPSYCHIC-INTERSUBJECTIVE DEBATE

If I have chosen to study the relations between the intrapsychic and the intersubjective, it is because this theme covers issues existing on multiple levels. There is no denying that the title itself is evocative of a web of problems at the center of psychoanalytic experience. Everyone will agree that the main purpose of treatment is to throw light on the intrapsychic, the analysand's internal world. But it will also be recognized that this occurs by means of transference which forces—and I use this verb intentionally here, with Freud's experience in mind—the analyst to get involved, since it is through being the object of projections that the analyst becomes engaged in the psychoanalytic process. Further, it is by analyzing these projections and by the way the analyst responds to them that his or her speech and actions will reflect the patient's psychic reality. How can the analyst achieve this without his or her own psychic reality being involved in the process? This is indeed the meaning of what has been called the second fundamental rule, i.e., the necessity for the analyst to be analyzed. It is in the intertwining of the internal worlds of the two partners of the analytic couple that intersubjectivity takes on substance—which does not, however, imply a symmetry between the protagonists.

These points recalling the essential components of analytic practice may also give rise to conflicting interpretations. Instead of working together, these two dimensions may become the object of a struggle for supremacy in which each point of view, while acknowledging the other's position, strives to secure its primacy, if not its hegemony. It will also be seen that the roots of these struggles are situated at an ideological level that is not immediately noticeable, but which becomes apparent as soon as one gives the matter even a modicum of thought. Where the intrapsychic is concerned, the central hypothesis of the drive soon becomes evident; whereas the intersubjective involves the outlook inaugurated by object relations, based particularly on the idea of a two-person psychology, as if the mention of a duality automatically shifted the problem onto a psychological level arising

from the relationship of one psyche to another. One may want to re-interpret the effects of each of the terms in question and consider a new way of understanding their relationships. This is what I propose to do, and my approach takes into account the lessons of contemporary clinical experience, and in particular nonneurotic structures.

## NOTE ON THE DOUBLE LIMIT

When I put forward the model of the double limit (Green 1990) with the aim of characterizing the main aspects of our thinking on borderline cases, that is, those said to be bordering on psychosis, I built into one and the same schema the vertical limit between inside and outside, and within the inside, divided in the middle, the horizontal limit between consciousness on the upper level and the unconscious on the lower level. Two fields were thus defined: that of the intrapsychic on the inside, resulting from the relations between the parts comprising it, and that of the intersubjective, between inside and outside, whose development involves a relationship to the other. For where psychic structuring is concerned, the outside is not only reality, but at its heart, symbolizing it and signifying it, that which psychoanalysis denotes as the object—which in fact refers to the other subject. The object is thus situated in two places: it belongs both to the internal space on the two levels of the conscious and the unconscious, and it is also present in the external space as object, as other, as another subject.

## OBJECTAL LINEAGE AND SUBJECTAL LINEAGE

As soon as one gives the slightest thought to analyzing the concept of the object in psychoanalysis, one quickly realizes that this single term covers a multitude of contents.<sup>1</sup> I have shown that this is the case by

<sup>1</sup> See the four chapters devoted to the object in my book (Green 1995b).

contrasting the object included in the drive assembly and the object of the satisfaction sought after, which is located in the external world. But there are numerous other varieties: the object of phantasy, the real object, not to mention the object of sexual difference and that of generational difference in the oedipal context. Our panoply has been enriched by the introduction of new concepts, such as Klein's internal object (1932) and Winnicott's transitional object (1951-1971). In fact, there is no—and there can be no—unified conception of the object.

Although the object is the source of difference (with the ego or the subject), the multiplicity of these aspects also creates within it the necessity for differentiation. It must be remembered that there is always more than one object. The purpose here is not simply to stress the diversity of meanings but to note the impossibility of defining a concept under which they can all be subsumed. Otherwise, one would run into the dead end of the genetic solution, which is centered on the primary object, the mother or her breast, making all the varieties of this primitive world derive from it by attributing to them merely the status of offshoots, all of which are supposed to refer back to their initial model. This conception raises many difficulties. By contrast, French psychoanalytic literature emphasizes structural distinctions which cannot be absorbed by a developmental genetic position whatever the theory underlying it may be, whether it is the Kleinian view of internal objects at the beginning of life, or one arising from conceptions based on systematic observation. The French language distinguishes between *objective*, the only term that exists in common language, and *objectal*, created as part of psychoanalytic vocabulary. Thus, in order to bring together the diverse uses, I shall speak of the *objectal lineage*.

In my London lecture,<sup>2</sup> I considered that a new metapsychology was emerging which was inclined to throw overboard Freudian distinctions in order to focus on a study of the relations between the *self* and the object. The *self* is merely the most recent of the prod-

<sup>2</sup> See Green (1986): The analyst, symbolization, and absence in the analytic setting.

ucts of the theory. The inadequacy of the concept of the ego has often been emphasized, and other entities have been added to it depending on the theoretical context: the subject, the I, the person, and finally the *self*, itself understood differently by different authors, from Jacobson (1964) to Kohut (1971). Thus *self*, ego, I, subject opened up for psychoanalysis a subjectal lineage, henceforth the counterpart of the objectal lineage with which we have long been familiar. It is clear that what was sacrificed in all this was the Freudian drive. I would like to take this opportunity to redress an imbalance caused by what I fear is a tendency within psychoanalysis to idealize. I shall try to keep hold of the two poles of the pendulum extending from the drive to the object and vice versa, because what is important is not the extreme situations but the to-and-fro between them—the pathway, the oscillation—in short, the dynamic uniting them.

## PERCEPTION AND REPRESENTATION

How does the external world help the internal world to construct itself? What are the organizing parameters? How does the internal world shape our vision, our conception of the external world, and again, what are the organizing parameters involved? These questions represent an old problem for psychoanalysis. I would even say that this is its oldest problem, for the relation between perception and representation was its starting point.

In the early days of psychoanalysis, perception lost ground from the moment Freud invented the psychoanalytic setting, aimed at facilitating and stimulating the sphere of representations. But it made its return many years later when psychoanalysts began to take more interest in psychoses and psychotic structures. Freud's reference to the repression of reality implied that the information provided by perception was unacceptable. Positive hallucination had its roots in negative hallucination. And although disavowal and splitting were first described in connection with fetishism, later on, *Spaltung* was recognized in the fragmentation found in psychosis (Freud 1940). Above

all it was a mistake to limit perception to the senses, as psychology had done.

If one reads Freud with care, it is clear that for him perception operated in the internal world, far removed from the psyche, in the form of the perception of bodily states; this was equally true in the domain of thought, since for him, the principal function of language was to make thought processes perceptible. Whereas at the beginning of his work, Freud mainly used perception as a concept to be contrasted with representation, providing information about reality and used for acquiring knowledge of the present, it was to be granted a more complex function as psychoanalytic thought developed. Far from being spared the vicissitudes of the internal world, perception could in turn become the locus of processes which were evidence that its function as a guarantor of reality was in question. Was this not something that had already been discovered by classical knowledge long before? The case of fetishist splitting was clear evidence of this, and negative hallucination could be considered the equivalent of repression for the internal world. Reality testing could no longer be based on perception alone. Even if it remains valid to a certain extent, the relation "perception-representation" needs rethinking, for it does not do justice to the complexity of the issues involved. Representation suffered a similar fate to that of perception. It was not without good reason that, at the level of the id, it no longer held the same place in the second topography as it had in the unconscious in the first topography.

The field of representation, considered the opposite of perception, has been considerably enlarged. For all psychoanalysts, the basic cell remains the opposition established by Freud between thing-presentations and word-presentations: in other words, in treatment, the difference between the meaning of the analysand's discourse and that which echoes it in the internal world and cannot be reduced to it. A more refined conception of representation shows that it is necessary to extend it to other data that have not yet been taken into account. This is the case for representations of reality. Freud speaks of the ideas and judgments which represent reality in the ego: in other words, it is not enough for reality to be perceived; it is also repre-

sented in the ego by judgments. This is what language gives access to without being able to contain.

At another extreme, we need to bear in mind that which Freud called the “psychical representative of the drive,” the drive itself being conceived of as a psychical representative of the excitations originating from within the organism. It is understandable, then, that the idea of meaning to which Freud continued to adhere depended on a gradient which extended from a force that traversed the psychic spaces—not without undergoing transformations, but caught between outcomes entailing discharges that may have different forms, i.e., somatic, hallucinated, or acted out (*Agieren*). Conversely, other pathways which involve psychic activity in a long process of elaboration using the paths of representation transform the elaborations of the latter in the proximity of those fields open to the dimension of representation. All this includes a range of situations extending from their strictly somatic precipitations to abstract forms. This implicit hierarchy should not allow a single model to be imposed, for abstraction should not be understood in the exclusive sense given to it by science. Artistic or philosophical abstraction belongs to a different model.

As far as psychoanalytic practice is concerned, this is an opportunity to embrace a wider field than that of classical treatment, since it can include the somatoses and the psychoses—and even psychopathic states, or at least those aspects of these entities which allow the psychic processes involved in them to be investigated, thus going beyond the perspectives opened up by the traditional classification of the neuroses. In the opposite direction, that of the evolving vicissitudes of the drives, the investigation extends to the different forms of sublimation. It cannot be denied, however, that the results of psychoanalytic experience are much more reliable when one remains within the orbit of the neuroses. Whether one moves in the direction of pathology or toward the different forms of sublimation, the element of uncertainty and speculation will always be greater. Yet acknowledging this should make us wary of attempts sometimes put forth to account for “normal neurotic” states, which remain the main indication for psychoanalytic treatment, in terms of data of exclusively “psychological” origin. We should thus try to free ourselves from biologi-

cal and somatic polarities or the effects of *Agieren* which give a less aesthetic turn to our speculations, offering a more flattering, and spiritually more exalting, vision of our psychic determinisms. Conversely, the reminder of these determinisms should not have the effect of obscuring the potentiality, present in the first lineaments of the psyche, of that aspect which called for the concept of transcendence. We are prey to the opposing tendencies of various forms of reductionism; psychologizing reductionism is not the least attractive of them.

It will be noted, then, that the opposition between inside and outside has become more radical. At its innermost pole, which most escapes the influence of external reality, is the drive. At its outermost pole—furthest, so to speak, from the drive—is the other, in all the complexity that allows it to escape definition exclusively in relation to the drive, and always refers to a subject, for, as I have pointed out, there is no subject except for another. The object, let it be recalled, is subject to the judgment of existence. The decisive step accomplished by Bion and Winnicott in reformulating the problem should be acknowledged here. But if these two worlds are set in opposition, they should be linked again. Here I shall mention a concise and striking formula coined by César and Sara Botella (1990): “only inside, also outside.” This brings us back again to Freud’s well-known position: to find an object is to re-find it.

## THE DRIVE AND THE OBJECT

Each of these two poles, the drive and the object, calls for a semantic analysis. As far as the drive is concerned, Freud’s rigorous description brings together the notions of the frontier concept, anchorage in the soma, excitation reaching the psyche, and the measure of the demand for work imposed on the psyche due to its link with the body. I have shown elsewhere (Green 1986) how Freud’s well-known definition embraced three points of view: dynamic (following the path from the body to the psyche), topical (by definition the somatic and psychic spaces), and economic (the measure of the demand for work imposed by their relations). This notion of psychic work is undoubtedly the



most important and shows that the drive cannot be entirely defined by the idea of a raw and rudimentary psyche, as one tends to think, but that it is itself the location and the product of work. It can be thus described only when compared with the more sophisticated forms of representation.

Now this definition, whose intrapsychic orientation is evident, may also be interpreted from a different perspective. It is possible to imagine that it describes the relationship of an infant to its mother, or even the excitation arising from the state of the infant, striving to express itself in order to reach the maternal space, working on itself and obliging the mother to work in turn in order to respond to the infant's helplessness. This would be an intersubjective interpretation. *But what is important is that the same definition can be read from two different perspectives, intrapsychic and intersubjective, as a primary matrix from which the later differentiations of each, their opposition and their complementarity, will emerge.*

As for the object, it is no easier to define. It is polysemic; there is always more than one object, and as a whole they cover several fields and fulfill functions that cannot be embraced by a single concept. The theory of the object is marked by a contradiction present in Freud which, to my knowledge, still persists. When Freud spoke about it with regard to the components of the drive, he considered that the object was one of the latter's most contingent characteristics, the most replaceable, the most substitutable, and undoubtedly the most symbolizable. Conversely, however, when he developed the theory of melancholy, he spoke of only one object, an object that must be replaced at all costs if ever it happens to be lacking. It may be said that the ego sacrifices a part of itself to replace this object. It is clear that the question of substitution and replacement does not refer to a univocal or exclusive theory, as some theories inspired by Lacan tend to suggest. Moreover, Lacan (1966) could only defend partiality as an essential characteristic of the object because he had at his disposal the concept of *other*, which superseded the idea of a total object as a source of enticements and theoretical aberrations.

This division between the drive and the object faces us with somewhat simplistic oppositions that need to be questioned, corrected,

and overturned. I have maintained that the *object reveals the drive* (Green 1999). If the object was not lacking, we would not know that the drive existed, for it is precisely then that it manifests itself with urgency. Conversely, I would say that there is no object that is not invested and moved by the drives, and moreover that is not itself inhabited by its own drives. We are always speaking about the object relationship between the child and its mother, but the mother is also an instinctual being—even more so than the child because her instinctual life has reached maturity. The drive-object equilibrium that one finds in theory, then, has been upset in the course of psychoanalytic history. Emphasis has been placed on the role of the object because it was underestimated in Freud's work. In Freud, there was in fact a tendency to describe things in a solipsistic manner, as if the child's development proceeded with objects he had created himself, and not in relation to the influence that these objects exerted on him.

Everyone who does research, or better still, everyone who discovers something new, is inclined to emphasize what is new in their conceptions. They are less concerned about being discriminating than they are worried about seeing their discovery—and its consequences—relativized and thus potentially underestimated, even jeopardized. For Freud, what was new was the determinism concerning instinctual activity (as opposed to activity arising from external excitation and subject to the control of intentional activity). Instinctual excitation proved itself to be the master of the internal world and accounted for the *constancy* of the factors escaping the variations influencing elements of external reality. Freud wanted to stress the role of what was structural over what was fluctuating, that of regularity over the accidental. He had nonetheless clearly defined the role of complementary series. He was unable to build a structural system which would have resulted from the relations between the drives and the object, the asymmetry of which would have been the most dynamic and interesting element. As he was primarily concerned with linking the psyche with the laws of life, he perhaps did not give sufficient attention to *the specificity of the human at the heart of life*, at least where his hypotheses about the foundations of the psyche were concerned. Conversely, some of his successors, anxious to underline this specificity, put for-

ward a different interpretation of it which tended to stress demarcation from other forms of life. The consequence of this was that less and less interest was invested in the drive, which one hoped would fall into disuse. What one witnessed, then, was a series of diversions which in turn promoted first the object, then the *self*, and finally the intersubjective.

The intrapsychic, which began to receive diminishing support as a notion, was nothing other than the depot of the past and present relations between "subjects," without much attempt being made to give a definition of it which would go beyond immediate phenomenological comprehension. This remark obviously does not apply to Lacanian theory, which on the contrary put forward the concept of a subject of the unconscious definable solely in terms of a formalization, a hypothesis which considerably widened the gap with Freud's fundamental axioms. The drawback of these positions is that they expose their flank to attacks from the sciences of the brain, which tend toward objectivism and oversimplification. However much one would like to defend the right of psychic organizations to autonomy, such a theorization is sadly lacking. It is in every respect more fruitful to construct this position ourselves in order to oppose the conquering and overly simplistic views advanced by the natural sciences.

This digression has been necessary to explain Freud's position and that of his successors, as well as present developments. Closer consideration now needs to be given to the path taken by psychoanalytic theory.

## REVISION OF THE THEORY

At a certain point, then, it became apparent that a revision of the theory was necessary in order to include in it the role of the object's response. If we take as our starting point the demand which is exerted through the intermediary of instinctual activation, the way the object responds to this demand contributes to the primitive, organizing structuralization. This was neglected by psychoanalysis for a very long time. It was in fact Winnicott who stated the problem most clearly.

In my opinion, he did so better than Klein, who had defended the theory of the object's existence from the outset. This conception may seem obvious but is backed up by facts based on observational approaches whose methods have not been sufficiently questioned.

Winnicott asked an essential question: "What is the effect of having a mother who is psychotic or mad, or a father who is mad?" This was something Freud overlooked. If, for example, we re-read today the case of Schreber in the light of the documentation we now possess, thanks to Niederland (1951), the president's relations with his father do indeed pose a problem. It is not a question of establishing the role of factors regarded as external to the subject, i.e., not dependent on him; rather, what matters is to know how the fact of having a "mad" parent may have a bearing on one's own internal psychic structure through identifications and recognition, the desire for which may be the other's aim, capable of affecting the foundations of the mind. One has to be careful here since recognition of the parent's "madness" may be an even greater factor of *méconnaissance*<sup>3</sup> than is ordinarily the case. The defense in question involves a denial of the interplay of reciprocal projections and counterprojections, impoverishing the psyche, so as to escape being drawn into the parent's psychosis. The corollary of this survival tactic is the occultation of the network of intersubjective relations affecting the subject's intrapsychic world.

Another reason, too, for questioning the division between drive and object has emerged from the interest that has been taken in borderline cases. In these cases a crystallization of the subject's alienation can be observed. One is not simply dealing with an inner conflictual organization, as is the case in the neuroses, but with a genuine alienation from an internal object. Sometimes one has the impression that it is no longer the subject who is speaking but the object speaking through the subject's voice. At certain moments one might think one was participating in a sort of act of ventriloquism. I

<sup>3</sup> Translator's Note: *Méconnaissance* is a central Lacanian concept closely related to knowledge (*connaissance*), borrowed from Hegel; the meaning is a "failure to recognize," a mis-appraisal, an ignorance of consciousness about oneself.

am thinking of an old film made up of sketches, called *Dead of Night*. One of them, by Cavalcanti, I think, told the story of a ventriloquist who had gone mad because his marionette had started to speak and had taken control of his thoughts.

In the history of psychoanalysis, there was a turning point after which the object left behind its status of referential exteriority. From then on, one was no longer dealing simply with a phantasy object as in Freud, but with what Klein called the internal object. It was no longer simply an object that could be seen from the angle of phantasy, but an object forming the basis of the subject's internal world, driven by a kind of destructive rage threatening the ego with annihilation, subjecting it to terrors from which it would desperately try to escape. This enterprise of destroying meaning prevented the development of structures that allow it to be organized under the influence of archaic anxieties. Subsequently, other descriptions by well-known authors appeared: for example, Bion's description of "attacks on linking" (1967). For my part, I have tried to make a contribution to the study of these phenomena from another point of view, that is, by drawing attention to the processes involved in what I have called the work of the negative.

## THE ANALYTIC EXCHANGE

The essence of the situation at the heart of the analytic exchange is to *accomplish the return to oneself by means of a detour via the other* (Green 1988). In other words, prior to any transference in the strict sense, there is an investment, itself the product of transference in the wider sense. This investment acquires meaning only after traversing the other. This calls for a commentary obliging us to reexamine what we had previously thought. To put it another way, there is an internal source impelling the drive, but to what end? It encourages investment of an object, the transference object, with an aim, a hope of satisfaction.

Let me recall Freud's (1933a) phrase which I have always found of great interest, although it does not seem to have had the same

effect on many colleagues. It appeared in *New Introductory Lectures on Psychoanalysis*: "...on its path from its source to its aim the instinct becomes operative psychically." Let us think carefully about what this means. Freud conceived of the drive, at its source, as anchored in the body and dependent on the bodily organization, although it already possessed the specific quality of the psyche in a form which he admitted he could not define according to the criteria pertaining to psychical activity. But the closer the drive came to its aim—that is to say, of course, the object—the more it became psychically operative. This formulation needs clarifying. It is as though, in the course of instinctual development, there was work in progress which resulted in progressively tilting the drive, with its origins in the depths of the body, toward the psyche, i.e., a set of conditions transforming the direction of the movement into intentionality. We may ask ourselves why. If the drive is anchored in the soma, that is, if its most fundamental determination is acquired in the bodily organization, it is conceivable that, in its operative state—which could be linked to a state of need (Freud, unlike Lacan, upheld this possibility)—the drive functions in a way that could be described, by comparison, as absolutely narcissistic, that is, tied to the body as its captive. But, being the drive—such is the case at least of all those that cannot be satisfied autoerotically—it is compelled to deploy itself by moving away from this somatic source, like a beast in quest of its prey. Thus it is forced not to abandon its somatic source but to search for ways of reducing its tension. Becoming "operative psychically" means stimulating the resources, no doubt limited but nonetheless existent, of an activity of signification.

We must bear in mind that the idea of the frontier concept implies psychic potentiality. In maintaining that the psyche is activated by the object's proximity, Freud undoubtedly had several things in mind. The first is that, finding the object within its reach, the psyche intensifies its efforts to reach it in the hope of approaching satisfaction by obtaining it either directly or indirectly. At any rate, the object embodies this anticipation and encourages its potential realization. "Just a little more effort!" This also certainly means that the proximity of the object, itself equipped with a developed psyche, leads

to a *relationship*, which is a characteristic of the psyche. There is a relationship, then, between a rudimentary psyche, threatened with disorganization, clamoring for satisfaction, and a developed psyche which responds to this demand—perceived emphatically, and necessarily with some delay—by offering what it can to respond to the situation.

Once again, this formulation may become clearer if, in place of the drive, we put the infant, and in place of the object, the mother and/or breast. We will then be obliged to recognize that, in order for the system to work, shared aims must exist: the desire for satisfaction in the child being echoed by the mother's desire that he or she be satisfied. It may be added that satisfaction achieves two things at once by incorporating both what the object provides, and, by metonymic and metaphorical transference, the object itself. However, this only reinforces the double position of the incorporated object inside and outside the body. Winnicott saw an opportunity here to defend what he considered to be an insuperable paradox. To this description one may add that the act of incorporation not only eliminates the waiting intrinsic to dissatisfaction, but creates satisfaction through phantasy. This pleasure itself retroactively confers on the incorporation the value of a creation. Here the ball remains in the future subject's court. It accounts for the mutation making it possible to pass from the thrust of a body searching for what it is lacking to an initial process of creation, thereby achieving two things at once, i.e., an objectal incorporation and a subjective appropriation. At a later stage, these two operations, condensed into one, will be differentiated.

Let us return, though, to Freud's formula, which is more intrapsychic than intersubjective. We should bear in mind the definition mentioned earlier, "the excitations originating from within the organism and reaching the mind." The richness of Freud's definitions of the drive is, as I have said, that one can understand them either from the intrapsychic angle or as an internalization of subjectivity. When Freud spoke of the drive in a solipsistic way, we can imagine that he was implying that a need emerges in the body and that the body sends out signals so that the "mind," thought, can find means to satisfy this need, while not forgetting the desiring

aim of this basic condition. This expresses a closed conception, an internal vision that does not involve the object. But we can just as well take the same definition and say that, indirectly, it alludes on the one hand to the child, and on the other, to the mother; that is, the child sends out signs so that the mother alleviates the distressful situation.

If one compares the two interpretations, it becomes evident that in the intrapsychic model, the solution comes from stimulating the mind of the infant, and, in the intersubjective model, from the mother's help. Both these solutions are unsatisfying. The first, because it has no chance of succeeding unless the object is there, arriving just when it is needed after the infant has sent out its messages; the second, because, if the solution is left in the mother's hands alone, there is no reason for the child's mind to develop. In any case, progress can only come from the drive/infant-object/mother pair united in an optimal tension, sufficient to provide hope of a solution and to improve the efficiency of the child's messages, and sufficiently imperfect so as to supply a solution only after a relative failure has occurred between the infant and its mother. This source seeks to invest an object and leaves the field as free as possible for transformations and expressions of the drive: this is the meaning of the *vicissitudes* of the drives, and explains why the defenses are necessary.

Yet in this very liberty, the drive meets with obstacles in communication. An example of this may be found in the problem of the two forms of censorship involved in the analytic situation, that is to say, not only moral censorship, but rational censorship as well. On the one hand there is the threat of transgressing prohibition with the ensuing sanctions from the superego, and on the other, there is the threat of disorganization which reduces the ego to helplessness and risks plunging it into chaos, left at the mercy of the id. This is what is formulated by the fundamental rule, for those who still refer to it: "Say whatever comes into your mind even if it seems absurd." It is not simply a matter of shyness; it is also a question of freeing oneself from rational logic, something that is too often forgotten.

Well, then, what can one say about the object? Essentially, the



object is unknown and polysemic; it arouses desire; it is inaccessible; contact with it is impossible, prohibited (in the analytic situation at least); it is always in flight; and at the same time that it exposes itself, it conceals itself. On the one hand the analyst opens him- or herself to the transference, and on the other, the analyst does not respond to the demands for satisfaction that are expressed in it. More specifically, the analyst does not respond with action, but responds by hearing the demand, and eventually by interpreting it, indicating in so doing that it has been “heard” and that this need for recognition is worthy of being satisfied—at least in part.

It is clear that relations between the object and the drive are such that the object is preconceived, projected, represented, and constructed, whereas the drive is activated, dynamic, self-organized (in Atlan’s sense [1979]), and subject to transformation. Unless we clarify the mutual relations of the object and the drive, I fear that there is a danger of oversimplification.

*The construction of the object leads retroactively to the construction of the drive which constructs the object.* The construction of the object is only conceivable if it is cathected by the drive. However, when the object has been constructed in the psyche, this leads to the construction of the drive *après coup*, the missing object giving birth to the conception of the drive as an expression of the subject. One then sees that there is a possibility of conceiving desire or of being aware of the instinctual animation that has given birth to desire and to the object. In order to free ourselves from theoretical difficulties, it is necessary to resort to dialectical thinking. Otherwise, we shall have only one goal in mind: to get rid of the drive because we do not know what to do with it.

## DOUBLE TIMING

Formerly, in order to describe the analytic session, a sequence was used which was accepted by analysts as a whole. We started with a discourse in which transference—and resistance in the face of the analyst’s silence—were expressed, and at a pertinent moment, an in-

terpretation would be given. Then a new cycle would begin. However useful it may once have been, I think this description is somewhat oversimplified. What is characteristic about transference is that there is a *double transference within one operation*, namely, transference onto speech and transference onto the object (Green 1984). Transference onto speech means that any event occurring in the psychical sphere—all the movements bearing on it, all the affects, all the phantasies, everything, in fact, that happens on an intrapsychic level—has to be verbalized. Of course, I am prepared for the objection, “And what do you do with the pre-verbal?” An analysis of the pre-verbal can only be made by referring to what is verbalized by means of a translation, a translation in speech. The pre-verbal exists, as does the drive, but like the latter, it is only intelligible through its representations. Such a representation will often refer to a hypothetical state of childhood development.

Transference onto the object is, strictly speaking, transference onto the analyst. Here we are talking about an intersubjective relationship. These two operations are in fact simply one, which is why theories of transference are often confused. In certain analyses, and I am thinking particularly of borderline cases, patients say that they are unable to speak. This does not mean that censorship is at work, as with neurotics who hold back what they are thinking because it is bad to say it or to think it. No, it is not so much prohibition that is involved here as impossibility. One cannot exclude the idea of censorship, but the problem cannot be defined by morality alone. And even though morality is not absent from the picture, its effects do not manifest themselves in the same way. The difficulty, or even the impossibility, experienced by the analysands of whom I speak in expressing themselves verbally, that is, in translating their psychic events into words, seems to be associated with obscure mechanisms which bring thinking into play. The representative network, including the world of things and of words, is cut at the level of thought—the thought circulating between things and words. These patients complain that their thought is empty; thus, there is nothing to say. They are undoubtedly victims of a thought-thing that has come directly into contact with the body or *Agieren*. Or, the relation of thought

to speech is distorted by hallucinatory activity, often accompanied by a kind of delusion of being noticed or watched. It may therefore be seen that, even if censorship is in operation here, the patient's thoughts have, above all, been relegated to the domain of the *un-thinkable*.

If one considers the two aspects just described, transference onto speech and transference onto the object, these can be applied to the formula I proposed earlier which characterizes the process at work in analysis as a return to oneself by means of a detour via the other. To this I would like to add the comment that it is to Lacan that we owe the introduction of the reference to the other (little and big) in psychoanalysis. My formulation is thus a development of Lacan's. As far as my own contribution is concerned, I would like to specify that I call this other the *similar other*. That is to say, I subordinate all access to the otherness of the other, as other, to the existence of a similar other, i.e., of another person who is similar enough to be able to identify with him or her and thus be of assistance to that person in his or her *hilflosigkeit* (helplessness). Difference, the other as different (either intrapsychically, the other insofar as he or she is unconscious; or intersubjectively, the other insofar as he or she is an ego outside of oneself), is both a development of the similar other and an opening toward a new destination: that which was similar is no longer so; it is other. I can imagine it, for I no longer need the support provided by similitude: consciousness of being separated from the other no longer threatens my position as an ego. I can think about the other because I can remain myself, seeing myself as lacking another and searching for him or her. But one cannot overlook the part that the similar other has played in making me what I am. One has to get beyond the concept to allow for difference, but it must nonetheless be preserved insofar as the treatment that I subject the other to will always be limited by the fact that he or she continues to be similar to me. What these transformations reveal, in fact, is the splitting that is constitutive of the ego.

Let us return to the similar other and to his or her function in analysis. The function of the other is not only that of being the one to whom we address ourselves when making a demand for satisfaction.

In other words, it is the fact of speaking to another person that transforms thoughts, because at this moment, speech reflects on itself: "What did I say?" "Why did I say that?" This occurs whether the analyst remains silent or whether the analyst speaks. In all cases, the speech uttered returns to the subject, transformed by being expressed to another person, and by the fact that it has in a way traversed the other—i.e., the analyst—without affecting him or her, and is obliged to turn back. One can see the analogy with the psychical activation of the drive in the object's proximity.

Under these conditions, it may also be seen that intrapsychic and intersubjective dimensions are interwoven in analytic practice, and that analysis, in the logical sense, breaks things down in order to understand the difference between the relation with oneself and the relation with the other. In treatment, these two dimensions, even if they may oscillate with one of the aspects predominating at certain moments, are in fact indissociable. Even when it is the narcissistic dimension that prevails, the object is never entirely absent. And when it is the objectal dimension that prevails, there is always a narcissistic recess not affected by the relationship.

In the course of a session, speech addressed to another person is based on a cycle of established, mutual excitations. In other words, the unconscious is excited by the practice of associating freely, which encourages verbalization. On the other hand, each time I speak freely, I also feed the circuits of unconscious excitation affecting my discourse. It is a self-perpetuating cycle. To speak of unconscious excitation necessarily involves speaking of its relation to the instinctual source. Speaking feeds on this unconscious and instinctual excitation which the vectorization of the mind transforms into words. Speaking means producing, engendering meaning addressed to the other person. This instinctual excitation recathects the circuit of speech, enriching its flow, preventing it from drying up. If this cathexis were to weaken, the analyst would hear only lifeless speech, barely addressed to the analyst. But all speech addressed to someone contains within it its response—imaginary or real. This is a point Lacan rightly insisted on. Here, too, the intrapsychic and intersubjective echo each other.

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FOR ONESELF AND FOR OTHERS

There is no difficulty in understanding the relation between the internal psychic dimension and the otherness which the subject contracts by relating with the object. In analysis, intersubjectivity becomes the mediation necessary for gaining awareness of the intrapsychic. This is compatible with the idea of the subject's division both within him- or herself and in his or her relation to the other. The subject's internal heterogeneity and dependence on the effects produced by the similar other have left their stamp on the origins of his or her mental organization.

Nothing fundamental about this intrapsychic dimension can elude the effects of the intersubjective relationship. The latter gives access to the hypothetical construction of a subject's intrapsychic life by taking into account the effects of resonance induced by another subject's intrapsychic life. I must stress this point because, generally speaking, it is absent in theorizations that emphasize the intersubjective dimension as it is generally understood. *The latter necessarily reflects the intrapsychic dimensions of the subjects it brings into relationship.*

To conceive of this relationship as being no more than that of one subject to another is to fail to recognize the implication that there is something more involved than the effect of transference or a change of setting. We need to consider that it is more enriching to think of the relation between the two poles than to think of each pole separately, *as these do not remain the same* in the context of their mutual relations. This obliges us to deepen the reference to the "intra," insofar as it is opposed to the "inter," because the most "intra" cannot be thought of independently of the mediation of the most "inter." Moreover, our thinking about the "inter" in psychoanalysis cannot be confined only to that which takes place between the two members of a couple; it also refers to another order of determination that eludes the observation of their relations. What happens in each person's intrapsychic life and in the course of the relation between two subjects reveals that the intersubjective relation is, as it were, *beyond the two poles*. This enables us to appreciate both the similarities and the differences that exist in the couple, which will affect the idea that we

form of their exchanges. The intersubjective relation has the property of creating an added value of meaning compared with the signification this acquires for each of the partners. A study of intrapsychic relations already suggests this, but in the case where two subjects are united, it becomes obvious. However, this added value will only really take on meaning if it refers to each intrapsychic pole.

It goes without saying that all these remarks throw doubt on the possibility of achieving really meaningful results by observation alone. This is the privilege of listening, which is obliged to construct meaning by gathering together speech, including even that which remains unsaid. This is yet another way of emphasizing the role of the detour which I have tried to draw out. By referring to the “intra,” we cannot escape the effects of biological organizations, just as referring to the “inter” makes us think of the effects of the social. But whichever is involved, the detour is necessary for encountering the psyche.

In short, the intrapsychic necessitates a detour via the intersubjective, but the other, who is implicated by the intersubjective, reflects the model of his or her constitution which is shared with the person to whom he or she is linked, or even his or her own dependence on biological organizations. Just like the other member of the couple, he or she will have to transform that which originates in these moorings. It is important to take into account a special feature of certain human biological functions which have to include the other in their purpose, i.e., sexuality, Eros.

## THE PROGRESS OF FREUDIAN THEORY: THE TRANSITION FROM THE FIRST TO THE SECOND TOPOGRAPHY

What are the consequences of this controversy in modern psychoanalysis? What are we to think of Freud's radicalism regarding the drives? We cannot make headway in this discussion without taking into account the profound reasons that impelled Freud to develop a second topography in opposition to the first.

Let us dwell briefly on the first topography, which was built on an optical model: the telescope. This model, in which visual representations predominate, was used essentially from *The Interpretation of Dreams* onward. It is what one might call Freud's dioptrics, in the same way that there is, as we know, a dioptrics in Lacan which is supposed to account for the specularizable and the nonspecularizable, for the actual image and the virtual image.

Freud's first topography is centered around the proposition that "what is psychical is not the same as what is conscious." But one must bear in mind that the psyche is a mirror. If one considers the three systems—conscious, preconscious, and unconscious—one sees that there is a common radical, the conscious. The two others are defined in relation to it: preconscious signifies unconscious mental processes capable of becoming conscious, while the unconscious remains inaccessible to consciousness. All this is conceivable, however, only if there is first an experience of consciousness. The optical model brings to light at the heart of consciousness what is not there, as long as the unconscious remains "invisible" to consciousness. Even though this implies that the unconscious differs radically from consciousness, the latter remains its term of comparison. What poses a problem, of course, is the status of unconscious representation.

Language is sufficiently rich to provide us with a large number of locutions and expressions which bear witness to this relationship. For example, "I see" may be used to express "I understand," which also means "I am aware of." The relationship to the image—and it is of the utmost importance to point out that dream images are formed outside of any link with an object, and thus have no relation to reality and cannot be linked to it—is singular here. Since this image cannot be linked with an object, there is no other solution than to make it speak, that is, to replace the image-object pair with the pair image-ideas, with the task of creating a flow of ideas—free association—which imitates the free flow of images in dreams. New relationships now emerge between the series of dream images and the series of thoughts aroused by them from the day before. This is the pair thing-presentation–word-presentation. Let us note another particularity of the visual representations of dreams: they are conscious but do not

belong to the conscious system because they do not obey the coordinates that characterize it, i.e., secondary processes. Consciousness is more a system than a mere psychic quality.

Under these conditions, the claim that *The Interpretation of Dreams* established the epistemological break permitting the birth of psychoanalytic thought is understandable. This book is the culmination of a theoretical strategy adopted by Freud, the aim of which was to try to convince Fliess, even to the point of using his language—physiological language—of the validity of his line of thought. I believe we are wrong in thinking that there was a physiological phase in Freud's work, of which the "Project" is supposedly evidence; in fact, Freud's supposed physiological phase was designed purely to make Fliess understand his approach and his discoveries. In Freud's mind, there was to be a division of tasks: Fliess was supposed to deal with the physiological and organic aspects, and Freud the psychological aspects. This was the undoing of the venture, as we know, and Freud had to change his plans.

The strategic process unfolded in several stages. After interesting himself in the neuroses and running into certain impasses, Freud concluded that the only way of knowing the unconscious was to examine his own. To achieve this, it was necessary to do without all conscious resources, and this is why *The Interpretation of Dreams* is a strategic book. It was through withdrawing into the world of sleep, the guardian of his dreams, and by not referring to any information coming from the system of the conscious, that he found a way of understanding how the unconscious works, obliging conscious processes to take interest in it upon awakening. It is fair to say that once this step was achieved, dreams remained the central paradigm of the unconscious, even if they were not the only one. This gave birth to a model which proved relatively efficient for the analysis of the neuroses.

Clinically, the model is: dream, dream narrative, and interpretation. In other words, one dreams, and based on what one has dreamed, one recounts, then one associates, and in associating, one notices a certain number of connections which make it possible to interpret the dream. I am not forgetting the other manifestations of the unconscious: parapraxes, slips of the tongue, and symptoms. In all these



cases, the method remains the same, i.e., the production of free associations; but, in the latter, the raw material forms a less organized body than the dream, and to a certain extent, is less free of conscious influences. In this respect, the dream is above suspicion: nowhere is the link thing-*presentation*–word-*presentation* more clearly established.

We may identify the novelties of the latest model, which explicate, a posteriori, the reasons for the inadequacy of the earlier model. The model of the second topography differs from its predecessor on an essential point that is very often overlooked: in the first topography, the drives are not included in the psychical apparatus. This observation is very surprising. It is nonetheless what Freud implied when he stated that a drive is neither conscious nor unconscious, and that it is only accessible by means of its representatives. It is clear that if a drive is neither conscious nor unconscious, it is outside a psychical apparatus built on the optical model. In other words, the drive is situated below the threshold of the psyche, in closest proximity to the body.

It was this aspect that would be completely changed in the second topography to include drives. This was explicitly affirmed with regard to the agency called the *id*. The *id*, said Freud, is the reservoir of the drives. But it is a reservoir subject to agitation, “throbbing” with impulses in conflict with one another. It is pressured by the antagonism between the life drives and the death drives. Of course, nowadays such a formulation cannot be accepted without discussion. It is not easy to imagine what such a functioning refers to if one wants to remain faithful to instinctual logic, i.e., to strip this agency of any property that can be connected with the ego: personality, rationality, organization, not to mention the well-known characteristics of primary processes—ignorance of the moment of negation and contradiction.

Above all, the novelty Freud (1933b) affirmed indirectly is that the *id* allows no room for representation, but only instinctual cathexes seeking discharge. *All these arguments are an attempt to prove that the primitive part of the psychic personality cannot be defined solely by its unconscious quality; in other words, any reference to the conscious, positively or negatively, must be abandoned.* In fact the aban-

donment of representation is justified by the terrible observation that remembering comes up against enormous obstacles, and that *Agieren* is preferred. It is as though Freud linked remembering to the relation unconscious-awareness. It was thus necessary to find a model that could explain the propensity for *Agieren*. For Freud it was clear that the act came first, and no doubt he had hoped that representation constituted a decisive change. To return to the act was to find the beginning again.

The question of antagonism between the two groups of drives remains, that is, how it can be comprehended given that no properties of the ego or inferences from representation are available to envision the situation. There is no difference between the life drives and the death drives concerning their aim, i.e., the search for discharge. How then are they different? The clearest answer Freud gave was to characterize the life drives by their tendency for agglomeration which the developing ego will take advantage of later on. In other words, by forming groups of greater or lesser size, the life drives move toward a potential organization which can emerge from the links established within the groups thus created. By contrast, the death drives tend to work against this possibility. In order to understand its *raison d'être*, this primal duality would require other theoretical developments which would merit a study in themselves. In the final analysis, Freud's ultimate argument in defense of the drive of aggression, of destruction, or of death is his observation that sadism—and especially masochism—are ineradicable. It is worth adding that no other conception has so far succeeded in providing an explanation to replace Freud's (Green 1999).

There is no alternative but to examine once again the concept of the drive, the most basic concept of the theory, in the interest of greater coherence. It has to be admitted that Freud's theoretical propositions can arouse a certain feeling of unease. The confusion and possible misunderstandings about the relations between instinct and drive often form a backdrop to the debate. However, even when ambiguity is removed, the sense of unease persists. The adversaries of this theory reproach Freud for his axiomatic biological bent, and emphasize that biology itself has identified nothing in its discoveries that justifies the

concept of the drive. Thus a replacement theory has been proposed based on psychobiology, that is, on a mixture of hypotheses from the cognitive and neurosciences.

Admittedly, from a biological point of view, the model of the drive is no longer acceptable as such. What are we to make of the data of the frontier concept between the soma and the mind? Is the working mind beyond soma? Of course not. But let us go beyond this literal reading and try to transpose the constituent parts of the scenario invented by Freud. Let us assume, then, that everything occurs at the heart of soma and, to be even clearer, at the level of the brain. What Freud designated as soma are the representations of the body in a state of need, the state of “sources” lacking something, the “representations” of these states concerning the “periphery,” inscribing themselves at the level of cerebral structures whose cortical organization is not the most developed. What Freud called the “mind” activates the circuits of the cortex, which have the task of finding solutions for the suffering of subcortical levels by mobilizing representations on a higher level. This construction, which has no other aim than to show that adaptation obeying biological realism is not impossible, intuitively has more meaning when one dispenses with the “dubbed version” in the language of biologists.

It is nonetheless true that this model is better adapted to the oral and to the genital sexual relationship. When the other drives, scopophilic or sadomasochistic, for example, are involved, a more complicated construction is required. For it is true that the question can be raised: Does instinctual excitation have its source in the eye or in musculature? The answer seems too easy, and yet the pleasure of seeing (and of being seen), and of beating (or of being beaten), remain undeniable. We are bound to say that the place of phantasy is missing here, whereas in the case of the oral relationship it is self-evident. Even in the latter case, however, pathological distortions indicate that need has nothing to do with it under these circumstances—which is another reason for reflecting on the relations between bodily psyche and phantasmatic psyche, without resorting to the solution of abandoning bodily moorings or of entertaining improbable speculations aimed at mythologizing the body.

Other solutions show a preference for a theorization based on the study of the relations between the infant and its primary object. Theories differ according to the diverse versions of this relationship, whether based on Kleinian object relations, mother-baby observation, Kohutian emphasis on the self, or Laplanche's theory of generalized seduction (1987). The latter is presented as a replacement solution for the theory of drives by proposing the idea of an *object-source* grafted onto the subject and having the function formerly attributed to an organic instinctual source. Going one step further, "intersubjectivity" is linked to the mutual relations between analyst and analysand as a whole, in a phenomenologically inspired approach excluding the cumbersome Freudian theory.

## FORCE AND MEANING

What is essential in the theory of drives is not only that it allows us to represent a primitive psyche, dependent on needs arising from the body (anchored in the somatic, yet already psychic), but above all, that it serves to defend the idea that the psyche is made up of *forces* capable of evolution yet maintaining a greater or lesser irreducible portion of their original state. Depending on the circumstances, this portion remains partially unamenable to any form of evolution, learning, or domestication by the immediate environment or as a result of cultural influence—not to mention the fact that sometimes this influence works in favor of the drive. Much more than the unconscious, it is this that wounds our humanity most deeply. The unconscious undermines the ego's sovereignty, but the drive keeps the mind under its thumb, particularly as it is not only by this deep level that we are restrained, but also by all the later formations in which the unconscious has collaborated, where one finds those aspects considered the most primitive disguised by explications of an openly psychological kind.

The concept of force undoubtedly accounts better than any other for the concept of resistance. Moreover, although such a force cannot entirely blend into the organizations of meaning, it can on the other

hand sustain them and find its way into the most advanced forms of sublimation, nourishing the incessant quest of their aims. Thrust-resistance is therefore the effect and countereffect on the ego of the drive and the latter's reversal. It would take too long here to explain how the other great institution contesting the ego, i.e., splitting, at the origin of the superego, can negativize the force which animates the instinctual thrust, thereby exerting its pressure in the name of a reality and a "consciousness" that is as deaf to the ego's voice as the id is, accusing the ego of being incapable of satisfying its aspirations. Whatever speculations may exist about the death drive, the idea of force is still found at its basis. In vain one may wonder whether it is the same force in reversal or two forces; what matters is not to give way to the idea that it is only a defense. From the moment the death drive is able to acquire sufficient independence to elude the effect of the life drives, it deserves to be considered a different concept.

Before going any further, we should ask ourselves what arguments justify the idea that the psyche, and more particularly the unconscious psyche, cannot be characterized without resorting to the notion of force. The latter is itself linked with the notion of energy, and Freud considered it a synonym for "libido." It is well known that the theory of energy has raised many criticisms, perhaps because the account given of it was not based on clinical experience. Theoretically, the link between the internal thrust of the drive, force, and energy can be clearly seen. Objections can be raised to this, there being a preference for other conceptions which free the theory of its "mechanistic" references. In the area of relationships, emphasis is placed on the paths of meaning circulating through the intentionality of the exchanges between several partners. The fact remains that a certain number of characteristics specific to psychic causality, as conceptualized by psychoanalysis, are left out of the picture. I will give some examples without further elaboration: the excitation of desire, the uncontrollable attraction of its object, the tenacity of fixation, the mobilization that allows for the substitutive exchange of objects and aims, the obstinacy of resistance, the feeling of helplessness experienced by reason and the will, the contradictory and chaotic character

of the aims pursued, and, last but not least, the demonic aspect of repetition compulsion. When Freud (1933b) reminded us that it is to the idea of a certain quota of energy pressing in a certain direction “that it derives its name of ‘*Trieb*,’” he gave this force an inescapable status. From that point onward, if one has wanted to move away from this vision of the psyche, it has been necessary to abandon the notion of drives.

Going beyond clinical practice, a whole set of axioms were being challenged without there being any clear idea as to what they could be replaced with. At the basis of psychoanalysis, Freud placed a dynamic conception of psychic events. The term has become so hackneyed that it is in danger of giving rise to misunderstanding. In order to restore some of its original meaning, it will be helpful to recall certain exigencies of psychoanalytic understanding, i.e., the rule of saying everything, which is designed to prevent selection or argument according to a predetermined judgment; the flow of free association; and free-floating or evenly suspended attention. Here there is an attempt to rediscover a native mode of cathexis. Let us not forget the free-flowing system of energy in the primary processes and the central position accorded to instinctual impulses in the second topography. The final theory of drives opened up the possibility of a less mythological version of the postulated entities by giving them the aspect of bound and free energy, reminiscent of much earlier intuitions.

In short, even if dynamism is the central argument—not to mention the correlations between the dynamic, topographical, and economic points of view—of all the properties of the psyche, it is *movement* which should be given the greatest importance. And, without force, movement is scarcely possible. This is the inviolable kernel of Freudian theory. If it poses a problem, it is not directly because it is set in opposition to meaning but because of the forms the latter takes. A totally blind force, absolutely devoid of meaning, is inconceivable; there would have to be a minimal element of will. Freud thought he had found this in the pleasure principle, and had to abandon the idea that such a principle could apply to all situations. Thereafter he was obliged to give precedence to *binding as the inaugural form of*

*meaning* over the sovereignty of the pleasure principle. A corollary may be added to this: what allows us to get away from the exclusive domination of force is *representation*, which acquires the power to present itself as a substitute object for the object of the drive. Thanks to representation, force is displaced; it is used advantageously to hold together the elements of representation and to fix them, relatively speaking—thus allowing their transformation.

I should add that it is necessary that the meaning be *acceptable*. It is my hypothesis that, in order to establish itself, representation needs the object's participation. The figuration of the object combines with a mode of representation arising from the body's exigencies. The unconscious emerges from this conjunction, and it is the hazards of this encounter that shed light on its failures. In my opinion, this is how the second topography can be linked with the first, without renouncing its gains. Consequently, force and meaning are mediated by representation: representation as the delegation of the body's exigencies for satisfaction and thus for an object; the representation of satisfaction which takes the object's existence into account; and the representation of the demands addressed to the object which become a demand to express the demand. One cannot build anything without conceptualizing this mixture of force and meaning through the mediation of *representance*.<sup>4</sup>

## A METABIOLOGY?

It must be understood that it is necessary to distinguish between the heuristic interest of a concept and its literal interpretation. Thus, in the same way that Freud invented a metapsychology—that is to say, a psychology composed of that which goes beyond the conscious realm—his theory also requires a metabiology. For there is more to biology than the experimentalists would have us believe. Biological

<sup>4</sup> A general category including different types of representation (e.g., representative of the drive, psychic representative, ideational representative, word presentation, etc.).

science is the sum of the discoveries of its representatives. The questions raised by examining the psyche cannot be satisfactorily solved by conceptions without a biological foundation, but at the same time cannot be treated by the sum of biological knowledge alone. Metabiology is the theorization that takes them into account, complementing metapsychology, while waiting for progress to be made, if possible, by official science (Green 1997). One can see a parallel to this affirmation of epistemologists in the idea that theories of reality should not be confused with reality. What is essential is that this metabiology not lapse into ideology.

The irony of the situation is that we thought we had finished with this obsolete conception of the drive. Its planned disappearance had eventually taken place, it was believed. And then there was an unexpected wave of pedophilia which swept through the social arena, obliging us to come back to it and to recognize a link between a very specific form of psychic behavior (without the contribution of psychoanalysis receiving the slightest acknowledgment) and its suppression by chemical castration. Is this not a resurrection of the drive theory? The discretion of the psychoanalytic milieu faced with the importance of this phenomenon is more than striking. Have psychoanalysts been affected by it as if it were a return of the repressed?

It has to be admitted that we need a metabiology because of a certain number of logical exigencies, such as the relations between our psyche and our soma. The necessity of guarding against psychological speculations would also be met. The function of such a metabiology would be to throw light on the unthinkable in psychology, a process Freudian metapsychology had initiated.

The second contribution which makes it necessary to reexamine the concept of drive is that of psychosomatics. In this case, the mutation to which instinctual activity is subjected via the process of somatizing calls for us to rethink the psyche-soma relationship, although it must be accepted that many points remain unclear.

Lastly, the compelling data of delinquency and criminality converge toward the same necessity for reexamination. All these points provide a basis for refuting the schematic theorizations of the neurosciences and for proposing a conception that does justice to the



complex description of the phenomena concerned, while respecting their exigencies.

## THE FIELD OF CULTURE

So far, my reflections have focused on the dependence of the psychical on the body insofar as it is dependent on its own biological organization. The other aspect of the second topography that did not exist in the first, and which was entirely Freud's creation, is the superego. With the superego the whole creation of the cultural pole is brought into play, thanks to transgenerational processes. It is clear, then, that the psychical apparatus is the point at which the biological and the cultural converge. I shall allude to this only very briefly, and merely wish to draw attention to its presence in the theorizations which give priority to intersubjectivity. There is a cultural autonomy just as there is a biological autonomy. The attempts of sociobiologists to reduce the cultural field to hereditary mechanisms have been refuted by anthropologists.

Our unique function as psychoanalysts is to draw out the psychical dimension from this double determinism. This obliges us to postulate that the superego begins to have importance from the very first feed or bottle-feed, for it is at this moment that culture is first introduced. But in giving culture its due, one must not evacuate the biological, and by the same token, one should not become deaf to cultural aspects in taking into account the role of the biological. Once again, certain accepted ideas need to be challenged. The critique of the biological dimension is often justified by the ideology that lies behind it, in defense of a fixed state, pleading in favor of the inalterability of human nature, or to be more precise, of a conception of man seen through the eyes of the natural sciences. Yet where the human psyche is concerned, no one contests the role of epigenesis. Furthermore, by underlining from the outset the conjunction of the natural and the cultural (Green 1995a), it is not just the idea of their mixture that is being defended; the extension and deepening of the field of conflict is simultaneously stressed. For the study of the human

psyche reveals conflict on all levels, and conflict in the social arena is far from being less important than conflict at the biological level. What needs to be added is that, in order to be dealt with adequately, the effects of synergy and antagonism, natural causality-cultural causality, require intermediate structures.

The creation of the superego (like that of the id) meets this requirement. The hypothesis of these structures makes it possible to imagine the way in which they enter into relation with each other, how they form alliances or enter into conflict. It is the obscurity of these relations which necessitates such metaphorical treatment. The danger, of course, is to envisage these relations in a way that corresponds to what we hope to find rather than being faithful to their complexity. In this respect, it is clear that the sociological position tries to position itself on the side of intersubjectivity in its relation to psychoanalytic theory, minimizing the effects of instinctual life. On the contrary, at the other extreme—I am thinking of psychosomatics—the role of intersubjectivity is eclipsed by the agency, where the economic point of view is concerned, which does not leave sufficient room for other psychic processes, such as identification.

The model based on the second topography is interesting because of the way it illustrates the radical heterogeneity of the psyche. There is no longer any common referent, a role played by consciousness in the first topography; the agencies are marked by the most radical oppositions. The id and the superego are opposing, contradictory, conflictual polarities; their conflictuality is a complicating factor for the psyche. Moreover, the principle of differentiation, based on an implicit hierarchy, is affirmed even more than in the first topography, with the entire structure of the psychological apparatus resting on the hypothesis of the foundations on which it is erected, represented by instinctual activity. In order to throw more light on this hypothesis, it is necessary to point out that the life (or love) drives are themselves the result of progress vis-à-vis the death drives. But for Freud, conquest or hierarchy never signify that what has been conquered or transcended has been vanquished. At any moment, the acquired order can be reversed, the forces from below rediscovering their lost power.

The fundamental idea is that *the drive becomes the matrix of the subject*. When I think of Freud's famous aphorism, "*Wo es war, soll Ich werden*," "Where it was, I shall be," according to my translation inspired by Lacan,<sup>5</sup> I am tempted to put it the other way round: "If something has become of me, where then was it?"<sup>6</sup> This position of Freud's has been progressively eroded. To put it another way, the murder of the father has translated into the denial of drive activity.

## A RETURN TO THE OBJECT

Before bringing these reflections to a close, I must also reexamine the concept of the object. I have already done this at length in the past and shall not go into it again in detail.<sup>7</sup> I shall simply recall a few elementary truths:

- The concept of the drive is unthinkable without the object. The proof of this is that the object is part of the drive assembly. Furthermore, the object thus conceived always implies an object that is external to this assembly and independent of it at the outset, ensuring functions of survival.
- No psychic life and, *a fortiori*, no life, is possible for a human being if there is no object to provide for the insufficiencies with which prematurity has marked him or her.
- I maintain that, although it is not entirely false, the thesis that the object exists from the beginning of life does not imply awareness of an object independent of the subject, and perceived as such. This independence will be acquired in the course of development (rediscovering the lost object, according to Freud).

<sup>5</sup> Translator's Note: "Là où c'était, je dois advenir."

<sup>6</sup> Translator's Note: "Si je suis advenu, où donc était-ce?"

<sup>7</sup> See Green (1995b), Chapters VI, VII, VIII, and IX.

- The object's status will be determined by the drive. The object reveals the drive, which means that it is instinctual activity which calls for the object's existence, just as the acquisition of awareness of the object comes about as a result of its inevitable inability to adapt to instinctual demands.
- The primary object comprises two functions, the first being to cover the needs of the immature infant. This indispensable function above all permits an emerging subjective existence (Winnicott's subjective object) to be established, which is a primary source of creativity and elaborative transformation of instinctual excitations (Bion's  $\alpha$  function [1962]). The second function is established in an explicit and positive manner as *object of the drive*, with all the possibilities of imaginary development (phantasy) constituting the purified pleasure ego.
- The object thus enters into relationship with instinctual activity, which it transforms by the response it makes to it, which in turn entails a transformation of the object's initial status. It attains the status of object of desire and demand (Lacan), and finally the condition of objectively perceived object (Winnicott) or unknowable, insofar as it is absolute (Bion 1970).
- The result of this evolution does not erase the earlier stages, and leads the subject to live in a state of paradox—and in a state of splitting between subjective object and objectively perceived object.
- The integration in the intrapsychic field of the relations that are current in intersubjective exchanges gives rise to the creation of an intrasubjective function which is deployed on different levels. This description corresponds to the conception of subjectivizing processes, which reveal the subject's appropriation of a function that plays a role in creativity in the widest sense of the word. This is understood as extending well beyond the processes of creation, strictly speaking, of which art is the chosen domain. It means that the subject's own mark is implicated in the choices with which he or she is pre-

sented by the object world. This leads us to posit an *objectalizing function*, whose aim is to transform psychic structures, or even particular functions, into *objects* that have now become the properties of the subject, replacing his or her natural objects. This is how I interpret the Freudian Eros. This function has its counterpart in a *disobjectalizing* function, whose activity resembles the processes of unbinding, the existence of which is postulated in the drives of aggression, of destruction, of death, involving processes of fusion and de-fusion (Green 1999).

- In certain theoretical systems, reference to the object is replaced by the relation to the other. The other is the other subject in the interhuman relationship and opens the way for a relation to the transcendental other (Lacan's big other: O). This position is echoed by Freud's concept of identification in its various forms (from primary and secondary identification to the ego ideal). Here the danger resides in the temptation to eliminate any reference to the drive, whereas it may be justly affirmed that it, too, is the motor of this process.

These remarks constitute a bare minimum. They are useful for establishing a theory which strives to go beyond the sterility of exclusive positions and posits the necessity of thinking of the *drive-object pair* in terms of its heterogeneous polarities, a pair separated by a difference of potential and capable of creating differentiations between the agencies. The basis of the drive—but not the whole of its activity—participates, through its anchorage in soma, in biological causality which it enriches by determinations that can no longer be considered exclusively organismic. The primitive forms of the object necessarily include cultural determinations impregnating the modes of satisfaction of the most natural needs.

Psychic causality can no longer be satisfied with a theory of the drives that is closed within an unacceptable solipsism, any more than it can find a satisfying solution in a theory of object relations which claims to do without the dynamic source of the drives as the motor of investment and development. This causality is neither intrapsychic

nor intersubjective; it arises from the interplay between them and requires recourse to mediating agencies to provide a satisfying image of the psyche. Nevertheless, contemporary theoretical constructions will have to both propose a convincing picture of what happens in treatment, and take into account those forms of psychical activity that cannot be part of it. These must be given consideration if one accepts that the concerns of psychoanalytic theory go beyond treatment, even if the latter remains its essential reference point.

In conclusion, let us look for a moment beyond theoretical divisions. Let us think about our activity as analysts, and about our analysands who undergo the difficult work of analysis. When we find ourselves immersed in the experience of psychoanalysis, what do we as participants witness? Nothing other than life: its vicissitudes, its difficulties, and its richness. And this is the main reason that makes me continue to defend the concept of the drive. For it alone gives expression to that which encourages us to live, that which keeps us attached to life, inviting us to explore its diversity and to activate our capacity to invest in other fields by extending our horizons, in order to discover what the object of our desires is. But I am quite aware, believe me, that life is not in the least a solitary adventure, and that from the very first day of life, our psychic texture is interwoven with our relations with others, whom we call our objects: those without whom we would not have survived, without whom we would have been alone and incomplete on earth, those to whom we have in the end left something so that they may perpetuate after us, and in their own ways, this creative source to which we owe everything.

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## THE UNSOLVED PUZZLE OF TRAUMA

BY MARION MICHEL OLINER, PH.D.

*This paper covers the inherent difference between psychoanalysis, which deals with unconscious fantasies, and trauma, which emphasizes the psychic repercussions caused by events in external reality. This distinction has led to variations in the treatment for victims of trauma, which also reflects the duality commonly observed in this group of patients. I suggest that trauma leads to unconscious guilt and the need for exoneration because individuals identify with their fate, and that this guilt can and indeed should be analyzed. Further studies might show that dividedness predates the experience of trauma and that this mode of defense mitigates the impact of trauma.*

Current thinking about human development prevents us from judging psychopathology solely by the events in an individual's life. Increasingly, observers have been struck by the variations in how each individual assimilates events according to unconscious fantasies that evolve during the earliest years of life. This individualized lens on the internal and external world accounts for the diversity in reactions to the same events and emphasizes the importance of understanding how events of the past were endowed with personal meaning. While this emphasis on personal construction is part of our *Zeitgeist*, post-

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modernism, it comes as an outgrowth of Freud's discovery of the role of fantasy in the experience of all events, even to actual childhood seductions by a parent. Lear (1996) expressed this evolution succinctly: "Abandoning the seduction theory is, fundamentally, abandoning the idea that citing any actual event could be the end of one's psychological-explanatory activity" (p. 677).

Unfortunately, the emphasis on the importance of the individual in shaping the nature of experience gives the impression that Freud and his followers treat the actual nature of events as irrelevant. This is unacceptable and, fortunately, contrary to fact. We do learn about people from the events in their lives, and the many papers dealing with trauma attest to the concern that the subject inspires. But exactly what we learn and how has not been agreed upon. Some theorists believe that the best way out of this vexing problem is to dispense with trying to establish a correspondence between what is inside and what is outside the interpretative functions of the mind. However, the idea of there being no place in psychoanalytic theory and practice for anything beyond constructions challenges some of our deepest beliefs in the importance of a dependable world that transcends its being perceived (see Oliner 1996; Winnicott 1971). This belief has led others to emphasize events as if they had an established meaning that is independent of individual reactions, and consequently they ignore to a large degree the diversity in individual construction of meaning. I believe that this applies to the major part of the current literature on trauma. Gottlieb (1998) attributes this attitude to Pierre Janet and his "post-Vietnam War followers" for whom "trauma produced its psychic effects *irrespective of the particular meanings of the traumatic experiences to the individual undergoing them*" (p. 927). This state of affairs leaves the psychoanalytic theory of trauma, with its emphasis on events, in an untenable position.

I began to study this issue in a previous paper, "External Reality: the Elusive Dimension of Psychoanalysis" (Oliner 1996). There I examined the role of external reality in general, stressing the importance of the individual's contact with a reliable external world, but also being aware of the difficulties in assessing the assimilation of this reality. In the present work, I intend to address more specifically the

impact of traumatic events, taking the Holocaust as the example of trauma, and I shall use sexual fantasies and behavior as the illustration of personal construction. I intend to depict, through the account of the treatment of a survivor and the ensuing discussion, the uncertainty about the interaction between the two and the need for clarity about the issues involved. Only in this way can a loose application of terminology be prevented.

Looseness of terminology is especially prevalent where emotional factors play their powerful part, as with the Holocaust and the problem of victims. As Freud established in his description of hysteria, identification with the victim has its appeal. Terr (1990, pp. 241-264), in her extensive study of childhood trauma, calls the role of the victim contagious. And Arlow (1991) stresses the attractiveness of explanations based on factors external to the subject for which the individual has "no responsibilities. Hence, there could be no blame and no need to feel guilty" (p. 13). One such explanatory construct is the notion of the "repetition compulsion" supposedly triggered by trauma. Inderbitzin and Levy (1998) postulate that evoking this genetically determined response to trauma precludes the analysis of the hidden aggressiveness under the repetition. In this way, recourse to an innate need to repeat prevents a more dynamic view: the trauma accounts for the reaction and the patient is not responsible.

In my aforementioned paper, I discussed the problem of the guilt psychoanalysts have to overcome whenever interpretations based on the patient as agent are called for. The guilt linked to the idea that interpretations are in and of themselves aggressive (Caper 1995) inhibits the analytic function, especially in the treatment of victims of the Holocaust, where guilt and blame as well as revulsion are inevitable countertransference reactions to the events that took place. Much has been written about the analytic couple's pact of silence with regard to the happenings caused by the enormity of the crimes and their consequences. Less, if anything, is mentioned about the inappropriate use of the trauma for the understanding of the patient. In my opinion, this lack of precision concerning the impact of trauma is illustrated by the discussion of the analysis of a Holocaust survivor

and the role played by his wartime experiences in the subsequent psychopathology.

## GENERAL CONSIDERATIONS

The attempt to analyze the impact of trauma, specifically the Holocaust, on sexuality, is in effect an effort to throw a bridge across two universes. One describes an event, external to the individual, whereas the other is an expression of the innermost core. Sexuality is linked to representations that form psychic reality; it has biological underpinnings, but it can also make itself independent of them and involve the body in gratifications that are only remotely determined by biology. Since the unconscious fantasies underlying an individual's sexuality are themselves conditioned by his or her earliest impulses and experiences, sexuality has personal meaning, and in studying it, analysts become historians, looking for continuity, sequence, and chronology set in the context of the mother, father, and siblings. It evolves from the forbidden satisfactions obtained by children and passes through a struggle with the parents during adolescence into its adult expression, which contains some modicum of the resolution of the conflict between all the forces that are at war: the reality of the difference in sexes and generations, which means the resolution of the Oedipus complex and the concomitant curtailment of omnipotence.

The manner in which I plan to compare experiences of sexuality with the experience of the Holocaust is built on the distinction between *presentation* and *representation*.<sup>1</sup> *Representations* owe their existence to the creative transformations of experience by the mind. In contrast to perceptions, representations are not dependent on the presence of objects. I shall apply the term *presentation* to the illusion created by perception and memory of the material world when it is perceived or remembered in the factual, unemotional way that gives

<sup>1</sup> It may be of interest that I previously attributed this distinction to Green (1995), when in fact he only alluded to percepts and representations.

the impression of being the mirror to the external world. Basically, I believe it is helpful to distinguish between experiences which provide a screen that defends the individual and those that guarantee a rich and personal relationship to the external world. This juxtaposition provides a useful basis for the differentiation between the Holocaust and sexuality and the study of their interaction. The interaction lies in the assimilation and conversion of *presentations* into *representations*, and of *representations* that aim to refine *presentations* to validate and externalize themselves.<sup>2</sup>

Sexuality derives from the realm of representations; it is born from a combination of bodily sensations and emotions linked to remembered objects. The Holocaust, on the other hand, depicts the world of presentations: of inescapable presence; of physical discomfort; of visions of indescribable cruelty and ugliness; of problems which had to be solved by means of the best possible assessment of external reality leading to action. Many of those who were traumatized by their experiences perished, and those who survived tell of deadening their emotions in order to assess reality and to act in accordance with the requirements of survival. These conditions make it imperative to push aside all other personal wishes, desires, or even sensations of the passage of time, pain, and discomfort. This mode of functioning is not subject to analysis and has been called *pensée opératoire* by French analysts.

In trying to elucidate the total attunement to external reality necessary in certain states of concentration and action-oriented thinking, I may appear to consider it possible to discount the rest of the

<sup>2</sup> The distinction between presentations and representations appears to parallel Bion's theory, according to which thinking is divided into  $\alpha$ -functions and  $\beta$ -functions. The perceptual quality of presentations also calls to mind "thoughts without a thinker," mentioned by Green (1998). P. C. Sandler (1997) suggests a third, anti-alphafunction that "maintains scant contact with [his or her] psychic reality, resorting to a special kind of hallucination, namely that that which is immaterial can be turned into something concrete and inanimate" (p. 50). While I am in full agreement concerning the process by which mental content seeks to find confirmation in external reality, this process is so ubiquitous that the label "hallucination" should not be applied. It seems to me that this function underlies transference phenomena, the appreciation of art (see Balter, in press), as well as the illusion of refinding lost loves.

personality. And indeed, on the surface it appears as if there could be states in which subjectivity and emotions are absent, not just suspended. This is implied in those studies that focus on trauma in and of itself, treating it as an entity that psychoanalysts can discuss meaningfully without reference to unconscious or dynamic factors. In his early writings, Freud (1918) formulated a theory explaining the dynamics of trauma based on the idea that memories of incidents can remain meaningless until they are recalled and given meaning at a later time. In the example of his patient known as the Wolf Man, he assumed that the observation of the primal scene at age one and one-half years attained its meaning in the context of the dream at age four. The process through which two events were linked was called *Nachträglichkeit*,<sup>3</sup> translated as “deferred action” by Strachey, and taken up again in the fight against drive theory by Lacan and his followers as *après coup*. Freud did not continue to use this concept once he found the role of drives more useful in explaining reactions to trauma. The notion of events being remembered without any link or integration actually contradicts their being evoked once more in conjunction with another event that provides the meaningful experiences. For this to happen, the first experience must contain some emotional element that permits the linkage to the second one.

The assimilation of presentations, like the Holocaust, their internalization into representations imbued with personal and sexualized meaning, is familiar ground to analysts. It is important to keep in mind that many, from Freud on, have recognized that when trauma is converted from a presentation into a representation, the symbolic meaning attached to it is that of punishment, deserved or undeserved. The symbolic meaning Freud (1930) attributed to misfortunes, and by implication trauma, was that of fate, which “is

<sup>3</sup> Freud undoubtedly wanted *Nachträglichkeit* to be descriptive of a process by which a memory is carried (*tragen*) forward from before. It is significant, however, that a person who is called *nachträglich* is an injustice collector or a grudge bearer, thus alluding to the rancor attached to the memories. In this sense, then, the memories carried forward are not neutral; they are emotionally charged.

regarded as a substitute for the parental agency. If a man is unfortunate it means that he is no longer loved by this highest power..." (p. 126). The meaning is dynamic and involves infantile omnipotence and the archaic superego; therefore it removes the subject from his or her concrete experience of events in external reality.

Analysts are in less certain territory when confronted with presentations, like the actual experiences of trauma. The appreciation of presentations helps us to understand survivors because, as I intend to demonstrate, their memories of the Holocaust have the quality of presentations. The special quality of Holocaust memories has been observed repeatedly, notably by Laub and Auerhahn (1993) and Langer (1991). Quindeau (1995), who studied the relationship between trauma and history,<sup>4</sup> suggests that in their accounts, survivors demonstrate that "The meaning of the narrative [therefore] has scant relevance for the narrator. In contrast to interpretations in a psychoanalytic setting there emerges for the narrator neither a subjective accrual of insight nor a form of unburdening" (my translation from Quindeau [1995], p. 18). This observation has led me to speculate that one of the most important residues of trauma consists of the creation of the duality<sup>5</sup> caused by the persistence of unchanging and unassimilated presentations alongside the normal memories that change and fade with time. The apparently factual nature of the memory of these events, their denuded reality, wards off their integration into psychic reality and lends itself to be used for purposes of defense (Neubauer 1967), especially against guilt. These clearly remembered events can serve as a screen against the awareness of their defensive function and the manner in which they are represented symbolically, i.e., given a highly idiosyncratic meaning that is analyzable in terms of an ordinary infantile drama (see Oliner 1996). Because the memories have retained their

<sup>4</sup> *Geschichte*, which also means story, tale, or narrative.

<sup>5</sup> Like Wurmser, I prefer to use the descriptive term "duality" so as to leave vague the connection between this phenomenon observed by nonanalytic means and the psychoanalytic concept of split. At the end of this paper, I speculate about the relationship that might exist between these two.

vividness and have not undergone the normal fading of memory due to time, their use for the distorted meaning colored by the infantile drama is difficult to detect.

I am inclined to think that the quality of the memories as presentations of ever-present stimuli seen by a never-changing observer reflects the nature of the original experience of trauma, which does not necessarily fit the usual definition of the breach of the stimulus barrier. Rather it corresponds to the state of tension and hyperalertness involving the narrowing of attention to certain kinds of stimuli, while others—feelings of all kinds, including one's being hurt—are ignored. Krystal (1997) observed that unavoidable danger does not evoke fear, "but rather a different affect response referred to by Stern (1951a,b) as catatanoid reaction" (p. 155). Gill and Brenman (1961) described these experiences as akin to hypnotic states; Wangh (1968) compared the defensive depersonalization and derealization to the hypnoid state postulated by Freud and Breuer; and Shengold (1989) found these states to be a reaction to victimization and referred to the lack of self-awareness as autohypnosis. Grubrich-Simitis (1984) thought of them as the armoring of the ego. All describe the sense of one's self-being, as it were, put into parentheses. Gottlieb (1998) indicated that these responses to traumatic situations are based on an enabling fantasy. The nature of the fantasy is individually determined, but I believe that of necessity it involves infantile omnipotence, which enables the victim to be in the traumatizing situation and remain impervious to its emotional impact.

The evidence gathered from the recollections of survivors suggests that the memory for many of the traumatic events is clear and factual, but that those events so clearly remembered for what happened are also unconsciously represented as a crime set in the family drama and given a highly personalized meaning. When treating victims of trauma, it is crucial not to confuse the two types of memory storage, so as not to be unduly influenced by the vividness of the memories. Memories are stored not only according to their impersonal and factual qualities, but also, as with most experiences, according to personal meaning (Noy 1979), structured by unconscious fantasies. Memories occur in more than one context of the total personality.

Therefore memory can survive as a presentation, a screen divorced from the sense of self, according to its factual properties, and it survives as a representation, an integrated part of the individual's history, having undergone the transformations caused by the event's personal construction.<sup>6</sup> Analysts study representations and need to accept the duality of memories, which creates within the mind areas of reality devoid of and divorced from their unconscious meaning. These must be recognized and treated as such, akin to screen memories. I believe that in the case report that follows, emphasis on the nature and function of this duality enhances understanding of the patient's pathology.

## CASE PRESENTATION

This discussion is based on Freedman's 1978 report of his analysis of P, a survivor. The article was followed by commentaries by two other analysts suggesting alternate interpretations of the meaning of the symptoms. Whereas Freedman had based his understanding on P's prewar conflicts, the commentators introduced P's experiences with the Nazis during the war because they thought that these played a greater part in the fantasies underlying his perversion than the ones that emerged during his analysis. At issue was the interpretation of the perverse enactment, specifically as it concerned the identity of the barber in the perverse scenario: Was he solely the replica of the teachers at P's Polish school, as Freedman interpreted, or should the barber also be seen as the embodiment of the Nazi soldiers whom the patient encountered in early adulthood? The disagreement is enlightening in that it demonstrates the difficulty in assigning to the Holocaust its proper role in psychopathology.

According to Freedman (1978), this man in his mid-thirties

<sup>6</sup> Bucci (1985) has also espoused a theory of dual encoding. Her theory is backed by empirical research, and the criteria along which she differentiates are verbal and sensory codes.



needed help after he consulted a urologic surgeon about the possibility of a sex change. This consultation caused him to suffer from severe anxiety accompanied by periods of disorientation and depersonalization. His general practitioner referred him to a psychiatrist, who recommended analysis with his first analyst. That treatment ended after P was dismissed from his job by his uncle, whom he was cheating in order to obtain the salary to which he thought he was entitled. He left the first analyst owing money, and when he wanted to return, the analyst referred him to Freedman, whose analysis of P's perversion became the subject of the article.

P was in his late teens when the war began. His father, who had had aspirations of becoming assimilated, survived his mother and grandmother, who were killed soon after the roundup of the Jews. P was separated from his father and became a hero of the Warsaw Ghetto and the Underground because "he felt no fear, enjoyed strangling German soldiers with wire in the dark, fought until the end, and led many people to temporary safety as the collapse came" (p. 761). However, as Freedman stresses, P was too afraid of impotence to risk intercourse despite the relaxed sexual mores during the war. He was afraid of not being enough of a man to get married, but also became disgusted with the homosexuals he met. P lost his father in the final fall of the Ghetto.

According to Freedman, the patient was compelled to engage in a ritual culminating in orgasm whenever he experienced a threat to his material resources. "The precipitant of each perverse ritual was usually a life situation where he was being forced to behave actively and aggressively in order to survive" (p. 770). After a period of restlessness, he would seek out a residential neighborhood in which there was a barbershop with one barber. The barber had to conform to the image he had retained of his schoolmasters. The patient would request a shave and then complain that it was not smooth enough. This complaint was repeated until the barber became annoyed and was breathing heavily. P became excited as the barber repeatedly drew the razor over his neck, and this led to his having an orgasm in his clothing under the white sheet that was draped over him. Once he found himself in a barbershop, he felt "strangely in control of his

fate" (p. 762), and as he gave the barber explicit directions, he had an erection and ejaculated. After each episode he felt mortified, resolved never to do it again, even to commit suicide rather than go through this again; but he was free of anxiety.

Freedman (1978) wrote:

With the help of his transference reactions, we were able to trace each element of the perversion. Any form of anxiety and helplessness in an external situation aroused fears of castration. The castration fears had developed in early childhood in connection with oedipal strivings, primal scenes, and childhood events which were often screen memories for castration-threatening fantasies. All these fears became structured by the latency experiences with the Polish officer-teachers in the school [to which he was sent instead of the parochial school most other Jewish children attended]. His latency defences became a reversal of subject and object, so that his relief of castration anxiety was obtained by the fantasies of making a victim out of the persecutor. [p. 765]

When Freedman alluded to the fact "that any form of anxiety and helplessness in an external situation aroused fears of castration," he described the sexualization that transformed a threat in external reality, such as his fear of an inability to make a living, into a castration threat. The object who carries out the threat, the barber, is far removed from the instigator of the compulsive ritual, i.e., variations in customers, orders, or supplies. The barber is the incarnation of an internalized, ambivalently loved object. Ambivalent love is implicit in submission, and this response stands in sharp contrast to P's reaction to the Nazis, with whom he dealt with unambivalent aggression. (The conflicts, expressed in the sexualized ritual, were also evident during the war and were solved during that period through P's abstention from heterosexual contact.) This explains why Freedman's interpretations based on P's prewar experiences were effective in relieving the patient of painful symptoms. The meanings P gave to his experiences were determined by unconscious fantasies and not by the events as they happened.

## DISCUSSION

Placing unconscious fantasies at the core of the patient's neurosis is emphatically not tantamount to dismissing the tragedy of the Holocaust as irrelevant. It only means that the search for the impact of the Holocaust on the patient's pathology once more leads into uncertain territory.

P, like many other survivors of the Holocaust, remembered the war as an event in his life, as something that he experienced, and these memories are like presentations, not unlike screen memories. The Nazis remained in his mind as objects of hatred, described by Freud (1915) as being related to the total ego. These objects, as has been highlighted above, continue to survive as such in one segment of memory, without there being any evidence of internalization. But were this all that takes place, there would be no trauma because the ability to maintain outside oneself events for which one is truly not responsible occurs in the interest of sanity. The patient would simply be aware that there was a time when he murdered Nazis, which made him a hero and caused him to survive: he had confronted an external threat to survival with appropriate aggression, and in a less realistic part of his personality, his neurosis survived as well, in that he inhibited his heterosexuality despite the freedom from sanctions existing at that time.

There is no evidence for P having made the Nazis part of his internal object world; therefore it would not make sense to evoke them as ambivalently loved objects. Ambivalence belongs to personal history, to the internal world, in which aggression and competition never cease to be punished by impotence or castration. The analysis kept the two realms apart, the murderous aggression that enabled P to survive and the conflicted aggression necessary for heterosexuality, and analysis enabled the patient to function as a man. In my opinion this is neither denial of the trauma nor the pact of silence about the Holocaust; however, the success of the analysis takes us back to the poorly conceptualized workings of trauma.

Trauma is mysterious not because the dynamics of its effects are unknown. On the contrary, most of what needs to be said on the sub-

ject is known. It remains only to be applied in the place where it belongs. While I admire Freedman's handling of this case, I cannot agree with his personal communication in which he suggested that P had mourned his losses sufficiently because he manifested an attitude of entitlement. I think that his criminal sense of entitlement, manifested by his cheating his uncle and the first analyst, was evidence of unconscious guilt likely stemming from his omnipotent belief that he was responsible for the death of his entire family. He was the murderer, not the victim, and the barber was the accusing father to whom he submitted in a sexualized gesture of expiation, and over whom he nevertheless triumphed once more. I believe that those who thought to improve Freedman's analysis by introducing the image of the Nazi behind that of the barber in order to highlight the effects of trauma were looking in the wrong place. Representation determined P's emotional reaction more than the presentation, the memory of actual events.

P's defenses broke down at a time when he had established himself realistically in a new world and was forced to mend a sense of inner continuity. Earlier, his efforts were directed toward the outside in the interest of survival. As was the case with many survivors,<sup>7</sup> the problem became acute after his survival was reasonably assured and he had to reconnect with his internal world, which also meant reviving a relationship to his parents. For the sake of his own psychic survival he had to bring the dead to life. In Langer's terminology, this was the conjunction of a discontinuous self that had managed to stay alive with the continuous self, the family member who no longer had a family.

The latency period, the time it took after the end of the war for symptoms to appear, can be interpreted as the time needed for the former victims to establish themselves, and for them to enjoy some success that reinforces unconscious omnipotent fantasies that led them

<sup>7</sup> In this respect, the timing of the breakdown corresponds to the period of latency observed in many survivors and described by J. and M. Kestenberg, M. S. Bergmann, M. E. Jucovy, and M. M. Oliner, all in *Generations of the Holocaust* (Bergmann and Jucovy 1982).

to internalize the Holocaust in a distorted and sexualized way. While forever remaining a presentation, as a reality outside, it was used selectively, like external reality normally is, for unconscious fantasies. Using historic events, these fantasies became pathological beliefs. In part of his mind, his survival was no longer experienced as based on his ability to fight realistically and in cooperation with others, but on omnipotence leading to guilt. This meant that as a potent man, he saw himself as his father's murderer, deserving to be punished through castration and wishing to triumph over the angry judge.

This approach to trauma highlights the duality created by conditions that mandate the suspension of an affective sense of self for the sake of a completely realistic attunement to external reality. The consequences of such an emergency organization of the personality vary according to the total structure, especially according to the degree to which there exists a reliable superego or object ties that remain intact, surviving massive losses and being experienced as forces outside the self. Events such as the Holocaust create a permanent, universal, and inescapable duality because their basic inhumanity precludes their ever being totally integrated into the history of Western civilization. Among individual victims who cannot forget, narcissistic personalities like P are particularly vulnerable to the effects of duality because the assimilation of effective and realistic action results in fantasies of omnipotence.<sup>8</sup> This means that the factual memory remains relatively unaltered, as described earlier, whereas in the segment of the personality dominated by the narcissistic need to deny helplessness, realistic actions are aggrandized in fantasy. They are represented as omnipotent feats and result in guilt and expiation for not having done more. The ability to remain factually attuned to external reality in one segment of the personality is useless in the face of these unconscious fantasies, just as a knowledge of anatomy has not prevented the distorted fantasies of perverts, or what I take to be P's project of sexual-

<sup>8</sup> This transformation from presentation into representation takes place in accordance with the tendency to forget situational factors and to replace them with dispositional ones, principles of memory, discussed in greater detail in an earlier work (Oliner 1996, p. 282).

izing the expiation of guilt through a sex change operation.

The uselessness of factual memory found in many traumatized individuals leads me to think that the recent emphasis on memory in trauma is misplaced: people frequently remember the bad things that happened to them, and the number of stories of Holocaust survivors recently published attests to the persistence of these memories. The memories contain stories of unbelievable hardships and cruelty, and the fact that the survivors can tell the stories and know them easily confuses observers who expect Holocaust survivors to act and feel like the victims they were. More often than not, they remember their history. But clinicians must recognize that the stories of what happened cannot be analyzed. As an example, there is the account of a patient who became confused when his analyst reminded him of his history by saying, "it happened," as if the patient did not know it. As far as the patient was concerned, he knew very well what happened and had told it to the analyst. The analyst, struck by the patient's inability to apply the remembered facts, should have probed for the cause of the duality that kept the knowledge of historical facts separate. *Analysis has to follow meticulously the faulty integration between the known reality and the unconscious fantasy that ultimately structured the personal significance of these events.*

Earlier, I conveyed my conviction that the essential effects of trauma are known but frequently misapplied. Therapists have often found it difficult to approach the treatment of traumatized individuals with the great emotional and intellectual flexibility that such treatment requires. Analysts cannot afford to be cast into the role of the one who reminds the patient of the facts. If the patient fails to take into account a specific segment of history, the dynamic reason for this lapse is the focus of analytic interest. If, on the other hand, the survivor routinely lapses into the most painful wartime memories at the dinner table with his or her postwar family, the fact of the remembered trauma is not enough to explain the timing of this repetitive tale. In this case it is also important to recognize the dynamic reasons behind the survivor's conduct, and to appreciate that the memory of trauma can serve defensive purposes. As Neubauer (1967) remarked about children who had been traumatized:

The traumatic situation was seen as the proof of the dormant preconscious or conscious fantasies that preceded it. It constituted external evidence of internal conditions. *The ego's attempt to defend itself against this powerful event included a clear judgment of the situation.* What is remarkable is that all the children went beyond a reproduction of screen memories—their statements give proof of their evaluation and explanation of the event.... These statements reveal the id derivatives, but they are a very good formulation of past and present attitudes of the parent. With it comes relief—the formulation is announced “as a find.” These become the Leitmotif for years to come. Eventually they serve as organizers of future events, which then appear to confirm the original explanation. [pp. 105-106, italics added]

These defenses are motivated by unconscious guilt. While this applies especially to narcissistic personalities, who hold themselves responsible for everything that happens to them, the aggression generated by traumatic experiences becomes a source of conflict that affects even those less prone to pathological narcissism. Analysis of victims, as is evident from the repressed memory craze of the recent past, can potentially generate unmanageable guilt or aggression. The difficulty for the analyst lies not only in the skill required to prevent this, but also in being able to tolerate the guilt that comes from maintaining an analytic approach to the centrality of psychic conflict in the face of massive trauma.

## CONCLUSION

In my opinion, Freedman's analysis of P and the discussion that ensued provide a good illustration for these problems. Freedman's analysis, based as it was on P's conflicts stemming from childhood, apparently was effective without making the cataclysmic events occurring between his childhood and the time of the analysis the focus of treatment. I think that there is a relationship between the success of P's treatment and the nature of his pathology: the similarity between the split found in perversion and the duality in the personality

structure observed in many survivors. P's major symptom, the perverse ritual, based on the split between knowing and not knowing about castration (Freud 1940), resembles the duality caused by the sequelae of trauma. In P's case, anxieties concerning threats to his livelihood were sexualized and transformed into dangers represented by his potency. He intended to handle these omnipotently through a sex change until the outbreak of anxiety and depersonalization prevented him from carrying out this scheme. In his case, the duality that has been detected in undiagnosed survivors by observers of different orientations manifested itself in a perversion, which was undoubtedly reinforced by his survival and the massive losses brought on by the Holocaust. It would suggest that the factual relationship to reality is caused by trauma, and that perversion, with its split-off connection to the external world, is one of the consequences of the attempt to master infantile trauma through sexualization. In other cases, the duality may correspond structurally to isolation of affect or depersonalization rather than to the split evident in perversion. It is equally conceivable that sexualization in the form of phallic narcissism underlies the defensive duality wherever it can be observed, but this assumption would have to be corroborated with analytic data.

It would also be interesting to establish the factors within the personality that could work against the duality. Undoubtedly, strong object ties and a reliable superego influence the severity of the duality, and Fenichel's (1939) discrimination between identifications might be relevant. In his study entitled "Trophy and Triumph," Fenichel stressed the importance of the distinction between identifications that replace the object in the external world and those that merely participate in the glory of an object that towers above.

It is in keeping with the supposition that all trophies are somehow personified 'superegos' that they all have one thing in common with the superego: they both protect and threaten their possessor. As long as one keeps a trophy in one's house, one has the powerful being in the house, and compels it to protect one. [p. 157]



Grunberger has stressed this important distinction between identifications that cause equality and identifications that cause submissive, worshipful participation, in his studies on narcissism and religion in Grunberger (1971) and Grunberger and Dessuant (1997). There is a continuum between these two types of identifications with regard to omnipotence: in one type of identification the object remains the protector, whereas the second type is based on oral incorporation. The second type destroys the object. Those who feel themselves to be instruments of a benevolent parent-deity tend to fare better than those who consider themselves abandoned, thrown on their own resources, and ruled only by expediency. It is for this reason that narcissistic personalities, dependent on their own omnipotence, eventually represent their survival as due to themselves only and fall prey to pathology.

Of course, this leaves open the question of whether anyone is able to withstand an event like the Holocaust and not suffer serious consequences in personality organization because of the aggression generated by the experience. Furthermore, if trauma in general leads to the duality of knowing and not knowing, could the success of the traditional analysis of this survivor be based on the coincidence between the split encountered in perversion, the patient's major symptom, and the duality encountered as an outgrowth of trauma? It would mean that the analysis of the denial of castration undoes the duality caused by the experience of the Holocaust, and would suggest that where the personality had been previously organized to absorb trauma, later trauma is sexualized and defended against in the same way as infantile anxieties.<sup>9</sup> While none of this is certain, I am convinced that

<sup>9</sup> In an interview reported in the *New York Times*, the neuropsychologist Vilanayur Ramachandran suggested the existence of double encoding in the brain. He based his thinking on his observations of stroke victims, and is quoted as saying:

At any given moment in our waking lives, our brains are flooded with a bewildering variety of sensory inputs, all of which must be incorporated into a coherent perspective that's based on what stored memories already tell us is true about ourselves and the world. To act, the brain must have some way of selecting from this superabundance of detail and ordering it into a consistent belief system, a story that makes sense of the available

it is a grave error to dismiss the success of the analysis and to fail to learn from it.

Whether or not it is true that the consequences of trauma are defensively sexualized and are therefore analyzable, or appear as somatic symptoms whose meaning is more difficult to decipher, analysts cannot treat trauma; they treat the individual, with all the complexities that this entails, respectful of all there is yet to learn about the integration of trauma.

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evidence. I believe this is the left hemisphere's job. It imposes consistency onto the story line. When something doesn't quite fit the script, you don't rip up the whole story and start from scratch. Rather, you deny or confabulate to make the information fit the big picture. Far from being maladaptive, such everyday defense mechanisms keep the brain from being hounded into directionless indecision by the combinational explosion of possible stories.... The left's job is to create a model and maintain it at all costs. The right's job is to detect anomalies. When anomalous information reaches a certain threshold, its job is to force the left hemisphere to revise the entire model and start from scratch. The left tries to cling. The right tries to force paradigm shifts.

These hypotheses were generated from the observations of anosognosia, the denial of paralysis in the right cerebral hemisphere among victims of strokes. Even in these neurological disorders, the denial itself is not based on the destruction of brain tissue, as Mark Solms (1997) stressed in his recent presentation. It is tempting to speculate that there is a continuum between the reaction to brain damage and to psychic trauma with regard to the dividedness within the personality, and that perversion is the sexualized outcome of this type of defense.

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## INTERSUBJECTIVITY AND INTERACTION IN THE ANALYTIC RELATIONSHIP: A MAINSTREAM VIEW

BY HOWARD B. LEVINE, M.D. AND RAYMOND J. FRIEDMAN, M.D.

*The authors conceptualize intersubjectivity as a meta-theory that reflects the inherent nature of human relatedness and is conceptually independent of any particular theory of mind or school of psychoanalysis. Their view of intersubjectivity joins the emotional life of the analyst to that of the patient and places the analytic relationship at the center of the analytic process. They contrast intersubjectivity with traditional classical conflict theory so as to clarify the relevance of intersubjectivity for psychoanalytic clinical theory and therapeutic practice. In so doing, they hope to direct analysts more firmly toward the study of the unconscious dyadic contributions to the affective, enactive, and interactive dimensions of the analytic situation and their impact upon the patient's actions within and experience of the analytic relationship. To illustrate their thesis, two hours from an analysis are presented in detail.*

Psychoanalysis is in the midst of a period of intellectual ferment: synthesis and creativity. New ideas are being championed. Old concepts are being challenged. Entrenched theoretical positions, sometimes more political than clinical, are being opened up to reexamination and testing. Barriers to dialogue and cross-fertilization of ideas between once-rival schools are falling away. If we survey psychoanalysis from an historical perspective, we can see the outlines for these new developments. They move from ego psychology to object relations

theory; from a negative to a positive view of the countertransference; from objectivity to subjectivity; from a one-person to a two-person psychology; and from a theory that conceptualizes and then privileges the isolated psyche of the patient to one that attempts to understand the experience of the patient as a reflection of the complex responses, interactions, and affective interconnections that develop within and between both participants in the analytic encounter.

One banner under which many new developments in psychoanalysis have begun to take shape is that of “intersubjectivity.” Despite its increasing usage in psychoanalytic discourse, intersubjectivity is a relatively new concept, “a work in progress.” Its definition and connotations have yet to be fully worked out or even agreed upon in psychoanalysis. Consequently, contemporary analysts often use the term to mean or imply very different things. From discussions with colleagues and our reading of the analytic literature, we have found that the term is open to wide and varying interpretation, subject to misunderstanding, and often confounded or exclusively identified with concepts that are more accurately described as “relational,” “self-psychological,” “interpersonal,” or “interactive.” This imprecision of definition presents a problem for contemporary psychoanalytic discourse.

In this paper, we will attempt to address this problem by offering our view of intersubjectivity—what it means, how it has developed, and what it implies. In so doing, we hope to clarify the relevance of intersubjectivity for psychoanalytic clinical theory and therapeutic practice. Whenever possible, we will attempt to elucidate the implications of intersubjectivity for traditional, classical conflict theory, which remains a dominant theory in the growing pluralism of (North) American psychoanalysis.

In particular, we will argue that intersubjectivity offers analysts an orientation and perspective that:

- (1) is inherently independent of any individual school of psychoanalysis;
- (2) is especially helpful in allowing analysts to appreciate unconscious dyadic contributions to the affective, enactive,

and interactive dimensions of the analytic relationship and situation;

- (3) does not commit an analyst to the use of particular techniques, such as overt self-disclosure, or to a particular position in regard to the therapeutic action of psychoanalysis, e.g., the privileging of experiential over interpretive factors. (We plan to address the clinical implications of intersubjectivity in more detail in a subsequent communication.)

In our view, intersubjectivity is an orientation, a way of understanding the motivations and determinants of the events that occur in the analytic situation. It rests upon the assumption that the inherent structure of those events does not fully prefigure human experience and its meanings. We assume, instead, that human experience and its meanings are always partially indeterminate and only assume full, although not necessarily fixed, form and meaning in the process of self-reflection and interaction with others. For each individual, "experience [is] the joint creation of interacting influences from within and without—from the ephemera of social life and the more enduring structures of one's inner world" (Stern 1997, p. 5).

As such, intersubjectivity is not about some moments rather than others. One would not single out an occurrence in an analysis and say that it was "an intersubjective moment," the way one might say that a given sequence illustrated a certain development in the transference. Similarly, since intersubjectivity neither requires nor implies particular actions or technical behaviors, we would not describe a vignette by saying, "Here I have acted intersubjectively." Rather, we maintain that intersubjectivity is a broad orientation, a way of looking at *everything* that happens within and between patient and analyst as they create and experience (co-construct) the analytic process.

A central tenet of our conception of intersubjectivity is the assumption that whatever takes place between analyst and patient will be *co-determined* by the unconscious desires and defensive needs of *both* participants in the analytic process (Hoffman 1992). We see the analytic relationship and process as *mutually* constructed out of the

reverberating influence and interaction of the conscious and unconscious wishful and defensive needs and desires of the analyst and the analysand, each upon the other.

In understanding the forces that contribute to the creation of the patient's experience in the transference, our view does not privilege the patient's experience of the here-and-now at the expense of the past. Rather, we acknowledge the traditionally recognized importance of the role played in the creation of the transference by the patient's past as well as current wishes, experience, conflicts, fantasies, defenses, and the compromise formations into which they enter, as they become part of the organizing structures of the patient's inner world. Our view, however, also emphasizes the analogous contribution to the creation of the patient's *experience* of the transference within the analytic relationship that arises from the subjectivity of the analyst, including the analyst's past and current wishes, experience, conflicts, and fantasies.

Our position has evolved from the traditional classical view that the patient's psychopathology is the result of intrapsychic compromise formations stimulated by wish, conflict, and fantasy within the patient. In emphasizing that *the expression* of that psychopathology within the analytic relationship will inevitably be influenced by the subjectivity (i.e., compromise formations) of the analyst, we move beyond the implication inherent in the traditional classical view that the well-functioning analyst is an impersonal, essentially interchangeable component of the analytic situation. In so doing, we move beyond the traditional classical assumption that for all practical purposes, the analyst's personal (subjective) influence on the unfolding of the analytic process and the expression of the patient's transference and pathology can be ignored. In contrast, our view follows from our belief that the patient's attachment and transference to the analyst cannot optimally occur without an emotional contribution that derives from the humanity and passion of the analyst's engagement with the patient.

In emphasizing the contribution of the ineradicable, unconscious subjectivity of the analyst as a co-determining factor in the evolving analytic process and relationship, we offer a view similar to that of



Gill (1994), who noted that the analyst's unconscious affective involvement with the patient inevitably leads to the analyst's unwitting suggestive influence upon the patient, and Renik (1993), who described the analyst's "irreducible subjectivity." (Aron [1991, 1996], Friedman and Natterson [1999], Hoffman [1991, 1992], Levine [1994], and Mitchell [1997] have also stressed the role of the analyst in co-determining the expression of the patient's transference and the flow of the patient's associations.)

Our position expands the traditional classical view, in that the latter usually emphasizes only the subjectivity of the patient. According to that view, as long as the analyst is not beset by interfering countertransference conflicts, fantasies, or feelings, then it is solely the patient who, for wishful or defensive reasons, unconsciously distorts or misconstrues objective reality. Hence, when Hartmann (1964) defined psychoanalysis as "the systematic study of self-deception" (p. 335), he did so implicitly from the patient's perspective. One inadvertent and regrettable consequence of this emphasis is that analytic case presentations do not routinely include data about the subjectivity of the analyst and its inevitable consequences for the analytic process.

By virtue of personal analysis, training, continuing self-analysis, and a technical position of abstinence and neutrality (the "blank screen" of Freud's [1912] papers on technique), the traditional classical model assumes that the analyst has the potential to be an objective (nondistorting) observer of reality. This assumption, which anticipates that for all practical purposes the analyst's subjectivity can be fully *reducible*, is also inherent in the expectation that the analyst's countertransference and transference to the patient can either be eliminated or at least controlled as factors which interfere with the analyst's objectivity (Panel 1992). It is this presumed capacity for objectivity that confers upon the analyst in traditional classical theory a privileged status or authoritative position about knowing or discovering a preexisting, hidden "truth," and that lends the traditional classical conceptualization of the analytic dialogue the flavor of an objective, "realistic" analyst interpreting to a subjectively distorting, "unrealistic" patient.

Our recognition of the analyst's irreducible subjectivity extends the traditional classical position to conclude that neither party to the analytic experience can be fully objective. Each is limited by the view from within their own subjective experience. As a result, while the roles, aims, and rules regarding disclosure are neither identical nor symmetrical for both parties in the analytic relationship, the *psychological processes* that occur within both parties are, perforce, the same. In the felicitous words of Lawrence Friedman (1988), "Human psychology must bear equally on all heads present" (p. 97).

What this means, for example, is that each member of the dyad will operate as a subjective as well as objective participant in the analytic process; each will behave in ways that reflect his or her conscious and unconscious conflicts, wishes, desires, fears, defenses, and needs; each will develop a transference to and exert an unconscious suggestive influence upon the other (Gill 1994; Levine 1996, 1997, 1999; Natterson and Friedman 1995). As a result, even though the work task and goal of the analytic relationship remains the exploration and interpretation of the *patient's* subjectivity, the analytic dialogue and process will reflect and be constituted from the mutual, inevitable, unconscious emotional interactions that take place between the two protagonists (Friedman and Natterson 1999). And every analytic relationship will consist of a continuous stream of unconscious and unintended suggestive influences that simultaneously and inevitably impact upon and are uniquely experienced and interpreted by each party to the process. It is in this sense that the analytic process may be said to be constructed out of the inevitable interaction of two subjectivities (Friedman and Natterson 1999; Levine 1997, 1999). Hence the term "intersubjectivity."

In drawing our attention to the desires and needs of *both* participants in the analytic relationship, our intersubjective view also emphasizes the extent to which *the fundamental—and most immediate—data of psychoanalysis is the experience of the relationship that develops between analyst and analysand*. This relationship is made up of conscious and unconscious contributions from each of the two participants as they interact in the course of the analysis. Such interaction

is not only inevitable, it is ubiquitous (Gill 1994). At any given moment, the present interaction and how it is experienced and interpreted by both parties to the analysis will be significantly determined by and reflect past as well as current conflicts, fantasies, and experiences of both analyst and analysand. It is this intersubjective view of the present as co-constructed that offers us a “royal road” to understanding how the past of both participants becomes influential in the creation of each unconsciously and interactively created present moment.

To further extend the traditional classical model, consider that model’s assumptions of how the patient’s transference develops and associations emerge. Under optimal circumstances, when the analyst’s countertransference (in the narrow sense) is not operating as an interference, the emergence of the patient’s associations and the development of the patient’s transference will be driven solely—or predominantly—by forces that reside within the patient. The analyst is assumed to be an objective participant in the analytic relationship, while the patient is more or less subjectively involved.

In this view, the analyst’s contribution to the analytic process is assumed to be twofold. Given the patient’s hopes, needs, and desires, the analyst’s presence in and of itself will serve as a magnet for the concentration and emergence of the patient’s unsatisfied, unconscious wishes and needs. Once the analyst has become an important part of the patient’s emotional landscape, i.e., the patient has begun to develop a transference neurosis, the analyst’s interpretation of the patient’s defenses and the unconscious fantasies and processes of the patient’s inner world alters the dynamics of that world, thereby influencing the further evolution of the patient’s transference and the emergence of subsequent associations. In this model, the well-functioning analyst exerts influence, but does not play a constituent part in the patient’s inner world. And at the end of such an analysis, the well-functioning analyst leaves behind no personal emotional footprints.

So, too, for the view of how affect develops in the analytic relationship. In traditional classical theory, the patient’s affect is predominantly seen as a function of the *patient’s* state of mind: needs,

wishes, ratio of frustration to gratification, and so forth. The analyst's initiating and amplifying roles in this process are relatively limited. If the analyst is consistent and reliable, withholds the gratification the patient seeks, and maintains a stance of abstinence and neutrality, then, with the analyst's interpretive assistance, the patient's unfulfilled infantile longings will intensify to the point of consciousness. Once the analyst becomes an important object to the patient, i.e., is invested as a target of the patient's transference wishes, the analyst has little to do except leave those wishes ungratified and fully analyze the defenses that develop in their wake. Affect will then develop as an inevitable consequence of optimal frustration and the consequent conflicts that arise from within the psyche of the patient.

Our intersubjective expansion of this view recognizes that the process of the patient's development of associations, transference, and affect also includes dyadic and interactive contributions. Among these are (1) the use of the analyst's capacity for fantasy, reverie, and unconscious enactments (all of which we conceptualize as aspects of the analyst's subjectivity) to represent and even actualize (Sandler 1976) aspects of the patient's inner world, conflicts, and important object relationships; and (2) the impact of the analyst's transference to the patient (i.e., the analyst's wishes, needs, desires) upon the patient. It is in regard to the latter that we also see the analyst as the co-contributor to and even the initiator of the patient's emerging affects, transference, and associations. This view does not obscure the part played by contributions from the patient's past or current conflicts. Rather, it recognizes the complexity and extent to which here-and-now interactive and relational experiences shape the expression of the patient's conflicts and compromise formations in the analysis and allow the residues of past and current conflicts, fantasies, and experiences their fullest opportunity for expression.

This intersubjective expansion of traditional classical theory has important implications for the roles of abstinence and neutrality in clinical theory and technique. To the extent that the analyst is subject to the vicissitudes of unconscious drives, needs, and wishes, abstinence and neutrality are impossible to achieve (Levine 1994, 1997; Natterson

and Friedman 1995; Renik 1996).<sup>1</sup> And insofar as the patient is subject to the analyst's transference wishes, needs, fears, and fantasies (Levine 1994, 1997), then the patient's associations, transference, and affect will be affected. Thus, we view the thoughts, feelings, fantasies, and wishes of both participants in the analysis—the transferences that develop between analyst and analysand—and the analytic relationship itself, as the product of a complex unconscious overlap between reverberating intrapsychic and interactive forces. In so doing, we do not neglect the contributions of the patient's unconscious or any other part of the patient's psyche, including the drives and the historical past. Rather, we seek to expand the traditional classical view to include analogous contributions from the minds of both participants in the analytic dyad, as we attempt to formulate a dimension of complex interaction in depth that exists between them.

Whether one assumes that drives are relevant to the functioning of the *individual* mind is independent of an intersubjective point of view. In contrast to authors such as Stolorow et al. (1994) and Orange et al. (1997), our understanding of intersubjective theory does not require us to discard drive theory or adopt a particular (e.g., self psychologically derived) theory of mind. Instead, we focus upon the importance of unintended, unconscious, spontaneous, and mutually constructed interactive components that constitute and contribute to each participant's experience in the analysis.

The emphasis and expectation that a significant contribution to the analytic process and relationship will be made not just by the patient, but by the analyst as well, is what perhaps most distinguishes intersubjectivity from traditional classical theories of psychoanalysis. As Natterson and Friedman (1995) put it, the evolving process of the analysis is co-created by “the reciprocal influence of the conscious

<sup>1</sup> Those analysts who seek to retain the concepts of abstinence and neutrality have argued that they remain valuable as ideals, even if they prove to be unreachable in practice. While this is a matter of theoretical preference and subjective taste, we would argue that to hold out ideals that cannot be reached does not serve either us or our patients well. Like pregnancy, abstinence and neutrality are absolutes. Analysts can be dispassionate or indifferent, but they cannot be “a little bit” abstinent or neutral!

and unconscious subjectivities" (p. 1) of both participants in the analytic dyad. Or, as Gill (1994) has said, constructivism

not only implies that the analyst makes a contribution to the patient's experience, but also that the patient's experience is ambiguous, that the sources of the analyst's views and actions are not fully known, and that analyst and patient act to co-create interactional realities, both through enactments in transference and counter-transference and through searching for new ways of being in relationships. [p. 38]

Gill's emphasis upon "enactments" and "new ways of being in relationships" further indicates the importance of the *interactive dimension* of the analytic relationship and the possibility of and opportunity for the patient's developing new or corrective affective modes of relationship within the analysis. We see the latter as different from Alexander's (1956) "corrective emotional experience" (p. 41), however, in that the developments to which we refer do not necessarily reflect the analyst's conscious or deliberate attempts to assume a specific role in the transference in relation to the patient for purported therapeutic ends. Nor does our view disregard the tendency of patients to repeat or misconstrue aspects of their (transference) relationships in line with old, unsatisfactory, and/or traumatic real and fantasied relationships with significant past objects. Rather, we supplement the traditional classical view of transference by recognizing: (1) that the stimulus for the patient's transference perceptions and reactions may partially come from the analyst<sup>2</sup>; (2) that additional, simultaneous levels of relating may be enacted between patient and analyst; and (3) that these enactments may be new and beneficial in their own right. In regard to the last point, we see ourselves in the tradition of Balint, Kohut, Loewald, Winnicott, and others, who argued that the analytic relationship contained the potential for reengaging and facilitating previously arrested psychic development.

<sup>2</sup> Greenson (1966) spoke of the analyst's contribution as the "transference trigger" (p. 305), but never fully developed this point or its implications for an understanding of the interactive dimension of the analytic process.

Our focus upon enactments and new opportunities to resume previously arrested psychic development brings interactive and relational dimensions of the analytic situation more clearly into conceptual focus. What remains central to our *analytic* rendering of intersubjectivity, however, is *the commitment to explore and to analyze* the “interactional realities,” the jointly produced enactments and the “new ways of being in relationship” that are inevitably co-created by and within the analytic dyad. It is the commitment to analyze rather than simply provide corrective “reparenting” or opportunities to relive lost or longed-for relationships that distinguishes *psychoanalytic* intersubjectivity from other forms of treatment that may attempt to achieve their therapeutic ends by manipulating the transference rather than by analyzing it.

Enactments are the continuous, mutual living out of important, mostly unconscious, conflicts and fantasies of both parties in the analytic relationship (Friedman and Natterson 1999). In contrast to the traditional classical concept of “acting out,” which refers to episodes derived almost entirely from the mind of the patient, and is seen as discrete, discontinuous, and eruptive, the term “enactment” refers to the ways in which the analytic encounter may be viewed as a complex, overlapping, embedded series of often subtle, unconscious, interactive, mutually constructed dramas that are jointly lived out rather than only spoken of.

This view is very much in the spirit of Freud’s (1914) description of the transference and the analytic relationship in “Remembering, Repeating and Working Through”:

“...the patient does not say that he remembers that he used to be defiant and critical towards his parents’ authority; instead, he behaves in that way to the doctor. He does not remember how he came to a helpless and hopeless deadlock in his infantile sexual researches; but he produces a mass of confused dreams and associations, complains that he cannot succeed in anything and asserts that he is fated never to carry through what he undertakes. He does not remember having been intensely ashamed of certain sexual activities and afraid of their being found out; but he makes it clear that he is

ashamed of the treatment on which he is now embarked and tries to keep it secret from everybody. And so on... [T]his is his way of remembering. [p. 150]

Much of the debate that exists about the ubiquity and inevitability of enactments reflects the fact that most enactments remain so subtle as to escape detection. When they are noticed, usually in retrospect, it is often difficult to determine their exact starting and ending points. Most commonly, it is when an enactment reaches sufficient intensity or becomes the leading edge of an important transference resistance or countertransference impediment—a quality of enactments that Friedman and Natterson (1999) refer to as their “dramatic” dimension—that it is singled out, investigated, interpreted in the analysis or reported in the literature.

The seeming specificity and uniqueness of some enactments has led some authors (e.g., Chused 1991; Jacobs 1986; McLaughlin 1991) to write as if they believed that enactments were more discrete and occasional—perhaps more akin to a two-person version of acting out—than we believe they actually are. We would prefer to put the matter the other way round. That is, that the concept of acting out reflects an attempt to describe enactments within an area of our theory that heretofore has been conceptually weak in its ability to handle complex dyadic, interactive processes. This theoretical weakness fails to acknowledge Freud’s (1914) own recognition that the transference is inevitably interactive, and reflects the mistaken belief that depth psychology requires an exclusive focus on the individual and the intrapsychic. Thus, our view may serve as a corrective, restoring a focus on the dyadic and the interactive to the traditional classical focus on the individual and intrapsychic.

Whenever enactments do occur, they take place around the points of convergence that exist between the transferences of the analyst and analysand, each to the other. They have simultaneous, but not necessarily identical, meaning for both analyst and analysand (Friedman and Natterson 1999; Levine 1997). Our intersubjective view emphasizes the extent to which each party to the analytic relationship inevitably and simultaneously comes to relate to the other as parent,



sibling, mate, and so forth. In this interplay of mostly unconscious fantasy, each participant's fantasy of the other is continuously changing.

In contrast to the traditional classical view, in which the analyst's countertransference and transference to the patient are seen almost exclusively as resistances to the analysis, we see these phenomena as ubiquitous and, while still potentially problematic, also potentially useful. As has been described in detail elsewhere (Levine 1994), part of the analyst's expectable participation in the analytic process includes lending his or her subjectivity to the development of countertransference feelings and fantasies, so that these become available to the analyst as a source of data about the analysand. (See also Heimann 1950; Racker 1968; the extensive literature on projective identification, especially Joseph 1987 and Spillius 1992; and Sandler's 1976 concept of role responsiveness.)

In and of themselves, the majority of enactments are neither inherently good nor inherently bad for the analytic process. They may prove helpful or harmful to the work of the analysis, depending upon their nature and the use made of them. Some enactments involve analysts in the spontaneous and unconscious participation in relationships with their patients that have—or, with additional self-analysis, may be put to—personal benefit for the analyst. As in the traditional classical view, the analyst's private, self-exploration of the unconscious, conflict-derived and childhood roots, personal meanings and determinants of his or her contribution to the analytic experience and relationship, is an essential component of good analytic work. No matter how personally beneficial, i.e., therapeutic, to the analyst the relationship or self-analysis stimulated by work with any given patient may be, however, the analyst's self-analysis or enactive experience must remain adjunctive and subordinate to the task of analyzing the patient. Despite the deepened, more complex view of the analyst's participation in and potential gains from the analytic relationship that our intersubjective view offers, it is the therapeutic progress of the patient that continues to take precedence in the analysis. In practice, however, we have observed that insight and change in the analyst often lead to progress in the *patient's* analysis.

Our view of the analytic process as intersubjective does not presume or require affiliation with a particular school of analysis—e.g., self-psychological, object relational, interpersonal, or relational—or commitment to a particular set of techniques or views about the therapeutic factors in psychoanalysis. We believe instead that intersubjectivity offers an overarching framework or “meta-theory” for understanding the analytic process and relationship. (See Orange et al. 1997, for a similar view.) Consequently, one could posit an intersubjective formulation of the analytic situation in which the subjectivity and interaction of the two participants were seen from an ego-psychological, self-psychological, Sullivanian, Kleinian, or any other “school-specific” point of view. Authors such as Greenberg (1991), Hoffman (1983, 1991, 1992), Mitchell (1988, 1997), Ogden (1994), and Stolorow et al. (1994) have at times presented intersubjective formulations of the psychoanalytic process that seem more closely tied than is our view to assumptions about the organization and functioning of the mind that reflect the particular school of analysis from which their views evolved. However, we do not see these school-specific elements as necessarily inherent to an intersubjective view. Rather, we suspect that they have been inadvertently incorporated into the theories of these authors as they have worked their way toward a truly overarching view of intersubjectivity as “meta-theory.”

In regard to technique, intersubjectivity does not necessarily imply the use of specific, nontraditional interventions, such as the analyst’s intentional self-disclosure or other actions that classically might be seen as deliberate suggestions or transference manipulations. Rather, within any given school of psychoanalysis, an intersubjective view might influence technique by alerting the analyst to the need to be aware of certain interactive aspects of the relationship, such as the way in which the analyst’s activity may be influencing the patient’s associations and experience of the transference (Gill 1994); the way in which the patient may fantasize about and experience the meaning of the analyst’s behavior, emotional state, and technique (Aron 1991; Hoffman 1983); and the way in which the analyst’s experience of and fantasies about the patient may simultaneously repre-

sent aspects of the patient's, as well as the analyst's, inner world (Heimann 1950; Levine 1994, 1997).

To the extent that an intersubjective approach might lead to new lines of analytic inquiry or interpretation, it would not necessarily imply a change in views about the therapeutic action of psychoanalysis. Nor would it require a tilt in the hierarchy of the analyst's interventions and therapeutic intention away from inquiry and interpretation and toward the calculated provision of a "corrective emotional experience" (Alexander 1956) or any other form of explicitly intended, noninterpretive therapeutic interaction. As we have indicated, where intersubjectivity has been linked to noninterpretive views of therapeutic action, it may be because the authors involved have arrived at an intersubjective view from psychoanalytic schools or theories that already reflect or embody these assumptions.

In regard to the truth status of reported memory, intersubjectivity emphasizes the extent to which the meaning and experience of the past is filtered through the present. This view of the past is much less structured or immutable than formerly thought to be. Freud (1899), in his early paper on "Screen Memories," implied this when he wrote that we may not have memories *from* the past, only memories *about* the past, which are dependent upon the motivation and context in which they are remembered. This is a very different view than that presented elsewhere, when Freud (1937) used the metaphor of the analyst as archeologist, sifting through the broken shards of actual past events and trying to reassemble the fragments into an historically accurate impression of the patient's past.

In viewing the patient's memories of the past as co-constructed by both participants in the analysis, we do not mean to diminish or neglect the importance of actual past trauma on the formation of symptoms or character. Rather, we wish to imply that the analysis of the historical past is coincident with and influenced by the analysis of the context in and for which it is remembered—especially the transference. The view that memory is continually being constructed rather than retrieved from storage in its original, pristine form is consistent with current thinking in cognitive psychology and neurobiology (e.g., Palley 1997; Prager 1998).

This view of memory means that for the analyst, the pressure to be the one who objectively “knows” is diminished in favor of a listening stance that emphasizes the analyst’s observation and experience of the patient’s subjectivity in interaction with the analyst’s subjectivity. At each moment, the analyst’s clinical discipline includes trying to understand how the two interact and are related, that is, trying to understand and elucidate the ways in which the experience of each participant in the analysis is determined by and determining of the other.

## A CLINICAL ILLUSTRATION

By way of illustration of our views, we would like to present material from the third year of the analysis of a man in his late thirties, who was struggling with his wishes to prove that he was superior to what he saw as the mediocrity of the masses and to free himself from the loneliness, isolation, and frustration that his grandiose ambitions had inflicted upon him.<sup>3</sup> Mr. L felt that the adults in his early life, especially his mother, had been woefully inept and had failed in their responsibility to educate him and teach him a set of values and social graces that would have enabled him to fit in with and be accepted by others. The one partial exception to this feeling was Mr. L’s father, an eccentric, self-made businessman, whose belief that those who followed the ordinary rules of life were “suckers” had made a deep impression upon the patient and served as an important content of his ego ideal. Unfortunately, his father died unexpectedly during the patient’s early twenties, and Mr. L felt as if the fabric of his life had been shattered. Consequently, when Mr. L entered treatment seeking help for his loneliness, bitterness, work inhibitions, and anger, one of the unconscious attractions that analysis held for him was the prospect of being reunited with a father figure, one from whom he might learn “the secrets” of how to manage his feelings and become more socially adept.

<sup>3</sup> This material, from an analysis conducted by one of the authors (H. L.), has been discussed in greater detail in Levine (1999).

Indeed, there was a raw, untutored quality about the patient from the very start. During the evaluation period prior to beginning analysis at four times per week, Mr. L would present a problem and then ask me how I would handle it. Taken a bit off guard by the baldness of his request, I responded that I would try to reflect about it in order to understand it more, what it related to, where it was coming from, etc., so that I might make the most reasoned and informed decision possible under the circumstances. That is, I offered Mr. L a possible (analytic) *process*, rather than just a specific piece of behavioral advice.

Given Mr. L's still unarticulated wish for a father figure who would show him how to be effective and get along in the world, this answer must have fit right in with his longings. It certainly fit in with my wish to be helpful and my preference of how I wish to have my patients conduct themselves in treatment: reflective rather than action-oriented. What this brief exchange illustrates is the intersection of particular aspects of the patient's unique kind of father longings and the analyst's unique kind of fathering needs. Together, their interaction will help shape and determine the unique analytic process that is specific for this analytic dyad. Within this dyad, the analyst's emotional involvement will be equally determinative of the process, although it will not necessarily be equally expressed.

When I recommended analysis to Mr. L after several months of vis-à-vis, he reacted with anxiety and concern about the costs. In addition to exploring the various meanings and anticipated *emotional* costs of the treatment, I proposed a payment plan that began at a level which we both agreed was equitable, financially manageable, and would increase if the patient's income increased. No doubt the form and content of these negotiations reflected a good deal of unstated information about my attitude toward money, the patient, and analysis. For example, embedded in the caveat about fee increases were my wishes, needs, and expectations, including the sense that as a result of the analysis, Mr. L could and would grow and become more responsible, giving, and so forth.

Mr. L was deeply moved and excited by my offer and by what he felt was my willingness to risk some degree of financial stake upon the

treatment outcome. At the time, however, it wasn't clear whether Mr. L experienced the offer as a reflection of my confidence in my abilities or his. In any case, Mr. L likened it to offering a performance bonus to a business executive, in that it tied both of our benefits and fates together in the treatment. This fantasy was no small matter for this man, who felt quite neglected and uncared for in his past, isolated and disliked in his current position, and secretly doubted his ability to complete the important academic projects upon which his future depended. The proposal may also have felt to him that I was not only recognizing his potential, but confirming his superiority as well.

But what can be said of my part of our initial engagement? What forces was Mr. L mobilizing within me that drew me toward the patient in this analytic encounter? Money-Kyrle (1956) has written of the deeper motivations that underlie the analyst's "normal" countertransference and that have to do with the analyst's inevitable rediscovery and reworking of early conflicts in the course of conducting an analysis. My engagement with Mr. L in this and later phases of the treatment allowed me, in the privacy of self-reflection, to revisit aspects of my own previously explored father hunger and adolescent struggles to feel more socially accepted, loved, and desired. To some extent, Mr. L represented my older brother, one of many of the bright, aggressive, street-smart young men with whom I had grown up, and an exaggerated version of a part of myself in my teens and twenties, when I was emerging from a social milieu that was not unlike his own. Given these many resonances, with their evocations of appreciation for my own analysts and others who had helped me along the way, competitive rivalry and guilt at having succeeded where others whom I'd left behind had failed, the treatment could also unconsciously serve me as a reparative and self-restorative gesture.

With the analysis well underway, Mr. L had become meaningfully engaged. His anger and irritability had considerably diminished. He was working effectively, felt more secure as a member of his academic department, and was beginning to win honors and recognition in his field. Although still at times quite blind and impulsive, he had begun to identify with my inquiring stance and could utilize aspects of the

process that I was “teaching” him. For example, he had accepted and learned from my repeated suggestion that tendencies to look away from feelings or thoughts could be used as presumptive starting points for self-exploration, beginning with the question, “What is it about what I’m thinking or feeling that makes me want to turn away?”

Among the issues with which Mr. L struggled at the time of the sessions that we will report were his anger and dissatisfaction at his wife and his wish to sleep with other women. While still faithful to his wife, he saw having mistresses as a status symbol and special prerogative of his father and other successful businessmen of their social class. Although not yet apparent to him, it also seemed that this wish related to his need to disprove and compensate for adolescent feelings of being awkward and unattractive. In retrospect, at the time of these sessions, Mr. L was also beginning to assume that his analyst was morally opposed to his prospective infidelities. This assumption, which did not surface until months later in the analysis, played an important, unconscious background role in the two sessions that we wish to present.

### *Session #1*

It was the first session of the week and, after moving silently past me to the couch, Mr. L announced that he had remembered a dream, but was worried that by not saying “hello” and asking how my weekend was, he was “not observing social protocol.” (Up until this point, he had been a poor reporter of dreams, claiming that the only way he could recall them was to awaken and write them down immediately in the middle of the night. Thus, he created a feeling of conflict between his wish to sleep and be rested and what he felt was the analytic injunction to recall his dreams—and in his mind, a potential struggle between him and his analyst.)

I asked if Mr. L had feelings about whether or not to greet me, and at first he tried to rationalize his not having done so by saying that he was being “efficient and utilitarian” in not chatting; he was instead getting right down to work. I responded that this sounded to

me like Mr. L's previously expressed wish to be as emotion-free as the character "Data" on *Star Trek*. Mr. L then acknowledged that maybe he was avoiding recognizing or making contact with me as a person. The more he felt I was human, the harder it would be to talk freely, and the more he would want to delete or edit his thoughts.

He next recalled an advisor who said that sometimes Mr. L was so out of touch with others that he seemed "almost autistic." He talked more externally about the issue, as if it were a problem of whether or not to follow "protocols," and if so, which ones. I began to feel restless with his rationalization and externalization and interrupted him, pointing out that I thought he was distancing himself from his feelings toward me. I reminded him that he had said that the more he recognized me as human, the harder it might be to talk about things. That implied that he had some feelings about something he might say or what I might think or feel in response.

Mr. L again avoided a direct engagement with my comment, associating instead to his discomfort about knowing whether or what kind of salutation to put in his e-mail messages. These decisions did not come naturally to him. He did okay writing to friends, when he sometimes had feelings he could use as a guide, but with faculty and colleagues he didn't know well, it was awkward. It required extra attention and effort.

"Awkward with those you don't know well, don't know where you stand?" I asked. Mr. L answered that for some reason he felt awkward here, today, at the beginning. There had been a weekend, and so he hadn't seen me for three days. He wanted to say something to me at the beginning, but then held back because of *his* "protocol." He wanted to keep this businesslike.

Since we had talked of this distance in the past as a possible defense against closeness, feeling, vulnerability, involvement, etc., I asked whether he had some awareness or feeling about the weekend or break that he had noticed. "Not till I came in and lay down. Then I felt that maybe I should say something. Oh yeah, I won't be here this Friday. So let me tell you about this dream: I was going to marry J, the babysitter. I don't know where D [his wife] was. I asked J, thinking that she wouldn't want to, but she said yes."



To Mr. L, the dream didn't make sense. He wasn't sure he'd want to marry J, although he sometimes wouldn't mind if D was gone. It made him think of *The Sound of Music*, where the governess winds up marrying the father. He next thought of giving J a raise, and then got distracted by complaints about his children's childcare arrangements. His wandering off on this seeming tangent made me again feel restless, and I brought him back to the dream by asking if he could say more about J. He answered that she's someone he'd like to have sex with, but not exclusively. He liked and respected her; she was good with the children and didn't let him get away with things, but she was slight of stature. (The fantasy of finding a strong woman to lift him up and make love to him had been very exciting and important to Mr. L, but to date we had not yet unraveled what that particular fantasy was about.)

I then asked if there was more about why he wouldn't want to marry J, and Mr. L replied that "marrying a woman is a way to make her feel good. It's a gift that you can give a woman. To make her complete. And I'd like to do it for a woman in return for her giving me sex. The problem is that you can only give it once, unless you undo what you did or someone dies. I'd like to be a hero, a knight."

Here, Mr. L shifted to recent dissatisfactions with his own married life, which "hadn't been so wonderful" of late. His wife complained about having too much to do. In the session, Mr. L felt it was almost too much to talk about, but knowing how that feeling might be an avoidance, he tried to press on. He married D to make her life better. She was ambitious and filled up every spare moment with things to do: work, family, projects. She didn't make her life easy. When they met, he liked what a good hostess she was, how nice she was to his friends.

The contrast of D's social grace with his awkwardness then brought him back to the beginning of the session and an instance in which R, a little friend of his daughter's who spent the day with them over the weekend, was affectionate when she saw him at school that morning. He didn't respond to her in kind. "People are a pain," he concluded, and described how it's better when he can work alone at home rather than having to go into the university.

Mr. L ended the session by describing how he used the excuse of having to work to avoid going to bed with D. She looked exhausted, had little interest in sex, and so the “incentive” that he needed to be there in bed with her was missing. I noted that it was time to stop and added that I wanted to flag something that might be useful to think about further: the feeling that people are a pain. “Yes,” Mr. L agreed, “that’s troublesome.” “And,” I added, “it seems to be the opposite of your longing for community.” As Mr. L got up to leave, there was a somewhat embarrassed look on his face, and this man, who usually comes and goes in silence or with a perfunctory confirmation of the time and day of our next meeting, mumbled, “Have a good day.”

### *Session #2*

The next day, Mr. L reported waking up feeling “jumbled,” filled with “wildly unrealistic” ideas of all he might accomplish before the early morning session and thoughts about the end of yesterday’s session and the contradiction between feeling people were a pain and his longing to belong to a community. He spoke again of his coldness to his daughter’s friend, said there was “something strange” about his responses to people, and wondered how a “normal” or “politically savvy” person would handle a situation like that. Would they do it effortlessly, or assume that nothing is perfect in this world and so just move on if they felt they’d been imperfect? Maybe the difference was that they wouldn’t be bothered by their awkward responses as he was.

Mr. L then suddenly felt very hungry and fell silent. Partly in identification with my first analyst, who had had a keen interest in and sensitivity to somatic experiences, I wondered aloud if it was pure appetite—he often tried to dismiss things as having “physical” or “evolutionary,” rather than psychological, significance—or if there was some emotional meaning to the hunger. “I don’t know,” Mr. L said. “I have all kinds of physical responses in here.” All he knew was that he just wanted to eat something right there and then. After another brief silence, Mr. L began to describe a book he was reading about how the

mind works and how difficult it would be to try to build a “truly functional robot” that could think.

As his thoughts turned to work, he noticed that his hunger went away. I asked about that, and he replied that maybe there was something unsettling in talking about interactions with people. He reviewed some interactions that felt good, others that were a waste of time, and still others that weren’t “useful” but made him feel good nonetheless.

Then, with some discomfort, he began to speak about reading through the personal ads last night. There were some that he would like to call, but he worried about money, prostitution being illegal, the potential for fraud, manipulation, or physical danger. He also felt it was cowardly to be deterred by those considerations. He wondered if he really wanted to do the things the ads promised. He must. He masturbated to one ad that promised a “muscular woman, adept at wrestling, massage, dom.” He wished he could check them all out. It would be his entertainment, instead of movies. Why should this kind of thing be enmeshed in morality? What was morality anyway, but some leftover of a discarded religion. In other countries, prostitution was clean, accepted.

Here Mr. L fell silent again. When he resumed, he spoke of lunch with a recently separated male colleague, who was quite open about chasing women. He was someone with whom Mr. L might have talked about his desires, but didn’t. “Did you want to?” I asked. Mr. L wasn’t sure, but tried to dismiss the topic. As far as he could see, it didn’t relate at all to his awkwardness with R. As he saw it, he didn’t want to pull away from people, yet he felt he needed the space. In comparison with others, he also needed more time with people in order to get comfortable with them.

Mr. L next described a productive meeting with a senior colleague, which once more struck me as moving away from his anxiety. When he paused, I started to say, “Perhaps the awkwardness that you felt with R relates to the feeling of not fitting in, not knowing what to do with people.” Before I could continue, however, Mr. L cut me off and said, “It’s not the awkwardness. I didn’t respond to her because I had too much to handle at once.” When he felt in control, self-aware go-

ing into a meeting, he was good, even charming. The problem was that it took effort and he didn't always want to expend the energy. These situations held an extra cost for him, because no one had ever taught him etiquette and manners. It was just one more thing to be conscious about. Other people learned these things automatically and did them without having to think, like habits.

When Mr. L next fell silent, I told him that he hadn't let me finish. The bottom line of what he had started to say had to do with a sense of not being comfortable with others, of not fitting in. I thought that distancing himself because others felt like a pain may have been adding to his feeling isolated and lonely, and that perhaps those feelings contributed to the longing that led to his reading the personal ads and keeping a list of prospective new sexual partners in his head.

Mr. L considered this, said it was possible, and then associated to a time when his wife was away and he took one of the "prospects" out for a drink. He then said that his longings for sex and community weren't the same, and in fact one got in the way of the other. If he had no concerns about having a place in the community, he could pursue affairs without fear of censure or ostracism. Also, the time spent daydreaming about sex was unproductive time, and that lessened his connection to academia.

I acknowledged that in these instances they did seem to be different, but that I thought they might be different ways to address the same feelings of longing and loneliness. And perhaps the feeling of hunger that he'd been aware of was also connected. Mr. L thought a moment and said, "That's exactly right. If I had to pick one main motivation, that would be it: longing and loneliness. Even the hunger part. I'm very hungry now." As if to add emphasis to his comments, his stomach began to growl and the session ended.

## DISCUSSION

The foregoing material illustrates how the analytic process and relationship are complexly co-constructed out of the transferences—needs,

fears, fantasies, defenses, wishes—of *both* participants. To include the transferences of the analyst in this formulation is to simply acknowledge that the individual psychology of the analyst will be an important unconscious determinant of how each analyst listens, construes, and responds to any given patient.

For any analyst with any patient, there will always be a unique set of conscious and unconscious concerns that reflect and define the analyst's subjectivity and color the analyst's response to the patient. Consequently, "good" analytic material may be seen simultaneously as the correct application of analytic principles and the covert actualization and enactment of multiple, interlocking transferences that have meaning for both participants in the relationship.

In the sessions we have presented, the analyst's unconscious personal investment in the patient included issues of identification and reparation. Through an earlier version of his self, the analyst was identified with the patient in his search for and need for help from a father. Through his therapeutic and analytic function, he was also able to live out an identification with his own analyst, who had helped him earlier in his life to grow and master conflicts that were similar to some with which Mr. L struggled. In assuming a helpful role in relation to the patient, the analyst was also able to make unconscious amends for competitive, aggressive strivings and destructive fantasies and wishes experienced in childhood toward siblings and peers. In struggling to maintain emotional contact with Mr. L, the analyst also unconsciously repeated an aspect of his childhood struggles to maintain emotional contact with his own depressed mother. And so forth.

What we see, then, is that on the one hand the sequence of the analyst's interventions may be viewed from the standpoint of technique. The analyst attempts to help the patient recognize and articulate the presence of defended affect and the conflicts which have led the patient to exclude these affects from awareness. If, on the other hand, we bear in mind what is emotionally at stake for the analyst, and indeed for each member of this analytic pair—what each is trying to work out, defend against, correct, and so forth—then the material may be simultaneously read as a moment in the

encounter between the interlocking transferences of patient and analyst.

Viewed in this light, we may raise the following questions: To what extent are the analyst's repetitive attempts to direct the patient back to his feelings an "objective" matter of defense analysis or a more personally determined effort to solve an unconsciously pressing issue of internal conflict or need? To the extent that every analyst will always have some unconscious agenda, to what extent is the analyst reacting to the patient's unconscious attempts to frustrate that agenda? Does the patient need to unconsciously precipitate a control struggle in order to actualize and work through an important set of internal object relations? If so, what are the analyst's reactions to and investments in control struggles? Does the analyst need the patient to recognize or acknowledge feeling as reassurance that the analyst has not irreparably damaged old rivals or lost hope of contacting his depressed mother? Does the analyst have to help this patient in order to repay a personal debt of gratitude toward, or compete with, his own analyst? What meanings will the patient's incipient struggles over control, autonomy, the recognition and expression of feelings, and the conduct of sexual behavior hold for the analyst, and how will these influence the affect and timing with which such issues get joined and unconsciously enacted within the treatment?

These are only some of the many complex and important questions that can be raised about this or any analytic data. If this material appears to reflect a densely compacted, interwoven mixture of what, in the traditional classical view, might be seen as obstructive countertransference *and* good analytic work, it is because we believe that such is always the case. As we have tried to show here and elsewhere (e.g., Friedman and Natterson 1999; Levine 1994, 1997, 1999), in our view the boundaries of what constitutes "good enough" analytic technique and potentially interfering countertransference are always deeply and complexly interpenetrating and overlapping. What we believe will prove decisive for analytic progress is not the appearance or absence of material that is evidence of one or another of these entities, but rather the subsequent analytic use to which patient and analyst can put the complex engagement of

any given moment. This view is central to our understanding of intersubjectivity.

## CONCLUSIONS

We believe that, when held by the analyst, the assumptions about and conceptualizations of intersubjectivity which we have described allow both participants in the analytic process the maximum opportunity to experience and recognize the actualization of the patient's internalized object relationships and repetition of the traumatic past. They also maximize opportunities for the spontaneous emergence of new modes of relating that will be emotionally and developmentally meaningful for the patient.

Our view of intersubjectivity joins the emotional life of the analyst to that of the patient in the analytic relationship and places the analytic relationship at the center of the analytic process. It implies that the core of psychoanalytic inquiry is not directed at the mind of the patient alone. Rather, it directs us more firmly toward the study of the patient's actions in and experience of the analytic relationship, as those actions and experience influence and are influenced by the analyst's actions in and experience of that relationship. It is this perspective on the analytic encounter that, we believe, will create the broadest possible field for transference analysis.

If we have emphasized the analyst's role as initiator and co-contributor to the analytic process, it is because we believe that a genuine therapeutic encounter does not occur without an intense and passionate engagement between analyst and analysand. (See also Bird 1972; Freud 1914; and Natterson 1991.) In emphasizing this aspect of the analyst's participation in the analytic process, we recognize that for some readers we may raise the specter of "wild analysis." We believe, however, that rather than encouraging any specific, new forms of analyst behavior, we are simply describing a neglected dimension of analysis as it always was and always will be.

Except in the most egregious circumstances—e.g., significant boundary violations—the determination of the extent to which an

intervention or activity of the analyst is either “wild” or helpful, facilitating or obstructing, will usually be a matter of understanding how it was experienced by the patient, and whether or to what extent patient and analyst are able to engage in a useful exploration of the meanings it acquires or are assigned by the patient.

What our view of intersubjectivity leads to, then, is *a process-oriented determination of “good technique,”* which we believe is more flexible and individualized than other sets of technical injunctions. In this view, the value of any intervention—such as self-disclosure, whether or not one answers a patient’s questions, shares a fantasy or association with the patient, and so forth—becomes referable to the clinical data of the unfolding analytic relationship, rather than to a rigid set of technical rules.

As we indicated at the outset, intersubjectivity is a work in progress. The ideas that we have presented here represent our views to date in our ongoing attempt to describe and refine some implications of intersubjectivity for psychoanalytic clinical theory and the theory of technique. If our emphasis has been on the inevitable contributions to the analytic relationship and process that come from the wishes, needs, fantasies, and fears of the analyst, it has been because these have received relatively less attention in the traditional classical view and were seen predominantly as a potential interference.

The analyst’s wishes, needs, fantasies, and fears constitute an important part of the analyst’s irreducible subjectivity. They help determine the analyst’s unconscious contribution to the mutually constructed phenomena of the analytic relationship. Thus we have spoken of enactments, the emergence of associations, and the development of affect and transference in the patient in a dyadically determined context.

In emphasizing intersubjectivity as an overarching concept or meta-theory, we have also argued that it is a theory independent of any particular school of analysis or theory of mind. Intersubjectivity does not require particular behaviors or techniques on the part of the analyst, and does not imply a move away from interpretation and insight or toward experience as a primary mechanism of therapeutic action. Instead, as we have tried to show, intersubjectivity is a general



orientation, a useful way of viewing everything that happens in the analytic process.

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## FROM COUNTERTRANSFERENCE TO "PASSION"

BY RICHARD M. BILLOW, PH.D.

*Bion's ideas may be extended to describe an emotional phenomenology of the analyst's subjectivity and a methodology which helps differentiate countertransference enactments from fuller emotional participation. Bion called the process of integrating and utilizing one's most basic and important emotions to make meaning, "passion." The analyst's primal feelings—of love, hate, and curiosity—serve as a central organizer of meaning in the analytic interaction. These feelings involve pain, and to the extent the analyst unconsciously decides to evade or foreclose the evolution of the feelings, such that they remain unintegrated in the thinking process, the analyst is liable to become mired in repetitive transference-countertransference experiences without establishing fresh meaning. A case example illustrates the relevance of "passion" to contemporary relational theory and practice.*

The role of the analyst's emotional participation is of current interest in psychoanalysis as the concept of countertransference undergoes new appreciation. In a recent panel of the American Psychoanalytic Association, Friedman (1997) declared, "In today's world countertransference is God."

Racker has been called the "prophet" of this God. In this paper, I put forth Bion as another prophet of this relational reformation. Like

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Racker, Bion held that the analyst's emotional participation—which he came to call “passion”—was a central organizer of meaning in the analytic interaction. However, Bion's thinking extended past countertransference, and his work contributes to establishing an emotional phenomenology of the analyst's subjectivity and a methodology which helps differentiate countertransference reactions and enactments from fuller emotional participation.

While Bion attempted to systematize the theory and practice of psychoanalysis, as well as introduce a metapsychological theory of thinking, he was not a systematic writer. His ideas concerning “passion” are dispersed among his major works and never fully developed and integrated. In this paper, I will disembed and articulate some of his important concepts which apply to the analyst's “passion” and its clinical utilization. I include a case example which, in extrapolating from Bion's ideas, reflects my personality and integrates aspects of contemporary relational theory.

## THE ANALYST'S BASIC CONFLICT: TO THINK OR NOT TO THINK

Like Freud and Klein, Bion mythologized a great existential conflict within each of us. Freud saw the struggle between instinct and civilization, and Klein, between love and hate. Bion described a deep tension between a basic need for knowledge (particularly knowledge of emotional experience) and the human tendency to avoid meaning, because emotional knowledge so often brings painful realizations. The analyst, as well as the patient, ambivalently approaches thinking when it may cause mental pain, and makes unconscious decisions at various moments to evade, modify, or even pervert the process of making-meaning.

Nascent thought raises the potential for pain, because it alerts the individual to a painful “missing.” Absence of the object (including an object of knowledge such as the complexity of one's feelings) stimulates thinking to the extent to which one tolerates frustration.

Any definitory hypothesis...[has] a negative function. It must always imply that something is; equally it implies that something is not.... Knowledge of loss, of the negative aspect of the definition, of the "thought" as a "no-thing," is immediate; knowledge of gain, if any, has to wait.... [Bion 1970, p. 16]

Thinking requires negative realization and a process of evolution, for meaning develops over time. As Freud (1912) advised: "It must not be forgotten that the things one hears are for the most part things whose meaning is only recognized later on" (p. 112). Receptivity to the new idea requires tolerating feelings of insecurity, persecution, and depression, recapitulating the good-breast, absent-bad-breast anxieties of early childhood (Billow 1998). The consequent mental pain must be understood and accepted as a subjective aspect of the analyst's emotional participation.

## BION'S CONCEPTION OF COUNTERTRANSFERENCE

Bion's ideas relating to emotional participation developed well in advance of theories of intersubjectivity, perspectivism, and co-constructionism (e.g., Gabbard 1997; Gill 1994; Leary 1994), but they are remarkably contemporary. Over fifty years ago, Bion demonstrated the relational convention (see Aron 1996) of the analyst's utilizing, at times self-disclosing, inner experience in the interpretation: "It becomes clear to me that I am, in some sense, the focus of attention in the group. Furthermore, I am aware of feeling uneasily that I am expected to do something. At this point I confide my anxieties to the group, remarking that, however mistaken my attitude might be, I feel just this" (Bion 1961, p. 30; see also pp. 45-46).

Bion was one of Klein's followers (also Heimann 1950; Little 1951; Racker 1968; Winnicott 1949) who modified the classical view of countertransference as an emotional problem of the analyst's, necessarily representing the analyst's conflicts and resistances, and an impediment to treatment. Countertransference was also the vehicle by which

the analyst could come to understand the patient's emotions, conflicts, and resistances, expressed in fantasies, affects, and behaviors encompassing projective identifications.

In his influential early work, Bion (1961, 1967b) showed how this special type of countertransference, based on projective identification, could be utilized constructively and serve as a basis for interpretation:

The analyst feels he is being manipulated so as to be playing a part, no matter how difficult to recognize, in somebody else's phantasy.... The experience consists of two closely related phases: in the first there is a feeling that whatever else one has done, one has certainly not given the correct interpretation; in the second there is a sense of being a particular kind of person in a particular emotional situation. I believe ability to shake oneself out of the numbing feeling of reality that is a concomitant of this state is the prime requisite of the analyst. [1961, p. 149]

Countertransference thus represents an opportunity, an emotional problem to be solved, provided the analyst can achieve the psychological separation from the patient and from his or her own immediate emotional experience, which seems real and objectively justified by the situation (Bleandonu 1994). Later in Bion's career, he preserved the traditional use of the term "counter-transference" to distinguish a phase and type of emotional response which may precede what is optimal, i.e., from "passion" (Bion 1963, p. 13).<sup>1</sup>

<sup>1</sup> Bion returned to the traditional use of the term, defining an unconscious transference relationship of analyst to patient:

If the counter-transference is operating in the analytic session, the analysand is unlucky—and so is the analyst. The time to have dealt with it was in the past, in the analyst's own analysis. We can only hope that it does not use too much and that we have had enough analysis to keep the number of unconscious operations to a minimum. [Bion 1975, p. 88]

I believe that, by "unconscious operations," Bion meant what is now referred to as countertransference enactments. Certainly, he valued the role of the analyst's unconscious processes (see discussion below of "reverie," for example).

## "PASSION" DEFINED

Bion posited three primary emotions, or dimensions of emotional experience, based on constitutional or instinctive drives: to love, to hate, and to seek knowledge (notated as L, H, and K). These primal feelings exist as constitutional potentials that are "released" by experience. According to my understanding of Bion's theory, primal feelings (LHK) are the underlying invariants which the analyst as well as the patient brings to each and every psychoanalytic encounter, especially to one's thinking within the encounter (Billow 1999c).

Bion (1963) defined passion as "the component derived from L, H, and K. I mean the term to represent an emotion experienced with intensity and warmth though without any suggestion of violence" (pp. 12-13). Whereas Bion refers here to passion as a "component," and elsewhere as an "element," I believe the term "process" better conveys his meaning. I conceive of "passion" as an ongoing process of integrating and utilizing one's most basic and important emotions.

Primal feelings may first intrude as "pre-monitions," emerging into our consciousness with vague awareness and dread. Often such feelings are experienced as "not nice," irrational, primitive, and amoral. They threaten our wish to be mature and in control. The analyst may judge such feelings to be unprofessional and may ignore them, or rationalize them away. But to think creatively, and not to become or remain enmeshed with the patient, the analyst must tolerate and not evade these feelings. As the analyst applies him- or herself to the psychoanalytic situation, a fresh coherence and integration of these L, H, and K drives may be reached and sustained. The achievement represents "passion."

Like many contemporary psychoanalytic thinkers, Bion saw the human being as developing and existing in a relational context. Thus his comment: "An emotional experience cannot be conceived of in isolation from a relationship" (1962, p. 42). As emotions link us to others, it follows that the process of integrating the analyst's basic emotions—passion—connects him or her to the patient. Passion es-

establishes and invigorates the links within and between the analyst's internal and external object-relational world, thereby nourishing our capacity to communicate to patients with intimacy and "warmth."

Passion is an intrasubjective or internal process which takes place within an intersubjective context. Bion (1963) wrote that "passion is evidence that two minds are linked" (p. 13). Linkage may be in one direction, and not complementary. And, although stimulated by sense experience, passion is not physical or dependent on the senses. For instance, two minds may be linked intimately when they are separated by time and space, just as one may link one's mind to Shakespeare's or Mozart's or Freud's.<sup>2</sup> An analyst may be passionately involved with a patient who resists passion. The reverse is true as well, since a patient's passion may not be reciprocated by the analyst.

In considering passion, Bion's emphasis was on mental processes and their relationship to meaning-making (see Grotstein 1981). Passion is a cognitive event, the exposing and conjoining of feelings, mentally linking them to each other and to here-and-now experience.<sup>3</sup> Passion sustains the emotional basis of signification, which makes the psychoanalytic interchange meaningful and hence valued. But because meaning brings emotional pain, meaning is hated as well as loved, and the emotional thinking which develops passion may be evaded by the analyst as well as by the patient.

For the analyst to reach passion, the patient as well as the analyst needs to remain a "no thing," an unknown object, a thought that is emotionally discovered and rediscovered within each session. The inevitable patterns of transference-countertransference bring the

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<sup>2</sup> An individual may relate passionately to an inanimate or abstract object as well, as when involved in science or mathematics. Disciplines such as science and mathematics evidence the existence of other minds. Bion (1961) earlier remarked that "no individual, however isolated in time and space, should be regarded as outside a group or lacking in active manifestations of group psychology" (p. 169).

<sup>3</sup> Included here are primal feelings stimulated by emerging awareness of primal feelings. "An interpretation *draws attention* to an *existing* emotional state, but it *produces* the emotional state of awareness of an emotional state" (Bion 1965, p. 34, emphasis in original). Thus, insight regarding primal emotions contributes to the increased activity among the emotions.



known: familiar pain, familiar pleasure. Replacing the known—such as a fixed idea of who one is with, or what is occurring within a session—involves tolerating absence until a fresh coherence of thought and emotion develops.

Since passion arises in the context of absence and uncertainty, passion entails tolerating the disorganizing, even frightening sensations accompanying paranoid-schizoid and depressive phenomena. Tolerating “not-knowing,” the activated but not fully coherent mentalization of basic feeling, can be an aspect of the process of passion, too. Passion thus intensifies living in the here-and-now, and may include those analytic interludes of dread, terror, and confusion.

Passion notifies the self that it is experiencing experience, rather than merely “thinking about” or “reacting to” experience.<sup>4</sup> The analyst achieves heightened emotional awareness of the self, the links, the other, and the relationship. In calling forth primitive emotional elements in the analyst, passion vitalizes, providing an essential primitive element in the evolution of the analyst’s sophisticated mental processes which are involved in the formation of an interpretation.

## HOW THE ANALYST ACHIEVES “PASSION”

As he developed a theory of symbolic transformation, Bion could describe particular self-reflective processes the analyst may utilize to “shake out” one’s numb “reality” and respond interpretively with an independent and fresh emotional integration. Particularly important are his concepts of “containing,” “reverie,” “negative capability,” and “catastrophic change.”

<sup>4</sup> Passion involves feelings about feelings or “metafeelings,” contributing to and revealing one’s “philosophical value system” (Maizels 1996). Perhaps because of this important quality of passion as informative of meta-experience, Bion conceptualized passion as belonging to the Scientific Deductive level of thought—the hallowed row “G” of the Grid. Meltzer (1978) found the placement of passion on the Grid to be “mysterious.” At the same time, he acknowledged that “the study of Bion’s concept of passion could lead to a new approach to problems of creativity” (p. 70). Passion and creativity both entail integrating elements of primal experience.

*Powers of Deduction*

Bion (1963) assigned the notation “R” (reason) “to represent a function that is intended to serve the passions...by leading to their dominance in the world of reality” (p. 4). The operation of reasoning contributes to the toleration of stimulation, allowing for inchoate sensory experience (internal as well as external) to be developed and transformed into material for thought and feelings.

Along with a personal analysis, knowledge of psychoanalytic theory may expand capacity for this category of introspection and empathy.<sup>5</sup> The analyst uses “R” to consider such questions as: What denied feelings might be contributing to my (and/or the other’s) anxiety, symptom, hallucination, etc.? What am I (and/or the patient) feeling, fearing feeling, dreading not feeling? “R” deduces elements which are conspicuous in their absence. For example, an analyst in empathic attunement with a patient may reason that there are disruptive feelings which are not being felt in the dyad. The analyst may “search and find” the repressed or dissociated emotional moments of fear, fragmentation, and aloneness which should be a part of every analytic session (Bion 1974).

*The Concepts of “Containing” and “Reverie”*

Bion suggested that symbols and thoughts, since they establish emotional meaning and thus contain anxiety, serve a function once provided by the mother. When the patient cannot develop emotional meaning, the analyst must provide the containing function. In this situation, the patient projects raw, i.e., unmentalized, emotional experience into the receptive analyst. Even if the patient “refuses” to project and withdraws, the analyst may come to understand and bring meaning to this situation by making inferences (R) and utilizing his

<sup>5</sup> Kohut (1971) defined empathy as “a mode of cognition which is specifically attuned to the perception of complex psychological configurations” (p. 300). He suggested that knowledge of theory can aid the analyst in perceiving such configurations.

or her own internal processes. Utilizing primary processes—the capacity to free-associate, image, and dream—and secondary processes, the analyst gathers and deciphers the patient's disowned emotionality. The analyst gradually represents (re-presents) them to the analysand, transformed into words.

An important cognitive dimension of containing involves "reverie," which also demands "irrational emotional involvement," to use Renik's (1996) felicitous phrase. Freud (1913) wrote of a similar ego process: "Everyone possesses in his unconscious mental activity an apparatus which enables him to interpret other people's reactions, that is, to undo the distortion which other people have imposed on the expression of their feelings" (p. 159). In reverie, the receiving individual utilizes dream-like and irrational aspects of one's mind in order to understand and further develop the unformulated thoughts and feelings of another, and of one's own (Bion 1962; de Bianchedi 1997). Reverie is a necessary condition for intuition and empathy.

Containing is a two-way communicative process. The infant quickly becomes a container, utilizing reverie to receive and interpret the mother's thoughts and feelings, only some of which she herself may understand. An analogous process exists in the consultation room, as emphasized by Bion-influenced theorists. Caper (1997), for instance, writes of "the patient's use of his intuition and perceptiveness to assess trends and forces in the analyst's personality, including some of which the analyst may be unconscious" (p. 267). Symington (1990) describes how patients may monitor the analyst's analytic progress, waiting for the analyst to reach an inner state of emotional development and freedom before taking a chance emotionally and moving ahead.

Containing thus involves emotional participation that is individualistic, primarily interpretative, and specific to the intersubjective context. Like patient to analyst, the infant broadcasts a wide spectrum of precursory thoughts and feelings, but the mothering one, particularly, is supremely responsive. She teases out the significance in the ambiguous communications: Which primary emotions are being conveyed, and which are missing? What is wanted for satisfaction, what is

needed legitimately, and what is available realistically? Certain communications are easier for her to process than others. She may respond quite differently than another mother would in similar circumstances, differently on one occasion from another, and differently to one child than another.

Indeed, containing involves making inferences and behaving with “role responsiveness” (Sandler 1976). But while containing involves receptivity to the “projected” mental contents of another’s mind (or to a split-off segment of one’s own mind), it also asserts a separate point of view (Bolognini 1997; Fonagy and Target 1996). Containing commits the analyst to, but also removes him or her from, the intermediate, “transitional,” or “third” (Ogden 1994) zone of self and other. As an intrapsychic event, as well as an intersubjective construction (Ogden 1997), containing evokes subjectivity, without an implication of pure objectivity. The container is not a “telephone receiver,” to utilize Freud’s (1912) metaphor. The analyst filters through a personalistic lens, and in representing the interaction, the analyst emotionally participates with unique individuality.

### *The Concepts of “Negative Capability” and “Catastrophe”*

Bion adopted Keats’s term “negative capability” to describe the mental discipline required of negative realization, which in turn is prerequisite to passion. In eschewing memory and desire, “any irritable reaching after fact and reason” (Keats, in Bion 1970, p. 125), the analyst puts aside known subjective experience—the analyst’s own as well as the patient’s—in favor of what is not known.

The analyst must ignore

coherence so that he is confronted by the incoherence and experiences incomprehension of what is presented to him. His own analysis should have made it possible for him to tolerate this emotional experience although it involves feelings of doubt and perhaps even persecution. This state must endure, possibly for a short period, but probably longer, until a new coherence emerges. [Bion 1965, p. 102]

In advocating free association and evenly suspended attention, Freud (1912) first recommended the technique, but without describing its emotional effects on the analyst. In voiding or "unsaturating" the mind of the "known," the analyst initiates a critically sensitive process of emotional growth. The process may be dreaded as "catastrophic"; often, old meaning must crumble before new meaning is built. Insight is not achieved solely by the incremental buildup of manageable experience. Analytic discipline involves coping with episodes of meaninglessness (the "beta elements"), alternating with the turbulent process of containment and emotional thinking (Eigen 1985; Grotstein 1987; Symington and Symington 1996). And there are consequences which cannot be foreseen or necessarily desired. Passion may bring forth an unpredictable "change of heart" (Maizels 1996), fresh and not necessarily pleasurable attitudes, feelings, and inclinations to self and other.

## EMOTIONAL DISCLOSURE DIFFERENTIATED FROM "PASSION"

In a case described by Jacobs (1991), the patient stated that Jacobs "did not like him from the very first session" (p. 15). Jacobs then acknowledged that indeed he had been put off, as had been obvious to both of them:

Although I rarely share my countertransference feelings directly...I did so in this case.... We cleared the air and in doing so developed a working alliance for the first time. In this new atmosphere I discovered what, intellectually, I knew but had not been able to feel.... He was a difficult and often exasperating fellow but there were also qualities in him...that I had not appreciated before. [p. 16]

According to my reading, Jacobs knew of these positive qualities intellectually but did not have full emotional access to them. In the terms of this paper, Jacobs attempted to utilize a countertransference-based communication to address an underlying difficulty in feeling

and developing his own primal emotions. Jacobs was not able to utilize a fuller range of his feelings (particularly those based on love and curiosity) and link to the patient with passion.

Jacobs's use of self-disclosure is different—at least theoretically—from the earlier example from Bion, which represented the containment and transformation of countertransference feelings in the interpretation. Contemporary analysts such as Jacobs accept that countertransference “re-conveyance” back to the patient of inadequately felt and developed emotions is unavoidable, and occurs much of the time outside the analyst's awareness (Billow, *in press*). It is not unusual, then, for the analyst to discharge a variety of intensely negative and positive affects through interpretations—or in this example, through intentional self-disclosure.

According to Bion's theory, analytic interventions function as enactments to the extent they discharge rather than mentalize feelings. They are an attempt to “cure” oneself (or to be cured by the patient [Searles 1975]), rather than to treat the patient. The “dis-ease” (Bion's pun, 1961) is failing to link to the patient with the emotional integration and warmth of “passion.”

Bion put faith in the well-analyzed ability to think and not be unduly controlled by patients' projections and provocations. By maintaining patience and an open mind, the analyst can maintain sufficient contact with his or her unconscious to function with the “balanced outlook” (Bion 1967b, p. 104)—if not inner emotional equanimity—that Freud (1912) described as ideal. At the same time, Bion believed that the analyst, like other human beings, rarely lives up to this ideal (he included himself). We have to make “the best of a bad job” (Bion 1979): thinking with a mind in conflict with its task.

As we have seen, Bion brought a special meaning to “thinking.” He did not mean merely for the analyst to think through the emotional problems set off by the patient and the analytic situation. Thinking, by its very nature, is a painful and often resisted emotional process, irrespective of the specific contents of that process. Passion represents the ideal of thinking: an optimal level of personal meaning from LHK is achieved and utilized in the analyst's emotional participation.

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CASE EXAMPLE*The Impasse: Undeveloped Emotions*

The patient was a man about my age. We shared many similarities of education, interests, and accomplishments, although he was in a different professional field. The analysis had lasted many years, and we had developed an affectionate and easy relationship, except that periodically, in response to an intervention, he would erupt. These enactments all followed a similar pattern. I had hurt him, and he protested vociferously, subjecting me to a thoroughly unflattering character analysis.

And then, to show the difference between me and what he believed he had every right to expect, he paraphrased my intervention. He spoke with sensitive restraint and intelligence. His cultured voice, comfortable with public speaking, sounded far preferable to mine, often studded with slang and more than the occasional obscenity. Clearly, there was much to admire in his well-modulated version of me, and I found myself fantasizing that somebody else should become his analyst, perhaps he, himself, and that he should become mine as well.

I felt bad and often wondered at these times how he could stand working with me. Yet it seemed rarely to be in his conscious mind (or in his dreams or associations, as far as I could discover) to consider ending the relationship and finding another analyst. He sometimes hated how I spoke, but he did not hate me. And what about my hatred of him—which I knew I must feel, given my fantasy of trading places and my belief in the accuracy of his complaints about my tendencies to be harsh and judgmental, which I have heard before. I confess I took some relief when he assured me that I did not hate him. I was not a cold or malicious person, but I could get oblivious and insensitive. I really had to change my attitude, he explained, and take a better look at how I expressed myself.

There seemed to be no way to talk us out of these situations. He was angry, that was obvious, and would not tolerate any "analysis." We were both aware that our interaction played out traumatic aspects of

his relationship with his mother. I was supposed to help him work through them, not subject him to endless repetitions.

Equally obvious (at least to me) was my sorrow for hurting him and my guilt for possibly acting out. I never quite believed that I was as bad as he asserted, and occasionally floated the hypothesis that he had trouble with what I was saying, not how I was saying it. But I could not be absolutely sure. Since there was some truth in everything he said about my character, I thought I would be unduly defensive if I argued further or justified myself.

I felt that I had no choice other than to apologize for unintentionally hurting him, and to acknowledge that I would think about my attitudes and untherapeutic tendencies. Then, testing if we could move forward again, I rephrased my prior insights, as carefully as I could. He seemed to appreciate the reparative sequence; our relationship was reclaimed and we ended the session in our usual harmony, one which I no longer trusted.

### *A Change in My Attitude*

I had diagnosed our transference-countertransference impasse according to Bion's theory. We had pleasure, we had pain, but we had no passion. We got along very well, or not at all. These alternations made sense to him, for they were based on my behavior, he insisted, not on a transference to a mother whom he "knew all about." I could not bring out fresh love, hate, or even a fresh thought to his consideration of his relationship to me or to her.

Similarly, the patient's romantic relationships deteriorated into disappointing stalemates. He eventually withdrew from each of the women he loved. With them and with me, he could not tolerate and develop his ambivalent feelings, remain curious about them, and apply them in a way to further meaning in an affectionate relationship. The primal emotions of L, H, and K stultified. As in his relationships with women, our manifest emotions, our hatred as well as love, had outlived their useful informative function. We knew about these alternating and repetitive aspects of our experience all too well. In these



moments, we were "stale mates," starving for the "release" of primal emotions to foster the growth of meaning.

I attempted to approach certain subjects self-consciously, making sure not to use sarcasm or irony, and asking his permission before being blunt with my opinion. I did not always succeed, however, and from time to time I would offend him and be subjected to a tongue-lashing such as I have just described. On one occasion, I discovered that I had lost all appetite for our usual dialogue. I did not want to hear his criticisms and ruminate about how and what I had done or not done. I aborted the customary back-and-forth and eventual rephrasing of my intervention with the following:

"I said what I said the way I said it. I like it well enough, and it will have to stand, even if you could say it better."

"Now I can't work. You ruined the session," he remonstrated.

I could be so unconscious, so stubborn and superior. He had not seen my arrogant disregard in a long while and assumed that I had learned something from our work. Apparently I had given him lip service. I really did not understand how I affected him, and did not even care. I had become a big "minus," a parasitic container, destructively drawing in his positive emotions to feed my negative ones. Yes, he was quite aware of a transference dimension. But that I was so much like his imperious mother—and should know better—increased his justifiable fury.

The session ended on this unsatisfactory note, leaving me shaken and concerned about the next session, and the whole course of treatment. I was uncertain of what I was doing, where I was going, and worried about the possible harm I was doing to both of us. I knew that the patient was not in treatment with a perfectly analyzed therapist. Relational theorists have emphasized that this would not be desirable, even if possible (Aron 1996; Gerson 1996; Hoffman 1992; Jacobs 1991; Mitchell 1993; Renik 1996). Yes, I could be all that he had accused me of, but was I really being unfriendly? Or, could he not appreciate that my negative feelings could contribute positively to our relationship (Winnicott 1949)? I felt I needed to be less "nice," just when he felt I needed to be nicer.

Still, I was troubled by the realization that I might be enacting

hate toward him. I questioned whether my change in attitude represented success in utilizing this primal emotion, in its state of only vague coherence, to understand and communicate my understanding, and not to act out my relationship to the patient and the situation between us.

I had to inspect my communications, my private as well as public dialogue, to see what I was really feeling, saying, and doing. The analyst must utilize his or her own primal feelings in reaching the interpretation, but not use the communication for countertransference conveyance, i.e., “as a vehicle for transmission of some aspect of L or H” (Bion 1965, p. 61). As far as I was aware, my motive in making the intervention was not to enact the transference-countertransference, to develop a more confrontational style with the patient, or to otherwise dramatize the situation. I had come to have more confidence that my communications were good and appropriate; thus we differed greatly in our opinions as to whether an apology or change in delivery was required.

I was surprised when, in the following hour, the patient made no reference to what had occurred, and proceeded without further re-priming. We returned to our affectionate and respectful relationship until the next incident. This pattern continued: he became hurt and indignant, and I expressed little enthusiasm for apologizing or responding to his efforts to educate me. He remonstrated unsuccessfully, left unhappily, and returned without referring to the incident.

### *Inviting the Patient to Change His Attitude*

I began to inquire about his lack of follow-up to what he experienced as my egregious behavior. Such interventions only served to arouse his anger. “You again!” was the implication in his tone. “Haven’t you learned anything?” At this point in our work, we still could not talk thoughtfully about what he experienced as the negative aspects of my emotional participation. I was being insistent and self-justifying. I was taunting him, exhibiting and making him deal with problems that were clearly mine, and not his or ours.

He was becoming resigned to putting up with me, and would like simply to avoid rather than deal with the outbreaks of the uneducable, bad me. I felt I could not allow us this option. Certainly, I could not go back to the old way, which felt safe and known. It was all too passionless: my clumsy and arrogant disregard, his smooth righteousness. I had to trust that my persistence in raising the subject of our distressful interactions was reasonable and caring, and not motivated primarily by the unconscious pathological trends of which he accused me.

However, while I wanted to discuss these interactions, I was disinclined to budge from my view of them or effortfully to explain myself. It was unlikely that he was entirely right about us and I entirely wrong, I contended. But he would have to make his own decision. Even if the worst-case scenario were true and he had found an exact replica of his stubborn, self-justifying mother, he need not become a replica as well. An opportunity existed for him to respond differently, even if I would not.

The patient was of two minds regarding this line of intervention. He found it appealing that he could be, and should be, a better person than the dictators in his life (his mother and me). Yet he also found me infuriatingly clever, as if, with full awareness, I was using my mind to rationalize my behavior, to outwit him. I was torturing him, he decried, "brainwashing" him.

Typically, his response prompted another round of my self-doubt. When he analyzed my character pathology, he emphasized a dimension of my self-experience of which I was vaguely aware, and which had a ring of dreaded truth. For as I have indicated, I, too, worried over my verbal formulations, and self-consciously examined, along with the words themselves, subtleties in timing, tone, and cadence, to discover any dissociated hostile emotional intent, any motive to outpower (Billow 1999a,b).

Now when he would mention it, I guiltily could bring forth a desire to outwit him, even to torture him, for I felt he had tortured and brainwashed me. And at these times, I felt that I was doing so. Hence, when the patient criticized me for being like his tormentor-mother, he had captured and magnified an aspect of my self-experi-

ence. Was I caught up in the patient's fantasy, acting out his bad-mother introject? Or, was I properly exercising my primal emotions, fulfilling the arduous job requirements of our profession?

*"Passion" in the Interpretation*

A good intervention is an emotional experience for the analyst as well as for the patient. The analyst must unconsciously "decide" not to evade developing his or her own primitive fantasies and feelings, so that he or she (in reverie as well as "R") may achieve knowledge of what is being felt and not felt in the relationship. Empathy requires the analyst feeling the primal emotions of that aspect of the patient's self to which attention is drawn. In effect, the analyst "becomes" the person of an interpretation (Bion 1965, p. 164). At the same time, the analyst feels the horror and resistance to that very becoming, and is liable to reject the part of him- or herself motivated to think about, much less make, the interpretation.

I knew in my "gut" how it felt to be him. I had contained (unconsciously as well as consciously) those projected emotional elements of which the patient was only partially aware, and I was working them over myself. He had identified with an imperious mother who acted narcissistically injured when another person (her son) diverted from her felt needs. In asserting his autonomy by reacting against her, he chose her torturous weapons of defense: self-righteous indignation and moral condemnation. He could not tolerate his mother's behavior without protesting, but in his protest, aligned with her. He had difficulty separating from her (and from me) to develop his own way of thinking and feeling.

And apparently, in regard to our impasse, I had had similar difficulty in separating from him. I had been victim to the "numbing reality" Bion described: the feeling of being trapped in another's fantasy, of not giving and being unable to give the proper interpretation, and being a particular kind of (sadistic and guilty) person in this emotional situation.

Like the patient, I was now of two minds. I felt and understood

something of the interplay of the patient's projections with my concordant and complementary identifications (Racker 1968). That is, I was aware that I could easily identify with his victimized self and experience him as the bad mother. I monitored my wishes to masochistically submit to the patient's sadism, or to sadistically rebel by becoming the mother and treating him harshly. I knew I could not continue to bend over backwards out of fear that he would otherwise connect his "bad mother" to me. Still, I dreaded becoming that sadistic person of the transference, and felt—despite my intellectual understanding to the contrary—that I was being sadistic, unfair, even wrong-headed in raising his consciousness by bringing to the fore this view of me.

While all this was going on inside me and between us, I tried mentally to let go. Achieving passion requires moments of "mindlessness," in which feelings as well as thoughts and fantasies need to be suspended or negated. I had to bear being with him and bear being without him. Removing myself from the proverbial frying pan of "memory and desire" (Bion 1967a), I landed in the fire of my isolation.

I was on my own and suffered loneliness, confusion, and worse, premonitions of personal and professional catastrophe. I could not be sure that I was committed to an evolving, independent point of view, rather than being stubborn and arrogant, megalomaniacal, or even crazy. I was without the patient, without the comfort of our painfully as well as pleasurably familiar transference-countertransference, and without the approving presence of my psychoanalytic ancestry: the theorists, teachers, colleagues, and patients, past and present, who bolster one's established point of view. The absence of these ongoing relationships intensified feelings of persecution and depression. And I dreaded the reemergence of my primal feelings, for I did not know where they would take me, or us. The relationship had undergone "catastrophic change," and there could be no going back.

There is, paradoxically, relief in "passion," relief in the analyst's tolerating the evolution of emotional meaning. My feeling of "becoming" the patient (and the patient's mother) was only part of the

story. My pain and confusion, my very isolation from the patient and from being the authoritative “professional,” contributed to the feeling that I was *not* being the person of the interpretation. I was a person feeling feelings and making sense of them as best I could. In being myself, I felt analytically disciplined.

Indeed, I felt intensely ambivalent about my patient and the predicament I was in. Ambivalence would seem essential to working through transference-countertransference (Bird 1972). However, I believe I allowed my ambivalence to evolve such to be able to speak caringly and knowledgeably from an integrated subjectivity. In constructing my thoughts about him and our situation, and in formulating the intervention, I was experiencing hate, but maintaining as well emotional linkages based on love and knowledge-seeking. That is, I loved and hated him, knew something about the how and why of these feelings, and was curious to learn more. Some of these feelings had to do primarily with him and his projected object relations, benign as well as pathological. These were relatively easy to understand and to interpret. Some were personal to me and my object relations, including those participating in my “infantile neurosis” aroused by the patient’s transference and by the analytic situation itself (Racker 1968). These were my responsibility to know about, analyze, and not act out. Finally, some feelings evolved from the suffering of my passion: from thinking and not thinking about our emotional situation. Ideally, these are the feelings which the analyst attempts to integrate and make available to the patient, in silences as well as in verbal interventions.

### *“Passion’s” Effect*

The patient signaled what I understood to be a significant change in his attitude when he offhandedly acknowledged that, in the past, he had been “ferocious” with me. I pressed on: And now? Only when I deserved it, he replied, with a humor that I did not share. But did I really deserve it? I continued, not expecting, or receiving, a satisfying response to my rhetorical question.

With time, the patient has become more tolerant of my referring to our eruptions and of pursuing a serious dialogue, as long as I do not "dwell" on the topic and deter us from what he considers to be more important business. Subsequent conversations have confirmed that, for the first time in our work, he is struggling with the possibility that perhaps I am not so bad when being bad, and that he has options other than to evade or "cure" me. To different degrees, then, we both have become comfortable with the idea that, even when he experiences me at my hateful worst, I may be linking to him with interest and caring.

Further, he is beginning to realize what it is about him (rather than about me) which keeps him from relating differently. Modifying his intolerant attitude toward me has made it easier for him to consider his own difficulties with "passion." He has come to accept the hypothesis that his hatred of hatred—his fear and consequent ferocious intolerance of thinking about and integrating that emotion—has made it difficult for him to be different, with me and with the women he has sought to love.

We cannot be sure of the "causes" for the apparent changes in both our attitudes, of the accuracy of the interactional dynamics I have described, or even of the reality of my passion. The analyst cannot neatly separate self from other, transference from countertransference, countertransference from passion. Emotional reality is not a concrete, unchanging "something," from which truth can be derived with certainty or finality, but an ever-incomplete process of becoming.<sup>6</sup> "No one can ever know what happens in the analytic session, the thing-in-itself, 0" (Bion 1965, p. 33).

The analyst can never be fully aware of his or her own feelings or of the patient's. Such awareness would assume knowledge of a verifiable, objective reality. The analyst can only speak of how he or she

<sup>6</sup> Bion embraced the Kantian epistemology which assumes that reality, apprehended only through the categories of the human mental apparatus, cannot be directly observed. He referred to unknowable reality as "0." By not prematurely categorizing experience, one may more likely have "experiences in 0," i.e., passionate emotional experiences which bring one closer to reality. The openness to 0 requires patience, security, and "faith."

feels about what he or she feels, utilizing the primal emotions to sustain the basis of signification. And the analyst's opinion may not represent the best assessment. Another person, such as the reader or the patient, may have a view of reality which is equal or better.<sup>7</sup> Since meaning develops over time, we may arrive at "second opinions." The "passion" of today's interpretation may come to be realized tomorrow as yesterday's enactment (see Renik 1996, p. 392).

## CONCLUSION: TRANSFORMING PAIN INTO "PASSION"

Bion argued that psychoanalytic treatment is not about cure, but about transforming obvious pain into the richer capacity to "suffer" meaning. This entails tolerating the emergence of the full range of primal feelings: L, H, and K, and the concomitant persecution, depression, anxiety, and dread. However, the patient has come to treatment to be relieved from pain. He or she initially may display little toleration for increasing the range of felt feelings, or for understanding and integrating them.

In psychoanalytic work, it is often left to the analyst to suffer mental pain, and to think about the emotions which may lie behind it. In fact, often the analyst learns about the patient through the patient's pain. Such pain is indirectly communicated, particularly by projective identification, and encouraged by the analyst's tendencies toward introjective identification. Grotstein (1995) suggested that "the analyst's actual trial suffering of the patient's pains as his or her own is the transference, from the patient to the analyst" (p. 483, his emphasis).

I have suggested that the analyst's "trial-yet-real suffering" (Grotstein 1995, p. 483) involves tolerating the painful emergence of one's

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<sup>7</sup> Predating contemporary relational theories, Bion (1970) acknowledged an interactive or co-constructive element in the analyst's opinion: "The interpretation is an actual event in an evolution of 0 [the psychoanalytic experience] that is common to analyst and analysand" (p. 27).



own primal feelings. In essence, the analyst's activity of discovery and development of his or her own passion buffers the analyst from reactions to the patient's emotions and being taken over by them. The active processing of personal experience both connects the analyst to, and separates the analyst from, the patient (and from the analyst's self in relation to the patient).

"Passion must be clearly distinguished from counter-transference, the latter being evidence of repression" (Bion 1963, p. 13). When unresolved countertransference intrudes in the form of the analyst's enactments, reaction formations, denials, and so forth, the analyst's personal emotional discovery process has been disrupted. The primal emotions of L, H, and K are not freely engaging but are being suppressed or dissociated, and are more likely to be discharged in countertransference conveyance (Billow 1999c).

In the case I described, my fear of unconsciously enacting my hatred functioned as a suppressor of my creative emotional participation, as I initially treated the patient's demandingness with kid gloves. I had set the stage for repetitive experiences of transference-countertransference. I had to develop the confidence to be myself, trusting that in "releasing" my hatred, I was maintaining an outlook balanced by the participation of love and curiosity as well. The patient could continue to experience me as primarily hateful, but he needed me to maintain and express a separate opinion. In developing the confidence to think for myself and by myself, I could express "passion."

In the clinical situation, the patient exists as a real person, a transference figure, and ideally as a versatile mental object of the analyst. In the latter role, the patient provides a medium of growth in which the analyst converts his or her own pain into meaningful suffering. In this situation, the patient stands for the analyst's original object of passion, the mother who is present and absent, loved, hated, recognized but never fully known. The analyst needs to achieve a state of mind in which he or she has the "moral freedom" (Racker 1968) to think, and hence to develop and exercise passion. When engaged passionately, the analyst may confidently "feel anything," if not "say anything." The analyst is not hampered by rigid transferences to in-

ner or outer objects which obstruct formulating and, if appropriate, expressing feelings and thoughts in the form of interpretative opinions.

Bion (1966) advised the analyst to adopt the attitude that the individual or group “should thrive or disintegrate but not be indifferent... [The analyst must function with] the impact of an explosive force on a preexisting framework” (p. 37). The analyst needs to adopt an explosive attitude to his or her own thought processes. To reach passion, the analyst must become a willing agent of self-catastrophe.

An interpretation with passion propels the painful process of separation from a prior cognitive-emotional state of being. In disturbing the fixed patterning of transference-countertransference, the analyst is subjected to the anxieties of being “without” (the prior relationship). The analyst who bears to suffer passion establishes and leaves behind configurations of object relations, primal feelings, and ideas, embracing this painful evolutionary discovery process many times in each clinical hour. The temptation not to suffer through this emotional and mentative process may be intense, and also appreciated as part of the experience of passion.

Paradoxically, while passion represents the deepest level of meaning in intimate relations (Meltzer 1978), the attainment of passion disturbs conventional notions of intimacy. While passion integrates the primal emotions with warmth and “without any suggestion of violence,” the emotional process—the breakups and breakdowns of what is known and subjectively felt—may feel catastrophic. And, rightfully, the consequences of passion may be dreaded. For, while passion offers new possibilities and new beginnings, established links to patients, as well as to oneself, are altered in often unexpected ways.

Bion might have better defined “passion” as referring to an emotional process which is intense and which does not involve a suggestion of *unnecessary* violence. Applying reason to one’s emotional experiences, and applying emotion to one’s reasoning, disorients and reorients the thinker—to the past, present, and future, to the self and the other. Self-knowledge brings forth the primacy of self-integration over repression and splitting; hence, self-knowledge brings some inner peace and social harmony to our inherent as well as induced con-

flicts. "Passion" enlarges the capacity for ever greater levels of emotional turbulence, existential risk, and creative disharmony.

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## IDEALIZATION AND MOURNING IN LOVE RELATIONSHIPS: NORMAL AND PATHOLOGICAL SPECTRA

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*Prior to the last two decades, psychoanalytic literature focused on the psychopathology of sexual life, rather than on an integrated overview of love relationships. Only in the last twenty-five years has its scope been expanded to include the psychodynamics and phenomenology of love relationships per se. Nevertheless, a selective, critical review of the literature indicates that little attention has been paid to a) the interrelation of narcissism, self-esteem, and love relationships; b) the role of the ego-ideal and idealizations in the capacity for falling in love and sustaining love relationships; and c) the faculty for, and/or impediments to, transcending intrapsychic self-boundaries in mature love relationships. In this paper, a brief exposition of the ego-ideal developmental sequences and their integration into the superego as a differentiated structure serves as an introduction to the proposal of a developmental continuum of mechanisms of idealization and their respective nodal transmutations throughout the life cycle. This developmental continuum may contribute to the ongoing elucidation of the aforementioned problems. This referential frame is ultimately applied to the exploration of categorical and dimensional pathological variations of idealization and mourning in love relationships and in different levels of personality organiza-*

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*tion: neurotic, borderline, and narcissistic structures. A clinical vignette illustrates some of the correspondence criteria between this frame of reference and its clinical applications.*

## INTRODUCTION

Real and fantasized vicissitudes of love relationships are scenarios par excellence in which we may explore those intrapsychic conflicts which here emerge in their clearest expression. Until recently, psychoanalytic literature—in agreement with Freud—seems to have aimed more at the exploration of the psychology and psychopathology of sexual life rather than love relationships per se (Altman 1977; Kernberg 1980). The literature on love relationships had been immersed in pathomorphic canons, searching for infantile prototypes that could explain adult psychopathology (Arlow 1980). It rarely addressed, in a direct manner, the psychodynamics and phenomenology of love relationships (Ross 1991). For example, Freud affirmed, in his first theory on love in 1905, that “the prototype of every love relationship is the child suckling his mother’s breast. The finding of the love object is in fact a refinding” (p. 222). From this perspective, any love encounter seems to be reduced to a mere “reencounter.”

In fact, any encounter implies a “refinding.” But in love relationships, all encounters may also lead to finding and “co-constructing” new libidinal and aggressively determined experiences. Love relationships entail the potential to refind and co-create new transactional “conjugal scripts”—in Green’s (1986) words, the *private madness* of every couple’s entanglements. These concern the nature of idealizing mechanisms, of transferential proclivities, of identifying processes in the context of bisexuality and love triangles, and of the potentiality for intrapsychic transfigurations of the capacity to love and hate in love and sexual relationships throughout the life cycle—the exploration of which psychoanalysis has contributed toward in a more specific manner during the past twenty years (see e.g., Bergmann 1971, 1980, 1986, 1987, 1988; Chasseguet-Smirgel 1985; Kernberg 1974a,b, 1977, 1991a,b,c, 1992a,b,c; Person 1988, 1991; Ross 1991). But be-

fore we proceed to apply recent contributions, it is necessary to undertake a critical analysis of some problematic areas in this field.

## CRITICAL EXAMINATION OF PROBLEMATIC AREAS IN LOVE RELATIONSHIPS

In this section I will describe the theoretical and clinical problems that are still a source of difficulty in both the classic and the contemporary literature of the field. Only those issues relevant to the focus and conceptual basis of this work will be considered.

### *Narcissism and Self-Esteem*

At the beginning of the century, the confusion between the nonexperiential dimension of Freud's theoretical abstractions (still under the influence of a mechanistic, energetic-hydraulic model) and experiential referents of the clinical dimension led Freud to postulate, in his second theory on love, an inverse relationship between the libidinal investment in the self and in the object. Freud pointed out that "it is easy to observe that libidinal object-cathexis does not raise self-regard" (1914, p. 98), as if the process of falling in love implied a drainage of the libido that would leave an "impoverished" self with a devastated self-esteem. Freud nevertheless recognized the difference between requited and unrequited love; the former increased self-esteem, the latter decreased it. This concept of communicating vessels has been extensively questioned. Van der Waals (1965), for example, in a pioneering critical examination of the problems of narcissism in normal love relationships, pointed out the simultaneous increase of the libidinal investment in the self and in the object and, consequently, in self-esteem.

In a similar vein, Chasseguet-Smirgel (1985), in her work on the ego-ideal, considered that the exalted relationship of the self with the love object increases the libidinal investment in the self—and, consequently, self esteem—simultaneous to the investment in the object,



because it realizes an ideal ego state, i.e., love animates a relationship between the self and the ego-ideal. However, Kernberg (1991d) advises us that the action of falling in love increases self-esteem only when what is projected on the love object corresponds to an ego-ideal fully differentiated, not a pathological one. The projection of a developed ego-ideal actualizes and transforms values and ideals in the creation of another reality with the love object (Garza-Guerrero 1989). But obviously this new reality corresponds to something more than a mere “refinding.”

As a consequence, the differentiation should not be between requited and unrequited love, as Freud proposed, but between normal and pathological love. When there exists a healthy capacity for love, the love encounter, even if it is unrequited, increases the normal narcissism of the self, simultaneous to the capacity to love others. The corollary to all this is that encounters and estrangements, within the context of the usual act of falling in love, even when not required, are dissolved in a normal process of mourning that fortifies the ego, enriches one’s self-experience, and opens new channels of sublimation (Kernberg 1991d). On the other hand, pathological encounters and misunderstandings based on more primitive idealizations—and on a substratum of structural alterations that creates inferiority and low self-esteem—even when requited, might paradoxically culminate in a confirmation of one’s own despicableness (Garza-Guerrero 1989).

### *Ego-Ideal and Idealizations*

A common denominator in the majority of psychoanalytic works on love relationships is the allusion to the projection of the ego-ideal on the love object and the idealizations derived from it. The problem is that many of these contributions are a mere rehashing of Freud’s original conception in his *Introduction to Narcissism* (1914), that is, the ego-ideal as a substitution for the loss of the infant’s “perfect” narcissist situation—a situation, according to Freud, in which “he was his own ideal” (p. 94).

But the great majority of works on love relationships do not re-

spond to the challenge presented by the problems and incongruities posed therein (ultimately, only starting points, as Freud warned us through his work). For example, beginning with the idea that the projection of the ego-ideal on the love object seeks to reencounter a paradisiac state of lost narcissism, one can linearly connect an adult's love relationship to a "reissue" of an allegedly pleasurable perfection in childhood. As Person (1991) remarked, conceptions like this reduce love relationships to a "narcissism *à deux*" (p. 400). Mature love relationships stem from the past and from internal needs, but they transcend the compulsion to repeat—in fact, they require the renunciation of many aspects of the past.

The ego-ideal is a mandatory concept in the literature on love relationships. Nonetheless, it is generally reduced to being the setting for monolithic idealizations evocative of fusion, ecstasy, and symbiosis. But what tends to be ignored is that the integration of the ego-ideal into the superego as a differentiated structure incorporates a) earlier, aggressively invested sadistic precursors; b) mechanisms of idealization derived from the capacity for depressive guilt; c) oedipal prohibitions and identifications; and d) the transmuting nature of idealizing mechanisms and ideals throughout development (Garza-Guerrero 1981a,b, 1985, 1988, 1989; Jacobson 1964; Kernberg 1984, 1992b).

A contemporary reformulation of the role of the ego-ideal in love relationships should take into account its developmental sequences, intimately connected to superego growth and always subject to the simultaneous interplay of libidinal and aggressive investment in internalized object relationships. Nowadays, the ego-ideal cannot be reduced to being a mere "heir to the lost narcissism of childhood." Through thoughtless overuse, this cliché, like many others in psychoanalysis, has become, in the best of cases, a password to pedantry or, at worst, a dogmatic commandment.

Mechanisms of idealization are another imperative concept in the literature of love relationships. Their origin, however, is not commonly explained. That is why no attention is paid to the different levels of idealization, through an epigenetically determined developmental conception, nor to the organized hierarchy of its different

functions in the context of differentiating between normal and pathological development. One conclusion, based on what has been set forth up to here, is that highly complex experiences in love relationships tend to be generalized as mere “reprints” of past experiences, failing to appreciate their potentiality as transformative events in development and throughout the life cycle (Kernberg 1974b, 1977, 1991a; Ross 1991).

*Loss of Self-Boundaries Versus Capacity to Transcend  
Intrapsychic Boundaries*

The aforementioned problems that reduce love to a lineal “reencounter” with past symbiotic experiences and with idealizations “that reestablish lost childhood narcissism” have been determining factors in another problem frequently addressed by the literature on love relationships: the “blurring” of boundaries between self and object. According to Freud: “...real happy love corresponds to the primal condition in which object-libido and ego-libido cannot be distinguished” (1914, p. 100)—in the context of the difference between requited and unrequited love.

In keeping with these premises, much of the literature on love relationships, both classic and contemporary, invariably mentions the urgency of becoming one with the love object: of uniting in ecstasy with the other, of recapturing a “symbiotic [situation] of a perfect narcissistic union” lost in childhood, among others. This notion does not seem to distinguish regressive undifferentiated manifestations that imply a loss of boundaries between self and object from the capacity to transcend self boundaries and identifications with the love object, in the context of a firm preservation of one’s own limits and therefore of identity. Kernberg paraphrased Octavio Paz in regard to the painful confrontation in love relationships between erotic desires and the other’s reality: “the existence of the other person presents itself simultaneously as a body which is penetrated and a consciousness which is impenetrable” (1977, p. 96).

The capacity to be exposed to the interpenetrability of bodies, in the context of a bisexual identification with the other and the ability

to assimilate the pain that is implicit in recognizing the impenetrability of the other's internal reality with its own existence, are both structural prerequisites for mature adult love relationships (Kernberg 1977, 1991a,d). In short, the ability to love and sustain a love relationship is only achieved if the boundaries of self are transcended to place love at the intersection of desire and reality (Kernberg 1977). When self boundaries are "erased" or lose their integrity, the impenetrability of the endopsychic reality of the other and its independence are not tolerated. Consequently, it is not possible to love with detachment.

What follows is a brief description of the development of the ego-ideal and its sequential integration into the superego, from a psychostructural perspective to theories of object relationships. This will serve as an introduction to the exposition of the pathological spectrum of idealizations and mournings in love relationships. This frame of reference intends to contribute to the elucidation of the aforementioned problems through the articulation of contemporary reformulations and refinements in areas related to a) the integration of the ego-ideal into the superego as a differentiated structure that incorporates sadistic and idealizing precursors, always subjected to the simultaneous interplay of the libidinal and aggressive investments in internalized object relationships; b) a review of idealizing mechanisms, in varying, epigenetically determined strata of personality organization and their nodal, normal, and pathological transmutations throughout the life cycle; and c) the exploration of categorical and dimensional variations of idealizations and mournings in love relationships. A clinical vignette will illustrate the correspondence between this referential frame and some of its clinical applications.

## EGO-IDEAL AND IDEALIZATIONS IN LOVE RELATIONSHIPS: A DEVELOPMENTAL CONTINUUM

Before we move on to developmental issues, a note of clarification is in order. It is generally acknowledged that our diverse theories—our

pluralistic explanatory metaphors or “articles of faith,” in Wallerstein’s (1990, 1992) words—are plagued by lineal reconstructions of early development, taken from direct observation of adults in analysis. Less acknowledged is the same potentiality for lineal extrapolations from the direct observation of infants. At present, I am convinced that one is liable to err with either approach. Since this is a clinically based idiographic exploration, adherence, as nearly as possible, to our “common ground” (also Wallerstein’s term: the clinical manifestations of dynamic unconscious intrapsychic conflicts, impulse-defense configurations, and resistance in the transference-countertransference dimension) might help us to maintain an optimal balance between awareness of the complexities and the risks of oversimplification in past and present contributions.

Three central problems regarding the ego-ideal that have been dealt with in the classic literature continue to reverberate in contemporary literature: a) its inextricable relationship with the superego as a differentiated structure; b) the interplay of drive derivatives, both libidinal and aggressive, in the same process of its integration into the superego (in contrast to purely libidinal considerations); and c) its double role as an instigator of conflicts per se, and as a coadjutor system (“allied to the ego”) of defensive activity, of a predominantly reparative nature.

In a previous paper (Garza-Guerrero 1989), closely following Jacobson (1964) and Kernberg (1976, 1984), I proposed a developmental scheme for the superego structure along four epigenetically determined—and hence discontinuous—phases: 1) from primitive, aggressively derived sadistic precursors; 2) to the integration of sadistic precursors into depressively idealized representations of self and object (or ego-ideal); 3) the integration, in turn, of both preoedipal precursors (sadistic precursors and ego-ideal) with the parental prohibitions and reactive idealizations of the oedipal period; and 4) the individuation, depersonalization, and post-oedipal abstraction of the superego in relation to moral autonomy and transcendental idealizations, from adulthood to senectitude.

In addition, I established that the formation of the ego-ideal requires two structural prerequisites: a) the differentiation between self

and object; and b) the integration of libidinal and aggressively invested representations of self and object. As a consequence of the integration of libidinal and aggressively charged self-object representations (subsequent to self-object differentiation), a more realistic modulation of affects takes place. This attenuates the intense “all good” or “all bad” affective-cognitive disposition that typifies the unintegrated partial representations of self and object. Nevertheless, it is precisely this subjective, more realistic experience—a result of a progressively integrated self—that creates a discrepancy between the now integrated images of the self and the earlier “all good” images. It is this “affective and ideational dissonance” in the area of representations of self that motivates the formation of “idealized compensatory self-images” that represent the child’s most rudimentary effort to “repair” the lost, partial, “all good” self. In the area of object representations, the same development takes place, that is, a pronounced affective-cognitive contrast between integrated representations of the object (therefore, more realistically perceived and registered) and the previous or earlier “all good” object images. This affective dissonance in the area of object representation brings about, in the same manner, the formation of idealized compensatory object images that seek to repair the lost, partial “all good” object. The condensation of both constellations of compensatory images—the idealized representation of self (the “ideal self”) with the idealized representation of the object (the “ideal object”)—engenders the nucleus of a second structure for the developing superego, or ego-ideal, as a subsystem of the superego (Garza-Guerrero 1989; Kernberg 1976, 1980, 1984, 1990a).

At this point I should stress the more differentiated nature of these new substructures as well as the increasingly more complex affective-cognitive experiences that they produce, in particular, the discrimination among three different levels of *preoedipal idealizations* and their distinctive implications for love relationships. During the stage of self-object differentiation (but previous to the integration of libidinal and aggressively invested representations of self and object), *paranoid idealizations* prevail that solely protect against persecutory anxieties or “paranoid guilt” (Grinberg 1963)—

but at the expense of splitting gratifying and aversive identifying systems (i.e., the dissociation between the archaic and incipient “capacity to love and hate”). Paranoid idealizations protect against the persecutory pain and suffering derived from the newly acquired capacity to react with love and hate toward the same object.

It is only after the integration of libidinal and aggressively invested representations of self and object that (concurrent with the acquisition of “the capacity for concern” for the object, or “depressive guilt”) depressive idealizations emerge (Winnicott 1954, 1963). They are, in turn, the origin of incipient, reparative activity in the child (Klein 1945, 1946, 1948a,b). These *depressive-reparative idealizations* stem from the dynamic tension between integrated representations of self and object (the “real self”) and unintegrated, partial, or split representations of self and object. Depressive-reparative idealizations represent the child’s effort to repair and therefore reestablish the desired, but now depressively yearned for, “all good” representations of self and object. I should underscore that what these reparative idealizations seek to re-create does not correspond to an alleged undifferentiated stage, merely invested of pleasurable experiences (“symbiosis”), as has been wrongly maintained since Freud’s contributions in his *Introduction to Narcissism* (1914). The reparative idealizations compensate and alleviate the yearning for an “all good” relationship in the context of a firm separation and self-object differentiation, but previous to the ego-ideal formation.

In contrast, with the adjunction of the “ideal self” and the “ideal object,” the dynamic tension between the ego-ideal (or second structure of the superego that condenses both precursors) and the “real self and object” determines *depressive-restorative idealizations*. These higher-level idealizations correspond to the child’s effort not only to repair, but to restore an internal reconfirmation of his or her “benevolence” through affirmative, ingratiating behavior toward others (Emde 1991). In short, the depressive restorative idealizations represent the “ideal self,” that which I would like to be; the “ideal object,” that which I love and need so much; and within the context of the “ideal relationship,” that which I long for

(Garza-Guerrero 1989, 1994a,b, in press; Sandler, Holder, and Meers 1963).

In order to further delineate the differences between these latter two types of idealizations, I should add that the *depressive-reparative idealizations* a) build a transitional bridge between paranoid primitive idealizations and depressive-restorative ones; and b) bring with their affective disposition an emotional, regressive echo that leads to the reparation of past calamities. For the same reason, their activation, even though it spurs on ingratiating activity, does not reconfirm a longed-for internal sense of goodness, nor does it contribute to the creation of a new reality; the fixation on them only perpetuates the mourning for what is damaged and/or lost.

The *depressive-restorative idealizations* instead integrate affective-cognitive appreciations of a more differentiated type, such as the incorporation of the “we” concept in narratives that include the “co-construction” of solutions to moral dilemmas (Damon 1988; Stern 1989), while entailing the capacity to transform feelings of guilt into positive emotions, that is, experiences that, even though they begin as negative affective states, evoke behaviors that culminate in positive affective experiences, resulting from mutually agreeable and pleasing actions in the interpersonal dimension (Emde 1991). Their affective disposition, although it preserves a regressive preoccupation with past calamities, adds a progressive ingredient that induces restoration and seeks to overcome them. For the same reason, their activation evokes ingratiating behavior toward the other, which, in turn, reconfirms an internal sense of benevolence and contributes to the creation of a new “co-constructed” reality with the other. Finally, they play an important role in the elaboration of mourning for past detachments, losses, and separations. The depressive-restorative idealizations are the forerunners of what we will later call “adult ideals.”

The gradual coalescence (between the ages of thirty-six and forty-eight months) of sadistic, aggressively invested precursors and depressively idealized representations of self and object (that incorporate reparative longings and restorative actions) initiates the process of integrating both preoedipal precursors into the superego. This struc-



ture, in turn, will repeat from now on the already initiated and ongoing process of integration of libidinal and aggressive representations in the self-system (Kernberg 1976, 1992a). The integration of pre-oedipal superego precursors originates, in turn, an affective and cognitive modulation in the interpersonal dimension. This modulation will facilitate a more realistic evaluation and the internalization of the prohibitions, norms, and early ideals of the oedipal phase. This conception explains the inseparable development of the ego-ideal and the superego, as well as the indissoluble character of the reparative and restorative functions of the superego as a differentiated structure.

Mechanisms of idealization in love relationships should be explored, therefore, along with the genetically discontinuous developmental process, as formerly discussed, and with its transmutations throughout the life cycle. For example, to the three pre-oedipal stages already described (i.e., paranoid, reparative, and restorative idealizations), I would now add the following levels that, in addition to preserving a basically reparative and restorative motivation, epigenetically aggregate meaningful, functional transmutations in love relationships: the *reactive idealizations* of the oedipal period; the *emancipating idealizations* at the end of adolescence; and the *transcendental idealizations* of the consolidated ego-ideal and superego, subsequent to the intrapsychic remodeling of adolescence.

The depressive-reactive idealizations of the oedipal period relieve the doubled grief implanted in the child: the renunciation of the object of the opposite sex, the depository of his or her desires on the one hand, and the elaboration of feelings of guilt connected to patricidal fantasies involving the oedipal rival of the same sex on the other hand (Tabak de Bianchedi et al. 1974). These depressive-reactive idealizations promote and intensify the selective identifying processes of the oedipal period toward its resolution and constitute another precondition to love relationships. The emancipating idealizations of adolescents and young adults in turn alleviate the mourning implied by the renunciation of the physical and emotional dependence on the parents; they also stimulate the idealized

search for emotional ties outside the family unit (e.g., betrothal or “going steady”). Additionally, they intensify selective identification with different aspects of the cultural, social, and ideological milieu, aiming at a sense of autonomy and moral individuation (Blos 1985; Ross 1991).

The transcendental idealizations, on the other hand, mark the culmination of the consolidation of the ego-ideal and the superego, inasmuch as idealizations are concerned. In the context of mature love relationships, this level of idealization allows not only transcendence of the boundaries of one’s own identity but, more importantly, selective renouncing of past intrapsychic impediments. These idealizations relieve the mourning that accompanies such renunciations and intensify the sexual identification with the love object and its values. Consequently, they also promote empathy and commitment to the relationship. The projection of the consolidated ego-ideal in mature love relationships, as I have established, actualizes and transforms values and ideals in the creation of a reciprocally “co-constructed” new reality that goes further than a mere “refinding.”

One final conclusion from this developmental exposition is that the normal capacity to love others and oneself requires, paradoxically, an adequate integration of love and hate—just as the normal faculty to hate oneself and others requires, equally, the mature integration of hate and love. Contrary to earlier propositions that had established the allegedly “postambivalent” nature of mature love relationships (e.g., Abraham 1924), love, by definition, will always be plainly ambivalent (Garza-Guerrero 1989; Kernberg 1991b,c; Solis-Garza 1987).

## PATHOLOGICAL SPECTRUM OF IDEALIZATION AND MOURNING IN LOVE RELATIONSHIPS: CATEGORICAL AND DIMENSIONAL VARIATIONS

Developmental deviations in the formation of the ego-ideal and superego, perturbations of the ego, pathology in the internalization of

object relationships, and pathological mechanisms of idealization can all alter the continuum just discussed. These developmental alterations, in turn, are the origin of emotional impediments in love relationships, of varying severity and at different levels of personality organization. Among them are those connected to a) the ability to empathize and, above all, the ability to give and receive tenderness (two essential prerequisites to mature love relationships); b) the quality of the idealizing processes that facilitate or prevent love relationships; c) difficulties in overcoming oedipal prohibitions and preoedipal conflicts in the sublimated integration of the child's polymorphous sexual activity; d) the impoverishment of the adult's autotelic potential with serious limitations to produce, create, and generate; and e) the capacity for the elaboration of mourning for lost or unrequited love relationships.

### *Neurotic Structures*

In neurotic personality organization, the pathological integration of preoedipal precursors (sadistic, aggressively invested precursors and depressively idealized self-object representations), under the predominant influence of aggression, alters oedipal identifications and idealizations, and therefore distorts the internalization of phase-specific prohibitions, resulting in a punitive, restrictive, and rigid superego that constraints love (Garza-Guerrero 1989; Kernberg 1980, 1984). This structure imposes an excessive repression of drive derivatives. It also contributes to masochistic character traits and determines that even the demands of the ego-ideal can be transformed into persecutory, sadistic expectations of perfectionism. Clinical manifestations in the pathology of love relationships characteristic of this level are the dissociation between the capacity to give and receive tenderness, on one hand, and sexual excitability, on the other; sexual inhibitions and impediments to the sublimated integration of infantile polymorphous sexual activity; and hostile dependence toward the love object and significant variations in self-esteem, in the context of feelings of guilt, sensitivity to rejection, and uncertainty with regard to

one's own worth (Garza-Guerrero 1989). What is more, impediments to the reparative and restorative functions of the ego-ideal, together with a rigid and punitive superego, hinder, in turn, the elaboration of mourning for the unrequited and/or interrupted love relationships.

In a process of normal mourning, grief is not accompanied by feelings of guilt that are expressed by self-reproach; the idealization of the lost love occurs in the context of tolerance for the impenetrability of the other's consciousness and, hence, the impossibility of controlling it. The absence of morbid aggression upon facing the incapacity for control over the lost or unrequited love object allows for the reparative and restorative functions of the ego-ideal to reconfirm the benevolence of past internalized object relationships, culminating in an enrichment of the self and the opening of new channels of sublimation (Freud 1917; Garza-Guerrero 1989; Kernberg 1991d; Kernberg et al. 1989).

Conversely, in neurotic structures, the depressive idealization of the lost love object acts as a defense that protects against an unconscious sense of guilt, secondary to aggressive drive derivatives toward the lost relationship. Moreover, the intolerance and hatred caused by the impenetrability of the internal world of the love object hinder the reparative and restorative function of the ego-ideal to reinstate the benevolence of past internalized object relationships. In this case, the mourning process turns into a pathological separation characterized by self-reproach; affective states of self-devaluation; the urgent search for relationships of dependence that compensate for what is lost and reconfirm the "goodness" of the representational, internal world; and, above all, an intensification of love for the lost object that perpetuates a masochistic subjection to an unavailable object.

### *Borderline Structures*

Splitting mechanisms that interfere with the normal process of differentiation and integration of mental structures prevail in borderline personality organization. The fixation on a developmental point subsequent to self-object differentiation, but previous to the

integration of libidinal and aggressively invested self-object representations, combined with pathological genetic sequences (in a psychoanalytic sense), codetermines serious structural alterations. At this level, the primitive sadistic “all bad” precursors remain without integration with the archaic, depressively idealized “all good” precursors. The lack of integration of these two preoedipal precursors of the superego, in turn, interferes with the more realistic integration of the prohibitions, precepts, and identifications of the oedipal phase, hindering the development of more elevated functions of the superego that are connected to the normal process of individuation, depersonalization, and post-oedipal abstraction of the superego.

At this level, the pathology of love relationships is clinically expressed through primitive and, consequently, highly unrealistic and paranoid idealizations of the love object. These dissociative idealizations coincide with the generalized, hostile, and persecutory devaluation of the external object world that encompasses love relationships (particularly in infantile personalities) in an effort to create “paradisiac idylls” that exclude all others, but are flagrantly divorced from reality. Chaotic fluctuations between primitive idealizations and devaluations could make love relationships oscillate between the urgency for closeness and a disconcerting, cold indifference. The absence of superego prohibitions and inhibitions allows the pleasurable expression of “genitality” and orgasmic capacity, but in the context of the incapacity for commitment and the inability to give and receive tenderness, as in stable and profound love relationships.

The absence of an integrated self-concept and an integrated concept of others (i.e., an identity diffusion syndrome), together with superego pathology, prevent the transcending of self-boundaries; hence they impede the ability to empathize with the internal and external reality of the love object. That is why the impenetrability of the other’s internal world is not tolerated. Love relationships demand an absolute possession and control, or an absolute rejection. Mechanisms of projective and introjective identification partially erase self-boundaries, thus contributing to the recycling of conflicts, infused with aggression, that distort the interpersonal dimension and the meaning of sexual relationships. Finally, sexual arousal frequently exploits and

abuses love by placing it at the service of aggressive needs, particularly in the context of nonsublimated polymorphous sexual activities and perversions (Kernberg 1989a, 1992a).

On the other hand, it is this same degree of ego and superego pathology that interferes with the normal reparative and restorative functions of the ego-ideal and hinders the mourning for unrequited love in borderline personality organization. Separations—real or fantasized—are experienced as a sadistic assault on the part of the love object that provokes rage and wishes for revenge. Avenging fantasies not only threaten to destroy the external love objects, but their internal representations as well (the “internal ideal object”), thus increasing the subjective experience of emptiness, abandonment, and fear of being attacked. In turn, fear of persecutory retaliation increases hate and destroys any possibility of repairing or restoring the “good internal object,” thereby perpetuating a vicious circle that maintains a state of anger, vacuity, and rage, and, above all, the conviction of having been cruelly abandoned (Garza-Guerrero 1989; Kernberg et al. 1989; Klein 1948a,b).

### *Narcissistic Structures*

In narcissistic personality organization, intense oral rage (regardless if it be constitutional or acquired) determines splitting mechanisms that impede the natural process of differentiation toward an integrated, and therefore realistic, self-concept and an integrated concept of others. Here developmental fixations—at the end of self-object differentiation and at the beginning of the integration of libidinal and aggressively invested selfobject representations—and the pathological genetic sequences derived from them, codetermine (in contrast to simply an “arrest” of normal development) the integration of a pathological identity: the “grandiose self.” This structure results from the pathological condensation of the rudiments of the real self (derivative precursors of earlier but aborted attempts at integrating libidinal and aggressively charged self-representations) with the idealized representations of the self and of the object (Garza-

Guerrero 1989; Kernberg 1975, 1984, 1989b, 1992a).

The pathological fusion of “real self,” “ideal self,” and “ideal object” derivatives defends against a dependence on objects that, although terribly coveted, are perceived as sadistically retentive and frustrating (resulting from the projection of intense oral rage and envy). It is as if this person were to say: “I don’t have to worry about depending on someone I don’t possess...the ideal object I love, the ideal self I would like he/she to love, and my real self, are all one and the same.” Consequently, narcissistic structures preserve a paranoid idealization of love relationships, but at the expense of dissociating and/or projecting severely devaluated, despicable images of themselves and others—i.e., the aggressively derived counterpart to their idealized interpersonal mirroring (Garza-Guerrero 1989).

This pathological condensation creates a functional blurring between the ego and the superego structures which interferes with the normal integration of sadistic, aggressively invested components with depressively idealized ones, with the integration of both superego forerunners and, in turn, with the identifications and idealizations of the oedipal period. These structural alterations imply serious pathological consequences in the internalization of object relationships that predispose to an oscillating perception of love relationships along two dissociated dimensions: “grandiosity” and “despicability” (Garza-Guerrero 1989).

At this level, the normal projection of depersonalized ideals and values, inherent to transcendental idealizations of the fully developed ego-ideal and superego, is replaced by projections from self to self, that is, the projection onto the love object of traits corresponding to the different components of the pathological “grandiose self.” For this reason, these primitive idealizations maintain only a scarce relationship with the other’s reality and result in exploitative and parasitic love relationships. Primitive paranoid idealizations and devaluations might capriciously overvalue or despise the love object, as a result of projecting either the “grandiose” or the “despicable” self.

These paranoid idealizations, in reality, mitigate the fear of being injured or rejected by the coveted objects. Just beneath the surface, these love objects may be perceived as hateful, potentially sadis-

tic, and depriving. In turn, the anticipation of being “entrapped” in love relationships that threaten to be devouring thwarts the capacity for commitment in stable relationships and activates a paranoid urgency to betray and abandon them (a form of “Don Juanism”). Furthermore, primitive devaluations of love objects protect against the intense rage provoked by the feeling of needing others, over whom one does not have absolute control. Unable to tolerate the impenetrability of the loved person’s conscience, narcissistic patients either deny that the object could have his or her own independent existence, or, omnipotently, deny their own dependence on them. In narcissistic personalities, as in borderline structures, diverse manifestations of sexual perversion—actualized or fantasized—might permeate their sexual activities. In this case, love is often exploited and placed at the service of aggression in polymorphous, nonsublimated sexual perversions (Garza-Guerrero 1989, 1994b; Kernberg 1992a).

At this level, superego pathology originates serious hindrances to the reparative and restorative functions, which interferes with the mourning process during breakups or in situations of unrequited love (or even if it is requited), engendering painfully complicated separations and/or the absolute inability to be separated. Clinical manifestations of these pathological separations are generally expressed as the incapacity to tolerate loss and genuine depression. With the threat of a separation or the loss of the love object, the patient deteriorates into anxious disorganization with a clear hint of paranoia. Revenge fantasies and devaluating attacks aimed at the love object prevent lasting reconciliation and reconfirm the endopsychic representation of “malevolent” love relationships (internalized in the past), leaving them with solely the subjective experience of vacuity, solitude, and forlornness.

On the other hand, the vehement demand to reinstate control over the lost object brutally confronts the patient with his or her own underlying and intolerable despicability. The projection, in turn, of the patient’s own despicability onto the love object—even though it temporarily relieves the patient’s mourning through a manic triumph over the love object—ends up validating the fear of being at-



tacked, rejected, and irremediably abandoned, and thus enclosing the patient in a circle with no exit. Frequently, fantasies of assassinating the love object and then committing suicide accompany this self-torturing situation.

## THEORETICAL AND CLINICAL ARTICULATION

In the following clinical vignette, I will attempt to illustrate, in a selective manner, some of the canons of correspondence between the previously discussed referential scheme and its clinical applications.

Diana, a thirty-six-year-old accountant with two children, ages six and eight, began her four-sessions-per-week psychoanalytic treatment after brief marital therapy in which, according to her words, she had barely succeeded in achieving a “cease fire.” The initial evaluation revealed, in the individual realm, a depressive, masochistic personality, with paranoid traits, in a neurotic personality organized at an intermediate level (Garza-Guerrero 1989, 1994b, in press; Kernberg 1976, 1984, 1992a,b,c). In the marital realm, the evaluation laid bare an apparently “stable” couple, but one which, as the result of a “conjugal superego,” had been maritally “co-constructed” with projections mutually reinforced by restrictions and demands. These required submission to a persecutingly conservative and conventional morality, in spite of an “infernally” sadomasochistic interpersonal “script” and an extremely constrained sexual life. By this time, the most the patient’s husband could aspire to was to be allowed to rub his penis against her thighs and to later masturbate beside her.

Diana still yearned for a neurotically idealized relationship with Pedro, a fellow student from her university days. This was a typical masochistic investment since the more Pedro had rejected her, the greater was Diana’s love and “unconditional” surrender to him. Pedro’s disdain toward her, far from causing her indignation, had made her depressed and had provoked self-recriminating feelings. As a result, she felt characterologically frozen in a state of infraevaluation, beset

by desires, tinted with hate, in regard to a union that was unattainable.

Diana was envious of her husband, Mauricio, "an excellent father" whom she intensely assailed with jealousy. She was, at the same time, overly dependent on him to satisfy her needs for tenderness, affection, and security. But her erotic desires still digressed toward Pedro, a problem that created feelings of guilt accentuating her gloomy and taciturn "facies."

As a couple, Diana and Mauricio were extremely drained by their inability to extricate themselves from an unconscious transactional, sadomasochistic script. The scenario of this script of activated object relationships and mutually projected superego components was the following: Diana identified with a sadistic, persecuting, maternal object and guilt instigator (a sadistic, aggressively invested superego precursor). She had gradually assumed the role of "moral authority of the home" who subtly enjoyed crushing Mauricio with feelings of guilt. She readily accused him, at times in irrational proportions, of being insensitive, distant, and even irresponsible if he did not yield to her demands. Mauricio—prone to feeling guilty—by giving in and agreeing to her needs, not only confirmed for Diana her feelings of being mistreated and abandoned, but contributed as well to strengthening and preserving this scenario. On the other hand, if he exploded in rage and rebelled against her, he merely provided Diana with more arguments to assert her narcissistic position of moral superiority over him.

In the sexual dimension, their reciprocal projection (they accused one another of their own sexual inhibitions) of sadistic, persecuting precursors had restricted to a considerable degree their sexual activity and conjugal maturation. Not only had they failed to integrate into their sexual life the sexual excitement characteristic of the sublimated integration of infantile polymorphous sexual elements, they had even abandoned some of the components that they had already enjoyed when they were engaged.

The first two years of Diana's treatment revealed with increasing clarity the predominance of depressive, masochistic character traits, with an intense hint of paranoia, connected to a) self-inflicted mas-

ochistic restrictions and sadistically projected superego prohibitions; b) a conflictive, hateful dependence on others: she needed the approval of others, but in the context of subjection to her moral superiority or the acknowledgment of her abiding “indignation”; and c) a typical masochistic reversion in the handling of aggression: she became depressed any time she should have been indignant and became indignant those times she should have been depressed. Her character difficulties permeated different aspects of her life in general, but the predominant forum for her effectuation was the marital relationship, and gradually, in the transference, her relationship to me. Diana idealized me as a benevolent object who could rescue her from the insufferable vicissitudes of her love relationships. The idealization of our relationship depended, though, on my unconditional empathy with her miserable life with Mauricio and with her grief over Pedro, and, above all, that I accepted her own version of all this.

Consequently, any attempt to explore her possible contribution to her predicaments made her feel harassed and not understood by me. For example, if I simply questioned what kept her in an “impossible” marital relationship, she perceived me as a malevolent object who suggested the destruction of a “troubled, but basically good” marital relationship. On the other hand, if I remained silent, cautious to speak up and paralyzed by the sadistic control that her relationship exerted on me, I seemed to be cold, indifferent, and unable to help her. In short, an overt reversal of the therapeutic perspective: she felt that I was warm and empathetic only if I was in collusion with her self-flagellation. Any other exploratory option to lessen suffering through understanding of her difficulties turned me into a persecuting, sadistic object. This was a typical transference paradigm that infiltrated her character patterns of interpersonal dysfunction.

Toward the end of her second year of treatment, Diana hotheadedly toyed with the idea of approaching Pedro—her “only true love” and of whose “imminent divorce” she had heard about—under conditions that she acknowledged to be “high risk,” and henceforth potentially self-destructive. The exploration of this conflictive area, though, as throughout her treatment up to then, provoked and aggravated the regressive activation in the transference of her internal

struggle with a sadistic and persecuting object, determinant in turn of a severe distortion of her ability to communicate with me. Diana expressed her desire to “analyze something super-transcendental in my life” about Pedro, but she could hardly speak out. Beating around the bush, she leaned on innumerable pretexts, her speech punctuated by her blockage of ideas and obvious conclusions. Broken sentences, extreme distrust, and long silences made it impossible to understand her communication and even more difficult my concordant identification with her situation in the countertransference dimension. But my complementary identification, instead, then began to be enlightened (Racker 1968). For instance, even though Diana vehemently asked for my assistance, her perception of me as a maternal persecuting object made her communicate with reserve, in an extremely paranoid distrust. The situation provoked in me, in turn, fantasies of invading her internal world and aggressively extracting and eliciting from her all the information—a result of my complementary identification with a maternal, sadistic, envious, and intruding object.

During these moments, the projection onto me—whimsical, alternating, through mechanisms of projective and introjective identifications—of her self-representation as a persecuted victim, while she identified herself with the sadistic and guilt-evoking object, made me feel sadistically assailed and masochistically intimidated and paralyzed. Conversely, her projection onto me of the previously described egotistic and invasive maternal object-representation made her feel victimized and persecuted. In the past, these capriciously oscillatory interactions had left me confused, overwhelmed, and with hateful fantasies about her, even with the wish to take seriously her threats of interrupting treatment. On the contrary, this time the exploration of this regressive episode served not only to attenuate, by virtue of enlightening and understanding transference-countertransference paradigms, impediments to communication, but also permitted the elucidation of its possible precipitating elements.

About a half year later, for example, Diana timidly confessed that “something had changed” in her sexual relationships (a few months before the regressive incident just described), but “she had not felt

prepared to analyze it" (typical of her controlling, sadomasochistic reserve and paranoid distrust up to then). Everything had begun as if "by accident," she whispered. During sex with her husband, Mauricio had inadvertently placed the palm of his hand on her hair, pulling it (she did not say anything) in such a way that the pain had evoked in her fantasies of being "punished"—she confessed with hesitancy—for "getting horny." This erotic desire had been followed by a multi-orgasmic experience. The incident that began as an accident gradually turned into the couple's intimate play that broadened their sexual horizons. Unlike their past situation, where oral sex had awakened "repugnance" in her (when she performed it as well as when it was performed on her), now she intensely enjoyed sucking her husband's penis, but from a kneeling position in front of him as if she were "slightly punished, humiliated, and asking for forgiveness" while he discreetly pretended to pull her by the hair toward him.

It seemed that Diana had capitalized on her love relationship at the service of aggression, by means of a masochistic "functional and transitory sexual perversion" (in contrast with an organized sexual perversion), as a pre-condition to sexual arousal and orgasmic experiences. The need to be subtly mistreated and humiliated, as the price to be paid for allowing herself pleasurable experiences in sexual relationships, was the result of oedipal conflicts and prohibitions.

Eventually, the worsening of the sadomasochistic intrapsychic script in the emotional dimension of the marital relationship, and with me in the transference—derived from an unconscious feeling of guilt after her orgasmic experiences—had forced her to transform two potentially beneficial relationships (i.e., with her husband and with me) into sadistically persecutory ones, a result of her susceptibility to negative therapeutic reactions. Unconscious guilty feelings were also behind the risk of exposing herself to Pedro in potentially self-destructive conditions, in spite of his exploitative, parasitic, and perhaps even "effeminate" traits. In the past, she had idealized Pedro as a paternal figure who would awaken her sexuality, in contrast with the paternal, cold, and distant object-representation placed on her husband and on me, as

a defense against the full expression of her sexuality.

During the following two years of treatment, the exploration and elaboration, in a multiplicity of different contexts, of her paranoid masochistic investment, pathological idealizations, oedipal conflicts and inhibitions, and superego restrictions, gradually widened the perspective in the transference-countertransference dimension toward reparative and restorative depressive components, in the context of a progressive tolerance for feelings of gratitude rather than envy, rancor, and resentment. This change in her transferential disposition relaxed the emotional climate imposed by the sadistic, persecuting control in the treatment situation. It also facilitated more transparent communication of her internal experience.

It is interesting to point out here the reversion of her capacity for hate and love in the sexual and relational dimensions with her husband. She went from using the love relationship in the service of her sadomasochistic aggressive needs, by viewing it as a restrictive, pre-orgasmic condition, to the capacity for employing aggressive drive derivatives, in a sublimated and discreet manner, in the service of intensifying her sexual excitement and of gradually integrating her infantile, polymorphous sexual components into her love relationship. For instance, now she was not only aroused by her fantasies of being punished and humiliated, but she also enjoyed the conjugal interplay of "punishing and enslaving" her husband with her bedroom exhibitionism and with the "insufferable pleasure" of arousing him with fellatio and keeping him at the brink of orgasm. By the same token, she began experiencing the pleasure derived from her sublimated, complementary, bisexual identification with her husband, implied by the interpenetrability of protrusions and orifices during their sexual relationships. The sublimated absorption of aggression in sexual relationships in turn attenuated the sadomasochistic collusion involved in their interactional conjugal script, contributing to the couple's process of maturation, but in the substratum of a less conventional and rigid marital and social morality. This movement also opened the possibility of emancipation and transcendental idealizations in the context of mutual respect for their individual plans for life, but above all of appreciating the potential transformation of

values and ideals into generative actions in their marital and social relationships.

This vignette of a depressive-masochistic neurotic organization with paranoid traits illustrates the following impediments and intrapsychic changes in love relationships, pertinent to the frame of reference presented previously: 1) the pathological mourning for unrequited love derived from pathological idealizations and from a neurotically integrated ego-ideal; 2) the dissociation between the capacity to give and receive tenderness, on the one hand, and sexual excitement, erotic desire, and sexually passionate love, on the other; 3) sexual inhibitions connected to oedipal conflicts and superego restrictions; 4) the initial predominance of faulty, reparative, non-restorative, and faintly paranoid idealizations over depressively instigated and more integrated idealizations; 5) the pathology of the “conjugal superego” manifested in a conventional and persecuting marital morality, derived from the mutually reinforcing projection of sadistic, inhibitory, and prohibitive superego precursors; 6) the simultaneous “re-issue” and unconscious co-creation of regressive, transactional scripts in the couple’s relationship; 7) the indissoluble interplay of narcissistic and masochistic manifestations as part of the capacity to love and hate in love relationships, in normalcy as well as in pathology; 8) the emotional impediments that interfere with the sublimated integration of infantile, polymorphous sexual activity into adult life; 9) the absorption and toning down of aggression in the movement from “character masochism” to “sexual masochism”; 10) the exploitation of love relationships in the service of aggression in a “transitory, functional perversion”; 11) the sublimated reversion, in turn, from the exploitation of aggression in the service of intensifying erotic desires and passionate sexual love, and the gradual integration of infantile, polymorphous sexuality, to more integrated and differentiated love relationships; and finally, 12) the movement from paranoid and depressive idealizations to the potentiality for emancipating, transcendental idealizations, in the context of greater tolerance toward the irremediable, ambivalent nature of love relationships and the inevitability of clashes, misunderstandings, and frailties in everyday conjugal life.

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## ON DISCOVERING OTHERNESS OF MIND

BY WARREN S. POLAND, M.D.

One face, one voice, one habit, and two persons!

A natural perspective, that is, and is not!

—Orsino, on first seeing together the twins, Viola and Sebastian.

Shakespeare, *Twelfth Night* [V.i.214-215]

Bright at three and a half, she struggled insistently to make sense of the confusing, ever-expanding world around her. Brought by her mother to a new pediatrician for an examination, she stayed alert and took all in with her eyes. But her eyes widened further when the doctor's identical twin brother, with whom the doctor shared his office, entered the room.

Astonished, the little girl turned to her mother and demanded an explanation. "How can one person be two people?" she wanted to know. The mother answered as well as she could, starting with a reminder of fraternal twins who were in the little girl's preschool class, and going on to give as simple an explanation of identical twins as would seem both comprehensible and sufficient to her daughter's mind.

When at last the little girl's curious wonder felt satisfied, she looked again at the twin doctors, leaned over and, nodding toward the doctors, whispered into her mother's ear, "Do *they* know?"

This fleeting moment, like a single frame from a progressing film, captures an instant in mentalization—that point when awareness of the existence of others has not yet caught up with the fuller recognition that other people have independent and knowing minds of their own. Mastery of that conjunction, once established, remains fragile in adult life, its vulnerability likely accounting for many insensitivi-

ties, common misunderstandings, and perhaps even those problems that relate to an analyst's errors in timing that come from underestimating a patient's ego strengths.

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## BOOK REVIEWS

SOUL MURDER REVISITED: THOUGHTS ABOUT THERAPY, HATE, LOVE AND MEMORY. By Leonard Shengold, M.D. New Haven: Yale Univ. Press, 1999. 328 pp.

The tumult and the shouting over “recovered memories” appears to be dying, but the issue of child abuse and its pathogenic effects lives with us still. Taking his cue from Ibsen and Schreber, Shengold has, preeminently among “mainstream” psychoanalysts, elaborated the concept of “soul murder” as a metaphor for the infliction by adults upon children of sexual and aggressive traumatization, as well as massive affective deprivation and neglect. In a series of communications, of which this book contains the latest, Shengold has laid out patterns of character deformation seen in psychoanalytic work with adults with histories of such abuse, and has defined a clinical approach which, at least in some instances, he has found helpful in ameliorating these baleful consequences.

What distinguishes Shengold’s work from that of others who have staked out this field of interest is his judiciousness, his lack of dogmatism, his sensitive awareness of the nuances of individual development, and, not least, his elegant, lucid, and persuasive literary style. All these virtues are evident in this volume, which comprises, along with refinements in his theoretical views, a group of clinical studies and some remarkable psychobiographic essays on literary figures who, he contends, have been childhood victims of “soul murder.”

It should be noted that Shengold’s views on the subject are formulated in terms of classical Freudian psychoanalytic theory. For him, both the violence of the abusing parent and the conflicted rage of the abused victim are expressions of an instinctual drive with corporeal origins. The resultant character deformations are the consequence both of defensive struggles against sadomasochistic impulses, and of primitive,

largely anal fantasies of a cannibalistic nature, as well as of complex, ambivalent identifications with the victimizer(s).

Unlike the zealots of "recovered memory," however, Shengold is explicit in his assertion that the distinctions between the effects of "actual" abuse and fantasies of abuse are often difficult, if not impossible, to identify. He describes a number of patients who, attracted by their knowledge of his earlier writings, came to him for analytic confirmation of their convictions of parental abuse, only to find that, in the analytic event, such confirmation was not forthcoming, and that the analytic work focused on the evolution of their fantasy formations. In an appendix, he casts a very doubtful eye on the assertions of two colleagues who maintain that such discriminations are easy, and that the presence of "dissociation" seems to distinguish the one from the other. Such formulas constitute gross oversimplification of the complexities of transference and resistance which, he suggests, must induce measures of both benevolent skepticism and humility in the assessment of "truth" in such cases.

The reader is repeatedly brought up short by the range of Shengold's interests and the originality of his thinking. An instance is Chapter 3, "The Smell of Semen," in which he addresses a subject rarely, if ever, considered in the literature, but which he has found to be of concern, often of delusional proportions, in a number of his patients, some of whom had been the subjects of child abuse. He offers, too, a masterly discussion of the respective views of Freud and Proust on the subject of love, each of them emphasizing its narcissistic elements to the neglect of the kind of reciprocal object-love that is impaired in the victims of "soul murder."

Particularly striking is the extended pathography of Algernon Charles Swinburne, whose obsessive sadomasochistic preoccupations can, Shengold shows, be traced to experiences of caning by a "stunning tutor" (Coleridge's words) at Eton, and, more speculatively, to incidents or fantasies of being beaten by his idealized but often absent father. Acknowledging the difficulty in reconstructing such events on the basis of literary data alone, Shengold offers nonetheless a persuasive, literate, and scholarly account of the troubled life of this brilliant but tortured Victorian eccentric.

Less successful, for this reader at least, is a similar effort devoted to the American poet Elizabeth Bishop, whose imagery (and extensive psychopathology) Shengold traces in part to traumatic affective deprivation occasioned by her mother's psychosis. Images of moths and butterflies—the moth as victim, as mother-symbol—appear in Bishop's work, as well as in that of Virginia Woolf, and, Shengold maintains, were expressions of creative transcendence as well. Although his treatment of the moth as literary symbol is ingenious and original, it did not succeed in persuading this reader of the enduring value of Bishop's work.

One can, of course, carp a bit. In Chapter 5, Shengold discusses the ring as a “magical narcissistic symbol,” invoking Shakespeare, and of course Wagner—but he omits mention of the rings Freud gave to the members of his inner circle, surely a pertinent illustration of the point. One does at times sense an element of libidinal reductionism in his adherence to “anal” terminology; surely “mooning” (p. 171) constitutes “gluteal” rather than “anal” exhibitionism, and one can only applaud his decision to refrain from interpreting to a late-paying patient that “the money owed stood for the analyst's fecal phallus in P's anus” (p. 151).

Nonetheless, *Soul Murder Revisited* is a ringing testament to the continuing value of classical psychoanalytic principles in both clinical and extraclinical approaches to the understanding of human development, behavior, and creative achievement. Shengold's capacity for empathy and his ability to translate clinical observations into theoretical constructs are richly demonstrated in this work. It is strongly recommended to all who care about such matters.

AARON H. ESMAN (NEW YORK)



**BUILDING BRIDGES: THE NEGOTIATION OF PARADOX IN PSYCHOANALYSIS.** By Stuart A. Pizer, Ph.D. Hillsdale, NJ/London: Analytic Press, 1998. 220 pp.

A growing hope is that psychoanalysis can find a way to accept the co-relevance of social/adaptive theory and drive/conflict theory. For those of us thoroughly entrenched in classical intrapsychic-conflict thinking,

I highly recommend *Building Bridges*, by Stuart A. Pizer, as a Baedeker in the foreign land of intersubjectivity and relational therapy. Lucid and forthright, rich with detailed clinical illustrations of his theoretical perspectives, loaded with interesting useful metaphors and often movingly poetic, Pizer's book (in just over 200 pages) explicates his own views and those of theorists I have read but never understood or appreciated in the many ways Pizer makes that possible. Ralph Engle's encouraging comment to him is quoted in the acknowledgments: "The wheel needs to be reinvented again and again." Pizer does that exceedingly well. We see Winnicott's and Loewald's ideas particularly, along with Modell's and Ogden's, informing his understanding of the psychoanalytic process. But there are others unfamiliar (to me), also outstanding analytic thinkers—for example, Slavin and Kriegman—whose ideas about the mind's natural two-sidedness are mined, debated, and quoted liberally. Their referenced writings are my current essential reading.

Pizer's own special emphasis is on the central role that paradoxical thinking and negotiation theory can play in psychoanalytic technique. His Winnicottian perspective on paradox includes the intrapsychic complementary pairings of ruthlessness and concern, isolation and interdependence, privacy and interconnectedness. The capacity for paradoxical thinking is a developmental achievement. He argues that emotional trauma interferes with tolerance of paradoxical perspectives, both within the self and in one's relations with others. Trauma produces single-mindedness via dissociation. Vitally important as both a norm of development and a goal of treatment, negotiation among these paradoxical perspectives is (1) intrapsychic (charged with managing differences among our multiple "distributed selves"); (2) interpersonal (negotiating between us and others, who are truly separate with inevitable differences, but who also have a natural interest in connecting); and (3) intersubjective (negotiation involving deeper transference/countertransference disclosures and mutual impact and change). Patients, Pizer observes, have had shaping experiences that interfere with the development of their capacities for comprehending and holding in mind paradoxical, often contradictory, angles on experience. As a consequence, skills in negotiation are distorted or retarded.

Pizer's theory of therapeutic action is based on the patient and therapist engaging in a process of negotiation. Such a process is vitally necessary "to set ego development in motion" (quoting Loewald). The process of ongoing negotiation is mutualistic, intersubjective, involves the analyst's sharing of countertransference experiences (including revealing his/her subjectivity), requires alertness to the irritating or humiliating potential in the necessarily asymmetrical relationship with the therapist, and conceptualizes "resistances" in affirmative rather than oppositional terms.

Pizer mounts serious criticisms against classical analysis. The classical ideals of neutrality, anonymity, authority, and abstinence from enactment together represent an "anti-negotiation" attitudinal stance to the patient, "who is implicitly humiliated by being invited unilaterally to express her 'interests.'" One understandable reason for his bias against classical technique may be that several of his clinical examples fall outside the clinical spectrum recommended for (classical) analytic treatment. However, to focus only on the fact that his method proves better for patients with certain kinds of pathology misses his principal point. He critiques the classical stance as too cold, lacking in concern and sensitivity to patients' vulnerabilities.

While virtually every theorist (including Freud) confronts others' positions to make points more forcefully, I believe this common habit detracts from both the persuasiveness and usefulness of any new hypothesis. Because Pizer is not preaching to the choir alone, persuasion is impaired if the opposition is caricatured or if his portrayal is too harsh and invites our defense. When I say that such an attack also detracts from the *usefulness* of a presentation, I am suggesting that analysts need to give hypotheses like Pizer's a fully receptive hearing to see if they can be taken on alongside already entrenched convictions about theory and technique. This apparently is not easy. Discussing William James's pluralism, Jacques Barzun wrote, "The tragic element in history comes from the ingrained vice of one idea at a time." And then you can add Max Planck: "*Really* new ideas in science do not get *accepted*. Rather, old scientists die, and with them their impregnable apperceptions." Finding a way to handle the contradictions in very different theories has obviously presented major problems.

For me, given my own training, if I were asked what distinguishes a psychoanalytic point of view from other theories, I'd answer that it has to be Freud's model of internal conflict. Ernst Kris said it flatly: *Psychoanalysis is the study of the mind in conflict*. Today, however, there is no question that enthusiasm about intrapsychic conflict technique is in decline. The most current trend in psychoanalysis is in the direction of intersubjectivity, toward what Pizer is describing. The intersubjective theorist sees maladaptive (deficit-producing) past relationships and not intrapsychic conflict as the primary cause of neurotic misery.

So far, psychoanalysis has found no way to manage the incompatibility between techniques that are biased toward interpersonal considerations and ones that center on drive theory and intrapsychic conflict. *No bridges*. We apparently can't hold in mind two points of view that appear separately legitimate when they compete as explanations. Do we explain a clinical fact as the result of deficit or of conflict? It seems to be our nature to choose just one! Rapaport, an unusually insightful observer of the way psychoanalytic theory and technique evolved (and are still evolving), long ago recognized the problem posed by this two-sided picture:

We are infected with a kind of thinking: something peculiar a patient does is immediately interpreted in terms of dynamics, to the neglect of environmental conditions. It is a difficult job to create concepts which take account both of intrapsychological motivations and reality adaptations. [p. 587]

At that time, he said most agreed that the aim of treatment is to "liberate an individual from his crippling defenses." But on the other hand, how about social adaptation? That's obviously important too, but once you put your emphasis on that goal,

...you are all involved in the problem of social adaptation the way Adler, Horney, etc. [and then Sullivan, Kardiner, Rado, Fromm, etc.] were and the danger is that you begin to forget the intrapsychic determination. The balance between understanding unconscious motivation and finding the social niche

into which a person fits is not essentially a paradox, but people have chosen to do either one or the other... [pp. 587-588]<sup>1</sup>

While each point of view seems to compete for our exclusive attention, both seem to be necessary for optimal analytic work.

Pizer's clinical emphasis most often focuses on interpersonal/intersubjective negotiations, on clarifications of paradoxes and differences between the patient and others (particularly the analyst), and the negotiations that produce changes in understanding and mutuality. In addition, he recognizes important healthy nonnegotiable relational positions, including satisfactions and disappointments as the patient completes therapy at termination, that exist side by side in the quite remarkable case of his patient detailed at the beginning and end of his book.

While the clinical portions of his book in Part I were the most engrossing for me, Pizer, clearly an omnivorous reader, also provides fascinating brief presentations of others' theories. Some are psychoanalytic and some are not, like Benoit Mandelbrot's fractal geometry and Edelman's theory of neuronal group selection.

In Part II, which I'll mention too briefly to do it justice, he moves farther from his own clinical work to discuss the theory and practice of negotiation in different disciplines: dispute resolution, law, and diplomacy. He suggests that there are important lessons for these fields from our analytic struggles with paradox and negotiation; and, conversely, there may be much we can learn about negotiating technique from disciplines that have made long-time studies of negotiation.

To sum up, in his *Building Bridges*, Pizer examines contemporary relational/intersubjective theory and proposes therapeutic attention to deficits in the capacities for managing paradox and negotiation. My hope, perhaps too grand, is that Pizer in some future work can build a bridge to link the body of classical theory with his relational theory of technique. I am convinced that his singular focus puts him at a clinical disadvantage in at least one of the representative cases he presents. When he is "exclusively" focused on the interrelationship with his pa-

<sup>1</sup> Also see footnote, pp. 206-207 (*Rapaport's Collected Papers*) for more on this argument.

tient, Everett—a relationship which he ultimately judged “nonnegotiable”—I believe he is blinded to moments in which there is manifest demonstrable internal conflict, for example, moments in which Everett’s “intense aggression, rage, and hostility” come up to stop or undo statements immediately before expressing connection with Pizer. The hostility in these instances seems to me to operate as defense. Anxiety-reducing (defensive) hostility is not what these examples seem to represent to an analyst whose attention is on his own reactive feelings to the patient’s attack—his feeling of being taken aback, challenged, frustrated, inept, tied, naked, etc.

I think Pizer, and the rest of us, need both theories.

**MONROE PRAY (BETHESDA, MD)**

LAY ANALYSIS: LIFE INSIDE THE CONTROVERSY. By Robert S. Wallerstein, M.D. Hillsdale, NJ/London: Analytic Press, 1998. 455 pp.

Future generations of psychoanalytic historians will be indebted to Robert Wallerstein for writing a kind of history never written before. *The Talking Cures*, a volume of 600 pages, appeared in 1995, tracing the history of the relationship between psychoanalysis and the psychotherapies it had inspired. Only three years later, Wallerstein brought out another massive volume tracing the history of Lay Analysis in the United States. This volume may turn out to be of even more importance because it appears at a time when the problem of Lay Analysis is having an effect on the sense of identity of American psychoanalysts. What distinguishes both books is not only that they were written by a "consummate insider," who was himself a leading participant in the changes he now records; but equally significant is the fact that the author possesses an unusual sensitivity in describing a gradual process of change that takes place over decades until it suddenly becomes what the author calls a "sea change."

The first two chapters of the book deal briefly, perhaps too briefly, with the issue of Lay Analysis before World War II. These chapters culminate in the 1938 "rule" which stated:

...that psychoanalytic training in American institutes would be limited to psychiatric physicians, and that membership in the American Psychoanalytic Association would be barred to all non-physicians, except for a grandfathered handful of acknowledged and prominent psychoanalytic leaders like Peter Blos, Erik Erikson, Ernst Kris, and Robert Waelder. All of them were fully trained in Europe before 1938.

The 1938 rule represented a capitulation on the part of the International Psychoanalytic Association, which had been weakened by the liquidation of the psychoanalytic societies in Germany and Austria by Hitler. Freud himself, although gravely ill, was still alive, and all participants knew how deeply he cared about Lay Analysis. To him, the issue symbolized a belief that his discoveries were significant beyond the issue of psychoanalysis as a therapeutic method. Under the 1938 rule, psychoanalysis was to be a subdivision of American psychiatry.

In 1953, at the eighteenth IPA conference, another group of lay analysts, including Berta Bornstein, Hanna Fenichel, and David Rapaport, all of them lay analysts active in the US, were given the status of members at large of the IPA (p. 58). The new status gave official recognition to the fact that this second group of lay analysts had the status of training analysts within the American Psychoanalytic Association.

What feelings this position evoked in the lay analysts who were admitted under such stringent conditions can be imagined. Only one of them, Siegfried Bernfeld, expressed his deep disappointment, in a scathing criticism of psychoanalytic education. Bernfeld's paper was not published until 1962,<sup>1</sup> a decade after it was written, with an introduction by another lay analyst, Rudolf Ekstein. The reason for the ten-year delay in the publication of the paper is not mentioned by the author, but it belongs to the discussion of this topic.

The problem was further complicated by the fact that after 1962, a small number of psychologists received psychoanalytic training under the proviso that they would not practice psychoanalysis but would de-

<sup>1</sup> Bernfeld, S. (1962). On psychoanalytic training. *Psychoanal. Q.*, 31:453-482.



vote their energies to research within the academic establishment. Wallerstein was the chairman of the committee that recommended this admission. He regards those research candidates also as lay analysts. The book demonstrates that the issue of Lay Analysis haunted the deliberations of the APA until the issue was finally resolved through a class action lawsuit brought about by a number of clinical psychologists that successfully sued the APA and the IPA under the general heading of American anti-trust laws. The suit was settled by agreement under which the 1938 rule was abolished, permitting the admission of other analytic societies consisting mainly of psychologists and social workers into membership in the IPA. It also hastened a movement that had already been underway to open up training at analytic institutes within the APA to nonmedical applicants.

What is particularly interesting in this book is the insight it conveys into the issue of Lay Analysis never having come to rest within the APA. On one hand, for a very long time, the APA could not make up its mind about admitting nonmedically trained psychoanalysts as members. On the other hand, it continually debated the issue, and appointed committees which made recommendations that were never acted upon until the lawsuit forced a resolution. In my opinion, this irrational behavior can be explained only if we assume that the relationship to Lay Analysis was expressing an unconscious negative attitude toward Freud: a kind of collective oedipal attack upon him. Because of the ambivalence toward Freud himself, the question of Lay Analysis could not come to rest.

Throughout the 1950s, Lawrence Kubie advocated that a new profession with a new degree be created that would be based on the ideal training for psychoanalysts. Kubie never succeeded in implementing his plan, but Wallerstein did. One of the author's achievements was the establishment of a new profession with a new title, "DMH" (Doctor of Mental Health). Regrettably, this endeavor came to naught because neither psychiatrists nor psychologists showed interest in having a new profession supplant them.

In 1964, Maxwell Gitelson wrote:

I think the time has come for psychoanalysis to accept its identity as a separate scientific discipline whose practitioners can

be various kinds of intellectually qualified persons who are humanly qualified for the human experiment which is the psychoanalytic situation. [p. 446]<sup>2</sup>

A year later, in 1965, Kurt Eissler published a volume entitled *Medical Orthodoxy and the Future of Psychoanalysis* (New York: Int. Univ. Press), in which he painted a dark picture of what would happen if psychoanalysis were to continue to be nothing more than a branch of psychiatry. In 1966, Wallerstein began chairing the committee that admitted research candidates. In the same year, Stanley Goodman sponsored "The San Francisco Resolution": "It was to accord membership in the American to the nonmedically trained analysts in our various member institutes who, it was said, 'analyzed our candidates and treated our wives and our children' " (as quoted by Wallerstein in *Lay Analysis: Life Inside the Controversy*).

In 1983, George Pollock, past president of the APA, asked: "Can we really justify excluding excellent and very gifted people from our field because they may not have the long and arduous antecedent medical training before applying for psychoanalytic education?" (as quoted in *Lay Analysis*, p. 446).

Robert Michels, in 1982, put the matter as follows:

As a science, we aim to enrich the quality of our participants and want to be sure not to screen out any who might enrich our dialogue. As a profession, we have to be cautious about the people we present to the public as psychoanalysts... As a trade, like other trades, we traditionally try to restrict competition, limit membership, and train no more practitioners than the market will support. [As quoted in *Lay Analysis*, p. 132]

In a paper on Lay Analysis,<sup>3</sup> I described the typical experience of early lay analysts. They usually read Freud's *Interpretation of Dreams* or

<sup>2</sup> Gitelson, M. (1964). On the identity crisis in American psychoanalysis. *J. Amer. Psychoanal. Assn.*, 12:451-476.

<sup>3</sup> Bergmann, M. S. (1988). Who is a lay analyst? *Psychoanal. Rev.*, 75:361-372.

another of his books, and reading Freud resulted in such a profound experience that they decided to become psychoanalysts. Some of them then went to medical school, not because of any interest in medicine, but because medicine offered the royal road to becoming a psychoanalyst. Another group of lay analysts were first analytic patients and then changed their minds about their profession, probably out of identification with their analysts. In my opinion, the research candidates did not fit into this group; they were members of another academic profession with its own value system. It follows from this distinction that I also do not regard the lawsuit as a victory for Lay Analysis, but only as a battle between two professions for the right to be called a psychoanalyst.

Wallerstein concludes his book on an optimistic and affirmative note:

With the final accommodation and reconciliation—with the settlement of the lawsuit and the changes in the American and in the IPA—the balance has tipped in the direction that Freud initially posed for us: psychoanalysis as a distinct discipline.

The change of identity is expressed in the following: “It is no longer that I am a physician who has specialized in psychiatry and, within that, psychoanalysis as a new understanding in trying to ameliorate human mental and emotional distress.” Rather, the new identity states: “I am in the first instance a psychoanalyst, and secondarily, came to it by any of a variety of roots indicated.”

Lay Analysis, as I define it, came into existence at a time of great hope that the Freudian revolution would bring about a profound change in Western society; it was predicated upon the belief that psychoanalysis was more than just a healing profession. Psychoanalysis has fundamentally affected the climate of opinion during the twentieth century, but the early optimistic view has given way to a more realistic appraisal of what psychoanalysis can and cannot bring about. The new identity that Wallerstein envisions is more restricted in scope and confined to psychoanalysis as a healing profession. Strictly speaking, the societies that were admitted to the IPA were not, in my definition, societies of lay analysts, but societies built on the Eitingon model, which in my view is

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conducive to orthodoxy.<sup>4</sup> If indeed the change in identity that Wallerstein envisions will take place, it will eventually be reflected in published psychoanalytic literature. So far, such a change, in my view at least, has not taken place.

**MARTIN S. BERGMANN (NEW YORK)**

<sup>4</sup> Bergmann, M. S. (1993). Reflections on the history of psychoanalysis. *J. Amer. Psychoanal. Assn.*, 42:929-955.

THE ANALYST AND THE WORKING ALLIANCE: THE REEMERGENCE OF CONVENTION IN PSYCHOANALYSIS. By Heinrich Deserno, M.D. Madison, CT: Int. Univ. Press, 1998. 167 pp.

When Greenson<sup>1</sup> elaborated his concept of the working alliance, he proposed that “the working alliance deserves to be considered a full and equal partner to the transference neurosis in the patient–therapist relationship” (p. 191). In this view, the working alliance, anchored to the real relationship between the patient and the analyst, secures the analytic effort. The patient complies with the basic rule that slowly permits derivatives of the infantile conflicts to appear as transferences to the analyst. The transference neurosis as it emerges opposes the rational ego because it is, by definition, regressive and seeks to repeat infantile object relations and gratifications. Working through, in Greenson’s view, was contingent on recruiting the patient’s working alliance to analyze the regressive transferences.

Over the last thirty years, the concept of the working alliance has had its critics and its advocates. Yet it has never achieved the status that Greenson had hoped for. Rather, most analysts acknowledge that episodically during a robust-enough analysis, the analyst and the patient struggle together against failed understandings and turbulent affects to work together to reveal the patient’s unconscious conflicts.

Acknowledging and citing the vast American and German critiques of Greenson, Deserno believes that this extensive literature does not

<sup>1</sup> Greenson, R. R. (1967). *The Technique and Practice of Psychoanalysis*. New York: Int. Univ. Press.

probe deeply enough into the historical and social context that shaped Greenson's theory. Working as he did during the 1950s and '60s, Greenson, in Deserno's view, was deeply immersed and influenced by the prevailing understanding of ego psychology and the debates about the "widening scope of analysis."

In my view, the "widening scope" of psychoanalysis and the formation of ego-psychological theory led to a situation where psychoanalysis gradually and imperceptibly started subscribing at least in part to a reassessment of the physician's power of definition in the analytic situation, something which Freud had jettisoned in favor of his own method. The dogma resulting from Greenson's reduction of the notion of transference to an "inappropriate reaction" and the birth of the working alliance concept represents important milestones in this development. [p. 122]

Deserno documents this assertion in a detailed examination of Greenson's analysis of Mr. Z. In his critique of Greenson's work, Deserno concludes that "*whenever he could go more deeply into the question of how Mr. Z experiences his analyst's approach, Greenson instead makes a comment on the state of the working alliance*" (p. 52). Greenson apparently never considered that his technique and his allegiance to the working alliance were the real culprits. Further, Deserno asserts that Greenson's repetitive insistence that his patient "work" was experienced by him as a superego injunction containing social ideals, norms, and conventions. Rather than investigating with Mr. Z his conflicts about complying with the basic rule, Greenson simply hectored his patient.

To illustrate the alternative, Deserno cites in detail from the analysis of Ms. B, which had approached an impasse when the patient returned from the first summer break. Ms. B complained that Deserno had been putting too much pressure on her. She became increasingly silent and selective in divulging her thoughts. The hours became increasingly tense. For a while Deserno was able to manage his mounting impatience and anger over Ms. B's refusal to work. He found himself having fantasies of violent revenge after hours that led him to make some "wild interpretations." Reflecting on these matters, Deserno

concludes he had fallen into a “Greenson trap.” “I had imperceptibly developed expectations and requirements about what Ms. B should be doing in analysis. These expectations and requirements revolved around a notion of ‘proper’ analysis, a notion that Ms. B refused to comply with” (p. 74). Catching himself in this transference-countertransference straitjacket, Deserno embarks on a journey of self-reflection. He begins to analyze for himself what in the patient’s unconscious mind may be evoking his revenge fantasies. He gropes for meanings for the unconscious intentions of Ms. B. He floats some interpretations that ultimately strike a chord in the patient. The patient had been hung up by the power differential between herself and her analyst. Deserno emphasizes that “it is not by any means my intention to query the expert authority of the analyst. What interests me is the transition from this expert authority to a position based on the unreflecting exercise of the power of definition, as exemplified in the adjective ‘correct’ or ‘proper’” (p. 74).

Deserno emphasizes: “A *technical procedure geared to conventions not identified as such is no less hazardous for the creation, maintenance and termination than those of the analyst’s affects and fantasies (in the sense of countertransference) that escape his self-reflection*” (p. 123).

These latter considerations, the imperative that the analyst engage in an ongoing analysis of his countertransference, leads Deserno to his definition of the working alliance: “*The validity of the working alliance concept is restricted to the analyst; that means that (in the first instance) the analyst forms a working alliance with no one other than himself.*” It seems arbitrary, in my opinion, to define the working alliance in this way because it abandons the generally held view that the working alliance is a collaborative venture.

As I read this book, I wondered why Deserno seems so urgent in his narrative. Indeed, in his “Epilogue to the English Language Edition,” he tells us, “There were colleagues who felt that I was ‘beating a dead horse,’ dealing with a subject which had outlived its relevance” (p. 130). Deserno further acknowledges that he knows currently no one works the way that Greenson did. But, once again, Deserno is spotting trends in psychoanalytic theorizing that might put the precious core of psychoanalytic theory—the instinctual nature of Man—at grave risk, much as

ego psychology did during the 1950s and '60s. Deserno believes that these new "crazes" are narcissism theory, neo-Kleinian theory, and intersubjective theory. It is true that there is greater American pluralism than ever before. And even if many American readers agree that Deserno's book is "beating a dead horse," they may also endorse the reasons that prompted him to write the book.

A warning to the readers of this English translation: It appears that the translator, Andrew Jenkins, permitted himself no freedom in rendering the German text into easily read English. It is a very literal translation.

**MORRIS L. PELTZ (SAN FRANCISCO)**



WORKING IN DEPTH: A CLINICIAN'S GUIDE TO FRAMEWORK AND FLEXIBILITY IN THE ANALYTIC RELATIONSHIP. By Elliot Adler and Janet Lee Bachant. Northvale, NJ: Aronson, 1998. 294 pp.

As Martin Bergmann writes on the dust jacket, the authors should be complimented on the way in which they have conveyed an overview of the discipline with "an understanding of the special difficulties of these times." They manage to speak both of structure and of flexibility in ways that would have dazzled an old-fashioned structuralist. They suggest that the unfortunate dichotomy of approaches to the transference (whether it is "co-constructed by both parties of the analytic interaction or brought to it by each participant") can be eliminated by their distinction between "adaptive and archaic transference" (p. 90); that another unfortunate dichotomy between the "intrapsychic and interactional dimensions of resistance" (p. 111) can be done away with by realizing that in our contemporary world, "there are incalculable ways in which the analyst's personal subjectivity contributes to the development of resistance" (p. 124), since "ultimately the choice of what to accept and what to struggle against must reside with the patient." The authors deal with controversies about countertransference by revising their definition of countertransference, so that it "follows from our understanding of psychoanalysis as an emotional engage-

ment that stimulates and provokes both partners of the relationship but maintains the explication of the internal world and adaptive struggle of the patient as the primary goal of interpretive activity" (p. 137). As for interpretation, its goal is to decipher "irrational logic...patterned on a coherent deep structure of the psyche" (p. 227). Rather than wondering about just what is meant here by a "coherent deep structure" (Would it be deep if it were not coherent? How is it patterned?), the reader is swept along and soon thereafter told that, according to Adler and Bachant, in interpretation central importance is given to "balancing an ability to maintain an empathic focus on the affective core of the patient's experience with an awareness of the centrality of reasoned deliberation" (p. 229), and that one must not overlook the "integration and interdependence of insight and relationship factors." Exhibiting a most skillful balancing act, the authors review an astonishing range of psychoanalytic literature, finding that it can be packaged to suit contemporary tastes, provided that one leaves out or explains away conflicts between theories and theorists.

Since the earliest days of analysis there have been basic differences of approach, of theory, and of personality, among which and among whom psychoanalytic practitioners have been forced to choose. Are the authors suggesting that, just because we have entered a contemporary world of political correctness, all these conflicts just fall away of their own accord?

Despite having dealt admirably with the herculean task of justifying discrepant theories, like so many margins on an untidy manuscript, the book fails to satisfy. In the end, this reader longed for a lively argument in which, rather than being explained away in favor of an all-encompassing purview, theoretical differences could stand up and fight. Readers will look in vain for any overt, rhetorically sophisticated, partisan demonstration of a particular theoretical view. In the world of Adler and Bachant, no position is without merit; all are worthy. Their "contemporary" view makes all theoretical differences equally important, and ultimately equally irrelevant.

Paradoxically, the premium placed on reconciling theoretical differences in contemporary psychoanalysis, as in cultural, musical, liter-

ary, and artistic criticism, has the effect of making all theories equal, so that whoever happens to be synthesizing can, as it were, look out unrivalled at his or her dominion. In this respect, Adler and Bachant—and many other contemporary writers—are levelers and perhaps unwitting deconstructionists. This reader came away feeling that, however impressive the synthesis, somehow the soul of analysis was missing—the way one might react after reading a brilliant review of a concert from which no listener can in any way find his or her way back to the musical experience.

**BENJAMIN KILBORNE (LOS ANGELES)**

THE CULTURE OF SHAME. By Andrew P. Morrison, M.D. New York: Ballantine Books, 1996. 225 pp.

Andrew Morrison's latest book, *The Culture of Shame*, provides a rich array of perspectives on shame. The book is exceedingly readable and virtually jargon-free. When Morrison does present theory, he does so in a very readable way, which could be easily grasped by someone not schooled in psychoanalytic literature.

The greatest strength in Morrison's writing is that he allows the reader to think and feel with the clinician himself, as he recounts various vignettes and then reflects upon them, particularly in light of the phenomenon of shame. One does wish that the vignettes were a bit more detailed and extended. The manner in which they are presented surely is affected by Morrison's wish to conceal the true identity of the individuals mentioned. The clinician, particularly the psychoanalytically trained reader, will long for more depth and detail of analysis. Nonetheless, the book is readily accessible to general readers at the same time that it provides many valuable insights for clinical work. The honesty with which Morrison reflects upon countertransference as well as transference reveals, more than anything else, the authenticity of his insights. It is particularly notable that Morrison is not afraid in his vignettes to reflect on his own feelings, and particularly to demonstrate how much he cares about the patient.

Recognizing the prevalence of narcissistic characteristics in our

present time, Morrison notes that shame has progressively been identified as one of the most significant feelings people experience. Surely narcissism and shame are intimately related, and Morrison describes it as "the gap between what we wish to be or think we should be, and what we believe we are." It is in experiences which lead to feelings of embarrassment, self-loathing, and humiliation, by which weaknesses and defects come out of concealment, that shame is recognized at the core of self-experience. Morrison notes that in earlier psychoanalytic theory, shame was not considered a relevant focus, but was treated only as a source of resistance against other drives and feelings; thus, Freud saw shame as a defense against sexuality and its drives, and at other times, as a feeling and an affective experience. Morrison posits that bypassed shame has been a major cause of failure in psychotherapy. Ultimately, it is the human awareness of self as the "other sees me" that makes therapy possible.

There is a certain contagion to shame which makes it very difficult for even the analyst to stay with the analysand and to share the experience of shame. Morrison reviews other approaches to understanding shame as the product of interpersonal relationships rather than the internal moral conflict leading to guilt: the primitive preoedipal need and attachment, or the passive quality associated with feminine experience as opposed to the active oedipal striving that Freud considered more closely related to masculine experience. Morrison distinguishes a primary shame that lies at the very core of one's existence, making genuine self-acceptance impossible. Shame often goes unrecognized or turns into anxiety or depression, which may serve to veil or conceal shame. Morrison recognizes the psychoanalytic dynamic by which shame resorts to internalized figures who once viewed the individual in such a way as to create shame and who continue to be the reference or standard by which the individual measures him- or herself, leading to a sense of unlovability.

Exploring shame in early childhood, Morrison considers varying degrees of shame sensitivity, largely determined by the quality of interaction with the family, and in particular, between the baby and his or her mother, reflecting varying degrees of security, trust, and self-esteem. In the experience of separateness, involving comparison and competi-

tion, lies the formation of ideals of acceptance. If these ideals are unattainable and if the earliest childhood experience has not allowed for the development of resilience, there is a high propensity to shameful feelings.

Morrison explores the connection between the experience of shame and the incidence of childhood sexual abuse, reflecting upon this in light of Freud's seduction theory. Eating disorders are explored as shame-infused conditions seeking to maintain absolute control over unacceptable feelings by achieving perfection. The solution sought through anorexia or bulimia entails a desperate attempt to fill up, to take away feelings of emptiness and despair. Drug addiction and alcoholism likewise try to drown out pain or to act out self-destruction of the shame-drenched vision of oneself. Physical disabilities and chronic illness can lead to the painful and shameful experience of patienthood, as can other enduring conditions such as infertility, poverty, and the aging process. Sexism and other types of discrimination are also examined.

Morrison considers the strategies that can be undertaken in dealing with shame, such as seeking to develop more flexible ideals and to explore internalized figures who inflict a continuing sense of shame. The popular twelve-step recovery programs are critically considered, while emphasizing the need to "take action" in a way that requires internal reflection. Shame is fundamentally an experience within a relationship, which means that the relationship established in psychotherapy can potentially be healing through the internalization of new experiences of others who are not condemning or judgmental. This is possible because the psychotherapeutic relationship is at once real and unreal, operating through a process of transference and countertransference, and focusing on three central factors in shame-focused psychotherapy: the patient's vulnerability to shame; the therapist's contribution to the shaming process in psychotherapy; and the potential use of shaming experiences as ways of transforming shame through the transference. For Morrison, it is not so much a matter of lowering one's ideals as of reconstructing them.

Morrison completes his study of shame in its relationship to depression, noting the biochemical carriers of shame and the need to

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recognize this significant factor in the treatment of depression and shame. He likewise explores the attempted solution that the manic flight into suicide may accomplish.

This highly readable book provides many insights for the clinician, and also allows these insights to trickle into the awareness of a more popular audience.

**THOMAS ACKLIN (LATROBE, PA)**

FREUD AND HIS APHASIA BOOK. By Valerie D. Greenberg. Ithaca, NY/London: Cornell Univ. Press, 1997. 207 pp.

The recent exhibit from the Freud Archives at the Library of Congress and at other institutions, and the intense interest and controversy it aroused, give testimony to the ongoing significance of the contributions of the father of psychoanalysis to a wide variety of intellectual endeavors. This scholarly volume is the product of a psychoanalytically informed academic, Professor Valerie D. Greenberg, Professor of German and acting Dean of Newcomb College at Tulane University. This is an in-depth study of Freud's book on aphasia, first published in 1891 as *On Interpretation of the Aphasias: A Critical Study*. Greenberg notes that the aphasia book was the first of Freud's publications of which he was the sole author, and while it was a seminal document in the early history of psychoanalysis, she observes that it received little attention compared to his later works. While the book was dedicated to Joseph Breuer, suggesting Freud's recognition of Breuer's influence on psychoanalysis, it nevertheless was written from the perspective of Freud as a neuropathologist. In addition, the author demonstrates how Freud incorporated influences from the sciences of linguistics and psychology to inform and broaden his perspective on the symptoms and the theoretical formulations of the pathology of aphasia. Indeed, Greenberg provides an exhaustive review of the many and varied sources in the literature that may well have influenced Freud, from the point of view of intellectual stimulation and with regard to deriving concepts for rebuttal and refutation. The author also succeeds in demonstrating how Freud's "associationist" point of view about brain function was more



congenial to contemporary neuroscientific theory than to the predominant concepts of anatomic localization that were preeminent among neurologists and neuropathologists of his era.

As a matter of fact, one of the virtues of this book is the author's capacity to weave a fascinating matrix of historical context, encompassing not only Freud's neurological forebears, but his linguistic and psychological ones as well. There is even fascinating psychodynamic speculation about Freud's apparent siding with the associationist English neurologists, such as John Hughlings Jackson and James Ross, in contrast to his intellectually rebellious attitude toward his German-speaking contemporaries, who were predominantly of the anatomical localization school of thought. In this way, both his Anglophilic proclivities and his rebellious, pioneering nature are expressed through his scientific preferences as they related to aphasia, and indeed as they related to other aspects of his life and work.

To the obvious delight of the author, it is made apparent that Freud sided with the theories of Berthold Delbruck and Hermann Paul, who were linguists, as opposed to the positions of the academic psychologist, Wilhelm Wundt, and the various anatomic formulations of the physicians Meynart, Wernicke, and Lichtheim, among others. The linguists were functionally associationist and evolutionary in their approach, and indeed Freud emphasized a functional interpretation of damage to the language apparatus, as opposed to a fixed, determined, anatomically bound theory. He was strongly influenced by those who distanced themselves from a concept of a specific language or speech center, seeing speech as the product of multiple pathways. This point of view, espoused by Freud in his theory, is much more congenial to contemporary neuroscientific views of brain function, as opposed to the fixity and predetermination implicit in the school of thought championing anatomic localization. As to the issue of how much language function pre-exists innately in the brain, Freud's point of view finds congeniality among those thinkers who stress the importance of the role of experience and development.

Through acquaintance with the work of Paul and Delbruck, among others, Freud was clearly on the side of acknowledging the infinite complexity of language and its evasion of reductionistic explanations.

In addition, these thinkers clearly formulated their theory on the basis of an acceptance of unconscious determination, as well as of mutability. Such mutability is evocative of the contemporary work of Eric Kandel on the organism aplysia. In short, one sees that Freud's scholarly research, which formed the basis for his monograph on aphasia, provided him with intellectual ferment to psychodynamically psychologize his neuropathology, with ramifications for his future theory-building in psychoanalysis proper.

Indeed, the author perceptively traces the impact of Freud's sources on his later work beyond aphasia. For instance, the impact of emotion is traced to Freud's perusal of Bastian's "The Brain as an Organ of Mind," which enunciated the principle that feelings modify intellectual operations and volitions. In tracing the various intellectual controversies in which Freud engaged, and in discussing the varied sources of his work on aphasia, Greenberg demonstrates how skilled a master of rhetoric he was in framing his arguments in a concise, logical, and cogent form, in contrast to many of his intellectual adversaries. Indeed, in his taking on these various contemporary luminaries in the fields of psychology, neurology, and linguistics, she demonstrates how, as she puts it, "the process of discovery is driven by motivations rooted in Freud's persona at this time: discovery is always implicated in a web of feelings, drives, and cultural values, masculinity not being the least of them." The author also traces the role of racism, cultural elitism, nationalism, and prejudices of ethnic superiority in the history of theory-building concerning the nature of language and its implications for pathology.

Greenberg fascinatingly weaves together the strands of technical detail, historical context, personal biography, and psychic determinism as they impact on this seminal work. This volume will inform and stimulate those who are interested in the neuropathology and psychopathology of aphasia, the theory of linguistics, the history of psychoanalysis, and the personality and intellectual style of its founder. It is a compelling, interesting read that will satisfy many tastes.

WARREN H. GOODMAN (GREAT NECK, NY)

**SIBLINGS IN THE UNCONSCIOUS AND PSYCHOPATHOLOGY.**

By Vamik D. Volkan, M.D. and Gabriele Ast, M.D. Madison, CT: Int. Univ. Press, 1997. 184 pp.

Vamik Volkan has collaborated with Gabriele Ast from Munich, Germany, to address the important issue of the role of the sibling in intrapsychic life. They have produced a stimulating and lively text, containing many case histories that show the sibling presence deeply etched within the fantasy life of individuals. The book describes constellations of fantasies which the authors find emblematic of the roles that siblings play in relation to the patient and his or her own developmental issues, as well as the internalized, reflected dynamics of the parents and other members of the family.

The authors do not comment on their rationale for the shape of the chapters. In this respect, the book as a whole is hard to follow. (This randomness is actually announced on the book jacket, which entices the reader with a sensational, if playful, but seemingly unconnected, list of contents—from “womb fantasies” to “Easter neurosis”!) An approach to the book is to view it as a kaleidoscopic perception of the dynamic meanings of all the possible sibling-related fantasies that these enthusiastic and imaginatively gifted authors could detect in these patients. The theoretical orientation is ego psychological, with an enhanced appreciation of object relations components and exquisite attention to separation-individuation issues.

The authors make clear their appreciation of Anna Freud as opposed to Melanie Klein. However, when a writer renders primitive fantasies as aptly as is done here, or is so cognizant of even the intra-uterine fantasy of a child’s wish to displace the paternal phallus from within the maternal womb, or the child’s rageful desire to eviscerate the maternal body, I wonder why a debt to Klein cannot be acknowledged. She was the first to draw sustained attention to such primal fantasies, even if, as an ego psychologist, one disagrees with her premise that they are inborn. Volkan and Ast—individually, together, and with other collaborators—have an abiding interest in the infantile psychotic self, as evidenced by their work on “wider-scope” patients, borderline states, and the “psychotic core.” Accordingly, they are

comfortable with and unafraid of their adult patients' deep regressive engagements, as described in their present book. Perhaps their interest in more disturbed patients has contributed to their ability to offer for our perusal this yield of rich fantasy in patients generally in the neurotic spectrum. They point out that siblings have often been a topic for child observers, but that there is little before a decade ago in the still sparse literature about their place in the unconscious life of adults.

We read here about adults who, as the eldest siblings in families, have long-standing dynamic issues stemming from their experiences of younger siblings as intruders, and about the meanings of insects or animals as psychic representations of unwanted siblings. Sibling rivalry is elaborated in terms of primitive, rivalrous intrauterine fantasies. The tale circles about murderous rage, guilt, and reparation, and their expressions in mental life. Gender construction is touched upon in relation to experiences with opposite-sex siblings. Defective siblings appear in different stories, and especially in the chapter entitled "To Kill or to Repair." It contains the case of Mira, who was analyzed at eighteen years of age, presenting with psychosomatic complaints, whose Down's syndrome brother was born when she was two.

Then there is an elaboration of Volkan's term, "deposited" transgenerational representations—part-introjects traceable to the unconscious of the parent now taken into the child under traumatic influence, repressed, and gradually treated by the child as ego-syntonic. The term "projective identification" is not employed in the clinical understanding, but a theoretical pluralist might be helped here by this common concept. Replacement children and adoptive children feature in this chapter, as well as a dramatic account of the warring internalizations of a disturbed woman, Frances, who had been adopted to make up for a dead uncle, Francis. A chapter follows about twinning fantasies in those who are not biological twins. Variations on the theme of living with an internalized dead sibling are offered; and the last clinical chapter reveals a fascinating case of Ast's: a woman, Gisela, whose dead brother notably represented her internal phallus.

At the end, there are two summarizing tables: seventeen cases which

the authors have drawn upon and tabulated by gender, under categories of the mix of symptoms and the described unconscious fantasies associated with their sibships.

At the beginning of the book and again at the end, in a chapter curiously labeled "Diagnosis," Volkan and Ast assert that they want to keep their findings within the realm of illumination of psychopathology. But one wonders if this is a position that could court premature closure on an issue about which they encourage more accounts and research. A question arises as to what extent we are dealing here with more extreme variants of the ubiquitous. It may be that many of these primitive rivalrous, and variants of symbiotic, fantasies from oral and anal levels of narcissistic organization, as well as from oedipal organization, are present in many analysands whose primary complaints are not perceived by analysts to originate from these sources or to be "explained" by them. The presence of such fantasies is certainly convincing in these treatment accounts, but the quality of undoubted centrality to the psychopathology that the authors claim may be still be open to question.

Some of the authors' cases seem to show borderline psychotic pathology, and some of the other data from those with neurotically organized character psychodynamics is from regressive states induced by the analyses. Unconscious sibling fantasy may lie in that gray area of tautology between normality and pathology. For example, if a grieved object is normally metabolized by being subjected to internalization, why would it necessarily be pathological to discover its entanglement with a layer of developmental fantasy likely operating at the time of the loss? This question, however, in no way detracts from the authors' overall findings, or even the main value of the book. I believe that Volkan and Ast could make a wider claim than they do about the ubiquity of internalized sibling fantasy, which forms wide-ranging individual psychic patterns and expressions, whether in relative health or sickness. These authors demonstrate masterfully the variety and impact of sibling fantasy in intrapsychic life, and they have explored further a topic worthy of more attention.

ROSEMARY H. BALSAM (NEW HAVEN)

BETRAYED AS BOYS: PSYCHODYNAMIC TREATMENT OF SEXUALLY ABUSED MEN. By Richard B. Gartner. New York: Guilford, 1999. 356 pp.

... those that are betray'd  
Do feel the treason sharply.

—Shakespeare, *Cymbeline*

Childhood sexual abuse has occupied a central place in psychoanalytic theory, frequently being the focus of acrimonious debate. For many years, reports of childhood incest and other forms of childhood sexual abuse were largely discredited as fantasies. In fact, Ferenczi's<sup>1</sup> paper describing the lasting effects of childhood sexual trauma gave rise to a heated debate between Ferenczi and Freud, who did not share his former student's viewpoint. Almost seventy years later, the debate continues, perhaps in a somewhat different form. We now hear that pseudomemories of childhood sexual abuse can be—and have been—implanted during therapy.<sup>2</sup> As a result, it is often difficult to differentiate false memories from recovered memories of actual occurrences.

Notwithstanding current controversies, extensive and well-thought-out empirical research has focused on various aspects of actual childhood sexual abuse and its consequences. Interestingly, most of this research has studied women as victims and men as abusers. Richard B. Gartner deserves praise for his new book, *Betrayed as Boys: Psychodynamic Treatment of Sexually Abused Men*, which lends balance to this previously lopsided area of inquiry. Gartner points out that male sexual abuse is underreported and has received comparatively little study, at least partly because sexual relations between boys and adult women are not considered abusive or unwelcome. "If boys have premature sexual experiences, especially with girls or women, they are thought to be 'sexually initiated,' not molested" (p. 42).

<sup>1</sup> Ferenczi, S. (1933). Confusion of tongues between adults and the child. Reprinted in *Contemp. Psychoanal.*, 1988, 24:196-206.

<sup>2</sup> Brenneis, C. B. (1997). *Recovered Memories of Trauma: Transferring the Present to the Past*. Madison, CT: Int. Univ. Press.

As the various research studies reveal, the frequency of sexual abuse of both women and men is staggering. For example, Russell<sup>3</sup> conducted in-depth interviews of randomly sampled women and found that approximately thirty percent had been subjected to direct childhood sexual abuse involving some form of contact; and over fifty percent had had noncontact abusive experiences (e.g., an adult being sexual in some manner in front of a child). A similar carefully done research study was conducted with a male sample.<sup>4</sup> Here, seventeen percent of men reported inappropriate sexual contact by age sixteen, and an additional ten percent reported inappropriate noncontact sexual activity by that same age. Thus, approximately twenty-five percent of men evidently have experienced some type of sexual abuse.

Gartner approaches the topic of male sexual abuse, and the psychodynamic treatment of such victims, in a mature and thoughtful manner. He is open-minded, sensitive, and respectful of different points of view, and he does not get caught up in current therapy fads or take sides as a zealot in popular debates. "If a man claims that premature sex that took place in an abusive situation was not traumatic, or even claims that it was desired by him, we must accept this as a possibility. At the same time, we must continue to listen for other, less conscious reactions" (p. 18). Gartner's discussion of the thirty-eight cases presented in his informative, lucid, and insightful book clearly reveals his erudition in the area of sexual abuse.

Following several early chapters, where he informs the reader of research findings and myths of boyhood sexual victimization, Gartner details various aspects of sexual abuse of men—its consequences and treatment. He reports several ways that men cope with being abused and explains how the experiences affect their sense of masculinity. He then discusses the impact of same-sex abuse and the effects of the chronic boundary violations that typically occur in incest cases.

Dissociation as a defense against dealing with the trauma of abuse

<sup>3</sup> Russell, D. (1986). *The Secret Trauma: Incest in the Lives of Girls and Women*. New York: Basic Books.

<sup>4</sup> Lisak, D., Hopper, J. and Song, P. (1996). The relationship between child abuse, gender adjustment, and perpetration in men. *J. Traumatic Stress*, 9:721-743.

is covered in Chapter 7. In the following chapter, Gartner explores the impact of abuse on men's relationships in later life. Particularly common reactions of abused men are distrust of authority figures and a need to maintain emotional distance from others, even in the context of intimate personal and sexual relationships. Chapter 9 notes specific problems encountered in individual psychodynamic treatment, especially in the areas of transference and countertransference. Gartner believes that "countertransference denial" is common, as the therapist struggles with the protracted intensity of treatment with sexually abused men. "Like the patient, the therapist may try to keep the experience unformulated and unsynthesized. After all, trauma by definition is an event that seemed impossible in the patient's world view, and may seem equally impossible to the therapist" (p. 257). He urges therapists not to "retreat emotionally because of the countertransferential horror we do indeed inevitably feel" (p. 324). The final two chapters cover practical issues of the therapist's gender and the value of group therapy.

Since about twenty-five percent of men have experienced some form of childhood sexual trauma and are coping with problems stemming from such betrayal, this book is recommended reading whether abuse is the focus of treatment or not. Gartner presents effective strategies for dealing with such difficult childhoods by blending insights from trauma work with his interpersonal psychoanalytic perspective. In this much-needed volume, Gartner presents new information and new enlightenment that help unravel the tangled cultural, developmental, and dynamic issues that shape men's reactions to early sexual abuse.

**LOUIS B. SCHLESINGER (MAPLEWOOD, NJ)**



ADOLESCENT BREAKDOWN AND BEYOND. Edited by Moses Laufer. Madison, CT: Int. Univ. Press, 1997. 156 pp.

This slim volume has two almost equal parts. The five chapters of Part One comprise a general introduction to Moses and Eglé Laufer's concept of adolescent breakdown. This section begins with a clear description by M. Laufer of their observations and ideas about the challenges of adolescent development and the consequences when the tasks are

aborted or avoided. It is really, he suggests, a “breakdown of a process of development” (p. 77), which has its antecedents in earlier neglected developmental failures; in his view it is a last opportunity for assistance before lifelong, significant distortions of character occur. Two clinically illustrative chapters follow. The chapters are written respectively by K. Mehra and E. Laufer and, through clinical example, illustrate how these developmental challenges and struggles appear specifically in male and female adolescents. M. Friedman and E. Laufer then describe the clinical vicissitudes of working with such adolescents. H. Wilson provides the final portion of Part One: a discussion of the emotional stresses and strains experienced by the helping person.

Part Two presents the proceedings of the Brent Adolescent Centre’s 1995 conference, and it is from this event that the book derives its name, *Adolescent Breakdown and Beyond*. Once again M. Laufer begins the discussion, this time by defining breakdown in juxtaposition with the normative tasks of adolescent development. This is followed by D. B. Bellman’s paper on “Pre-Therapy” and S. Flanders’s on “Therapy,” in which the authors lucidly describe working with “Mary,” who is introduced as a girl of twelve, with some real strengths among formidable weaknesses, conflicts, and environmental constraints. It is moving to read how Mary moves from infrequent but meaningful contacts and letters with Bellman over six and one-half years to accepting and working in psychotherapy with Flanders. But the authors are open about the significant stresses they endured while keeping lines of communication open and the importance of collegial consultation as a bulwark against withdrawal. A. Bateman then describes the “Later Consequences of Adolescent Breakdown.” Each paper has a discussant, and in the last chapter there is a panel discussion which includes comments from the floor.

Despite the many contributors, the monograph achieves a consistently readable style: there is little psychoanalytic jargon, the material is experiential and descriptive, and considerable respect is given to both therapists and non-therapists who collaborate and struggle to help these youngsters. This quality of respect threads its way through the various chapters and is even conveyed in the comments from the floor. One obtains a sense of what it is really like to work with such youngsters, as

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well as the struggles and conflicts they endure.

Since the Laufers have already presented their observations and conceptualizations in books and numerous articles for the experienced analytic clinician and knowledgeable theoretician, I wondered, then, for whom is this volume intended? In my view, *Adolescent Breakdown and Beyond* would best serve as a text for non-clinicians who work with adolescents, e.g., teachers, guidance counselors, and youth workers in various situations such as probation or social services. I believe they would find the insights useful. I personally plan to make this book available to the staff of an inner-city high school with whom I consult and for whom a psychoanalytic perspective has been largely unavailable. Laufer and his colleagues are to be thanked for the work they do, for their conferences at the Brent Adolescent Centre such as the one on which this book was based, and for the book itself, with its potential to inform and disseminate their findings to non-clinicians.

**PETER BLOS, JR. (ANN ARBOR, MI)**

# ABSTRACTS

## FORUM DER PSYCHOANALYSE

*Abstracted by Gerard Fountain.*

**X, 4, 1994**

**Psychoanalysis in Transition? What Must Be Taught and What Must Be Learned?** Annelise Heigl-Evers. Pp. 332-345.

A brief outline of the essential features of psychotherapy and its origins is followed by a survey of the two lines along which psychoanalytic therapy has evolved: on the one hand, traditional individual analysis with frequent sessions over a long period of time, and on the other hand, the wide-ranging application of psychological principles with differentiated and adaptive indications. There is a description of how the variations that have arisen relate to the form of organization, the setting, the therapeutic techniques, and the means of communication. A brief account is given of the development of psychoanalytic training, particularly as described in the publications of Balint and Ekstein. On the basis of the evolution and current status of psychoanalysis, recommendations are made as to the future training of analysts, with reference to the special importance of supervised analysis as a means of intensifying self-experience in addition to its other benefits. There is emphasis on the necessity of self-experience in psychoanalytic techniques that make use of nonverbal means of communication, such as body feeling and creative activity. Finally, self-experience of the therapist's communication via facial expressions and gestures is recommended, as is social-psychological/group-dynamic self-experience in specially designed training courses. The narrow practice of psychoanalysis/psychotherapy, concentrating as it does on the traditional long-term, high-frequency process, urgently needs to be broadened by the introduction or emphasis on these modifications, which should form a more important part of training programs than has hitherto been the case.

**Inpatient Psychotherapy—Integrative or Integrating? Corrections and Position.** Helmut Enke. Pp. 346-351.

In recent observations and publications on psychoanalytically slanted inpatient psychotherapy, the concept of bipolar clinical group psychotherapy presented in 1964 by the author and associates is occasionally mentioned and

contrasted with so-called integrative therapy. A fundamental error of comprehension underlies this thinking: it is true that bipolar group psychotherapy was developed within particular boundary conditions; it was not, however, meant primarily as an organizational model, but rather as a dialectic-dynamic *integrational* concept. Misconceptions and completely wrong assignments of the opposite meaning that have crept into the literature over the course of time should be corrected: for example, the relation to the therapeutic community, and function and structure of the therapy team. The idea of a primary integrivity is not very realistic unless the different intentions and processes are leveled off. The intentions and processes have their own origins and develop their individual effectiveness within the overall "multipolar" field of forces of the therapeutic (closed-loop) system. The constant task of integration consists of promoting cohesive vectors while recognizing and coping with interference fields tending naturally against integration.

#### XI, 4, 1995

**Psychoanalysis, "Zeitgeist," and Time-Limited Psychotherapy.** Michael Ermann. Pp. 283-294.

Psychoanalytic therapy has over the years tended to become shorter, and, among the modifications introduced when this therapy was included in the German system of public health care, its duration was limited. Ermann regards such limitations as reflecting the spirit of our times: we look for what is practicable, measurable, and controllable. Little attention is paid to the effect of limits on length of therapy. Ermann believes we need to consider this effect. He suggests two aspects to keep in mind: the effect of limitation of time as one, and its relation to transference as the other.

**The Psychoanalysis of Sibling Relations.** Franz Wellendorf. Pp. 295-310.

Current psychoanalysis fails to examine intensively the historic, theoretical, and clinical aspects of the relationships of siblings. In studying the history of psychoanalysis, one is struck by the frequent intensive sibling contacts among analysts, a matter neglected in our literature. It occurs in Freud himself. Wellendorf discusses some dynamics of the problem, and why it is so disturbing to analysts that they neglect it. He explores consequences of this neglect.

**Speech Acts in Psychoanalytic Discourse.** Carl Eduard Scheidt. Pp. 324-337.

The nature of the psychoanalytic discourse plays an important part in treatment of patients with severe ego pathology. J. L. Austin's theory of speech, especially his distinction between locutionary and nonlocutionary speech, of-

fers a way of describing this discourse. Careful attention to how ideas are expressed serves to regulate the transference, and can tell the therapist something about the level of ego function and symbol formation.

## **XII, 1, 1996**

**The Dynamics of Negative Transference and Destructive Forms of Transference.** Hans-Jürgen Dallmeyer. Pp. 1-18.

There are few papers on the technical term "negative transference." In particular, the handling of its affective dynamics causes considerable therapeutic difficulties. The author presents aspects of a psychoanalytic process in which negative transference and its reflection in dreams and countertransference reactions are emphasized. Taking the new psychoanalytic concepts in developmental psychology into consideration, the author argues in favor of the hypothesis that a positive meaning and intention are concealed even in a striking negative transference: a desire for the integration of split parts of the self and a search for inner autonomy. Protected by the positive transference, the destructive reactions can be psychoanalytically investigated and transformed.

**Body Psychology and Interpretative Methods.** Reinhard Plassmann. Pp. 19-30.

In our attempts to approach the central conflicts of patients with psychosomatic disorders, we often observe states that can be described as "zones of cognitive destruction." In these zones, the mental processes undergo qualitative changes, culminating in a "psychic crash." There is a loss of language, symbolization, and psychic distance, accompanied by a parallel loss of a sense of time, ego awareness, and of the feeling of vitality. These states show us that the patient's original experience, which has not yet been worked through, contains not only elements of conflict, but is also associated, in the pathological zone, with destruction of the ability to symbolize. This paper describes how these states can be made the subject of therapy, which then aims to assist the patient in restoring his or her damaged thought processes. This is accomplished by using a language of interpretation involving interpretations of the second order, i.e., process interpretations. To provide a theoretical framework for this process, the terms "semiotic progression" and "semiotic regression" are introduced.

**From Real Trauma to Autoaggression.** Mathias Hirsch. Pp. 31-44.

In psychoanalytic theory of trauma, traumatizing is understood as something that happens in object relations; similarly, psychic trauma is included in

recent concepts of borderline personality disorders. In his first description of internalization caused by trauma (introjection and identification with the aggressor), Ferenczi laid the foundation for understanding how external trauma changes into autoaggressive symptomatology and acting out. Implantation of external violence is followed by its introjection, including the creation of a malignant heterogeneous introject, which now functions as a self-destructive internal force, causing feelings of guilt and worthlessness. The introject is also responsible for splitting and dissociation. The tension between introject and the other parts of the self can be reduced by assimilating identification. Trauma may include physical and psychic maltreatment, sexual abuse, unmastered severe losses, emotional deprivation (especially in early childhood), and unsolved real guilt. Transgenerational transmission of trauma forms introjects in the following generations. The function of the autoaggressive symptom can be understood as creation of an object surrogate, which corresponds to the former traumatic object. In therapy one cannot expect that it will always be possible to bring all the traumatic destruction into the transference relationship.

**Object Creation and Personification.** E. L. Edelstein. Pp. 45-56.

Eating disturbances are here understood to be the expression of a disturbed personal sphere, permanent conflict between yearning for symbiotic intimacy and a fear of being abandoned. Eating and not eating are considered to be the same as having or not having a relationship, or life and death. The body becomes a transitional object in wrestling for autonomy. The personification of food represents an object choice that lessens or even avoids the conflict between intimacy and distance; it occurs during the process of trying to reconcile inner and outer reality.

**A Critical Review of the Concept of Projective Identification and Its Clinical Applications.** Joachim Grefe and Günter Reich. Pp. 57-77.

The development of the concept of projective identification is presented and critically reviewed, especially the tendency to broaden the concept to include every form of interaction, a mixing of process and fantasy, and the failure to distinguish it from the Freudian concept of projection. The processes nowadays often summed up as projective identification can be understood as a combination of "classical" defense mechanisms and interactional processes. The recent formulations in developmental psychology describe the processes of interpersonal affective exchange, which are made obscure by Kleinian terminology.

These factors often take effect in clinical practice but are ignored. The concept of projective identification and the container metaphor, as well as a widespread naive concept of countertransference, seem to be unsuitable for

understanding parallel processes within both analyst and patient. A transactional view is presented.

## **XII, 2, 1996**

**The Junctim in Child Analysis: A Case Study on the Relationship Between Research and Practice.** Peter Fonagy. Pp. 93-109.

This paper aims to answer a complex question: Why is it so difficult to predict the infant's quality of attachment to its mother on the basis of maternal behaviors alone? Fonagy suggests that the attachment of a child to its mother represents the regaining of an intersubjective unity which had existed already in an earlier phase of development. The strength of such a unity, the mother's capacity to identify the mental state of her child, may be predictive of the quality of attachment of the infant. The paper discusses the implication of this model for the treatment of children whose attachment to their objects is disturbed.

**Mothers and Daughters: The Difficult Balance.** Karin Bell. Pp. 128-141.

This paper offers a synopsis of the relation between mother and daughter: its development and entanglement in various periods of life, rapprochement, the Oedipus complex, adolescence with regard to autonomous and sexual attainment, etc. Particular attention is paid to the identification and projective processes taking place between mother and daughter, which lead to a handing down of certain mother-daughter conflicts from generation to generation.

**The Intermittent Psychoanalytical Therapy and a Patient Suffering from Asthma Bronchiale: Pragmatical and Theoretical Aspects of Indication of a High-Frequency Setting.** Georg Bruns. Pp. 142-155.

Psychoanalytic therapy usually is conducted continuously and in a constant setting. This is believed to bring out the best conditions for a therapeutic regression. The author describes the discontinuous, intermittent psychoanalytic treatment of a patient suffering from bronchial asthma. During times of treatment, five sessions a week took place. The high weekly frequency had to balance the repeated interruptions of the therapy because of the patient's stays abroad.

Though interruptions continued, under these conditions, the patient could attain a sufficiently deep regression and succeed in influencing the unconscious conflict and overcoming the asthmatic symptoms. The author adds some thoughts about a special indication for high-frequency psychoanalysis, referring to the patient's way of life.



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**Psychoanalysis: A Jewish Discipline? On the Resistance to Tradition and Strangeness.** Yigal Blumenberg. Pp. 156-178.

On one hand, one can see from psychoanalytic treatments and publications that there exist unconscious prejudices and a specific transference in which psychoanalysis seems to be a Jewish discipline, and the psychoanalyst to be in possession of power, money, and secret knowledge. On the other hand, and from the standpoint of traditional Judaism as reflected in the rabbinical tradition (Talmud), one can say that psychoanalysis is a modern form of dispute about tradition, strangeness, and the unspeakable. By tracing the Jewish roots of psychoanalysis, Blumenberg suggests one possible answer to the question: What is its essence?