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REGRESSION AND PSYCHOANALYTIC TECHNIQUE: THE CONCRETIZATION OF A CONCEPT

BY LAWRENCE B. INDERBITZIN, M.D. AND STEVEN T. LEVY, M.D.

An exploration of the regression concept historically and conceptually reveals that its familiarity and frequent use have resulted in decreasing conceptual clarity and precision. Rooted in an outmoded fixation-regression model of development and psychopathology, the concept has become concretized. This paper is a beginning exploration of problematic aspects of the concept of regression, with emphasis on potentially detrimental consequences for psychoanalytic technique that derive from its unexamined use. Some of the salient issues are illustrated with clinical examples.

> The deeper we penetrate into the study of mental processes the more we recognize their abundance and complexity. A number of simple formulas which to begin with seemed to meet our needs have later turned out to be inadequate. We do not tire of altering and improving them.
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> —S. Freud (1933)

> To say you don't know is the beginning of knowing.
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> —Chinese proverb (Hanh 1988)

Psychoanalysts have always understood that regression means a return to an earlier stage of development, and most continue to adhere to this view. Our main thesis is that this is an antiquated and funda-

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mentally flawed conception which has led to the incorrect belief that analysis must induce or promote regression. There are better ways to understand and conceptualize the phenomena to which the term "regression" usually refers, based on more contemporary theories of development and psychopathology, as well as a more comprehensive theory of mind. Earlier structures and functions undergo variable degrees of transformations, becoming integrated with and regulated by later structures. All levels and modes of functioning coexist even if not always overtly manifest. The ego's active efforts to defend and adapt lead to shifts of dominance among the various modes and levels of functioning, rather than to a return to early levels of infantile development. Since the concept of regression was introduced by Freud in *The Interpretation of Dreams* (1900), it has acquired a multiplicity of meanings in various contexts. Its familiarity and frequent use have resulted in decreasing conceptual clarity and precision, particularly in relation to psychoanalytic technique.

CLINICAL VIGNETTES

Mr. K

Mr. K was a single, 36-year-old, successful partner in a consulting firm when he was recommended for analysis by his girlfriend, who had obtained the analyst's name from her analyst. Mr. K described his main problem as a difficulty committing to his girlfriend, who wanted to marry—a problem that had also manifested itself in his two previous long-term relationships. Clearly, he was puzzled by this, although less so than his girlfriend. Successful and happy in his work and social life, he denied other problems despite mild anxiety and depressive symptoms from time to time. He was an only child, and said that he enjoyed good relationships with both his parents, who lived in the same city and whom he saw more than occasionally. His mother was a housewife, and his father a prominent corporate executive. There was no previous psychiatric history or treatment.

Two additional findings are worth noting. When asked about his sexual history and relationship with his girlfriend, Mr. K responded

eagerly and laughingly that he had always been especially potent. It was as if the analyst had asked a stupid question. In addition and not unrelated, there was something puzzling about his affect. Although Mr. K appeared open and engaged, the analyst sensed a lack of depth or genuineness in his emotional relatedness. The diagnostic impression of a mixed personality disorder with hysterical and obsessional features and predominant oedipal problems was tempered by reservations based on what has just been described about his emotionality.

The analyst recommended twice-a-week psychotherapy, but because of Mr. K's insistence that his work could not accommodate this, weekly sessions were agreed upon. In ensuing sessions this initial resistance was explored, while an attempt was also made to gain a better understanding of the presenting problem and the analyst's uneasiness and uncertainty about the patient's affect. As more was learned about his life and his relationship with his girlfriend, with whom he had been living for several years, the diagnostic impression was strengthened. It seemed that the girlfriend was very much in love with him and that he loved her, but was afraid of making a mistake. Although she was a practicing internist, he worried that she was less ambitious and more passive than he was. The former seemed to be an accurate perception, insofar as she was less singularly focused on her career and more interested in marriage and family.

Several months into the treatment, Mr. K's girlfriend, who was terminating her own analysis, began pushing him toward more intensive treatment—specifically, analysis. Although this did not reach the point of her delivering an ultimatum, mounting fears both of losing her and of committing to her motivated Mr. K to ask to begin analysis. His motivation for actual insight and change was less apparent. Because of the analyst's continuing uneasiness, as described earlier, and because of the way Mr. K's inquiry about analysis was presented, the analyst decided to consult with a trusted colleague regarding psychological testing. One question addressed specifically to the psychologist was whether there was any indication that an analysis could precipitate an uncontrolled regression. The results of the testing confirmed the initial clinical diagnosis, providing no evidence of border-

line features, nor any suggestion that analysis might promote an uncontrolled regression. The consultant approved proceeding with analysis, and after further exploration with the patient, a decision was made to begin analysis after the summer break.

The analysis began as planned, but within several sessions the analyst found the patient's associations hard to follow; they seemed more "loose" than "free." His speech gradually became more rapid; he was more sexually preoccupied; and his train of thought became increasingly disorganized. The analyst found himself reflexively interpreting upward, and again obtained consultation. The consultant felt that despite this inauspicious beginning, Mr. K might indeed "settle in." The opposite occurred, however. Mr. K rapidly became disorganized, suspicious, and frightened, but did not want to sit up, nor did he want to discontinue the analysis.

During the third week of analysis, Mr. K's girlfriend called the analyst, concerned about Mr. K's condition. He had become overtly psychotic, with an unkempt appearance. After a few days in the hospital and with the help of neuroleptics, he improved considerably, and twice-a-week sessions were initiated, sitting up, for a period of several months. He now revealed and spoke almost exclusively about a sexual relationship with his mother, which had begun when he was very small and continued into early adolescence. During that time, his mother had regularly confided in him the details of her multiple affairs. It seemed almost certain that the reemergence of these memories had precipitated what the consultant and the analyst called a "psychotic regression." But what is a psychotic regression?

Ms. J

The second case has already been reported in detail elsewhere (Inderbitzin 1986). Ms. J was a 27-year-old, single woman with two years of college education, referred for analysis because of "anxiety and tension 75 percent of the time." The clinical picture was one of textbook anxiety and hysteria.

When first beginning to experience sexual thoughts and feelings about the analyst, Ms. J developed sudden sleep attacks on the couch. She had never experienced sleep attacks in any other setting. This was initially interpreted as a way of shutting out and not seeing. Although this sleeping continued throughout much of the analysis, in conjunction with and to defend against an erotic paternal transference, there were many other meanings and purposes related to both dyadic and triadic issues. An important defense and primary resistance, the sleep was also a symptom indistinguishable from that variety of complex compromise formations called conversions. The sleep symptom, like the associated transference and masturbation fantasies, derived primarily from triadic conflicts. Primal scene material, disguised especially by reversals, was of central importance. This interpretation differed sharply from what had traditionally been taught and written about sleep on the couch as an oral phase wish or regression to the oral developmental stage. How do such misunderstandings come about?

Mr. W

The third case was the subject of a jointly taught continuous case conference. The patient presented, Mr. W, was a 29-year-old, gay, male computer expert who sought treatment because of depressive symptoms and difficulty in relationships. The diagnosis was narcissistic personality disorder with obsessional features. He seemed distant and aloof, except during his frequent derogating and criticizing of his male therapist.

About a year into the treatment, Mr. W began talking poignantly about the ending of a six-month relationship in the past, and especially how much he missed that person now. For the first time, he sounded sad, and while speaking, began to cry. The analyst thought this represented a meaningful breakthrough, a progression especially in relation to the transference. During the ensuing discussion, the conference coleader commented that it was surprising that the patient could self-observe so well, given how regressed he was. Taken

aback, the analyst asked, "Why do you think he's regressed?" The colleague responded by referring to Mr. W's crying. Is this evidence of regression?

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In our own clinical experience, we have observed numerous situations during the past few years like those described above; they have provided the spark for this investigation. We have found that expressions of less disguised drive derivatives and/or associated affects in psychoanalytic process tend to be cited more often as evidence of regression than of progression in clinical presentations and reports. Furthermore, it is asserted frequently that one purpose of analysis is to promote regression. Finally, to many analysts, regression has a pejorative connotation; this is especially so when it implies a global phenomenon in reference to patients undergoing a "malignant regression."

DISCUSSION

The purposes of this work are not allied to or in sympathy with an antitheoretic bias, currently so prevalent within psychoanalysis, nor is it intended as a criticism of Freud. As Grossman (1992) has pointed out, Freud used single terms (like regression) in the same way that he used metaphors and analogies, to indicate essential properties present in a variety of different contexts. This is important not only in understanding Freud's construction of theory, but also in appreciating that it is an essential and valid *beginning* in the development of scientific theory. However, it *is* only a beginning—not an end stage. Further development in theory depends on increased clarity and precision in our terminology. Good theory leads to improvements in technique, and the converse is likewise true.

For purposes of orientation, it is useful to begin with definitions. According to *Webster's Dictionary* (1965), "regression" means: (1) to go back, or (2) retrogression (a reversal in development or condi-

tions), or (3) regression, for which involution is a synonym, means a trend or shift toward a lower or less perfect state. In Moore and Fine's *Psychoanalytic Terms and Concepts* (1990), regression is defined as

> …the return to a more developmentally immature level of mental functioning. The concept is intimately related to the hypothesis that in the course of psychological development an individual passes through a series of phases, each with specific instinctual, ego, ego-ideal, and superego characteristics. [p. 164]

Although it is not unusual for regression to be considered a mechanism of defense, as in Moore and Fine, it has not been operationalized as such in empirical studies of mechanisms of defense (Vaillant 1986).

Freud on Regression

Freud did not use the term "regression" until he wrote *The Interpretation of Dreams* (1900), when he traced the idea of regression back to antiquity. However, there were more direct influences, the first being from Breuer's contribution to *Studies on Hysteria* (1893-1895), in which he used the word "rucklaufig" (retrogression) to refer to the backward movement of an "excitation from an idea or mnemic image to a perception" (p. 344). In Freud's book *On Aphasia* (1891), the neurological theories of Hughlings Jackson were also apparent influences. Regression was introduced as part of the topographic model, and was seen as most important in this context. In fact, references to the concept by Freud were less common after the introduction of the structural model. We cannot detail all the different ways in which the term was used even within topographic theory. It is well known that Freud (1900) classified three types of regression: topographical, temporal, and formal. He noted, "All these three kinds of regression are, however, one at bottom and occur together as a rule; for what is older in time is more primitive in form and in psychical topography nearer to the perceptual end" (p. 548).

Several of Freud's ideas related to regression are worth examining more closely in this context. First, it is clear that temporal regression was most closely related to clinical material, transference being the commonest example. Freud (1905b) used a familiar analogy for temporal regression: "A stream of water which meets with an obstacle in the river bed is dammed up and flows back into old channels which had formerly seemed fated to run dry" (p. 51). This refers to the occurrence of some event in later life inhibiting normal sexuality, leading to "reappearance of the 'undifferentiated' sexuality of childhood" (Freud 1895, p. 345). Note here that a reappearance of something which *seemed* to have disappeared is not the same as going back to something that *had* disappeared. Furthermore, two kinds of libidinal regression were noted by Freud (1926): the return to an earlier sexual object and/or to an earlier sexual aim.

Finally, it is clear from a variety of contexts that Freud considered temporal regression as a defense in the sense that it refers to a method the ego utilizes in conflict, which can lead to a neurosis and which differs from repression. In both *Inhibitions, Symptoms and Anxiety* (1926) and *New Introductory Lectures* (1933), Freud referred to the defensive shift from genitality to earlier forms of libidinal organization, i.e., anality, as "degradations" of the libido. Regression, especially temporal regression, is intimately related to fixation, another term Freud used in a variety of ways, many things becoming fixated. However, the final psychoanalytic sense in which the term has been used refers to a developmental stoppage. As Strachey (1895) pointed out, fixation still had two meanings corresponding to the two kinds of temporal regression—"fixation of an instinct to an object and fixation of an instinct at some particular point in its development" (p. 125). The effect of frustration was to cause regression of the libido to some early fixation point.

Critiques of the Regression Concept

The most comprehensive and detailed critique of Freud's regression concept has been provided by Arlow and Brenner in their mono-

graph *Psychoanalytic Concepts and the Structural Theory* (1964). They noted that regression had been introduced and developed within the topographic theory, many aspects of the concept being incorporated into the structural theory without revision. In Freud's *Three Essays on the Theory of Sexuality* (1905b), the discovery of infantile sexuality and libido theory led to a new concept: instinctual regression, in addition to the temporal and systemic meanings of regression. By extending the topographic hypothesis to include libido theory, with its instinctual unfolding, Freud could relate this to the psychopathology of the neuroses. At this point the theory of neurotic symptom formation could be based on primal repression and fixation, with neurotic symptoms appearing when frustration led to instinctual regression, and the fateful consequences of this theory are very much with us today. The character of a neurosis was believed to depend primarily upon the level of instinctual regression. A fixated libidinal phase determined ego functioning.

This presumed close connection between instinctual regression and ego functioning led to important misconceptions, or, as we would now say, a concretization of the regression concept. First, regression was considered to be a global process. Arlow and Brenner (1964) put it this way:

> It was assumed that the entire personality regressed.... Because depressions are based upon a regression to an oral instinctual fixation point, it was expected that the patient was returning to the oral phase of existence; in other words, that he was becoming in essence a helpless infant once again, experiencing all objects as breast or mother and pursuing exclusively passive, dependent patterns of activity in all aspects of his life. It was as if one would say that the depressed person had become once again a suckling babe. [p. 63][1]

The second consequence and error had actually been exposed much earlier by Allport (1937), Werner (1940), and Hartmann

[1] Note the similarity to the usual explanations of sleep on the couch.

(1964). It is false to assume that a current function or meaning, such as a manifest oral wish or behavior, can be equated with or reduced to its historical precursors, such as the oral phase of development. Hartmann (1964) referred to this as the "genetic fallacy," and Werner (1940) called it the "constancy fallacy," emphasizing that "activities carried out by phylogenetically lower or ontogenetically younger organisms resemble activities of mature or higher order organisms is no reason to assume a linear continuous path or identity of substructure that subsumed such behaviors" (Shapiro 1981, p. 11).

Allport expressed the essence of the genetic fallacy metaphorically: the life of the tree is continuous with that of its seed, but the seed no longer nourishes the full-grown tree. And the tree does not ever become an acorn again. We refer here not only to explicit references to the child within the adult, but also to the unexamined assumption that a psychosis, as earlier described in the example of Mr. K, represents a return to an infantile state. Such an assumption is presumably related to Freud's speculation about the infant hallucinating the breast. The fallacious logic goes like this: infants presumably hallucinate; psychotics hallucinate; therefore, psychosis is a return to infancy.

Much of our psychoanalytic discourse has continued as though an adult could become a child again, ignoring Hartmann's (1964) important distinction between primary and secondary autonomy as they relate to the regression concept. Whereas some ego functions are autonomous from the very beginning, others are born out of conflict and only secondarily become autonomous. From the perspective of structural theory, development proceeds in the direction of increasing ego autonomy from both the drives and the environment. Movements in the opposite direction—that is, of decreasing ego autonomy—are referred to as regression because, according to Arlow and Brenner (1964), "they represent the reemergence of more primitive modes of mental operation" (p. 78).

In summarizing their findings and conclusions regarding the regression concept, Arlow and Brenner emphasized that regression is not a global process, but rather affects specific aspects and functions of any part of the tripartite structure, selectively and independently.

A shift in dominance of function of one mode or form over another constitutes what they referred to as regression, "primitive" and " mature" always existing side by side. Unfortunately, Arlow and Brenner's revisions have not been sufficiently or consistently applied to clinical technique. Furthermore, we believe their critique did not go far enough.

The Kris Study Group's report, "Regressive Ego Phenomena in Psychoanalysis" (see E. Joseph 1965), was based on a review of case material from eight different patients who manifested regressive phenomena during analysis. These manifestations included distortions of body image, perception, and reality testing (sense of time and judging of distance), as well as depersonalization, the Isakower phenomenon, and sleep on the couch, all evoked by anxiety. Primal scene material was prominent in connection with the anxiety-provoking situations. A careful reading of the study group's descriptions of defensive "ego regression" reveals that this was not an independent function, but rather a general term designating a variety of defensive ego functions acting simultaneously and synergistically. These included not only compromised autonomous ego functions, but also other defensive disturbances, such as identifications based on pathological early object relations, reinforcing denial and the isolation of significant affective experiences. In addition, the phenomena being called "regressive" also represented the expression of unconscious wishes emanating from any part of the tripartite structure; "regressions" are multi-determined and follow the principle of multiple function. Sometimes repetitions of previous physical experiences and/or ego states seemed to be central features in these patients.

The group's detailed study of the clinical material raised important and still unanswered questions. For instance, how can a repetition—such as the memory or reexperience of previous mental or bodily states—be differentiated from regressions as they are usually defined (the "return to an earlier or less specialized type of functioning or a less specialized structure")? A particularly difficult question, involving economic considerations, arose as to how to distinguish the reinstinctualization of certain ego functions from regression of those ego functions to more primitive stages of development. A closely re-

lated issue was the observation that primary process thinking often appeared in analysis—as in other normal situations (wit, humor, etc.)—in a manner that could not be considered "regressive" as it is usually defined. Primary process is omnipresent and can reappear in consciousness at any time. Here was a problem in need of a concept that Kris had long since provided: regression in the service of the ego. However, this concept presents new problems, since in an important sense, all "regressions" occur in the service of the ego: that is, they represent the ego's best effort at the moment to adapt to a dangerous situation.

Since many of the phenomena observed clearly served defensive functions, expressed unconscious wishes, and had symbolic meaning, the question was raised as to how to differentiate them from conversion symptoms. The study group's answer was that conversion symptoms do not usually involve autonomous ego functions. But is this really the case? Are not hysterical blindness and paralyses prime examples of autonomous ego functions (perception and motility) being compromised by conflict? Phenomena such as falling asleep on the couch, noted in our earlier clinical example, are in fact conversion symptoms.

The main focus of the Kris study group was regressive ego phenomena rather than instinctual regression—the latter, as we have already seen, being more important historically. Although they mention that "other ego functions are involved to some extent" (E. Joseph 1965, p. 95), a careful reading of their work suggests another, new, implicit definition of regression to be added to the already long list: compromised autonomous ego functions.

Regression, Transference, and Transference Neurosis

It is in relation to the transference that problems with the regression concept are most apparent and important. According to our customary definitions of regression, transference is a regressive phenomenon. As noted by Freud, it is the most common clinical manifestation of temporal regression. Therefore, at best, the commonly used

term "transference regression" is a redundancy. We will return to this later.

We find surprising the frequency with which analysts continue to succumb to the pitfalls inherent in the concept of regression—particularly the belief that the analyst's main technical task is to promote regression. To those who might contend that we are "beating a dead horse" in mentioning this belief, we insist that the horse is very much alive and kicking. For this reason we return to an old consideration (still the clearest and most comprehensive one) of regression in the psychoanalytic situation: that from the so-called "classical" point of view, provided by Menninger (1958) in his book *Theory of Psychoanalytic Technique*. From his perspective, regression, however defined, is not an aspect of the psychoanalytic situation, but rather is the very essence of psychoanalysis, sometimes called the "transference neurosis." For him, analysis is a "retrograde process of personality development" (p. 50), "induced" by the analyst via frustration—i.e., abstinence.

Although Menninger described the patient's regression in response to frustration in great detail, he said almost nothing about how this process could be reversed: "Just how it comes about that the regression suddenly turns around and becomes a progression, surely a most important and critical event, remains something of a mystery" (p. 75). It should be noted that Menninger acknowledged that "regression is one of the more ambiguous concepts of psychoanalytic theory" (p. 49), and was aware of critics of his model of regression; he warned against pushing the child metaphor too far. Nevertheless, he remained steadfast, and many analysts continue to share his point of view that the analytic task is essentially to promote transference regression, with the goal of establishing a transference neurosis based on the patient's infantile neurosis. This requires a special regressive state of mind, and also that the patient become childlike during the analysis.

Glover (1955) defined transference neurosis as a regression in the transference to infantile neurosis, the origin of neurotic symptoms. This view was based on an outmoded topographic model of the mind and one of Freud's earliest notions about psychopathology: that frustration caused regression of the libido to some early fixation point,

resulting in neurosis. The belief that regression is the sine qua non of psychoanalysis, and that it is the analyst's task to promote it in order to reach or revive the infantile neurosis, is a fundamental misconception that leads to what Stone (1961) called the "overwrought and indiscriminate application of the principle of abstinence" (p. 15). An overly austere and abstinent technique, as Gill (1984) has pointed out, represents an unacknowledged and unanalyzed manipulation of the transference, and is therefore unanalytic. Based on personal experiences, it is our belief that the iatrogenic effects of an overly austere approach can result in unnecessary suffering and an unproductive exaggeration of psychopathology in the analysand. This should not be surprising, since any treatment modality that has the power to cure can also be profoundly harmful.

Just as transference is omnipresent, all relevant and important aspects of the past, including the infantile past, manifest themselves in the present. This concept, however, stands in sharp contrast to the myth that the adult can return to an infantile state as such, a belief based on a concretization of the regression concept. The tree never again becomes an acorn. Regression has turned into a psychoanalytic dogma, and the child in the adult metaphor has been so overused by psychoanalysts and psychiatrists that it is often assumed to be real.

Although many analysts (Gill 1984; Lipton 1977; Palombo 1978; Reiser 1990; Renik 1995, 1998; Stone 1961) have expressed misgivings and /or warnings regarding the promotion of regression in analysis, as well as the techniques used to accomplish it, we have observed that the practice continues, and regression remains a central tenet of psychoanalytic theory. We are in agreement with Renik's (1998) recent critique of the regression concept. The patient's childish worries and ways of coping are active in the patient's present reality and can be identified within the analytic relationship. Successful analysis does not require any special attempts or strategy to foster or increase regression. Attempts to do so introduce persuasive influences which, if unanalyzed, can seriously distort the analysis and even lead to major iatrogenic disturbances. As the analysis of conflict proceeds through interpretation of repetitive, unconscious, defensive responses to situations of danger, drive derivatives that are less and less disguised, as

well as their associated affects, are tolerated by the analysand and are observable by both analyst and analysand (see also Brenner 1982). Furthermore, there is increasing freedom to associate to these emerging mental products as interferences to self-revelation diminish. Primary process mentation manifests itself more clearly. These phenomena are often mistakenly referred to as "regressions"; they are in fact progressions toward an important psychoanalytic goal: to free analysands to become aware of the fullest possible range of their thoughts, wishes, and feelings.

Another difficulty resulting from misunderstandings and misapplications of the regression concept occurs in the analysis of transference, due to an overreliance on the fixation-regression model of development and the genetic hypothesis, with or without the genetic fallacy error. Genetic interpretations are made which are premature, incorrect, or otherwise inappropriate. This is most likely to occur at times of so-called transference regression, transference storms, or stalemates—that is, when the analyst is in trouble! Many examples are familiar to analysts from the literature and their own practices; however, others, such as the one recently described by Kernberg (1991), are less well known, and we believe are not limited to the borderline, infantile personalities he was describing. Kernberg put it this way:

> …an analyst with a strong bias towards believing in a specific genetic origin for such states of regression may be tempted to interpret the verbal content in the light of such a genetic hypothesis, and the patient may respond with contents corresponding to such a genetic interpretation while unconsciously acting out the fantasy that he is being taken over and that only further fragmentation will protect him. [p. 196]

Kernberg emphasized the importance of exploring the here-and-now process, rather than the verbal content of what the patient expresses. He also pointed out that sudden transference "regressions" can occur in response to an accurate interpretation by the analyst, when that interpretation is experienced by the patient as a dangerous invasion that must be warded off by further fragmentation. This is similar in many ways to situations familiar to most analysts working

with more neurotic patients. At times when narcissistic issues are in the foreground, almost any interpretation can be experienced by the patient as though the analyst had said, "I know everything and you know nothing." Use of the terms "regression" and "transference regression" in such instances are at best superfluous, and play an unimportant role in interpretive vocabulary. In reading the psychoanalytic literature, it is often difficult to ascertain when and to what extent regression and transference regression are used as a shorthand for recognized complex defensive processes that have been analyzed, and when they are used in a pseudoexplanatory way that substitutes for analytic understanding.

Regression and Development

The uses and misuses of the regression concept in psychoanalytic technique derive directly from the fixation-regression model of psychopathology, which in turn is rooted in developmental theory. The genetic character of psychoanalytic theory is well established, and the genetic point of view is an essential and integral part of our theory. Many analysts have believed and taught for many years that fixation and regression are required elements of that theory. But is this really true? According to Rapaport (1960), Freud's "complementary series" is the clearest expression of the genetic point of view: "Behavior is part of a historical sequence shaped both by epigenetic laws and experience" (Rapaport, p. 45). A reconsideration of the fixation-regression model of development does no violence to the genetic point of view. New emphases on ego functions, object relations, the principle of multiple functions, over-determination, and compromise formation have provided a more complete and much more complex view of psychopathology. Nevertheless, there continues to be an overreliance on a simplistic, outmoded model, as well as on concretized versions of it. Because of the very close connection between our theories of development, psychopathology, and technique, it is not surprising that regression has remained a shadowy presence in our theory of technique and its clinical application.

When viewing the development of a clinical psychoanalytic process, it cannot be disputed that there are to-and-fro, forward-and-backward movements and changes. The reader may ask: What harm is there in calling these movements "progressions" and "regressions," as we always have? Perhaps none, if that is all that is meant by the terms. But careful scrutiny reveals that this is seldom the case, and the issue is more than a semantic one. Analysts are usually more cautious about drawing conclusions from manifest appearances and behaviors, realizing that nothing is only—and often not primarily—what it manifestly seems to be. Regression has taken on a plethora of meanings, including pejorative connotations. Furthermore, the "progression-regression" designation derives from and helps to perpetuate an outmoded linear model of development that is inconsistent with the complexity of modern psychoanalytic theory and with accumulating empirical evidence.

There are now extensive data from a vast array of developmental studies and cognitive sciences challenging conventional concepts of linear development as simplistic and homogenized (Fischer et al. 1997; Zeanah et al. 1989). These studies also contradict our long-held assumption that psychopathology is derived from developmental immaturity (i.e., arrests or retardation, fixation, and regression). The belief that early traumatic experiences have important etiological consequences for psychopathology has led to an intensive search for continuities in development (Zeanah et al. 1989), and the results have been surprising in two respects. First, some resilient children do not develop significant psychopathology despite severe early trauma. Second, developmentalists have found more discontinuities than continuities in early development. A series of developmental transformations throughout early childhood leads to significant qualitative shifts in biological, cognitive, affective, and social organization, suggesting that simple links between early and later behaviors, such as those assumed in the fixation-regression model, are unlikely to exist (Cicchetti and Cohen 1995).

Accumulating evidence suggests instead that psychopathology develops along distinctive pathways in which complex, advanced skills are created based on adaptation to trauma—skills which do not fit

normative developmental frameworks (Fischer 1980). The biggest difference between the newer models, such as the continuous construction model, and the older fixation-regression model is that the newer ones do not link the form of psychopathology as closely to a particular developmental phase (Fischer and Ayoub 1994). This is consistent with a trend in modern psychoanalytic theory to be more cautious about assuming that a specific psychopathology derives from the developmental period in which the behavior first occurred. Obviously, a comprehensive presentation of these new theories, including their methods and data, is far beyond the scope of this paper. However, it is important to at least outline some of the salient features of particular interest to analysts, not with the hope of being persuasive about a better theory, but rather to illustrate that there are other, novel and complex ways of thinking about psychopathology. Convergences and divergences from our familiar psychoanalytic theories will be apparent.

A theory of cognitive development called dynamic skills theory, elaborated by Fischer et al. (1997) and colleagues at Harvard, is of particular relevance. Skill structures called "levels," with rules of transformation relating the levels to each other, are used to explain cognitive development. Skills move gradually from one level of complexity to the next, specified by the transformation rules, with the individual controlling each step, from sensorimotor actions to representations and then abstractions (Fischer 1980). These studies demonstrate that development, rather than occurring in linear, ladder-like fashion, actually occurs simultaneously along many strands, constructing a developmental web. Each strand is largely independent of other strands, and each has distinct control systems that proceed to higher levels of complexity. Many factors interacting dynamically determine what strands a person constructs, with the affective organization of social interaction being of central importance, and with context also codetermining variation. For example, strands include "mean," "nice," and both mean and nice interactions, but mean interactions with adults result in different forms than do mean interactions with peers. Fischer's (1980) detailed study and description of the various strands revealed a diversity

in both normal and pathological development, the recognition of which had been precluded by the methodology of prior cognitive developmental research, he contended.

As these multiple strands indicate, the mind is naturally fractionated, and the multiple, distinct control systems are not strongly connected, coordinated, or integrated. Coordination and integration are developmental potentials. Whereas this fractionation of the mind is consistent with Freud's model of the mind, it is not so with many other models, including Piaget's. Fischer and Ayoub (1994) emphasized that we organize our world around positive and negative splits, and "this split defines the first, most fundamental dimension organizing human experience and conception" (p. 149). Scholars have neglected this phenomenon in favor of studying specific emotions, such as anxiety. Affective splitting and dissociation are especially strong in early childhood, based on the powerful, shaping influence of the splitting of positive and negative emotions. During normal development these become coordinated and integrated (integration is a separate developmental task); however, splitting and dissociation can assume advanced and very complex forms, "based on sophisticated capacities that develop naturally in human beings" (Fischer and Ayoub 1994, p. 212) and which "easily parallel the complexities of normal development" (p. 213). Psychopathology, viewed from this perspective, represents acquisition of complex, sophisticated skills, based on the individual's unique experience, which were and perhaps continue to be adaptive. However, in different contexts the same skills can lead to complicated difficulties. Children who are abused, or who have problems in affective or cognitive regulation, often develop advanced forms of severe splitting and dissociation, with negative affect tending to dominate in significant aspects of both self and others. This was and can continue to be adaptive in some circumstances, but maladaptive in others.

In this very schematic overview, we have necessarily omitted important aspects not only of theory but also of Fischer's extremely detailed and complex methodology. He has also utilized this methodology to illustrate how a sophisticated dissociative skill can be made to appear developmentally immature (fixation and/or in regression)

when it is incorrectly analyzed, with a framework assuming "normal" pathways instead of the unique developmental pathways actually followed. The traditional assumption from ego psychology, object relations theory, and self psychology that the more severe the psychopathology, the more immature the person, is directly challenged by the finding that the developmental levels and complexity of cognitive skills in psychopathology, including defenses, are the same as those in normal development. Whether one views "pathological" skills as either fixations of or regressions to early childhood, or as adaptive strengths, has important treatment implications.

Fischer's empirically derived theory is essentially consistent with and provides support for the developmental theory proposed by Tyson and Tyson (1990). It is worth noting also that, although the findings of Fischer et al. (1997) and others do not invalidate drive theory and infantile sexuality with their research on psychosexual stages of development, it remains to be seen to what extent integration of theories will be possible. This is part of the larger unsolved problem of how to integrate developmental research with adult clinical phenomena.

CONCLUSIONS

We have seen that the regression concept, like most psychoanalytic concepts, has a long, complicated history, beginning with Freud's initial use of the term as a kind of metaphor. Both in dictionary definitions and in Freud's usage, regression has meant a going back to, a retrogression or involution, and a return to a more developmentally immature level of mental functioning. Significant milestones included Freud's emphasis on libidinal regression, the close relationship to fixation, the fixation-regression model of psychopathology, and the change in emphasis from libidinal to ego regression. These changes in emphases and meanings have not been integrated into the concept with clarity and precision. Rather, the regression concept has undergone a kind of regression or concretization of its own, as exemplified, for instance, by the continued use of terms like "psychotic

regression." There is not one shred of evidence that Mr. K, the patient described earlier who had been sexually abused by his mother, had previously been psychotic, including during childhood. The still-prevalent idea that psychosis is closely related to a stage of development and therefore can represent a return to that developmental stage is simply fallacious, as pointed out by Waelder (1937) over sixty years ago!

> We fear that those who hold this view misconceived the nature of psychosis and do not realize the great gulf which parts it from normal life at every stage. The very great difference between the as yet imperfect development of the function of reality testing and its disintegration is not to be lightly underestimated. The difference is as great, or so it seems to be, as between an early stage of mental development and feeble-mindedness. In normal development there is no phase comparable with feeble-mindedness. [p. 450]

Waelder went on to note that psychotic attempts at dealing with a situation "have no prototype either in ontogenesis or phylogenesis, nor can they be altogether explained as a reversion to primitive modes of functioning" (p. 451). Nevertheless, we have continued to churn out theories about psychosis, and particularly schizophrenia, based on this concretization of the regression concept. Empirical evidence strongly contradicts the assumption that schizophrenia is based on a developmental immaturity and represents a fixation or regression. We do not have a satisfactory explanation for Mr. K's psychosis, though not for want of trying. However, isn't it preferable to know and acknowledge what we don't know than to apply to a situation a familiar term which masquerades as an explanation but is fundamentally flawed?

In a recent panel on regression, Schlesinger (1997) pointed out that the phenomena that analysts call "regression" are present during analysis all the time, along a continuum from mild to severe. The ego is always actively adapting to a current situation with the entire repertoire of responses available to it, the majority of which are repetitions. This view of omnipresent features in the analytic situation,

sometimes referred to as "regressions in the service of the ego,"[2] stands in contrast to a view of the ego undergoing a kind of "free fall." So-called regressive phenomena remain in the background until reaching a level where they catch the analyst's attention, as did Ms. J's sleep on the couch. We can attest to the correctness of Schlesinger's (1997) assertion that the analyst then becomes alarmed, fearing more severe psychopathology or a technical error, rather than viewing the development as an "expectable result of proper analyzing."

In such instances, it is easy to fall back on familiar concepts such as oral fixation or regression, as described by Lewin (1954) with his oral triad, and to proceed technically from that assumption, rather than to openly explore the specific anxiety and conflict situation of this patient at this moment. In retrospect, it is easy to see that the former would have been a technical error as well as a logical one (genetic fallacy). These frequent attempts to find states of mind in the past paralleling current, unexplained, adult states of mind, and then utilizing the past to explain the present by fixation or regression, are what Shapiro (1981) has referred to as a "circular path of reason that leads us to a 'no-win,' nonverifiable proposition" (p. 9). It also leads us away from analyzing—for instance, in the case of the psychotic patient with whom the analyst reflexively began emphasizing reality. Likewise, oral interpretations of sleep on the couch would have led away from Ms. J's central conflicts. Unexpected displays of affect and/or primary process, as in Mr. W, can lead the analyst to make counterproductive "supportive interventions," as though the analyst shared the patient's frequent fantasies of "falling apart," rather than acknowledging the patient's increased freedom and risk-taking.

These considerations are especially important in relation to the analytic treatment of severely disturbed patients. As already noted, psychotic illnesses regularly conjure up "developmental" paradigms, inherent in terms like "infantile" and "primitive." Interventions often prescribed for working with such patients include holding, contain-

[2] Our use of this term here and subsequently does not mean that we advocate its continued use.

ing, empathic regression, being with, etc.; such approaches have similar developmental referents. We do not suggest that such patients cannot benefit from analytic treatment, or that such interventions and the strategies upon which they are based are incorrect or unnecessary. However, "holding"—when referring to the analyst's need for patience, perseverance, resilience in the face of long periods of vicious attack or aloof withdrawal or incomprehensible disorganized communication—should not be mistakenly viewed as analogous to swaddling an infant or taking care of a baby. It is far preferable to consider the analyst in such situations as struggling to find a way to maintain contact and to understand complex, poorly coordinated, desperate, and mainly maladaptive efforts to cope with disorganized mentation and relatedness, than it would be to fancy oneself in a therapeutic parental reliving with a child within an adult. Invariably, there are highly sophisticated defensive adaptations present alongside immature, "childlike" ones in the behavior of patients with psychosis. Furthermore, great care must be taken not to belittle such patients, nor to romanticize their illnesses and deficits, however compelling such trends are to those analysts immersed in the difficult treatment of such individuals.

One of the commonest examples cited in support of the regression concept is the well-known negative reaction of children to the birth of a sibling, bed-wetting and thumb-sucking being prime examples. This is an example of regression masquerading as an unnecessary explanation. First of all, one assumes an explanation based on the manifest behavior alone at one's own peril. Certainly, alternative possibilities include that of identification with the aggressor and the turning of passive into active as a means of managing conflicted aggression in response to the newborn. Whenever ego functions that assist in guaranteeing autonomy from both the drives and environment develop abnormally or become compromised by neurotic conflict, the result is less flexibility, increased repetition of behavior, and less freedom of what Anna Freud (1965) called the normal "two-way traffic." Nothing is gained by adding the pejorative "regression" epithet, and much is lost if it is substituted for a more detailed analysis.

When previously hidden affects, symptoms, or even diagnostic states—such as depression—emerge during analysis, as in our third example when Mr. W began crying, they are commonly referred to as regressions rather than progressions resulting from effective analysis. It is not necessary to adhere to the notion that analysis induces a special regressive state of mind which returns the analysand to a specific, infantile developmental stage in order to explain these phenomena. Rather, the analysis of one dangerous situation after another allows and facilitates the revelation of previously concealed but active states and structures, including, of course, maladaptive structures. Pathologic structures have undergone the same degree of complexity of development and organization as normal structures; they are not simply holdovers from infantile developmental stages. Development is characterized by an increasing level of complexity at all levels, with a great diversity of patterns, such that normal ontogenesis is not the same for all children. The progressive, qualitative reorganizations previously described continue through differentiation and subsequent hierarchical integration. The extent to which prior developmental structures are incorporated into later ones by hierarchic integration, or later organizations override previous organizations, remains a matter of some controversy. It is clear that previous areas of vulnerability and strength can remain present but hidden in a given current organization. However, no infantile stage remains unchanged into adulthood. Furthermore, different paths can lead to the same outcomes and any given aspect can function differently, depending on the organization in which it is embedded. Thus, the probability of the occurrence of regression as usually conceptualized is extremely unlikely, and to pursue it analytically would be at best a gross oversimplification.

Analysands often react to the analytic situation with unconscious or even conscious fantasies that they are children and the analyst is a parent. It is potentially demeaning and technically problematic for analysts to share this fantasy. For instance, transferences of authority, particularly to a benign, protective parent, are more likely under such circumstances to be considered aspects of the therapeutic alliance, or as unobjectionable, positive transferences, and therefore not analyzed

as defensive structures. Furthermore, analysands sometimes respond to new insights by quickly labeling themselves "childish" or "infantile." When analysts share such feelings, they are less likely to perceive and interpret these responses as protecting the patient from associated fears of emerging shame and embarrassment.

As previously described, the term "regression" is frequently applied to situations perceived by the analyst as indicative of the patient becoming worse—that is, sicker—and especially when the analyst becomes alarmed. This pejorative use is enshrined in terminology such as "malignant regression," "psychotic regression," "uncontrolled regression," etc. Of course, patients sometimes *do* become worse, but calling such developments "regressions" obscures something very important: that they are that patient's best possible adaptation at that particular time, and therefore occur "in the service of the ego." Furthermore, these episodes are sometimes the sole and necessary route to a higher level of adaptation.

Another technical issue in which the pejorative connotations of the regression concept remain apparent relates to those problematic patients who "fail to regress" in analysis. Fears of loss of control and intellectualization are usually manifest. Addressing this issue, Sandler and Sandler (1994) have recently argued for a new concept called the "anti-regression function of the ego," related to other concepts of "past unconscious" and "present unconscious," to explain patients' failure to regress in analysis. For these authors, regression is not a going back in time but rather a relaxation of the "anti-regressive function" (p. 435). They go on to point out that this is a *"major source of resistance,"* and that *"resistance and the fight against regression are inextricably intertwined"* (p. 436). In fact, we propose that they are the same.

We need a better and more detailed understanding of those intrapsychic defenses manifested interpersonally as resistances, whereas we do not need a new anti-regression concept. Patients who have been described traditionally as failing to regress not only intellectualize but are also reality-bound. By this we mean that they extensively utilize external reality as a defense in order to achieve a sense of safety when they feel threatened by the temporarily diminished auton-

omy from the id and superego pressures which ordinarily occur during analysis. Autonomous ego functions such as self-observation are also compromised, and this constellation defends against a progressive relaxation of inhibitions, which is not the opposite of regression.

For many years the regression concept has been irrelevant to our own clinical work, and we favor abandoning the concept. One of us recently asked Betty Joseph about the Kleinian view of regression. "We don't use it at all!" was her quick response (B. Joseph 1998). Nevertheless, it seems to us that many analysts continue to find the concept useful and to rely on it accordingly. It is rather unlikely that this preliminary paper, necessarily incomplete in important respects—such as a comprehensive metapsychological analysis—will change this state of affairs. Perhaps, however, the ideas presented here will prompt further reappraisal of those phenomena we have traditionally thought of as "regression." It is to this end and in this spirit that we propose that, if we require a concept, *transformation* would be preferable. Originally introduced by Freud within psychoanalysis, it is a familiar dynamic concept which defines boundaries between levels in hierarchical systems. Transformations are bidirectional, regression being one synonym for transformation, although it has not usually been recognized as such. It has the additional advantages of being nonpejorative and not linked to the fixation-regression model of development and psychopathology.

In summary, we have described multiple adverse technical consequences that derive from a concretized regression concept rooted in an outmoded fixation-regression model of development and psychopathology. The belief that the purpose of psychoanalysis is to promote regression led first to unanalyzed authoritarian techniques, excessively austere and abstinent, and then, reactively, to manifestly opposite techniques. The latter view, as advocated by Renik (1995, 1998), emphasizes the analyst as a real, self-disclosing person, who in our view is potentially equally authoritarian. The proclivity toward inaccurate genetic interpretations, often based on a genetic fallacy as well as other inappropriate genetic interpretations, has also been emphasized. Counterproductive interventions, intended to be support-

ive, occur when analysts are surprised by "regressions" signaled by the sudden expression of affect or primary process. The designations "regression" and "transference regression" can masquerade as explanations, substituting for detailed analysis of complex defensive shifts and compromises. Finally, the regression epithet has pejorative connotations that tend to obscure the adaptive aspects of all the ego's responses and the importance of acknowledging them in the analytic situation.

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Lawrence B. Inderbitzin, M.D.
DVA Domiciliary (116A)
8495 Crater Lake Highway
White City, OR 97503

Steven T. Levy, M.D.
Emory University Psychoanalytic Institute
1711 Uppergate Drive, N. E.
Atlanta, GA 30322

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MODERN HERMENEUTICS AND PSYCHOANALYSIS

BY LAWRENCE FRIEDMAN, M.D.

Contemporary hermeneutics tries to integrate our unique, local sense of things with overarching nature, often by celebrating the concrete phenomenology of the moment at the expense of scientific abstractions. But abstractions are unavoidable. Hermeneuticists point out that we are constantly making new abstractions. But the more optional and variable views, which we call subjective, depend on the old, reliable abstractions, such as time, space, substance, and causality, that constitute our fixed reality. Hermeneutics usefully challenges psychoanalysis to justify its way of slicing up the mind and treatment process.

PROSPECTUS

Most analysts would like to believe that their patients' thoughts are determinate items that can be grasped and discussed with the patient and explained in causal terms. But analysts are no longer allowed to be complacent about that. The literature is replete with arguments that the mind does not contain stable and transferable meanings, that the contents of the patient's mind will never be available in their original form to either analyst or patient, and that the origin and relationship of meanings cannot be explained in causal terms. This challenge is often issued under the banner of hermeneutics.

An older hermeneutic challenge was actually part and parcel of the psychoanalytic struggle—the analyst's everyday effort to bring

the analyst's trained expectations and causal theories to bear on the individual experience of each new patient. What makes the new challenge especially provocative, and encourages some analysts to think it answers the riddle of how we can "know" unique individuals, is the claim by modern hermeneutics that unique individuality is the *paramount* feature of all reality. The new hermeneutics tells the analyst that the analyst does not have to worry about —but also cannot take comfort in—the difference between the way we understand causal things and the way we intuit idiosyncratic meanings, because all understanding is of the latter sort—always, for instance, an emergence of new meaning rather than a transmission of information. For better or worse, contemporary thinkers tend to view understanding as an interaction rather than an observation. And psychoanalysts have begun to accommodate this view in their technical innovations, not surprisingly by favoring freer interaction.

In this paper I discuss some of the teachings of modern hermeneutics. I try to locate the problems it responds to, partly by describing its place in modern philosophical history. I offer my own assessment of its successes and limitations. I suggest how practicing analysts can benefit from the outlook of modern hermeneutics, but also how they can be misled by it, particularly when they are tempted to translate its teachings directly into treatment technique. Finally, I offer some general propositions about the relationship of neighboring disciplines to psychoanalysis.

APOLOGY

I believe that modern hermeneutic writing, for reasons inherent in its mission, is measurably more obscure than older philosophy. As a result, readers will draw divergent lessons from it. There will be a natural tendency for fans to view critical comment on favorite authors as simple misunderstandings, especially if not delivered by a professional philosopher. But for better or worse, hermeneutics has entered psychoanalytic discourse, and I think it healthier for practi-

tioners to exchange views on it than to allow what is, after all, a matter of speculation to be placed beyond reach of their own critique. In that spirit I submit the following reflections for debate.

THE OLD DOMAIN OF HERMENEUTICS

Originally, hermeneutics was the practice of extracting currently understandable meaning from an old and mysterious text, especially one with symbolic significance or multiple levels of meaning, as in allegory, metaphor, and myth. It quickly became the name for a debate about whether and how that can be done in the face of the changed context and altered outlook of the new reader. Caught in the perspective of my own later time, won't my reading always differ from the author's? How can I get my world out of my mind and imagine the world of the author? Shall I clear my mind of all current interests and humbly step along with the work as it leads me to the author's own meaning? By not assuming that it addresses a current concern, perhaps I will understand the work on its own terms. But without identifying anything that *I* can recognize as a reason for its existence, won't such an "understanding" really be a mere organization of parroted terms? On the other hand, if I could first grasp the point of the work in terms that mean something to me, maybe that would help me make sense of its parts. But wouldn't that just wrap the work in my own prejudices and push the unknown meaning forever out of reach? Maybe I can look for universal features of human meaning, forms and symbols that transcend time and space, guaranteed to be understood in the same way by all readers at all times. Or perhaps there is an objective story of human history that allows me to retrace our steps and assign just the right old significance to an old book. But if everything changes over time, perhaps the whole task is hopeless.

Such worries will surely ring a bell with the reader. Transposing them from books to patients, a psychoanalyst instantly recognizes these traditional problems of hermeneutics as the very perplexities of modern psychoanalysis.

THE NEW DOMAIN OF HERMENEUTICS

Recent hermeneutics does not confine itself to traditional problems of interpreting texts, but instead applies itself to a much larger field, ultimately taking everything into its domain. The argument for such expanded authority might run like this: Whatever we propose to scrutinize is carved out for attention. The way it is carved is what gives it meaning. The carving is done according to a human purpose, so human purpose is part of its meaning. Understanding the idea behind a purposeful human meaning is the job of hermeneutics. Hermeneutics is thus the study of our entire articulated world, not just texts and works of art. One might almost say (though not quite accurately) that our attention makes a "text" out of the raw world. (Hermeneuticists sometimes cite the work of Thomas Kuhn [1970] to demonstrate that we make texts out of the world even in the "hard" sciences, where we used to think that the carving had come to us from nature.)

THE GIST OF THE NEW HERMENEUTICS

Strictly speaking, perspectives are not reproducible; that is guaranteed by the passage of time. It is the task of hermeneutics to specify how we can duplicate the nonreproducible. In general, the newer hermeneutic schools respond that, in fact, we do not duplicate the other person's perspectives. Rather, we find something in them that fills out our particular perspective on our shared reality. In what follows, I will take Hans-Georg Gadamer and Paul Ricoeur[1] as representing modern hermeneutics. I will not discuss Habermas, who occupies a different niche and deserves separate consideration. (Unlike the others, Habermas explicitly focuses on actual conversation, and the analyst needs less imagination to perceive his relevance for treatment.)

[1] Unless otherwise specified, references are to Gadamer's *Truth and Method* (1975) and Ricoeur's *Time and Narrative, Volume I* (1984), *Volume II* (1985), and *Volume III* (1988).

Gadamer is well known for his doctrine that the passage of time not only changes perspectives but connects them. He argues that we do not have to regret our inability to relocate ourselves in a bygone vision, because—although we must necessarily start off with the humanly carved up world into which we were born—that world itself has been partly carved by the very people we are trying to understand. (For example, they gave us our language.) Those ancestors were casting an eye on a common world, and their perspective subtends an arc of endless possible exploration, much of it unknown to them and some newly available to us. To be sure, a text can mean something to me only if it connects with my own universe. But if I put my questions to the old texts, sincerely trying to make it teach me something new, it will help me discover possibilities in my own outlook—answers to my questions that I hadn't imagined. Well and good, but have I, in doing that, bypassed the old meaning and used the text just to autosuggest something new to myself? No, says Gadamer. I have truly made contact with the old meaning. Though meanings are not trollops standing on a corner waiting to be picked up by any passerby, neither are they virtuous wives fanatically faithful to their husbands. A meaning is like a musical composition that faithfully comes to life differently in each of its performances. In just that way, a meaning is manifested both anew and uniquely in each person on whom it dawns. Words on paper come alive into meaning at the moment that they influence the reader's universe. In the last analysis a meaning consists in the various ways it will appear in every sincere understanding. It follows that the way an old text orients a modern perspective is *part of* its (original) meaning, though a part that the author could not have known. Language is always capable of that kind of translation; it is endlessly extensible, and every spoken word potentially leads to something new.

Gadamer uses the word "prejudice" honorifically to describe a reader's tacit reliance on inherited forms of communion with the past. He has deliberately—and some would say provocatively—sponsored "prejudice" as a blunt contrast to the Enlightenment belief in methodical reason as a road to objectivity. He insists on using "prejudice" as a respectful term for the necessary medium of shared assump-

tions through which meanings travel to distant receivers. By "prejudice," he does not mean the deliberate, pigheaded obtuseness that we associate with the word: it does not refer to blind insistence. On the other hand, having ruled out ordinary objectivity, it is not clear what Gadamer requires of the reader besides earnestness. Not wanting his perspectivism to excuse poor scholarship, he forbids indulgent, impulsive intuitions and willful fantasies about the meaning of a text. He cautions that one should not jump to a conclusion without testing it against the facts of the text.

Ricoeur (1981a) notices that this offhanded caveat is actually a vital and undeveloped aspect of Gadamer's theory. Ricoeur tries to spell out what it *means* to be faithful to a text. Being less resentful of science, Ricoeur is willing to write in detail about what Gadamer wants to play down, namely the objective study of a text as an organized work. Before we can know what the text means, we must think of it as a completed work, organized in a customary style, according to certain cultural principles, with certain background assumptions about the universe. This preliminary study obviously employs the historical sciences and literary studies, perhaps even anthropology and sociology. Only after one has understood the text in that objective way can one look *through* it, so to speak, at the world it reveals.

HERMENEUTICS EXPANDS THE PRECONSCIOUS

When a Freudian hears hermeneuticists describe the endless extensibility and plasticity of language, he or she will regret having paid so little attention to his or her own concept of the preconscious. For example, the Freudian has rarely asked how completely structured the preconscious is. Psychoanalysis started with a rather limited view of the mind as a collection of formed items, such as ideas and memories (plus energy). Very shortly, Freud became interested in the transmutation of ideas and images into each other. But what parallels the hermeneutic vision in psychoanalysis is the continuum between what might be called "raw" and "finished" forms of thought, between

"bound" and "unbound" cathexes, between general dispositions and their concretization in particular situations, as in the transference and various levels of sublimation. Indeed, some continuity between unconscious and preconscious was always presupposed, as well as a reversible continuum between the preconscious and focused perception. These areas are outlined in psychoanalysis. But fixed structures are much easier to think about, whether they are large like the superego, or small like ideas, fantasies, and internalized objects. Circumscribed items afford the practitioner more cognitive security than he or she can get from spectra and continua (cf., Freud 1905, p. 116).

Meanwhile, however, everyone tacitly recognizes *gradients* of transformation between one state and another, and especially between less defined and more defined states. We know in our bones that treatment would make no sense if everything in the mind were a delimited item lodged in a fixed, static compartment. Various Freudian theories of the personal construction of reality, from Ferenczi to Waelder, have described a continuum of unfolding meaning in awareness of the world (see Friedman [in press]). And then there is Loewald (1976), who might be called the Niels Bohr of psychoanalysis for his ability to go back and forth between mental atoms and transformations, a skill he may have learned from his studies with the patron saint (or fallen angel) of modern hermeneutics, Martin Heidegger. And the frankly hermeneutic psychoanalyst Stern (1997) has recently discussed what he felicitously calls unformulated experience, appealing explicitly to Gadamer for help. (See also Friedman [1995].)

THE IMPORTANCE OF INTERACTIVE DIALOGUE

One of Gadamer's most impressive teachings is that active language automatically expands our understanding by adjusting itself to a constantly changing world, just as a legal statute continuously acquires its meaning through the always-new cases to which it is applied. In the case of language, dialogue (including internal dialogue) puts this process in motion. Does that have implications for treatment? To the

extent that dialogue succeeds in reeling in new implications of a patient's universe, a lively conversation might seem more profitable than the usual psychoanalytic reserve. Interpersonalists and intersubjectivists are happy to draw that conclusion. Freudian analysts might beg off on the grounds that the dialogue they wish to encourage is an internal one, for which they offer themselves as a mere foil or proxy. The Freudian analyst might prefer to silently enlarge his or her understanding by *mentally* addressing imaginary questions to the patient, as a hermeneuticist does to a text. But the Freudian analyst might also agree that sincere and open curiosity on the analyst's part needs to shine forth, even merely to draw out the patient's internal dialogue. And if the analyst's curiosity is genuine, the analyst may feel that his or her own understanding depends on live, question-and-answer exploration with the patient.

But one also finds a contrasting doctrine in hermeneutics. As noted, Gadamer and Ricoeur (the former casually, the latter emphatically) say that we cannot tune in to the world of a text by simply attending to the flow of the story. We will not be able to visualize the implied world view by just imagining the narrated events. As noted, Ricoeur insists that we must first visualize the text as a work. It must be studied in its structured wholeness as a distant object, forged according to coherent principles within a given tradition. Only then do we see not just the anecdotes and events that move us along, but the *point* of the story, the world that opens up "in front" of the work. Only then can we absorb into our own system of meanings what the work as a whole is *about*.

How does this apply to the treatment scene? Psychoanalysts might well claim to have followed this principle from the start. In the freewheeling associations of the patient, doesn't the analyst look for an object similar to a "work"? Isn't that what the analyst is doing when taking into account the organizing principles of the unconscious (or fantasy or defensive structure, etc.). Isn't that what analysts have in mind when they teach that it is not the dream's manifest content that reveals psychic reality, but the underlying wish? Surely the Freudian analyst follows hermeneutic principles when saying that the patient's productions must be observed objectively (i.e., as lawful and centrally

organized) before those associations can reveal the *point* of the patient's communication, just as we must understand the traditions of Greek tragedy and theology before we can feel the force of Sophocles's play. The analyst could say that it is precisely hermeneutic principles that distinguish analytic listening from everyday listening.

That means that we must objectify, as well as converse with, the patient, if we want to detect an underlying import. But most of us also think that we cannot understand the "work" or "text" underlying the flow of the patient's speech itself unless we understand the flow of speech in its own right. In the United States, at least, most psychoanalysts want to understand what their patients are saying on an ordinary conversational level as well as on the level of hidden meaning, and most feel it necessary to approach the latter via the former.

Does modern hermeneutics tell us how to think about ordinary conversation? It seems to me that, with the exception of the writings of Habermas, modern hermeneutics is not as much interested in personal conversation as hermeneutically-inclined psychoanalysts would wish. Nor is that surprising, since people are not texts. When people converse they continuously assist, monitor, and correct each other's understanding by gesture, context, and dialogue. They point the way and require a minimum of struggle on the part of the listener. Questions and answers come easily and explicitly on both sides, and hitting or missing a meaning is usually evident. Although each of our conversational comments may imply a whole, private, moral universe, that is not what we are ordinarily concerned with. We do not exchange parables or novels or histories of the Roman Empire over coffee. Simply put, "pass the salt" does not challenge hermeneutic ingenuity. Hermeneutic philosophers cite speech act philosophers, but by and large they are a different breed. The reason that hermeneuticists feel their skills are less needed on the subject of personal conversation is only partly that in conversation, a "reader" can ask the author's assistance. More to the point, the hermeneutic problem was originally how to make marks on paper speak to a *later* reader, who cannot erase from his mind his own, different, and later world view.

It is true that toward the end of his life, Gadamer (1997) regretted framing hermeneutics primarily as a way of making contact with

the past. He wished he had advertised hermeneutics as bridging any kind of distance between communicants, including the distance between contemporary conversationalists. But it is not easy to feel the strength of Gadamer's argument once it has been lifted out of its original setting, for it is that setting which suggested his solution. (Recall his argument that the writer's old world helped to *shape* the reader's new world, and therefore the historical influence that prejudices the reader also guarantees that the medium will be intelligible and relevant.)

HERMENEUTICS INSUFFICIENTLY DESCRIBES BARRIERS TO MEANING

We have seen that hermeneutics summons us to look more closely at preconscious processes, and it may also have something to offer regarding ordinary speech. But how about the unconscious? Indeed, even the preconscious may slip away from hermeneutic jurisdiction if it is conceptualized as walled off by a second censorship. To reach these walled-off regions we need something more than elaboration of ordinary speech by dialogue. Of course, not all contemporary analysts believe in the unconscious, and not even all Freudian analysts mean the same thing by it, but it would seem hard for practicing analysts of any sort to dispense with the notion of mental barriers. The work of psychotherapy requires some image of what Freud called resistance. Philosophically, hermeneutic analysts such as Stern (1997) and Hoffman (1998) may regard walls as theoretical mythologies, preferring to think in terms of a continuum of meaning. But as practitioners, they necessarily invoke walling-off concepts, such as anxiety-inspired habit (Bromberg 1998) or forbidden imagination (Stern 1997). Forceful barriers to meaning call for a causal psychology in addition to hermeneutics (some theorists even invoke neurophysiology).

All of these considerations are made immensely more complicated by the fact that analysis (really all analytic psychotherapy) is primarily intent on reading what the patient does not want read, and also, to some extent, what the analyst's profession requires that he or

she read against the analyst's own inclination. (This merits Ricoeur's [1970] description of "a hermeneutic of suspicion.") Psychoanalytic treatment is characterized by a conflict of interests not to be found between people in ordinary conversation or even ordinary argument, much less a happy reader and his novel.

Do these factors exempt depth psychology from the scrutiny of hermeneutics? Not really. Although forceful barriers can only be described in the non-hermeneutic language of causal efficacy, they do not make hermeneutics irrelevant, any more than military science drums hermeneutics out of historiography. The central role of barriers in Freudian psychology—and I think in all dynamic psychotherapies—continues to call for a hermeneutics as well as a causal theory, but it is a hermeneutics of drama rather than a simple hermeneutics of speech. Thus (as Gray [1994] reminds the profession), psychoanalysis is not just a reading of the hidden meaning of the patient's speech; it is a reading of the patient's *editing* of his or her speech. In other words, the subject of psychoanalysis is not a text, but a *drama* of the *writing* of a text (or texts) or the performance of a play. (It might be compared to the study of history.) Accordingly, Ricoeur (1970) describes psychoanalysis as a hybrid theory of force and meaning. Responding to the same mixture, Gadamer (1997) excuses himself as a hermeneuticist from commenting on psychoanalysis, probably because he regards it as a biological technology.

HERMENEUTICS ENDORSES OPPOSITE TREATMENT APPROACHES

So hermeneutics could pull an analyst in opposite directions. The half of hermeneutics that holds experience to be born in dialogue or describes treatment as auditing speech might inspire analysts to be more ordinarily conversational with patients. At the very least, the analyst might find it profitable to check out his or her understanding and ask for elaboration. That would allow the patient to see how he or she is being viewed and give the patient a chance to orient the analyst in a desired direction. Such an interaction might give the ana-

lyst a clearer view of what the patient wants the analyst to look at, and *draw* the analyst into the patient's immediately intended meaning.

But the other hermeneutic principle—the need to visualize the organization and "traditions" of the text as a "work"—would require the analyst to keep some affective distance from the flow of conversation so as to view it in its structured wholeness. The analyst could wait and observe how the patient's comments fall together (a more common analytic stance), perhaps comparing what is heard with similar shapes in this and other patients (just as a reader understands styles and genres). The analyst might then feel the thrust of a meaning that the patient hadn't perceived (such as Gill's [1963] allusion to the transference, or an unconscious fantasy, or a defensive pattern). Furthermore, if the analyst is looking at how the patient maneuvers his or her thoughts, the analyst would tend to avoid interfering with the "characters" in the drama—the internal objects, the warring organizations and impulses, the rhetoric chosen and avoided. The analyst would be watching an historical (dramatic) meaning unfold in the very making of the work. Note that both the conversational approach and the objective one would foster the hermeneutic process of eliciting discovery of new meaning by provoking speech to elaborate itself, but the style and pace of the colloquy would be somewhat different in each case.

HERMENEUTICS AND CO-CONSTRUCTION

Our current interest in enactments adds a further drama. The analyst steps back and looks at the drama of the analyst's own behavior with the patient. Hoffman (1998) suggests that there is no other drama going on. He believes that the analyst is always coauthor of the drama he is watching. On this matter, too, hermeneutics has conflicting implications for practice. Ricoeur says we refigure our own world under the influence of the text, and our private refiguration is an instance of the text's meaning. Ink on paper comes to life when we suddenly see how it is talking to us through our interests. (The literary critic Kenneth Burke, in 1965, wrote, "We interest a man by dealing with

his interests" [p. 37].) Likewise, both Gadamer and Ricoeur hold that the meaning of a drama is completed by the audience reception. If we replace reader and audience with analyst, this might seem to suggest that the meaning of the patient's drama is enmeshed with the analyst's own meaning. Does that imply that the analyst coauthors the patient's self-presentation? I think that would be a hasty conclusion to draw from hermeneutics.

The whole point of the hermeneutic endeavor is to be as true to the text as possible. It is only because hermeneuticists thought it impossible to lift an isolated meaning out of the text and plant it in the reader's head (due to the contextual dependence and inexhaustibility of meaning) that they were forced to look for another form of fidelity. They found it in the overlap of implications between the text at the time of writing and the text at the moment of reading (a "fusion of horizons"). Each event of meaning (in the reader's head) would tap those latent implications of the original meaning that suit the mental world of its new host. This does not exactly amount to coauthoring; it would be better described as the *provoking* (by the wide potential of an author's meaning) of a local *effect* (a meaning lit up in a particular reader). The difference between causing an effect and coauthoring is the difference between the internal fusion that brings a performance of Shakespeare into our private lives and the collaboration that twists Shakespeare into a musical comedy; only the latter could be called "coauthored." Hermeneutics attempts to explain how we can grasp something outside us when all we can use is what's inside us. It is what's outside us that we're trying to grasp. Hermeneutics is a spectator sport. Fiddling with the text is forbidden. The only qualification is that if what we see doesn't make sense to *us,* then *we* haven't "gotten it."

HERMENEUTICS AND ENACTMENT

What, then, would be the parallel between the sort of audience participation that hermeneutics describes and the analyst's interaction with the patient? Stern (1997) suggests that as a result of the pro-

longed, mutual interaction of analysis, the analyst inherits a shared world with his patient. Stern argues that the invisible, shared prejudice built up by the shared experience serves as a medium for understanding, in the same way that immersion in the flow of cultural history helps the reader understand old texts. Taken that way, hermeneutics might encourage the analyst to mix it up with the patient on a pre-understanding level—even to the point of prizing unformulatable enactments. (We must remember that when Gadamer speaks of prejudice, he is not talking about revisable preconceptions, but about invisible habits.)

There is surely a common truth in this idea. Any long-lasting relationship builds a small, private culture. A long analytic relationship must facilitate attunement in implicit and nonconscious ways. On the other hand, the mini-universe that we share with the patient will never dominate our sensibility the way our cultural heritage does. What makes culture an invisible prejudice is its pervasiveness. For instance, we cannot unlearn our language or live *avant le deluge*. We are obviously much freer from our patient's world than that. To a much greater degree we can remember what we were like before we met the patient. We were brought up with many other people for a longer period of time in more impressionable years. We are subject to many contrasting influences (one of them being our theory) that help us shake off the patient's influence.

Furthermore, it is not easy to understand Gadamer's account of how horizons are honestly fused despite individual prejudice, nor is it clear how prejudice is involved in contemporaneous conversation. With regard to the first issue, it is hard to follow Gadamer's account of the "fusion of horizons" (1975, p. 273), which is achieved by conscientious study of an historical text: He says that as readers, we do not really have a horizon separate from the text. The past perspective has influenced us, so our horizons are continuous. But yet, he says, we must not count on that continuity; we must respect the differences that separate us, and we must study the text in its own terms and in the context of its time (thereby also becoming aware of our contemporary prejudice). As we make the attempt to understand the past on its own terms, our built-in historical connection with it takes over and

makes the antique point relevant and available for a contemporary application. That application constitutes our accurate understanding of the text, even though it was obviously unavailable to the author in his day. In the act of understanding we have participated in a common meaning with the past (our horizons have fused), but we have not "lived ourselves into the past world," nor have we given up our contemporary world. What does that mean? It seems to me that Gadamer is describing the way the *potentiality* of the bygone view overlaps the hitherto untapped *potentiality* of our own perspective.

Now let us turn to the second question. How does prejudice function in ordinary conversation? Gadamer sometimes writes as though we can achieve a common understanding by erasing our biased "take" on the other person's comment by further conversation (e.g., Gadamer 1997, p. 45). But at other times he implies that all we correct is our misunderstanding of the *subject* under discussion (see, for example, Gadamer 1975, p. 406). For that limited purpose, sharing a common prejudice (most importantly, language) allows convergence, even if we don't duplicate our partner's meaning in our mind.

As I see it, Gadamer's most consistent position is that prejudice, in his sense of the word, is not something we can ever fully see or be free of because it constitutes our very being. Getting rid of prejudice would be like getting rid of our bodies. When understanding is easy, as in ordinary conversation, a common prejudice is the medium through which we get the point and reach agreement. In that situation we don't have to *ask* ourselves what the message means, because the prejudice (preliminary understanding) makes the medium transparent. When there is difficulty (distance, as from a long-ago author) —i.e., when our effort to understand is stymied, when we don't grasp a coherent meaning, when we can't figure out the point of the text or "get" what the author was driving at—then we must factor in our prejudice and try harder to learn something new. We may do that by trying to figure out the other person's point of view. But when we finally achieve an understanding in that fashion, what we have understood is not the other person's point of view; what we have understood is that person's *point*—his or her reference. By becoming aware of our preju-

dice, we stretch *it* to show what *in the world* the other person was looking *at*—seen still from our own point of view. Our own point of view has penetrated further along its own lines. That, at least, is the most consistent theme I find in Gadamer.

In short, this prejudice is not like a carrier pigeon that can be sent on its way after delivering its message. Prejudice helps us understand. We remain prejudiced after understanding. Gadamer's use of the term "prejudice" refers to the avenue that leads from our personal place and time out to the universe. It is our way of knowing things. Applied wisely, prejudice is an *accurate* way of knowing things. It is the way meaning comes into being. It is a slippery business to compare Gadamer's use of prejudice for understanding in general with allowing an enactment in order to understand patients. To the extent that patient and analyst share a prejudice, they understand each other perfectly well; according to Gadamer, that is how people come to an understanding. (The sharing of a common language is an example of a shared prejudice.) Breaking out of a shared prejudice would seem a pointless exercise. The common platform among people who partly share a "prejudice" is a common platform for understanding features of the world—*not* a common platform for understanding the common platform. On the contrary, Gadamer is noted for his *refusal* to regard prejudice as a trap, or to view shared prejudice as a confinement to be shaken off. Prejudice is not like an enactment that illuminates a truth when we step back and look at it.

Even if enactment per se isn't a Gadamerian medium of communication, it might still profit from Gadamer's theory of play. Modern hermeneuticists, such as Gadamer and Merleau-Ponty (1962), say that a meaning comes alive in a gestaltlike awareness of the structure that lurks in reality. Structure or meaning is born *in* our participation, that is, in our act of recognition. It snaps into our heads just as a figure pops out of the ground. We should be careful to note that this birth of meaning happens only as we *witness* what is thus structured, and not if we are present merely as inadvertent, blind pieces *of* the structure. (Gadamer [p. 402] writes, "To have a 'world' means to have an attitude towards it. To have an attitude towards the world, however, means to keep oneself so free from what one encounters of the

world that one is able to present it to oneself as it is.") But we might stretch a point and say that at the specific moment a therapist and patient become aware of the "game" they are playing, its form will stand out more sharply than when it is viewed from a distance. Sudden figure-ground reversals may be especially important in treatment, and for that to happen a previous enactment may be required. Enactments may have an especially powerful effect at the moment of their appearance when they have just coalesced into free-standing, esthetic wholes, and before they have been reasoned out as means to an end (cf., Levenson 1972). But as therapists we must remember that to be a "participant" in a drama, according to Gadamer, one need only be a witness, as in a theater audience. We don't have to act in a play or perform the music to be seized by the esthetic object. That would seem to imply that we don't have to "enact" to appreciate a patient's meaning.

HERMENEUTICS UNIVERSALIZES TRANSFERENCE

The hermeneutic notion that every "shared" meaning has a personal incarnation in each reader's private world seems to say something about transference. It implies that in its broadest sense, transference is a name for the highly personal meaning-finding machinery of human awareness. It validates Bird's (1972) suggestion that transference is an ego function. It supports Ferenczi's (1913) account of the development of a sense of reality, Gill's (1963) principle of the relativity of ego and id, and Loewald's (1976) principle of continuity between primary and secondary process (see Friedman 1999). According to one reading of Gadamer, the unlimited assimilating power of language is what allows us to be oriented by another perspective, but the perspectives we achieve remain our own, and there is no single perspective that is correct or objective. What takes the place of objectivity is the willingness to find, within another person's perspective, a recognizable feature that has not yet been explored in our own perspective. That might imply that what we refer to clinically as transference

is a perspective that has not been allowed discourse with other perspectives, has not accepted that there are different perspectives, and has therefore insufficiently explored *itself*. We might suppose that an enactment serves to lock in that isolation.

PREJUDICE AS A VEHICLE OF COMMUNICATION

Modern hermeneutics tells us that nothing will be a message for us unless we *implicitly* share a world and a medium with its sender. This provokes interesting questions: Among useful prejudices can we number Freudian principles that are part of today's shared culture? May we include familiar forms of analytic talk? Do these shared assumptions about how the mind works help us to communicate with patients in a way that we could not with patients from another culture? (Analysts often act as though treatment rituals are aspects of nature which every "realistic" patient would accept as such.) Our culture's view of personhood is probably part of our shared prejudice. And we might even wonder whether our psychoanalytic training is part of our inculcated collegial prejudice. Once trained, analysts often seem unable to step out of their conceptual (and sometimes even their terminological) universe.

HERMENEUTICS FINDS PERSONAL ATTITUDES IN ALL JUDGMENTS

Hermeneutics starts with the recognition that what we grasp is seen from within our own universe. It's only when we have made a writer's or artist's meaning function inside our own universe that we understand his or her point. Until that moment we have just marks on paper or vibrations in air. Stern (1997) makes good use of that principle, reminding analysts that every understanding is an interpretation, whether by the analyst or by the patient, whether of oneself or the other. It follows that each comment of the analyst expresses not

just a fact but an attitude (a perspective). It is as though we could not shine a focused laser beam on a patient, but only a widening cone of light that projects from some feature to that place in the world (in our world on our side; in the patient's world on his side). The patient is thus always reading the analyst's attitude toward him or her.

We should note, however, that hermeneuticists such as Gadamer and Ricoeur believe that these interpretations corner a real world that is independent of the observer—a world that resists incorrect understandings. It is possible to be plain wrong about a work of art. Similarly, we may be wrong about the patient, and he or she about us. Hermeneuticists are not solipsistic relativists—at least they try not to be. It's just that, as with Wittgenstein, they hold that the world can only be referred to in a language that is variable and relative. When Gadamer says that every understanding is an interpretation, he means by "interpretation" something like the interpretation of a piece of music by a performer. Each representation is a context-imbued occasion for the music. But the music is there and it can be played accurately or inaccurately. Furthermore, if we look more closely at Gadamer's description, we note that personal conversations are more focused than interpretation of literary works. Thus hermeneuticists seem to allow for a more and a less when it comes to the scope and specificity of communication, ranging from items of gossip to vast worlds opened up "in front of" a work of art. Would that variability allow us to say that some psychoanalytic interventions are relatively simple and easily agreed upon (e.g., Gray's [1994] technique), while others are more like a text for the patient to figure out (e.g., an interpretation of an unconscious fantasy)?

HOW MANY "TEXTS" IS THE ANALYST READING?

Suppose that in the patient's voice we are being addressed by several "persons" all at once, or that the patient is speaking several "languages" at once. Or suppose that the patient's associations are directed to-

ward various people and point to opposite things at once, or loudly proclaim one message so that we won't hear a softer one. We would then face a task that is not well described by Gadamer, who imagines that meanings grab the reader before the reader can see how they were arrived at, the way we recognize faces.[2] In the complex clinical situation, we might welcome Ricoeur's permission to call in *technical* expertise to examine its structure, *after* which we may first be in a position to be "charmed" by its net meaning (to use Gadamer's term for the involuntariness of "getting a point."

WHAT DOES IT MEAN TO UNDERSTAND WHAT SOMEONE MEANS?

Modern hermeneutics argues that there is no universal way of grasping somebody else's meaning. In place of an interpretive method, hermeneutics puts the reader's earnest desire to extend his or her vision. Psychotherapists will note the importance hermeneuticists give to questions and answers in the process of understanding. It implies that no matter what relevance we intend by our comments, patients will understand us in terms of their pressing questions (see also Friedman 1988; Michels 1983). It would also suggest that we understand a patient to the extent that we find within ourselves real and pressing questions of our own that will profit from the patient's answer. To see the point of the patient's effort, it must make a point in our own terms. This has been said before, but never so eloquently. Understanding will reach us only if we approach the patient with genuine curiosity. It cannot be an empty, formal curiosity, such as expressed by, "How could I put this in terms of my theory?" or "How on earth did the patient get that way?" The patient's outlook must strike us as revelatory. (Stern [1997] has emphasized this. See also Friedman [1988].)

[2] I am aware that those who believe they are listening directly to the unconscious may find listening to conflict not so different from listening to a narrative, and they may feel that they can tune into its univocal meaning just as directly.

The foregoing is in line with the old maxim that the patient's sense of things must seem natural and inevitable. The grasp of meaning is a lock-and-key fit, with the lock being a question that we feel a need to answer, and the key being the patient's expressions. What the hermeneuticists emphasize, I think, is the nonconceptual recognition of the *fit;* it can't be reasoned out or deduced—at some point it is simply seen; it dawns on one. Satisfaction of the need (the curiosity) is what certifies the fit (the point of the message). Again, the pertinence of the answer is recognized in the same ways that we recognize a face. But we should not lose sight of the fact that such an immediate "take" is just the last step of an arduous journey. Ricoeur (1981b) writes, "…understanding…has nothing to do with an *immediate* grasping of a foreign psychic life or with an *emotional* identification with a mental intention. Understanding is entirely *mediated* by the whole of explanatory procedures which precede it and accompany it" (p. 220, italics in original).

Advocates of physiognomic, gestaltlike, or ideographic recognition have often confronted psychoanalysts as adversaries, and analysts have fought back against the antiscientific, existential implications of what looks to them like intuitionism. Hartmann (1927) argued against the existentialist psychoanalyst, Ludwig Binswanger, that, while psychoanalysis does indeed need phenomenology, it must also transcend phenomenology in its hunt for causal principles (including biological forces). Hartmann also argued that the radical uniqueness of each individual's experience must inevitably assume less importance as generalities are discovered.

In opposition to this, hermeneuticists such as Gadamer often seem intent on demolishing conceptual strategies (which he calls "method"), and there is no denying their resentment of science (Ricoeur being the exception). But even Gadamer seems to respect the objectivity of the unconscious in the work of treatment. And his emphasis on language as the medium for grasping the world, for understanding the works of man, and indeed for simply being human, is a paean in praise of conceptual understanding. He only asks that we recognize that conceptual understanding is creative rather than deductive. On the other side of the argument, Hartmann probably

underestimated the difficulty of defining the states and entities, and of elaborating the causes and effects, that psychoanalytic laws are supposed to connect. Had he recognized that difficulty he might have afforded phenomenology an even more important role in psychoanalysis.

UNDERSTANDING AS A MEANS AND AS AN END

Psychoanalysis is not an ordinary conversation, nor is it pure research. Treatment is undertaken for a specific purpose which is not primarily the edification of the analyst. We must consider what our mode of understanding *does* to the patient. I will admit that the analytic tradition itself has tended to take the effects of understanding for granted; it has preferred to think of understanding as an end in itself. There are many reasons for that innocence, including the origin of psychoanalysis in traumatology, the nature of its psychodynamic theory, and the injunction that analysts should suspend other purposes while analyzing. Above all, psychoanalysis has struggled to avoid the taint of manipulation. The custom of stuffing all operations that mediate change into a black box called the ego helped analysts to ignore what might otherwise be stigmatized as manipulation. And the fact that the analyst's most conspicuous behavior is listening encourages a Platonic image of the interaction. Thus, when the hermeneuticist comes along and concentrates exclusively on the goal of construing, he will seem to have the full psychoanalytic panorama in view. It is easy for the practicing analyst to identify with the hermeneuticist, and that may indeed be a necessary identification. But an analyst looking on would have to admit that the task of analysis is to find a way to put the *patient* into a hermeneutic frame of mind, and that is a matter of practical, cause-and-effect psychology.

It seems to me that psychoanalytic treatment differs from reading a book in that there is no way to say *what* it is that the analyst wants to understand without a theory of the mind, of pathology, and of the

action of treatment. And those theories are not what hermeneutics is designed to supply. Few would disagree that *all* schools of analysis offer understandings of the patient. What each disputant contends is that its own *sort* of understanding is what's needed for analytic results.

According to ontological hermeneuticists such as Heidegger and Gadamer, science enjoys a dangerously overblown reputation in the modern world. With few exceptions, these philosophers do not generally bestow great attention on questions of effectiveness and technology, and when they do, it is at best to patronize such interests and at worst to denigrate them. We cannot expect much direct comment on the "engineering" of psychotherapy from that quarter. (As mentioned earlier, Habermas is an exception.)

And then there is Ricoeur. By cinching together meaning and force, Ricoeur fits hermeneutics into the natural world. That enabled him to appreciate the nature of Freud's overall system (1970) as few others have, and to write a sympathetic essay on analytic treatment (1977a). In addition to his study of psychoanalysis, analysts will appreciate Ricoeur's insistence on approaching what we want to understand as an object fashioned in dissectible ways. And analysts will also sympathize with Ricoeur's insistence on the disciplined suspension of one's own framework while trying to absorb the message. Those principles guided Ricoeur's studies of metaphor (1977b) and narrative (1984, 1985, 1988). The analyst, too, hopes that both he and the patient will come to see the patient as an objective organization, and the analyst wonders what situations might prompt a patient to suspend his world view in order to examine new possibilities with an open mind. Are we talking about Sterba's (1934) therapeutic splitting of the ego? Does the self-distancing we aim for hinge on hopefulness stirred up by the analytic format? How can the analyst communicate in a way (possibly including anonymity and neutrality) that makes the analyst's contribution most available to the patient for a "blending of horizons"? Are some metaphors better equipped than others to combine enticement and novelty? How to instill a hermeneutic attitude in a patient is not a hermeneutic problem; it is a subject for empirical investigation.

THE PLACE OF HERMENEUTICS IN PHILOSOPHY

I will now present my personal view of where all this fits in the landscape of philosophy.

In a famous effort to determine what we can know for sure, Descartes (1641) tried to milk everything that was immediate and inescapable out of the mere experience of consciousness. He did it by staring inward at his experience while avoiding habitual inferences and presuppositions. In the same quest, Kant (1781) adopted a different strategy. Instead of inventorying his own experience, he examined the formal requirements of experience in general, and thus the features of any experienceable world.

Kant's work was frequently misunderstood. The discourse of the times led him to use terms like "thing in itself" and "transcendental ego." Such terms misleadingly struck a psychological rather than a logical note, and sometimes obscured Kant's own appreciation of his radical project. That made Kant look like a psychological phenomenologist. A long and popular tradition of neo-Kantians gave the impression that their master had diagnosed a sort of congenital and inoperable astigmatism that forever blinds human beings to undistorted reality. (In fact, what Kant had demonstrated was that human experience *defines* undistorted reality, if you think of reality as an experienceable world.)

In this popular misrepresentation, Kant emerges as both a hasty phenomenologist and a bad metaphysician. Viewing Kant as a phenomenologist, Martin Heidegger, an existential phenomenologist, and Edmund Husserl, a logical phenomenologist, could point to much introspective data which he had overlooked. And viewing him as a failed Kantian, they blamed him for locating the features of an experienceable world inside the organs of an individual perceiver, which would indeed be a logical absurdity. The improvers then staked out for themselves the original Kantian project of drawing out universal implications (and thus the constitution of the world) from the nature of experience. But they went about it in a new and un-Kantian way: They superimposed Descartes's

subjective phenomenology onto Kant's dissection of the logical implications of experience. It was a fateful, hybrid move for modern philosophy. Increasingly, these philosophers regarded the pervasive, *subjective* aspects of experience as being even more inescapable than Kant's bare, *formal* implications of experience. Ultimately, perspectives, attitudes, and feelings drowned out Kant's formal features of reality. The way was paved for a phenomenological ontology.

Phenomenologists were fascinated by the fact that we cannot imagine a state of the world without picturing ourselves (or a human deputy) there looking at it, located at some particular place and time with particular purpose of some sort in mind and a full complement of human emotions and attitudes. From that they rightly concluded that there is no human experience without a human perspective, but they unjustifiably further concluded that there is no *experienceable* world without a human perspective—no possible world without human meaning and purpose. Merleau-Ponty (1962) is the most eloquent exponent of that idea. He points out that our primary datum is always a fully committed and value-laden world-view, while so-called objective facts are simply *abstractions* from that given, humanly meaningful datum. Obviously, if a philosopher starts out with that vision, the conclusion will depend entirely on the philosopher's attitude toward abstraction.

ARE ABSTRACTIONS ARTIFICIAL?

A popular summary of this history might read as follows: Kant believed that the largest abstractions he could make from experience would constitute the basic requirement for any possible experience, and from that he could deduce the absolutely reliable features of the world. Husserl (1931) thought he should add certain less abstract features because they are always present in experience. And the existential phenomenologists—notably, Heidegger (Heidegger [1929]; and see essays in Murray [1978])—then decided that the *least* abstract features of experience would tell us

the most about the universe.[3] In polar opposition to Kant, this tradition seeks what is most whole, full, concrete, immediate, unabstracted, unanalyzed. Where will you find the most whole, full, concrete, immediate, and unabstracted datum? It would seem to consist of everything in your awareness all at once. Of course, that is inexpressible, so it is no surprise that Heidegger eventually gave up philosophizing and turned to poetic commentary.

But en route to the inexpressible one finds important, general, *psychological* observations, even if they are mislabeled as ontology. As mentioned, Merleau-Ponty (1962) offers rich and valuable characterizations of our world and our bodies as soaked in personal meaning and form, and American psychotherapy is the poorer for its neglect of that great French existentialist psychologist. Heidegger, however, has won the affection of psychotherapists by observing that we are more regularly helpless, worried, and aware of time running out than we are disinterestedly contemplative. These appreciative analysts think they learn from Heidegger that patients are more involved in staying afloat than they are concerned about the state of their unconscious. Heidegger may have reached new depths of philosophical obscurity, but many find in his writings a simple and welcome discovery that human life is not primarily a matter of philosophizing.

This popular summary is obviously too rough. My precis implies that phenomenology is a philosophical error, which it certainly is not. I do believe that an error is committed in trying to catch one's awareness before one has "doctored" it up in thought. It would require attending without attending, thinking without thinking. The truth is that we cannot outwit abstraction. We cannot flick our head around so quickly that we catch a raw experience before we have "done" something to it. (Husserl's "bracketing" must be considered an asymptotic ideal.) If abstractions are "merely" useful inventions, then so is everything we can refer to. But behind this chasing of our phenomenological tails lies a genuine, philosophical problem, accurately iden-

[3] I do not say that this was his declared method; his method had more to do with examining how philosophers as beings-in-the-world had defined their being in the world.

tified by the hermeneutic and phenomenological tradition as the paradoxical nature of time.

Inside all of Kant's *abstractions* is one *felt* item—felt time. Heidegger (1929) skewers Kant with that fact. The logical features of experience seem to pivot on a unique, local, felt discrimination of some particular body's past and future. The phenomenologists were both right and wrong. They were wrong to say that an experienceable world is necessarily experienced by someone. But they were right to blow the whistle on a world without a past, present, and future, and to observe that past, present, and future, in turn, seem to have no meaning without a particular creature relative to whom the past and the future lie. The fact that we also live in a "cosmic" time that is objectively without a perceiver and only mathematically presentable poses many problems, not the least of which is how to reconcile causality and novelty. Ricoeur's masterwork, *Time and Narrative* (1984, 1985, 1988), provides the best exposition of this problem. Ricoeur persuasively concludes that nobody has been able to show either how an introspector could grasp the idea of a single, objective, universal time from his or her own instantaneous experience—or, on the other hand, how a sense of passage could arise from an abstract idea of universal time. Kantians and phenomenologists alike have trouble with time. And if we allow that the *experience* of time (in the form of past, present, and future) is part of the intrinsic nature of the world, how shall we keep out Heidegger's "care," "thrown-ness," and "being-toward-death"?

ABSTRACTIONS ARE PERVASIVE, BUT VARY IN MAGNITUDE

One must conclude that mentation is intrinsically abstractive, but also that it always keeps a foot in immediate, unique fact. Indeed, our awareness consists of all kinds and levels of abstraction. Abstraction is the act of lifting out some aspect from its surroundings in order to give it a special response. In an elementary form it is the process of life itself (as in nutrition). In higher forms it creates an animal's relevant circumambient world (Uexküll's *Umwelt* [see Cassirer 1944, pp.

40-46]). Man abstracts in language by carrying over an aspect of the moment through a longer period of time in order to give it special attention and combine it with other aspects. But we also abstract with vision and with movement. We abstract with our feelings. We abstract seriously, playfully, speculatively. Some of our abstractions are involuntary, some voluntary. From the time of infancy we meld abstractions into cross-modal concepts and metaphors. Some abstractions underlie many other abstractions (causes, objects). But some apply very selectively (a gloomy day). We call the former "objective," the latter, "subjective."

Nowhere is this combination of unavoidable abstractions and fleeting ones more evident than in our sense of the human mind. Our continuing identity calls for concepts of substance, while our uniqueness, more vivid to us than that of other individual objects—our terrifying fragility and the incomprehensible disparity between how we see ourselves and how nature treats us—cannot be easily subsumed under laws and principles. The problem of time looms largest with us because the flow of time through our memory goes a long way toward constituting our very being (for which reason philosophers such as Bergson [1907] and Whitehead [1929] tend to take mind as the model of all being). But we are fooling ourselves if we suppose there is any other way to think about those matters than just trying harder to do so with all the not-quite-adequate conceptual powers at our disposal.

CAN WE FIND LASTING MEANING IN AND BETWEEN OUR FLEETING LIVES?

What, then, does the modern hermeneutic phenomenology contribute? At its best, hermeneutics *is* the effort to try always harder to make conceptual abstractions serve our concrete and personal particularities. Locked as we are into our own perspective and context, with the environment and meaning of existence changing over time, we somehow manage to catch hold of other people's visions. Evidently we, the most unique and temporal of beings, are able to

find something constant (in outlook and direction) that allows us to communicate with the past and future and around the globe, and it is the task of hermeneutics to shed light on that paradoxical accomplishment. How does hermeneutics do that? Largely by exploring the way that we articulate experience. Language is its major focus. As Gadamer says, language embodies in itself the paradox in time. It is infinitely extensible; everything can be brought into language. In that sense language is a constant in the flux of human life and history. But by the same token it is ceaselessly inventing and changing over time. As many modern philosophers see it, language is nothing less than our view of things, but its resources allow our view to be endlessly expanded to approach any other view. When we grasp someone else's idea through language, it becomes directly apparent to us. In that respect, ideas are eternal, old-fashioned universals. But the idea we grasp is not exactly what anybody experienced before, since it reflects the universe from our own unique perspective. In that sense ideas are one-time happenings. (In my opinion, this begs the question of constancy through time. I think some features remain constant in all the various understandings of a meaning, and I think the constant element is tacitly assumed by hermeneuticists, though they pretend to dispense with such constancies. Hirsch [1967] makes the point admirably.)

Ricoeur confronts the paradox much more directly. He says that narrative form is what makes the passage of time at least partially relevant to human values, but does so by reckoning with the objective, eternal time of a heedless, physical universe. Characteristically, as I have noted, Ricoeur recognizes the need for physical (technical, psychological, and historical) understandings and social intermediaries in the process of recognizing human meanings.

WHAT DOES HERMENEUTICS TEACH THE PSYCHOANALYST?

At its best, then, hermeneutics has some healthy advice for psychoanalysts. *Hermeneutics encourages us to believe that even solitary speech,*

and to a greater extent genuine dialogue, always produce discovery and change. It reassures us that a new world can be found to some extent through the largest common denominator of our work, namely, elaborated speech that pushes against the limits of the patient's old understanding. And it teaches that discovery is broadened when a patient is induced to find relevance in the analyst's world through dialogue. (Stern [1997] fruitfully describes that as an expansion of imagination.)

Hermeneutics prescribes humility in our claim to understanding. It warns that we cannot actually capture someone else's unique meaning. *Hermeneutics says we must find how the patient's conclusion answers a question that actually strikes us as a real question.* Fitting the patient's production into a stock formula is not an understanding. *Hermeneutics teaches that play is a form of understanding, and understanding a form of play.* Mental or physical participation in the patient's meaning makes it understandable to us.

Hermeneutics supports narrative as a premise for understanding human meaning, action, and the passage of time. Schafer (1983) has elaborated that in detail. *Hermeneutics summons us to use our esthetic and physiognomic sensibilities in clinical work.* In their final dawning, meanings click into our sensibility in a lively fashion within our own dramatic world, and are not pieced together by formulas. *Hermeneutics warns that we cannot place an idea in somebody's head.* An interpretation can never be to a patient what it was to the analyst.

According to hermeneutics, our general approach amounts to a vision of the patient from which the patient selects desired solutions to his or her perceived problems. The analyst's every comment expresses a human perspective, that is, an ethical or dramatic attitude toward the patient in the patient's world. *Hermeneutic phenomenology reminds us that, to begin with, everyone always finds him- or herself in a complex situation, and is only secondarily aware of its ingredients.* Patients are never just contemplating their psyches (or our interpretations). *Hermeneutics cautions us to carry our fixed categories lightly.* There is always a world of alternative abstractions available. (I will return to this below.)

WHAT IS MISLEADING ABOUT HERMENEUTICS?

That is hermeneutic phenomenology at its best. At its worst, hermeneutic phenomenology is a romantic rebellion against modernism and science. As mentioned, most phenomenological hermeneuticists abhor abstractions (especially scientific abstractions) and find the best knowledge of the world in the most conglomerate whole. They regard reality as what is primordially "given" to us in awareness (that which William James famously described as a "blooming, buzzing confusion" of undifferentiated awareness). Hermeneuticists frequently scorn other sorts of knowledge as stuff we make up. They say that for merely occasional and often banal purposes, we extract utilitarian shapes from our full awareness and dub them common objects, such as tables and chairs. Then, forgetting our most basic purposes, we further abstract from those artificial objects certain even more humanly meaningless categories, such as wood and molecules and atoms, etc., which we specify for the even more restricted purpose of physical engineering. (In his Luddite mood, Heidegger implies that science is a disrespectful attempt to dominate Mother Nature.)

Take away those accidental purposes that christen this or that physical object and what is left is the (supposedly) ultimate reality, characterized, according to Heidegger, by immersion in a situation and movement toward nothingness, such being the raw world before we mark it up. Thus, at its *worst*, hermeneutics teaches that what we used to think of as the objective world is really thoroughly subjective (almost fictitious), and what looks like a thoroughly self-absorbed bias is really the last word in objectivity.

Turn from that vision to developmental psychology. Piaget (1951) taught that intellectual development is a process of decentering oneself from infantile egocentricity. Recent studies of "mentalization" or "metacognition" trace the individual's gradual acquisition of multiple perspectives. The question is: At which end of our development do we apprehend the world most clearly? Are we dumber as adults than we were as infants? Surprisingly, the question does not answer itself. There is a Wordsworthian contingent that decries our movement to-

ward a universal point of view as a calamitous fall from paradise into an impoverished world of tools, where instead of enjoying a proper wonder at nature we are reduced to its grubby manipulation. But most of us think of that journey to abstract knowledge as the crowning glory of mankind and the true appreciation of the universe. Perhaps that is the origin of C. P. Snow's oft-quoted reference to "two cultures," the world of the scientist and the world of the humanist (discussed, for example, by Polanyi [1959]). But there doesn't need to be a division. Adults not only make science; they are also better than infants at making art and music.

Psychoanalysis, too, can bring the two worlds together. All it takes is a recognition that our objective view is saturated with a more or less local and affective perspective, and that there are aspects of the world which shade into unique and shifting wholes (see Friedman 1965). Esthetics has to do with everything in our lives. The union of the two worlds can be cemented with the concession on one side that attention and consciousness are intrinsically abstractive, and on the other side, that there are some conceptual problems which are likely to elude us forever, especially those dealing with uniqueness.

HERMENEUTICS CONFRONTS PSYCHOANALYSIS WITH THE PROBLEM OF SEGMENTATION

Hermeneutic phenomenology is one of the modern philosophical schools that celebrate the relativity of conceptual understanding, usually by pointing out that language cannot be tamed into any one outline. We can divide the world in an infinite number of ways. In calling attention to this fact, hermeneutics usefully confronts psychoanalysis with a challenge. How does analysis justify the way it carves up the mind and the way it maps treatment?

Psychoanalysis is defeated to begin with if it accepts the critique of abstractions across the board. To be sure, it can always plead that it is effective in practice even as an ideology or mythology. And if it can establish its usefulness that way, it could even argue that its

effectiveness reveals *something* about the nature of the mind, even if not exactly what the theory says. For example, if treatment works by forcing the most reluctant type of talk, then translating everything into sex and aggression might work, even if sex and aggression are incidental in life. The effectiveness of that focus would still reveal something about human nature, namely, that human beings are especially sensitive in those areas. Certainly, some such argument is implicit in analytic theory. Everyone knows that life can be looked at in other than psychoanalytic ways—for example, in terms of what Freudians call sublimation. Ricoeur (1970) points out that we could choose to look at the fullest possible reading of a symbol rather than its most elementary cause. Instead, analysts *choose* to view people in their professional way for a given purpose. My own view is that psychoanalysis undertakes to chart what is problematic in human life, and to define the problems in the most intimate terms possible.

Even so, analysts are not content with utilitarian justifications. They argue among themselves about how to segment the human mind, whether into internalized parental objects, selfobjects, relationship patterns, unconscious fantasies, defensive patterns, etc. (For example, a Kleinian is likely to say that psychic reality *is* internalized objects.) Analysts disagree about how to segment an hour of process, i.e., into episodes of projective identification or transference enactment or new regression or a new freedom, etc., or indeed, whether everything is everything at once. They are claiming a warrant in nature for their way of dividing the continuous, constantly changing flux of mind and interaction. If analysts allow all abstractions to stand or fall together, they will end up as third-rate poets.

Indeed, that may be the highest honor hermeneutics has to offer. Some hermeneuticists cite the infinite variability of language as evidence that we can simply choose what Nelson Goodman (1978) calls our "ways of worldmaking." Gadamer is impressed by the ameba-like reshaping of language as it finds application in each new, slightly different instance. As Gadamer says, these phenomena reflect the infinite availability of new abstractions at our disposal. The endless availability of new abstractions shows up in the continuous, imperceptible

tailoring of old meanings to new events. The easy creep of reference shows that we can always find new objects of study. What it doesn't show, I believe, is that we can dispense with all the old objects. (The view I am advocating is elaborated by the philosophers Ernest Cassirer [1957] and Carl von Weizsäcker [1980].)

As mentioned above, abstractions are not all on a level. Cognitive, developmental, and language studies agree that cross-modal, metaphoric coordinations occur over many domains. (See Karmiloff-Smith [1994] on the primordial beginning of that process.) Attention may be deployed in many ways, and every way is a kind of abstraction or maybe several kinds of abstraction. (Goodman [1978] illustrates many types of sensuous grasp of the world.) What is most important is that types of abstractions are often *layered*. Some abstractions really are more general than others, and they organize the more particular ones. Persisting substance and causality are among the most pervasive ones. Of course, we understand what Merleau-Ponty (1962) means when he implies that the pleasantness of a face is as inherent as its form; he means that we first grasp such characteristics together in one "take," only later abstracting the shape separately from the beauty. But it is only shape that we will continue to abstract from every other visible object.

Hermeneuticists are entitled to say that the unified experience is "primary" (although that may not be empirically confirmed, and it is wrong if it means that infants do not abstract). But scientists can have their own say about what's "primary," and it will probably be what is least defined by any single perspective, i.e., what is most abstract. The word should not mislead us. The hermeneuticist's use of "primary" means "closest to experience," while scientists use it to mean "farthest from experience." The hermeneuticist is looking at the moment, and the scientist at the generality.

In-between the two lies a world of graded abstractions, ranging from those that appear only because we take a certain view of things (which we usually call "subjective") to those that lead out to universality (which we are inclined to call "objective"). Analysts fight over the middle ground insofar as they approach the patient's experience, and/or encourage the patient to get close to that experience, while at the

same time trying to make sense of it in terms of humanity in general. Psychoanalysts therefore arrange their abstractions along lines of large and small structures and causes, and what they claim for these abstractions varies. They regard some as general truths of psychology, some as generally useful ways of looking at things, and some as unique and personal metaphors. An analyst might concede that some of these configurations are useful myths, while holding others to be general forms of human experience, human reactivity, and biological lawfulness. The analyst would say that some are optional and others not. But—and this is what the phenomenologists sometimes forget—they are all abstractions. When theorists argue broadly about whether the analyst can be objective, they are failing to specify the level of abstraction in question. The answer is different at each level.

In our vigorously antischolastic climate, analysts would do well to give this matter some thought. What are the grounds for the divisions we picture in the mind, the forces at work in a treatment hour, the conspicuous segments of analytic process, and what varying claims do we make for each? The hermeneutic challenge is a good place to begin.

GENERAL OBSERVATIONS

It would be foolish to deny the profundity of the problems with which hermeneutics wrestles, or the enormous stimulus it offers to the study of human meaning. There is much to brood upon in the contrast between our inevitably local perspectives and "inhuman" science. Hermeneutics adds a philosophical reflection to whatever else we are doing—a reflection on the contrast between uniqueness and generality. Psychoanalysis can use all the reflections it can gather, from the most abstract underpinnings (hard science) to the least abstract (hermeneutics), from what lies under the spoken word to what emerges over it. Such a motley bag of knowledge may complicate the analyst's task, but it also enriches it. A woman with premenstrual syndrome inevitably gives the condition her own meaning. As Merleau-Ponty (1962) would say, it is not a body that is involved—it is *her* body.

Analyst and Merleau-Ponty are agreed on that. But an analyst would not be as well off knowing nothing about endocrinology as if he or she knew something. After all, would an analyst do just as well in knowing only that a patient bleeds, but without ever having heard of menstruation?

Reconstructions are useful chiefly as self-narratives, but Bowlby's (1969) theory of the attachment predicaments will help form images of possible problems. To deny that would, in principle, be the same as denying that an analyst should know that infants are small and helpless—it is the same *sort* of information. Now the other side of the issue is just as valid. A sense of the continuous tension between particularity and generality, uniqueness and sameness, is a useful atmosphere in the analyst's mind. (See Sullivan's dictum that we are all more alike than different, and compare with Levenson's [1991] observation that patients are more different than alike.) All of these considerations serve not only as pictures but also as modifiers and elaborators of psychoanalytic theory, since that theory spans physiology and phenomenology.

A plethora of images of widely different abstractness is also useful for picturing the treatment relationship and therapeutic action. But how directly that information should be *applied* to the treatment procedure is an open question. As regards bottom-up applications, the extreme complexity of the analytic situation makes it unlikely that we can pair the interactive and introspective scene with a PET scan, for example. Unable to identify what the variables are in the thick field of moving awareness over time, how will we know which elements in the treatment situation resulted in which changes, or what concurrent or equivalent changes were going on elsewhere in the brain, or how a person's life is altered by that change? We encounter a similar problem when thinking from the top down. The hermeneuticist may describe how we grasp an offered meaning, but it is hard to know *which* particular meaning the analyst or patient is really trying to grasp at a given moment of treatment, or what kind of *influence* we are exerting by focusing on that aspect.

In all of these possible applications we have to contend with an obvious recursiveness. When you apply a certain body of knowledge

in dealing with someone, you are also presenting yourself *as* someone who looks on matters that way, who uses that particular body of knowledge for a designated purpose, e.g., being especially friendly in order to provide a new procedural memory, or discloses his own view in order to display a new horizon to the patient, etc. In both cases, what is sometimes overlooked is the meaning to the patient of having his or her partner *try* for that goal and assume the role of one who has the right to do that. (The most obvious illustration would be the *interpersonal fallout* of a therapist's modeling treatment as habit training.) In personal relations, the intention to understand at a certain level often has more consequences than the understanding itself. And the intent, in turn, will be understood in terms of roles, relationships, and attitudes that go along with it.

What should we do about such complexity and recursiveness? I suggest three generalizations.

(1) Our best knowledge of interpersonal interactions and how to monitor and control them is none other than our ordinary social competence. That competence was designed by evolution specifically for the sort of complexity about which we are worried. We have been trained and tested in that competence for a lifetime, and it is unlikely that we will improve upon it by learning new facts. The treatment format, however strange, is guided by ordinary social knowledge, and we move around the format, judge it, and revise it on the basis of our social awareness. Various studies may help us appreciate that skill. We will benefit from language and cognitive sciences, neuroscience, social psychology, psychoanalysis, speech act philosophy, infant development, the study of rhetoric, narrative, and historiography—and hermeneutics, the old hermeneutics of Schleiermacher and Dilthey no less than the new one of Gadamer and Ricoeur. Each offers up forms that are useful in the more complex, subtle, practical calculus of interpersonal action called psychoanalysis. But none of these specialties can directly command the behavioral calculus. (Gadamer disclaims any prescriptive inten-

tion, and specifically exempts psychoanalysis from his critique.)

(2) The level of ordinary social interaction is just that level where recognition of the biology of human behavior and the appreciation of dramatic meanings come together for integration. That is beautifully illustrated in Ricoeur's vision of hermeneutics. Perhaps Gadamer's most important lesson is his celebration of Aristotle's *phronesis*, practical wisdom, as the essence of humane understanding, a sense of what's fitting at the moment. In psychoanalysis we simply squeeze our ordinary know-how into a formal custom that supports the unusual effects an analyst wants to achieve.

(3) It follows that we should keep our minds supplied with all the available, valid images of human life we can garner, but we should decide *what to do* with patients on the basis of what we see and feel in the treatment arena (and, of course, what we notice about the results of treatment).

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129 B East 71 Street
New York, NY 10021

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FROM SCHISMS THROUGH SYNTHESIS TO INFORMED OSCILLATION: AN ATTEMPT AT INTEGRATING SOME DIVERSE ASPECTS OF PSYCHOANALYTIC TECHNIQUE

BY SALMAN AKHTAR, M.D.

There exists a conceptual bifurcation at the core of psychoanalysis. It has been viewed from differing vantage points and portrayed as subsuming various dichotomies (oedipal-preoedipal, conflict-deficit, one person-two person, classic-romantic, and so on). While each such conceptual pair has its own heuristic accompaniments, these dichotomies share a profoundly important element. They have divergent effects upon the analyst's mode of listening and the nature of his or her interventions. These and other related technical implications are the topic of this paper. With the help of three clinical vignettes and by coalescing the isolated voices of many distinguished theoreticians, the author attempts to elucidate and heal this split. This paper proposes three levels of increasingly sophisticated resolution of the technical divergence resulting from this schism. The paper recommends an informed oscillation between the two polarities of psychoanalytic technique, an oscillation that must remain in consonance with the patient's shifting ego organization. The paper concludes by highlighting the developmental bases for the proposed technical conceptualizations.

This paper was written in honor of Arnold Cooper, M.D.

From the early Freud-Ferenczi debates on psychoanalytic technique through the Klein-Balint schism in England and the Kernberg-Kohut controversy in the United States, to the contemporary tension between the classical and the intersubjective views of the analytic process, there has existed a schism in the way our field has practiced and conceptualized its own enterprise. Seen and described variously, this schism subsumes the following dichotomies: oedipal-preoedipal, psychopathological-developmental, one person-two person, verbal-nonverbal, conflict-deficit, and so on. To be sure, each such conceptual pair has its own vantage point, its ups and downs in psychoanalytic history, heuristic accompaniments, and technical nuances. At the same time, these dichotomies do tend to share an important common element. One polarity of these concepts (e.g., oedipal, psychopathological, one-person, verbal, and conflict) tends to tilt the analyst's listening in a skeptical direction and his or her interventions toward a search for hidden meanings in the patient's communications. The other polarity (e.g., preoedipal, developmental, two-person, nonverbal, and deficit) tends to tilt the analyst's listening toward credulousness and his or her interventions in an affirmative direction. The implications of this schism for the theory and craft of psychoanalytic technique are therefore quite significant. In light of this, it is surprising that little effort has been made to elucidate and heal this split.[1] The tendency, instead, has been to ignore the bifurcation, or to rigidly adhere to one particular side of the split, or, more recently, to profess a nonaligned eclecticism where multiple models are used in the service of clinical necessity. Such solutions have pragmatic and aesthetic advantages but miss out on the technical coherence which synthesizing the two sides promises to yield.

In a technically relevant and experience-near emphasis, I will begin with two clinical examples that highlight the issues involved. I will note the technical choices presented by such material and briefly elucidate related matters of technique. Since the two vignettes high-

[1] There are a few notable exceptions in this regard (Greenspan 1977; Killingmo 1989; Strenger 1989; Wallerstein 1983), and I will refer to these contributions later in this paper.

light the conceptual dilemma but do not contain information on how I resolved it, I offer a third vignette to show what I said and did in a similarly puzzling situation. Finally, I will comment upon the developmental basis of my conceptualizations before concluding with a short parable containing the essence of my message.

TWO CLINICAL VIGNETTES

Case 1

A schizoid woman in the first year of her brittle and tenuous analysis begins a session with a prolonged silence. After waiting it out some, since I am used to her halting manner, I bring her attention to the difficulty she seems to be experiencing in beginning to talk. Encountering further silence, I venture, "Perhaps there is some concern, some feeling about me that is making it difficult for you to reveal what you are thinking and feeling." The patient remains quiet for another few minutes. Then, in a pained voice, she says, "Why can't you understand me without my speaking? You are an analyst. You should be able to understand what I am feeling, what I am wanting and needing from you at this time." She pauses. I remain quiet. She adds, "It hurts my feelings when you want me to speak so that you can understand me. See, when I was little I had to teach my mother—at least I tried to—how to be my mother. Then I had to teach my father how to be my father. And now I have to speak here so that you can understand me. That's like my teaching you how to be an analyst. It hurts my feelings. It really does, this whole thing."

While she is not vengeful, her plaintive and hurt voice makes me feel I have burdened her. By encouraging verbalization, I have imposed my agenda. Soon, however, I see the idealizing aspect of her desire. I should omnisciently discern her inner world and she, having arrived at the Vatican of depth psychology, be healed with little further effort on her part. I begin to feel skeptical. What is all this a defense against? Does the desire to keep me fixed in an idealized healer role help her ward off hate toward me for my seeming unhelpfulness (like her parents, allegedly)? Is this godlike view of

me a shield to deflect her erotic and nonerotic feelings about my body, which is, after all, only about two feet from her? With these thoughts, an intervention begins to formulate in my mind. I will, in some fashion, bring her attention to the defensive aims in her statement.

However, I decide to give myself just another moment or two to think this out further. Now it occurs to me that while my line of thinking is plausible, it involves a rather swift bypass of the patient's overt material. Maybe there *is* something to what she is saying. Maybe her feeling hurt by my first intervention was not simply a response to a frustrated transference wish, but an understandable reaction to the deprivation of a healthy ego need. After all, aren't there certain human relationships (e.g., between infant and mother, between two naked lovers under a sheet, between a religious mendicant and his or her spiritual guide, between two friends driving for a long while on a highway, etc.) in which words are not essential for communication? Clearly, this patient did not have enough such ego-strengthening experiences during childhood, and is not having enough such experiences in her adult life. To be sure, we should work toward her resolution of the intrapsychic hurdles in her path to be more satisfied in this regard, but what about this very moment when she seems to be in need of such an experience? Is there a point in depriving her? Should my follow-up intervention not indicate that I respect her need to be understood in her silence, and that I did indeed burden her by encouraging her to talk? Should I interpret the idealizing, defensive, and potentially paranoid aspect of her comments? Or should I empathize with her hurt, and discern and acknowledge the healthy, developmentally valid aspect of her ego need? I am at a conceptual fork.

Case 2

A thin-skinned and shy, fearful but immensely needy, young woman is in a five-times-a-week analysis. From time to time she feels a bit more confident of her acceptability to me. Usually this is a result of a piece of superego analysis, whereby the defensive nature of her

inhibitions become more observable to her, and from which she learns of the childhood roots and current uses of terrifying inner injunctions. Mostly, she is afraid of overburdening me and immensely thankful for my attention. At other times, she expresses a need to see me more often, have longer sessions, meet me on demand, etc. Five times a week for fifty minutes certainly does not seem enough. I encourage her to tell me more about all this. She reveals that as a child she felt horribly rejected by her mother, who sternly discouraged any physical contact between them. She sobs. We go on in this staccato fashion.

Then one day she reveals, fearfully and with some help from me, that she has found out where I live and has driven by to take a look at my house. I experience mixed feelings upon hearing this. Mostly, I feel a sense of fascination at this manner of transference deepening. The link between this behavior and her childhood wishes to touch her mother is clear to me. When I bring this to her attention, she notices the connection, too. However, the material does not deepen. Inquiries regarding what fantasies she has about my house, what or who does she really want to see, what does the house stand for, how the looking at my house might be a way of avoiding wishes to see me more fully (she is on the couch), all yield meager results.

Gradually, the pattern of visiting my house becomes a regular one. Three or four times a week, including at times on weekends, she drives by the street on which I live, slowing down as she passes my house, looking at it intently. Once in a while, from inside, I can see her driving by. I feel a bit intruded upon and mildly annoyed. I listen to the reports of these visits often, but gain little further access to her inner world. I present this situation to a study group, where some members express alarm, questioning my not feeling frightened and angry. They suggest more active efforts at bringing this matter into the verbal discourse, getting at the underlying wishes of intruding upon the primal scene, cannibalism, whatever. One member recommends a prohibition of this behavior, thinking that only that approach will force the material back into the chamber of thought.

I find these ideas congenial, but am not truly alarmed and in no rush. A different approach presents itself to me. I am reminded that the patient wanted to see me more than five times a week and for

longer sessions, held at her demand. Was that a coercive control of me behind which lurked the fear (wish) of having killed me during the intervals? Or was it a developmental need? In other words, was the patient's wish to have more contact a hostile defense against deeper layers of even greater hostility, or was her going to my house an innovative way of having more sessions, without which she felt cognitively and emotionally disorganized? Two interventions were thus possible. One leaned toward interpretation of the defensive and/or provocative nature of her actions. The other involved acknowledging the adaptive aspects of her behavior which sought satisfaction of an ego need that I had failed to meet. Here it was again, the same conceptual fork!

SCHISMS AND SYNTHESIS

These vignettes demonstrate that clinical material offered us can be heard from two opposing perspectives. While described from various vantage points, as noted above, these perspectives ultimately arise out of what Strenger (1989) has termed the "classic" and "romantic" visions of human nature, its maladies, and their amelioration. The classic vision, found most clearly in Kant's thought, holds striving toward autonomy and the reign of reason to be the essence of being human. The romantic vision, developed by Rousseau and Goethe, values authenticity and spontaneity over logic and reason. Each vision exerts a powerful impact upon psychoanalytic theory.

> The *classic view* sees man as governed by the pleasure principle and the development towards maturity is that towards the predominance of the reality principle. Neurosis is the result of the covert influence of the pleasure principle. The analyst's attitude towards the patient is a combination of respect and suspicion and the analyst takes the side of the reality principle. The ethic is stoic: maturity and mental health depend on the extent to which a person can acknowledge reality as it is and be rational and wise. The *romantic view* sees man as striving towards becoming a cohesive self. Development aims at a self which consists of a continuous flow from ambitions to ideals, from a sense of vitality towards goals

> which are experienced as intrinsically valuable. Mental suffering is the result of the failure of the environment to fulfill the self-object function and the patient's symptoms are the desperate attempt to fill the vacuum in his depleted self. The analyst's attitude towards the patient is one of trust in his humanity and the analyst takes the side of joy and vitality. The ethic is romantic: maturity and mental health consist in the ability to sustain enthusiasm and a sense of meaning. [Strenger 1989, p. 601]

This bifurcation has profound effects on the psychoanalytic conceptualizations of psychopathology and its amelioration. The classic approach views psychopathology, even its severe forms, in terms of internal conflict (Abend et al. 1983; Arlow and Brenner 1964; Kernberg 1975), and the romantic approach (Kohut 1977; Winnicott 1965) in terms of deficit. The first approach values rationality and realism in the conduct of life, and the second approach, authenticity and vitality. Therefore the two approaches have potentially different goals for treatment and different parameters for regarding a treatment as successful.

Strenger (1989) notes the impact of these two visions upon the technique of psychoanalysis in the following two areas: (1) *Listening attitude:* The classic attitude prompts skepticism and a listening geared to decipher "the ways in which the patient's wishes and fantasies colour his perception of reality, past and present" (p. 603); the romantic attitude mobilizes credulousness and a listening attitude geared to discern "the healthy striving for wholeness and psychic survival" (p. 603) in the patient's communications.[2] (2) *Nature of interventions:* The classic attitude yields interventions that address resistance, facilitate

[2] The recent Arlow-Schwaber debate (Arlow 1995; Schwaber 1998) exemplifies this very polarity in the analyst's listening attitude. With a different slant, Spencer and Balter (1990) also underscore the tension between the "introspective" and the "behavioral" methods of observation in psychoanalysis. In the former, the analyst puts him- or herself in the position of the analysand and derives clinical understanding from the latter's perspective. In the latter, the analyst adopts the "view of a spectator, without regard to the subject's own thoughts or feelings" (p. 402). The two methods, often yielding different sets of information, are complementary, each modifying the other in the service of deepening the grasp of the analysand's mental functioning.

uncovering, and pertain to the intrapsychic "here and now," while the romantic attitude yields interventions aimed at enhancing validity and plausibility of the patient's experience by empathic affirmation and reconstruction.

Other aspects of technique, not spelled out by Strenger, also reveal differences in these two approaches: (1) *View of transference:* The first approach views transference as a re-creation (however distorted by wish, defense, immature ego apparatus, etc.) of early object relations (Freud 1912, 1915; Klein 1948), the second approach considers the possibility that transference might also contain a search for new objects (Loewald 1960; Tahka 1993; Winnicott 1965). (2) *View of resistance:* The classic approach values verbalization via free association, and therefore views patient's silences as resistance to the process; the romantic approach emphasizes that the patient is always communicating something important to the analyst, and his or her silence is but one way of doing so (Khan 1983; Winnicott 1965). (3) *Recognition of the therapist's role as a new object* is less in the first than in the second approach (Loewald 1960; Settlage 1994); in the classic approach, the therapist's role is technical and interpretive, while in the romantic approach it is mutative via empathic relatedness and development facilitation. (4) In a related vein, the classic approach regards *the therapist's personality* as significant only insofar as it is a constituent of technique (Kernberg 1984), while the romantic approach regards the warmth, tact, and authenticity of the therapist to be of central importance (Guntrip 1969). (5) The classic approach deems *deep regression during the treatment* undesirable, since it threatens therapeutic alliance and contaminates reason (Kernberg 1975, 1984), while the romantic approach (Adler 1985; Balint 1968; Guntrip 1969; Searles 1986; Winnicott 1960) regards it as essential for a new beginning to become possible. (6) While both views acknowledge *acting out* to be inevitable, the classic view considers it an undesirable spilling over into life of material that should be brought to conscious awareness in treatment (Abend et al. 1983; Freud 1914; Kernberg 1975, 1984; Volkan 1987); and the romantic approach views it as a desperate "manifestation of hope" (Winnicott 1963, p. 208) that the environment (now embodied by the therapist) will reverse the dam-

age it has done. (7) The two approaches carry different *countertransference* risks: The main risk of the classic approach is that the analyst might become judgmental and a haughtily superior arbiter of "reality," while the main risk of the romantic approach is that the analyst might become overindulgent and unduly identified with the child self-representations of the patient.

These distinctions highlight the fact that an exclusive adherence to either of the two approaches necessarily entails technical tradeoffs. A dedicatedly "romantic" approach can preclude uncovering, interpretive work, whereas a strictly "classic" approach can overlook the importance of empathic, stabilizing measures. Fortunately, an admixture of the two approaches is discernible in the work of some integrative theorists. For instance, Modell (1976), while betraying an overall romantic bent, recognizes the importance of oedipal transferences, a proposition of the classic type. Volkan (1987), though classic in his approach, emphasizes the redemptive power of a deep regression, a notion of the romantic type. Most practicing clinicians also intuitively attempt to strike their own varieties of a balance between these two positions. Indeed, the two approaches can be reconciled with the possibility of rapprochement on three levels of increasing complexity. *The simplest stance* is to view them as being suited for different kinds of patients. The technical approach derived from the classic vision appears more applicable to analyzable neurotics, and within the severe character pathology realm, to "thick-skinned" (Rosenfeld 1971) narcissistic and borderline patients. The approach derived from the romantic vision seems more suited to fragile, borderline, retiring, schizoid, and "thin-skinned" (Rosenfeld 1971) narcissistic patients.

At a more complex level, it seems that both approaches are suitable for one and the same patient, but at different times during the treatment. The classic approach, with its emphasis on the search for hidden meaning, works better when the patient is more organized and allied with the therapist. The romantic approach, with its accent on affirmation and empathy, would be the preferred mode of engaging the patient during states of extraordinary turmoil, self-absorption, and regression.

At an even more sophisticated level, it can be said that every patient's every association and every behavior can, and should, be understood from both approaches. The choice of perspective from which to address the material, and of what facet to bring to the patient's attention, then depends on the therapist's intuitive evaluation of the patient's capacity to hear and assimilate the information. Issues of optimal distance (Akhtar 1992; Bouvet 1958; Escoll 1992; Mahler et al. 1975) and tact (Poland 1975) are clearly of paramount importance here. One thing, however, is certain: that the

> …choice between the classic and the romantic attitude is not to be made once and for all. It must depend at every moment on an assessment of where the patient is in this respect.… This tension is not to be resolved, as it reflects the tension between the human ability and need for full experience and the capacity for self-reflection which is essential to maturity and wisdom. [Strenger 1989, pp. 607, 609]

In a different but overlapping context, Wallerstein (1983) has voiced reservations about an exclusive focus on the oedipal or preoedipal determinants of psychopathology. Wallerstein emphasizes that:

> In the flow and flux of analytic clinical material we are always in the world of "both/and." We deal constantly, and in turn, both with the oedipal where there is a coherent self, and the preoedipal, where there may not yet be; with defensive regressions and with developmental arrests; with defensive transferences and defensive resistances and with recreations of earlier traumatic and traumatized states. [p. 31]

Another reminder of this sort, this time about the controversy over the deciphering and interpreting of transferences related to conflicts and deficits, comes from Killingmo (1989), who states:

> As the structural level will fluctuate within one and the same patient from one point of time to another or from one area of the personality to another, the analyst has to be in a state of constant receptivity to oscillate between the two strategic positions. [p. 77]

When the patient's transferences reflect conflict-based sectors of the patient's personality, the technical approach should be one of skeptical listening, a search for concealed meanings, and interpretive interventions. On the other hand, when the patient's transferences reflect deficit-based sectors of the patient's personality, the technical approach should be characterized by credulous listening, validation of the patient's psychic reality, and affirmative interventions. At such moments,

> …issues of subtle meaning, affect and wish, are of secondary importance to issues of internal intactness or disruption related to a lack of a differentiated ego structure secondary to a lack of constant, delineated, internal representations.... The analyst does not wish to focus his attention on the patient's drive derivatives when the patient's main concern is fragmentation. [Greenspan 1977, p. 387]

The doctrinaire tendency of either/or thinking must be put aside in favor of a technique that oscillates in rhythm with the patient's level of psychic organization.

Such a crisscross between addressing differently organized clusters of patients' material is also inherent in Settlage's (1992, 1994) point that the therapeutic process and the developmental process are complementary and proceed hand in hand. Transference interpretation increasingly reveals the analyst as a new object which the patient can use for developmental purposes. Settlage notes that:

> With each undoing of some aspect of pathology, there is opportunity for development in that same area. With each increment of development, the personality structure is strengthened. The strengthened structure increases the patient's tolerance for the therapeutic exposure of repressed, anxiety-creating urges, fantasies and feelings, further therapeutic work is followed in turn by more development, and so on. [1992, p. 355]

Following Loewald (1960), Settlage (1994) suggests that the analyst should fluctuate between maintaining a neutral position toward

the patient's transferences and establishing a "developmental relationship" (p. 42) with the healthier sectors of the patient's personality. Through the former stance, the analyst will acquire the ability to make interpretations. Through the latter, the analyst will encourage the patient's developmental initiatives and acknowledge developmental achievements.

Yet another observation of the same type, though stated in somewhat different terms, comes from Bach (1994), who states that:

> A considerable period of holding or attunement, which is *not* the same as passivity, mirroring, corrective emotional experience, or role playing, may be necessary in order to provide the patient with the [needed] psychic space.... If the patient is consistently confronted with the analyst's reality before the psychic space has developed, then two common miscarriages of analysis may ensue. In the first the patient becomes acquiescent and agrees, but does not develop a genuine sense of self and a prolonged pseudo-analysis results. In the second the patient disagrees and eventually either acts out or conforms, but becomes internally isolated, suspicious, and schizoid. [p. 158]

Bach emphasizes that attunement of another person to one's inner emotional state results in a feeling of cohesion, trust, and psychic solidity. This foundation is essential to handling later disillusionments, including those inherent in healthy development. The same scheme applies to the conduct of analysis. In other words, provision of attunement and facilitation of trust through validation of the patient's own experience is a prerequisite for its interpretive deconstruction.

Therefore, it seems that whether it be the polarity between classic and romantic (Strenger 1989), oedipal and preoedipal (Wallerstein 1983), conflict and deficit (Killingmo 1989), insight and empathy (Kernberg 1975; Kohut 1977), attunement and interpretation (Bach 1994), or psychopathological and developmental (Loewald 1960; Settlage 1992, 1994), the ideal to be strived for is the acceptance of complexity, of paradox, of multiple determinations, and,

by implication, of a fluid though informed and thoughtful technique.

In an eloquent elucidation of the changing views of the therapeutic action of psychoanalysis, Cooper (1988) makes an essentially similar plea.[3] Comparing Strachey's (1934) and Loewald's (1960) seminal contributions on technique, Cooper (1988) notes that Strachey's model of therapeutic action

> …seems straightforward, based on classical instinct theory and resistance analysis, and interlarded with a bit of Kleinian object relations theory. The role of the analyst is as a neutral, benign interpreter of reality, internalized as a temporary new object, helping to make the unconscious conscious, and modifying the superego. Classical analytic neutrality is preserved. [1988, p. 19]

In contrast, the model analyst for Loewald offers him- or herself to the patient as a contemporary object. In describing Loewald's ideas, Cooper (1988) notes that the analyst works as

> …an emotionally related object, with an important gradient of organizational maturity between him and his patient, mindful of the patient's core of potential being, which he senses as a parent does, oriented toward the future, offering the patient opportunities to create new integrations on the armature of maturity that the analyst provides. His task is empathic communication, uncovering, and guidance towards new synthesis. [1988, p. 26]

Cooper concludes that these two sets of ideas regarding how psychoanalysis works remain "parallel rather than integrated...[and that]

[3] By this point in the paper, the reader will have become aware of the profusion of quotations from various authors. This is a deliberate literary device and not evidence of intellectual laziness on the author's part. In letting the voices of distinguished theoreticians (e.g., Bach, Cooper, Greenspan, Herzog, Killingmo, Settlage, Wallerstein, Wright) speak literally for themselves, without paraphrase or interpretation, I have sought to create a heuristic chorus in support of my main technical and theoretical assertions.

...it is a major task of psychoanalysis today to unify these two forms of description" (p. 26).[4]

BACK TO THE CLINICAL SITUATION

Case 3

In the throes of a regressive transference, a patient entered my office, enraged and waiving a finger. Approaching the couch, she said, "I have a lot on my mind today and I want to do all the talking. I don't want you to speak even a single word!" A bit taken aback, I mumbled, "Okay." The patient shouted, "I said, 'not one word,' and you have already fucked up this session!" Now seated on my chair behind her, I was more rattled. Had I done wrong by speaking at all, I asked myself. As the patient lay on the couch, angry and stiff, I started to think. Perhaps she is so inconsolable today, so intent upon forcing me into the role of a depriving person, that she found a way to see even the gratification of her desire as its frustration. I was, however, not entirely satisfied with this explanation; I therefore decided to wait and think further. It then occurred to me that maybe she was justifiably angered by my saying "okay." By agreeing to let her have omnipotent control over me, I had asserted my will and thus paradoxically deprived her of the omnipotence she seemed to need.

I was about to make an interpretation along these lines when it occurred to me that by sharing this understanding, I would be repeating my mistake: making my autonomous psychic functioning too obvious. As a result, I decided to say only "I am sorry" and leave the remaining thoughts unspoken. The patient relaxed and the tension in

[4] Pressures other than intellectual ones might add to the necessity for synthesizing diverse views of analytic theory and technique. In a contribution on the future of psychoanalysis, Cooper (1990) suggested that the increasing presence of International Psychoanalytic Association societies as full-fledged members of the North American analytic community will eventually make it necessary for American analysts to become acquainted with continental and Latin American views of analytic theory and technique.

the room began to lessen. After ten minutes of further silence, she said, "Well, this session has been messed up. I had so many things to say." After a further pause, she added, "…among the various things on my mind...," and thus the session gradually "started," such that by the time we ended, things were going pretty smoothly.

Now I am aware that a novice, too, could have said, "I am sorry," but I believe the underlying discernment of ego needs would be missing. By apologizing, I was acknowledging that I had failed her by not understanding that she needed to have no boundaries, as it were, between us at all; she was the kind of patient (at least in that moment) who "need[s] to be allowed to establish a provisional omnipotence over the analyst" (Casement 1991, p. 277). Moreover, by thus meeting the patient where she was experientially, my comment facilitated her moving up to a level at which she could collaborate with me in an exploration of her psychic reality, *including* her rage at me and her injured sense that I was, in general, withholding love and affection from her. Affirmation thus prepared the ground for interpretation.

More on Technique

Another aspect of technique deserves attention. In each of the three vignettes included here, there was a turning point in my subjective attitude.[5] In the first case, this occurred when I began to reject the interpretation that the patient's demand was based on an infantile wish, in favor of viewing it as emanating from a legitimate ego need (see Akhtar [1999] for an elucidation of the need-wish distinction). In the second case, a similar shift was evident in my moving from the view that the patient's driving by my house expressed a warded-off, unconscious fantasy, to the view that it was a manifestation of a need for greater contact with the analyst, without which her

[5] This turning point is obvious owing to the severity of the cases cited. In ordinarily analyzable neurotic patients, the holding and affirmative functions of the analyst remain "silently" in place, permitting interpretive work to go on in the foreground.

self-experience would become incoherent and disorganized. In the third case, the patient's rage at my verbally agreeing to remain silent throughout the session was at first viewed by me as her paranoid inconsolableness, and only later as a reaction to my failing to meet her anaclitic ego needs.

There are two ways to understand such internal shifts. Not surprisingly, these take a classic and romantic view of my own subjectivity. In the former, this type of shift appears to result from an anxious giving up on the analysis of negative transference by resorting to patient-pleasing narratives. In the latter, the shift seems an accommodation to the level of the patient's structural organization. The momentary delay in arriving at the second formulation is caused by my analytic ego being transiently overwhelmed by affect, and hence vulnerable to making what were to me relatively standard interpretations.[6] In this connection, it is important to note that, in all three instances, I was not comfortable with the first line of understanding *and* surprised myself by the second formulation. Moreover, the second line of thinking did *not* exclude the first; it only prepared the way for interpretation, as is clearly shown in the third vignette.

Such willingness and ability of the analyst to "oscillate between two strategic positions" (Killingmo 1989, p. 77)—i.e., those of affirmation and interpretation—have developmental correlates that can provide a rationale for mending the schism that has plagued psychoanalytic technique (and its theories) since its inception.

A DEVELOPMENTAL POSTSCRIPT

The technical polarities of listening with credulousness and responding with affirmative interventions, versus listening with skepti-

[6] Such transitional object-like use of familiar concepts has been commented upon by Michels (1983) in his elucidation of the scientific and clinical functions of psychoanalytic theory for analysts. In this light, the conceptual shift described above can be seen as reflecting my own freedom from handed-down ideas, in favor of experientially derived insights in the clinical here and now. While this indeed might have been the case, my sense is that more was involved. The two patterns of understanding

cism and responding with interpretive interventions, seem to have as their respective developmental prototypes the maternal and paternal styles of relating to young children. Herzog's (1984) elucidation of the "homeostatic" and "disruptive" attunements of parents to a growing child is especially illuminating in this context. Through video-monitored child observational studies, Herzog has demonstrated that mothers usually *join in with a toddler* in his or her ongoing play (e.g., building a tower with wooden blocks), thus giving the child a "continuity of being" (Winnicott 1965, p. 54), validity, and harmony with the environment ("homeostatic attunement"). Fathers, on the contrary, characteristically disrupt the playing toddler's equilibrium by cajoling him or her into *joining them* in a new activity ("disruptive attunement"). Homeostatic attunement has affirming qualities necessary for the sustenance and consolidation of self-experience. Disruptive attunement has enhancing qualities necessary for broadening and deepening of self-experience. The influence of the two types of attunements is additive and contributes to the fluid solidity of a healthy self-experience.[7] Herzog further observed that fathers distract the child from the game he or she is playing only when the mother is with the child. In her absence, and especially with younger children, fathers, too, start playing the child's own game—i.e., resort to homeostatic attunement. This suggests that homeostatic attunement is an experiential prerequisite for disruptive attunement.

Extrapolating these developmental observations to the clinical situation suggests the following. The analyst's credulous listening and the analyst's "holding" (Winnicott 1960), as well as "affirmative" (Killingmo 1989) interventions, are akin to the maternal "homeostatic attunement," insofar as they, too, aim to validate, strengthen, and stabilize the self-experience. The analyst's skepticism regarding the patient's conscious material and the analyst's unmasking, inter-

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and responding reflected different analytic traditions, and as I propose to demonstrate in the latter parts of this paper, had different developmental prototypes.

[7] Indeed, the two attunements might even be necessary for the two sides of identity—subjective self-sameness and self-objectification (Bach 1994; Erikson 1956; Lichtenstein 1963)—to develop optimally.

pretive interventions seem akin to the paternal "disruptive attunement," insofar as these also cause cognitive expansion by introducing new material into the patient's awareness. Herzog's conclusion that homeostatic attunement is a prerequisite for disruptive attunement finds a parallel in the clinical situation, where the analyst's holding and affirmative (i.e., homeostatic) functions must be securely in place in order for the analyst's interpretive (i.e., disruptive) efforts to be fruitful. The patient's inner sense of the analytic relationship must be stable (or should be stabilized) in order for him or her to utilize the destabilizing impact of interpretation, which by definition brings something new to the patient's attention. The patient must possess or be helped to possess a "safety feeling" (Sandler 1960, p. 4) before taking the risk of encountering the repudiated aspects of self-experience. Couched in the developmental metaphor, the analyst's exercise of maternal functions seems to be a prerequisite for his or her exercise of paternal functions.

Designating such maternal and paternal interventions as "two poles of therapeutic technique," Wright (1991) traces their respective origins to Freud and Winnicott.

> Freud, it seems to me, stands for the father with his forbidding and prohibitions; Winnicott stands for the mother and her caring, nurturing, and loving. Freud is the mediator of the reality principle to which the child must adapt; Winnicott is the protector of a kinder, more lenient space, which keeps reality, to some extent, at bay. [1991, p. 280]

In Wright's view, analysis involves a renewal of the process of psychic formation. It provides the space within which new forms or symbols of the self may be created. However, for fully separated and representative symbols in the human discourse—as well as less separated and iconic symbols—to emerge, be understood, and coalesce, the analytic technique requires both maternal and paternal elements. The maternal element (holding, facilitating, enabling, and surviving) "posits faith in the background process. Things will happen if you wait" (1991, p. 283). The paternal element (search-

ing, confronting, deciphering, and interpreting) underlies the analyst's skepticism, the struggles with the patient's resistances, and the analyst's confrontations with the turbulent world of intrapsychic conflict.

Wright goes on to suggest that the two modes of intervention might be appropriate at different times, fostering different modes of symbolizing. However, maternal holding of the psychically banished elements has to precede a meaningful examination of them with the aim of further self-understanding.[8] "Containing holding" is a prior condition for "transformative looking" (Wright 1991, p. 300). Moreover, the maternal and paternal elements of technique "provide a point and counterpoint in analysis between two styles and two visions and neither wins the day completely" (p. 280). It should also be remembered that such "maternal" and "paternal" attributes are not gender-based in a literal sense; there are male analysts who seem more "maternal" and female analysts who seem more "paternal" in technique. At the same time, it is true that most analysts, regardless of gender, possess both types of attributes and strive to incorporate them in their technical approaches.[9]

Wright's bringing together of the Freud-Winnicott technical schism seems to have underpinnings in Herzog's (1984) developmental observations. Together, their views also resonate with Greenspan's (1977), Wallerstein's (1983), Killingmo's (1989), Settlage's (1992), and Bach's (1994), in their differently couched statements mentioned earlier. In the end, it all boils down to placing consolidation before deconstruction, empathy before insight, affirmation before interpretation, and "mother" before "father," while recognizing that *both* experiences are as necessary in psychoanalytic treatment as they are in

[8] To be sure, this is far from the technical stance adopted by self psychologists. For them, the empathic approach is not merely aimed at stabilizing the patient and consolidating his or her psychic experience *before* an interpretive mode can be introduced; rather, the empathic approach is mutative in its own right.

[9] Cultural factors may also play a role here. For example, the "maternal" element of technique seems overrepresented by analysts of Hungarian heritage (e.g., Ferenczi and Balint), and the "paternal" element by analysts of Germanic descent (e.g., Freud and Kernberg).

the course of development.[10] In the treatment of patients with reasonably well-established object constancy, these oscillations are mild; to extend the developmental metaphor, the "mother" is already in the room and "father" can proceed with his disruptive attunement. In sicker cases, "mother" has to be brought in before the introduction of paternal disruptive attunement[11]; I have elsewhere described in detail such analytic work with individuals with defective object constancy (Akhtar 1994, 1996, 1998). In either case, the treatment requires both types of interventions, though in neurotic patients, less visibly so. A psychoanalytic technique that opts for only one side of this duality misses the clinical boat, even if it rests safely on the shores of a pristine theory.

CONCLUSION

In this paper, I have attempted to highlight the existence of a central schism in the theory and practice of psychoanalytic technique. I have also made suggestions for its healing, and discussed the developmental basis for my formulations. Now, in a final reiteration of my thesis, I conclude with a parable.

There is a young boy who has a beloved uncle. Each Easter, the uncle comes to visit his nephew, and before entering the house, goes

[10] Teaching is yet another arena in which oscillation between homeostatic and disruptive attunement has profoundly salutary effects. A good teacher tells the students what they already know, thus generating a feeling of self-worth and confidence in them (homeostatic attunement). Then, in a swift movement, the teacher presents new information to the student, challenging and expanding the student's intellectual horizons (disruptive attunement). More important, a good teacher is one who knows the velocity and intensity of oscillations between homeostatic and disruptive attunements suitable for his or her students.

[11] The use of the terms "mother" and "father" here is largely metaphorical. While the attunements between parents and their children and between the analyst and analysand have similarities, the two relationships exist at different levels of complexity, involve different types of ego-relatedness, take place in different realms, and are in place for ultimately different purposes. The discernment of a remote echo of maternal and paternal styles of relating in certain analytic interventions is not to be construed as genetic reductionism, role-playing, or transference manipulation.

to the backyard to hide some eggs so that they can go on an egg hunt. The boy loves searching for the hidden eggs with his uncle and looks forward to Easter each year. One year, the uncle arrives as usual, hides the eggs in the backyard, and enters the house. To his dismay, he finds the boy bedridden, both his legs crushed in a car accident. What should the uncle do now? Pick up his nephew, put him in a wheel chair, take him to the backyard, and initiate the egg hunt as usual? Or should the uncle sit down with the boy, ask him about the accident, and tell about his own experiences of sickness and injury? If the uncle does the former, they might find the eggs, but something deeper in the boy's experience will be missed. In contrast, if the uncle gives up his own enthusiasm for the scavenger hunt and sits down with the boy, empathizing and chatting, it is quite likely that when he gets up after a while to go to the bathroom, he will hear the boy ask in a feeble voice, "Uncle, what about the eggs this year?"

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Jefferson Medical College
1201 Chestnut Street, Ste. 1503
Philadelphia, PA 19107

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REPRESENTATIONS OF DREAD: THE DREADED SELF AND THE DREADED STATE OF THE SELF

BY EHUD KOCH, PH.D.

The experience of dread, an extreme form of fear that is induced by terror and horror, is seen as manifested in the shapes of a "dreaded self" and a "dreaded state of the self." These representations reflect psychic dangers ranging from a common, feared identification to states of disconnection, desolation, ego dissolution, and nonexistence. It is suggested that life crises and traumatic impingements, informed by developmental and psychic realities, are critical determinants of multiple dreaded self-representations; that disavowal often serves to massively ward off the recognition of the awful; and that these representations serve a preconscious signal function that anticipates the danger of reexperiencing an original terror. Case examples illustrate these points and reflect the utility of the language of dreaded representations in the treatment situation.

Many of us have experienced those dark and electrifying moments when a thought, feeling, or action points to a hated, frightening, often disowned aspect of one's self. This preconscious apprehension

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of a dimly recognized self-representation may speak to a perception of a past self and/or the shape of a self which one fears one could be or could become. If this self-representation is but dimly seen, its context, the affective state in which the representation is embedded, may be even more readily experienced. That the apprehension often produces an involuntary shudder reflects the uncanny nature of the experience: it suggests an awesome and/or horrific recognition. The experience offers a glimpse of an awful reality that is both frightening and hated, old yet hidden, vaguely familiar, yet seemingly unknown. Whether it speaks to a reappearance of a former representation of the self or state of the self or presages a feared shape of the self that may occur in the future, the recognition suggests a construct of a "dreaded self," a shorthand denotation for those representations of the self one fears one could become.

In the course of a psychoanalytic treatment (be it analysis or psychoanalytic psychotherapy), the recognition of such a self and state may be so brief that it quickly returns to obscurity. Or, it may lead to a powerful illumination of other self and object images and associated affective responses. For some, this recognition may not be momentary but rather episodic or even quite prolonged, while for many it may speak to a wary anticipation of repeating a horrific experience. Whether recognized or anticipated, moments of preconscious awareness may be followed by defensive efforts to rid oneself of such images and their affective associations. For some, these hated images revive and stay to torment. In these cases a major danger is the possibility of identifying with this repudiated representation of the self, of being immersed in the hated danger and the helplessness and hopelessness of depressive pain. When the more positive and supportive internalized aspects of the self are weak or muted, when they can no longer challenge the reality of this negative self-image, when self and dreaded self are one, then we are witness to a state of desolation.

From moments to seemingly endless periods of time, these dreaded representations and states would seem to be so qualitatively diverse as to challenge the notion of a simple continuum of the awful.

That they may be based on real experiences, which may run the gamut from everyday frustrations to the traumas that make for powerlessness, also challenges the likelihood that we are in the same domain of discourse. That any one of these experiences may be shaped by fantasies, indeed by fantasies which are themselves shaped by developmental issues, conflicts, and modes of assessing the world, further leads one to view dreaded representations and states as multifaceted phenomena rather than as unitary experiences. That previous defensive "solutions" to any of these horrific experiences, e.g., dissociation, may themselves become the objects of dreaded reexperience only adds to the complexity of dreaded phenomena.

One may wonder if the more familiar term of "fear" may be sufficient to encompass the range of experiences connoted by dread. Indeed, *The New Shorter Oxford English Dictionary* suggests that dread, as a noun, is an *"extreme* fear," while the verb form of to dread is "to fear *greatly*." However, what is presented as a defining feature is the additional notion of "awe," itself described in terms of "terror" and "horror," all terms that bear a greater intensity and a stronger unconscious underpinning than fear. It is this supercharge of intense affective meaning that has led to the present use of *dread* to describe those experiences reflected in the constructs of dreaded self and dreaded state of the self.

There are instances when "dread" is used when it would be simpler to speak of "fear," e.g., when the affective experience does not reflect an awesome internal reality. On occasion, dread has been used in reference to overwhelming, horrendous, affective experiences which lack any verbal or pictorial form and seem to lack an anticipatory function; here one might employ other terms that speak to primitive anxiety states. I am here reserving "dread" for that affective experience that serves a *signal function*, one that alerts one to the danger of recurrence of a most fearsome reality.

In this paper, I propose the notions of *dreaded self* and *dreaded state of the self* as constructions that catch hold of, represent, and encapsulate the phenomenology of dreaded experiences. By means of two extended case examples, I hope to illustrate how these representations of dread may be manifested in the treatment situation (Case

1, that of Joshua) and to exemplify the utility of these constructs in the patient-therapist dialogue (Case 2, Ms. B).

Before embarking on this psychoanalytic essay, I recognize the countless writers and artists who have movingly and beautifully illuminated the terrifying experiences of dread. One thinks of painters like Goya and Bosch who have brought such vivid imagery to the ineffable with haunting depictions of death, hell, the "Last Judgment," and the "uncanny." Similarly, many poets, novelists, and playwrights have offered rich representations of these typically hard-to-verbalize states of being.[1] Theologians and philosophers have addressed the experience, origins, and meanings of dread, with Kierkegaard and other existential philosophers being notable examples (Kahn 1962). In the field of psychology, where much attention has been given over time to the nature and expression of emotions, perhaps the greatest contributor to the subject was William James. He wrote most movingly about dread as a component of depression ("melancholia"). In 1902, he described a correspondent's experience of horror on meeting a young epileptic patient in an asylum, his response being, "*That shape am I*...potentially." James used this account to depict a most haunting image of dread:

> ...desperation absolute and complete, the whole universe coagulating about the sufferer into a material of overwhelming horror, surrounding him without opening or end. Not the conception or intellectual perception of evil, but the grisly blood-freezing heart palsifying sensation of it close upon one, and no other conception or sensation able to live for a moment in its presence. [p. 162][2]

[1] A compelling and tragic account of a dreaded self-representation can be seen in Dostoevsky's *The Brothers Karamazov*. Ivan Karamazov, once the epitome of the unruffled, disengaged, "rational man," has a series of encounters in which he finds himself acting in atypical, dystonic ways. Distraught, he feels he has caught a glimpse of himself as a "scoundrel," an image much like the debauched father whom he despises. He soon regresses to a state of confusion and torment about his identity and ultimately sinks into a state of madness.

[2] For a discussion of James's own depressive states and their bearing on his vivid imagery, see Menand's (1998) review.

EVOLUTION OF TERMS

Although the term "dreaded self" is not part of the psychoanalytic lexicon, its clinical reality is suggested in discussions of specific psychic dangers and the defenses employed to ward them off. Perhaps the most approximate notion is that of "the return of the repressed," i.e., the sudden appearance of a repressed "wish," seen in those lapses or failures of defense that occasion intense affect. It is, in fact, one of Freud's earliest constructions, often referred to in accounts of severe regressive states and those enigmatic, frightening experiences labeled "the uncanny" (Freud 1896, 1911, 1915, 1919). Central to the experience of "the return of the repressed" is the occurrence not only of anxiety but of other powerful affective reactions. Indeed, intense shame and guilt are seen as key indicators of "the return of the repressed," or, as we might now say, "the return of the defended." This extension would account for failures in the denied, projected, externalized, reaction-formed, etc., all of which can remind us of revived dystonic impulses.

With the introduction of an overseeing superego, psychoanalytic writings have pointed to a wider range of dangers than the expression of the wish and what it connotes. All sorts of rejected feelings, thoughts, fantasies, behaviors, attitudes, and values —which are not necessarily reductive to a defended impulse— may be so dystonic that a glimpse of such may produce intense affect.[3] We have also come to recognize that some experiences are so awful and overwhelming as to give rise to a defensive splitting of the ego, whereby one unconsciously disavows that fearsome reality (Freud 1938, 1940). The "return of the disavowed" would seem

[3] Brierley (1951) describes the extension of the wish as that which includes both impulse and affect:

> Clinical justification for the concept of the id is supplied by observations of adults in whom dread of uncontrollable impulse and emotion is marked. This is often associated both with conscious and unconscious dread of revival of painful past experiences and with a variety of animistic anxieties amongst which fear of being at the mercy of some brand of "devil inside" is perhaps the most common. [p. 112]

to be a particularly salient aspect of the glimpse of the dreaded self and its state; this "return" may speak to dissociation and other, more disorganizing ego experiences that so often ensue in its wake.

The reincorporation of notions of the *self* into psychoanalytic thinking has further extended our understanding of the experiential reality of "the return of the defended." The coinage of a "dreaded self," referring to that representation of the self which one would hate to be or fears one could become, borrows from the language of Sandler and his collaborators in the Hampstead Index Research Group (Sandler 1987; Sandler and Rosenblatt 1962). In their focus on ego and superego functions that serve processes of internalization and adaptation, they have recognized a wide range of self and object representations, based on unconscious schemata, that are available for preconscious and conscious apprehension. In these papers, the self-representation is seen as an ongoing construction, with some characteristics enduring while other features are developmentally superseded or relegated to defensive oblivion. There is the recognition that the self-representation has many coexisting, interacting "shapes" which reflect various external and internal experiences, past and present. Among the shapes of the self discussed is the "ideal self," i.e., the self one wishes one could be or the self that is felt as ensuring well-being—a representation already known theoretically and clinically; its place in relation to the introjects of the superego and ego-ideal has been well examined (Sandler, Holder, and Meers 1963). A key feature of this representational world is its affective underpinnings, so that any shape of the self can be understood as embodied in and reflective of a particular "feeling state of the self," past or present (Joffe and Sandler 1967).[4]

[4] This recognition of a substrate of feeling states extends the critical contribution of Bibring's notions of "ego states," and reminds us of the ego's agentic functions of responding and making sense of external and internal experience. For Bibring, two such states in which a sense of agency was lost were helplessness and powerlessness.

While Joffe and Sandler[5] contributed significantly to our understanding of mental pain and depressive phenomena, their formulations were not extended to the more awful, horrific, even disorganizing states of the self connoted by *dread*, states which dramatically challenge one's sense of reality, whether of one's being or of aspects of the external world.

PSYCHOANALYTIC WRITINGS BEARING ON DREAD

Among the notable writings offering versions of a dreaded self and dreaded states of the self are Freud's case histories (Freud 1909, 1911, 1918). In these accounts, the fear of passivity and femininity was seen as central to homosexual conflict in men, as well as central to understanding impasses in treatment. The "wish" to be a woman, or the possibility that one might be seen as like a woman, was viewed as a cause for enormous dread. Indeed, Freud (1937) regarded this "repudiation of femininity" as the basis of an often unanalyzable transference resistance, a "bedrock" beyond which no further analytic inquiry seemed possible.

In Anna Freud's (1952) examination of homosexual and impotent men, the unconscious danger of a passive submission was seen as a regressive merging with the partner that risked a "loss of personal characteristics," a "threat to the intactness of the ego." This regression, with the associated emergence of oral aggressive fantasies "of being sucked dry, impoverished," was reexperienced in ongoing relationships and in the transference: the danger became one of "emotional surrender" to the object/analyst, now cast in projected demonological form. This reenactment in the transference pointed to a much earlier state of "primary identification" (pp.256-259). This potential

[5] With their attention to depressive phenomena, Joffe and Sandler (1965) have drawn attention to the "mental pain" brought about by great discrepancies between self and self-ideal, i.e., between representations of how one sees oneself versus how one would like to be.

regression suggests a state in which there is no sense of personal agency, nor reliable support, care, protection, or safety in the face of external or internal danger, an even more frightening "bedrock" than Freud's posited threat of castration.[6]

In Greenson's (1954) study of patients who denied and negated an identification with a hated parent, yet appeared to be ruled by this identification, the identification seemed to be the product of primitive, introjected images. Greenson recognized an externalization and projection onto the rejected parent of disowned aspects of an infantile, preambivalent self. The unconscious longing to be loved by the rejected parent was a dangerous yearning; it represented a surrender to a dreaded internal reality wherein one was abandoned to hated, oral sadistic introjects. Greenson noted what might well be felt as an ultimate danger: "...the regression to the fragmented introjection was felt as a loss of a cohesive self-representation and therefore brought forth the possibility of the loss of sense of identity..." (p. 215).[7]

Erikson, the "architect of identity" (Friedman 1999), posited unconscious "evil identity fragments" and spoke of an "unconscious evil identity" as "...the composite of everything that arouses negative identification—i.e., the wish not to resemble it" (Erikson 1963, p. 243). Erikson's recognition of the impact of social forces, attitudes, and sanctions added the much-needed social context for what is experienced as syntonic and dystonic in the course of identity formation.

[6] Khan (1972) took up Anna Freud's danger of surrender, casting it in a Winnicottian sense of "dread of regression to resourceless dependence." He made a special case of those persons who had been reared without frustration; they were seen as "deprived" of an experience that allows for the development of modes of expressing and managing rage and aggression in oneself and in others. In another context (Khan 1969), he discussed the "dread of being one's own true self," lest that fragile, vulnerable being be exposed to attack and annihilation.

[7] Greenson's focus on persons who are emotionally crippled may obscure a more common need to *disidentify* with some internalized aspects of the self. Have we not often heard an exclamation of the danger of being like or becoming like a parent in some trait or behavior? How often have we heard young parents voice a fear of repeating aspects of their own parents' parenting behavior? Such conscious expressions of danger seem to speak to the need to disidentify with one's objects, rather than signal an unconscious dread of merging.

Also, in his appreciation of the powerful affective reactions that accompany arrests and failures in development, feeling states such as mistrust, shame, guilt, and despair can be seen not only as fixation points but as dreaded states of being at times of crisis and regression (Erikson 1963, 1968).[8]

In many of these writings, there is frequent reference to "hated" and "bad" introjects for understanding dreaded states of the self. This is most articulately seen in the work of Fairbairn (1952). For Fairbairn, the ultimate terror was the uncontrolled release of "bad," "intolerable," "internalized objects." While such a release is described in terms similar to Freud's "return of the repressed," what is seen as repressed is a bad, internalized object rather than an unacceptable wish or its underlying instinctual impulse. The emergence into consciousness of this bad object (representation) is so threatening because it propels one into a most basic danger: losing and being bereft of the object, with an ego alone and helpless, compromised by defensive measures aimed at safeguarding the object.

The danger of a potential release of the bad, internalized object was seen most vividly in the nightmare, the transference, and in paranoid mentation: "When such an escape of bad objects occurs, the patient finds himself confronted with terrifying situations which have been unconscious" (Fairbairn 1952, p. 76). The form and content of nightmares are most clear when they depict dangers of experienced traumatic situations, such as war or repressed childhood "memories." More enigmatic are the more inchoate, overwhelming nightmares in which content is amorphous. In paranoid constructions, the bad object emerges in its externalized form as a "persecutor." In the treatment situation itself, the patient may experience his or her lessened defenses as an invitation to release bad objects. The therapist is then seen as the seducing one, leaving one prey to the danger of the released, internalized object. Here

[8] Only in very late writings, when describing issues of the eighth stage of development ("integrity vs. despair"), did Erikson speak of "dreads." These references were directed toward the anticipation of death, of non-being, and regressive manifestations of earlier states of development (Friedman 1999).

Fairbairn saw an explanation for the sort of resistance and negative therapeutic reaction described by Anna Freud and Ralph Greenson, namely, that the release of the internalized object would not only be endangering to the self, but would be experienced as the dreaded loss of the object. Fairbairn recognized a "daemonic" character to these emerging bad objects, with terms such as "sinister" used to describe them.[9]

An extreme form of the dreaded self is suggested in H. S. Sullivan's (1953) concept of "not me." Formless, wordless, it appears to be a construct for those repressed, disowned experiences which, if conscious, would threaten the very core of one's being. It is known only by inference, typically on the basis of perplexing affect states, termed by Sullivan "the uncanny emotions," namely, dread, awe, loathing, and horror. These overwhelming affect states are represented in nightmarish dreams, in the night terrors of early childhood, and in psychotic states.

In a posthumous paper, Winnicott (1974) discussed elemental dread in terms of "primitive agonies." Like Sullivan, he suggested that such affect states could be inferred from certain defensive measures usually seen in psychotic states, i.e., states of ego dissolution. Unlike Sullivan, who viewed such states as nameless horrors "known" only via the "uncanny emotions," Winnicott postulated substantive, verbal, affective forms to these "primitive agonies," noting "... anxiety is not [a] strong enough word here" (p. 104). Winnicott's list of agonies referred to such overwhelming dangers as loss of one's being, wholeness, and fundamental necessities. He linked these primitive agonies with such extreme measures as "disintegration," "depersonalisation," and "exploitation of primary narcissism" (p. 104).

Winnicott developed the paradoxical idea that the primitive agony defended in the "fear of breakdown" is an experience that *has*

[9] It was in the dynamics of schizoid states that Fairbairn saw the defense against the dreaded state of the self in most extreme form. Wrestling with enormous ambivalence toward their objects, which leaves them perceiving any emotional involvement as endangering the ego (self) and object, schizoid persons were seen as resorting to extreme measures of affective detachment and withdrawal. The

already happened. That it remains consciously unknown is explained as due to the "fact" that it occurred in early infancy, when neither the immature ego nor the still undeveloped self could register or manage such an overwhelming experience, an experience seen as compounded by a critical failure in care by the "facilitating environment." Winnicott noted that his patients showed a "compulsive" seeking to master an unknown, unmanageable experience, yet seemed under the sway of defensive measures aimed at *not* knowing. Again, this paradox has something of the quality of disavowal and the splitting of the ego which seem so specific to states of dread.[10]

Bion's "nameless dread" (Bion 1962, 1993), which has something of the quality of Winnicott's "primitive agony," Sullivan's "not me," and some accounts of Fairbairn's "bad internal object," appears to be an internal residue of infantile projections which have not been "contained" by the mother (breast). The prototype for this development is the infant's "fear of dying": ordinarily split off and projected onto the mother, whose containment makes the fear less dangerous and more manageable when it is reintrojected, the lack of containment renders the fear even more horrendous; a most primitive defense occurs whereby the fear is divested of any form or substance, existing only as an unknown and unknowable internal danger. It has something of the terrifying nature of the Kleinian "persecutory object" in the "paranoid schizoid position." Because both of these unconscious experiences lack anything resembling a signal func-

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very measures that made for safety also made for an isolation from yearned-for, albeit endangering, dependency and human warmth. The status of this lonely safety is achieved via the deforming defenses of splitting and dissociation. The ultimate affect is one of "futility"; and the greatest threat becomes a rent ego that cannot manage its experience.

[10] Winnicott's formulation does not address the potential signal function of dread, i.e., the anticipation of recurrence of the dreaded experience lest it overwhelm one anew. Perhaps this omission was intentional, for Winnicott spoke of a horrendous experience occurring before a self or an ego could comprehend it, let alone master or anticipate it.

tion, it seems best to regard them as very primitive anxieties rather than as extreme forms of dread.[11]

In the more contemporaneous and extended literature, the subject of dread and related experiences has been recognized and examined from many clinical, experimental, and theoretical perspectives. In particular, the literature on attachment (e.g., Bowlby 1988) and trauma (e.g., Herman 1992) has offered most searching accounts of the terror and horror experienced by children who have been sexually and physically abused. Psychoanalytic authors, again from many perspectives, have particularly taken up the dissociative states that so often ensue in the lives of the violated (e.g., Bromberg 1993, 1995; Shengold 1989). The toll taken on thinking, feeling, and integration by ensuing isolation of affect and splits in the ego has been recognized by the apt term of "soul murder" (Shengold 1989). In many accounts, one hears of a consuming wariness of the terror being revisited, again a reminder of the anticipatory function of dread. Less obviously discussed are the repercussions experienced in ensuing images of the self and the corresponding states of the self.[12]

Before concluding this review, it is apposite to recognize a more ubiquitous and universal form of a dreaded self in the Jungian concept of "the shadow," sometimes expressed as "the shadow of the ego" (Zweig and Abrams 1991). When not used in the sense of the darker side of our being, or even of a hidden part of human nature, it frequently connotes the disowned, repudiated side of ourselves which has something of the quality of the repressed unconscious, or something that has been split off from consciousness which continues to exact an unconscious force. Particularly with the latter sense in mind,

[11] Meltzer (1968) suggested that terror, persecution, and dread were variants of "paranoid anxieties." He described a patient's "terror" of submission to a "bad part" of his self, his "tyrant," which, paradoxically, offered an illusion of safety and protection. The patient was seen as dreading this submission and "the loss of protection against the terror" (p. 400). It would seem that these experiences of dread go beyond more primitive anxieties inasmuch as they appear to serve as signals of overwhelming internal danger.

[12] Bromberg's (1993, 1995) recognition of dissociated "self states" seems to speak to resultant fragmentation and compartmentalization in the personality, rather than to representations of a self or state that are dreaded.

Jungian writers have emphasized the therapeutic task of becoming aware of one's shadow in the aim of integration and wholeness. Many have spoken of it as an archetype and have emphasized its dual-sided nature alongside other opposites and dualities inherent in Jungian psychology. With the latter foci, the notion of the shadow takes on a more universal, collective meaning, rather than being a product of one's own experience and personal world. It is a notion that casts a wide net and subsumes the whole range of negative aspects of our being under its rubric.[13]

ORIGINS AND SHAPES

The more obvious origins of dreaded states of the self are those experiences which have been *traumatic*. Such experiences include early object loss; other loss experiences, such as those occasioned by death of a sibling, parental divorce, family moves, job redundancy, etc.; assaultive experiences, such as rape, incest, life-endangering accidents; natural disasters; and man-made atrocities such as the events of the Holocaust and genocidal warfare.

What these diverse experiences have in common are their suddenness and unexpectedness; the potential arousal of intense and overwhelming affect; the loss of one's agency, experienced as acute helplessness or being out of control; and the threat to one's sense of what is "real," either in oneself or in the external world, often termed "ego dissolution." Each of these traumatic situations is the stuff of nightmares. To glimpse these events and feelings in some form of remembering bears the danger of repeating and reexperiencing them. Such a danger becomes defensively anticipated, i.e., dreaded, lest one is once again overwhelmed by the unmanageable. That seemingly traumatic events do not necessarily lead to the above chain of responses, but may represent crises that will mobilize creative solutions,

[13] Jungian writers have cited the embodiment of the shadow in the myths and legends of many cultures. The popularity of such stories as Stevenson's *The Strange Case of Dr. Jekyll and Mr. Hyde* and Conrad's *Heart of Darkness* is seen as reflecting the archetypal universality and appeal of the shadow.

reminds us of the mysteriousness of the adaptive process. Certainly, factors such as the intensity of the traumatic events, the developmental/cognitive level at which they occurred, differences in temperament and defensive styles, and how the critical environment has responded at the time of these events—what Tomkins (1963) referred to as "affect socialization"—are all pertinent to the impact of a traumatic event.[14]

What is likely to be variable in any of these potentially repeated experiences is their resonance with and echoing of feeling states derived from the stresses and strains in the course of development. These would include the ongoing, cumulative trauma of preverbal experience and the more primitive affective responses to such failures in "protective shielding" that have become subject to primary repression (Khan 1963). The more wordless and diffuse of the dreaded states of the self could well represent a regressive repetition of such early trauma.

The response of dread may be particularly salient at times of developmental change when one is moving into a new phase of life, e.g., going off to college, choosing a career, considering marriage, preparing for parenthood, viewing the prospect of retirement, or anticipating the infirmity of old age. It is at such critical junctures in time that one may be especially apprehensive about what the future holds in store, feeling the *dread* of revisiting, repeating, and reexperiencing old dangers and the associated, hated images of self and objects. It is at such times that dormant identificatory issues and ancient fantasies may come alive and threaten one's identity once again.

Several critical propositions are advanced in this discussion of dread. The first is that for any individual, there may be any number of shapes of the dreaded self rather than one unitary shape. The second, correlative assumption is that the shapes of such dreaded self-

[14] In any discussion of possible trauma, one also recognizes the trauma's potential role as an *explanation* for experiential states whose form and origin would otherwise be unfathomable. In this sense, citing a traumatic experience as causal may be a way of externalizing an internal experience of horror. This is not to diminish the role of trauma, but rather to recognize its potential to be "used" to account for what is mysteriously unknown.

representations and images of dreaded states continue to develop and accrue over time. Inherent in this assumption, which has also been applied to shapes of the ideal self and ideal states of the self (Sandler et al. 1963), is the recognition that life is constantly offering experiences which pose new dilemmas, conflicts, and challenges, some of which may become new dangers and/or assume the traumatic proportions of former experiences.

These assumptions are critical because there is danger of a reductive explanation of states of dread solely in terms of a regression to a fixation at some early point in infant development, a failure to negotiate a life task, a primitive fantasy, or an original traumatic experience. While regression is certainly a feature in the reexperiencing of dreaded states of the self, especially when old defensive measures are no longer protective, the shape of the dread rarely reflects a central fixation point or traumatic event. Thus, a young adolescent boy and an elderly man contemplating a retirement setting may share the three-year-old's dread of loss of control over body functions and the attendant shame, but the shape of the adolescent's dread is more likely to reflect the threat of losing control over age-appropriate sexual and aggressive discharge, whereas the elderly man's prospect of being incontinent in an unfamiliar setting may well symbolize for him the dread of no longer being able to master life situations. Each of these dreaded states speak to a range of salient, interacting, dynamic, and developmental issues; they are not simple responses to some "original" danger.

CLINICAL EXAMPLES

There are a number of states of the self that seem prototypic of states of dread. Perhaps the most dramatic is the experience of the epileptic seizure. Here the dread may be most acute at the occurrence of the "aura," when one has the presentiment of being helplessly out of control, without consciousness. Such dread can be so severe as to lead to restrictive inhibitions and phobic avoidance. Still another state of dread is experienced with the anticipated resurgence of a

systemic illness or a life-threatening disorder. Whether it is the experience of bodily and/or mental pain, the horrendous treatment that may be employed to counter the illness, or the prospect of dying, one can feel overwhelmingly attacked, from within and from without, with no recourse for self-protection. Still another group of persons experiencing dreaded states are alcoholics and substance abusers. Their agonizing delusional and hallucinatory experiences, epitomized in delirium tremens and flashbacks, themselves become the object of dread. In other compulsive disorders, the dread may have to do with the image of one who cannot fend off shameful behaviors, but feels forever "condemned to repeat." Elderly persons who face waning skills and memory often experience a dread of a time when they are helpless, dependent on care, and no longer "with it."

Older children who respond to frustration with temper tantrums are most familiar with a dreaded state of the self and its corresponding self-representation. Along with the shame, humiliation, and rage that accompany the out-of-control discharge of the tantrum, these children experience helplessness and the negative self-representations of being "difficult," "childish," or "a monster." One can see them tense up in anticipation of the tantrum and feel their rage and despair in the aftermath. Those adults who have experienced tantrums in middle and late childhood view those episodes with a special dread. These moments become a symbol for all sorts of lapses in control. While many of these children and adults find more adaptive responses to frustration, for others the final solution may rest in the oblivion of some dissociated state.

Two case examples are offered to illustrate how representations of a "dreaded self" (and selves) and "dreaded states of the self" may be seen in the treatment situation. The first, an account of an adolescent analysis, offers an opportunity to recognize the range and sources of dreaded self-representations and dreaded states of the self that figured in this boy's treatment. In the second example, I report on a psychotherapy of an adult woman, in which the verbal recognition of dreaded self-representations and dreaded states of the self was an ongoing and salient feature of the treatment.

Joshua

Joshua was twelve at the beginning of his three-year analysis. A shy, fearful, friendless youngster who was often depressed, he was described by his mother as "weak and ineffectual," provocative of his stepfather, and caught up in a close, argumentative relationship with her. He did well academically but was anxious and competitive about tests and grades. In presenting Joshua's history, mother emphasized the raging "madness" and abusive cruelty of Joshua's natural father, who had "abandoned" her and Joshua when Joshua was a year old. It was clear that a major reason for the mother's referral was her fear that Joshua would become like her image of the father. Prior to and following the father's leaving, Joshua's mother had been anxious and depressed. In Joshua's second year, she resumed university studies and left Joshua in the care of his grandmother. When Joshua was six, his mother remarried. The stepfather could not connect with Joshua, who remained antagonistic toward him. This was an unrewarding marriage, full of strife and venom.

The early analytic material pointed to Joshua's anxiety over "letting go" and succumbing to sexual and aggressive wishes. Considerably removed from age-appropriate behavior, he was caught up in a regressed relationship with his mother, and unconsciously yearned for an idealized father who would love him and could be loved by him, a relationship free of aggression or submission. Fueling his conflicts were fierce demands of the self, evidenced by a pattern of self-reproach. The "self as victim" was a recurrent theme in the analysis alongside the more dystonic, externalized, and projected images of rage and cruelty. What was not anticipated at the beginning of treatment was a most creative side, which came to be seen in the strong treatment alliance. Especially impressive were Joshua's vivid dreams and associations, often leading to the illumination of his wishes and terrors. The unfolding of his creativity appeared particularly supported by his seeming to have found the lost, good father in the transference.

A central dreaded state was suggested by a dream that occurred just before the first major break in treatment: Joshua was in bed, look-

ing out at a clear sky, when suddenly a black, cloud-like mass appeared and covered the entire sky. In the dream, he closed his eyes, not daring to look. From his many and varied associations, the dream spoke to a number of dangers, including a general forecast of threat and the more immediate danger of losing me. Associations to this danger initiated a recognition of his wish for a protective, loving father. My recognition of the dream as reflecting the trauma of losing his father brought on a major affective breakthrough; his tears and quavering voice revealed his sadness, and he voiced gratitude for regaining a lost image of his father. In subsequent analytic work, loss and separation experiences were recognized as reviving that early "blackening" of his world.

Early in the analysis, Joshua voiced the fear of becoming like his father, or rather, like his mother's negative constructions of his father. That mother also belittled stepfather for his "weakness" and used similar pejorative terms for Joshua added to the boy's conflicts about masculine identification. No comfortable image of maleness was internally available. His inhibitions made it impossible to recognize his competitiveness or to take pride in achievements, as he condemned himself and others for "showing off." With the advent of puberty, older, phallic-level conflicts became manifest as he struggled anew with masturbatory wishes and fantasies, most tellingly portrayed in his dreams. When he voiced the dread of being "exposed" as a sexual male by virtue of his erections in public, this rather conscious fear became more shameful and embarrassing than it was a cause for horror, inhibition, and retreat. One could see Joshua tentatively beginning to enjoy his maleness and sexuality, rather than experiencing them as dreaded dangers.

That Joshua's aggression was lodged at regressed levels was repeatedly suggested by his provocative, teasing, ridiculing behaviors while being simultaneously invested in the image of himself as the victim of injustice and oppression. As he justified his behavior with the view that life was a matter of "eat or be eaten, beat or be beaten," there were many indications that he suffered unconsciously much rawer and more primitive dangers that were far less syntonic. In fantasy and in dreams, phobic objects such as spiders, octopuses, and

snakes inhabited his jungle of terror, threatening to ensnare, crush, and devour him. Of the many meanings to these dangerous, bisexual creatures, a major one was a dread of being rendered without power via a torturing, sadistic attack. And when he espied signs of himself as the sadistic agent, the shuddering revulsion of dread was particularly intense.

In the last year of Joshua's analysis, when he was delighting in his newly found abilities to draw and paint, he gave features to these "demons." One surrealistic painting seemed a depiction of hell itself: various monster figures in a largely bisexual cast, all with open mouths that screamed, bit, or sucked blood, with some representing the killing and others the killed. This painting was done following a missed session, and was aimed at conveying how guilty he felt. It offered a dramatic representation of that state of Joshua's self when an attacking, savage superego took over his psychic life: truly a dreaded state of being revisited, a state of helpless terror. In retrospect, I recognize an aspect of excitement in the expressed pain and wonder if that, too, added to his guilt.

Joshua's passive-active conflicts became more specifically expressed in a dread of homosexual involvement. The wish for such engagement, seen in many displaced forms, could not be acknowledged beyond the recognition that he had regained a loved and loving father in the transference. It was a disavowed danger that suggested considerable splitting, since he both "knew" and didn't know this "danger," reflected in provoked physical tussles with his stepfather, in vivid dreams of potential penetration, and in the transference when he would fend off my observations as if they were sexual penetrations. That Joshua may have experienced some form of homosexual encounter as a younger child, an encounter both frightening and—at an unconscious level—exciting, was confirmed in the latter part of the analysis when he shared his secret of having been sexually molested by a man in a darkened movie house at the age of eight years. Perhaps the most vivid aspect of this vaguely recalled experience was the sense of horror: he recalled feeling "paralyzed" and running home "as if my life depended on it."

Toward the end of Joshua's analysis, this traumatic experience often seemed like a cover memory for a number of earlier memories and fantasies. Whatever the reality, it was clear that the open discussion of both the danger and the exciting wish made for enormous relief, and put some sort of cap on this once-powerful dread. What might have been helpful to recognize at the time was my awareness that the voiced horror expressed an *anticipation of recurrence*, a recurrence of the "paralyzed" affective state of the self, hence the sense of dread.

In spite of, or more likely because of, the turbulence of Joshua's early childhood, it was to his mother that he was most tied, and it was this relationship that lay at the heart of the analytic work. He and his mother were a highly enmeshed couple, each dependent upon and unhappy with the other, with poor boundaries and most regressive interactions. Some of Joshua's dreaded self-representations were born out of the mother's projected fears, e.g., her own avowed sense of being weak and unfulfilled, as well as the more sadistic, crazy representations she ascribed to Joshua's father. These borrowed images were dreaded because they signified a cause for rejection and abandonment. Mother's periodic bouts of severe depression also added to Joshua's sense of being burdensome and unwanted. The danger of loss and abandonment by his mother was poignantly reflected in early memories of losing and searching for mother. This most palpable state of dread appeared to refer to the many occasions of being left by mother, "desertions" experienced in near-panic proportions.

Late in Joshua's analysis, in connection with termination, I could offer the reconstruction that the unavailability of mother was particularly awful because of the rage he then experienced. It was the rageful self, threatening to be hurtful and murderously out of control, that was perhaps the worst of Joshua's dreaded self-representations. It seemed that this early rage and the repudiation of it could well have formed the basis for subsequent conflicts over any expressions of anger and aggression. In tracing this reconstruction, it was possible to recognize how inhibiting mother's depression had been, not only because of the threat of loss or the sense of being an onerous burden,

but also because he felt that his rage had been responsible for her despair.

Ms. B

Ms. B sought psychotherapy after a breakup with a man with whom she had had a one-year affair. A bright, vivacious, and attractive woman, she recognized that her symptoms of easy irritability, poor sleep, a lack of pleasure in her demanding professional work, and feelings of being easily overwrought and tearful were familiar signs of depression. She felt that her present state was not unlike a most helpless state some ten years earlier, when she had been married and had experienced a protracted period of feeling passive, dependent, inert, and helpless. She readily accepted my recognition of her fear of repeating that state. She saw this state as the worst part of her dissolved marriage. While she externalized some of these difficulties onto her former husband's character, she ventured that there might be something very "wrong" about her. She felt this wrongness was evidenced by her relationships with men ending so badly.

As we began to explore the "something wrong," Ms. B soon heard the reproving voice of her mother, whom she saw as always critical of her. Early in treatment, she had focused on her irritation with her mother, describing her as an alcoholic who lived an "uncreative," "boring" existence with her second husband. When I noted her dread of becoming like mother, cast as "passive and inert," Ms. B shuddered, buried her head in her hands, and cried.

When she later described occasions of exploding at her son and calling him the bane of her life, Ms. B's shame became quite intense; she saw herself repeating mother's behavior with her. Countless moments in childhood were recalled when her disappointed mother chided her to the point that Ms. B felt verbally abused. In her subsequent, adolescent struggles with mother, she consciously aimed at being an independent, resourceful person, never dependent on nor like mother in any way. We soon began to frame this need for independence as a horror of a state in which she was helplessly tied to an angry, disappointed, reproving mother. Despite this repudiation, it

seemed to both of us that Ms. B had unwittingly internalized this hated and feared image. And it also seemed that the more soothing, loving, comforting internalized mother seemed to have a very limited voice.

As the therapy progressed, a motif began to emerge in which Ms. B's wish for undemanding solitude was pitted against her longing for the company of men. Increasingly, she voiced the perplexing need to not be "pressed" or "intruded upon," saying that she "needed space." She recoiled with horror when I wondered if she were experiencing in the transference still another dreaded state of the self vis-à-vis intrusive, partnering males. Once again she buried her head, which was shaking from side to side as if she were ridding herself of an awful image, and she sobbed as she said she couldn't bear to consider such an idea. When Ms. B was more ready to explore this reaction some months later, it became possible to consider the suggestion that she had experienced some form of sexual intrusion for which she had no memory but only the lingering affect of horror.

Interestingly, what followed was an image of herself as the evil, seductive female. It was still another version of a dreaded self, another basis for "the something wrong with me," another basis for the combination of the wish for undemanding privacy and the longing for closeness to a man. That this siren-witch self-representation was relatively more available, even safer than that of the victim of some traumatic event, was understood as allowing her some sense of agency versus being the passive prey of some unspeakable danger. On still other occasions, when she was upbeat about a conflicted relationship, she could feel an almost ecstatic sense of excitement in the very situations that could lead to dread. This became a reminder that some experiences of dread may also involve very defended wishes which, when released, could produce both horror and ecstasy. Here we could also begin to examine the role of repudiated masochism as underlying or coincident with states of dread.

It was via the transference that a number of these states and representations of the self came together. Toward the end of another of Ms. B's relationships, when I had characterized her as "a moth seeking a flame," she spoke haltingly of feeling "betrayed" by me. She referred to my seeming to attend more to the psychology of her lover

than to her own experience. Initially, I recognized that the feeling of "betrayal" reflected the experience of a loss of an ideal, even idealized, therapist. She countered that it was as if she lost a place of "safety." I recognized that the therapy had been "spoiled," and that part of this spoiling was due to the anger and disappointment that had invaded the therapeutic space.

It was then that I suggested that Ms. B might well be reliving a much earlier disappointment and sense of betrayal, possibly in relationship to her father, possibly as an outcome of some kind of sexual experience. Instead of reacting with revulsion, she now recalled a time, at age eight or nine, when her father took her on a trip away from home, and she had a most intense experience of dread on their journey. Here I suggested that this dread sounded like an anticipation of a recurrence of an even earlier experience, again possibly a sexual one. Far from recoiling from this idea, Ms. B now recalled a time in childhood when she had come upon her father lying in the bathtub, of having "played" with his novel penis, and of her mother frowning as she reproached the father for "inappropriate" play. What was most affectively moving in this recollection was the image of mother's frowning face. The recalled experience was emblematic of having *lost* mother because of her own badness. This highly charged memory was most helpful in our efforts to understand the confusing experience of sexual excitement being linked to a dreaded state and image of the self.

It was in fact very useful to Ms. B to realize that she had a number of dreaded self-representations, each with its own history and affective state, which were contributing to her overall sense of self. For both of us, framing her dilemmas in terms of dreaded states of the self proved to be a most facilitating language, with such terms becoming shared "code words" for the recognition of critical images and feelings about herself.

CONCLUSIONS

One may well ask if *dread* is an affective response already well described and accounted for under other rubrics. Responses such as fear, anxi-

ety, guilt, shame, and even disgust may aptly describe some affective reactions noted in this paper without invoking still another term. However, what is not inherent in these well-described responses, yet lies at the center of dread, is the experience of *horror* and *terror*. The notion of dread captures more immediately the danger of *reexperiencing* the horrific awfulness that occurs when one is overwhelmed by forces out of one's control, as in many shocking and traumatic experiences. Unlike helplessness, powerlessness, and hopelessness—feeling states that are hallmarks of the allied depressive response to pain (Bibring 1953)—the state of dread also connotes a wary *anticipation of repeating and reexperiencing the awful,* without the aid of an adaptive personal agency. That the perception and experience of the self in such states of dread vary so greatly in form reminds us that the stamp of personality styles is seen in the form by which dread is expressed, be it hysterical, obsessive, depressive, schizoid, and so on. A defining defensive measure that does seem to be central to all forms of expression of dread is that of a *disavowal* that may make for splitting, such that the dreaded known exists unconsciously alongside the unknown and disavowed "reality." It would seem that this particular facet may account for the frequency of dissociative experiences that so readily become associated with dread.

Ordinary usage of the concept of dread involves two notions: an affective *response* and an affective *signal*. Like Freud's postulation of anxiety, dread, too, can be viewed as a sum of excitation or a response to an overwhelming experience, *and* as a signal of impending or potential danger. Here one sees the temporal mix of past and future noted by many authors, i.e., that what has occurred can be the basis for future recurrence. Some of the cited authors have stressed the overwhelming affective response which renders one so helpless, as in those traumatic occasions when the self and ego are so nascent that they cannot manage such "excitation." In such cases the grave disruption in functioning often suggests an "ego dissolution." Fewer writers have attended to dread as a signal, e.g., in the wary anticipation that makes for vigilant scanning of external and internal dangers and any number of defensive measures. The extremes of such defensive measures might well result in phobic attitudes, paranoid perceptions of

the world as endangering, or in gross inhibitions that make for a standstill lest one enact a dreaded impulse or another horrific experience.[15] While such extreme outcomes of the signal function of dread may be poorly designed to deal effectively with dreaded danger, they do indicate some availability of an agentic, adaptive ego and self. Where the signal is absent, one may see the more nightmarish states described by writers such as Sullivan and Winnicott, states generated at a time when the ego was too immature to master the awful and had no capacity to predict or anticipate its recurrence.

The sense of dread seems especially linked to *aggression*, external and internal. Indeed, the violence of the overwhelming experience often appears central to the trauma itself, with the fear of reexperiencing and being victimized by an onslaught of aggressive forces seeming to be a cardinal aspect of the dreaded state. Less recognized and more easily externalized in states of dread are those aggressive sides of oneself that are repudiated, indeed unbearable, and when acknowledged, can become the basis of feeling "possessed by the devil," of evil incarnate. Whether this dreaded sense of badness occurs in response to felt transgressions of superego injunctions or ego-ideal values, or whether it derives from an omnipotent assumption of having brought the awfulness onto oneself, a kind of turning aggression against the self, this internal reality stands with trauma as a primary cause for the development of dreaded self-representations and states of the self.

A most enigmatic aspect of dread is its link with experiences of the strange and uncanny. To some degree, experiences of dejà vu and dejà connu are of this sort, and have the advantage of having some kind of representation that is familiar. However, many dreaded states lack such verbal or perceptual representation. Among the latter are states of dread that convey excitement alongside horror, states that seem to be especially replete with mystery and the sense of the un-

[15] Ryle (1998) notes that persons with post-traumatic stress disorder may suffer not only from the fear of reexperiencing the horrific trauma, but may also dread reexperiencing the *solutions* to dealing with them, e.g., dissociative experiences that are themselves dreaded.

canny. Here one may see the confusing wish to repeat and reexperience that danger and its excitement, indeed to seek it out unconsciously. Whether this excitement has its origins in repressed experiences or is a function of fantasy elaboration, the "sexual" component seems to make for a shameful terror and an unconscious sense of being evil and perverse, possessed by demons.

Of all the kinds of terror, those events which have no verbal or perceptual representation, which defy imagination, which are experienced as mysterious, somatic sensations, and which suffuse one with cataclysmic horror, seem to represent a quite primitive affective danger, rather than being a form of dread.

In conclusion, I hope that this paper serves to recognize the value and usefulness in clinical discourse of the notions of dread, dreaded representations of the self, and dreaded states of the self. In my experience, patients are remarkably responsive to a timely recognition of fears of what they could be or might become. These dangers, at best preconscious, often externalized, are surprisingly easily recognized and accepted as experience-near and as *one's own.* For many therapists and patients, the focus on the dreaded self and state of the self may offer some understanding of those variants of dread which are dimly known, split off, and seemingly out of range of one's conscious perception or mastery. Unlike many interventions that are experienced as invasive or attacking, the recognition of dangers in terms of *dread* are—however shameful or horrific—experienced as important moments of being understood. For both patient and therapist, the illumination of these dangers may suggest useful foci for future work, particularly the exploration of the origins of these representations of the self and the affective context in which they developed. Then the patient may recognize that what might be, *already is,* in some repudiated, unconscious form.

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35 Greenough Avenue
Boston, MA 02130

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ON ANALYTIC LISTENING

BY W. W. MEISSNER, S.J., M.D.

Multiple dimensions of the listening process as implemented in the analytic process are discussed. Listening is not the same as hearing; it is done with the mind rather than just the ears. Listening seeks meaning, specifically the meaning in the mind of the patient. The meaning of words is often obscure, ambiguous, and uncertain, and their deeper implications can only be approached over time through uncovering associative linkages. Listening takes place in multiple perspectives—subjective/objective, active/passive, dynamic/genetic, etc. Listening is also contextually related to dimensions of the analytic relation, including transference, alliance, and real relation. Modalities of listening related to each are explored for both analyst and analysand, and aspects of listening empathically and listening to silence are discussed.

We analysts listen a lot—more than anything else we do in our clinical work. Listening is basic to the analytic method of data gathering. Even if not the only method of finding evidence (Meissner 1989, 1991), listening clearly plays a dominant and pervasive role in many facets of the analytic situation (Makari and Shapiro 1993). Listening and speaking are primary activities in analysis, and along with cognitive and affective attunement to the patient, are essential to the effectiveness of the process as well as the major basis for developing interpretations. As Adler and Bachant (1996) recently observed: "Analytic listening is a highly sophisticated and disciplined skill that prepares the analyst to be attuned to and to monitor multiple levels of dis-

course simultaneously (e.g., what the patient intends to be saying, what the patient might be saying if less inhibited, and what the patient is unconsciously saying, etc.) without ignoring his own affectively charged stream of consciousness" (p. 1030).[1] And on the part of the patient, listening both to him- or herself, as well as to the analyst, is essential to the patient's participation in the process. Thus not only is the fact that both analyst and patient listen important, but how they listen and to what is equally if not more so.[2]

With respect to listening in the analytic process, the first question is what does it mean to listen, then what is involved in analytic listening—analyst listening to patient, and patient listening to analyst. I will discuss complex dimensions of the listening process, particularly problems connected with hearing the meaning in the patient's or analyst's use of words. Specific to the analytic process is listening within the frame of the analytic relation, including its constituent components: transference, alliance, and real relation (Meissner 1996c). Related issues concern the role of empathy in listening, listening when there is nothing to hear, i.e., to silence, and listening to oneself. Finally, I will consider some aspects of the listening process in the analysand.

WHAT IS IT TO LISTEN?

We can start by considering what listening is not. First, it is not hearing. I hear with my ears—not just my ears, but also with the neural apparatus that goes with them, from the organ of Corti to the auditory cortex. Deficits in any of these components will impair the hearing function. But listening begins somewhere in the temporal cortex.

[1] Ponsi (1997) describes the listening process in terms of monitoring: "This monitoring is a kind of conscious-preconscious scanning applied by the analyst to the many linguistic devices used by the patient: narrative style; presence of key words; prosodic rhythm; tone of voice; pauses; interruptions; conversational signals; implications; mechanisms of mitigation, focalization and reinforcement; inferences; presuppositions, etc." (p. 251).

[2] See also Chessick (1992), who emphasizes the simultaneous interplay of five channels of listening.

Listening is not done by the ears, but by the mind. We hear sounds, but we listen to meanings.[3] Listening, then, in the analytic situation is a highly complex activity. If we ask what the analyst listens to, the answer is not simple. We listen to the patient, of course, but what in the patient becomes the focus of our listening? We hear the patient's vocalizations, but what in them do we listen for? At first blush we listen to the words—they all have a more or less consensual meaning that conveys something of the patient's thought processes. But the words as they come to our ears carry not only this first level of implication, the manifest content, but also further nuances of meaning more personal and idiosyncratic in significance. As Spence (1998) recently pointed out, "Meanings are what we seek, not words, and these meanings, crucial to our understanding of the ongoing process, arise out of the overlay of what was spoken with what was consciously and unconsciously thought, expected and assumed" (p. 643).

If Derrida and Lacan have taught us anything, it is that language, viewed through the deconstructionist lens, involves shifting levels of significance, that words carry with them a personal and uniquely individual penumbra of meaning, that the chain of signifiers is never univocally the same but is diversified and differentiated uniquely in the mind of each individual. As Richardson (1986) explained:

> As a consequence of this constant sliding of signified under the chain of signifiers, meaning is always in movement as long as the discourse continues—it is, therefore, never fixed and permanent. Moreover, the constant movement not only makes all meaning tentative but comports an element of distortion as well. And this is true even of our conscious discourse. Add to this the fact that an unconscious discourse, the discourse precisely of the Other, infiltrates our conscious discourse, insinuating hidden signifiers that distort it further. [p. 76]

[3] Hearing is obviously a bodily function, as is listening, but perhaps not as obviously. For a further consideration of the role of the body self in analysis, see Meissner (1998b).

Or, in pithier terms, "speaking is hidden by the spoken" (Scott 1986, p. 119).[4]

Listening to the Patient

Communication would falter completely if we did not accept the first level of implication of the patient's discourse at face value. But we know that this level is but the tip of an iceberg of reference and implication. This is one facet that distinguishes analytic listening from ordinary listening.[5] In conversation with friends and relatives, we settle for this first level, for the most part, and rarely or only under provocative circumstances would we find it necessary to seek further.[6] But in analysis seeking further is essential to the process. We can accept the patient's verbalizations for what they are worth—and what they are worth can vary quite considerably. Some of what the patient says has face validity; some does not. The problem is that the patient does not know the full range of implication and

[4] Schön (1986) raises an interesting speculation in this regard. Contrasting Spence's approach to analytic listening to Erikson's, he suggests that Spence regards as problematic what Erikson takes as evident—the validity of the patient's data, i.e., dream reports, associations, memories. Freud's image of the traveler on a train passively observing the passing landscape must give way to a concept of the patient as an active translator from dream experience to common language, and, in parallel, the analyst's free-floating attention gives way to the view of the analyst as actively listening:

> Similarly, the analyst's free-floating attention must actually take the form of active listening. Just insofar as the patient follows the basic rule, producing disconnected phrases free of the ordinary constraints of conversational coherence, the analyst must *construct* that coherence. Coherence of meaning occurs as both parties in the conversation "make an active effort to achieve a negotiated understanding." [Spence 1982, p. 307]

[5] I would add that openness to the unconscious also distinguishes analytic listening from phenomenological listening, which focuses on the manifest content to the exclusion of hidden meanings. See Chessick (1985a). Listening for unconscious resonances also involves temporary suspension of normal semantic and syntactic rules for decoding linguistic symbols (Borbely 1998).

[6] See Joseph's (1987) comments on the difference between analytic and ordinary speech and listening.

significance that lies behind his conscious thought processes and their external expression, any more than the analyst does.[7] It was this discovery that delimited Freud's therapeutic approach as distinctively focused on understanding the hidden layers of meaning inherent in the patient's mental life.[8] The problem, of course, is how the listening analyst gains access to and understanding of these hidden dimensions of meaning. If the patient does not have direct or immediate access, how can the analyst have any purchase on the patient's inner world?[9]

The question brings us to the threshold of analytic listening. To begin with, as Rycroft (1958) pointed out long ago, the structure of the analytic situation—quiet, no interruptions or distractions, analyst out of the line of vision, and, most of all, the analyst's listening attitude toward the patient—all set the tone and communicate that the situation is inherently a listening one. The analyst is there to listen and the situation is organized to facilitate that function in both analyst and analysand. We can add that if hearing is a passive function, listening is not. Dufresne (1996) speaks of "active" as opposed to "passive" listening, connoting a determination or will to listen to and understand the patient.[10] In an effective analytic process, the patient comes to adapt to these aspects of the situation and becomes gradually more attuned to and involved in the listening process. But listen-

[7] For Lacan (1977), this attention to hidden layers of meaning is "listening to the Other," the unconscious speaking with the voice of the subject.

[8] This issue resonates with the kind of subsymbolic mental processing described by Bucci (1997) that cannot be fully transcribed in symbolic language. It is also consonant with Busch's (1997) recommendation that analytic listening be attuned not only to unconscious associations following the semiotic method, but also to the function of the ego as a major determinant of the meaning of associations and the patient's listening to the analyst and finding meaning in interpretations. See also Chessick (1982, 1992).

[9] It is this transition from the analysand's "fact" to the analyst's theoretically informed conjecture that seems to trouble Schwaber (1996).

[10] This distinction of active versus passive listening may overlap with Bollas's (1996) delimitation of maternal versus paternal modes of listening: the maternal mode is "quiet, waits, privileges the movement of the barely articulate, appreciating the nuance of developing meaning," while the paternal "brings the patient to thoughtful account for what the patient is doing 'right now.'" The similarity seems to lie more in the order of the analyst's mind-set than in actual activity.

ing, for both analyst and analysand, is a complex mixture of modes of listening. Bollas (1996) describes the ways in which the maternal (i.e., receptive, holding) and paternal (i.e., active, interpretive) modes play an integral and complementary role in the analytic process.

Nonetheless, there is a radical difference between the position of the analyst and that of the patient in this respect. The patient is immediately aware of his or her subjective experience; the analyst is not. The analyst has access only to the patient's verbal expressions and nonverbal communications that accompany and modify their meaning. The analyst listens not merely to the words and the meanings they express, but also to the tone, pace, affective coloring, nuances of expression, and any other behavioral factors contributing to the overall impression—gestures, agitation, restful or disruptive movements, facial expressions, tears, sobs, sighs, groans, chuckles, laughter, etc. All these observations become integrated into the listening process and may convey shades of meaning and reverberations, particularly affectively.

These elements come into play in the immediate experience of listening, but in a more extended frame of reference the innuendoes and resonances of meaning also become available through free association (Adler and Bachant 1996).[11] Listening to the patient and at-

[11] I find Ogden's (1996b) disavowal of free association somewhat disturbing if not confusing. He writes:

> I have clarified that my own conception of analysis does not require the analysand to attempt to say everything that comes to mind. Both the analysand and I must always be as free to communicate to ourselves (both in the form of words and sensations) as we are free to communicate with one another. [p. 890]

We all recognize that complete self-communication is never achieved or may never even be possible to achieve, but to abrogate the principle of free association, even as an ideal or desirable aspect of the process, seems to grant license to the analysand to conceal, thus serving the purposes of resistance. With due regard for the privacy and freedom of both participants—issues I have propounded and advocated myself (Meissner 1996c)—respect for these dimensions of the alliance can have the paradoxical effect of making it easier for the patient to communicate what comes to mind. There is no need to dispatch with the basic principle on which the essence of analysis rests.

tempting to discern meaning comes to a more exact focus in trying to discern the subjective meaning the patient gives to our interpretations. Faimberg (1996, 1997) calls this "listening to listening." The analyst listens to the flow of associations, but his or her listening is not random or completely undirected. Freud's recommendation of hovering attention, or Bion's (1970) advocacy of listening "without memory or desire" (p. 57), are somewhat misleading insofar as they describe an aspect of the analyst's subjective experience, but they do not address the backdrop of concepts, understandings, and mental orientations that inhabit the listening mind.

If the analyst listens without preconceptions, that does not mean that he or she listens without conceptions—particularly conceptions arising partly from theoretical orientations and partly from the ongoing flow of information from the patient. Part of that mental context is related to the analyst's preconscious mind and the panoply of theoretical orientations and considerations that sensitize and guide the analyst's listening (Hamilton 1996).[12] Peterfreund (1975) had earlier addressed the formation of working models in the mind of the analyst that facilitated empathic understanding of the patient's words:

> When we deal with full human emotional contexts the limitations of language *per se* become more evident; communication is less accurate, and the importance of working models becomes even more evident.... Linguistic signs activate

[12] Margulies (in Panel 1997) cites the virtual quality of experience, referring to the implicit synthesizing of the listener that brings coherence to the listening process. In his view,

> Virtuality refers to the background of experience within which the listener makes sense of another. This background quality seldom reaches conscious awareness. The virtual quality of experience emerges through empathic imagination and is contained within the analyst's fundamental constraints, including singular features of the analyst's imagination, countertransference, language networks, and everyday coping style. [p. 546]

He compares virtual use of experience to Hopkins's "inscape," referring to aspects of the analyst's inner world stimulated by the patient and contributing to the analyst's experience of the patient as an other.

> the appropriate working models in the receiver—programs and information—based on past experience. Activation of such models is associated with emotional experiences, and these permit utterances to be understood. For example, the terms "love" and "hate" are quite ambiguous, and can refer to many different subjective psychological experiences with a host of associated images and fantasies. [p. 67]

The self-decentering process (Faimberg 1997; Lichtenberg 1985) implicit in such recommendations focuses the analyst's listening primarily on the patient, without allowing self-generated considerations to interfere with or distort that process. Development of models in the analyst's mind requires qualification, since the data incorporated into the evolving model may come from various sources, internal and external. A score of years ago, Arlow (1979) pointed out that "Psychoanalysis is essentially a metaphorical exercise. The patient addresses the analyst metaphorically, the analyst listens and understands in a corresponding manner" (p. 373). And Borbely (1998) more recently commented:

> Whereas in the field of linguistics the metaphor can usually be understood on the basis of commonly available knowledge, in psychoanalysis this is not the case. We frequently observe verbalisations that point towards a hidden metaphor, which as yet cannot be understood by analysand or analyst. [p. 932]

And Fajardo (1998) added a cautionary note:

> Using these metaphors, as well as symptoms and developmental history, the analyst forms a conception of what has gone awry for the patient, a conception that then guides the analytic listening. From this perspective, the analyst is less authoritative and more willing to be wrong about hypotheses pertaining to the patient's felt experience. [p. 189]

The case for subjectivism can be overstated. Levine (1997), for example, writes: "Thus, analytic understanding occurs in large measure by virtue of an ongoing dialectical process, in which each analyst

constructs a unique model of a given patient's experience *based on that analyst's own associations and experience*" (p. 55; italics in original). But, granted the analyst's own subjective attunement, the analyst's experience is not the only basis for the evolving model, which has to include data coming from the patient in whatever form, verbal or otherwise. Along a somewhat different tack, Rayner (1992) appeals to a form of preverbal affective attunement to bridge the gap between words and subjective meaning. This degree of empathic attunement can facilitate understanding as a directional aid, but I would still insist that the meaning itself demands further sorting and seeking in the patient's associations.

The frequently heard diatribes against the use of theory in psychoanalysis, and the oft-repeated accusation of reading the patient through an analytic-theoretical lens, miss an essential point: that there is no reading at all without a previously accepted framework of reference and interpretation.[13] The protestations have their point in denouncing any attempts to fit the patient to the procrustean bed of theory, but this does not abrogate the fact that listening is not naive, but rather prepared and focused. This becomes necessary to the extent that the patient does not him- or herself understand the meaning or ramifications of his or her own subjective renderings; nor does the analyst, but the analyst has a set of concepts and orientations that leave open the possibility of gaining greater access to relatively unavailable levels and extensions of meaning in the patient's productions.

This is not, should not be, a process of imposing meanings, but of their exploration and discovery in collaborative dialogue with the patient. To the extent that the analyst imposes meanings that do not fit, or makes unwarranted assumptions about the validity of his or her own views over and above the patient's, the listening process is correspondingly distorted (Schwaber 1996). The paradox is that listening

[13] See Luhrmann's (1998) recent discussion of current positions arguing against any privileging of the analyst's theoretical knowledge in both analysis and anthropology. She notes, "As in anthropological theory, these patient-centered writings take authority from the professional observer and give it to the observed subject" (p. 458).

to theoretical models rather than to the patient is obvious mishearing—or better, "mislistening"; but at the same time, listening takes place partly by means of such models, and cannot occur without them. If theoretical models have their limits, so does naive or mindless acceptance of the patient's viewpoint. Thus, if the analyst does not presume the validity of his or her own apprehension of meaning, neither does he or she presume the validity of the patient's rendition. Both are open to further exploration, specification, mutual correction, and integration.

These considerations lead to the further question of what we are listening to as we hear the patient's productions. Can we assume that we are listening to the authentic subjectivity of the patient, that what we hear is the veridical expression of subjective experience? There are some analysts who would stake a claim for exactly that (Ogden 1996a, b, 1997; Schwaber 1996, 1998). But as I have argued in some detail elsewhere (Meissner 1999, in press, in process c), such a view cannot be sustained without qualification. Listening is limited by the conditions of hearing—namely, that our access to the mental life of another is constrained by audible expressions of that subjective experience conveyed by external behavior. We have no direct or immediate access to the subjectivity of another; we can only read that subjectivity by way of inferences from its external expressions.

Consequently, however empathically attuned and decentered our listening, and however fundamental the caution against impinging on or projecting our subjective impressions onto the patient, we cannot know what is in the patient's mind unless the patient tells us, and we cannot know that what we are told is really what is in the patient's mind because we know that the patient does not know the whole story. He or she renders in bits and pieces the "truth," and our acknowledgment and acceptance of this "truth" is a fundamental moment in the analytic process (see Schwaber 1996, 1998), but we also know that it is a partial, slanted, and in some degree distorted truth, the truth of the patient's psychic reality. It is the fundament on which the analytic inquiry begins, and in the course of the analysis this truth will be reexamined, reas-

sessed, and reconstructed into another truth that serves the analysand better.

We should note that the issue is not the distinction or discrepancy between such narrative truth and historical truth (Spence 1982), but of coming to that psychic truth that encompasses the patient's self-experience and his or her history, making sense to the patient and understanding past experience in a more psychically meaningful and constructive fashion. This reconstruction in most analytic cases brings a further degree of perspective to known historical facts and circumstances, recasting them in an interpretive framework that changes how these facts and the patient's sense of self are understood. As Schafer (1983) put it, "Psychoanalysts may be described as people who listen to the narrations of analysands and help to transform these narrations into others that are more complete, coherent, convincing and adaptively useful than those they have been accustomed to constructing" (p. 240).

Furthermore, our experience of such expressions is filtered by our own subjectivity, so that what we hear and what we are listening to is in some sense our own psychic reality.[14] This can, as we know, affect us even at the level of hearing, since selective attention, perceptual defenses, and other filtering influences may contribute to our nonhearing or mishearing. Given the patient's wish to conceal and the analyst's possible motivations for not hearing or not wanting to hear, the opportunities for miscommunication and faulty listening are ample. But at the same time, we should keep a degree of realistic perspective—our vulnerability to mishearing or misinterpreting does not do away with our capacity to hear accurately and objectively, or to listen with sufficient perceptiveness to approximate the relevant meanings for effective analytic inquiry (Meissner in process b, c). This involves the inextricable paradox of listening: that even as we are trapped within the irreducible subjectivity of our own psychic reality, we are

[14] Bollas (1996) points out that analysts who assume a maternal orientation in their listening are more likely to focus on preoedipal levels of implication, while those adopting a more paternal orientation are more attuned to oedipal implications.

not prevented from gaining some form of objective knowledge both of the world around us and of our patients.[15]

The approach I am describing runs counter to the prevailing reliance on subjectivity (Fajardo 1998). Ogden (1997), for example, regards reverie as a personal and private experience, but also as intersubjective—the objectified content of analytic self-scrutiny, in his view, is cocreated by analyst and analysand as part of an unconscious, intersubjective construction. This provides the rationale for regarding the analyst's own essentially private and subjective experience as an indicator or compass for what is transpiring first in the analytic relation, with particular focus on the transference-countertransference interaction, and by implication in the psychic reality of the analysand.[16] In proposing his reliance on subjective "reverie," Ogden (1997) stakes his claim on the so-called intersubjective nature of subjective experience:

> Paradoxically, as personal and private as our reveries feel to us, it is misleading to view them as "our" personal creations, since reverie is at the same time an aspect of a jointly (but asymmetrically) created unconscious intersubjective construction that I have termed "the intersubjective analytic third" (Ogden, 1994 a, b, c, d, 1995, 1996a, b). In conceptualizing reverie as both an individual psychic event and a part of an unconscious intersubjective construction, I am relying on a dialectical conception of the analytic interaction. Analyst and analysand together contribute to and participate in an unconscious intersubjectivity. [p. 569]

There are both wheat and chaff here that I feel can be usefully distinguished. There is no question that analyst and analysand are caught up in a complex and intimate interaction, but since the subjective experience of one is not open to the subjective experience of the other, I would insist that the connection is interpersonal rather than intersubjective. There is no magical transmission from one sub-

[15] I do not read Schwaber (1996) as specifically addressing this issue, but rather that of the contributions of the analyst to the presumed "facts" of the patient's experience—a different issue than the problem of listening.

[16] For further explication of this approach, see Spezzano (1998).

jectivity to another, but rather a mix of external communications and expressions conveying meaning to the other, from which aspects of subjectivity can be inferred. Ogden's (1997) experience with his patient, Ms. B, could just as well be analyzed in terms of subtle and not-so-subtle cues emanating from the patient as to her state of mind, which served to trigger associative ruminations in the analyst's reverie.

I would suggest that the supposed unconscious "intersubjective" interaction is less a matter of mysterious transmission from one unconscious to another without mediation than a more obvious and discernible process of one subjectivity (the analysand's) communicating, via a combination of vocal, gestural, behavioral, affective, and other means, something about his or her inner subjective experience that is assimilated by the analyst in the process of observing and listening, and that triggers a corresponding subjective response in the analyst. The interaction is thus interpersonal, and intersubjective only in the sense that two subjectivities are involved. Operating within the context of a two-person model of interaction, the analyst's listening is "other-centered," but not to the exclusion of relational issues and subjective experience (Fosshage 1998; Shane and Shane 1998). I would conclude that Freud's (1912) somewhat mystical directive for the analyst to "turn his own unconscious like a receptive organ towards the transmitting unconscious" (p. 112) of the patient calls for recasting in terms of more recognizable mediating psychic processes.[17]

[17] Ogden's (1994a, 1998) appeal to a common unconscious experience is suggestive of the empirical difficulty involved in this assumption. He writes: "The voice of the analyst and the voice of the analysand under these circumstances are not the same voice, but the two voices are spoken, to a significant degree, *from* a common area of jointly (but asymmetrically) constructed unconscious experience" (1998, p. 444; italics in original). One can understand the level of unconscious communication he addresses in terms of mediating variables, however subtle, involving minimal, even subconscious perceptual clues of various kinds, but the communication is from one person expressing unconscious meanings to another listening and receiving these signals on an unconscious level. There is no common unconscious experience and no mystical communication from one unconscious to another. The "analytic third" is better understood in my epistemology as referring to those conditions that facilitate mutual attunement and communication between analyst and analysand.

Words and Meanings

Words are slippery and even deceptive, despite their claims to precision and clarity. The latter qualities refer primarily to the dictionary meaning—the consensual and common referential application of any given term. But within the mind of the speaker, words carry an extra burden of personal reference and implication associatively attached to specific terms.[18] In Derrida's perspective, the meaning of words can never fully be grasped but only pursued, so that one can never fully comprehend what others and even oneself mean by the words used. As the literary critic Hartmann (1981) put it:

> The illusion of the logos is that saying and meaning coincide, that the exact or just word can be found and need not, or need only, be repeated. But writing [and speaking] is serpentine, that is temporal. The serpent is the first deconstructor of the logos. He proves that the Word may have more than one sense or a sense other than intended. [p. 8][19]

This assumed associative resonance or penumbra of meaning is largely unknown to the subject, consisting of preconscious or unconscious linkages and meaningful connections. The consequence for the analytic listener is that any assumption that words carry meanings determined only by their common and consensual content is at best open to question and at worst deceptive or misleading. Jones (1997) appeals to the model of poetry to illumine this complexity of meaning: In its use of metaphor and the music of language, poetry veers

[18] Even Hegel, who argued that all concepts have universal meaning by virtue of the fact that they refer to all members of a given class, had to concede that, despite this, there was no guarantee that everyone would use a given concept to apply to the same class of things. Terms like "beautiful," "good," or "democratic" are all universal, but it is not difficult to get a good argument going as to what is beautiful, good, or democratic. See the discussion in Soll (1969).

[19] Holland (1998) added the further note that "Brain scientists of today...are showing that one's understanding of just a single word depends on the highly personal history (embodied in the brain) of one's various associations and experiences of that word" (p. 1208).

close to the edge of what cannot be said, what lies beyond the immediate reach of language. The analyst's listening, she notes, is:

> …an experience of being in two worlds simultaneously, seeing both surface and depths. The analyst listens this way, hearing the surface texture of a patient's words while hoping to get a glimpse of depths. Or it is even more complex for the analyst, as we listen also to echoes that appear inside ourselves while attending to the presence and the language of the patient. We are in two worlds, trying to grasp them without fusing images, without blurring the particulars of either world. [Jones, p. 684]

The shades of meaning and personal connotations of the use of words can only be assimilated over time, by repeated exposure to the same terms in different and multiple contexts of experience and application, and in the continually amplified context of the patient's life experience. Common terms referring to subjective experience are like empty containers that of themselves do little more than direct us to relevant realms of experience, but whose meaning must be filled and completed by concrete and specific references, contextual applications, associative details, and so on. When the patient speaks of "fear," "anxiety," "guilt," or of attempts to be "pleasing," or "loving," or of states of "desire" or "hate," we can begin with a consensual understanding of what the patient is talking about, but we do not have an appreciation for how the term resonates with the patient's subjective experience, nor with the range of associative ramifications that revolve around it and carry a whole other dimension or set of related, yet nonidentical, dimensions in the patient's mental world.

The analytic listener can approach this more complex network only gradually over time, by careful attention to contextual and associative resonances of the patient's repeated use of the term, and by a slowly accreting mental frame of reference or associative set that conveys some sense of these implications. In the process, we come closer by degrees to a more effective and meaningful grasp of the patient's meaning and perspective. This can be accomplished only by careful and open-minded listening. One young woman spoke repeatedly of

her need to be "pleasing." On the level of superficial and consensual meaning, this indicated a wish to please others, to be pleasant and accommodating. But only with further associative elaboration did we discover the deeper connotations in her personal lexical frame of being sexually attractive, of submission to the wishes and desires of others, self-devaluation, and abandonment of her own wishes and desires, connected with the sense of herself as without value or importance as a female, reflecting her conviction of inner defectiveness related to the fact that she lacked a penis. These connotations and more were implicit in her use of the term "pleasing," and served as an interconnected and personal complex of meanings idiosyncratic to her life experience and motivational status.

In addition to the difficulties of innuendo and nuance, analytic listening, unlike ordinary listening, takes place simultaneously on multiple levels and in reference to multiple contexts. If the patient speaks of problems in one set of relationships, our listening is attuned to other potential areas of application, based on the theory of displacement and condensation.[20] Examples are commonplace: e.g., one patient consistently referred to the infantile gratification of sharing secrets with his mother, which invited comparison with his fantasy of sharing secrets similarly with his analyst; while the same patient expressed fears of judgment and punitive rejection by his father, and analogously similar fears toward the analyst. Corresponding processes can suggest displacements from the analytic relation to other contexts outside the analysis: One young woman came quickly to an awareness of her wish to be sexually desired and cared for by the analyst, but only gradually and with some resistance was able to come to a parallel realization with respect to her father.

Perhaps the most salient displacements and condensations we listen for are those related to the connections between past and

[20] Kafka (1989) adds to the spatial metaphor of "levels" the temporal metaphor, such that analytic listening is connected to shifting temporal foci, even multiple foci simultaneously, varying from "zoom" (acute focus on and detailed attention to the present moment) to "wide angle" (the broader perspective that brings past and present together in the same frame of reference).

present. Feelings and patterns of behavioral enactment or relatedness that take their origin from childhood involvements, attachments, and experiences, and find their way into present-day adult interactions, are common in analysis. My patient preoccupied with "pleasing" found herself feeling compelled in the analysis to accommodate to my wishes, to accept anything I said as true and valid, out of fear that if she were not sufficiently pleasing to me, I would reject her as a patient. Similar feelings were pervasive in her childhood anxieties in relation to her parents, especially in connection with her younger brother, with whom her father spent more time playing baseball. She was convinced that her parents did not value her because she was a girl. In the analysis, she felt that she had to be a perfect patient or I would get rid of her as a worthless female.

LISTENING WITHIN THE ANALYTIC RELATION

To this mix of multiple levels and dimensions of listening, I would add the perspective of listening within the analytic relation. I envision the analytic relation as composed of three components, all operative simultaneously and constantly interacting in varying degrees as the analytic interaction evolves: transference (with its corresponding countertransference), the therapeutic alliance, and, finally, the real relation (Meissner 1996c).[21] In addition to the other dimensions

[21] I wish to note that distinguishing these three components does not imply their separateness or isolation. They are all present and active at any point in the analytic process; there is never transference without alliance or alliance without transference. But one of the difficulties in conceptualizing their respective roles in analysis has been a tendency to muddy the waters by focusing on their constant interaction rather than distinguishing their respective functions. Clarity of understanding, in my view, is better served by discriminating and making clear their respective roles and functions, and then understanding how they interact and intermingle in fact—the strategy of *distinguir pour unir*. The difficulty in this endeavor arises usually when theorists regard all aspects of the analytic relation as forms of transference or countertransference, a perspective that leaves little room for clarification or distinction.

of the listening process, the vantage point of the analyst's listening relates to one or others of these perspectives as aspects of his total listening experience, providing an essential framing of his listening that may not, at least in the beginning, be shared by the patient, but may be increasingly appropriated by the patient as the analytic work progresses.

This perspective is not so much a matter of theoretical preconception as an interpretive framing that conditions further the analyst's listening and understanding. Within this framework, the analyst is sensitive to innuendoes of the patient's communications as potentially derivative from any or all of these dimensions, thus potentially unveiling further dimensions of meaning and implication in the analytic dialogue. While there are some analysts who challenge the capacity to listen from multiple perspectives simultaneously, or who opt deliberately for one or another perspective as a matter of technical or theoretical preference, I maintain the viability, indeed necessity, of multidimensionality.[22] I find greater clarity in distinguishing these aspects of the analytic relationship, rather than melding them together and treating them all in univocal fashion, e.g., as variants of transference only.

To facilitate this discussion by considering a clinical example, I propose to take part of an analytic hour and deconstruct it in terms of these complexities. My purpose is to unpackage the listening process as I experienced it, nothing further. I could have taken any analytic hour, and have chosen one at random—it is the first hour with a mid-twenties, MIT graduate student in economics, aptly described as a male hysteric with severe anxiety symptoms. He was born into a New York Jewish family, with two much-older brothers and an older sister.

[22] Aron (1996), for example, has argued that, if an analyst listens to patients expecting to hear transference distortions, he or she is more likely to elicit a response of compliance and submission to the analyst's authority; while conversely, opening the analyst's own subjectivity to exploration conveys the analyst's sense of openness and willingness to learn about him- or herself. I agree with Gabbard's (1998) counterpoint that "the same problem of compliance and submission may arise from a situation in which the patient feels he or she must come forth with fantasies about the analyst's subjectivity" (p. 628).

I will intersperse my reflections on the flow of his material through the use of brackets.

> Coming back from vacation, I couldn't help but wonder whether I made the right choice. [What choice? Is he wondering about his choice of analysis? Of the analyst? Of the decision to wait until after the summer to start the analysis?] I was feeling left out, not part of it. [Left out of what? What did he mean by "left out"? Did the left-out feeling have deeper reverberations? Was he feeling the delay as rejection, leaving him not part of it? Are there other contexts of feeling left out?]
>
> On the plane I was fantasying different identities. [What identities? Identities different than his own, and if so, to what purpose? Was there some dissatisfaction with his own sense of himself and in what dimensions?] There were three girls nearby, one left for a minute. [The sexual problem comes up early—a major area of his anxiety?] Two guys came along and started to pick them up. [This comes across as a situation of anxiety and challenge for him. What are the parameters of the situation that provoke his anxiety, and what might its implications be? I recall that he had two brothers.] I wanted to. When the third girl returned, I made a joke to break the ice and started talking. [Making a joke must be one of his devices to manage anxiety. Does the joke-making have any further implications—that he has no other recourse but joking, i.e., that he can't be taken seriously?] The guys were Don Juan types. [The Don Juan image suggests sexual prowess, aggressiveness, sexual assertiveness—all qualities that he seems to lack, desires intensely, and envies. What is the impact on his sense of self and self-esteem? Does he see other males as powerful and capable in ways he feels he is not?] I was nervous and used humor to protect myself. [A bit of self-observation that suggests his capacity to work in terms of the alliance; it also reinforces the idea that he uses humor defensively in the face of anxiety.]
>
> I used to laugh and giggle a lot on dates. [What does laughing and giggling connote? Is this childish behavior, not the behavior of a strong man, but a sign of weakness? Some-

thing else?] I had dates at home, but we usually wound up giggling like little girls. [Giggling seems to be associated with his image of little girls, but connoting what? Silliness? Weakness? Smallness? Impotence? Unimportance?] I'd get upset with myself, then resolve to be more serious and mature. [This speaks to his view of himself—is he the weak child, immature, who cannot be taken seriously and who can't measure up in adult terms? If so, it points to a possible transference dimension: how will he be seen in the analysis by me—as someone to be taken seriously and listened to in mature terms (alliance?), or not?]

Humor avoids facing issues, avoids depressions. [This confirms the role of humor, but also suggests that there is more than anxiety in the picture; there may be issues of self-esteem, if not more. He also expresses again his capacity for self-insight.] Over the years I have built up a routine of stories and jokes—allows me to have conversations. [Engaging others in conversation is a problem. As we begin the analytic conversation, to what extent do these anxieties and uncertainties come into play here in the analysis? And with what implications? What is my role as the other in the conversation going to be? The powerful male or some other transference figure? Or will there be room for relating on other, more alliance-based terms?] I always felt I had nothing to say. [Does he feel he has nothing to say here in the analysis, to me? To what sort of people is it that he has nothing to say?] I had to be ingratiating. [Does this apply to me?] But it's time to assert myself, not try to impress people. [What does it mean for him to assert or impress? With whom does he feel he has to assert himself or impress? Does asserting connote merely expressing his opinions, or does it suggest domination and control? Also, "impressing" can range from leaving a good impression to more grandiose connotations of superiority and power.] But when the time comes, I get nervous and self-defeating. The more anxious I get, the less well I do. [A bit of self-observation, useful in terms of the alliance. On what basis does he determine doing well or not doing well?]

My first cousin is a successful stockbroker. I told him about a stock I was buying on a friend's recommendation. He said something critical and I started talking about art, something

you bullshit about. [Money and investments seem to carry the connotations of serious business, adult activity, something he feels insecure and vulnerable about. Is this the business of powerful males, while he sees himself as still a little kid who shouldn't be messing in adult matters? Art is safer—but why? Does he associate it with weakness, feminine interests? Bullshitting suggests something meaningless, unimportant. To what extent will he experience associating in the analysis as bullshitting?] I caught myself bullshitting. [Is there an element of embarrassment or shame here? Has he shown his hand so that his cousin could see his inadequacy?] I wonder whether he thinks I'm stupid. [He attributes a negative judgment to the cousin. What does or will he attribute to me? If he reveals himself to me, will I think him stupid? Obvious transference implications.] I wanted to impress him, but I'm the economics student, and I felt I couldn't. [Somehow wanting to impress outruns the reality of his position, however valid it may be. What is involved in his need to impress (and it isn't clear what that means) that seems to invalidate his status and otherwise obvious competence?] He's a friend of my older brother. [Echoes of the past? His view of the cousin seems partly cast in terms of old involvements, in which he was the little kid and the cousin was older, bigger, and knew more, like his brothers.]

That was a group I wanted to be in with, but was always younger. I always felt ill at ease. [Are these echoes of his being the youngest in the family and desperately wanting to be included on the same, relatively more mature footing as the others? He didn't fit in with an older group, but what meaning did this carry for him? The translation from past to present may also be an issue—does past tense reverberate in the present? Is the "I" to be heard on multiple levels?] I couldn't act out what I'd planned. I tried to make jokes, but I just didn't dig what was going on. [Jokes again—his way of compensating for anxiety and perhaps a feeling of inferiority?] I always came out at the bottom. [The metaphor of the bottom resonates with levels of implication—bottom of the pile, bottom of the totem pole, bottom of the body, anality, associations with anal products both positive and negative, all of the above? Will he come out at the bottom in the

analysis?] Everybody else has something over me. [Me too?]

I joined a fraternity because my older brothers had been in one. [Does this suggest that the path to maturity, accomplishment, and success lies along lines already laid down by these older brothers, and that the patient can do no better than follow in their footsteps?] I felt I'd be asked in not on my own, but because of them. [The feeling seems to be that he has nothing of his own to recommend him—again echoes of childhood and the need to depend on others, specifically his brothers, to get anywhere?] People couldn't remember my name. [Fact and feeling seem conflated—how much of what he says reflects fact, and how much feeling?] It was like that in high school: I was quiet, but didn't understand why that happened. I tried to make a joke of it. I was never made the butt of jokes, but I was afraid of it. [Being the butt of a joke is humiliating—is this a concern in the analysis? Will he be made to feel foolish or ridiculed by me? His vulnerability is exquisite.] I feel terrible if it happens to anyone. [Like him, maybe?] I find myself protecting them in conversation.

Someone could criticize me, like my mother. [Mother is a primary source of transference derivatives. There would seem to be a range of critical someones, among whom I would figure prominently. Would this reflect the influence only of his mother, or are there other sources also involved?] It's better to avoid anything that makes you stand out. Even now if I go home and my hair is a little long, she worries what people will think of her. [Mother's worries may play a significant role in his concerns over himself—the history addresses a series of childhood illnesses that may have focused mother's anxieties. But what would this mean for his relation to her and his feelings about himself? What is she anxious about—him, or how she looks as a mother?]

Last summer I told her I was smoking pot. She said she thought it could never happen to her. We couldn't strike out on our own because it made her vulnerable. ["Striking out" is ambiguous; striking out as in baseball or as in becoming independent? Does becoming independent involve the risk of "striking out"? He attributes the fear to mother, but in what sense and to what extent does he share it?] Only in the last couple years have I been able to stand on my own. [How

does standing on his own relate to striking out on his own? Independence and separation from mother begin to look like salient issues. In what terms are they cast and what meaning do they take on in his mind?] I'm always striving for something that would gain approval, but couldn't get it. [Whose—mother's? Mine?] I had nothing of my own, just a pet to do tricks. [He paints himself in an inferior role in contrast to the brother, probably to both brothers: just an amusing pet or plaything, nothing serious or meaningful. I get the feeling that the resentment is deep.] I saw myself getting no respect, just cute. [He uses the past tense, but is there a present tense implicit? Is this in some degree how he sees himself in the present? Is this how he anticipates he will be seen and treated in analysis by me?] Telling mother about pot violated that, and I was punished for it. [Punished for stepping out of the cute child role? Was the pot-smoking a gesture of defiance toward her? Mother's reaction was presumably negative, but seems to have been experienced or interpreted as punishment. What contributes to that translation?]….

They never let me be on my own. I hoped they would say, "He's a man; he knows what he's doing!" I can't tell mother anything because she makes a major production out of it. She thinks I'm shooting drugs. She goes through her self-punishment routine. I can't tell her about analysis. [Is this because analysis represents a bid for greater independence and separation that would be threatening to her as well as to him on some level? Is it as though the analysis would be taken as something he does to hurt her?] She wants us to suffer with her. I could never talk about problems. [The same issues are likely to enter the analysis—will he be able to talk about problems? Will I react to him like his mother does, or in some other way? To what extent will his maternal transference dominate the analytic relationship, and to what extent will we be able to negotiate a way of communicating that is more in tune with the alliance?]

Keeping in mind that this is a first hour, transference material dominates the content, but I would not ignore, despite his apprehensions about what he could expect in analysis, that the flow of communication was relatively free and abundant—this patient plunged into

the analytic swimming pool head first. There was little need for me to intervene; I remained silent for the most part. I inferred that despite his fears and the transferential obstacles, he sensed something different in the interaction that made it possible for him to engage actively and productively in the process. While at this point it remained unspoken, I would argue that these factors pertained to the alliance. Indications for engagement in the alliance are sparse in the actual content—in what he said—but the manner of his engagement and abundant flow of the material suggest a positive fate for the alliance. The indications pertinent to the real relation are for all practical purposes minimal. But these multiple perspectives of the analytic relation are present from the very beginning of the process, and provide an added frame of reference for the analyst's listening (Meissner 1996c, d).

Certain aspects of the listening deserve comment. First, emphasis is on discerning the meaning in the patient's mind (Schwaber 1998). However, this aspect is overshadowed by uncertainty and ambiguity. Nothing can be stated declaratively; there are only questions. I would note that nearly all the questions noted above and more remained persistent for long stretches of the analysis. Meanings of certain terms took on a complex variation in shades of nuance as the analytic material deepened, and more and more implications of the use of terms came into view. By the same token, the patient's material evoked a series of questions touching on interpretive issues in the mind of the analyst. This is part of the analyst's contribution to the dialogue, even before there is any dialogue. But these remain no more than questions pertaining to possible paths of inquiry and implication. There are no answers; these can come only from the future of the analytic process, if at all.

I would also emphasize the intricate interweaving of subjective and objective perspectives—the patient's subjectivity finds expression externally in words and other behaviors, and these are received objectively and registered in my subjective awareness; and on the patient's part, a parallel process of registering his experience of the setting and the analyst took place. In describing these interactions, Winnicott's (1971) notion of transitional experience is helpful.

While the patient's experience of the analytic interaction is filtered through his subjectivity, it is in fact amalgamated of subjective and objective components. This is seen most clearly in reference to transference—his fears that I would be critical and attacking were balanced by his ongoing experience of me as both an alliance-object and a real object. Similar integrations took place in reference to the alliance and real relation, but in these the objective factors weighed more heavily.

Listening within the analytic relation takes place in all three sectors concurrently, but in different modes. Listening from the perspective of transference takes place for the analyst from within countertransference. In terms of the transference-countertransference interaction, the analyst's listening is attuned specifically to the patient's transference. But listening solely from a countertransference perspective would lead to countertherapeutic results. Countertransferential listening only becomes potentially therapeutic when, by virtue of the self-discerning aspects of neutrality inherent in the alliance, the countertransference response is recognized, appropriately monitored, and then turned to therapeutic uses (Jacobs 1991; Meissner 1996c, 1998a). Listening from the perspective of the real relation is analogous, in that the analyst hears what the patient says in real terms, but discerns the therapeutic advantages and disadvantages from an alliance position. The analyst can also listen to transference derivatives from the alliance perspective: What the patient says is heard from the neutral and empathic vantage point of the alliance as transference-related, not within a countertransference enactment. My own preference and the vantage point for most effective analytic listening is thus the therapeutic alliance. It is the vantage from which empathic attunement, neutrality, and the discernment of therapeutic purposes can best be maintained (Meissner 1996c).

Of particular interest in this respect are the meaning and interpretation of pronouns (Rizzuto 1993). Modell (1990) has offered a similar perspective in terms of "levels of reality," corresponding to my levels of meaning. He provides the example of a woman patient who in the throes of a positive transference said, "I want you to love me." The pronouns reflect multiple levels of meaning. "I" may refer to the

actual patient of today in ordinary life, or to the patient specifically as patient in the analytic relation, or to the little girl in the woman seeking the love of her father in the transference. Modell labels the first aspect "Ms. X," the second "analysand X," and the third "daughter X." Correspondingly, "you" may refer to the analyst as a real figure in the first instance, to the analyst specifically as analyst in the second, and to the analyst as father-transference figure in the third. I would take these "levels of reality" to refer to aspects of the analytic relation—the patient in a real relation with the analyst, the patient in a therapeutic alliance, and finally the patient in a transference involvement. In each instance, not only is the meaning of the terms different, but the listening perspective and their therapeutic reverberations also differ, even though all are heard simultaneously.

Empathic Listening

Empathic listening has always been the hallmark of the physicianly healer (Pickering 1978). Reviewing that tradition, Jackson (1992) concluded, "The psychological healer, in particular, is one who listens in order to learn and to understand; and, from the fruits of this listening, he or she develops the basis for reassuring, advising, consoling, comforting, interpreting, explaining, or otherwise intervening" (p. 1623). A primary need of the sufferer is for someone to listen to and understand his pain. The simple experience of accepting, nonjudgmental, empathic, and sympathetic listening can bring psychological relief (Stolorow 1993). The "talking cure" was effective because it was received by an empathic listener. Freud (1912) expressed this in terms of "evenly-suspended attention" (p. 111) and turning "his own unconscious like a receptive organ towards the transmitting unconscious of the patient" (p. 115). Reik (1948) referred to the analyst's "third ear," which allowed the analyst to attune himself to the patient's subjective experience and facilitate more meaningful communication between sufferer and healer. Listening from the vantage point of alliance, as these perspectives suggest, facilitates both the analyst's and the patient's empathic listening.

In attuning our listening to the meanings implicit in the patient's inner world, we need to be clear about what empathy entails, given the barriers to listening to the subjectivity of the other. I have discussed these issues at length elsewhere (Meissner 1996a, c), and in the present context will concentrate on the listening process. The primary barrier to empathic understanding is the fact that my reading of the mind of another is confined to those external expressions of his or her subjectivity that come to my awareness. My reading of that subjectivity is on terms defined by the objective conditions of my experience of and interaction with that person, whether in analysis or not. While empathy is not simply based on observation, it does intersect with our observations of the patient's behavior. Empathic listening involves other forms of communication between analyst and analysand, based on their capacities to know something about each other via their respective subjective experiences of the interaction. It can also assume various forms or degrees of distance from the immediate subjectivity of the object (Shapiro 1974). Empathy based on the community of human experience may not be personal, individual, and immediate, but rather is attained through conscious, subjective construction. Empathy can assume a more existential and immediate form, occurring more intuitively and unconsciously, and reflecting earlier, more instinctual, largely affective components. In its regressive extreme, empathy can lean to diffusion of boundaries between subject and object and weakening of reality testing.

The empathic mode of listening shifts the analyst's listening focus from one that is objective or extrinsic to one that is better attuned to the patient's subjectivity (Basch 1986; Schwaber 1981a, b).[23] Empathy, then, becomes less a content or form of communication than a stance of the listener toward the object, whether that be the analyst joining the patient in the analytic encounter with a variety of transfer-

[23] A recent discussion (Panel 1996) focused on the distinction between listening from the patient's point of view and listening "objectively" for unconscious fantasy. Both are forms of objective and empathic listening, and the distinction is spurious. The more problematic tension lies between listening to the patient and listening to oneself.

ence imagoes, unconscious fantasies, and projections populating the analytic field (Schlesinger 1981, 1994a, b), or the patient joining the analyst in an effort to explore and understand the complex terrain of their mutual adventure and the depths of the patient's psychic life. Schwaber (1981a, b, 1983a, b), for one, extended Kohut's emphasis on empathic listening as the primary method of psychoanalytic observation and data gathering. Her assumption that such empathic listening is as central or exclusive as she suggests could be questioned, but clearly it remains important in the more complex process of analyst–patient interaction.

The advocates of empathic analytic listening are anxious to maintain immediate access to the patient's inner world, and seem to regard any theorizing or hypothesizing as potential interferences in this process (Baranger 1993; Schwaber 1981a). The dilemma, however, is unavoidable: if an analyst can hear what the patient expresses only in terms of theoretical orientation, the analyst's listening is not empathic; yet if the analyst listens to the patient's productions without a theoretical orientation, he or she can make no analytic sense of them. To echo Kant, theory without data is empty, and data without theory are meaningless. The situation is complicated by the simple fact that there can be no analytic data without interpretation of some kind. The tension and balance between these aspects of analytic listening was suggested long ago in Greenson's (1967) comment:

> It is necessary for the analyst to feel close enough to the patient to be able to empathize with the most intimate details of his emotional life; yet he must be able to become distant enough for dispassionate understanding. This is one of the most difficult requirements of psychoanalytic work—the alternation between the temporary and partial identification of empathy and the return to the distant position of the observer, the evaluator, etc. [p. 279]

Rather than seeing these listening positions as alternating, I would regard them as intermingled and coextensive in the listening process.

The situation is complicated by the intersection of subjectivities involved in the analytic relation (Schwaber 1983a, b, 1986) and the nuances of subjective engagement by the analyst in encountering the analytic surface and the analytic space (Poland 1992). Analytic listening is immersed in multiple and shifting perspectives that modulate continuously with the flow and quality of clinical material (Gardner 1991). As Brenneis (1994) notes, "It is possible that analytic listening can no more be separated from thinking than perception can be separated from selection and translation" (p. 32). Agger (1993) makes the point well:

> We become listeners with multiple ears. What we hear tells us about the coordinates of another person's mental experience of his or her life. We listen to the rise and run of a particular narrative from the economic, dynamic, genetic, and structural viewpoints to locate ourselves empathically so as to substantively assist with that individual's voyage of self discovery. [p. 405]

The conceptual and theoretical component may express itself in Brenneis's (1994) "state of shaped expectancy":

> I have been absorbing *and* sorting simultaneously. I have attended to some things more than others, but I have also drawn conclusions from what I have heard, conclusions based on a gradual building up of clusters of what my mind has linked. These clusters are like seed crystals which imperceptibly accumulate material of similar structure. [p. 39]

The role of the analyst's expectations and conceptual orientation in the listening process has also been emphasized by Renik (1993, 1995), who writes:

> I am certainly against privileging the analyst's point of view, and I think it is of the utmost importance to respect the patient's autonomy within the analytic relationship (in fact, I would say *insist* upon the patient's autonomy, inasmuch

> as some patients are all too disposed to abdicate it), and I think an analyst's job is to maximize the patient's exploration of his or her own psychic reality; but I do not believe that these objectives are best achieved by trying to diminish the subjectivity of the analyst's participation in analytic work. [1995, p. 85]

I would have to agree with the implication that empathic listening, however decentered and focused intentionally on the subjectivity of the other, cannot escape its origins within the subjectivity of the self, be it analyst or analysand.

The appeal to the nonverbal or preverbal quality of empathic experience, a form of preverbal affective attunement with another, is central to empathic listening and attunement to the subjective experience of the other (Bollas 1987), and contributes to development of a "private language" of allusions, cryptic references, symbolic gestures, and other forms of privileged communication between analyst and patient to which outsiders have no access, and which become reflections of increasing mutual adaptation (Schlesinger 1994a). However assiduous are the efforts to describe this aspect of empathic communication as intuitive, esthetic, or intersubjective, I would insist that the components involved are basically behavioral, involving subtle yet observable signals and cueing back and forth between the participants in the dialogue. They are important in setting the stage for or contextualizing the listening process on both sides of the analytic couch.

By the same token, the interpretation of empathy in classic analysis, following antecedents in Freud (1912-13, 1915), as a form of trial identification through which the analyst was enabled to understand the subjective experience of the patient, has inherent difficulties (Meissner 1996c). While empathic attunement modifies the internal subjective experience of the analyst, the attunement is not with the subjective experience of the other, but with the external expressions of his or her internal subjective state. The dialogue on both sides involves subjective communication mediated by behavioral expressions of each, read and interpreted by the other, thus constituting an interactional pattern.

Empathy is experiential and transient, a cognitive-affective form of experiencing by which the subject attunes him- or herself to communications from another, leading to some inferential intimation of the state of mind or inner experience of the other. Racker (1957) formulated his view of empathy in terms of concordant and complementary identifications; however, it seems to me that my empathic attunement with my patient is not synonymous with any experience of myself as simply like the patient, as in the concordant variant, but rather involves a sense of myself as both like and unlike the patient. Empathic attunement requires a degree of self-decentering which allows me to be open and receptive to the experience of another. The concordant variant may run a greater risk of my hearing (or mishearing) the other as like me, rather than of hearing myself as like him or her. The reliance on overblown assumptions of our empathic astuteness is not only risky, but an open invitation to countertransference distortions (Langs 1976), particularly of a narcissistic variety. The challenge in empathic listening, especially when we are forced or choose to rely on it clinically, is to be cautious about not only what we listen to, but to whom.

Listening to Silence

The analyst listens to more than the patient's words: to the patient's silences as well. Analysts take various views of silence, ranging from seeing it as resistance,[24] to be overcome usually by interpretation, to seeing it more as a period of germination that potentially contributes to the genesis of useful clinical material and self-generated insight. Assessing the quality of silence is slippery business, an area in which our intuition is at best problematic. In this regard, Winnicott's admo-

[24] The subject of the patient's silence and its implications lies beyond the scope of this discussion. The topic is discussed in Kurtz (1984). I also reported on a case of prolonged and severely disruptive silence in Meissner (1995): the case of Quentin Q.

nitions against premature impingement serve as a valuable rule of thumb—the patient deserves time and opportunity to come to his or her own perceptions without interference or intrusion by the analyst. As Bollas (1987) put it, "Such a capacity can only occur if the analyst knows that there are certain times when the analysand needs to be left alone" (p. 240). Silences, like words, can have many meanings.

If the analyst is impelled to capture the patient's inner experience in words, or pressures the patient to overcome silence, the analyst runs the risk of impingement, and indeed of changing the experience. In commenting on nonverbal communication, Winnicott (1968) observed that analysts tend to focus on movements and behavioral details in the face of the patient's silence. When he commented on the movement of his silent patient's hands, the patient replied, "If you start interpreting that sort of thing then I shall have to transfer that sort of activity to something else which does not show"—in other words, "Keep your interpretations to yourself until I'm ready to talk about them." Along this same line, Bollas (1987) advised that the analyst's better course was to forego interpretation, especially of transference, since interpretation will have little useful effect, but

> …he [the analyst] can assist the analysand by helping the patient to dismiss residual guilt (over saying little to the analyst, for example) or by quieting the part of the patient which feels compulsively obliged to organize matters into self-generated interpretations ("perhaps you need to let yourself be without thinking what it amounts to"). [p. 259][25]

[25] Bollas (1987) added a schematic impression of the stages emanating from moments of self-contained silence toward a moment of self-discovery and insight, an impression that features the analysand's increased self-centered attention and listening, and the bringing of his or her discovery to expression to the analyst. Bollas also describes the patient's musing and regression to dependence as part of an intersubjective process in which the analyst plays the part of a transformational object. I find this a useful way to formulate the process, except I wish to note that the process is "intersubjective" only in the sense that it takes place between two persons who are themselves individual subjects. See also Kurtz's (1984) discussion of positive and negative aspects of silence.

At the same time, circumstances, contextual factors, and careful observation of the patient's behavior in the midst of silence can offer clues to the patient's state of mind and the quality of the silence. One can at times discern a quiet, relaxed, reflective mood in the patient that well repays patient attention and maternal receptivity on the analyst's part. There are other times when a mood of withholding, resentment, stubborn withdrawal, and resistive opposition are at work (Kurtz 1984). The range of variation in the quality of a patient's silence is great indeed. In any case, such silence challenges the analyst's listening capacity. And, keeping Winnicott's caution in mind, there is always a question of when and what to say, since the risk of impingement is high.

Freud's (1912) comment on the tuning of the analyst's unconscious to that of the patient has been variously understood. Bion (1970) and Ogden (1996b, 1997) seem to follow Freud in relying on "reverie" and listening without memory or desire—i.e., listening essentially to oneself instead of to the patient, without thinking. What may be heard from oneself in the midst of silence—whether in the form of countertransference (Jacobs 1991) or reverie (Ogden 1997)—bears the inevitable mark of one's own subjectivity, a consideration that deserves emphasis, since connections with what goes on in the patient are at best slender and uncertain.[26] But listening and thinking cannot be dissociated; it may be that hearing and thinking can be, but the result is mindless at best. I would rather make the best of Freud's recommendation and take it to mean that the analyst should make the effort to attune to the patient's meaning as the primary focus of attention, without interfering with that process by listening to his or her own conscious thought processes, should there be any. In so doing, the analyst's unconscious is open and attuned to the patient's meanings, some conscious and some unconscious. The same principle holds with the silent patient—the primary focus of the

[26] Jacobs (1991) makes it clear that his listening to himself is a means of understanding the patient—"how the analyst, by listening to himself, can better understand that [the patient's] communication" (p. xxii).

analyst's attention and listening (even to silence) is on the patient, while focusing on the analyst's own inner processes, "reverie," remains secondary. Shifting the focus of listening attention from the patient to the analyst opens the way to promoting the analyst's subjective experience over the patient's. To the extent that the analyst assumes the validity or pertinence of his or her subjective perception or attunement, the analyst runs the risk of imposing it on the patient—essentially taking the analyst's own experience as similar to or reflective of the patient's, especially when the patient is keeping silent about his or her own experience.

There are comparable issues involved in the patient's listening to the analyst's silence. Patients who are hungry for contact, or find themselves encountering anxiety related to the uncertainty of the analytic relation, or who express a need to know what the analyst is thinking, often complain about the analyst's lack of communication or silence. This is often the case with adolescent patients, whom silence leaves open to their own affectively charged fantasies, making them feel vulnerable and unsupported (Esman 1985). This can raise a question as to whether greater activity is advisable from the analyst in the interest of reinforcing or sustaining the alliance, or whether the pull on the part of the patient is directed more to circumventing regressive pulls and anxiety, and/or drawing the analytic interaction toward a greater degree of reality and away from transference or alliance. In some cases, as with adolescents, increased activity may be called for to sustain the alliance.

Then again, the analyst's reflective silence may facilitate the patient's focus on his or her own inner life, thus cumulatively serving the interests of the analysis as much or more than interpretive statements (Rangell 1987).[27] Here again the guidepost in my thinking is the alliance—the analyst's silence can easily drift over into countertransference withholding, thus perpetuating a misalliance

[27] Bofill and Folch-Mateu (1963) made a similar argument regarding acceptance of interpretations, accentuating the role of the patient's thoughtful silence in assimilating and integrating an interpretation.

rather than an effective alliance. For the patient, listening to the analyst's silence calls into play the same polarities: Does it signal the analyst's disinterest, boredom, rejection, or does it express an empathic resonance of respectful appreciation of the patient's inner life, autonomy, and the license and opportunity to dwell uninterrupted for a time within the private space of one's own subjectivity? The discrimination hinges on the place from which the patient listens—whether from the transferential side, with all the burdens of the patient's history of suffering in and from silences of the past, or from the side of the alliance and its associated therapeutic intent and empathic attunement.

Listening to Oneself

With regard to the analyst's listening, we are also aware that the analyst does not merely listen to the analysand in the course of analysis, but to him- or herself as well. Analytic listening is thus Janusian, facing simultaneously in more than one direction: one dimension focused on the patient, another on the self. The analyst unavoidably hears him- or herself when speaking, but the point here is that the analyst also listens. This listening is a form of self-monitoring, consistent with the continuous and uninterrupted neutrality inherent in the analytic process. Listening and neutrality are inextricably linked, insofar as the observing stance by which the analyst maintains perspective on whatever transpires in the analysis is an essential aspect of the listening process as well (Adler and Bachant 1996; Meissner 1998a).

The analyst listens first of all to his or her own words—both the words and the music. From the point of view of therapeutic intent, the analyst is concerned not only with his or her choice of words to express meaning, but to their intonation, emphasis, affective coloring, and so on. Often, more is conveyed to the patient by way of the music than by the words. When we speak the words, we are never sure what the patient hears and what the patient listens to—it may not be the same as we intend. This aspect of analytic listening is inevitably

attuned to the possibility of countertransference manifestations that may find their way into the analyst's speaking.

But this internal listening may extend beyond just spoken words. The analyst's linguistic processing can occur at a subvocal level in the form of internal speech. I am referring to vocalizations that are consciously articulated in verbalized form, but not externally vocalized. Such subvocal speech is usually accompanied by measurable movements of the vocal mechanism, but without making an external sound. Reaching further into the depths of subjectivity, there are mental processes involved in the forming of verbalizations, but these are more mental than vocal, so that we might be stretching things to regard them as objects of even internal listening. My point here is that in listening to him- or herself, the analyst has more to consider than merely audible and external verbalizations.[28]

On these terms, the self-monitoring so vital to analytic neutrality (Meissner 1996c, 1998a) takes the form of listening, and specifically the analyst's listening to him- or herself on both audible and nonaudible levels. One problem with the bidirectionality of listening is that attention can become divided, to the detriment of listening in either phase. The more the analyst's listening attention is focused on what the analyst hears from the patient, the less intense is the focus on the analyst's own mental and verbal processes; and, conversely, the more the analyst's attention is focused on his or her own inner voices, the less intense is the listening to the patient.[29] This point was made years

[28] Ogden (1998) speaks quite sensitively to the analyst's listening to him- or herself, but in terms that cause me difficulty. Consistent with his view of the relational and intersubjective character of their analytic interaction, he postulates that analyst and analysand conjointly develop a new voice out of their coconstructed, unconscious experience. For Ogden, it is not oneself speaking, but in each and every expression a new self that comes into being—a totally phenomenological view of the self. Thus both analyst and analysand are constantly creating a new voice, not only in each new session, but in each new moment of each session. The ontology implied in this view, in my opinion, seems to destroy the epistemological underpinnings of psychoanalysis, insofar as the persistence and perdurance of the subject from moment to moment and from hour to hour are essential to the analytic process.

[29] See Freedman and Lavender's (1997) comments on absorption into the inner space of the analyst's subjectivity and the corresponding detriment to listening.

ago by Stein (1972), who noted that patients often have a decisive influence on the analyst's attentive state, shifting the analyst's conscious focus from a free-floating receptiveness to a more self-absorbed state akin to dreaming, or closer to a form of reverie (Ogden 1997).

The tension between an externally vs. internally directed mode of listening was underlined by Arlow (1995):

> Recent contributions...focus on the special attention that must be paid to so-called countertransference enactments. The analyst is advised to direct his or her attention and interest during the session and afterwards toward [his or her] own reactions, to try to understand the genesis of [his or her] untoward responses, and to clarify these issues with the patient. The danger here is that it may shift the attention away from the flow of the patient's associations in response to the analyst's interventions onto issues concerning the analyst's theoretical orientation or transient personal anxieties. Under such circumstances, listening may become confused, overly theoretical, and intellectual in orientation. [pp. 226-227]

Along the same lines, Giovacchini (1985) commented somewhat wryly:

> As recently as fifteen years ago, many therapists were reluctant to discuss their own feelings about patients, fearful that they might be criticized for them and that they were indicative of bad therapeutic practices. The situation today is completely different. If anything, it is sometimes difficult to get therapists to discuss their patients' material because they are talking about themselves and what they feel about the patient, rather than the reverse. [p. 447]

But one cannot set a priori preferences in this regard. At certain times, the listening focus is best directed to the patient and the patient's verbalizations; at other times, a self-directed focus may prove more valuable, as attested to by Jacobs (1991) and common experience. The discrimination can be made only in terms of the ongoing flow of

material and the skill or propensity of the analyst to use listening skills in one or another modality. In my practice, listening to the patient takes clear priority—not to the exclusion of self-listening, but with the latter serving as a secondary and more or less background phenomenon. My self-listening for the most part assumes priority on occasions when something is happening to focus my attention in that direction—as when the patient charges me with some attitude or affect that I cannot identify in myself, or when something I have said or done elicits an unexpected reaction—especially a negative one—from the patient. The disparity between my intention and the unanticipated effect forces me to listen more carefully to myself, searching to see whether my phrasing, choice of words, intonation, affective coloring, or whatever, may have contributed to the patient's response. Such searching may yield clues to my lurking countertransference, or bring into focus aspects of my more realistic but unacknowledged attitudes or affective reactions to the patient, but in any case may also open the way to realization of some other aspect of my contribution to the analytic dialogue, which might be more usefully understood and contained or corrected.

The Analysand's Listening

My focus thus far has been on the analyst's listening, but the analysand also hears and listens, and that hearing and listening are vital to the analytic process. As Grossman (1999) recently argued:

> Analytic listening is not something the analyst does to the patient. No matter how enlightened a listener, the analyst will hear only what he or she can hear in accordance with his or her own unconscious motives. Therefore, there must be two listeners, attending to two actors, striving toward a shared perspective about the patient. [p. 96]

I have found over the years that analytic patients, probably as a partial by-product of lying on the couch without visual access to the analyst, are acute and active listeners. They hear and listen to every-

thing, not only the words and intonations of the analyst speaking, but every audible sound created by his or her movements[30]—shifting position, moving arms or legs, yawning, sighing, coughing, sneezing, snoring, and so on, as well as to the analyst's silences—and attributing to all some meaning that is often quite revelatory of transference or misalliance reactions or feelings. Movements can be taken to mean signs of restlessness and impatience, yawning of boredom, snoring or even silence of either being "bored to death" or having little interest or concern about the patient, and so on; the list is endless.

Silence has its place in the analytic process, and a patient listens to the analyst's silence as acutely as to the analyst's utterances. Such silences have been described as inflected or uninflected—the former having specific communicative function, the latter attuned more to what cannot be said, at least at that moment (Kurtz 1984). Patients have an uncanny ability to read the analyst's inflected silences, particularly as to whether the silence betokens the benevolent and constructive attitudes associated with the alliance or more deleterious attitudes stemming from the analyst's countertransference. As the analysis progresses, the tension and counterbalancing of alliance and transference cast a shadow over the patient's listening, whether the silence is heard as benevolent and holding or as malignant and threatening.

In listening to the analyst's verbalizations, the patient may not hear analyst's words as having the same meanings and connotations that the analyst intended. As Faimberg (1996) pointed out, the analysand's listening is filtered through his or her own subjectivity, and the analyst's interpretation is reinterpreted accordingly,[31]

[30] Freedman and Lavender (1997) have pointed out the relevance of kinesic elements, with particular emphasis on rhythmicity of movements, to the analyst's listening as a function of the body self.

[31] Faimberg stipulates that the analysand's reinterpretive listening is predicated on the basis of unconscious identifications, which I take to be synonymous with introjective configurations contributing to the shaping of the self-as-object (Meissner 1996b). Introjective formations undoubtedly contribute significantly, even predominantly, to the patient's listening, but not to the exclusion of other factors. The focus on unconscious introjective components I would find excessively confining.

leading to an interpretive cycle: analyst's interpretation, analysand's listening and reinterpretation, analyst's "listening to listening," and further interpretation.[32] As Faimberg (1996) put it, "By listening to how the patient has listened to the interpretation, the analyst is then able retroactively to assign a new meaning to what he said, beyond what he thought he was saying" (p. 668). The levels of meaning attributed to the analyst's words can be determined by complex configurations of motivational dispositions from any and all instinctual orientations, just as the patient can employ his or her own speech to express infantile meanings—oral, anal, phallic, narcissistic, and so on—so that the patient can hear the analyst's words with the same or complementary connotations (Rycroft 1958).

Furthermore and related to this, I regard listening as by and large a function of the balance of alliance, transference, and real relation. The patient's listening to the analyst is to some degree determined by whether the patient is listening out of a transferentially determined mind-set, or whether the listening occurs within the framework of a meaningful and productive alliance, empathically in tune with the analyst's therapeutic meaning and intent (Meissner 1996a, c), or conversely within a persistent misalliance. According to the frame of reference, the meaning of the analyst's communications is heard differently and given often completely different connotations.

One young male patient continually heard my comments or interpretations as sadistic attacks, putting him down (or, in his terms, "shooting him down"), as teasing or ridiculing or humiliating him. None of these were remotely congruent with my intention or feelings toward him, as far as I could know them. They were apparently de-

[32] Faimberg (1996, 1997) casts these processes in terms of the effects of *Nachträglichkeit* in conjunction with deferred action, and as determined by "unconscious identifications." These effects are not exclusive of other contributing aspects, particularly those related to the quality of the analytic relation itself. The transferential aspects of the relation are primarily determined by introjective components, but not other aspects of the relation, namely alliance and real relation. See Meissner (1996c, in process a).

rived from his intense negative transference and reflected his involvements with early objects with whom his relationships had been of that ilk. Over time he was increasingly able to recognize these perceptions as alien from the quality of his relationship with me as experienced in the analysis. As analysis progressed, the split became increasingly evident between his enlarging view of me as favorable, helpful, and positive, and his lingering apprehensions that I would be threatening, hurtful, and potentially destructive. His fear was that I would turn on him and use whatever secrets he had revealed against him in some ridiculing, hurtful, and humiliating way. As the analysis made increasing headway, these negative transferential convictions gradually faded and finally were put to rest. I ascribe these divergent aspects of his listening to the dichotomy of transference and alliance, the transferential listening filters gradually weakening and receding as the alliance aspects took hold and became the dominant orientation in the analysis. What and how the analysand listens has to be regarded as an essential aspect of the process, both determined by and reflective of the quality of the analytic relation, particularly the mixing and balance of transference and alliance (Meissner 1996c, in process a).

Here again, words and meaning play their part. A record of the analyst's words gives us little inkling as to what was heard or what it meant to the patient. But careful listening as the session progresses may offer some hints. As Spence (1998) put it, "Analysts who are concerned about how their words are understood can often find ways to let the patient talk about her [or his] understanding and whose voice she [or he] heard when the analyst was speaking" (p. 646). Spence makes the valid point that it is advisable to include the patient in determining how the patient heard what the analyst had to say, but the patient does not often know. He or she may help us to discern the conscious and manifest content of meaning in the patient's mind to some degree, but the patient has no privileged access to the unconscious and latent aspects of his or her mental processing. Those deeper, hidden, unconscious layers of implication are reached, if at all, through the dialogue of patient and analyst and the resources of the analytic process.

Patient Listening

The quality of empathic listening described above has its counterpart in the patient's listening. The extent to which the patient is able to listen to the analyst empathically goes a long way in determining the effectiveness and therapeutic impact of the analyst's interventions. The role of empathy in the analysand is a generally neglected subject, one that I have addressed previously (Meissner 1996a, c), and which has particular relevance to the patient's listening. Insofar as empathy is an essential ingredient in the therapeutic alliance, it is necessarily present not only from the side of the analyst but from the side of the patient as well. As Chessick (1985b) observed:

> If the therapist can not get himself or herself into the shoes of patients and somehow give them the feeling that he or she really understands where they are coming from intrapsychically—their self states—and what is important to them, then the patient cannot respond to the therapist as someone who is useful to them as a selfobject in resuming their development. Either there will develop a misalliance with a collusion, or the therapy will break up. [p. 40]

To this I would add that unless the patient can get him- or herself analogously into the shoes of the therapist[33]—that is, listen to the therapist in terms of the therapist's therapeutic intent (i.e., within the framework of the alliance)—the options for therapeutic effect are correspondingly limited. Without a degree of empathic attunement

[33] One should be careful of the implications of metaphorical expressions. We all have a vague idea of what it means "to step into another's shoes" as expressing something about empathic attunement, but we may find the metaphor reaching too far. Spence (1998), for example, speaks of eliciting a patient's interpretation of what the analyst said as allowing us to "step into her shoes and experience the session from inside her experience" (p. 646). We cannot experience anything from inside the patient's experience, since individual subjectivity is always private and personal, and cannot be experienced by anyone but the subject him- or herself. If "stepping into another's shoes" means anything, it does not mean that. See my further discussion of the issues of subjectivity in Meissner (1999, in press).

from the patient, what the patient listens to becomes therapeutically meaningless and futile (Greenson 1960; Makari and Shapiro 1993; Poland 1974).

Empathic listening in analyst and patient differ according to their roles in the analytic relationship. The analysand in the course of the analytic work constructs a conceptual model of the analyst, based on the flow of interactional experiences between them. The referents of such conceptual empathy (Buie 1981) are immediate, subjective, and personalized, and may reflect some functional model of the analyst's personality and character in the patient's mind. To the extent that they can be contaminated by projective elements, the patient's listening becomes less empathic. The transference takes a projective form (Meissner 1994, 1995, in process a), and whatever the analyst says is filtered through projective channels and interpreted accordingly. This is also possible in forms of displacement transference, although there the degree of distortion is less marked.[34]

Exceptions abound. I remember one woman patient caught in an intense and highly narcissistic paternal transference, who experienced me in highly conflicted terms as identical to her opinionated, domineering, and highly narcissistic father. The interesting point was that she remarked on several occasions that my voice sounded exactly

[34] I would note that insofar as the patient's impression of the analyst is filtered through the patient's transference, the patient does not experience the analyst as such, but as a transferentially transformed object. If this be empathy, it is not empathic with the analyst as he or she is, but as the analyst is transferentially experienced. Although some may accept this as true empathy, for me it is more a distortion of empathy at best. Some have objected that distinguishing the role of empathy according to components of the analytic relationship violates analytic principles of multiple function and compromise formation—i.e., that empathy does not fall to any single constituent of the analytic relationship, but to all in combination, namely, that the analysand's empathy is not based solely on alliance factors, but includes transference, real elements, and other aspects of subjectivity. I would argue, to the contrary, that empathy is a function of the alliance, and that aspects of the total experience drawn from transference are impediments to real empathy. Principles of multiple function and compromise formation are best conceived in relation to the total complex and less to its constituent aspects, although even in that respect, the same principles can find their appropriate application. Alliance as an individuated psychic function is not immune from being put to the use of multiple functions, nor is it devoid of compromise.

like her father's. She listened to the sound of my intonations rather than the content or intention of my words, thus locking herself into a rigid transferential frame for her listening. Even in her case, however, I was to learn that her highly opinionated views of things inside and outside the analysis were as declarative and rigid as anything she ascribed to her father. Her seeming displacements turned out to be projective.

However, in conjunction with demands of the alliance, the patient's empathy comes into play in terms of the capacity to relate to the analyst as a helpful, positive, well-intentioned, supportive, and effective practitioner of the therapeutic task. The patient must be sufficiently empathically attuned to the person of the analyst in the function of helper and healer to establish and maintain the therapeutic involvement. It is precisely as a function of this quality of relationship and involvement with the analyst that the patient not only hears but listens to the analyst's verbalizations. To the extent that the analyst's contributions are listened to in transferential terms, or are derived from and determined by countertransference feelings and enactments, the effect is countertherapeutic. Most analytic patients are able to maintain a reasonable degree of empathic attunement with the analyst, which remains comparatively stable throughout the analysis. For some patients, however, whose capacity for empathy is compromised or so overrun by the forcefulness of their transference experience that transference fantasy and the person of the analyst become one—often the case in borderline patients (Meissner 1995)—listening is correspondingly affected. Particularly in the face of an intense negative transference, listening can become impervious to any objective clarification or interpretation, and the patient is unable to achieve any empathic attunement with the analyst.

CONCLUSIONS

In the light of these considerations, I draw the following conclusions:

1. The analyst hears sounds, primarily the patient's speech, but listens to meanings—the analyst hears with the ears, but listens with the mind.

2. The complete meaning of words is always to a degree uncertain and ambiguous. The full scope of meaning and implication may never be achieved, but can be approximated over time by open-ended inquiry and associative elaboration.

3. Listening for both analyst and patient involves a balance of subjective and objective components. The analyst listens to the patient, but that listening is filtered through his or her own subjectivity; the same is true of the patient listening to the analyst.

4. Objective and subjective listening are reciprocal—the greater the focus of attention on the other, the less on the self, and vice versa—but the balance between them can differ among analysts as well as among patients. There is no optimal or preferred mode, but overbalance in one direction can increase the risk of mishearing or misunderstanding in the other.

5. Analytic listening is as overdetermined as speaking for both analyst and patient. Listening takes place on multiple levels of implication and within multiple frames of reference simultaneously and concurrently.

6. Analytic listening takes place within the analytic relation, specifically in relation to transference-countertransference, therapeutic alliance, and the real relation. Communication between analyst and patient can take place in any and all of these perspectives in the course of analytic interaction, and the listening perspective differs accordingly. Listening with therapeutic intent and purpose takes place within the alliance sector, by virtue of which the analyst, and hopefully the patient, are able to turn extra-alliance transactions to therapeutic purposes.

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Carney Hall 420 D
Boston College
Chestnut Hill, MA 02467-3806

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A STRUCTURAL AND INTERTEXTUAL READING OF FREUD'S "ON DREAMS"

BY URSULA MAHLENDORF

By using the framework of a "quest" narrative based on literary allusions to Virgil's Aeneid *and Goethe's* Wilhelm Meister's Apprenticeship, *Freud transformed the 500 pages of* The Interpretation of Dreams *into some fifty pages entitled "On Dreams." This paper elucidates the narrative means by which Freud achieved the feat of turning a highly complex, lengthy theoretical work into an engaging narrative. Its main plot, provided by a specimen dream, reveals Freud's working through of the personal and professional conflicts of his life up to 1901, and serves as a practical demonstration of and paradigm for the process of working through in psychoanalysis.*

INTRODUCTION TO PROBLEMS OF STYLE AND PSYCHOLOGY

On rereading Freud's "On Dreams" a few weeks ago, I was struck by the artistry of the work, a stylistic mastery not only in its use of metaphor, allusion, and expressive use of syntax, but just as much in the structuring of its argumentation. Its original twelve sections of unequal lengths immediately suggested to this reader a reference to the

This paper has benefited greatly from discussions with and critiques by the author's colleague and friend, Professor Jill Ann Kowalik of the University of California, Los Angeles.

title page of *The Interpretation of Dreams* and its quotation from Virgil (first century B.C.): "Flectere si nequeo superos, Acheronta movebo" (If I cannot move the powers above, I will stir up those below). Freud transformed the allusion to repression in the motto of *The Interpretation of Dreams* (1900) into a reference to the narrative structure of the *Aeneid's* twelve books (Masson 1985, p. 361). The little work thus comes to bear the weight of representing a "quest narrative" which describes the foundation of an empire.[1] The ironic grandiosity of this displacement surely did not elude its author. In fact, an analysis of this work reveals Freud's working through of his own grandiosity, as well as a paradigm for the process of working through per se. In the following pages, I will elaborate upon the complexity of his enterprise.

Even a cursory glance at "On Dreams" reveals another of its specific literary features. Freud quotes twice ("somewhat discursively," 1901a, p. 637) two of the most memorable verses of the best-known poet of the German language, Goethe. By these strategic moves—first, the allusion to the structure of Virgil's opus, and second, the repeated quotation of verses from Goethe's modern epic *Wilhelm Meister's Apprenticeship* (1796)—Freud gains two allies for his quest and roots the task in an archaic literary tradition, that of the epic. Homer, poet of an oral epic tradition who may have written the *Iliad* in about the eighth century B.C., called on a muse: "Sing, oh Goddess, the Anger of Achilles, son of Peleus" (Butler 1952). Virgil, the first of a long lineage of later epic writers of the Western tradition, invoked the muse and Homer so as to give his work the authority which Homer's name guaranteed by the first century B.C. During the Renaissance, Dante (1321) made his inspiration, the muse, into two characters who accompanied him on his quest: Virgil became his guide into the underworld, and Beatrice led him to the paradiso. Every writer of a mighty literary work who has attempted to create a world of his or her own has since sought such noble parentage to legitimize the poetic journey

[1] See Thomas (1989) for a discussion of the parallels of *The Interpretation* to a nineteenth-century episodic novel of a quest for an empire.

toward a goal. By means of the Virgil allusion and the Goethe quotations, Freud located the lineage of his enterprise in the narrative structure of his brief work.

The invocation of literary forebears in all epic writing since Homer has had the function of lending legitimacy and weight to the quest for dominance, and that is exactly the function it fulfills in "On Dreams." Readers of Freud should never forget that his earliest training and education was in the Western classical tradition.[2] But with such invocations to a lineage and its legitimacy also come specific unliterary, psychological problems. Sooner or later in the quest narrative, the writer will have to make him- or herself independent of forebears and claim his or her own realm. Hence, this very literary technique involves Freud in an oedipal struggle, the dimensions of which I will delineate in subsequent pages.

Once aware of the connection to the *Aeneid* and of Freud's transformation of one allusion into another by way of displacement, the reader is alerted to pay attention to the literary and compositional qualities of "On Dreams." But first, for background, let us ask ourselves what the personal problems were that faced Freud when he was about to turn the some 500 pages of *The Interpretation of Dreams* into the fifty pages of "On Dreams."[3] In February of the year 1900, Freud had promised to write by summer "a short extract of the book" *(The Interpretation)* for an issue of *Grenzfragen des Nerven-und Seelenlebens* (Masson 1985, p. 398). There was, of course, first and foremost, the fact that Freud faced a particularly difficult summer since patients were few (hence his income was severely reduced), and his family

[2] Freud's classical high school curriculum during eight formative years steeped him in the original Greek and Roman epics, and a literary course familiarized him with and fostered a lifelong love of Goethe's writings—in fact, his first transference relationship was that to literature.

[3] In recent literary study, biography has fallen into disrepute as a possible tool in explicating the meaning of some aspects of a literary work. My biographical remarks in this paper have the function of showing how the writer's life and his writing are in constant dynamic interchange: how the personal life-world, its relationships and events, shape the work, just as the work during its creation and subsequent reception in turn inform the author's life-world.

expenses increased unexpectedly.[4] For that reason, the Freuds spent the summer not as before in a mountain resort but rather in a less expensive summer residence right outside of Vienna, which they shared with another family. Moreover, Freud felt disappointed about the reaction to the publication of *The Interpretation of Dreams*, as the few reviews were either insulting, negative, or—worse—did not get the point. The shortage of funds, which dominated the discussion of his own dream in "On Dreams," was evident as well in frequent references in letters of the time to his "fear of poverty" (Masson 1985, p. 412).

Despite his need for income from publication and for further advertisement of *The Interpretation of Dreams*, Freud found it difficult to get to the task of writing an extract because "after the big work it would be a very disagreeable task" (Masson 1985, p. 408). Nevertheless, he started on it in June/July. On July 10, 1900, he announced to Fliess that he had asked his editor for a postponement of the submission of "the short essay on the dream until October" (Masson 1985, p. 422). When Freud finally settled down to the writing, he did "the dream [essay] without real pleasure…while collecting material for the 'Psychopathology of Everyday Life' " (Masson 1985, p. 427). Was his real interest already elsewhere or were other problems responsible for the postponement?

At any rate, Freud found an effective solution to the formidable task of condensing the dream book, and an excellent one at that. His skill at popularizing his own theoretical work has often been praised. But the precise stylistic and pedagogical qualities of this skill have not been explored. Returning to our discussion of how he transformed the Virgil allusion at the beginning of *The Interpretation of Dreams*, we may suppose that Freud accomplished the task by using the tools the dream book had taught him: drama-

[4] In May, Freud's youngest sister was widowed, and returned destitute from the United States with a four-and-one-half-year-old daughter, relying on the family to support them. Moreover, Minna Bernays, Freud's sister-in-law and a regular member of the household, was diagnosed with a recurrence of tuberculosis, for which she needed a sojourn in a sanatorium.

tization, condensation, displacement, secondary revision, and symbolization. That is to say, he decided to use *consciously* what the dream-work achieved *unconsciously*. Let us therefore look more closely at the method of composition and narration of "On Dreams" to see if our supposition finds verification and teaches us something about the construction and meaning of the work.

MAJOR FEATURES OF TRANSFORMING *THE INTERPRETATION* INTO "ON DREAMS"

The contents of the twelve sections of "On Dreams" roughly follow the same sequence as those of *The Interpretation of Dreams*. After an initial survey of the literature on the dream and a delineation of the problems dreaming poses (the lengthy first chapter of *The Interpretation* and the three-paragraph first section of "On Dreams"*),* both works devote the next chapter and section respectively to discussing the method of dream investigation, that is, free association. In addition and as a demonstration of the free association technique, both give a personal specimen dream and associations to it. Next follows, in several chapters and several sections, the main substance of both works, the discussion of the dream-work with appropriate dream examples. But while *The Interpretation* presents a wealth of different dreams as it discusses the different aspects of the dream-work, "On Dreams" uses the specimen dream of the method section as a cornerstone of the dream-work argument, and returns to it in Sections III, IV, V, and VIII. The specimen dream, therefore, focuses much of the dream-work discussion on that one example, providing narrative continuity and a dramatic plot to the dream-work sections of "On Dreams."[5] Both works end with a summation of results of the dream-

[5] In *The Interpretation,* Freud had wanted to use one dream of his own and interpret it in all aspects and all associations. But Fliess objected to the indiscretion involved, and hence the complete analysis of a dream was eliminated. We'll see in the following pages how Freud resolved the problem in "On Dreams."

work discussion and with the delineation of a model of the mind. *The Interpretation* accomplishes this in a very lengthy theoretical chapter, whereas "On Dreams" does so in three brief sections on the practical functions of the dreaming mind.

Each section of "On Dreams," furthermore, is much more economically organized than the chapters of *The Interpretation.* For instance, the section discussing children's simple dreams of wish fulfillment starts with the dream of a nineteen-month-old girl, goes on to that of a twenty-two-month-old boy, next gives the dream of a three-and-one-quarter-year-old girl followed by that of a five-and-one-quarter-year-old boy, and finally presents the dream of a six-year-old girl. Not only did Freud sequence the dreams in ascending and alternating (girl/boy) order, but he also thereby telescoped developmentally phase-specific issues (oral and oedipal) into the sequence. After the simple dreams, he went on to discuss more complex dreams of children. Once again, he reported them in ascending and gender-alternating order.

In each section of the dream-work discussion, one specific, major feature of the dream-work is dealt with: dramatization and condensation in Section IV, displacement in V, representability (pictorial situations, symbols, syntactical relations) in VI, and considerations of intelligibility (revision for coherence of facade) in VII. Each section begins with a brief reference back to the preceding section and an outline of the problems ahead. Next it concentrates the main issues of the section at hand. Dream examples and associations to them, which illustrate specific dream-work features under discussion (e.g., condensation), are arranged according to the different forms condensation can take. Most commonly, the specimen dream functions as a point of recurrent reference. The discussion of each different form of condensation/displacement/symbolization, etc., is followed by a generalization as to its function. A summarizing paragraph, finally, reports the results of the inquiry of the section and points ahead to the problem(s) yet unsolved. The concluding paragraph of Section IV may serve as an example: "Condensation, together with the transformation of thoughts into situations ('dramatization'), is the most important and peculiar characteristic of the dream-work. So far,

however, nothing has transpired as to any *motive* necessitating this compression of the material" (Freud 1901a, p. 653).

By pointing ahead, Freud not only ensured narrative and argumentative coherence, but also provided a "cliff-hanger" feature. It carries readers on to the following section by stimulating their curiosity. From the very first sentence of "On Dreams" and all through the work, Freud addressed his reader as "we" ("In den Zeiten, die wir vorwissen-schaftliche nennen" [Freud 1942, p. 645]), a fact which the English translation obscures by the passive construction of scientific discourse ("during the epoch which may be described" [Freud 1901a, p. 633]). By the time the reader has reached the end of Section II, with its many personal references in grammar and content ("ich" and "mein[en] eigener[n] Traum" in Freud 1942, p. 649; "I" and "some dream of my own" in Freud 1901a, p. 636), the reader's hunch is confirmed that this "we" is indeed that of personal address. Right from the first paragraph, the reader is further defined as part of an educated general audience ("d[ie] Gebildeten," Freud 1942, p. 645) whom the author differentiates, in the course of his argument, from the "Volksmeinung" (Freud 1942, p. 647; the "popular opinion" in Freud 1901a, p. 634) on the one hand and the "psychopatisch Gebildeten" (Freud 1942, p. 647)[6]—that is, experts in psychopathology—on the other.

The radically abbreviated literature review of the first section of "On Dreams," as compared with its lengthy counterpart in *The Interpretation*, shows that Freud had a literary audience in mind. Cutting the plenitude of medical dissertations on dreaming altogether, Freud cited only the views of Romantic thinkers such as G. H. von Schubert (Freud 1901a, p. 634)[7] and later followers of Romantic ideas

[6] Termed "medical investigators" in Freud 1901a, p. 635; as usual, the translation is misleading.

[7] G. H. von Schubert's *Die Symbolik des Traumes (Symbolism of Dreams*, 1814), like Freud's work, describes dreams in terms of their rhetoric. Both writers, trained in classical rhetoric, considered the formal properties of dreams in terms similar to the figures of speech of classical rhetoric (e.g., metaphor—Freud's visualization; synecdoche-displacement; metonymy-substitution; condensation). See also Mahlendorf (1993).

like Scherner and Volkelt. All through "On Dreams," Freud eschewed medical and scientific terminology and abstraction in favor of everyday language. The new psychoanalytic terminology he developed in *The Interpretation of Dreams* was carried over into the dream essay; but the few Latin-based words he used, like "manifest" and "latent," were part of the vocabulary of the educated. Freud's style throughout is rich in metaphor, allusion, proverbs, and examples.

NARRATOLOGICAL ANALYSIS OF SECTION II

Dramatization is the main technique of the dream-work, which Freud employed to carry the reader through what is after all a very complex, compressed, and abstract conceptual discussion. The one central and repeated specimen dream, the manifest dream, provides a cast of recurrent characters and a main plot, to which the dream discussion adds subsidiary characters and subplots. Let us illustrate by an analysis of Section II. Freud began the second section, which introduced the specimen dream, with a dramatic "mise en scene" of a discovery: "Zu meiner grossen Überraschung entdeckte ich eines Tages" (Freud 1942, p. 647; "One day I discovered to my great astonishment" [Freud 1901a, p. 635]). The original German, with its transposition of prepositional object and subject, renders the emotionally charged intensity of discovery more successfully than does the English. It leads the reader not into the discourse of scientific investigation but rather into that of a journey of discovery, of solutions of riddles, of puzzles, and mysteries.

And that is the language Freud used throughout "On Dreams." He followed "verhüllte Gedankenwege" (Freud 1942, p. 648; "…trains of thought…concealed" [Freud 1901a, p. 635]); he moved in spatial dimensions, showed himself to be the leader or guide who directed attention, gave assurance, removed doubts, observed connections, came to/explored/abandoned blind alleys, called a halt, surveyed preliminary results, named what he found, and set a new course. The journey is not linear but rather demands that we follow many tracks

("Gedankenreihen" [Freud 1942, p. 648]), which can be spun together and connected into networks ("Verknüpfungen" [Freud 1942, p. 649]) like spider webs. Freud described himself in the language of exploration and discovery in the very letter to Fliess that reported his having promised to write the extract of the dream book: "For I am actually not at all a man of science, not an observer, not an experimenter, not a thinker. I am by temperament nothing but a conquistador—an adventurer…" (Masson 1985, p. 398).

But the metaphor of the journey is, of course, not the only one Freud used. It comes as no surprise that he called the technique by which he had made his discovery "dieses Verfahren" ("fahren" = travel), a term which hovers between the realms of science and exploration. He derived this method not from theorizing but rather from the positivist experimental stance of a man of early twentieth-century science and from his practice as a physician. He measured its success, man of praxis that he was, by the results he obtained in curing the psychopathology of his patients. This method receives its authority, like that of any applied science, from a community of scientists ("einer ganzen Schule von Forschern" [Freud 1942, p. 647]; "a whole school of research workers" [Freud 1901a, p. 635]) and from Freud's own long and successful experience ("Erfahrung" [Freud 1942, p. 648]) with it. After these appeals to a community of knowledge and its authority, Freud described in detail the instructions he gave to his patients on how to free associate, and how he responded to their objections to it. Like all techniques, free association requires an introduction and practice. It is aimless wandering from idea to idea along "Gedankenwege" (note the hovering of the word between science and travel) until connections become visible and allow—"in weiterer Verfolgung" (Freud 1942, p. 649)—further connections to be made.

After having defined the vehicle for exploration, Freud proceeded to a demonstration: "I will now show what results follow if I apply this method" (Freud 1901a, p. 636). The setting of a demonstration, aside from its usage in the service of dramatization, has further important functions: it resumes the method of an experimental science and it makes readers become participating observers to the experiment, thereby involving them in a definite role. By assigning the reader

definite characteristics (i.e., "Gebildete," an educated audience), and giving him or her a role, Freud made the reader into a character in his epic enterprise. Furthermore, as a result of the reader address and of assigning the reader a role, Freud established his own roles in the enterprise. He became the experimenter/explorer and epic narrator, and therefore assumed the roles of several major characters. The narrator and explorer on an epic journey, like an experimenter in a demonstration, not only guides the reader through difficult passages; he also comments on the sights and the road itself: he helps the traveler/observer/reader understand where s/he is and interprets the meaning of signs along the way. In fact, the demonstrator's/narrator's/explorer's function is entirely analogous to that of the analyst in the psychoanalytic process of therapy.

Let us resume. Remarking that any dream should be suitable if the method is any good, Freud next presented as an example a dream of his own, which was brief, and which he remembered as unclear and confused—that is, in need of explication. The reader unfamiliar with Freudian dream interpretation (i.e., Freud's contemporaries), whose expectations and curiosity were stimulated by the dramatic description of the new method of discovery, must have been disappointed by the triviality of the dream itself. They were, of course, unaware that the remarks introducing the dream already contained examples of the dream-work and pointed ahead to characteristics (displacement of emotionally loaded contents onto trivial everyday items) to which they would be introduced in a later section. What Freud achieved by his introductory remarks and his technique of raising expectations—disappointing some, gratifying others, and leading the reader on—is a shaping of readers'/observers' mind-sets. Manipulated by such narrative strategies, they follow the presentation with emotional engagement. In psychoanalytic terms, they establish a transference relationship to the work. Such deliberate shaping of and playing with reader expectation is, of course, a hallmark of a skilled creative writer rather than that of a scientist.[8]

[8] This is not to say that scientific discourse does not also have its own invisible shaping by its own conventions of impersonality, preference for passive construction,

A first attempt at reflection, which follows the telling of the dream itself and which seems undertaken so as to bring clarity or meaning to dream events, ends with the author's admission of disappointment. That is to say, the narrator now gives voice to the disappointment his contemporary readers must have felt. His reflections on the dream demonstrate it as obscure and meaningless; his thoughts about its main character, Frau E.L., show her to be only a distant acquaintance; his examination of his feelings about the person and event of the dream reveals a lack of affect. The eyes and glasses seen by the dreamer remain unconnected to the rest. The reflection on the dream is only the first of several blind alleys the narrator builds into the process of discovery. Dead ends can have many functions, and the present one establishes an emotional alliance between investigator/narrator and reader/observer: both are disappointed. But the dead end also functions to introduce the next move, which, the narrator assures the reader, leads ahead. By this move, the author breaks up the dream content, in an analogy with chemistry, into its elements. He can now proceed to the demonstration of the technique of free association.

The dramatic words "at once" (Freud 1901a, p. 637) and the chain reaction of meaningful associations and ideas to the first elements of the dream ("company at table or table d'hôte" [Freud 1901a, p. 637]) immediately confirm the expectation that this time the demonstration will yield results. A whole host of scenes of recent events, of memories and of thoughts about them, and of allusions to verses that comment on them, pour out. A dramatic and humorous dialogue with a new, subsidiary character replaces the earlier serious reflection and analysis. The first scene of associations leads to ideas on owing, on debts—that is, to financial interests—and ends with a quotation of verse from Goethe's novel *Wilhelm Meister's Apprenticeship,* which seems to relate to the debt issue. A second chain of associations to the same dream fragment appears with another dramatic time reference, "now."

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and so on, all of which form a style contributing to the illusion that the experiment constructs itself and that there is no human agency involved in the process.

This chain of associations begins with a connection to the first association, but then shifts to memories of more distant past events and other subsidiary characters. Frau E.L., about whom the author confessed to feel nothing in his reflection, is now transformed into the author's wife during an argument about which he was annoyed. And a further association leads back to the time of the author's secret engagement to his wife, an estrangement between them, and a reconciliation.

Once set into motion, the process of associations speeds up and the author associates to elements of the dream out of sequence. Associations appear that relate to other fragments of the dream. In seven paragraphs, a wealth of personal associations pours out, associations to a subsidiary cast of family members (his fiancée—now his wife; his son) and friends (a generous friend with whom he left a party; another friend who was an ophthalmologist), of allusions to remembered verses and proverbs, of scenes from the recent and far past, and of feelings about them. In between associations, the author takes a few seconds to give the reader a brief explanation or to "[i]ncidentally" (Freud 1901a, p. 639) point out some connections. For instance, Frau E.L., the daughter of the narrator's ophthalmologist friend to whom he was once in debt, is connected to the meaningful context of finances of the first chain of associations, while her gesture of intimacy derives from the second association of memories of his engagement.

These interruptions produce the impression that the author can hardly control the flow of associations. Occasionally, however, he asserts his control by drawing the reader's attention to the connections his associations have established: "If one follows the train of associations starting out from one element of a dream's content, one is soon brought back to another of its elements. My associations to the dream were bringing to light connections which were not visible in the dream itself" (Freud 1901a, p. 638). Dream and associations to it often stand in a relationship of contrast to each other, e.g., the woman of the dream turns her full attention on the dreamer, while the wife of the memory does not pay enough attention to the narrator.

Finally, when all fragments of the dream content have been placed into a personal context of underlying thoughts on owing, debt, tasting, gift, eyes, love, parents, and children, the author comes to a halt and resumes the metaphoric frame of a journey of discovery: "Ich werde hier haltmachen, um die bisherigen Ergebnisse der Traumanalyse zu überblicken" (Freud 1942, p. 652); "I will pause here to survey the results I had so far reached in my dream analysis" (Freud 1901a, p. 639). The "had reached" of the English translation contradicts the narrative immediacy of the German original and obscures the metaphoric frame of an ongoing exploration. The German text reads: "I'll *stop* here to *survey* the results of the dream analysis."

The author next draws conclusions from his survey, namely, that the thoughts underlying the dream contained "intense and well-founded affective impulses" (Freud 1901a, p. 640) and that they converged in a nodal point, the meaning of which now became painfully clear to him. At that decisive point, he called a halt to further investigation: "I should be obliged to betray many things which had better remain my secret, for on my way to discovering the solution of the dream all kinds of things were revealed which I was unwilling to admit even to myself" (Freud 1901a, p. 640). He now involves the reader by raising a question that can reasonably be asked by a person who has been misled into a blind alley: "Why then, it will be asked, have I not chosen some other dream?" He closes the door on further inquiry even more firmly by answering that every dream analyzed, whether his or another person's, would reveal secrets shameful and harmful to someone. Reader and narrator seem to have come to a critical impasse.

But in a new paragraph, the narrator makes a virtue out of this playing with an impasse and shifts to a seemingly new issue, namely, "to regard the dream as a sort of *substitute* for the thought-processes full of meaning and emotion" (Freud 1901a, p. 640) which were revealed through the analysis. This idea proves to be the way out, as the reader will discover in the following sections, which yield a rich harvest of insights into the dream process and amply compensate for the present disappointment.

The second section concludes with a formal distinction between the dream and the dream thoughts, a distinction that is continued via the terms "manifest content" and "latent content." In addition, two new problems are posed, problems which will find their solutions throughout the next nine sections. They are: "What is the psychical process which has transformed the latent content of the dream into the manifest one?" and "What are the motive or motives which have necessitated this transformation?" (Freud 1901a, p. 641). Finally, the narrator uses his authority as discoverer to name the process he has discovered the "dream-work." After having diverted the reader's attention from the personal content of the dream which he revealed through his associations, the narrator constructs a new road, namely, to investigate the formal properties by which manifest content is transformed into latent content. That is to say, the author now proposes to use a new, second method of discovery: the investigation of the formal means of presentation.

To sum up, in Section II of "On Dreams," Freud set a dramatic scene of demonstration, exploration, and discovery. He employed a narrative strategy of promising, of establishing a mind-set in the reader and of keeping up an alliance between them, of leading the reader one way, of stopping and halting, of surveying what is evident and of noting its features, and of establishing a further roadblock or mystery only to find a way around it. All through these maneuvers, he was personally engaged, at times seeming driven by the onslaught of the material, and at other times reasserting his control over the plenitude of emerging connections. These moments of taking control allowed him to summarize findings, to draw conclusions, to name what he had found, and only then to take up further inquiry. On the way, the reader untrained in psychoanalysis learns gradually, without knowing that s/he is doing so, how to read psychoanalytically. Throughout "On Dreams," these structural and stylistic maneuvers remain similar.

THE SPECIMEN DREAM

What do we know about the specimen dream at the end of its discussion in Section II? We know that the dreamer is concerned with

money, owing, and getting something for nothing. We have been introduced to several subsidiary characters of the latent dream thoughts: two friends, the dreamer's wife, his fiancée, and one of his sons. Small remembered incidents about each of the personages have connected each element of the manifest dream to either a remembered scene, or a saying, or to thoughts about the dreamer's professional life. The same verses of Goethe's have been quoted twice in different contexts. Finally, the mention of each person or incident was accompanied by explicit feeling responses. The narrator, however, has refused to reveal how these elements, thoughts, verses, and feelings hang together for him, or to say what they mean for him.

He begins Section III by classifying dreams in three categories: simple dreams of clear meaning, bewildering dreams, and confusing and meaningless dreams. He characterizes the manifest specimen dream as confusing and meaningless. Next he hypothesizes that there is a regular, predictable relationship between a dream's lack of clarity and the dreamer's refusal to reveal, and/or difficulty with revealing, its meaning. He postpones further discussion of that relationship to the future in favor of elaborating on children's dreams of the first and second categories. From them he draws the conclusion that these dreams present wishes as fulfilled.

Freud started Section IV with an examination of the specimen dream so as to determine if it also contained some such simple wish fulfillment. He found two such fulfillments in which disagreeable remembered experiences had been turned into their agreeable opposites in the manifest dream. In so doing, he identified one of the characteristics of the transformative dream-work: that experienced displeasure is transformed into dream pleasure. For example, not getting his wife's attention was transformed into getting another woman's full attention.

Next, he turned to the main subject of Section IV, namely dream-work condensation and dramatization, and discussed their occurrences in the specimen dream. He demonstrated how several remembered scenes were superimposed upon one another to produce a manifest dream scene and situation in which only the elements they had in common stood out. Using the previously given associations, he devel-

oped the dream's meaning further toward issues of oral enjoyment and of getting something without payment (the German "kosten" has the double meaning of expense and enjoyment). The family setting, which the associations developed around the issue of "kosten," led into childhood and the need for parental admonitions and guidance.

In Section V, the specimen dream and a few of the associations are used to show how the dream-work employs trivial residue of the preceding day to displace ideas, thoughts, and feelings of great intensity. The intensity, however, is not lost, but transformed into the vividness of the manifest dream. Freud also emphasized the de-centering achieved by the dream-work—in this case, from the woman making advances to him in the manifest dream to the idea dominating the associations, namely, to enjoy love that costs nothing. A further question of Section V, regarding the instigator of the specimen dream, led Freud to introduce an additional and new association to a member of his family whom he loved, and to his expenses for carriage rides with this relative. He connected this association to the first association to the table d'hôte, that is, the association of the free carriage ride with his generous friend in Section II, thus rounding out the circle and designating the *free carriage ride* as the dream instigator.

Finally, in Section VIII, after expressing his fascination with and admiration for the mind's dream-work accomplishments, which he had just finished describing, Freud took up his concluding hypothesis in Section III: that there is a predictable relationship between the lack of clarity of the manifest dream and the difficulties with revealing its emotional import to others and/or to oneself. The "distortion" of the dream-work "serves the purpose of dissimulation, that is, of disguise" (Freud 1901a, p. 672). In a dramatic move, Freud then set up the specimen dream as a test case and repeated the earlier setting of a demonstration. The decisive test question was whether or not the manifest dream really hid a feeling that he would wish to repudiate, and of which, during the experiences causing the dream, he had not at all been conscious. He admitted that this was the case. All previous associations here condensed the meaning into his relative and the money spent. Translated into the context of wishing ("I

wish that I might for once experience love that cost me nothing"), he came to the conclusion that the unacceptable dream feeling was *"I regret having made that expenditure"* (Freud 1901a, p. 672). He added a description of a patient of his who had acknowledged an unacceptable and repressed feeling, leading to the cessation of her symptoms.

The proof of having arrived at a true emotional insight by the method of free association lies in the dreamer's say-so and in its usefulness for therapy. Having concluded the test, Freud again closed off further inquiry by noting that *"why"* the feeling did not become conscious "is another and far-reaching question, the answer to which is known to me but belongs in another connection" (Freud 1901a, p. 673). Once again, Freud foreclosed entry into his intimate life by his readers, leaving them with many more questions than the *why* of the text: What's behind the regret? Who is the relative? What's the story? Nevertheless, at least one path of associations—that relating to costs, money, and familial love—has been worked through all the way to its conclusion: the repressed emotion.

The importance of analyzing one dream through to its cathartic release in emotion, this process of working through, cannot be overstated. The specimen dream served Freud, therefore, as a model demonstration of an entire psychoanalytic process, a completed process which is lacking in the much longer *The Interpretation of Dreams*. Likewise, one path of the epic journey has been brought to its conclusion. During the last three sections, the narrator delineated the function of dreaming in sleep. That is to say, in contradistinction to the conclusion of *The Interpretation*, he concluded "On Dreams" not with a theory of the model of the mind, but rather developed from the mind's working of the previous sections a description of the functions of dreaming. As always in "On Dreams," his interest remained focused on practice.

Of all the dreams of his own that Freud analyzed, the specimen in "On Dreams" is the one that gratified the wish Freud expressed to Fliess at the time that he was writing *The Interpretation of Dreams*. The wish was to include one complete analysis of a dream of his own in that work. Since a completely analyzed dream shows the process of

working through, we can fully understand Freud's wish. For reasons of discretion, Fliess advised cutting the dream.[9] A "beautiful dream and discretion," Freud ruefully commented to Fliess, "do not coincide," and he obliged all too thoroughly—by destroying every trace of it (Masson 1985, pp. 315-316). The cutting had a price—Freud went into a period of "mourning the lost dream" (1985, p. 317) and found it difficult to continue writing *The Interpretation of Dreams* during the summer of 1898, still looking for a substitute dream. The table d'hôte dream, therefore, with its one associative path followed all the way to its repressed emotional content, surely qualifies as the "revenant" of that wish, even if a slim and frail one. It is, after all, only one of the many paths that were dropped or buried since the end of Section II for the sake of discretion and in favor of that one tame admission. Once Freud had arrived at the feeling level, he had completed the working through and the analysis of what the dream could add in gaining insight into his unconscious.

THE GAPS: THE GOETHE QUOTATIONS

But are answers to the questions Freud blocked off at the end of Section VIII not really implied in the textual fabric of "On Dreams"? Let us look at the threads Freud dropped and then connect them to those he did pursue. From posthumous biographies, Freud's correspondences, and his other works, we can fill in the gaps Freud left in "On Dreams" and reconstruct a fuller meaning of the specimen dream.[10]

What are we to make of the issues of intimacy and secrecy of both associations and the manifest dream—the woman's hand on the man's knee under the table? A central difference between *The Interpretation* and "On Dreams" surfaces: all mention of erotic wishes in the

[9] See Masson 1985: references to Freud's "lost dream," "the only completely analyzed dream," pp. 316, 368.

[10] See Grinstein (1980). Although he analyzed the literary allusions and personal references in Freud's dreams in *The Interpretation* and in other works, Grinstein did not extend his discussion to the specimen dream of "On Dreams."

former is glaringly absent from the twelve original sections of the latter. The clearest indication of the presence of erotic and of oedipal issues in the specimen dream and its analysis appears in the twice-quoted verses of Goethe's of the associations. The double quotation emphasizes another characteristic of the dream-work discussed in "On Dreams": repetition means that a thought expressed by it has an especially important meaning. The light and bantering dialogue, within which the deeply serious Goethe verses appear, were as familiar to educated German-speaking persons, the "Gebildeten," whom Freud addresses in "On Dreams," as are the key speeches of Shakespeare's *Romeo and Juliet* to a contemporary, college-educated, American audience. Throughout the late nineteenth and early twentieth centuries, these Goethe stanzas, of which Freud quoted the last two lines, were contained in virtually every poetry anthology and high school textbook:

> Who never ate his bread with tears
> who never sat weeping
> the long miserable nights away on his bed,
> does not know you, you heavenly powers!
>
> You lead us into life,
> you let the poor wretch become guilty ["schuldig"],
> then you leave him to his torment,
> for all guilt ["Schuld"] brings vengeance upon itself on earth.
>
> [Goethe, as quoted in Forster 1965, pp. 215-216]

The educated German reader would immediately notice that Freud's focus on "schuldig" and reference to "Schuld" as debt took up a secondary meaning of the words, one which this reader would only understand as debt if the word "Schuld" appeared in its plural, "Schulden." The primary meaning of "Schuld," "schuldig" is guilt, guilty for a heinous offense. Moreover, the complete verses of the stanza from which Freud quoted, with their reference to torment and vengeance on this earth, preclude the possibility of understanding the word "schuldig" as "being in debt." Finally, the heavenly powers, from which Freud in the associations derived the personal meaning

"parents," denote that fate which inevitably condemns mankind to existential guilt, and the torment and agony that accompany such guilt.

The educated reader would have hence understood that existential guilt, more than debt, is at issue here. Only those readers who loved and read their Goethe, including the long novels, as much as Freud himself did, would have understood the further meaning of these lines. In *Wilhelm Meister's Apprenticeship,* these verses are sung by the ancient mad harpist, Augustinus, an eighteenth-century outcast Oedipus, the most moving, tragic, and sympathetic figure of a large cast of memorable characters, the nature of whose guilt remains a mystery almost to the end of the novel. The "Schuld" Augustinus bears is that of incest with his sister and of murderous, unresolved oedipal anger. As punishment for his incest, Augustinus loses his beloved, as well as the child she bears, and spends most of his life in a monastery prison without knowing their fate. Goethe telescopes the generational conflict of the Oedipus drama into one figure. The mad harpist bears the burdens of both, of Oedipus's consummation of incest and of Laius's murderous fear of his son.

What makes Augustinus's story particularly moving are its tragic inevitability and its relentless drive toward self-punishment and self-destruction. He had no way of knowing that his beloved was his sister when he fell in love with her. He also did not know—is not allowed to know—that his child by her is a girl, not the boy he believes the child to be. When he escapes from prison, he continues to be driven by obsessive fears that a boy will kill him, a fear which represents a conversion of his unresolved oedipal anger, which he has projected onto his presumed son. Augustinus commits suicide when he finds out that he can no longer escape his incestuous history and realizes that his obsession has almost made him, will inevitably make him, a murderer. By analyzing the repeated Goethe quote, we have found that the secret intimacy of the manifest dream, the associations to debt, costs, attention, and love, as well as the repeated allusions to eyes and eyeglasses, hide an oedipal wish and its punishment, a wish and a fear, which, as the reference to the harpist's story implies, trouble the dreamer.

What about the relative on whom the associations of Section V focus attention and call "eine mir teuere Person" (Freud 1942, p. 670)—in English, "a member of my family of whom I am fond" (Freud 1901a, p. 656)? Unfortunately, in translating the original German, James Strachey overlooked the double meaning of "teuere," which could easily have been rendered by the English "dear," that is, beloved and expensive. The present German quote, because "Person" carries the female gender marker, suggests that the relative is female. Freud disabused the reader of that surmise by using male gender markers at the very next mention of the relative with whom he went on costly carriage rides ("mit dem…Verwandten," Freud 1942, p. 670). There is another, almost contemporary reference to the dear relative in *The Psychopathology of Everyday Life* (Freud 1901b, p. 120), and the table d'hôte dream mentions the relative as an "invalid" (Freud 1901b, p. 120). The only close relative who was ill during the year 1900, as witnessed by Freud's letters, was Minna Bernays, his sister-in-law (Masson 1985, p. 423). During the summer that brought so many expenses to Freud, she was diagnosed with a recurrence of tuberculosis (Jones 1953, p. 336). Freud accompanied her at the end of that summer to Merano, and on the way there, they took a number of excursions in a carriage, no doubt the expensive carriage rides of the associations. Moreover, because Minna was a member of the family who helped her sister with household duties and the children, Freud sent her money during her sanatorium stay, regretting the expense, as the reference to the same dream in *The Psychopathology of Everyday Life* reveals.

In view of the connections between the harpist's story of incest and Freud's incestuous feelings for Minna Bernays, the thin thread of a feeling of regret which the narrator of the test question reports ("I regret having made that expenditure" Freud 1901a, p. 672) becomes a complex fabric of feelings of desire, fear, guilt, anger, regret, and grief. Before we move to other issues regarding the fate of erotic wishes, let us ask: What is the situation giving rise to Freud's thought about the wish to receive love at no cost being gratified without a bad conscience? That is, of course, the paradisiacal state of the infant at the mother's breast. As we have seen in our earlier discussion of "kosten"

as oral enjoyment and its association with childhood, the dream thought of oral enjoyment permeates sexual desire. By implication, all desire, whether it be the wish for love, success, or sexual gratification, goes back to the infantile oral erotic source. It is striking that in "On Dreams," this wish is repudiated repeatedly in all the forms it takes in the manifest dream, as well as in all associations to it.

OTHER GAPS: FRAU E.L.

Another thread of associations, which links Frau E.L. of the rejected intimacy of the manifest dream to her ophthalmologist and "*eye surgeon*" father (Freud 1901a, p. 639), raises professional and additional oedipal (eye) issues of Freud's life. Frau E.L.'s initials are likely a conscious displacement of the French "elle," a displacement which makes her into *the* female, i.e., mother.[11] Her ophthalmologist father was Leopold Königstein, one of the many friends from whom the young Freud borrowed money during his student days.

Additionally, Königstein, Freud's senior by six years, was a frequent early professional collaborator of his.[12] In 1884, Freud communicated to Königstein his hunch that the cocaine whose properties he was investigating might have anesthetic qualities, and hence might be useful for minor eye surgery. Although another friend followed up sooner on Freud's suggestion than did Königstein, and finally beat the friends to publication of the discovery—and to honor and income from it—Freud and Königstein successfully used cocaine in surgery on a dog, Freud serving as Königstein's assistant. But Freud owed Königstein another, much more significant debt. Early the fol-

[11] Such displacements of one referent by another in a foreign language are frequent in *The Interpretation of Dreams,* and are particularly likely to occur in the neighborhood of other foreign words of the same language, such as "table d'hôte," which precedes the initials E.L. by one line. The German pronunciation of E.L., furthermore, sounds closer to the French than does the English.

[12] Königstein examined the male hysteric whom Freud presented at the Vienna Society of Physicians so as to prove to his teachers and colleagues that Charcot symptoms could be found in males.

lowing year, Königstein diagnosed Freud's father with glaucoma. Königstein performed the surgery on Freud's father's eye, and Freud served as Königstein's assistant (Jones 1953, pp. 86-87). Not only did Freud continue to be proud of his role in the discovery of the anesthetic properties of cocaine, he felt particularly gratified about having helped his father keep his eyesight.

The assistance Freud provided in his father's operation undid for him his father's much earlier reprimand that he would never amount to anything. As a seven-year-old, young Sigmund, against his parent's explicit prohibition, had urinated into their chamber pot in their presence. This act of oedipal, defiant showing off had provoked his father's rebuke. In *The Interpretation of Dreams*, Freud wrote about the meaning of the incident: "This [rebuke] must have been a frightful blow to my ambition, for references to this scene are still constantly recurring in my dreams" (Freud 1900, p. 216). The Königstein reference of the associations to the specimen dream therefore leads us back into intensely felt infantile and oedipal layers of the latent dream thoughts—layers from which, as Freud stressed again and again in *The Interpretation*, latent dream thoughts derived their energy.

The cocaine incident, however, which the association to Königstein points to, also had, of course, negative and painful connotations for Freud. In his ambitious pursuit of discovering the uses and hence a possible income from the drug, Freud had not been cautious enough to observe in animal experiments the addictive and potentially deadly properties of cocaine. As a result, his friend Fleischl exchanged his morphine addiction for an even more deadly cocaine addiction, and a patient of Freud's, for whom he had ordered too large a dose, died of the overdose. His wish "to benefit humanity," as Jones put it, led to his being "accused of unleashing evil on the world" (Jones 1953, p. 94). Keeping in mind these burdens of guilt incurred because of blinding ambition, we can understand that the Goethean lines, "…you heavenly powers…lead us into life…let the poor wretch become guilty," had the hauntingly ominous undertone to Freud of having to pay heavily for mistakes made through ignorance, conveyed in Goethe's Augustinus story.

In order to round out our analysis of the specimen dream, let us return to the first association to it in "On Dreams" and its reference to his generous friend's provision of a free carriage ride home after a party. The company at the table in question was the weekly, late-Saturday-night *tarok* game for which Freud regularly went to the Königsteins' house until Königstein's death in 1924. The generous friend was likely Oskar Rie, partner at the card game and the Freud children's physician.[13] During the summer of 1900, Rie's professional courtesy visits for the children's measles, mumps, and chicken pox had created in Freud's mind an indebtedness far heavier than the free carriage ride of the associations.

In a letter to Fliess in June, 1899, Freud called the Königsteins the "only warm friends we have here" (Masson 1985, p. 356). The same letter mentioned that the Freuds had assisted the Königsteins in the wedding of their daughter, doubtless the inopportune lady of the specimen dream. Finally, the association to Königstein mentioned that Freud gave Königstein the gift of "an *occhiale*, to avert the *evil eye*" (Freud 1901a, p. 639). Early in the fall of 1900, Freud had good reason to be envious of Königstein. For many years, Königstein as well as Freud had been on the list recommending them for professorships at the University of Vienna, a title which brought more patients and hence better income to its recipient. Königstein received the professorship that fall, while Freud—at the time much in need of more income, as we have seen—was once again passed over.

Every element of the specimen dream led, as Freud claimed in "On Dreams," into a web of associations, interconnected in many different directions. The connections led from day residues to memories of intensely felt past events, all the way back to significant childhood events and feelings. Once we have gotten to know, as we did here, Freud's life-world, the "threads in the material revealed by the analysis" (Freud 1901a, p. 640) come together at a nodal point where

[13] A further likelihood that the generous friend is Rie derives from the fact that Freud, at the time, must have felt somewhat ambivalent about Rie, who had been uncomplimentary about *The Interpretation* (Freud 1897, pp. 377, 394).

past and present professional ambitions, concerns, disappointments, and regrets intersect with erotic wishes and their plights, a nodal point which throbs with ambition, disappointment, love, fear, guilt, regret, grief, and anger.

Within the larger context of the entire "On Dreams" essay, the specimen dream served as a means for Freud to focus the presentation of his method, to illustrate its productions, the associations, by means of one consistent example in a continuous narrative. A continuous narrative facilitates the reader's following the argument with continuous emotional engagement. It allowed Freud to investigate the workings of dream-work strategies without the distraction of new materials, and thus to provide the reader with an actual demonstration of the workings of the mind. The concluding three sections summarized the functions of dreaming which were fully theorized and developed as a model of the mind in *The Interpretation.* The summary, admittedly the weakest part of "On Dreams," is understandable only if the reader has carefully followed the preceding demonstration and observed the strategies of the dreaming mind.

REVISITING THE IRONIC / SERIOUS EPIC OF QUEST AND DOMINATION

What about the wider issues of the epic quest for a new empire with which we began our essay? The domination wishes, as we have seen, were ironically implied in the work's "Virgilian" narrative structure, as well as in the metaphor of the exploration of new territory which Freud maintained throughout the work. The domination wishes also found expression in the dream's repressed oedipal problem. Sexual wishes were, as was proper with respect to the sensibilities of Freud's bourgeois, "Gebildete" audience, only lightly hinted at, and concerned only his fiancée and wife. This sacrifice of the explicitly sexual passages of *The Interpretation* must have caused the author of "On Dreams" at least some qualms, some pangs of guilt, which the quotation of the Goethean verses both acknowledged and compensated for. The omission, at any rate, sufficiently troubled Freud by the

time he reedited the work in 1911 that he added another section on sexuality and its symbolism, thus increasing the total to thirteen sections.[14]

Revision of a completed work, particularly one which relinquishes a key allusion to the much revered *Aeneid* embedded in its very structure, must involve a painful necessity. By adding a new twelfth section and making the old twelfth section into a thirteenth, Freud renounced the early Virgilian structure of his work. He thus destroyed the initial Virgil "patronage": that is to say, he did away with the father who legitimized the initial quest for dominion.

The narrator of the 1911 version incurs oedipal guilt in exchange for the guilt of being silent about sexuality in the 1901 version. The painful impetus for the act of destruction and assumption of new guilt was the resistance of his followers, particularly the two most gifted, Adler and Jung, to the centrality of sexuality to psychoanalysis (see Jones 1953, Vol. II, pp. 49, 139). By 1911, Adler had abandoned psychoanalysis for his ego psychology. Moreover, Freud increasingly sensed Jung's inclination to mysticism and his difficulties with "making the theme of sexuality prominent."[15]

So as to differentiate his position clearly from Adler's superficiality and Jung's mysticism, Freud insisted that any introduction to his work, even that aimed at an educated, general lay audience, should contain an explicit treatment of sexuality. In a climate of audience denial, the earlier playful grandiosity was no longer appropriate. Also, in a personal psychic climate of now-conscious guilt, he could dispense with the earlier playful attitude. Finally, by 1911 his dominion over the territory of the mind was recognized by an international community of peers and son-like students, and he no longer needed the legitimacy bestowed by father figures. The empire *did* need firm contours and defending, however, and that is exactly what the new twelfth section on sexuality accomplished.

[14] On March 30, 1911, Freud mentioned a request for the second edition of "On Dreams" to Jung (see McGuire 1974, p. 411).

[15] See Jones, Vol. II, p. 139 ff. For several years, Abraham had also been alerting Freud to Jung's "turning away from the sexual theory" (Jones, p. 49 ff.).

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Department of Germanic, Slavic and Semitic Studies
University of California, Santa Barbara
Santa Barbara, California 93106-4130

BOOK REVIEW ESSAY

BY PATRICIA WESLEY, M.D.

MODERNISM AND POSTMODERNISM IN PSYCHOANALYSIS: AN ESSAY ON *KOHUT, LOEWALD, AND THE POSTMODERNS: A COMPARATIVE STUDY OF SELF AND RELATIONSHIP,* by Judith Guss Teicholz. Hillsdale, NJ/London: Analytic Press, 1999, 287 pp.

When psychoanalysts write histories of psychoanalysis, they bring certain welcome assets to such a risky venture. The psychoanalyst/historian is a practitioner of the discipline under study, and so has firsthand knowledge of its fundamentals and nuances. The walk has been walked. But liabilities abound too. The analyst's temperament, training, and theoretical orientation will inevitably influence the history that is written. We need not lament such influences—given human nature and the limitations of our minds, they are unavoidable. Nonetheless, we need to be constantly vigilant lest influence turn history into triumphalism and description into polemic. Of course, similar caveats apply to psychoanalysts who review such histories. Just as the author's particular background partly shapes the history that is written, so the reviewer's background partly shapes the critique that is offered—including this one. There is no path into total objectivity. There is, of course, a valuable postmodern warning here, but it is a warning that itself contains certain dangers.

Before I turn to just such an intellectual history, namely, *Kohut, Loewald, and the Postmoderns: A Comparative Study of Self and Relationship,* perhaps some definitions (admittedly simplified) of the terms "modern" and "postmodern" will be useful in helping us understand Judith

Guss Teicholz's text, although no doubt most readers of the *Psychoanalytic Quarterly* are already familiar with these labels.

The modern world view is essentially that of the Enlightenment: reason and empirical inquiry provide us with an authoritative, objective knowledge of a reality which is "out there," preexisting our investigation, but awaiting our discovery. That reality—physical, cultural, or psychological—is governed by certain universal principles applicable across cultures, epochs, and genders. Once understood, this ordered nature can be controlled and exploited by us for the betterment of mankind.

From this perspective, the psychoanalytic consulting room is a kind of psychological laboratory where the psychoanalyst, employing the techniques of free association and interpretation, helps the analysand discover certain truths about his or her psychic life and functioning. It is to be hoped that, over time, the analysand becomes his or her own discoverer, but certainly initially, and to some degree throughout the analysis, the analyst is the subject of such inquiry, and the analysand the object of it. To be sure, personal bias and countertransference may compromise the analyst's objectivity, but theoretically at least, with proper training and a thoroughgoing personal analysis, the analyst can acquire an accurate picture of the analysand's psychic life. Once armed with this accurate picture, the analysand can lift neurotic inhibitions, improve ego functioning, and enhance reality testing. Mature and realistic gratifications prevail over exciting but unobtainable infantile desires. To know is to be cured. Where id was, there shall ego be.

The term "postmodern" is less easily characterized—some might say less easily caricatured. Its historical origins are more recent and multiple, as are its cultural manifestations. Postmodernism asserts that any human effort to know reality is suspect from its inception. To begin with, we all inhabit certain cultures, historical periods, genders, races, and classes. The biases that inhere in such social positionings severely compromise our search for objective knowledge about the realities we live in—and which live in us. More importantly, the very idea of a reality "out there," awaiting our inquiry, is hopelessly naive. Reality itself is structured by the categories of our language; even when we feel we have most tellingly probed it, we are still caught in the web of signified and signifier. The knower and the known are so inextricably intertwined as

to render their separation into the knowing subject and the known object absurd.

Given the above, "knowledge" (the word is often surrounded by quotation marks in postmodernist discourse) is not progressive or linear. As Stephen Mitchell, one of Teicholz's "moderate postmodern" psychoanalysts, puts it: "…all knowledge is regarded as perspectival, not incremental; constructed, not discovered, inevitably rooted in a particular historical and cultural setting, not singular and additive; thoroughly contextual, not universal and absolute."[1] (The skeptic might note here that Mitchell seems to be rather definitively saying that some ideas about knowledge are true and some are false.)

Of course, the postmoderns would grant that in the physical realm, planetary orbits are plotted, chemical compounds analyzed, genomes mapped, and cellular function described—all activities predicated on an accurate knowledge of physical and biological reality and the laws that govern it. Even Teicholz opens her first chapter with a quote from Edward Rothstein: "Mr. Sokal invites anybody who feels that physical laws are mere social constructs to defy them by leaping from his 21st story window."[2]

It is in the realm of humanistic studies that the postmodernist impulse has held sway for the last two to three decades. Teicholz clearly positions psychoanalysis within that humanistic realm, and further asserts that the postmodern influence has become so powerful and pervasive, so persuasive to so many, that it constitutes a "revolutionary" new psychoanalytic order. Later I shall return to the question: Is this history?

Like his or her peers in other humanistic disciplines, the postmodern psychoanalyst brings certain intellectual predilections to the work of understanding human beings. These predilections often result in a deconstruction of many, if not all, of the concepts of classical psychoanalysis. For example, the notion of a normative human development, more or less variable but still observable across cultures, and certainly *within* a culture, is questioned. The belief that sexual and aggressive drives, and the defensive and adaptive strategies they elicit, are a

[1] Mitchell as quoted by Teicholz, pp. 10-11.
[2] Rothstein as quoted by Teicholz, p. 3.

prime bedrock of human behavior, is dismissed as reductionistic "scientism." Even in a relatively intact individual, identity is no longer seen as primarily coherent, integrated, and enduring, but equally as fragmented, ambiguous, and fluid. Indeed, the idea that a discrete, private *person* exists, apart from *interpersonal relationships,* is questioned, at least by the more radical postmoderns. For some postmodern analysts, even unambiguous gender identity is no longer seen as evolving from an interplay of anatomy and genetics with culture and nurture, but instead as a pure social construct, the costly "normal" result of an oppressive and dichotomizing social/sexual system.

These shifts in the concept of what it is to be human change both the theory and practice of postmodern psychoanalysis. Free association and interpretation are downplayed; they are no longer the royal road to incremental self-knowledge and thus cure. Interpretation becomes almost an epiphenomenon of the analyst's subjectivity. The therapeutic action of psychoanalysis is seen as residing in the real object relationship that evolves between analyst and analysand—or, in the preferred language of postmodernism, in the dialectic of a two-person psychology. Since the analyst is, for the most part, as deeply embedded in the intersubjective interplay of the analytic process as is the analysand, he or she has no authoritative, privileged knowledge of the analysand. Both parties are part of the socially constructed force field that is the analytic process, and that should be the focus of mutual inquiry by both.

Just as the world does not preexist our investigation of it, so too, for some of the more radical postmoderns, the analysand does not preexist the analysis. Teicholz introduces her chapter on intersubjectivity in psychoanalysis by quoting Thomas Ogden:

> I view the analytic process as one in which the analysand is created through an intersubjective process.... Analysis is not simply a method of uncovering the hidden; it is more importantly a process of creating an analytic subject who had not previously existed.[3]

[3] Ogden as quoted by Teicholz, p. 165.

Teicholz has given us a valuable and scholarly study of psychoanalytic intertextuality. Viewing Kohut's and Loewald's work as "a link or waystation between the modern and the postmodern" (p. xxvi), Teicholz delineates the way in which these two writers prefigured and made possible the work of later postmodern theorists, of whom she chooses five for more detailed attention: Stephen Mitchell, Lewis Aron, Irwin Hoffman, Owen Renik, and Jessica Benjamin. (Teicholz dubs these the "moderate postmoderns," though not all of them entirely welcome the postmodern label.) Then, flipping the historical coin, she asserts that these latecomers and their more radical colleagues have moved far beyond their two precursors:

> …the postmodern revolution has taken their [Kohut's and Loewald's] insights to places these authors could not have dreamed of. In the hands of even their most devoted followers, Kohut's and Loewald's ideas have continued to evolve and mutate, leading to multiple new approaches to psychoanalysis and creating almost a rolling, late 20th-century revolution with no end in sight. [p. 240]

Just as a dialectic evolves between patient and analyst in which each influences and transforms the other, so, too, the texts of Kohut and Loewald influence later texts and in turn are transformed by them. The revolution is on.

Teicholz begins her exegesis by noting that both Loewald and Kohut were distinctly modern in their approach. They were "deterministic" because they believed that early life experiences caused later psychopathology, and they were "essentialist" because they believed in certain "universals of human development and experience, such as Kohut's concept of universal selfobject needs or Loewald's recognition of universal oedipal conflict" (p. 18). Conversely, both were postmodern in their emphasis on the relational factors in psychoanalytic cure—Loewald's idea of the analyst as a "new object," and Kohut's focus on the analyst as an empathic listener and provider of transformative selfobject experiences. Both underscored the experiential and phenomenological factors in psychoanalysis, noting that analysis is as much or more art than science. Both valued play, crea-

tivity, and spontaneity as crucial to human well-being and analytic competence.

Citing Loewald, Teicholz wonders if he presaged later postmodern questions about reality and its status in psychoanalysis:

> Is the psychoanalytic process one of objective investigation of psychological facts, or is it interpretation of meanings? If the latter, are the meanings there, to be uncovered by us as analysts, or are we, although not arbitrarily, providing the meanings, or the psychological facts, as a function of our active receptivity as analysts? Are "meanings" something that arise in the interactions between analysand and analyst?[4]

In painstaking detail, Teicholz examines the impact of Kohut's and Loewald's major innovations on postmodern theorists, including the responses of those theorists, both appreciative and critical. To demonstrate how her elegant exegesis unfolds, let us turn briefly to just one example, her chapter on "Kohut's Concept of the Selfobject." The term "selfobject" was Kohut's alone, but as Teicholz points out, Loewald often spoke in a similar tone. In the therapeutic action paper, he described how the child's sense of identity and individuality arises from myriad interactions with the mother, so that the child comes to "feel and recognize himself as one and as separate from others yet with others. The child begins to experience himself as a centered unit by being centered upon."[5] Loewald adds that if analysis is to be therapeutic, a similar process must take place between analyst and analysand.

Similarly, for Kohut, every child had normal narcissistic needs for omnipotent merger with, mirroring by, and idealization of an Other. Good enough parents meet these selfobject needs in an age-appropriate manner, thus promoting the development of the child's self. The narcissistic transferences Kohut observed in his patients signaled that such selfobject needs had not been optimally met earlier. If development were to resume, the analyst must not interfere with such idealiza-

[4] Loewald as quoted by Teicholz, pp. 19-20.

[5] Loewald, H. (1980). On the therapeutic action of psychoanalysis. In *Papers on Psychoanalysis,* New Haven/London: Yale Univ. Press, p. 230.

tions, especially early in treatment, so that transformative and curative selfobject experiences could occur.

Teicholz argues that from the beginning, Kohut's concept of the selfobject contained a potential deconstruction of the self. She notes that empathy, the capacity to feel with and as another—the very heart of Kohutian therapeutics—is intimately aligned with the concept of the selfobject. She also identifies important reverberations between the Kohut and Loewald texts and Winnicott's notion of the "transitional object," Balint's ideas about "primary love," and Ferenczi's assertion of the child's need for "passive object love." These innovations dealt a fatal blow to the concept of the isolated self. Teicholz persuasively argues that in all these ways, such pioneers "anticipated, and perhaps even precipitated, current psychoanalytic preoccupations with issues of subjectivity, objectivity, and intersubjectivity" (p. 83).

But it is the fate of pioneers to be surpassed, and Teicholz turns next to some of the postmodern criticisms of Kohut's and Loewald's work. Some postmoderns have labeled the selfobject concept too unidirectional, with the adult (or analyst) as the superordinate provider of selfobject experiences to the child (or analysand). Such a formulation neglects the essential subjectivity of the parent or analyst, as well as his or her own embeddedness in the interpersonal matrix. Benjamin in particular has noted that the mother's subjectivity and need for self-expression tend to be neglected in the Kohutian concept. She argues that the child must eventually recognize the mother as a "subject" in her own right, with her own needs for self-expression and self-definition. Some postmoderns have similarly asserted that judicious expression of the analyst's own subjectivity aids the analytic process and the analysand's development.

Others have objected to the hierarchical tone of the selfobject concept as incompatible with the postmodern emphasis on the essential equality of the analyst and analysand. Similar objections have been raised to Loewald's view that the analyst represents higher stages of ego reality organization for the patient, and helps the patient attain these higher stages for him- or herself in the course of the analysis. (Of course, Loewald also spoke of the analyst's need to partially regress with the patient, and recognized that the different ego organizations of analyst

and analysand exist in large part as a result of the analytic process itself, which "can be characterized…as a period or periods of induced ego disorganization and reorganization."[6])

Some postmoderns have viewed the universality of Kohut's selfobject experiences as the imposition of a reified concept onto the rich, unpredictable interplay of the analytic process, and onto human relationships in general. Others, like Hoffman, emphasize that all human relationships are *"socially* constructed by both parties, rather than being the result of the psychic organization of one or the other party to the dyad" (p. 111; italics in original). Still others have questioned Kohut's view that idealization of the analyst by the analysand serves the analytic process and the analysand's cure; Renik, in particular, argues that the analyst should confront such idealization early on, and recommends specific interventions to discourage it.

At one point, Teicholz questions the source for some of the later criticisms of Kohut and Loewald. Does it lie in their texts or in their critics? Do latecomer psychoanalysts differentiate themselves from their precursors by creative misreadings—just as, in Harold Bloom's formulation, later poets misread their precursors?[7] Ultimately, Teicholz locates the source for later criticisms in the multiplicity and ambiguity of the Kohutian and Loewaldian texts themselves. She points out that like all significant innovators, these two writers emphasized different things at different points in their careers. Kohut's new bipolar psychology emphasized both the self and the selfobject. Loewald fashioned his quite radical innovations within the terms of classical psychoanalytic theory. Both precursor texts contain the tensions that lead to later acceptance, revision, and sometimes outright rejection of their ideas. The intertextual dialectic works in complex ways.

If Teicholz's book is largely, and often superbly, successful as an explication of psychoanalytic intertextuality, it is considerably less so as an intellectual history. True, the author does not intend to present a comprehensive history of psychoanalysis, but rather a more narrowly

[6] Loewald (1980), p. 224.

[7] Bloom, H. (1973). *The Anxiety of Influence: A Theory of Poetry.* New York/Oxford: Oxford Univ. Press.

focused study of some recent theoretical developments and their intellectual origins. One cannot fault an author for not writing a book she never intended in the first place. Nonetheless, certain misrepresentations, omissions, and assumptions mar the historical snapshot we are given.

Throughout the book, "modern" classical psychoanalysis is misrepresented, as indeed it is in many postmodern writings. Teicholz fast-forwards us from Freud—early Freud—to Loewald and Kohut. She pays no attention to the ego psychologists, who, in the middle decades of the twentieth century, developed many needed modifications of earlier Freudian concepts. Teicholz writes as though Anna Freud, Waelder, Kris, Hartmann, Loewenstein, Brenner, and Arlow—the list could go on for a page—had never written a word.

Moreover, while I will not focus further on his writings in this review, Teicholz also neglects Sullivan, who, though not part of the ego psychological tradition of classical psychoanalysis per se, had a significant impact on American psychiatry, and especially on the understanding and psychotherapy of the psychotic disorders. Over half a century ago, he noted that the psychiatrist was both participant and observer in the therapeutic encounter, and emphasized the social aspects of treatment, as well as the shared human "alikeness" of doctor and patient. These ideas certainly reverberate with those of the current relational theorists, but nowhere does Teicholz acknowledge this historical fact.

These assorted lacunae lead Teicholz to incorrectly telescope earlier developments in the field into later ones. For example, she asserts that "Kohut and Loewald also recognized the adaptive element in defensive activity and were more reluctant than most classical analysts to analyze 'resistance' early in treatment or to address it in a confrontational manner" (p. 240). Teicholz sees in this technical strategy an "example of their postmodern leanings" (p. 240). There is not a shred of proto-postmodernism here. The recognition that defenses are adaptive, and warrant our multifaceted understanding and respectful *analysis*—not confrontation—at the proper time, is pure ego psychology-based modern psychoanalysis. If Anna Freud taught anything in *The Ego and the Mechanisms of Defense* (1939), it was that.

Teicholz also does not take note that long before the postmodern emphasis on ambiguity and multiplicity was articulated, classical mid-century psychoanalysis taught that psychological phenomena are multiply determined, and that it is often dauntingly difficult to properly weight the factors responsible for any particular outcome, be it a symptom, a developmental arrest or advance, or an artistic product. The notion that one cause invariably led to one outcome in mechanistic fashion had been discarded long before the postmodern viewpoint was developed—and long before Kohut and Loewald came on the scene, for that matter. Moreover, modern child psychoanalysis taught that in the developing child, aggressive and sexual drives arose within and were shaped by crucial object relationships, primarily with parents. While these desires were seen as bedrock and as biological givens, they were not viewed as isolated from the social context, as Teicholz and the postmoderns sometimes imply.

By neglecting these mid-century developments in classical psychoanalysis, Teicholz misses an important historical stimulus for the later postmodern "revolution." She does not swing her intertextual net widely enough. Postmodern analysts may be reacting to Kohut and Loewald, but they are at least equally reacting to ego psychology-based psychoanalysis. That tradition emphasizes ego functions, such as memory, perception, defense, reality testing, maintenance of psychic equilibrium, and adaptation to the demands of reality. Resilient ego functioning implies that a more or less normative development has occurred. All this is a bit too cool and collected, a little too structured and integrated, with too much value placed on an individual's normal functioning in society, for postmodern theorists who came of age in the heated, destructured, and disintegrating cultural climate of the 1960s and '70s. Remember the watchword "Question authority"? Such admonitions echo loudly in the higher reaches of academe, and in some psychoanalytic quarters as well. If it is fair to say—as the postmoderns do—that Freud and classical psychoanalysts are products of their times, are postmodern theorists any less products of theirs?

While never neglecting the importance of fantasy and imagination in healthy psychological functioning, the ego-based theorists Teicholz neglects would probably be at ease with the view that human mental

functioning *is* adaptation to reality—both inner reality, rooted in biological drives, and outer reality, rooted in society. Sometimes that adaptation is more, sometimes less, beneficial for the individual and for society. But that these realities existed was not in question. That issue, in all its variants, is at the very heart of postmodernism, and hence of the "revolution."

The word "revolution" recurs throughout Teicholz's book, implying that the old order has passed away and a new one now prevails. Kohut and Loewald were the "partial revolution"; the postmoderns have bypassed them and pushed the envelope even more, so that now "…in general, psychoanalysis is becoming a moderately postmodern endeavor" (p. 241). At other points, Teicholz speaks in a more messianic tone, as in the book's final paragraph: "Change is accelerating at a pace unanticipated even a decade ago, as mainstream psychoanalysis swallows up innovations…. Radical new ideas are continually appearing at the outer edges of psychoanalysis and then inexorably making their way toward its center" (p. 254).

Postmodernism, after all, is simply a particular way of thinking about certain recurrent epistemological and technical problems in psychoanalysis. It carries its own assumptions and its own limitations. It is by no means universally or totally shared by all in the discipline, even by those who appreciate its partial insights. Teicholz is herself a postmodernist, if a moderate one. Throughout her book, she comes down squarely in favor of this approach, although she does occasionally warn of its potential excesses. Teicholz's affinity for postmodernism has led her, ironically enough, to write a "universalist" history of psychoanalysis as it enters a new millennium. She views the recent past and the current state of psychoanalysis through a lens thoroughly colored by postmodern hues. This lens distorts what classical, "modern" psychoanalysis has been in the recent past, and what it still is today in many quarters, albeit in updated forms. (For example, nowhere does the author mention Paul Gray, who has developed important technical innovations in how the analyst understands and responds to the analysand's discourse, while still remaining within the classical model.)

As another example of how the "revolutionary" lens distorts recent history, consider the following:

> Although such terms as neutrality and abstinence are still clung to in some circles, the meaning of these concepts and their technical operation in practice are gradually shifting to allow for more self-expression by the analyst and more overt interaction in the analytic dyad. [p. 241]

Is this an accurate description of how most psychoanalysts today view neutrality and abstinence? Again, ironically, Teicholz posits a univocal postmodernity that would extinguish the classicist voice, which reminds us that neutrality and abstinence must remain important goals, and cannot be "clung to" as one would to a rock, but rather must always be striven for. Of course, as postmodernism reminds us, awareness that our neutrality can never be complete is an important first step toward its partial achievement. We must be most vigilant precisely when we feel most safe at home plate after having rounded all the analytic bases.

But what exactly does "more self-expression by the analyst" mean in practice? And in whose practice? If we abandon the goals of neutrality and abstinence, what are the dangers at the margin? Does awareness of our subjectivity become a license to impose our personal views on an analysand, who, because he or she is a patient, is vulnerable to such impositions? Has a technical problem in psychoanalysis been transformed into a technical recommendation? Into a metapsychology?

Teicholz clearly acknowledges that "our patients may just as easily be tyrannized by the analyst's claim to subjectivity as they earlier were by the analyst's claim to objectivity" (p. 245). Furthermore, several of the author's moderate postmodern colleagues warn that the analyst's self-expression must be tempered by awareness of the essential asymmetry of the analytic dyad, and thus of the different responsibilities of analyst and analysand. Teicholz is reassured that these dangers can be avoided by the new openness to exploring countertransferential reactions with colleagues, as well as the current multiplicity of clinical theories. This may be all to the good, but should we be *quite* so reassured?

Teicholz's book illustrates some of the thorny problems of applied psychoanalysis. She is at her best—and her best is often very illuminating—when she discusses psychoanalytic texts and their interconnec-

tions. As she informs us, she was trained in comparative psychoanalysis. It shows. But she was not trained as a historian, and that shows, too.

Teicholz's description of the current state of theoretical affairs in psychoanalysis is unbalanced and incomplete. The postmodern and relational theorists have provided a number of important insights and salutary warnings. But "revolution"? That is a much more debatable assertion than Teicholz grants. She writes the history she would like to see happen. Her description verges on polemic and her history on triumphalism. And yes, despite the teachings of postmodernism, they can—and should—be distinguished, one from the other.

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345 East 77th St., 3E
New York, NY 10021

BOOK REVIEWS

RITUAL AND SPONTANEITY IN THE PSYCHOANALYTIC PROCESS: A DIALECTICAL-CONSTRUCTIVIST VIEW. By Irwin Z. Hoffman, Ph.D. Hillsdale, NJ: Analytic Press, 1998, 310 pp.

This is an important book for psychoanalysts of all persuasions. Regardless of one's perspective (object relations, self psychology, ego psychology, Kleinian), one has to admire the detailed description of the development and practice of Hoffman's "dialectical-constructivist view." Attesting to the impact of this volume, it has been reviewed in a book forum in the *Journal of the American Psychoanalytic Association*,[1] with critiques by Jessica Benjamin, Lawrence Friedman, and Louis Sass, as well as responses from the author.

One might briefly summarize Hoffman's clinical theory as follows: the analyst, whatever his or her theoretical framework, must be able to suspend judgment in the analytic process, and to allow for the spontaneity that is bound to occur in interactions between analyst and patient. This is outlined in Chapter 5, "Toward a Social Constructivist View." The spontaneity of the analyst develops from a willingness to allow him- or herself to respond in thought and action to feelings embedded in the transference-countertransference sphere.

In Chapter 8, "Dialectical Thinking and Therapeutic Action," Hoffman describes this dialectic in psychoanalysis as the dichotomy between the analyst's clinical theory and the analyst's actual, spontaneous behavior with the patient. An important extension of the author's concept of the dialectic in psychoanalysis, as described in the first two chapters of the book, centers on the meaning of mortality for the analyst and patient engaged in analysis. Hoffman sees death anxiety as interfering with the analytic pair's ability to resign themselves to the immu-

[1] Hoffman's ritual and spontaneity: three reviews and a response. *J. Amer. Psychoanal. Assn.,* Book Forum, 1999, 47:883-920.

table features of the patient's conflicts and personality and to their feelings about termination. The description of a long analysis—without a well-defined termination—of a man in his 80s, including examples of death anxieties of both analyst and patient complicating their work, serves as a moving illustration of the author's hypothesis. The meaning of mortality in psychoanalysis has not been described as eloquently by anyone else. Although some readers might disagree with Hoffman's understanding of Freud's views on death, his ideas about how death anxiety is related to difficulties in resolving conflict and dealing with termination are convincing.

In the *Journal of the American Psychoanalytic Association*'s Book Forum, the reviewers focused their remarks on Hoffman's theoretical positions. Sass criticized Hoffman for not sufficiently elaborating his ideas about how death anxiety is avoided in the participants' overvaluing the potential outcome of psychoanalysis. From an ego psychological perspective, Friedman criticized the lack of structure implied in the spontaneous response. Benjamin felt that Hoffman underemphasized the emotional component of the intersubjectivity that is part of the analyst's capacity for attunement. Despite these criticisms, all three reviewers praised the depth and value of Hoffman's perspective. In general, these detailed reviews focused on theoretical differences between Hoffman's position and related psychoanalytic perspectives.

In the following remarks, I shall focus on some aspects of Hoffman's excellent clinical illustrations, raising some questions about the meaning of "spontaneity" in the analytic situation. Hoffman's clinical illustrations are all clearly described in terms of the setting, the underpinnings of his clinical motivations, and the clinical theory that guides him as he treats his patients. Before presenting excerpts from his clinical illustrations, I want to emphasize that I am not finding fault with Hoffman's understanding of his patients, with his excellent interventions, or with the clinical theory that determines his interventions. What I want to illustrate is a pattern to his interventions, which may be determined by both the transference-countertransference situation at the moment and by Hoffman's style and personality. If we describe Hoffman as the "good enough ideal analyst" and review his therapeutic actions, we might come to different conclusions about his motiva-

tions. I will highlight key interventions which Hoffman felt were crucial in his treatment of three different patients.

Example 1: In Chapter 3, Hoffman describes having agreed to watch a videotape given to him by a young male patient, which portrayed a psychiatrist treating a young man who had trouble with his father—which was also the patient's problem. Hoffman defends his rationale for agreeing to view the tape, and then continues as follows: While seeing the actor-psychiatrist on the tape, he said to his patient, "Well, he walks around a lot (a reference to breaking the rules).... But, I didn't see him borrowing any of his patient's videotapes, so maybe I win in the competition for who is freer and more flexible" (p. 91). The patient reacted with laughter.

Example 2: In Chapter 9, in an extended clinical vignette, Hoffman describes a moment when a male patient with a phobia of heights asked, "I don't feel too bad today, but...would you mind walking to the elevator with me?" (p. 227). Hoffman replied, "Sure." The next day the patient discussed how he felt, and said, in part, "It wasn't a necessity—I might have been afraid of being overwhelmed. Maybe I was testing you to see how flexible you would be" (pp. 235-236). The patient then expressed interest in Hoffman's career. He wondered, "If your colleagues knew about it, would they approve of your walking with me to the elevator?" (p. 236). The patient also expressed doubts about the sincerity of the analyst's action. Maybe the analyst did it to impress others or to be able to congratulate himself for his independence of mind. The patient then thought that his doubts might be carrying over from his mistrust of his parents.

Example 3: While Hoffman was a candidate, a female patient of his kept sitting up instead of using the couch, which Hoffman encouraged her to do. After an exchange of mischievous smiles between them, the patient asked point blank, "Are you sure the couch is necessary for the process?" Hoffman replied, "I don't know about the process, but it might be necessary for my graduation" (p. 206). Hoffman recognized his use of his training institute as a way of avoiding anger at the patient and of enjoying being a renegade (p. 209). Later in her analysis, in a regressed state, the patient asked for another appointment on a day that Hoffman couldn't give her. She then ar-

rived anyway, and said abruptly, "I'm here for one reason—to get some Valium. If you can't help me get some, I'm leaving" (p. 209). She was agitated, in Hoffman's opinion, and needed medication (p. 210). Hoffman thought, "What did I care about more, her well-being or my analytic purity?" (p. 210). Next: "Under the patient's pressure or out of my own need, I asked her if she had an internist whom she could ask for a prescription" (p. 210). After the patient wondered if her internist would do this for her, Hoffman said, "If you give me his number, I'll call him right now" (p. 211). Patient: "Really?" Hoffman called, and while the doctor was coming to the phone, the patient said, "This is crazy. I could get a friend to do this or do it myself" (p. 211). She was smiling, but embarrassed.

The above examples are brief, extracted from much longer clinical vignettes. I have intentionally focused on particular aspects of Hoffman's interventions. In addition to demonstrating his spontaneity and non-rule-bound approach, they indicate something of Hoffman's character in relation to his work. We could summarize his behavior as follows, imagining his saying something like: "I have been trained in the psychoanalytic method, but courageously welcome and am proud to be able to break the rules to directly help you, knowing intuitively that you will appreciate the paradox in which we find ourselves. I trust we both believe that my action will aid you in overcoming your conflict. I am proud to be a renegade among my colleagues by taking this stance." Another analyst trained in the same clinical framework that Hoffman was might respond differently, according to his or her own style and character.

This suggests an important additional hypothesis implicit in Hoffman's work: that the analyst's character and mode of responsiveness interact with the analyst's clinical-theoretical orientation. This has significant implications for teaching and learning. Supervisors and supervisees might do well to look beyond the clinical theories they are teaching and learning, in order to recognize the predilections of the teacher as well as the developing style of the student.

As an enthusiastic reader of this volume, I trust the author would accept my understanding of his provocative work.

ALAN Z. SKOLNIKOFF (SAN FRANCISCO)

SELVING: A RELATIONAL THEORY OF SELF ORGANIZATION. By Irene Fast. Hillsdale, NJ: Analytic Press, 1998, 183 pp.

Although Freud's pre-1900 writings utilized a concept of ego close to the contemporary idea of the self—i.e., the experiencing, intentional individual in action—structural theory quickly displaced the broader concept of ego with the tripartite theory of mind. Thus the idea of self was for a long time relegated to the dustbin of dry philosophical reasoning, until recently rescued by Kohut. Since Kohut has contributed to our literature, defining, redefining, and exploring the concept of self have become almost an obsession, particularly of the relational and intersubjective schools within psychoanalysis. In this brief theoretical text, Irene Fast, a psychologist in the clinical practice of psychoanalysis, proposes a redefinition of the concept of self. Shifting the fundamental definition of self from noun to verb—i.e., from self as a mental structure with a desiccated and difficult-to-imagine, impersonal construction, to the intentional, active concept of selving—Fast sees the self as coming into being through its actions and intentions (self as agent). She writes that "thinking, feeling, and acting are not what our self does, but what our self is" (p. 6).

Unfortunately, this book lacks strong clinical material and tends to repeat the same all-too-brief vignettes. Although the ideas are quite original, they warrant a much more detailed clinical explication—in a later work, one would hope. Eight chapters systematically advance the theoretical notion of the dynamic I-self, situations in which the individual, in primitive mental states, lacks a focused sense of I-ness, and what is called less primitive, first-person experiencing.

Fast feels that the problem with the self in psychoanalytic theorizing began with Hartmann's proposition that the ego should be retained as a term for a structure of the mind, with the self as self-representation, what Fast calls the me-self. These concepts are heavily influenced by William James; furthermore, with a philosophical tinge, they are remarkably reminiscent of the Buddhist concept of consciousness as seen to exist only when there is something to be conscious of: Buddha taught that there is no arising of consciousness without conditions. Consciousness is named according to the condition through which it arises. For

example, through the eye it arises as a visible form, through the ear as a sound, and so on. According to Buddhism, when the eye ceases to see or the ear ceases to hear, consciousness ceases also, implying that consciousness depends on sensations, perceptions, and thoughts, and does not exist independent of them.

The dynamic term "selving" is useful because it does away with having to postulate some homunculus or hidden structure somewhere in the brain. In line with Fast, others (such as Kirschner[1]) define self as the intellectual or emotional experiences of otherness in the present, preferring this dynamic approach. Modern dynamic self theorizing is also a departure from the legacy of Descartes, in which the Enlightenment ideal was of the contemplative "I" (mind), completely independent from the body. Aristotle's legacy of *autarkeia* (complete independence) was considered by Descartes the ultimate ideal for human development. An integrated, selving being, developing and expressing itself by the act of living, implies a philosophy closer to the modern identity hypothesis, which suggests that mind is really brain in action—i.e., mind and body are functionally and conceptually inseparable. In many ways, this book captures much of the existential philosophical tradition of Martin Heidegger, who is briefly footnoted, and the social constructivist ideas of Hoffman, also noted. Fast's theories are heavily influenced by Loewald, Piaget, and Ogden. In her definition of the basic structures of the I-self, she makes a significant distinction between Hartmann's view that self-representations are derived from sensory impressions of external events, accurately registered in the mind and later distorted by drives, and her own view that self-representations are derived from engagements with others (me-self).

The key issue in Fast's theories, it seems, is that the I-self, when lacking the "I" part, lacks what Fast calls certain event schemes, a phrase derived from her previous work on event theory. These event schemes are patterned and personally motivated self-world engagements. She describes them as dynamic schemes, related to self and object representations in definable ways and developing through integration and

[1] Kirschner, L. A. (1991). The concept of the self in psychoanalytic theory and its philosophical foundations. *J. Amer. Psychoanal. Assn.,* 39(1):157-182.

differentiation. Two chapters are devoted to "selving without a sense of I-ness." In these primitive mental states, the "I" schemes are global, and therefore—according to Fast—only global interpretations are possible, as in overwhelming mood states, strong impulses, etc. There is little or no feeling of personal agency, which for Fast would suggest the Freudian id. In less primitive mental states, there is more awareness of an internal and external world, and the sense of I-ness is carried "to the extent that we differentiate self and non-self, and its mental and physical aspects" (pp. 132-133). When considering how meaning is created, Fast places herself more in the middle: between the objectivists, who feel that the external world can be directly perceived and creates the internal world, and the constructivists, who believe that meaning is made only of subjective events. For Fast the internal world consists of I-schemes created to make meaning of events in the world.

It is to be hoped that this book is the beginning of what will become a more in-depth clinical exploration of the dynamic concept of the self, in order to establish this concept as a clinically useful theory. Nonetheless, as it stands, Fast's work is a significant contribution to an understanding of the self in psychoanalytic psychology, and should thus be of interest not only to clinicians, but also to those with theoretical and philosophical leanings.

STUART W. TWEMLOW (TOPEKA)

DEVELOPMENTALLY BASED PSYCHOTHERAPY. By Stanley I. Greenspan, M.D. Madison, CT: Int. Univ. Press, 1997, 469 pp.

> Classical psychoanalytic and derivative approaches are being used less and less, both because of the number of individuals with severe psychopathologies that lie outside the range of classical analytic techniques and the economics of mental health services, demanding shorter, less in-depth approaches. [p. 6]

With these words, Stanley Greenspan sets forth the major thrust of his current work, *Developmentally Based Psychotherapy*. He turns to developmental psychology as a central focus in the field of psychotherapy at a

time when social needs and health systems are rapidly changing. Unless we have effective therapeutic tools to meet patients at their levels of development, some critical thinkers, including Greenspan, may conclude that psychoanalytic theory and practice are no longer viable therapeutic options.

Highly theoretical, erudite, and in-depth, this is a book for the mature and advanced psychotherapist and psychoanalyst. Greenspan contends that, as practitioners, we often fit the patient to our theory instead of meeting the patient at his or her developmental level. The patient, on the other hand, often chooses a psychotherapy which supports his or her own characterological difficulties, instead of one which will assist in working through such problems.

A core concept of this book is that many patients demonstrate "neurotic patterns which involve various degrees of lack of representational differentiation for certain wishes and affects. Character pathology can involve constrictions in representational elaboration and in behavioral organization" (p. 69). Greenspan states that borderline and psychotic patterns arise from significant regulatory difficulties related to sensory reactivity and processing difficulties with early, presymbolic differentiations of behavior and affect. Through developmentally based psychotherapy, he states, the therapist is able to help develop the deficient structures. The patient is then in a position to differentiate and integrate his or her internal world in order to work through anxieties and conflicts.

Throughout the book, the author offers rich clinical illustrations which serve to enliven the text and allow the reader a closer connection with developmental theory; yet here Greenspan misses a golden opportunity to expand his illustrations by employing clinical examples from a developmental approach and contrasting them with cases in which a traditional psychoanalytic approach is utilized. One illustration is the patient who is comfortable talking about his feelings but tends to avoid certain life encounters. A "talking therapy" may well enable him to continue to hide out, with the therapist unwittingly colluding in this. It would help the reader to see this kind of illustration elaborated.

A strength of the book is Greenspan's invitation to move beyond conflict theory and to take ourselves away from the traditional model of

psychopathology. In the pivotal Chapter 2, the author gives an overview of developmentally based therapy and describes its primary principles. He contrasts the strengths and shortcomings of traditional psychotherapy with the strengths and successes of developmentally based therapy. For the average reader, however, Chapter 2 is so densely constructed that many may find no motivation to move beyond this point. However, for those willing to tackle *Developmentally Based Psychotherapy,* there will be extraordinary rewards in understanding its merits.

In subsequent chapters, Greenspan details each stage of ego development and therapeutic ways of dealing with problems relating to each such developmental level. Chapter 7, "Representational Elaboration," is heavy, though worthwhile, reading. Here Greenspan compares the hierarchy of cognitive development with the hierarchy of affect states. He explains that a patient who is at a prerepresentational level of cognitive development may operate in a behavioral mode in which he acts out his feelings directly, "hitting when angry, eating when hungry, grabbing and hugging when needy, rather than putting into words 'I love you' which indicates a representational thinking" (p. 226). The opposite is also true:

> The most advanced form of representation and expression of affect is where one can talk about affects which have been combined with affective-cognitive meaning. The terms used at this level and the emotional expressions which support these terms have to do with familiar concepts of sadness, disappointment, anger, pleasure, excitement, delight, happiness and pride. These high level affect states are usually combinations of a set of sensations and a set of symbolic elaborations of these sensations into a combined affective-cognitive construct. [p. 229]

Greenspan systematically highlights the principles underpinning developmentally based psychotherapy. The therapist:

- Builds on the patient's natural inclinations and interests to try to "harness a number of core developmental processes at the same time" (p. 8). It is mistakenly assumed that many patients can use a highly differentiated repre-

sentational system to perceive, interpret, and work through earlier experiences and conflicts. Greenspan states that most patients do not have a highly differentiated representational system.

- Always meets the individual patient at his or her specific developmental level.
- Aims to effect change by helping the patient negotiate the developmental level or levels that he or she has not mastered or only partially mastered.
- Always promotes the patient's self-sufficiency, assertiveness, and active construction of his or her experiences, as opposed to fostering more passive, compliant acceptance of what we as analysts may offer to them as patients.

Greenspan summarizes the goal of developmentally based therapy:

> To build on the patient's natural inclinations and interests, to follow his lead and look for the opportunities to collaborate in recreating developmental experiences that are going to help him negotiate for the first time, or renegotiate aspects of development that he was never able to resolve for himself. [p. 17]

In earlier chapters, Greenspan presents two core concepts. A *deficit* is described as a situation in which "the processes that ordinarily are mastered at that stage were not mastered" (p. 9). A *constriction* describes a case in which "the processes for a particular stage…were only partially mastered" (p. 9). Greenspan believes that serious problems related to these developmental stages and processes can be reworked in a developmental psychotherapy, while a traditional psychotherapy often supports only one or two of the core developmental processes.

What I found most significant and noteworthy in the book are those sections addressing children with communication and learning issues, and how the application of developmentally based psychotherapy can make important inroads in their lives. This is a population which we as analysts and psychotherapists are seeing more frequently in our practices; yet the topic of children with learning problems is sparsely repre-

sented in our literature. We all encounter child patients with learning challenges, who present with a variety of symptoms. Their learning difficulties are often not addressed, or at best only minimally so. Greenspan poignantly provides a different lens from which to view children with auditory-verbal processing problems or visual-spatial problems who become our patients. If, for example, "sequencing capacities are vulnerable, the ability to form patterns of thought and behavior, a critical building block of an integrated sense of 'self' and 'other' as well as one's intentions, will be compromised" (p. 318). Greenspan's hypothesis can stimulate very useful discussion as educators, speech and language therapists, and parents struggle with ways to help children with processing issues.

Greenspan's developmental therapy builds on the contributions of early developmental theorists, such as Piaget's stages of cognitive development and Anna Freud's developmental lines and metapsychological profile. Greenspan takes developmental theory to a new level. It is easy to assume that certain sequences and experiences are present in all patients, such as the ability to regulate and to compare experiences. We need to be more sensitive in our observations and appreciate that there are individuals who may not have these basic capacities. The developmental perspective provides new ways of thinking about these individuals and about therapeutic strategies to assist them in building their core capacities. These core capacities are

> learning how to regulate experience, to engage more fully and deeply in relationships, to read and respond to boundary-defining behaviors and affects, to perceive, comprehend, and respond to complex self- and object-defining affects, behaviors, and interactive patterns, to represent experience, to differentiate represented experience, and to form higher-level differentiations, including the capacity to engage in tasks and challenges during the journey of life (e.g., adulthood and aging), and to observe and reflect on one's own and others' experiences. [p. 383]

Developmentally Based Psychotherapy has a great deal to offer. Closely attuned to the developmental life of the individual, Greenspan

demonstrates the necessity of ascertaining the patient's level of task accomplishment across the spectrum of cognitive and emotional development when considering approaches to therapy. Practitioners will find this a critically important perspective.

An irony of this sophisticated book is that Greenspan forgets one of his own basic principles! In attempting to bring the reader up to his level of sophistication, he misses the opportunity to meet us at our own level by writing in a style that is so highly theoretical and abstract that it is difficult to engage us.

ROBIN L. McCANN TURNER (ST. LOUIS)

THE VULNERABLE CHILD, VOLUME 3. Edited by Theodore B. Cohen, M.D.; Joseph Etezady, M.D.; and Bernard L. Pacella, M.D. Madison, CT: Int. Univ. Press, 1999.

James Gilbert, professor of history at the University of Maryland, in the June 1999 issue of the *New Republic,* wrote:

> The tragic shootings at Columbine High School in Littleton, Colorado, have generated more than the usual number of theories. Few of these are original, and, in fact, many of them repeat a formula tried out almost 45 years ago, during the national panic over juvenile delinquency. [p. 54]

Around that time I began reading Volume 3 of *The Vulnerable Child*, a compendium from workshops at the Meetings of the American Psychoanalytic Association. All three of the book's editors are seasoned professionals. One of them, Pacella, wrote a book entitled *Modern Trends in Child Psychiatry.* Another editor, Cohen, has led APA workshops, and the third, Etezady, has been an active member and recorder of these APA workshop presentations.

At the time Cohen began these workshops, few psychoanalysts were actively working in the public sector, where the most obviously "vulnerable," high-risk children can be found. Roy Lilleskov, Sally Provence, and Eleanor Galenson were some of the clinicians actively involved in working with and studying at-risk children in the population at large.

Lilleskov wrote a paper with Martha Lou Gilbert and Thelma Mihalov, describing how an infant care unit provided services for children under three years of age from high-risk families in a low-income housing project on the West Side of Manhattan.[1] The unit was designed to offer multiple forms of intervention to correct developmental pathologies, to prevent emotional and cognitive impairment, and to promote optimal development of these children.

To my mind, these workshops at the American Psychoanalytic Association functioned as an avenue to draw attention to and attract psychoanalysts' interest in these difficult areas. Over the years, it has become clear that vulnerable and high-risk children—for example, failure-to-thrive infants, sexually abused children, and those impacted by divorce and trauma—can be found in all economic spheres of our society. One is reminded of Anna Freud, who never shied away from using "experiments of nature," such as evacuation, war, and Holocaust survival, which provided a challenge to clinical services and an opportunity for research and the study of development, both normal and pathological. *The Vulnerable Child* describes research by practicing psychoanalysts who are attempting to understand the development of the human mind, the impact of trauma on the mind, and the potential of prevention in early childhood. Included, for example, are the observed effects of cocaine on the pre- and post-natal brain, as well as of preventive interventions with mothers using cocaine and other drugs both pre- and post-natally. Clinicians involved have attempted to conceptualize and formulate theoretical models and techniques of intervention. The complex phenomenon of narcissism is studied, which plays a role in the actions of those adolescents who commit crimes of killing and suicide.

In his preface to the fourth edition of "Three Essays on Sexuality," Freud wrote:

> The part of the theory, however, which lies on the frontier of biology and the foundations of which are contained in this little work is still faced with undiminished contradictions. It

[1] Lilleskov, R. (1973). The infant care unit of the child development center. In *How a Child Treatment Agency Meets the Challenges of the Seventies,* ed. D. I. Myers. New York: Jewish Board of Guardians.

> has even led some who for a time took a very active interest in psychoanalysis to abandon it and adopt fresh views which were intended to restrict once more the part played by the fact of sexuality in normal and pathological mental life. My recollection as well as constant reexamination of the material assure me that this part of the theory is based upon equally careful and impartial observation. There is, moreover, no difficulty in finding an explanation of this discrepancy in the general acceptance of my views. In the first place, the beginnings of human sexual life which are here described can only be confirmed by investigators who have enough patience and technical skills to trace back in analysis to the first year of a patient's childhood. If mankind had been able to learn from a direct observation of children, these three essays could have remained unwritten.[2]

Freud fortunately did write these essays. To my mind, the eighteen chapters of *The Vulnerable Child* make a further contribution to what Freud advocated: observation of young children and infants in order to verify existing theories, as well as to enlarge our theoretical knowledge.

The Vulnerable Child includes observations of analyses of young children as well as of adults. In a chapter entitled "Twins: Psychoanalytic Findings, Direct Observations, and Applications of Knowledge and Theory," Jules Glenn covers all that is included in the title, utilizing the clinical illustration of a 25-year-old man in analysis. Glenn writes, "The patient's memories and reconstructions in the course of the psychoanalysis are a prime source of understanding the origins of twinning. Direct observations of twins have supplemented this type of evidence" (p. 166).

There are interesting findings in this chapter, both in the analytic material and in the comments about observations of twins, as well as in the detailed discussion of the work of Dorothy Burlingham at the Anna Freud Centre. Glenn concurs with observations made by Burlingham at the wartime nurseries of the Centre, then known as the Hampstead Clinic. He also supports the findings of an educational program and

[2] Freud, S. (1901-1905). Three essays on sexuality. *S. E.,* 7:133-134.

research study reported by Maida J. Greenberg, Ellen S. Wilson, and Shera Samaraweera in their chapter, "Primary Prevention with Mothers and Their Twins." It is noteworthy that Glenn, drawing on his analytic work, writes:

> When the twin comes to realize that he is actually an autonomous individual, he will nevertheless retain the unconscious fantasy that he is not. Many twins imagine unconsciously that they and their sibling were once a single organism that was split in two. Feeling incomplete, the twin longs to reunite with his other half but may feel that such a union is forbidden or dangerous. [p. 167]

Glenn also notes, "The first inter-twin attachments are in the preoedipal period but they continue during the oedipal stage and indeed throughout life" (p. 167). He continues:

> In another fantasy scenario the twins will hate each other as competitors for mother's or father's love and supplies. They will then expect punishment for wishes to attack and destroy their rival.... He wants to aggressively grab back what he lost. [pp. 162-163]

The project described by Greenberg, Wilson, and Samaraweera was set up as a primary preventive study and research program for mothers and their twins. The program provided mothers of twins with an educational environment in which to discuss the challenges and problems they encountered in caring for two infants at the same time. The object of the program was to increase parenting skills through lectures and discussion groups.

There are two chapters by Erna Furman, entitled "Some Effects of a One-Parent Family on Personality Development" and "The Role of the Father in Earliest Childhood." The former is based on twenty years of work with fifty-five children of divorce, many of whom were treated in psychoanalysis. These children were observed to have a variety of difficulties, but the parents were not necessarily aware of any connection between the manifest problems and the experience of death or divorce. The observations in this chapter address the toddler phase,

the phallic narcissistic phase, the oedipal phase, and superego formation in latency and adolescence.

In Furman's chapter on the role of the father, we learn that, of one hundred children studied who were missing a parent through death, divorce, or planned single parenting, about half were treated in five-times-per-week analysis. The other half of the children were helped indirectly through assistance to the remaining parent in supporting the child's development and in understanding the child's conflicts and how they might be resolved. Formal and informal follow-ups were conducted. It was observed that in these children:

> Especially marked was a lowered self-esteem and heightened difficulty with ambivalence, both related to the curtailed opportunity for loving and being loved and resulting in unfavourable drive balance. At the earliest level this contributed to an exaggeration of phallic narcissistic problems, followed by difficulty in achieving oedipal dominance. Entering latency from the phallic rather than the oedipal level makes for severe problems in integrating and undoing a harsh superego and with consolidating adaptive ego identifications. In adolescence, the persistence of the earlier pathology interfered with mastery of developmental tasks to such an extent that even analysis could not effect sufficient change. [p. 270]

The chapter on "Transference-Countertransference Issues in the Analysis of an Adolescent Boy with Early Loss of the Father," by Alan Sugarman, dispels any doubts about the effectiveness of psychoanalysis. This chapter shows how sophisticated, talented psychoanalysts can use their observational and thinking skills to expand knowledge and sustain convictions about the effectiveness and viability of analysis.

It is a pleasure to read in depth the description of original and contemporary studies by Linda Mayes. In her chapter, "Reconsidering the Concept of Vulnerability in Children Using the Model of Prenatal Cocaine Exposure," she describes the study of specific developmental domains and neurodevelopmental functions of these at-risk children. Findings reported have revealed mild to moderate impairment in such children in the following areas: (1) recognition memory, (2) visual hab-

its and attention, (3) the capacity for symbolic play, and (4) parent–child interaction and attachment. In addition, these children have difficulty in functions of arousal and attention regulation, impulse regulation (especially aggressivity), and language development. Mayes substantiates her findings with those of her colleagues.

Judith Kestenberg and Ira Brenner, in their chapter entitled "Mutual Influence of Psychoanalysis and of Related Research on Child Survivors of the Holocaust," highlight the importance of addressing in therapeutic treatment the victim's loss of continuity and contiguity in space and time. A poignant vignette is included of a man who had served in the Sinai Desert while in the Israeli Army. Brenner interviewed this patient, and described the man's pleasure at finally understanding why he had felt so euphoric while in the Sinai, despite being exhausted and dehydrated; the patient was able to link his euphoria to a profound experience of feeling rejuvenated by the sun on a freezing day while in Auschwitz, just as he had been ready to give up.

In 1975, Vann Spruiell described narcissism from the viewpoint of the ego along three separate developmental lines: "self-love, omnipotence, and the regulation of self-esteem."[3] *The Vulnerable Child* continues the discussion of these three aspects of narcissism in a chapter entitled "The Creative Narcissism of Two Gifted Adolescents," by James Anthony. To illustrate his points, Anthony uses the lives of Lou Andreas Salome and Jean Piaget; in regard to the latter, it is noted that when Piaget was dying, he was asked what he needed to make him more comfortable, and his answer was "Just ideas."

The Vulnerable Child is certainly invaluable not only for psychoanalysts, but also for psychoanalytic psychotherapists and other mental health professionals who are not always fully convinced of the effectiveness of psychotherapy and psychoanalysis. In his chapter, "Caring for Day Care: Models for Early Intervention and Primary Prevention," Nathaniel Donson uses his work at a day care center to describe the influence a psychoanalyst can have on children, parents, and teachers.

[3] Spruiell, V. (1975). The three strands of narcissism. *Psychoanal. Q.*, 44:577-595.

It is a tribute to the editors that they have made available this collection of writings which demonstrates that, as psychoanalysts, we can have a profound impact on the welfare of children and their families, in the present and in the future. Anne Alvarez aptly captured the same theme when she wrote:

> I had a little boy patient at the time who dreamt he had found a fossil in his garden and woke up so sad that "It was only a dream," because, he said, "He always wanted to touch a piece of history." Bion thought such dreams were not only dreams, that is, not always necessarily denials of childish impotence—rather, they could be seen as anticipations of future grown-upness.[4]

LILO PLASCHKES (NEW YORK)

[4] Alvarez, A. (1996). *Beyond the Pleasure Principle.* London/New York: Karnac Books, p. 403.

IDEOLOGY, CONFLICT, AND LEADERSHIP IN GROUPS AND ORGANIZATIONS. By Otto F. Kernberg, M.D. New Haven/London: Yale Univ. Press, 1998. 321 pp.

The strength of Otto Kernberg's groundbreaking collection of papers, *Ideology, Conflict, and Leadership in Groups and Organizations,* is that he, Kernberg, wrote it. The only qualm I have about this book is that Kernberg's style may render it inaccessible to a wider audience, who could greatly benefit from exposure to his ideas.

In a brief preface, Kernberg reminds us of his qualifications for writing such a book. He cites an impressive list of organizational roles, including leadership positions at the C. F. Menninger Hospital, the New York State Psychiatric Institute, and the New York Hospital–Cornell Medical Center, Westchester Division. Another, which he does not mention, is his presidency of the International Psychoanalytical Association. He also alludes to his interest in the treatment of severe personality disorders as a determinant of his expertise in the problems of organizations, a theme reiterated throughout the book,

with its emphasis on regression to primitive modes of psychological functioning and a Kleinian view of internalized object relations. Kernberg's goal is to "shed new light on the turbulent nature of human interactions in groups and organizations, while at the same time avoiding a utopian overextension of this knowledge" (p. xi). In this task, he succeeds.

In Kernberg's customarily encyclopedic and at times dense literary style, he begins by taking the reader on a comprehensive tour of psychoanalytic contributions to the theory of group processes, along the way introducing a number of theorists well-grounded in psychoanalysis but relatively little known to many mainstream clinicians. I found his review of psychoanalytic theories of group psychology particularly useful, beginning with Freud and extending through Bion (whom many American analysts seem to overlook), Anzieu, Rice, Turquet, Lasch, and others. This chapter should be required reading in psychoanalytic institute curricula.

The second of his three theoretical chapters doesn't follow smoothly from the first, but is a scholarly exploration of issues of identity, alienation, and ideology in adolescent group processes. In the third, Kernberg hits his stride and sets the tone for the remainder of the book when he addresses "Mass Psychology Through the Analytic Lens." In this chapter, he expands on his earlier description of the regressive features of small groups, large groups, and mobs by demonstrating how group processes threaten the identity of individuals by virtue of the groups' predominantly primitive object relations, defensive operations, and aggression. Individuals in groups tend to project superego functions onto the group as a whole to prevent violence and protect ego identity, which in turn increases members' dependency on the group for a variety of basic needs and ultimately leads to identifications with leaders. Kernberg addresses leadership —its dangers, values, permutations, and requirements—throughout the book. He concludes Part One by arriving at a formulaic but nonetheless compelling list of the

> five major, desirable personality characteristics for rational leadership: (1) intelligence; (2) personal honesty and incorrupt-

> ibility; (3) a capacity for establishing and maintaining object relations in depth; (4) a healthy narcissism; and (5) a healthy, justifiable anticipatory paranoid attitude, in contrast to naiveté. [p. 47]

Part Two is a collection of essays on "Institutional Dynamics and Leadership." As the author of any good book of theorizing should, Kernberg becomes more integrative in his formulations as he proceeds. In his chapter on "Leadership and Organizational Functioning," he attempts to apply object relations theory, psychoanalytic theories of group processes, and open-systems theory to organizations in general and to psychiatric institutions in particular. Although his brief case examples of the complex interplay between these forces are overly schematic (presumably to protect the confidentiality of those involved), he does offer many incisive and relevant observations, which those of us involved in organizational life would do well to remember. For instance, Kernberg wisely observes that an idealization of "democratization" in efforts to resolve organizational conflicts has inherent hazards, such as the potential for deterioration of task groups, specialized skills, and individual functions and responsibilities. He points out the illusory nature of our belief that authoritarianism can be overcome by democratization alone, and instead—as he does repeatedly in the book—urges organizations to perform a "functional analysis" of task requirements and their corresponding administrative structures. Kernberg is on target again when he says that the "main objective of an organization is not to satisfy the human needs of its members but to carry out a task; one objective of intelligent leadership is to permit the gratification of human needs in carrying out that task" (p. 66).

As a consultant to organizations, Kernberg has learned that diagnosing the problem—a difficult task in its own right—can pale in comparison to actually resolving it. He underscores how painful it can be to understand what is wrong with one's own organization, drawing a parallel to the pain of self-understanding in psychoanalysis. But he also rightly urges us to persist, if for no other reason than the awareness that "the individual has a responsibility to him- or herself that transcends the responsibility to the organization" (p. 74).

In this section of the book, Kernberg also details frequent pathological character structures of administrators. I daresay all readers of the book will recognize most of these frequently encountered character types. Leaders with narcissistic personality features emerge, not surprisingly, as the most dangerous to their organizations. He concludes this chapter with some practical suggestions on how to choose leaders.

No sooner does Kernberg suggest the possibilities of applying a psychoanalytic perspective to leadership than he warns us of the uncertainties and dangers of doing the same in "The Couch at Sea: The Psychoanalysis of Organizations." He offers a trenchant critique of Bion's approach to groups and the ensuing Tavistock tradition of group relations conferences by pointing out Bion's failure to consider the "reality of the person" who leads the work groups that are central to the conferences. One of Kernberg's important contributions in this work is to emphasize this very factor, which Bion minimized. Rice, who followed Bion and established the American counterpart to the Tavistock Institute, receives a similar critique, along with the conferences being faulted—useful as they are—for not taking into account their own temporary nature and the limitations this factor imposes upon the participants in understanding their own behavior in groups.

Next, Kernberg expands on the "Moral Dimensions of Leadership" and "Paranoiagenesis in Organizations." The latter chapter in particular should be of special interest to those involved in psychiatric and psychoanalytic organizations. He not only speculates about the causes of institutional paranoia, but suggests a number of corrective mechanisms and their limitations, including bureaucracy, humanism, democracy, and altruism. I found his section on "Leadership Styles" one of the most experience-near chapters, as Kernberg vividly describes the "leader who can't say no," "the leader who has to be admired," "the leader who needs to be in complete control," "the absentee leader," "leaders with affective unavailability or instability," and "the corrupt leader." He concludes this chapter with what amounts to a set of guidelines for analysts who wish to consult to organizations with malfunctioning leadership. Kernberg does not directly address what I have found to be the crucial difference between traditional organizational consulting and analytically informed consulting—namely,

the analyst's awareness of the complex transferences he or she encounters during the consultation. In my view, the skillful use of this awareness is what gives a psychoanalytic consultation to a corporation or organization its unique value.

Part Three addresses "Therapeutic Applications" of Kernberg's ideas, first in the various small groups found in psychiatric institutions and then in the psychotherapeutic community, which is a dying phenomenon in the age of managed hospital care. I found his chapter on therapeutic communities enlightening, cautionary, and ultimately hopeful.

For the psychoanalytic reader involved in psychoanalytic education, Part Four may have the most practical relevance, as well as provoking the most discussion. I think Kernberg is at his best here. Although his first chapter, "Institutional Problems of Psychoanalytic Education," occasionally sounds dated—as in his discussion about the problems of "reporting analyses" (first published in 1986)—it is nonetheless worthwhile reading for all candidates and faculty members of psychoanalytic institutes. He is constructively scathing in his criticism that "the failure to offer experience in optimal techniques is the most astonishing and rarely discussed aspect of psychoanalytic education" (p. 204), particularly candidates' rarely having the opportunity to hear process material from their faculty's own work. Kernberg goes on to address other key issues in training, including the paranoid atmosphere that holds sway in some institutes, problems of the training analysis and the system that sustains it, and the phenomenon he labels "cross-sterilization," which leads to a decline in scientific advances and innovation. He explores the causes of these institutional problems by examining psychoanalytic education from the perspective of four educational models: an art academy, a technical trade school, a theological seminary or retreat, and a college at a university. Although there are aspects of all four in current analytic education, Kernberg favors adopting a combination of the art school and university college models to bring us closer to achieving the aims of psychoanalytic training.

Underlying these organizational problems, Kernberg rightly points out, are conflicts inherent in conducting psychoanalytic treatment within an educational and institutional setting. These account for the primi-

tive defensive operations which arise naturally in analytic institutes. He offers suggestions which will no doubt encounter resistance, such as appointing a large number of training analysts to demystify their functioning and produce healthy academic competition among them, and trying to keep training analysts truly separate from the educational and supervisory system. He seems to contradict himself a bit, however, when he then suggests that training analysts should be free to teach seminars in which their own candidate-analysands participate. In the end, Kernberg advocates instituting a combination of the university and art academy models as a way of trying to minimize the idealization processes and the atmosphere of persecution, which reflect the "projective management of aggression" and are the universal consequences of group regression in institutes. Kernberg concludes his section on psychoanalytic education with his irreverently provocative paper on "Thirty Ways to Destroy the Creativity of Psychoanalytic Candidates." Although in my experience, institutes are rarely guilty of all thirty infractions, many ring true to varying degrees. This is another chapter which all analytic educators should read and reread periodically (perhaps the list will grow as we invent new ways).

In the final section of the book, "Ideology, Morality, and the Political Process," Kernberg shifts his focus from the smaller world of psychiatric and psychoanalytic institutions to society at large. He begins with a fascinating attempt to understand the appeal of mass culture, which he sees as a group regression to the level of latency, and speculates that the greatest danger to democracy is the effect of mass media on the political process. He offers hope that psychoanalysis, with its ability to understand mass psychology, can counter some of the trends that compromise "intelligent participation" in the political process.

Kernberg then examines ideology and bureaucracy as social defenses against aggression. In the final chapter, "Regression in the Political Process," he provides much food for thought on what happens to those who choose to enter the political fray. One can only presume Kernberg is speaking from personal experience when he writes that "a member of a professional or scientific organization can be traumatized by the temporary transformation of accustomed human relationships in the course of a political struggle" (p. 291).

I liked this book very much, but came away with several questions. Although there is a common theme of applying psychoanalysis to the understanding of groups and organizations, the chapters are highly variable in their accessibility and readability, even to a psychoanalytic reader. It is occasionally repetitious, but it is consistently thoughtful, erudite, and appropriately complex. At times, it is breathtakingly original and inspiring. Who is the book for? Psychoanalytic readers should treasure it, as it is about one of the new and exciting frontiers of applied psychoanalysis. But Kernberg's condensed, jargon-filled style, with a paucity of real-life examples, limits its broader appeal. Although his bibliography is extensive, he leaves out two important contributors to the field, one well known and the other deserving of greater recognition. The former is Manfred F. R. Kets de Vries, who has written a series of books over the years on his psychoanalytic approach to management and leadership in the business setting,[1] and the latter is William M. Czander, whose book entitled *The Psychodynamics of Work and Organizations* is a clearly written and comprehensive study of psychodynamics in the workplace.[2] We live in a time when businesses and other organizations are more receptive than ever to psychological perspectives on such issues as authority and leadership, corporate culture problems, entrepreneurship, succession in family businesses, management difficulties, hiring processes, and work creativity. The value of psychoanalytic consultations to groups and organizations is only now beginning to be realized. It remains for other analysts to pick up where Kernberg's landmark work leaves off, and bring analysis to the world beyond the dyad.

KERRY J. SULKOWICZ (NEW YORK)

[1] Kets De Vries, M. (1993). *Leaders, Fools, and Imposters: Essays on the Psychology of Leadership.* San Francisco: Jossey-Bass, Inc.

[2] Czander, W. (1993). *The Psychodynamics of Work and Organizations: Theory and Application.* New York/London: Guilford.

ABSTRACTS

FORUM DER PSYCHOANALYSE

Abstracted by Gerard Fountain.

XII, 3, 1996

From Concretizing through Acting Out to Differentiation. Ilany Kogan. Pp. 226-241.

This essay discusses and illustrates the phenomenon of concretizing through acting out. It describes how acting out may express, in a concrete manner, traumatic experiences from the past—experiences from the lives of others who have denied these experiences, which are therefore not represented on the fantasy level. The concept is developed on the basis of the treatment of a young man who acted out in analysis violent destructive affects both against himself and the analyst. In this acting out, his identification with various roles of his persecuted family, which had been denied, found its expression. His psychotic episodes were shaped through his unconscious ambivalence toward his inner father-objects, whom he wanted at the same time to cure and to kill.

"What Is My Life If You Leave Me": Suicidality and Female Sadomasochistic Relationship Structures. Benigna Gerisch. Pp. 242-258.

In psychotherapeutic practice, we are sometimes confronted with female patients suffering from a disturbance which is all too lightly categorized as "typical female masochism." In other words, these patients are not only entrenched in what for them are unbearable relationship structures, in which they are physically and/or psychologically abused, but they also decompensate suicidally if the relationship is terminated by a partner. A similar reaction often recurs in the therapeutic relationship. Whenever the subject of ending the sadomasochistic relationship is dealt with in the therapy and the patient is faced with thoughts and wishes of separation from her partner, the inevitable result is a production of the "weak and helpless therapist," and the patient threatens to break off treatment. The complicated and seemingly contradictory connection between suicidality and the sadomasochistic relationship arrangement is presented and interpreted with the aid of a detailed case study.

XII, 4, 1996

Experience with the Method of Baby Observation: Training in Psychoanalytical Competence. Gisela Ermann. Pp. 279-290.

In the 1940s, Ester Bick of the Tavistock Clinic in London developed a method of baby observation which is today receiving increasing attention in psychoanalytic training, especially in Germany. The goal is a didactic one of learning to work with the psychoanalytic method. This article introduces the method and demonstrates its application through vignettes from observation.

The Trauma as an Object Relationship: Alterations of the Inner Object World by Severe Traumatization in Adulthood. Martin Ehlert-Balzer. Pp. 291-314.

The author traces the structure, psychodynamics, and metapsychology of the traumatic reaction and illustrates these with facets of his study of long-term psychic damage caused by rape. He identifies the centrality of the traumatic introjection, which anchors certain aspects of the traumatic event as an "inner alien element" in the ego of the victim. This introjection, which cannot be assimilated, can alter the inner object world of the victim so basically that even fundamental psychic structures may subsequently be impaired or even destroyed. The consequences of these theoretical considerations for the therapeutic treatment of trauma victims are outlined and illustrated by a vignette of an analytic hour.

Acting by the Analyst and Stagnation as Desirable Ingredients of the Analytic Process. Gerhard Siebert. Pp. 315-327.

Acting out the countertransference is inevitable and initially occurs beyond the control of the analyst. It can result in a deviation of behavior, which in periods of strong countertransference resistance becomes accessible to self-observation. Such behavioral deviations can therefore serve as an indication of the existence of a strongly resisted countertransference. Combined with the corresponding behavior of the patient, these occurrences can be used therapeutically for work on repetition compulsion and for the development of the patient's self-analytic skills for use after analysis.

How Do Emotions Come to Be Spoken? Therapeutic Work among Various Communication Structures. Egon Hagedorn. Pp. 328-341.

Psychotherapeutic work must take into consideration specific cognitive structures that are revealed by patients' different use of signs. In examples of clinical work with patients having emotionally bound conflicts, the relation-

ship between the occurring emotions (as "natural" signs) and structurally different articulatory-symbolizing signs is shown to be one of reciprocal influence. The symbolizing signs make possible a connection with, and a reference back to, intra- and intersubjective experience, as well as to inner and outer contexts. In this way, the borderline area between occurring emotions and experienced emotions, and their relation to inner and outer object representations (empathy), can be more easily bridged by means of a careful discrimination of sign processes. If, on the other hand, a dichotomizing and generally evaluating approach (emotion or speech) is adopted, this results in important questions about the ability to make connections, and about the reciprocal influence of intersubjective communication processes being discussed only within a very narrow framework. This represents a loss for our clinical and theoretical work.

Long-Term Outcome of Outpatient Psychoanalytic Psychotherapy and Psychoanalysis: Analysis of Fifty-Three Catamnestic Interviews. Gereon Heuft, Heidrun Seibüchler-Engeç, Martina Taschke, and Wolfgang Senf. Pp. 342-355.

In this paper, the long-term outcome of psychoanalytic treatment is evaluated by: (1) catamnestic interviews (at least two years after the end of therapy), with a text-analytic methodology, and (2) measurement according to prospectively determined individual therapy goals (ITG—adequacy to the Goal Attainment Scaling). Of sixty-nine psychoanalytic (n = 36) and psychoanalytically oriented patients treated in the Heidelberg Catamnesis Project, 91% could be reached for this catamnestic study. Of these patients, 77% agreed to detailed interviews and completed the ITG ratings. The text-analytic methodology from the original transcript of the interviews to the selective protocol, evaluation of the category system of personal goals from the individual patient's point of view, and an outcome rating are described. It was demonstrated that changing the self-image was the most important of sixteen distinct outcome categories. With control of the influence of sociodemographic data, and with the setting of variables and themes in the interviews, it was found that 55% of the sample had a "good" or "very good" outcome. By rating the ITG, 72% of the psychoanalytically treated patients reached a "good" or "very good" result. Discussing the outcome evaluation by text analysis and by ITG rating showed that both methods were necessary, since they access distinct outcome aspects.

XIII, 1, 1997

Various Forms of Play in Psychoanalytic Psychotherapy. Annette Streeck-Fischer. Pp. 19-37.

Play is a communication between two persons. Understanding play in psychoanalytic psychotherapy opens new perspectives from which to perceive

and understand the interaction between analyst and patient. Disturbances in the ability to play manifest themselves in the collapse of the dialectic of reality and fantasy in the space of playing and the potential space. Different forms of successful play and of disturbed playing ability are described: play in development, curative play, play getting out of control, and post-traumatic play.

The Potential Space in the Psychoanalytic Situation: Considerations Regarding the Structure and Dynamic of the Analytic Process on the Basis of Two-Person Psychology. Dieter Tenbrink. Pp. 38-53.

The author attempts to conceptualize the interactional structure of the analytic process with special regard to the level of the basic fault (Balint). The potential space (Winnicott) is understood as an important curative factor. It is the primary task of the analyst to create and maintain this space for the patient in the service of development of the self. The demands that this task entails for the analyst, the analyst's possible faults, and the effects of this space on the patient are discussed. The potential space makes it possible for the patient to: (1) bring his or her true self into contact and interaction with the analyst, and accordingly to work through traumatic experiences of early childhood; and (2) strengthen existing self-structures and build up new ones in accordance with the true self. To protect the analyst from regression, three factors prove especially important: (1) a solid self-regulation; (2) an intersubjectively founded developmental theory; and (3) an empathic attitude.

Resistance and Appreciation. Eckard Daser. Pp. 54-67.

Psychoanalysts have until recently regarded as resistance whatever in the patient's behavior and experience opposes the psychoanalytic process. Resistance has more recently been viewed also as a guide to the patient's unconscious conflict and as necessary for his or her functioning. Daser points out that resistance and respect for the analyst, and the patient's insight, are closely related. Thus, resistance is not merely an obstacle to analysis, but in fact permits it to take place. It is important in separation, development of insight, and structural change. It is a necessary condition for interpretation and for understanding of the self, just as it is essential in the constitution of personality and for identity in general.

Identities and Ideologies: Interpersonal Defenses from a Team Supervisor's Perspective. Hermann Staats. Pp. 68-74.

Intragroup regulations in teams and organizations are sometimes difficult to change, even if they appear irrational and do not function well. They may indicate the presence of collective ideologies within teams and can be understood as an expression of interpersonal defense. Group ideologies may become part of the identity of the individual group members. Being a member

of a group and sharing a collective ideology stabilizes individual identity; at the same time, reality perception and range of thinking in the individual are narrowed. If supervisors and therapists consider both aspects of ideologies, they may approach some interpersonal defenses in groups and teams in a different way. A psychoanalytic concept of identity may contribute to an understanding of developments in large-scale organizations and in society.

XIII, 2, 1997

Risk and Protective Factors of Later Neurotic Development. Martin Dornes. Pp. 119-138.

The author gives an overview of selected research results concerning deprivation and protection. Comprehensive retrospective and prospective studies show one uniform result: the presence of at least one trusted person in early childhood considerably lowers the probability of later mentally determined disturbances. On the other hand, the absence of such persons increases the probability of later illness. Only a minority of adults (10–30%) succeed in mastering their difficult childhoods in an unproblematic manner. The possible reasons for this are presented. Contrary to some divergent findings, it can be assumed that infant day care due to maternal employment during the first year of the child's life is usually *not* a risk factor with respect to insecure attachment or later psychopathology. Finally, the relationship between psychoanalysis and deprivation-protection research, and the respective methodological particularities, are outlined.

XIII, 3, 1997

The History of the Clinical Application of Interpretation. Anna Ursula Dreher. Pp. 191-210.

Important points of change in the concept of interpretation are demonstrated in a journey through the history of psychoanalytic theory, with particular emphasis on discussion of the concept's clinical application. Dreher illustrates the interweaving of the theoretical development of the concept, how it was understood to apply to clinical practice, and modifications in its usage. She examines its development after the Second World War and shows how this reflects the main theoretical developments within German psychoanalysis.

On Interpretation of Transference. Anne-Marie Sandler. Pp. 211-222.

On the basis of a developmental approach, the author emphasizes the importance of systematic interpretation of the transference in the here and now. The working through of essential object-related conflicts and corresponding motivations when they are affectively intense and can be shown most

convincingly to the patient in the analytic session is, she believes, the most powerful instrument for the creation of insight. Referring to the concept of the past unconscious and the present unconscious, she describes the dynamic and structural background of transference interpretations, and illustrates her views with clinical material from the beginning phase of an analysis.

Considerations about the Case of Little Hans: The Law of "Creasing." A Contribution to the Relevance of the Oedipus Complex. Elfriede Löchel. Pp. 223-240.

The author suggests reading the case of Little Hans from the point of view of (temporarily impaired) symbolization. The case story is seen as a record of dialogues between father and son, speaking and writing about mother as a desirable object. Freud's role is to be addressee and witness of this process of building up a "semiotic triad." This framework allows Hans to articulate his wishes, particularly his destructive impulses, without danger to his real objects. Insofar as Hans succeeds in articulating and representing his wishes and fears verbally and through symbolic play, his anxiety diminishes. The fantasy about the big and the "creased" giraffe is the center of the interpretation. Freud's interventions emphasize involvement in conflict and guilt as an inevitable consequence of desire. The acknowledgment of this inevitable involvement and its resolution by means of symbolization are seen as forming an essential part of the oedipal complex.

XIII, 4, 1997

Aggression: Reactive and Transformed. Frank M. Lachmann. Pp. 281-293.

The misconception that self psychology does not interpret aggression is related to Kohut's initial conceptualization of narcissism and its treatment. Several related but separate issues are considered, utilizing the theory of the five motivational systems put forward by Lichtenberg et al. Is aggression best viewed as proactive, like a drive, or as reactive to threat, frustration, or injury? How is reactive aggression transformed into eruptive aggression? What is the relationship between aggression and assertion? What are the clinical implications of contextualizing aggression? Illustrations from studies of murderers and serial killers, as well as detailed discussions of analytic cases, exemplify the clinical implications of the views presented.

Dora, Female Adolescence, and the "Objectionable" Relationship. Annette Streeck-Fischer. Pp. 294-311.

On the basis of the case of Dora, the development of an "objectionable" relationship is investigated. The "objectionability" was due to Freud's still in-

complete knowledge of transference/countertransference and the developmental aspects of adolescence, as well as to his attitudes toward femininity and the relationship between the sexes, which were determined by the spirit of the age. Freud did not offer to young Dora the space of development that she needed to be able to acknowledge her femininity and sexuality, with its phallic-expansive ambitions. Instead he broke through the "protective membrane" by denying his and Dora's sense of shame, thereby taking no account of himself or the other. This is because he was led at that time by a therapeutic vision which gave enlightenment absolute priority. Freud showed Dora the way to her inner reality; however, through his depersonalized symbolism, he continued the same expropriation of Dora's existence as a subject that she had experienced in her family and her social environment.

The Meaning of the Genitals in the Development of the (Body) Self-Image and Sense of Reality. Angela Moré. Pp. 312-337.

Since the late 1950s and mainly since 1980, discussion has taken place about the impact of the genitals on the development of body image and identity. Combining data from infant research and clinical vignettes, this discussion not only enhances our knowledge of psychosexual processes in males and females, but also looks into the question of interchanges between bodily and affective experience and cognitive development. This article gives an overview of the main viewpoints and topics.